Vision
Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values
Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD OF COMMISSIONERS – WORK SESSION
TUESDAY, SEPTEMBER 22, 2020 - Revised
6:00 PM - WHITEHEAD CONFERENCE ROOM
AGENDA

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

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

GUESTS:
Kurt Broeckelmann, Architect, bcDG
Paul Kramer, Project Director, NV5
Lance White, Engineer, bcDG
Carson Moser, Engineer, Henderson Engineers
Joe Levine, Engineer, Henderson Engineers

I. CALL TO ORDER
   A. Pledge of Allegiance

II. EMPLOYEE DEVELOPMENT
   A. PMH Retirement Plan (Attachment M,N, O, P) — Craig/David
   B. Employee Compensation Award (Attachment Q) — Craig/All

III. SERVICES
   A. Replacement Facility Update (Attachment A,B,C,D,E,F,G,H,I,J) — Kurt/Paul
      1. Tour Mock Rooms

IV . ADJOURN

Vision
Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values
Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD OF COMMISSIONERS
THURSDAY, SEPTEMBER 24, 2020 - REVISED
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

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

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

DRAFT

I. CALL TO ORDER
A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA
Action Requested – Agenda

IV. CONSENT AGENDA
A. Board of Commissioners Meeting Minutes for August 27, 2020.
B. **Payroll and AP Vouchers** #153360 through # 153784, dated 08-20-20 through 09-16-20, in the amount of $5,336,372.75. **Surplus Items Property Description**: Everest Side by Side Refrigerator-Freezer; Office Chair; Bookshelf/Cabinet; Bookshelf; Desk. **Board Policies**: 100.0001 – 100.0004.
Action Requested – Consent Agenda

V. MEDICAL STAFF DEVELOPMENT
A. Medical Staff Report and Credentialing **Dr. Sollers**

1. Advancement from Provisional
NONE

2. New Appointment
Action Requested – New Appointment and Requested Clinical Privileges
Joseph Freeburg, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective September 24, 2020 through March 24, 2021.

Kyle Ogami, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective September 24, 2020 through March 24, 2021.

Kishan Patel, MD - Provisional/Telemedicine staff with requested privileges in Neurology effective September 24, 2020 through March 24, 2021.

3. **Reappointment**

Action Requested – Reappointment and Requested Clinical Privileges

Yung Huang, MD – Reappointment to Active staff with requested clinical privileges in General Surgery from September 24, 2020 through September 23, 2022.

Toni Diane Microulis, MHNP – Reappointment to Allied Health Professional staff with requested clinical privileges in Mental Health from September 24, 2020 through September 23, 2022.

Richard Unger, DO – Reappointment to Locum Tenens staff with requested clinical privileges in General Surgery from September 24, 2020 through September 23, 2022.

Katheryn Norris, DO – Reappointment to Courtesy staff with requested clinical privileges in Family Medicine from September 24, 2020 through September 23, 2022.

Flint Orr, MD – Reappointment to Courtesy staff with requested clinical privileges in Internal Medicine from September 24, 2020 through September 23, 2022.

Jeffrey Lehr, MD – Reappointment to Consulting staff with requested clinical privileges in Cardiology from September 24, 2020 through September 23, 2022.

Praveen Korimerla, MD – Reappointment to Consulting staff with requested clinical privileges in Cardiology from September 24, 2020 through September 23, 2022.

Dane Sandquist, MD – Reappointment to Consulting staff with requested clinical privileges in Pathology from September 24, 2020 through September 23, 2022.

Yi Mao, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from September 24, 2020 through September 23, 2022.

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for August 2020 **(Attachment V)** — **David**

Action Requested – Financial Reports

B. COVID-19 Financial Plan **(Attachments W,X)** — **David/Craig**

C. Audit Firm Selection – DZA (**Attachment V1**) — **David**

Action Requested – Audit Firm Selection

VII. EMPLOYEE DEVELOPMENT

A. PMH Retirement Plan **(Attachment M,N,O,P)** — **Craig/David**

Action Requested – Approve PMH Retirement Plan Change

B. Employee Compensation Award **(Attachment Q)** — **Craig**

Action Requested – Approve Employee Compensation Award

DRAFT

VIII. SERVICES

A. Replacement Facility Update – Board Resolution – USDA Application (**Attachment B**) **Craig**
Action Requested – Approve Board Resolution

IV. QUALITY

A. Special Board Meeting – Board Candidate Interviews (**Attachment EE**) **Craig**
Action Requested – Set Date for Special Board Meeting

B. COVID-19 Update **Dr. Sollers**

C. Legislative and Political Updates **Commissioner Bestebreur**

D. CEO/Operations Report **Craig**

V. ADJOURN

DRAFT

PMH
Board of Commissioners
Work Plan – FY2020

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

Month	Goals & Objectives	Education
January	QUALITY: • Review/Approve 2020 Strategic Plan and 2020 Patient Care Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2020 Risk Management and Quality Assurance Plans • Select and Approve Board Officers	EMPLOYEE DEVELOPMENT: • Review 2019 Employee Engagement Survey Results • Review 2019 Medical Staff Engagement Survey Results QUALITY: • Review Board Self-Evaluation FINANCIAL STEWARDSHIP: • Review semi-annual financial performance report for PMH Clinics SERVICES: • Wellness Center • Sunnyside • Astria Health • Update Architectural Services

Month	Goals & Objectives	Education
February	PATIENT LOYALTY: • Approve Studer Contract QUALITY: • Approve 2020 Corporate Compliance Plan • Approve 2020 Infection Prevention Control Plan • Approve 2020 Board Action Plan EMPLOYEE DEVELOPMENT: • Approve Hospital-wide Patient Monitoring System • Review and Approve 2020 Leadership Incentive Compensation Program	PATIENT LOYALTY: • Review Customer Service Program EMPLOYEE DEVELOPMENT: • Attend AHA Governance Conference QUALITY: • Review 2019 Corporate Compliance Report • Review 2019 Infection Prevention Summary
March	QUALITY: • Review/Approve Board Polices MEDICAL STAFF DEVELOPMENT: • Support Providers' Day Celebration EMPLOYEE DEVELOPMENT: • Approve IAFF Contract (EMS) FINANCIAL STEWARDSHIP: • Accept 2019 Audit Report	PATIENT LOYALITY: • Review Patient Engagement Plan • Review 2019 Utilization Review Performance • Approve 2020 Utilization Review Plan EMPLOYEE DEVELOPMENT: • Review Employee Performance Report • Regulatory Compliance FINANCIAL STEWARDSHIP: • Presentation of the 2018 Audit Report by Auditors
April	QUALITY: • Approve 2020 Community Benefits Report	QUALITY: • Strategic & Patient Care Score Cards • Review 2019 Community Benefits Report

Month	Goals & Objectives	Education
	EMPLOYEE DEVELOPMENT • Conduct CEO Evaluation	EMPLOYEE DEVELOPMENT: • Review Employee Engagement Plan • Review 2019 Leadership Performance (LEM) MEDICAL STAFF DEVELOPMENT: • Review 2019 FPPE/OPPE Summary
May	EMPLOYEE DEVELOPMENT: • Support Hospital Week	EMPLOYEE DEVELOPMENT: • Review PMH Uniform Program FINANCIAL STEWARDSHP: • PMH Foundation Update SERVICES: • Review Replacement Facility Feasibility Study MEDICAL STAFF • Medical Staff Engagement Plan
June	QUALITY: • Review/Approve Board Polices • Approve 2019 CAH Annual Review	QUALITY: • Report 2020 Q1 Utilization Review • Contract Review Process EMPLOYEE DEVELOPMENT: • Review New Employee Orientation Process SERVICES: • Marketing Update • Review PMH IT Security Plan

Month	Goals & Objectives	Education
July	SERVICES: • Approve Nuclear Medicine Renovation • Acquisition of ENT and Urology Equipment • Replacement Facility Update	SERVICES: • EMS Review • Review Nuclear Medicine Services QUALITY: • Quality Committee Report • Strategic & Patient Care Score Cards EMPLOYEE DEVELOPMENT: • Employee Health Update FINANCIAL STEWARDSHIP: • Review Semi-Annual Financial Performance Report for PMH Clinics • Review HR/Payroll Software (IT)
August	EMPLOYEE DEVELOPMENT: • Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff	No Board Work Session QUALITY: • iVantage Update FINANCIAL STEWARDSHIP: • Centralized Scheduling/POS Collections Update
September	EMPLOYEE DEVELOPMENT: • Attend midsummer BOC, Medical Staff, and Leadership Engagement Activity QUALITY: • Review/Approve Board Polices	FINANCIAL STEWARDSHIP: • Auditor Selection Review EMPLOYEE DEVELOPMENT: • Review Employee Benefit Changes

Month	Goals & Objectives	Education
	FINANCIAL STEWARDSHIP: • Approve Audit Firm	
October		QUALITY: • Conduct 2021 Strategic Planning Retreat • Strategic & Patient Care Score Cards • Review iVantage Update FINANCIAL STEWARDSHIP • Review PMH Work Optimization Plan • Compare PMH Financial Metrics to National Standards (Cleverly)
November	EMPLOYEE DEVELOPMENT: • Approve AFSCME Contract FINANCIAL STEWARDSHIP: • Approve Budget and Property Tax Request for County Commissioners	QUALITY: • iVantage Update EMPLOYEE DEVELOPMENT: • Review LDIs and status update on key Studer initiatives SERVICES: • Review draft 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan FINANCIAL STEWARDSHIP: • Review draft 2020 Budget

Month	Goals & Objectives	Education
December	QUALITY: • Complete Board Self-Evaluations • Review/Approve Board Polices • Approve the 2021 Environment of Care Plan SERVICES: • Approve 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan FINANCIAL STEWARDSHIP: • Approve 2021 Operating and Capital Budgets • Select PMH Banking Institution EMPLOYEE DEVELOPMENT: • Attend holiday celebration	QUALITY: • Review the 2020 Environment of Care Plan FINANCIAL STEWARDSHIP: • Review Banking Services

Prosser Memorial Health

2020 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2020 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019 Avg	2018 Avg	Finance 2019 Budget	Owner
Patient Loyalty																		
IP - "Would Recommend"	> 85.1%	84.4%	85.7%	92.3%	95.2%	84.4%	88.9%	90.2%	95.5%					89.2%	85.1%	83.8%	76.6%	
ED - "Would Recommend"	> 80.7%	73.8%	80.0%	85.0%	77.4%	81.1%	91.4%	72.7%	80.0%					81.3%	80.3%	80.7%	72.3%	Quality
Acute Care - "Would Recommend"	> 79.7%	80.9%	80.0%	94.4%	90.0%	82.6%	81.3%	86.2%	92.3%					86.7%	78.6%	79.7%	70.7%	Quality
OB - "Would Recommend"	> 92.2%	94.3%	92.5%	100.0%	100.0%	86.4%	92.9%	90.7%	100.0%					93.0%	92.2%	88.6%	83.0%	Quality
Outpatient Surgery - "Would Recommend"	> 91%	86.4%	83.3%	94.3%	85.0%	96.3%	96.2%	96.2%	97.5%					89.7%	91.0%	84.9%	81.9%	Quality
Swing Bed - "Would Recommend"	> 94.1%	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	50.0%					75.0%	85.3%	94.1%	76.8%	Quality
Clinic - "Would Recommend"	> 87.1%	92.9%	91.1%	97.6%	85.2%	87.0%	83.3%	86.0%	83.1%					87.5%	87.1%	85.2%	78.4%	Quality
Outpatient - "Would Recommend"	> 88.4%	89.5%	86.5%	85.0%	85.0%	97.1%	91.7%	94.0%	88.6%					89.9%	88.4%	84.7%	79.6%	Quality
Medical Staff Development																		
Medical Staff Turnover	< 0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					0.0%	0.2%	0.6%	0.2%	
Specialty Clinic Visits	> 1063	1,147	1,101	1,021	588	686	807	931	939					909	950	872	956.70	1,063 Finance
Benton City Clinic Visits	> 1005	1,118	950	984	643	723	856	930	740					868	958	857	904.50	1,005 Finance
Prosser RHC Clinic Visits	> 1052	1,030	1,011	988	842	903	1,352	1,158	1,398					1,059	960	821	946.80	1,052 Finance
Grandview Clinic Visits	> 618	702	724	650	474	570	564	643	585					614	568	N/A	556.20	618 Finance
Women's Health Center	> 709	673	605	633	455	442	583	646	603					580	469	N/A	638.10	709
Comprehensive Pain Clinic	> 91	86	83	81	28	58	68	35	42					60	80	55	81.90	91 Finance
*# of Active Medical Staff	> 51	43	43	43	43	43	43	44	47					44	41	40	45.90	51
Employee Development																		
Average Recruitment Time (days)	< 28	19	28	50	41	23	37	39	31					34	28	N/A	30.80	HR
# of Open Positions (Vacancies)	< 23	35.0	27.0	27.0	24.0	22.0	21.0	20.0	43.0					27.4	23	8.8	25.30	HR
Hours of Overtime - Overtime/Total Hours Worked	< 4.5%	7.9%	5.4%	6.0%	4.0%	4.2%	5.5%	6.1%	6.1%					5.7%	5.7%	4.5%	5.0%	4.5% Finance
Agency - Cost/Total Labor	< 8.7%	7.7%	9.0%	10.3%	8.1%	4.5%	5.6%	5.3%	6.0%					7.0%	14.5%	10.5%	9.6%	8.7% Finance
Turnover Rate	< 0.7%	0.4%	0.4%	0.7%	1.1%	0.4%	0.0%	0.6%	1.0%					0.5%	0.7%	0.7%	0.8%	HR
Timely Evaluations	> 79.6%	89.0%	54.0%	91.0%	81.0%	54.0%	78.0%	85.7%	74.2%					75.9%	79.6%	60.5%	71.6%	HR
Education Hours/FTE	> 2.15	1.57	0.01	1.93	0.98	0.55	0.86	0.83	1.71					1.06	1.55	2.15	1.94	2.15 Finance
New Hire (Tenure) < 1 year	< 10%	3%	0%	0%	0%	0%	0%	0%	0%					0%	0%	N/A	9%	10% HR
* Lost Workdays due to On-the-Job Injuries	< 167	8.00	8.00	8.00	16.00	8.00	15.00	1.00	0					8.00	167	163	183.70	
Quality																		
ED Encounters - Left Without Being Seen	< 1.0%	1.2%	0.0%	1.03%	0.2%	0.2%	0.4%	0.6%	0.1%					0.7%	1%	1.0%	1.1%	1.0%
*Falls with Injury	< 3	0	1	0	0	0	0	1	0					0.25	3	3	3.30	3.00
Healthcare Associated Infection Rate per 100 Inpatient Days	< 0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%					0.0%	0.1%	0.1%	0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	< 2.7%	2.2%	6.9%	10.5%	8.8%	2.9%	0.0%	4.8%	2.4%					4.8%	5.4%	2.7%	3.0%	2.7%
Diabetes Management - Outpatient A1C>9 or missing result	< 30.3%	37%	39%	33%	38%	32%	33%	22%	25%					30%	30.3%	34.50%	33.3%	30.3%
Services																		
ED Visits	> 1,023	1,131	1,000	874	526	700	723	819	799					822	1,016	930	920.70	1,023 Finance
Inpatient Admissions	> 86	83	77	72	70	79	91	79	94					81	83	75	77.40	86 Finance
OB Deliveries	> 38	38	26	38	36	39	48	52	48					40	37	31	34.20	38 Finance
Surgeries and Endoscopies	> 126	109	100	90	32	44	110	128	112					93	118	117	113.40	126 Finance
Diagnostic Imaging Procedures	> 2,116	2,466	2,308	2,078	1,358	1,784	2,159	2,225	2,234					2,089	1,957	1,649	1,904.40	2,116 Finance
Lab Procedures	> 12,262	12,098	11,587	9,776	7,900	10,591	12,119	13,249	13,007					11,290	11,051	9,671	11,035.80	12,262 Finance
Adjusted Patient Days	>1,769	1,603	1,490	1,355	871	1,250	1,376	1,364	1,568					1,360	1,624	1,373	1,591.95	1,769 Finance
Therapy Visits	> 1,706	1,692	1,792	1,374	324	959	1,131	1,247	1,399					1,240	1,145	1,084	1,535.40	1,706
Outpatient Special Procedures Visits	> 225	268	226	319	222	211	189	198	235					234	224	225	202.50	225 Finance
Financial Performance																		
Net Days in Accounts Receivable	< 48.62	59.97	64.28	61.84	48.35	48.00	52.15	54.46	56.64					56.64	63.79	50.96	43.75	49 Finance
*Total Margin	> 7.06%	4.50%	1.20%	-0.20%	16.40%	18.90%	22.62%	13.40%	-33.40%					2.50%	5.30%	1.8%	4.77%	7.06% Finance
Net Operating Revenue/FTE	> $16,753	$ 16,075	$ 14,867	$ 15,320	$ 19,587	$ 19,245	$ 22,112	$ 16,939	$ 15,719					$ 17,482	$15,794	$16,094	14,214.60	16,753 Finance
Labor as % of net Revenue	< 60.2%	60.3%	65.0%	63.8%	54.8%	53.5%	48.2%	60.6%	80.8%					58.7%	59.6%	62.6%	65.6%	60.2% Finance
Operating Expense/FTE	< $15,760	$ 15,548	$ 15,443	$ 15,969	$ 16,562	$ 15,823	$ 14,866	$ 16,479	$ 11,699					$ 15,297	$15,190	$16,190	16,709.00	15,760 Finance
*Days Cash on Hand	> 120.39	96.39	93.02	97.86	152.33	221.00	228.66	229.29	231.33					231.33	120.39	108.23	108.35	120 Finance
Commercial %	> 28.7%	27.1%	27.4%	28.8%	28.9%	28.8%	30.0%	29.4%	29.1%					29.1%	28.7%	28.2%	25.8%	28.7% Finance
Total Labor Expense/Total Expense	< 62%	62.4%	62.6%	62.2%	63.7%	65.1%	64.3%	62.3%	60.2%					62.9%	62%	63%	68.2%	62.0%

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

Prosser Memorial Health

2020 - Patient Care Scorecard

Major Goal Areas & Indicators	2019 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019	2018
Quality																
Left Without Being Seen (ED & iVantage)	<1.0%	1.24%	0.00%	1.03%	0.19%	0.66%	0.41%	0.61%	0.13%					0.73%	1.11%	1.00%
All-Cause Unplanned 30 Day Inpatient Readmissions (AC & iVantage)	<2.7%	2.33%	6.67%	9.30%	7.89%	2.94%	0.00%	4.76%	2.44%					4.60%	5.4%	2.7%
Sepsis - Early Management Bundle (AC)	>84.6%	33.33%	50.00%	N/A	66.67%	100.00%	100.00%	66.67%	100.00%					70.59%	80.0%	84.6%
Head CT Interpretation within 45 minutes - Stroke (DI)	>90%	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%					93.75%	62.16%	N/A
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%					0.12%	0.07%	0.10%
Diabetes Management - Outpatient A1C>9 or missing result (PT)	<30.25%	37.43%	30.27%	32.62%	28.40%	32.07%	33.33%	21.71%	25.00%					30.43%	30.25%	34.50%
Medication Reconciliation Completed	>90%	89.26%	86.38%	44.72%	89.90%	55.76%	42.31%	43.64%	34.84%					52.01%	90.00%	2019 value is 85.16%
Turnaround time of 30 minutes or less for STAT testing (LAB)	<30 Minutes	34	31	34	38	39	37	36	36					35.625	30	30
Median Time to ECG (CP & iVantage)	< 7 Minutes	6	7	6	7.5	8	9	8	11					7.5	7	NA
Surgical Site Infection (OR)	<2.0%	0.00%	0.00%	0.00%	0.00%	2.27%	1.82%	0.00%	0.00%					0.49%	0.3%	0.3%
Colonoscopy Follow-up (OR/Clinic & iVantage)	>90%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	33.33%	87.50%					94.29%	90.0%	NA
Safe Medication Scanning	>90%	88.80%	91.80%	93.82%	90.55%	94.38%	93.70%	92.89%	93.66%					92.40%	90.0%	NA
*Overall Quality Performance Benchmark (iVantage)	>48	48	48	48	58	58	58	46	49					48	48	0
*Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1	0	0	0	0	0	0	0	0					0	1	3
*Falls with Injury	<3	0	1	0	0	0	0	1	0					2	3	3

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

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD MEETING	August 27, 2020	WHITEHEAD CONFERENCE ROOM	
COMMISSIONERS PRESENT	**STAFF PRESENT**	**MEDICAL STAFF**	**GUESTS**
• Dr. Steve Kenny • Glenn Bestebreur • Susan Reams • Keith Sattler • Sharon Dietrich, M.D.	• Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Kevin Hardiek, CIO • Shannon Hitchcock, CCO • Dr. Brian Sollers		• Brandon Potts, VP, Bouten Construction

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
I. Call to Order	Meeting was called to order by Commissioner Kenny at 6:00 p.m.	None	None
II. Public Comment	None	Dr. Kenny welcomed Brandon Potts. Dr. Sollers shared that his father-in-law has donated space to the PMH Foundation in his 45x60 shop, to house the mock patient room designs. Craig thanked Dr. Sollers and his father-in-law for their generous donation.	None
III. APPROVE AGENDA	None	Commissioner Reams made a motion to approve the Agenda with the removal of Dr. Coke Smith and adding Dr. Brian Sollers as Medical Staff Representative. The Motion was seconded by Commissioner Dietrich and passed with 5 in favor, 0 opposed, and 0 abstained.	None

DRAFT

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
IV. APPROVE CONSENT AGENDA	None	Commissioner Sattler made a motion to approve the Consent Agenda. The Motion was seconded by Commissioner Reams and passed with 5 in favor, 0 opposed, and 0 abstained.	None
V. MEDICAL STAFF DEVELOPMENT			
A. Medical Staff Report and Credentialing	Dr. Sollers presented the following **Advancement from Provisional:** **Lindsey Frischmann, DO –** Advancement from provisional Telemedicine staff with requested privileges in Neurology effective August 28, 2020 through February 28, 2022. **Bruce Geryk, MD –** Advancement from provisional Telemedicine staff with requested privileges in Neurology effective August 28, 2020 through February 28, 2022.	A motion to approve the Advancement from Provisional and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for advancement from Provisional status for the following providers was made by Commissioner Dieterich and seconded by Commissioner Sattler. The Motion passed with 5 in favor, 0 opposed, and 0 abstained. • Lindsey Frischmann, DO • Brice Geryk, MD	None
	Dr. Sollers presented the following **New Appointments:** **G. Ashfaq Khan, MD** – Provisional/Telemedicine staff with requested privileges in Diagnostic Radiology effective August 28, 2020 through February 28, 2021. **Mimi Lee, MD** – Provisional/Telemedicine staff with requested privileges in Neurology effective August 28, 2020 through February 28, 2021.	A motion to approve the New Appointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and the Medical Executive Committee for the following providers was made by Commissioner Reams and seconded by Commissioner Dietrich. The Motion passed with 5 in favor, 0 opposed and 0 abstained. • G. Ashfaw Khan, MD • Mimi Lee, MD	None
	Dr. Sollers presented the following **Reappointments:**	A motion to approve the Reappointment and requested Clinical Privileges that have been reviewed and recommended by the	

DRAFT

	Robert Lada, MD – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from August 28, 2020 through August 27, 2022. **Michael Marvi, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from August 28, 2020 through August 27, 2022. **Lilith Judd, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from August 28, 2020 through August 27, 2022. **Biggya Sapkota, MD** – Reappointment to Telemedicine staff with requested clinical privileges in Neurology from August 28, 2020 through August 27, 2022.	Department Chair, the Credentialing Committee and the Medical Executive Committee for the following providers was made by Commissioner Reams and seconded Commissioner Dietrich. The Motion passed with 5 in favor, 0 opposed and 0 abstained. • Robert Lada, MD • Michael Marvi, MD • Lilith Judd, MD • Biggya Sapkota, MD	
	Dr. Sollers presented the following **Category Change Request:** **S. Shem Rode, DO** - Privileged in Emergency Medicine, requesting to change category from Locum Tenens Staff to Active Staff, effective September 1, 2020.	A motion to approve the Category Change Request that has been reviewed and recommended by the Medical Executive Committee for the following providers was made by Commissioner Dietrich and seconded Commissioner Reams. The Motion passed with 5 in favor, 0 opposed and 0 abstained. • S. Shem Rode, DO	
VI. FINANCIAL STEWARDSHIP			
A. Review Financial Reports for July 2020 (Attachment R)	David Rollins presented the July 2020 Financial Reports.	Commissioner Sattler made a motion to accept the Financial Report for July 2020 which was seconded by Commissioner Dietrich. The Motion passed with 5 in favor, 0 opposed and 0 abstained.	None
B. COVID-19 Financial Plan (Attachment W,X,Y)	David Rollins presented the COVID-19 Financial Operations Forecast through December 2020. An Agreement for COVID Rapid Testing reagents has been signed based upon what we anticipate needing.	None	None
C. Owner's Representative Approval (Attachment	The Committee met two times to review the four candidates for Owner's Rep. The committee	Commissioner Bestebreur made a motion to accept NV5 as the Owner's Rep for the PMH	None

H,I,J,J1)	recommended that NV5 move forward at the Owner's Rep.	Replacement Facility which was seconded by Commissioner Reams. The Motion passed with 5 in favor, 0 opposed and 0 abstained.	
IX. QUALITY			
A. COVID-19 Update	Merry Fuller gave an update on COVID-19. PMH is averaging 0-3 patients per week testing COVID positive, with shorter stays. The Clinics can now have one visitor accompany them to appointments, however that option has not yet opened up for the hospital. The CMOs have now turned their focus on mental health issues, as well as physical and emotional health.	None	None
B. Legislative and Political Updates	Commissioner Bestebreur updated the Board on the current political fronts both Federally and State-wide. The upcoming election and ballots are hot topics, as is Telehealth for Medicare patients in rural communities.	None	None
D. CEO Report	Craig reported on the tremendous amount of work going on behind the scenes for the Replacement Hospital, with Leaders and Staff. Kurt Broeckelmann, Architect, will be on-site the end of August and the end of September looking for Board feedback. Craig invited the Board to take the MBS test if they are interested. Shannon gave an overview of the test and the improved communication resulting in staff that has taken it. A 90-minute training is coming up if there is interest. Craig posed the question to the Board of continuing to meet virtually or meet in person. Three of the five board members in attendance prefer face-to-face. Rescheduling interviews of the candidates interested in the open Board position was discussed. The Board preferred to hold the interviews in person.	None Shannon will email this information to the Board members. Craig will explore any new guidelines that become public. We'll tentatively plan for a Special Meeting for the interviews in October.	None

DRAFT

X. ADJOURN

There being no further business to attend to, Commissioner Kenny adjourned the meeting at 7:09 p.m.

DRAFT

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

JOINT CONFERENCE COMMITTEE	September 16, 2020	VINEYARD CONFERENCE ROOM

COMMITTEE MEMBERS PRESENT	NON-MEMBERS PRESENT
• Commissioner S. Reams • Commissioner S. Kenny • C. Marks, CEO • Dr. B. Sollers • Dr. T. Murphy	• Kristi Mellema, CQO, CCO • Merry Fuller, CNO, COO • Dr. S. Hashmi

AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP
CALL TO ORDER	Meeting was called to order by Commissioner S. Reams at 0700.		
APPROVAL OF MINUTES	Minutes for August were reviewed and approved.	C. Marks made a motion to approve the minutes as presented. The motion was seconded by S. Kenny and passed with 5 in favor, 0 opposed.	Standing agenda item.
	QUALITY		
COVID-19 Update	Dr. Murphy reported that total number of COVID cases in WA state are over 80,000. Deaths have gone down. Every COVID test done yesterday here in the ED were negative.	For informational purposes only.	No follow up necessary.
	PATIENT LOYALTY		
Patient Experience Results	M. Fuller presented the Patient Loyalty Summary Report. Year to date, we continue to meet or exceed 2020 goals. A Studer coach was here in August and conducted an assessment of the Emergency Department. The assessment included benchmarks and action plans which Christi Doornink-Osborn is working on with Dr. Wenger and other stakeholders such as admitting.	For informational purposes only.	Standing agenda item.

MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	C. Marks reported that we are looking at the general surgery model consisting of one general surgeon. Dr. Sollers stated that there is a verbal agreement with Dr. Unger that he is coming here but there is not a signed contract in place yet. C. Marks stated that we are using Practice Match to find a GI physician and a family medicine physician. Dr. Sollers stated that the new urologist and ENT are busy already. There is a streamlined way now to refer for vasectomies with our new urologist. Both physicians are booked solid for the next two weeks. C. Marks reports the that CRNA group provides coverage to us and with Allen retiring it has left that group short. There were two CRNAs that were planning on coming here but are not coming now. The CRNAs are taking a lot of call since they are down to two. They are trying to find two new members to join the team.	For informational purposes only.	Standing agenda item.
PMH Clinics Dyad Management Structure	C. Marks reported that Alana and Dr. Sollers has been working on this structure which was taken to the Board a couple months ago. Dr. Sollers reported that there are names on the chart now, so we know who the physician leaders are. Dr. Clifford will be the medical staff representative for the Specialty clinic along with Tricia Hawley. Dr. Carl and Alana for Benton City Clinic. Pam Morris ARNP and Molly for Prosser Clinic. Dr. Sollers for the Women's Health Center. Dr. Santa-Cruz and Molly at Grandview Clinic. Dr. Sollers is assisting Alana over all of it.	For informational purposes only.	Standing agenda item.
EMPLOYEE DEVELOPMENT			
Employee Engagement	C. Marks reported that since we were unable to have the pool party this year, we took that money and gave out $50 gift cards to everyone. Halloween is coming up and we are hoping to carry on normal activities. The Holiday party is still on but will need to wait on the social distancing rules.	For informational purposes only.	Standing agenda item.
HR Director Update	C. Marks reported that we have continually run national ads on Indeed. There has been a number of candidates. The HR team is doing the initial review and then pass on to Craig. There are five or six candidates that we are talking to.	For informational purposes only.	No follow up necessary.

Incentive Compensation	C. Marks reported that staff need to be recognized with all the work that has been done since COVID-19. This proposal will go to the Board for approval of an incentive payment to the staff. This would include medical staff; however, management will be excluded due to other incentive program available to them.	For informational purposes only.	No follow up necessary.
Employee Flu Vaccine	K. Mellema reported that employee flu vaccine clinics have been scheduled for the last week of September/first week of October. However, we found out last Friday that there will be a delay in receiving that vaccine due to the hurricane activity that has occurred back east. Dr. Murphy suggested that the flu vaccine be administered the second and third week of October to help prevent waning of the vaccine efficacy later in the flu season.	For informational purposes only.	No follow up necessary.
SERVICES			
Nuclear Medicine Renovations	M. Fuller reported that nuclear medicine renovations have started. A floor map of the department was provided to the committee members. Current timeline has equipment being installed last week of October. We will need to ensure that the nuclear medicine technician has experience since this is a new service line.	For informational purposes only.	No follow up necessary.
Replacement Hospital Update	C. Marks reported that there are three major areas: USDA, design development, and construction related to the new hospital. There was another meeting with the USDA. We are planning to submit formal application by the end of March. Design development, environmental and feasibility studies are all components of the application process. Mock rooms are being constructed. Owners representative is setting up the entire schedule, so we do not miss key decision points.	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance – August 2020	C. Marks presented the August Income Statement which shows a loss of $1,219,339. However, this loss is not reality due to rules mandated by law. DZA said that we cannot recognize the SBA money until it is officially forgiven so that money had to be backed out. We supplemented with $1.5 million in HHS money but still should a loss of $1.3 million. Once the SBA funds are forgiven, there will be $6.5 million added to the bottom line.	For informational purposes only.	Standing agenda item.
Review Audit Firm/Auditor Selection	C. Marks reported that a recommendation will go to the Board to continue with DZA.	For informational purposes only.	No follow up necessary.
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0834			
Next scheduled meeting is October 21, 2020			

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

FINANCE COMMITTEE MEETING
WEDNESDAY – SEPTEMBER 23, 2020
12:00 p.m. - VINEYARD CONFERENCE ROOM
AGENDA

MEMBERS:
Keith Sattler
Glenn Bestebreur
Brandon Bowden

STAFF:
Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – August 26, 2020 Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials – August 2020 **(Attachment V)** — **David**

Action Requested – August 2020 Financial Statements

B. Review Accounts Receivable and Cash Goal — **Stephanie**

C. COVID-19 Financial Projection Plan **(Attachments W,X)** — **David**

D. Voucher Lists — **David**

Action Requested - Voucher List Payroll and AP Vouchers #153360 through # 153784 In the amount of $5,336,372.75.)

E. Surplus Items Resolution

Action Requested - Surplus Items Property Description: Everest Side by Side Refrigerator-Freezer; Office Chair; Bookshelf/Cabinet; Bookshelf; Desk. — **David**

F. Audit Firm - Recommendation — **David**

Action Requested – DZA

III. ADJOURN

DRAFT

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial

Prosser Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY – AUGUST 26, 2020
NOON - VINEYARD CONFERENCE ROOM

MEMBERS:
Keith Sattler
Brandon Bowden

STAFF:
Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER
Keith Sattler called the meeting to order at 12:06 p.m.

I. APPROVE MINUTES

ACTION ITEM
A motion to approve the Finance Committee Meeting minutes for August 26, 2020 as presented was made by Brandon Bowden. The Motion was seconded by Keith Sattler and approved.

II. FINANCIAL STEWARDSHIP

A. David Rollins reviewed the Financial Statements for July 2020 (Attachment O). Net Income for July was $182,430. We recognized $205,582 of COVID-related grant funds in July and $5,222,543 YTD. We signed a new Abbot COVID testing contract and will use grant funds if needed. Net cash flow is $19.5 million with over $11 million reserved to give back to Medicare. Days of Cash without Medicare payback at 159 days.

ACTION ITEM
A motion to recommend acceptance of the July Financial Statements as presented to the PMH Board of Commissioners was made by Brandon Bowden. The Motion was seconded by Keith Sattler and approved.

B. Review Accounts Receivable and Cash Goal
Stephanie reviewed accounts receivable and cash goal. We received $4,702,264 cash, missing goal by $83,039 in July. Upfront collections increased to $13,000 from $4,220 in February. We are in the process of changing self-pay outsource to MDS and will realize fee reduction from 10% to 7% ($40,000 per year).

C. COVID-19 Financial Projection Plan (Attachment W,X,Y)
David presented the monthly plan updates.

D. Voucher List #152791 - #153359 for $6,306,808.13

ACTION ITEM

A motion to recommend approval of the Voucher List (#152791 - #153359 for $6,306,808.13 as presented to the PMH Board of Commissioners was made by Brandon Bowden and seconded Keith Sattler and approved.

E. Surplus Items Resolution #55; #211; #174

ACTION ITEM

A motion to recommend approval of the Surplus Item Resolutions #55, #211, #174 as presented to the PMH Board of Commissioners was made by Brandon Bowden and seconded by Keith Sattler and approved

F. Audit Firms Responses – Discussion

ACTION ITEM

DZA – The Finance Committee recommended not to bring in the 3 audit firms that responded with proposals to present to the Finance Committee in September as DZA was low bidder overall and Accounting and the Board were satisfied with DZA's performance. DZA will be recommended to the full board in September for a 3-year renewal.

G. Owner's Representative

ACTION ITEM

This was not discussed in committee as selection was outside timelines for meeting.

III. ADJOURN

Having declared no further business, the meeting was adjourned at 12:57 p.m.

DRAFT

MEMORANDUM

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

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

DATE: **SEPTEMBER 2020**

RE: **CEO REPORT**

SERVICES

1. Replacement Facility Update

In the three short weeks since our August Board Meeting, we have been very busy working on several components of our replacement facility project including USDA funding; facility programming and design; and construction. To assist us throughout this project, we have added outside experts to help lead our project to success. Our USDA funding effort is being led by our Financial Advisor - Gary Hicks. Gary has assisted us in the development of a debt capacity analysis, preliminary financial feasibility study and is now leading our debt financing (USDA) process. Gary has a great deal of experience working with the USDA and other lending sources, if and/or when they are needed. On September 1, we met with Gary to begin preparations for submitting a final application by the end of March 2021 to the USDA to fund our project (**Attachment A**). On September 8th, we had a phone conference call with the State of Washington USDA representatives with which we will be working. The USDA representatives identified their expectations and we responded to their questions. We once again shared our timeline with them, which was reasonable to them. Gary indicated that we will get many of the documents to the USDA before March, so that they can begin to review them before the full application is completed. They were very interested in seeing early financial statements even though the audited financials will not be available until mid-March. Gary noted that the Board will once again need to approve a Resolution (**Attachment B**) that allows David Rollins and I to submit a formal/final application to the USDA to provide funding for the construction of a replacement facility for PMH. A similar Board Resolution was approved by the Board in December 2018, which allowed us to submit a pre-application to the USDA. (**Attachment C**). The pre-application was approved by the USDA in February 2019, enabling us to submit a final application to the USDA. Gary would like the Board to consider this Resolution at the September Board meeting in an effort to keep the application process moving. The Board will be asked to approve the attached Resolution at the September Board meeting.

Our design team is led by Kurt Broeckelmann, Architect, the Managing Partner for bcDESIGNGROUP. Kurt and his team completed the Land Acquisition Due Diligence Report (October 2017) which led the way for us to purchase the thirty-three acres of land for our

replacement facility. bcDESIGNGROUP was then selected to design our replacement facility and began this process when the Board made the decision to submit a formal/final application to the USDA. The first step of the design process was to work with all members of the PMH Leadership Team on the development of a Departmental Program (**Attachment D**), which identified the space (square feet) needed in each department by function. The architects then total this space and begin the development of a departmental floor plan for each floor of the new facility.

Our design team has developed a draft floor plan which is being shared with everyone at PMH (**Attachment E**). Each PMH department leader is reviewing its program and floor plan location with their staff and providers. In addition, the design team will hold open forums on September 21st & 22nd for the Medical Staff and all hospital staff to review the preliminary plans (**Attachment F & G**). Kurt will review the logic behind the plans and seek input from everyone about ways to improve the plans. In addition, Kurt will share a draft site layout, which will show where the hospital, medical office buildings, etc. may be placed on our 33 acres of land. On Wednesday, September 23, the entire PMH Team is scheduled to come out, by department, to tour several mock rooms we had built. Based on preliminary drawings we developed, we hired Bouten Construction (a local general contractor) to construct a mock acute care patient room, a labor, delivery, recovery, post-partum (LDRP) room, and an emergency department treatment room. The rooms were constructed with non-permanent materials (e.g. cardboard) in Dr. Brian Sollers' in-laws' new pole barn. Please join me in thanking Charles and Isabel Rodgers for their generous donation! The mock rooms enable our staff to try out the rooms and share ideas to improve them before they are built. The rooms will be complete with furniture, which will also give us an opportunity to demo furniture for the rooms.

In addition to sharing these rooms with our staff and Medical Staff, we will share them with our Board. Our September Board Work Session (September 22nd) will be used to have our Architect and Owner's Representative give an update to the Board about our progress on the project. The meeting will begin in the Whitehead Conference Room (along with dinner) and then we will travel to view the mock rooms. Like our staff, we look forward to receiving feedback from our Board regarding our plans to date. We plan to conduct similar sessions through the planning process.

The final area of significant activity related to our project involves the activities of our Owner's Representative (OR). Last month the Board selected NV5 to serve as the OR for this project and they hit the ground running. The OR will work with PMH Staff to oversee the project and ensure that the design team and construction management team perform per their contract and maintain the schedule developed by the OR. NV5 is led by Paul Kramer and Meg Hohnholt and will be supported by additional NV5 team members as needed. To assist us through this process, NV5 is now conducting weekly virtual meetings (**Attachment H**) with our current team, in between the dates when the team is on site. These meetings will be used to address all project issues ranging from USDA topics to construction challenges. In addition to items identified in these meetings, NV5 has already developed a draft project schedule (**Attachment I**), which they will continue to refine, and a revised Request for Qualifications

(RFQ) for general contractor/construction management (GC/CM) services for this project (**Attachment J**). In the State of Washington, the use of the GC/CM construction model by a public entity must be approved by a public board called The Capital Projects Advisory Review Board (CPARB). We had planned to take this to CPARB in September, but we decided we needed more time to prepare. As a result, we plan to submit our application in October and present it to CPARB in December. This will delay our selection of a GC/CM until January, but this will not have a negative impact on our project. This is very complex, so rather than try and write about this, we will use the September Board Work Session to discuss it in more detail. The bottom line is that there is a lot of activity taking place regarding this project, and we have an outstanding team working to see that it goes smoothly and ensuring that the final product will meet the needs of our staff and community long into the future.

2. 2020 Strategic Planning

It is once again time to begin our Strategic Planning process for 2021. We are currently compiling a planning packet that will include external information about the healthcare industry and internal information that will focus on the performance of Prosser Memorial Health. While no one could have predicted what has happened in 2020, it is my hope and belief that 2021 will be better. Our focus in 2021 will be to discuss and explore ways that PMH can continue to grow to meet the growing and changing healthcare needs of the communities we serve and to discuss the design of our replacement facility. We will also continue to focus on enhancing our financial performance, which will be critical as we plan our new hospital. While we have maintained and improved our financial base throughout this pandemic, we must continue to grow our revenue, control expenses and conserve cash in order to make a new hospital a reality.

Like previous years, the planning process will provide opportunities for everyone in our organization (Staff, Board, Medical Staff) to participate; learn more about PMH and the current healthcare industry; and provide input about how PMH can continue to grow and improve. The planning packets will be distributed directly for your review electronically and a few hard copies will also be placed throughout PMH within the next few weeks. We will also be scheduling planning sessions for Staff, Medical Staff and the Board in late October and early November. We hope that everyone is able to attend a planning session, however, for those that are unable, worksheets will be available to capture your ideas so that we can include your input as we develop the 2021 Strategic Plan. I look forward to meeting with everyone as we continue on our journey to become a top 100 Critical Access Hospital in the country and build a replacement hospital.

3. Nuclear Medicine Update

After many months of planning, the nuclear medicine project is now officially underway. The nuclear medicine layout was approved by the Department of Health, including the expansion of our surgery waiting room by using the existing staff cafeteria space (**Attachment K**). This change provides much better space (especially in our current pandemic where social distancing is so important) for family and friends of surgical patients. The staff cafeteria was relocated to the old marketing storage room, and the Vineyard Conference Room is also available for lunch

breaks (11:00 a.m. – 1:00 p.m.). Per the attached schedule (**Attachment L**), Booth and Sons are scheduled to begin construction this week and complete the construction by October 29, 2020. The nuclear medicine camera is scheduled to arrive on November 3rd and installation of the equipment is to be completed by November 9th. The Washington State Department of Health is currently reviewing our Radioactive Materials License application which they must approve. We do, however, plan to be operational before the end of the year. In order to accomplish this, we must also hire a nuclear medicine technologist. Aurora Weddle, Director of Diagnostic Imaging Services, has discussed this opportunity with several technicians from surrounding communities who have express an interest in joining our team. As this is a new program for PMH, we will be seeking experienced applicants who have the skills necessary to help build our program.

4. Patient Monitoring System Update

The current patient monitoring system used throughout PMH (Mind Ray) is old and in need of replacement. Under the leadership of Merry Fuller, CNO, a proposal was developed for the replacement of our system with a combination of GE and Masimo products. These systems will integrate with EPIC, our Electronic Health Record (EHR) and automatically document patient metrics in the EHR. This type of upgrade will enable our staff to focus on our patients, not their records. The PMH Board approved this replacement and it has now been initiated.

Stephanie Honey-Morrow has been designated as the PMH Project Manager for this initiative. Stephanie has worked for PMH for several years as a Patient Coordinator, House Supervisor, and Emergency Department RN, she is well known and well respected for her nursing skill and organizational knowledge. She has implemented similar large projects of this type in other area hospitals. We are grateful to be able to leverage her skill and experience for this important patient safety project. Kick-off meetings for both systems with all stakeholders will occur in the next two weeks and the project timeline will be finalized. Installing the equipment will not be the most challenging or time-consuming aspect of this project. Comprehensive and effective staff education is the most challenging undertaking, but an investment worth making. Each department will identify champions who will assist in assuring around-the-clock support after go-live. Both systems will interface with the Epic system (which will take 6-12 months), but the interface timing will not delay the equipment implementation or utilization. The COVID-19 pandemic created a significant delay in this project, but ultimately resulted in a net gain. Masimo reconfigured their vital sign machines to improve the monitoring of patients with respiratory illness. This unanticipated upgrade resulted in the purchase of better equipment at a lower price. We will continue to provide updates as the project progresses.

5. Yakima Valley Farm Workers Clinic (YVFWC) Update

Effective September 1st, we began our renewed relationship with the YVFWC. We have incorporated the YVFWC providers (Drs. Schille, Gupta, Kojima) into our call schedules and welcomed them into our Medical Staff. We continue to work with Drs. Norris and Marx from the YVFWC on the role PMH Providers will play in the YVFWC Residency Program. Most PMH providers are very supportive of participating in the Program, but all of the expectations and

other details are still being finalized. We also recently had a Community Clinics Medical Staff Committee meeting where we discussed inviting all YVFWC primary care providers (Advanced Practice Clinicians and Physicians) to participate on this Committee as we work together to address the health care needs of our community. The PMH Medical Staff is very excited to work with YVFWC providers and other community providers as we work together to improve the health of our community.

6. Community Support

While we haven't been able to participate in parades and community events like we did last year, we are making every effort to support local programs and businesses through sponsorship opportunities. In August we sponsored the Prosser outdoor dining activities taking place on North Sixth Street on the weekends. In September, we were a sponsor of Benton City Daze, which included a scavenger hunt around local businesses, and we hosted a Red Cross Blood Drive. In October, we are a sponsor of the City of Prosser's Pumpkin Decorating Contest and in November we are the main sponsor of the Boys and Girls Club Festival of Trees event, which we have heard, will include a skydiving Santa Claus. The PMH Ambulance will be on site...just in case. We know businesses and local non-profits are struggling through uncertain times that changed in the blink of an eye. We want our community to know #This Is How We Care extends past healthcare, to the overall health of our community.

7. Communication and Marketing Update

Dr. Thomas Tieu and Dr. Coral Tieu have hit the ground running! Their schedules are both two weeks out for appointments and they only started seeing patients as of Monday, September 14, 2020. We continue to promote our Joint Replacement program and have seen volumes slowly start to climb. In the Fall, we will focus on Well Child Visits and promote our two pediatricians (Dr. Carl and Dr. Min), Dr. Groner and the Comprehensive Pain Management Center, Mammography, and the Emergency Department, as well as the campaigns we have been running through the year. Below are a few examples of these ads:

The front of the hospital got a facelift a few weeks ago with the addition of window graphics featuring some of our providers and a new metal sign that is lit at night. I would encourage you to drive around the front of the hospital sometime and check them out. It has really brightened up our main entrance.

EMPLOYEE DEVELOPMENT

1. PMH Retirement Plan

In April 2020, Administration distributed to the Board of Commissioners, a document from our Retirement Plan Administrator (USI) that showed how our retirement plans were performing (**Attachment M**) and how they compared to other retirement plans in our industry and nationwide (**Attachment N**). It demonstrated that our 2019 average return on investments was between 20% to 30% for the majority of our employees. It also compared our plan participation rate against our peers and demonstrated that our staff drastically trailed in contributing funds to their own retirement and were relying on PMH's contribution for the majority of their retirement planning (**Attachment O**), which by today's standards, will negatively impact the retirement of our staff.

PMH contributes 3% of each employees' gross pay towards their retirement plans and only 38% of our employees contribute any additional funds to their retirement plans; whereas nationwide 73% of employees participate in contributing to their own retirement plans. Most experts believe that employees should be saving at least 10% each year towards their retirement which the majority of our employees do not choose to do. The 38% of PMH employees who do contribute, do so at a rate of nearly 7% of their gross income and this rate of contribution is not dependent upon the level of wages earned although length of service does contribute to greater participation; (less than 1 year of tenure is 16% participation, 2-4 years tenure is about 30% and greater than 4 years tenure is 48%).

One option to encourage greater participation is to change the way that PMH contributes to the employees' retirement plans from an automatic contribution to a matching contribution. Nationwide, employers provide matching contributions in 82% of the plans offered with 23% of employers offering less than 3% match, 26% offering up to 3% match, and 41% offering more than 3% match. This matching methodology encourages employees to put their own funds into their retirement plans by incentivizing this positive behavior.

The PMH Leadership Team is recommending that PMH modify its current retirement plan contributions from 3% to all employees regardless of tenure or level of self-contribution participation, to a matching system of up to a 4% contribution that would encourage employees to contribute to their own retirement and increase the amount that each employee will actually realize in their retirement plans. Depending upon the participation level in the new retirement program, the match % could be increased in future years.

We are also recommending that we auto-enroll our employees in our new retirement plan which will require employees to opt-out of participating at the beginning of their employment. This seemingly innocuous act actually generates an amazing result of improving self-contribution to retirement plans. It is estimated that nearly 85% of employees will choose to participate when prompted to opt-out of participating versus less than 50% of employees who

will choose to opt-in to participate with PMH's participation rate of 38% serving as a classic example.

These changes are not intended to save money (we currently spend approximately $650,000 per year and expect to spend a similar amount in 2021 depending on the staff participating level) (**Attachment P**), but to increase staff participation in their own retirement plans and enable our staff to enjoy their retirement which they so richly deserve! The Board will be asked to approve moving our Employee Retirement Plan to a 4% match, opt-out program, effective January 1, 2021.

2. PMH Employee Compensation Award

The COVID-19 Pandemic hit the State of Washington hard beginning in February and on March 15, 2020, the Governor announced a shut-down of the state except for essential services. Prosser Memorial Health had to immediately cease all elective surgeries and curtailed almost all of its other services due to infection control issues related to the potential spread of COVID-19. The reduction in services greatly reduced PMH's revenues, but thanks to both the hard work and sacrifices of our employees, combined with significant governmental funding in the form of loans, forgivable loans and grants, Prosser Memorial Health did not have to institute punitive financial cutbacks in staff and benefits. Rather, it was able to maintain its full staff through the height of the Pandemic and continues to do so.

Our staff were redeployed to meet the needs of our patients specifically in the Medical / Surgical Departments and Obstetrics, along with setting up a stand-alone COVID-19 Clinic on our campus. PMH did not increase its employee compensation during the pandemic, although, it did extend additional pay for employees who were sick, had an immediate family member who were sick and needed care, or had difficulty with childcare. Our employees, despite the fear in the public about this new contagion, did not shy away from taking care of our friends and neighbors regardless of whether the patients contracted COVID-19, had a broken leg, or was having a baby. PMH was prepared and stepped up and compassionately cared for everyone.

The Pandemic is subsiding in our part of the state and although the virus is not gone and a vaccine has not been released, PMH is in a strong financial position and feels that now would be a good time to recognize the efforts and sacrifices of our staff by awarding a one-time compensation award to its employees. The proposal is as follows: All Employees (including Providers but excluding Leadership) who worked from March 22, 2020 thru August 23, 2020 will receive an additional compensation award related to the number of paid hours during the aforementioned period. These hours include, Regular, Overtime, Holiday, Vacation, Sick, CME, and Callback excluding On-Call Hours. Leadership was excluded from this compensation matrix as they already have a bonus structure in place.

The awards will range from $250 to $1,000 per employee, depending on how many hours our staff were paid for from March 22nd through August 23rd (**Attachment Q**). In appreciation of all the hard work and compassion displayed by the PMH Staff through this pandemic, the

Board will be asked to approve the payment of a one-time compensation award, as outlined on Attachment Q, to the PMH Staff not to exceed $245,000, at the September Board Meeting.

3. Employee Engagement

As summer slips away in a cloud of smoke, we are beginning to prepare for fall and winter activities. Our next engagement event will include activities centered around Halloween, including a costume contest, chili cook-off, etc. Also, a reminder to keep your fingers crossed and save the date for December 12th for the Annual Holiday Party. This year's party will once again be held at the HAPO Center in Pasco and will include dinner, dancing and a casino night. It should be noted, however, that these plans are all subject to change depending upon where our State and area are at as it relates to the pandemic. We will wait as long as possible before we make any changes to our plans, and we will communicate any changes as soon as they are made. Despite Annie Tiemersma being out with the birth of her son Hank, (Congratulations Annie!), Shannon was able to produce the September PULSE (**Attachment R**). I would like to highlight that Dr. Combs has officially retired and thank him for his dedicated service to his patients throughout the years. Thank you Dr. Combs!

4. HR Director Update

We continue our national search for our next Human Resources Director and have received over 25 inquiries. We are currently in the process of identifying the top candidates and the HR staff have begun conducting preliminary screening interviews of the top candidates. Of those, the best candidates will be brought in for interviews beginning in October. The interviews will include a broad representation of our team and will be conducted at PMH, not virtually. We are not in a rush and will be patient to find the right candidate to fit the culture at PMH. I would like to thank the HR team (Rocky, Nora and Crystal) for their extra effort and for providing us the time we need to find the right individual to become our next Director of Human Resources.

PATIENT LOYALTY

1. Studer Update

It's been a very busy 2020 for our Studer Partnership and Leadership Program as it continues to grow. In June 2020 our longtime Coach Carol McLeod announced her retirement after working with PMH for the last three years and has been replaced by Jennifer Malatek (**Attachment S**) who has a long history in healthcare. We wish Carol the best in her retirement and are excited to work with Jennifer going forward to improve and sustain PMH clinical and operational results. In June 2020 PMH executed our new three-year contract with Studer (it was set to expire in March, but Studer extended it for free until June due to COVID); thanks, Studer. In August 2020 the entire PMH Leadership Team attended the Studer Virtual Conference "What's Right in Healthcare" which is the Studer annual conference covering clinical and operational improvement ideas to help Studer hospitals improve and sustain their results. Also, in August 2020, as part of our new Studer contract, two Emergency Department

(ED) Studer Coaches came onsite and worked with ED Leadership and ED Staff to complete a full ED assessment/consultation (**Attachment T**). The full Studer ED assessment process was shared with PMH Leadership at the August 20th Quality Meeting with findings, recommendations, and an action plan that was delivered to ED Leadership in September. The entire ED assessment process was found to be very helpful and engaging by ED Leadership. Lastly, during the 4th Quarter of 2020 PMH will launch the software program called MyRounding which simplifies the entire leadership program process via new software and allows PMH much easier and quicker access to all of the Rounding data going forward. As part of this software launch PMH Leadership Expectations around Studer have been reset (**Attachment T1**) and all leaders will be held accountable to these expectations.

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

The number one priority for our Medical Staff recruitment efforts continues to be for general surgery. We continue to dialogue and negotiate with Dr. Unger and are optimistic that he is going to join us. However, if he decides not to come, we are exploring other options. On Friday, we are meeting with a general surgeon from the Tri-Cities that contacted us. We look forward to meeting him and exploring ways that we could possibly work together (e.g. taking general surgery call, providing vacation relief), including a full-time position if Dr. Unger does not choose us. We are also using Practice Match to search for additional general surgery candidates, just in case. We are also beginning to use Practice Match to identify gastroenterology (GI) and FP/Peds/IM candidates. We have a family practice resident from the Tri-Cities that will be returning to PMH for a second interview in October, that will be available in 2021 that could be an excellent fit for the Benton City Clinic.

2. PMH Clinic Dyad Management Structure

In February, clinic leadership presented the dyad management concept to the Board (**Attachment U**). Alana Pumphrey and Dr. Brian Sollers have been working with our provider group to identify the correct medical directors to name for each clinic, as well as recruitment for a manager for the Benton City Clinic. We are happy to announce that we have identified our medical director to work alongside our administrative leaders. Dr. Jared Clifford will work with Tricia Hawley in the Specialty Clinic, and Dr. Jose Santa-Cruz will work with Molly Schutt in our Grandview Clinic. Alana Pumphrey will temporarily assume the administrative role for our Prosser and Women's Health Clinics working alongside Pam Morris, ARNP and Dr. Brian Sollers for the remainder of 2020. We are still recruiting for a full-time manager for our Benton City and Pain Management Clinic to work with Dr. David Carl as the medical director. Dr. Carl and Alana have been trialing this model for the last several months in Benton City. We have seen a large increase in provider and staff engagement, accountability, and clinic efficiency, which we believe will translate through to all or our outpatient clinics as we move forward. We hope to have the dyad management structure fully implemented by November 1, 2020.

3. Hospitalist Update

Members of the PMH Leadership Team recently met with leaders from Kadlec that provide oversight for their Hospitalist Program. PMH has been very pleased with our Hospitalist Team

(Drs. Hashmi, Smith and Joshi) as they provide outstanding patient care and work very well with our staff and Medical Staff. We discussed our current hospitalist contract which is several years old, and all agreed that it needs to be replaced. Kadlec agreed to take the lead and provide a draft contract to PMH in October so that we can enter into a new contract by January 1, 2021. In addition to the contract, we also discussed quality metrics that would be used for incentive compensation for the hospitalists (e.g. HCAHPS scores, timely record completion, meeting attendance). Over the next two months these metrics will be finalized and will begin to be used in January 2021. This is the best hospitalist program I have ever been associated with because of our outstanding hospitalists, and one that we want to continue long into the future! We plan to bring a new contract for Hospitalist Services to the Board for review and approval before the end of 2020.

FINANCIAL STEWARDSHIP

1. Financial Performance - August

Our strong financial performance since the pandemic began continued in August, despite what you see on the income statement (**Attachment V**). For the first time since the pandemic began, we actually experienced a positive net income ($187,751) without using any COVID-19 relief funds. However, about one week ago, our auditors informed us that as a public entity, we should not recognize any of the Small Business Administration (SBA) Payroll Protection Program (PPP) funds until they are forgiven. If we were not a public entity we would be allowed to recognize the funds, which is what we had done up until this month. While we do expect the PPP funds to be forgiven in 2020, we decided to change our financial statements now; just in case. As a result, we took away $2,857,606 of PPP money and replaced it with $1,450,518 of HHS COVID-19 relief funds. The net result was a loss of ($1,407,088) of relief funds, which turned our positive month into a negative month. The good news, however, is that when the SBA PPP funds (loan) is forgiven, we will recognize an additional $6,350,235 on our bottom line. It should be noted that when we received these funds, we expected them to decrease our costs and associated Medicare/Medicaid reimbursement by approximately 60%. Our auditors are now telling us that the government does not plan to reduce our reimbursement and that we will keep all of the funds. That is a $3+ million improvement! So, while our month of August does not look good, we will come out ahead at the end of the year.

Looking back to August, our gross revenue was strong as a result of increasing patient volumes, with gross revenue being 95% of budget and 17% better than last August. That is significant growth and speaks well for our future. These were significant variances in our deductions from revenue other than a significant increase in other adjustments, which was caused by aging issues associated with old EPIC claims and the subsequent ongoing cleanup efforts.

Our expenses for the month were 3% ($176,743) under budget and after adding in our non-operating income our net loss for the month was $1,219,339. Again, that was 100% caused by

a re-classification of our COVID-19 relief funds. Year-to-date our gross revenue continues to lag behind budget because of the pandemic, but it is possible that we may surpass last year's revenue by the end of the year. As a result of the COVID-19 relief funds we have recognized ($3.8 million) our net revenue is right at budget. In addition to the relief funds, we have also maintained a strong payor mix throughout the pandemic, which reduces contractual allowances. Our operating expenses are currently 2% ($623,997) below budge, which has assisted us in achieving a year-to-date operating income of $2,839,984, which is $556,783 better than budget and $1,297,225 better than last year. Our bottom line (net income) is $3,214,825 or $459,011 better than budget and $1,073,861 better than last year. Once we record the COVID—19 relief funds we have earned, our net income is projected to be over $12 million as shown on our COVID-19 Financial Plan, which includes returning $6,591,980 of Medicare Advanced Payments.

As a result of our profitability and the receipt of COVID-19 relief funds, our cash flow and balance sheet are extremely strong. In August, we experienced a positive cash flow of $161,517 and our year-to-date cash flow is $19,681,795. We now have a cash balance of over $35 million, or 231.33 days cash on hand. Even after we return the $6.5 million of Medicare Advanced Payments, we will still have a very strong cash position and balance sheet. The only negative or opportunity for improvement is in our collections. Our days in net accounts receivable are currently at 56.64 days and our budgeted goal is 46.49. When we improve our accounts receivable, our financial position will improve even further. This financial performance positions us well to take on a replacement facility project and should look good to the USDA.

2. Audit Firm Selection

PMH recently asked five major audit firms to submit proposals to perform audits for PMH for the next three years (2021–2023). Three firms (DZA, WIPFLI, Eide Bailey) submitted proposals which were included in the August Board Packet and reviewed at the PMH Board Finance Committee Meeting in August. After review, the Finance Committee decided to recommend to the Board that we stay with our current audit firm, DZA, for the next three years (**Attachment V1**). DZA has done a very good job working with our finance team and audits the majority of critical access hospitals in the State. DZA has also been contracted by PMH to prepare the feasibility study for our USDA application. The Board will be asked to approve this recommendation at the September Board Meeting.

3. PMH Foundation

The Foundation has officially contracted with Convergent Non-Profit Solutions to assist the Foundation with Phase 1 of a capital campaign for the replacement facility. Phase 1 will consist of the Convergent team in Prosser for three weeks conducting in-person and Zoom interviews with 60-90 key individuals in our community and identify their willingness to support the new facility with Community Support and Donations. These interviews are 100% confidential where the feedback will be shared in aggregate back to the Foundation Board. Once Phase 1 is completed at the end of this year, we will have a better idea of what a realistic fundraising goal

to include in our USDA Loan Application. We will also be able to share what the overall community support for building a replacement facility will be, another component of the USDA application process. I would invite you to send names of community members you believe would be good to include on the interview list to Shannon Hitchcock.

QUALITY

1. COVID-19 Update

As we continue our ongoing battle against COVID-19, the flu season will soon be upon us, and we struggle with smoke throughout the Yakima Valley. What is next, locust?! Through all of this we have remained strong and we are always there when our community needs us. The good news about the flu season and COVID-19 is that the same essential safety precautions are prescribed for both threats: wear a mask, wash your hands and socially distance. These are all things at which we are now very good. The other good news is that we have a flu vaccine and I encourage everyone to get vaccinated. Last year, 56 million Americans presented with flu symptoms, resulting in 740,000 hospitalizations and 62,000 deaths according to the CDC. We will begin giving flu vaccinations in early October. While we do not have a COVID-19 vaccination yet, it is being speculated that we will have one by the end of the year. In addition to developing a COVID-19 vaccination, there also continues to be a great deal of research into the best treatments for the virus. While the number of COVID-19 positive patients in our areas are declining, they are going up and down all around the world. The good news, however, is that the number of deaths caused by COVID-19 are declining due to improved treatments and the average age of individuals with the virus is decreasing, which is lowering the mortality rate. While the number of positive COVID-19 patients treated at PMH is declining, we are prepared if the numbers do go up. We do not currently plan to make any operational changes at our facilities (e.g. permit visitors) due to the decreased positive cases, but the COVID-19 Task Force (which is now meeting once a week and as needed) will continue to have an ample supply of PPE, COVID-19 reagents, and Remdesivir and are fully prepared for any resurgence of cases.

2. COVID-19 Financial Plan

While the financial projections by the American Hospital Association for hospitals across the country are very negative, we are very fortunate that we are not one of those hospitals. I was recently surveyed by the AHA regarding our need for additional COVID-19 relief funds and I had to respond that we did not need any additional financial assistance. In fact, we have received almost $20 million in financial assistance, and plan to give at lease $6.6 million back, if not more (**Attachment W**). While the AHA continues to fight to make the Medicare Advanced Payments forgivable, we do not need it. The reality is that it is unlikely that the Republicans and Democrats will agree on any additional relief funds before the election. With the current relief funds, we have received and the ever-increasing volume of patients we are treating at PMH (90-98% of budget), we are now projecting that we will have a net income of more than $12 million by the end of the year (**Attachment X**). While a lot can happen before the end of the year, we are in a very good financial position to take on any challenge.

3. Board Policies

In support of our Board Policy to review PMH Board policies every three years, the Board will be asked to review and approve the following four policies: a) Orientation (**Attachment AA**); b) Organizational Ethics (**Attachment BB**); c) Commissioner Responsibilities (**Attachment CC**); and d) Conflict of Interest/Fiduciary Duty (**Attachment DD**). No significant changes were made to the policies other than to standardize the format and correct typos/spelling. The Board will be asked to approve these policies in the Consent Agenda at the September Board Meeting. If a Board member has any questions regarding the policies, we can discuss them at the September Work Session.

4. Board Vacancy

Kit Watson resigned his Board position in July when he and his family moved out of the District. Since then the Board has identified four individuals that are interested in filling this vacancy (**Attachment EE**). The Board was prepared to interview these candidates in August, but due to Governor Inslee's Proclamation, the interviews were postponed. It now appears that the Board can conduct these interviews in person after October 1. At the September Board Meeting I will ask the Board to set a special meeting in early October to conduct the interviews and select a replacement. The replacement will serve until November 2021 when there will be an election to fill the position for the next six years.

5. Washington Rural Health Collaborative

This past week I attended a one-day retreat for the Washington Rural Health Collaborative. At the retreat, they shared the Collaborative Board Performance Expectations (**Attachment FF).** As this was discussed, it became very clear to me that PMH should change from a Class A Member to a Class B Member. With all the activity at PMH such as pursuing USDA funding, planning for the construction of a new facility, continued pursuit of new services and providers, etc., there is no way that I or members of our Team will meet the meeting attendance requirements for the next couple of years. It is also important to understand that these meetings last all day (once a month) for me and are often on the west side of the state., requiring an overnight stay. I simply do not have time for that and will not let the Collaborative interfere with my duties at PMH. In addition, the Collaborative's expectations also speak to the weighing of benefits to the Collaborative and PMH when considering whether or not to participate in programs. This is beginning to sound like a system where you do what is good for the system regardless of the impact on our institution. I will never make a decision that does not positively impact PMH, regardless of the impact on the Collaborative. For these reasons, I have informed the Collaborative that effective January 1, 2021, PMH would like to become a Class B Member (**Attachment GG**). As a Class B Member, we continue to receive all the benefits that we currently receive (**Attachment HH**), without the meeting requirements and a seat on the Board with a vote. In other words, we get all the benefits with less requirements. In addition, a Class B Membership is $3,000 less per year. Once things slow down at PMH (will that ever happen?) we can once again consider becoming a Class A Member.

6. September Board Meetings

In September we are resuming having our meetings in person, with a virtual option for those that cannot or do not want to attend in person. The meetings will be held in the Whitehead Conference Room and we will attempt to limit the number of participants and socially distance as best we can. The September Work Session (Tuesday, September 22) has a full agenda including review of the proposed retirement plan change and employee compensation award. We will also hear an update on our replacement facility project from our Architect, Kurt Broeckelmann and our Owner's Representative, Paul Kramer. They will cover everything from the site plan to the process to select a GC/CM. We will conclude the session by traveling to Dr. Sollers' in-law's pole barn to see three mock rooms (Acute Care Patient Room, LDRP, Emergency Department Exam Room) that have been constructed. The September Regular Board Meeting will be used for the Board to potentially approve the selection of an audit firm, Board Policies, retirement plan changes and an employee compensation award. In addition, we will review our financial performance and recent change to our income statement, along with our financial plan for the remainder of the year. We will also need to select a date to conduct a Special Board Meeting to interview Board candidates and make a selection.

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

Attachment A

PROSSER PUBLIC HOSPITAL DISTRICT

USDA APPLICATION AGENDA ITEMS – MEETING ON SEPTEMBER 1, 2020

APPLICATION BY END OF MARCH

1. Appraisal "as improved" based on plans and specs (in addition to land appraisal)
    a. Land appraisal was already submitted.
    b. Need an appraisal of the project when completed – requested by UDSA (Gary will verify this request/requirement.)
    c. Can PMH reach out to previous appraiser:
        i. USDA Approval of this appraiser – needs healthcare appraisal experience.
        ii. What does this person need to create the appraisal?
    d. Could we use GC/CM appraise construction/finished project? No – needs to be by an appraiser.
    e. Paul will also check with NV5 folks to see what they could do?
    f. Need this appraisal for USDA appraisal (Feb/Mar).

2. Environmental Report & NEPA (see USDA 1970 environmental regulations and guide provided by USDA)
    a. NEPA – Federal Environmental Report. Separate guidelines.
    b. NV5 will look into their folks.
    c. Kurt will send Paul name of firm that did Phase 1 in 2017.

3. Preliminary Architectural Report (see RD 1942-A Guide 6 provided by USDA)
    a. 1942A – 6 – Short form
    b. 11/18/16 – Long form.
    c. Changes from state to state? Not that bcdg is aware, but will double check.
    d. Report due in March, which is fine with bcdg.

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

5. Owner Architect requirements (contractual and otherwise – see USDA Guides 1924-A & 1942-A & others)
    a.

6. Public notice and hearing are required (publish in local newspaper and an affidavit of publication is needed – prepare minutes of hearing). Work with District/Bond Counsel on Notice & Resolution.
    a. Published notice, affidavit, and minutes for public hearing about project, financing, source of repayment, use of existing facility.
    b. After 1st of year for this board meeting.

7. Two letters from commercial lenders are needed. The amount being requested from USDA is what should be requested from lenders and do not ask for specific rates (reasonable rates & terms). Pick 4 or 5 banks.
    a. To show UDSA isn't in competition with commercial lenders.
    b. Send out to multiple lenders and get "no" letters.
    c. Gary is leading this effort.

8. Certificate of Need for relocation will need to be submitted. Is this required for a replacement hospital?
    a. Does not appear to be needed.
    b. Need to formally contact WA DOH to verify.
    c. Reach out to DOH with prelim floor /site plans.
    d. Within next 30-45 days.
    e. Kurt to lead this effort with NV5.

9. Medicare/Medicaid certification will need to be submitted.
    a. David will follow up on this one (no one in the room seems to know what this requirement means?)
    b. Gary will also follow up with Marti (local USDA Rep)

10. Two letters of support from community leaders are needed (letter from the City of Prosser submitted).
    a. Already have one from City of Prosser
    b. Prosser Economic Development letter.
    c. Gary wants some from State Reps, State Senators, US House Rep, etc. Craig will reach out to:
        i. Bill Jenkins, State House of Rep
        ii. Dan Newhouse, US House of Rep
    d. Soon as possible for those letters would be beneficial.

11. Do you have good relations/contacts with Senators, Congressmen, State & Local Representatives?
    a. See above for list and plan.

12. Previously submitted documentation signed by Tim Cooper will need to be resubmitted (in process).
    a. In process

13. Provide written approval from the Board that authorized representative is authorized to apply to USDA.
    a. Need another board resolution specific to submission approval, without dollar amounts.
    b. Modify old resolution is the plan.

14. Approved 2020 audit and 2021 operating budget are needed.
    a. See previous notes about audit.
    b. December 17th for 2021 budget.
    c. Budget approach: 2 years of actual exceeding budget is good, but don't be ultra conservative. (Reasonably conservative is good – 6-7% margin)
    d. May be able to increase equity?

15. Provide the plan for the existing site after the buildout and opening of the proposed hospital.
    a. In process, but no resolution
    b. Talked about senior housing, but that didn't work.
    c. Skilled nursing also didn't work.
    d. Behavioral Health is also being explored.
    e. Talked with City, but building has so many issues that it's not looking good.
    f. Returning the site to residential is looking to be the best option. NV5 will help with this.

16. Provide update on the rezoning of the proposed site or is it currently zoned for Hospital use.
    a. New site zoning? Need to verify, but goal is for it to happen with Annexation.
    b. Bcdg will follow up with civil.

17. Same with respect to annexation of site into the City of Prosser.
    a. Need to follow up with City. Bcdg will follow up with civil.

18. Provide a confirmation from the City of Prosser to bring utilities to the proposed site. Who will pay cost?
    a. Bcdg will follow up with civil for electric, water, sewer. Complete by next spring is City's goal.
    b. Gas utility status:
        i. Potential stub is not large enough.
        ii. Getting gas under the river is the challenge, and utility company won't bear that cost.
        iii. 10 days-ish for gas follow up.
        iv. 9/22 – MEP meeting to discuss MEP design options without gas. Will that impact facility gas.

19. Status of work on the irrigation ditch running through the site. Estimated cost to District for materials?
    a. Plan to keep and make component of project.

20. A competitor analysis will be needed for the Medical services that will operate from the MOB and the service providers in the PSA and SSA (can be included in the feasibility report or as separate report).
    a. Jody Corona is working on this. Report due soon... (80% complete)
    b. Need by January/February at the latest and it is needed for feasibility study.

21. Confirm equity contribution (land, reserves $11,000,000 and capital campaign $2,000,000).
    a. Capital campaign feasibility study is underway. Maybe $2-4M. $2M should be used.
    b. $11M easily for reserves.

22. Guaranteed lender contact/ selection and offer.
    a. Later down the road after commitment from USDA.

23. Will you utilize design bid build, design build or some other method of design and construction?
    a. GC/CM method.

24. Will you secure a Maximum Price Contract from the General Contractor?
    a. Yes, established at some point. (90% CD's)

25. Will the selection of contractors be done through a competitive process?
    a. Yes?
    b. Need to follow up on EC/MC process in Washington. Need to review everything and provide Gary a written summary of process for award/selection.

26. Will a third-party cost estimator be engaged by the District or the Architect? Who and when?
    a. Yes, still working on who would do it.
    b. If NV5 does it, we need to vet the selection process with USDA.
    c. Gary will contact USDA – bcdg/NV5 will provide him with the information.

27. Status of contacting WSDOT regarding traffic plan and any other approvals.
    a. In process. Traffic study in bcdg scope/fee (City level mainly)
    b. Signage req's need to be reviewed/updated.

28. Review the Project Schedule and determine when good cost estimate will be available.
    a. NV5 working on project schedule. Draft in a week or so.
    b. First estimate is mid-November for SD.
    c. Need to be firm on number by mid-February, with 10% contingency.
    d. 90% CD's by August.
    e. September funding goal.

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

30. Discuss again the prospect of securing voter approval for property tax support requested by USDA.
    a. Not going to happen in current climate due to school bond issue.
    b. Lack of tax revenue supporting revenues could be a hurdle that needs to be overcome.
    c. Gary will continue to explain/advocate Prosser's position with USDA.

Attachment B

PROSSER PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON
BOARD RESOLUTION CERTIFICATE

I, Secretary of the Board of Commissioners (the "Board") of Prosser Public Hospital District, Benton County, Washington, a municipal corporation of the State of Washington (the "District"), hereby certify and represent that at a regular meeting of the Board held in compliance with the requirements of the Washington State Open Public Meetings Act on September 24, 2020, the Board unanimously adopted a motion authorizing the chief executive officer and the chief financial officer (each authorized to act alone) to (i) prepare and submit a formal/final application (the "Application") to the United States Department of Agriculture ("USDA"), Rural Development Community Facilities Direct Loan Program, to provide funding to pay the cost of constructing, equipping and furnishing a new hospital facility to replace the District's existing hospital facility; and (ii) take such actions and do and perform such other acts, including preparing, executing and delivering such other documents, as may be necessary to facilitate the submission, processing and consideration of the Application by the USDA.

Executed this ___ day of September, 2020.

_____
Secretary of the Board of Commissioners

ATTEST:

_____
President of the Board of Commissioners

Attachment C

PROSSER PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON
BOARD RESOLUTION CERTIFICATE

I, Secretary of the Board of Commissioners (the "Board") of Prosser Public Hospital District, Benton County, Washington, a municipal corporation of the State of Washington (the "District"), hereby certify and represent that at a regular meeting of the Board held in compliance with the requirements of the Washington State Open Public Meetings Act on August 30, 2018, the Board unanimously adopted a motion authorizing the chief executive officer and the chief financial officer (each authorized to act alone) to (i) prepare and submit a pre-application (the "Pre-Application") to the United States Department of Agriculture ("USDA"), Rural Development Community Facilities Direct Loan Program, to provide funding in the amount of $41,600,000 to pay the cost of constructing, equipping and furnishing a new hospital facility to replace the District's existing hospital facility; and (ii) take such actions and do and perform such other acts, including preparing, executing and delivering such other documents, as may be necessary to facilitate the submission, processing and consideration of the Pre-Application by the USDA.

Executed this 31st day of December, 2018.

Secretary of the Board of Commissioners

ATTEST:

President of the Board of Commissioners

Section 1

Emergency and Urgent Care Services

Check Preliminary Space Estimate While You Work =	5,259	Net Square Feet
Based on PMH Strategic Planning Goals	6,311	Gross Square Feet (1.2)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
1.1 Patient Intake Area					Separate for ED Department | Doubles as night entrance for hospital
Registrar/Cashier Workstation	1	80	80	Variable	80 NSF minimum for two clerks; add 40 NSF for each additional clerical workstation.
Triage Station	1	120	120	Fixed	One minimum; additional triage station required for high-volume services.
Rapid Assessment Unit:					
Handwashing/Sanitation Station	1	10	10	Optional	In alcove near ED entrance
Patient/Visitor Waiting Area	1	150	150	Variable	200 NSF minimum; allow 50 NSF (three to four seats) per general treatment space.
Visitor Communication/Work Alcove	1	20	20	Fixed	One minimum; depends on availability in other locations.
Consult/Multipurpose Room	1	120	120	Fixed	Family consultation, grieving, and conflict resolution.
Visitor Toilet Room	1	55	55	Fixed	Two minimum; depends on availability in other locations.
Wheelchair Alcove	1	20	20	Fixed	Accommodates two wheelchairs; additional alcove for high-volume services.
Vending Machines	3	8	24	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			**599**		**Patient Intake Area**
1.2 Emergent/Urgent Care Area					
Administrative Communication Center	1	150	150	Variable	2 ways in/out and/or reduce vulnerability of staff
EMS Communication Center	1	40	40	Fixed	Allow 40 NSF for semi-enclosed workstation; 80 NSF minimum for an enclosed room.
Physician Dictation Carrel	1	20	20	Optional	20 NSF typical; depends on operational concept.
General Patient Treatment Spaces:					
General Treatment Room	6	120	720	Workload	120 NSF required for enclosed room.
Bariatric Treatment Room	1	200	200	Fixed	200 NSF minimum; could be designed for two general treatment bays when not in use.
All Treatment Room	2	180	360	Fixed	Shared AnteRoom is goal.
Dedicated Patient Treatment Spaces:					
Trauma/Resuscitation Room	2	250	500	Fixed	same room with wall/door down middle, share equipment if possible
Psych Safe Holding Room	1	120	120	Fixed	Near Caregiver station for visual supervision
Human Decontamination Room	1	80	80	Fixed	dual interior/exterior access. 2/yr usage average
Patient Toilet Room (Bariatric)	1	70	70	Fixed	One contiguous with bariatric treatment room.
Patient Toilet Room	1	55	55	Fixed	One contiguous with each airborne infection isolation (AII) treatment room.
Handwashing Station	3	10	30	Variable	One minimum; allow one for every four patient treatment cubicles/bays.
Equipment Storage Room	1	130	130	Variable	80 NSF minimum; allow 10 NSF per patient treatment space.
Medication Preparation Room	1	120	120	Variable	80 NSF minimum; depends on operational concept.
Automated Medication Dispensing Unit	1	20	20	Optional	20-40 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Automated Supply Dispensing Unit	1	10	10	Optional	10-20 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Specimen Processing Alcove	1	40	40	Optional	40 NSF typical; lab specimen accessioning/processing; depends on scope of services.
PAR Room	1	130	130	Variable	100 NSF minimum; allow 10 NSF per patient treatment space.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Soiled Workroom	1	100	100	Variable	(2) Safes stacked atop each other - Valuables and SANE Evidence
Nourishment Area	1	40	40	Fixed	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); one per treatment area.
Environmental Services Room	1	40	40	Fixed	One per treatment area.
Emergency Equipment Alcove	1	15	15	Fixed	One minimum; allow one per every 12 patient treatment spaces; crash cart.
Mobile Equipment Alcove	2	30	60	Fixed	One minimum; allow one per every 12 patient treatment spaces.
Stretcher/Wheelchair Alcove	2	30	60	Fixed	One minimum; allow one per every 12 patient treatment spaces.
Subtotal			**3,110**		**Emergent/Urgent Care Area**

1.3 Nonurgent Care/Fast Track Area

Included in Emergent/Urgent Care Area above

1.4 Observation/Holding Unit

Observation Bays are included in Med/Surg AND Ed, dependent on census, patient type, etc.

Patient Observation/Holding Spaces:					
Observation Room	2	120	240	Workload	120 NSF required for enclosed room.
Handwashing Station	1	10	10	Variable	One minimum; allow one for every four patient observation/holding spaces.
Patient Toilet Room	1	55	55	Variable	One minimum; allow one for every six patient observation/holding spaces.
Subtotal			**305**		**Observation/Holding Unit**

1.5 Urgent Care Center

Included in Emergent/Urgent Care Area above | May build free-standing location in future

1.6 Shared Support Space

PACS Viewing Room	1	50	50	Optional	Inside doc dictation/work area
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Subtotal			**70**		**Shared Support Space**

1.7 Staff/Administrative Space

Manager/Physician Office	2	120	240	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Staff Lounge/Break Room	1	120	120	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Staff Mailbox Alcove	1	30	30	Optional	30 NSF minimum; depends on configuration and number of mailboxes.
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	2	5	10	Optional	Depends on staffing and availability in other locations.
Staff Toilet/Shower Room	1	95	95	Optional	Depends on staffing and availability in other locations.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			**555**		**Staff/Administrative Space**
1.8 Clinical Support Space - OSP					Shares support spaces with ED
Special Procedure Suite:					
Exam/Treatment Room	4	80	320	Workload	Semi-Private Bays - Infusion / Wound Care Treatment
Hyperbaric Room	1	140	140	Workload	Future Space
Documentation/Work Area	2	40	80	Variable	2 person
Pharmacy Satellite	1	80	80	Optional	Pixus + Fridge in Room
Subtotal			**620**		**Shared Clinical Support Space**
Total			**5,259**		**Net Square Feet**

Section 2

Surgery and Special Procedures

Check Preliminary Space Estimate While You Work =	7,955	Net Square Feet
Based on PMH Strategic Planning Goals	9,546	Gross Square Feet (1.2)

2.1 Patient Intake Area

Separate Center of Excellence for OP Surgery Center

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Reception/Registration Area	1	40	40	Fixed	80 NSF typical for one to two clerks; add 40 NSF if >12 ORs.
Patient/Visitor Lounge	1	300	300	Variable	200 NSF minimum; allow 50 NSF (three to four seats) per OR/procedure room.
Visitor Toilet Room	1	55	55	Fixed	Two minimum; additional room if >18 ORs.
Visitor Communication/Work Alcove	1	20	20	Fixed	One minimum; depends on availability in other locations.
Consult/Multipurpose Room	2	100	200	Fixed	Family consultation, grieving, and conflict resolution; additional room if >12 ORs.
Wheelchair Alcove	1	20	20	Fixed	Accommodates two wheelchairs; additional alcove for high-volume services.
Refreshment Center	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			**655**		**Patient Intake Area**

2.2 Preoperative Care Unit/Phase II Recovery

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Patient Care Space:					
Semi-Private Patient Room	10	115	1,150	Variable	100 NSF minimum for enclosed room; also used for isolation and/or pediatrics.
Patient Toilet Room	2	55	110	Variable	One minimum; allow one for every eight patient care spaces.
Handwashing Station	3	10	30	Variable	One minimum; allow one for every four patient cubicles/bays/chairs.
Nurse Station/Documentation Area	1	80	80	Variable	80 NSF minimum; allow 10 NSF per patient care space.
Staff Toilet Room	1	55	55	Fixed	Provide minimum of one within working area.
Medication Preparation Room	1	80	80	Optional	80 NSF minimum; depends on operational concept.
Automated Medication Dispensing Unit	1	20	20	Optional	20-40 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Automated Supply Dispensing Unit	1	10	10	Optional	10-20 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
PAR/Clean Workroom	1	100	100	Variable	100 NSF minimum; allow additional 40 NSF if >24 patient care spaces.
Soiled Workroom	1	80	80	Variable	80 NSF minimum; provide additional room if >24 patient care spaces.
Equipment Storage Room	1	100	100	Variable	100 NSF minimum; allow 5 NSF per patient care space.
Nourishment Area	1	40	40	Fixed	Minimum 40 NSF (alcove) or 80 NSF (enclosed room).
Environmental Services Room	1	40	40	Fixed	One per preoperative care/Phase II recovery area.
Emergency Equipment Alcove	1	15	15	Fixed	One per preoperative care/Phase II recovery area; crash cart.
Mobile Equipment Alcove	2	30	60	Fixed	One minimum; provide additional alcove if >24 patient care spaces.
Stretcher/Wheelchair Alcove	1	30	30	Fixed	One minimum; provide additional alcove if >24 patient care spaces.
Subtotal			**2,000**		**Preoperative Care Unit/Phase II Recovery**

2.3 Post-Anesthesia Care Unit/Phase I Recovery

Shares support and caregiver space with PreOp/Phase II Recovery

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Patient Bay/Cubicle	5	80	400	Variable	80 NSF minimum; allow 1.5 patient care spaces per OR.
Handwashing Station	2	10	20	Variable	One minimum; allow one for every four patient bays/cubicles.
Subtotal			**420**		**Post-Anesthesia Care Unit/Phase I Recovery**

2.4 Operating Rooms

General Operating Room	0	400	0	Workload	400 NSF minimum clear floor area; depends on scope of services.
Specialty Operating Room:					
Operating Room	4	525	2,100	Workload	3 built - 1 shelled - verify davinci fits in 500 SF
Scrub Station (Two Sinks)	2	25	50	Variable	One per each one or two operating rooms depending on configuration.
Subtotal			**2,150**		**Operating Rooms**

2.5 Operating Room Support

Ana Work happens in OR - check FGI...

PACS Viewing Station	1	40	40	Optional	Depends on scope of operations.
Clean Core	1	300	300	Variable	100 NSF per operating room; depends on operational concept.
General Equipment Storage	1	225	225	Variable	300 NSF minimum; allow 50 NSF per general operating room.
Anesthesia Office / Sleep	1	150	150	Variable	Combined with Ana Sleep Rm
Gas Storage Room	1	20	20	Variable	20 NSF minimum for daily back-up.
Soiled Workroom	1	100	100	Variable	(2) Neptune docking stations
Stretcher Holding Alcove	1	40	40	Variable	One minimum; additional alcove per every four to six operating rooms.
Environmental Services Room	1	40	40	Fixed	One per surgery suite.
Clean Case Cart Holding	3	30	90	Optional	Allow 30 NSF per operating room (two case carts); depends on operational concept.
Soiled Case Cart Holding	3	30	90	Optional	Allow 30 NSF per operating room (two case carts); depends on operational concept.
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Subtotal			**1,115**		**Operating Room Support**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
2.6 Special Procedure Rooms/Support					GI and Pain Suite, shares PreOp/Phase II with Surgery.
Major Procedure Room	2	200	400	Workload	200 NSF minimum clear floor area; minor surgical procedures, GI, endoscopies, etc.
Nurse Station/Documentation Area	1	80	80	Variable	80 NSF minimum; allow 40 NSF per procedure room.
Equipment Storage Room	1	75	75	Variable	50 NSF minimum; allow 25 NSF per procedure room.
Stretcher/Wheelchair Alcove	1	30	30	Optional	Omit if support space is shared with Preoperative Care Unit/Phase II Recovery Area.
Scope Cleaning/Storage:					*Required only if procedure rooms are used for endoscopies.*
Decontamination Area	1	60	60	Optional	60 NSF typical; enclosed room/area separate from clean work area.
Clean Work Area	1	60	60	Optional	60 NSF typical; enclosed room/area separate from decontamination area.
Scope Storage	2	20	40	Variable	Allow 20 NSF per endoscopy procedure room.
Subtotal			**745**		**Special Procedure Rooms/Support**
2.7 Staff/Administrative Space					
Manager/Physician Office	1	120	120	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Open Workstation	3	40	120	Variable	Dictation area near nursing area in core, with some separation
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Male Staff Lockers/Changing Area:					
- Entry Alcove/Vestibule	1	30	30	Optional	30 NSF minimum; size varies depending on design.
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; omit if full-width, full-height lockers provided.
- Half-Width Locker	10	8	80	Optional	8 NSF per half-width, full-height locker.
Male Staff Toilet/Shower Facilities:					
- Entry Alcove/Vestibule	1	30	30	Optional	30 NSF minimum; size varies depending on design.
- Handwashing Lavatory	1	25	25	Optional	25 NSF typical.
- Urinal	1	15	15	Optional	15 NSF typical.
- Toilet Cubicle (Handicapped)	1	30	30	Optional	30 NSF typical for wheelchair accessibility.
- Shower	1	25	25	Optional	25 NSF typical for wheelchair accessibility.
Female Staff Lockers/Changing Area:					
- Entry Alcove/Vestibule	1	30	30	Optional	30 NSF minimum; size varies depending on design.
- Coat/Boot Rack	1	40	40	Optional	20 NSF minimum; omit if full-width, full-height lockers provided.
- Half-Width Locker	10	8	80	Optional	8 NSF per half-width, full-height locker.
Female Staff Toilet/Shower Facilities:					
- Entry Alcove/Vestibule	1	30	30	Optional	30 NSF minimum; size varies depending on design.
- Handwashing Lavatory	1	25	25	Optional	25 NSF typical.
- Toilet Cubicle (Standard)	1	15	15	Optional	15 NSF typical.
- Toilet Cubicle (Handicapped)	1	30	30	Optional	30 NSF typical for wheelchair accessibility.
- Shower	1	25	25	Optional	25 NSF typical for wheelchair accessibility.
Subtotal			**870**		**Staff/Administrative Space**
Total			**7,955**		**Net Square Feet**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Section 3

Imaging and Other Diagnostic Services

Need Mobile Imaging Pad

Check Preliminary Space Estimate While You Work =	3,710	Net Square Feet
Based on PMH Strategic Planning Goals	4,823	Gross Square Feet (1.3)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
3.1 Patient Intake Area					Shared at Common Outpatient Location (See Section 11)
3.2 Diagnostic Imaging					Need Mobile Location as well
Outpatient Changing/Locker Space:					Lockers in Changing Room
Changing Booth (Standard)	2	35	70	Optional	One per each one to two procedure rooms; depends on operational concept.
Changing Booth (Handicapped)	2	60	120	Optional	Minimum one, if changing booths are provided; offsets need for standard changing booths.
Patient Toilet Room	2	55	110	Fixed	Minimum one per suite plus one per dedicated fluoroscopy procedure room.
Radiography/Fluoroscopy					
Radiographic/Fluoroscopic Room	1	250	250	Workload	250-350 NSF depending on equipment/vendor specifications.; includes control alcove.
Tech Work Area	1	30	30	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Breast Imaging Suite:					
Mammography/Stereotactic Room	1	180	180	Workload	180-220+ NSF; depending on equipment/vendor specifications; includes control alcove.
Computed Tomography (CT) Suite:					
CT Procedure Room	1	335	335	Workload	280-400 NSF depending on equipment/vendor specifications.
Control Room	1	100	100	Variable	Shared with MRI
Magnetic Resonance Imaging (MRI) Suite:					
MRI Procedure Room	1	350	350	Workload	350+ NSF depending on equipment/vendor specifications.
Equipment Component Room	1	120	120	Variable	120 NSF minimum; depends on equipment/vendor specifications; one per procedure room.
Bone Density Scanning:					
Bone Density Scanning Room	1	140	140	Workload	140 NSF minimum; depending on equipment/vendor specifications.
Tech Work Area	1	30	30	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Ultrasound Suite:					
Ultrasound Room	2	120	240	Workload	120 NSF minimum.
Tech Work Area	2	30	60	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Clean Linen Cart Alcove	1	20	20	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Staff Toilet Room	1	55	55	Fixed	Provide one within each working area or suite.
Subtotal			**2,225**		**Diagnostic Imaging**
3.3 Nuclear Medicine					
Outpatient Changing/Locker Space:					
Changing Booth (Handicapped)	1	60	60	Optional	Would prefer to share (4) from above

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Patient Prep/Holding Area:					
Dose Administration Room	1	120	120	Optional	Hot Lab with Sink and Eyewash and locking door
Patient Uptake/Cool-Down Room	1	150	150	Fixed	100 NSF typical; generally one per nuclear medicine suite.
Patient Toilet Room	1	55	55	Fixed	Minimum one per suite; contiguous with nuclear medicine patient uptake/cool-down room.
Handwashing Station	1	10	10	Variable	One minimum per working area or suite; allow one for every four patient cubicles/bays.
Nuclear Medicine Suite:					
Gamma Camera Procedure Room	1	280	280	Workload	locking door
Tech Work Area	1	30	30	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Soiled Holding Room	1	60	60	Fixed	60 NSF typical; dedicated for nuclear medicine to accommodate radioactive materials.
Clean Linen Cart Alcove	1	20	20	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Subtotal			**800**		**Nuclear Medicine**

3.4 Interventional Imaging

Not Included in Strategic Plan

3.5 Other Diagnostic Services

Not Included in Strategic Plan

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
3.6 Common Procedure Room Support Space					
Physician Consult/Reading Room	1	120	120	Optional	100 NSF minimum; patient/family consults; depends of scope of services.
Clean Workroom	1	80	80	Optional	80 NSF minimum; depends on scope of services and operational concept.
Soiled Holding Room	1	60	60	Optional	60 NSF minimum; depends on scope of services and operational concept.
Environmental Services Room	1	40	40	Fixed	Provide one within each working area or suite.
Mobile Equipment Alcove	1	30	30	Fixed	Provide one within each working area or suite.
Stretcher/Wheelchair Alcove	1	30	30	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Subtotal			**395**		**Common Procedure Room Support Space**
3.7 Staff/Administrative Space					
Manager/Physician Office	1	120	120	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	2	5	10	Optional	Depends on staffing and availability in other locations.
Subtotal			**290**		**Staff/Administrative Space**
Total			**3,710**		**Net Square Feet**

Section 4

Women and Infants Services (LDRP Model)

Check Preliminary Space Estimate While You Work =	5,326	Net Square Feet
Based on PMH Strategic Planning Goals	6,391	Gross Square Feet (1.2)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
4.1 Common Family/Visitor Support Space					
Family/Visitor Lounge	1	150	150	Variable	180 NSF minimum; depends on patient population and demand; 15-20 NSF per seat.
Visitor Toilet Room	1	55	55	Fixed	One minimum; depends on availability in other locations.
Visitor Communication/Work Alcove	1	20	20	Fixed	One minimum; depends on availability in other locations.
Wheelchair Alcove	1	20	20	Fixed	Accommodates two wheelchairs.
Refreshment Center	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Education Station/Display Area	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			285		**Common Family/Visitor Support Space**
4.2 Birthing Unit					
Triage/Admission Area:					
Multipurpose Testing Room	2	240	480	Optional	Triage / LDR room - verify room size and requirements
Lactation Consultation Rm	1	120	120	Optional	80 NSF minimum; open or partially enclosed with curtain closure.
Handwashing Station	1	10	10	Optional	One minimum; allow one for every four exam/observation cubicles.
Patient Toilet Room	2	55	110	Optional	Not shared - 1 for each Triage
Touchdown Workstation	1	30	30	Optional	One minimum per triage/admission area.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Birthing Room:					
Patient Care Area	6	300	1,800	Workload	300 NSF minimum clear floor area.
Infant Stabilization Area	6	40	240	Variable	40 NSF minimum; one per birthing room unless separate room is provided.
Handwashing Station	6	10	60	Variable	One per patient room; should be near room entry; could be combined with vestibule.
Patient Toilet Room	6	50	300	Variable	50 NSF typical; one per patient room.
Patient Shower/Tub	6	25	150	Optional	25 NSF typical; one per patient toilet room.
Equipment Storage Alcove	6	40	240	Optional	40 NSF typical; assumes equipment storage is decentralized to birthing room.
Patient Supply Cabinet	6	5	30	Optional	5 NSF typical; supply storage decentralized to patient room; access via corridor/vestibule.
Level 1 Nursery	1	250	250	Optional	
Administrative Communication Center:					3 nurses, 1 tech, ob doc, ped doc, crna, rt
Nurse Station/Documentation Area	1	180	180	Variable	120 NSF minimum; allow 30 NSF per touchdown workstation.
Physician Dictation Carrel	2	20	40	Optional	20 NSF typical; depends on operational concept.
Handwashing Station	1	10	10	Fixed	One minimum; depends on overall size of space and facility configuration.
Staff Toilet Room	1	55	55	Fixed	Provide one within working area.
Clean Workroom	1	120	120	Variable	100 NSF minimum; allow 10 NSF per birthing room.
Soiled Workroom	1	100	100	Variable	80 NSF minimum; allow 10 NSF per birthing room.
Medication Preparation Room	1	86	86	Variable	80 NSF minimum; depends on operational concept.
Automated Medication Dispensing Unit	1	20	20	Optional	20-40 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Automated Supply Dispensing Unit	1	10	10	Optional	10-20 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Nourishment Area	1	40	40	Variable	Minimum 40 NSF (alcove) or 80 NSF (enclosed room) per nursing unit or cluster.
Equipment Storage Room	1	80	80	Variable	120 NSF minimum; allow 20 NSF per birthing room.
Environmental Services Room	1	40	40	Fixed	One per birthing unit.
Emergency Equipment Alcove	1	15	15	Fixed	One minimum per birthing unit; additional alcove if > 12 birthing rooms; crash cart.
Clean Linen Cart Alcove	1	20	20	Fixed	One minimum per birthing unit; additional alcove if > 12 birthing rooms.
Mobile Equipment Alcove	1	30	30	Fixed	One minimum per birthing unit; additional alcove if > 12 birthing rooms.
Stretcher/Wheelchair Alcove	1	30	30	Fixed	One minimum per birthing unit; additional alcove if > 12 birthing rooms.
Subtotal			**4,696**		**Birthing Unit**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
4.3 Delivery/Surgical Suite					C-Sections performed in Surgical Suite | Need dedicated path of travel
4.4 Special Care Nurseries					Not Included in Strategic Plan

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
4.5 Antepartum/Postpartum Nursing Unit					Use Med/Surg Beds with variable security.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

4.6 Shared Clinical Support Space

Not Included in Strategic Plan

4.7 Staff/Administrative Space

Call Room inside of LDRP Unit

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Manager/Physician Office	1	120	120	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	2	5	10	Optional	Depends on staffing and availability in other locations.
Staff Toilet Room	1	55	55	Optional	Depends on staffing and availability in other locations.
Subtotal			**345**		**Staff/Administrative Space**
Total			**5,326**		**Net Square Feet**

Section 5

Oncology Clinic

Check Preliminary Space Estimate While You Work =	2,505	Net Square Feet
Based on PMH Strategic Planning Goals	3,257	Gross Square Feet (1.3)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
5.1 Patient Intake and Support Services					
Reception/Registration Desk	1	80	80	Fixed	80 NSF typical for one to two clerks; depends on operational concept and services.
Office Equipment/Supply Storage	1	40	40	Fixed	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Common Clerical Work Area	1	40	40	Variable	40 NSF per clerical workstation; depends on operational concept and staffing.
Patient/Visitor Waiting Area	1	200	200	Variable	180 NSF minimum; depends on scope of services; 15-20 NSF per seat.
Visitor Toilet Room	2	55	110	Fixed	One minimum; depends on availability in other locations.
Wheelchair Alcove	1	20	20	Optional	Accommodates two wheelchairs; depends on patient population.
Refreshment Center	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			**510**		**Patient Intake and Support Services**
5.2 Medical Oncology/Chemotherapy Infusion					Quiet part of building - outpatient clinic space, not inpatient hospital space
Secure Patient Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum.
- Box/Handbag Locker	1	5	5	Optional	Allow two box/handbag lockers per patient treatment space.
Exam Room (General)	3	120	360	Workload	100 NSF typical.
Office/Consult Room	1	100	100	Variable	100-120 NSF typical; depends on scope of services and staffing.
Treatment Area:					
Treatment Cubicle	5	80	400	Workload	Want good views from this space
Treatment Room	1	100	100	Workload	100 NSF minimum for enclosed room with stretcher or recliner chair.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Patient Toilet Room	1	55	55	Variable	One minimum; allow one for every eight patient care spaces.
Handwashing Station	1	10	10	Variable	One minimum; allow one for every four patient treatment spaces.
Nurse Station/Documentation Area	1	30	30	Variable	One touchdown workstation per three to six treatment spaces; 30 NSF each.
Clean Supply Room / PAR	1	80	80	Optional	60 NSF typical; depends on operational concept; in lieu of clean workroom.
Soiled Workroom	1	80	80	Variable	80 NSF minimum; allow 5 NSF per bed.
Medication Preparation Room	1	80	80	Variable	80 NSF minimum; depends on operational concept.
Automated Medication Dispensing Unit	1	20	20	Optional	20-40 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Laboratory/Blood Drawing Area	1	80	80	Variable	80 NSF typical; lab specimen accessioning/processing; depends on scope of services.
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Nourishment Area	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room).
Environmental Services Room	1	40	40	Fixed	One per chemotherapy infusion area.
Emergency Equipment Alcove	1	15	15	Fixed	One per chemotherapy infusion area; crash cart.
Clean Linen Cart Alcove	1	20	20	Fixed	One per chemotherapy infusion area.
Subtotal			**1,555**		**Medical Oncology/Chemotherapy Infusion**

5.3 Radiation Oncology

Not Included in Strategic Plan

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

5.4 Staff/Administrative Space

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Manager/Physician Office	2	100	200	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Secretarial/Clerical Workstation	1	40	40	Variable	40 NSF typical; depends on organization structure and staffing; add 10 NSF per file cabinet.
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Secure Staff Belongings Storage:					
- Box/Handbag Locker	1	5	5	Optional	Depends on staffing and availability in other locations.
Staff Toilet Room	1	55	55	Optional	Depends on staffing and availability in other locations.
Subtotal			**440**		**Staff/Administrative Space**
Total			**2,505**		**Net Square Feet**

Section 6

Cardiovascular Services

Check Preliminary Space Estimate While You Work =	4,515	Net Square Feet
Based on PMH Strategic Planning Goals	5,870	Gross Square Feet (1.3)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
6.1 Patient Intake and Support Services					Shared with Oncology/Infusion (See Section 5) - Depending on Layout
Reception/Registration Desk	1	80	80	Fixed	80 NSF typical for one to two clerks; depends on operational concept and services.
Office Equipment/Supply Storage	1	40	40	Fixed	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Common Clerical Work Area	1	40	40	Variable	40 NSF per clerical workstation; depends on operational concept and staffing.
Patient/Visitor Waiting Area	1	200	200	Variable	180 NSF minimum; depends on scope of services; 15-20 NSF per seat.
Visitor Toilet Room	1	55	55	Fixed	One minimum; depends on availability in other locations.
Wheelchair Alcove	1	20	20	Optional	Accommodates two wheelchairs; depends on patient population.
Refreshment Center	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			**455**		**Patient Intake and Support Services**
6.2 Noninvasive Cardiovascular Diagnostics					Heart Center is part of Outpatient Center, attached to Hospital.
Outpatient Changing/Locker Space:					
Changing Booth (Handicapped)	1	50	50	Optional	Minimum one, if changing booths provided; offsets need for standard changing booths.
Patient Locker Alcove	1	40	40	Optional	40 NSF minimum; allow two lockers per each changing booth; 5 NSF per locker.
Gowned Patient Waiting Area	1	60	60	Optional	60 NSF minimum; typically one seat per changing booth; 15-20 NSF per seat.
Inpatient Holding Area	1	60	60	Optional	Allow 40 NSF per wheelchair; 60 NSF per stretcher; omit for outpatient facility.
Patient Toilet Room	1	55	55	Fixed	Minimum one per suite.
Exam/Consult Room	6	100	600	Fixed	3 Cardio + 3 Pulm
ECG Room	1	100	100	Optional	Swing to future sleep room
Holter Monitoring Room	1	140	140	Variable	Swing to future sleep room

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Echocardiography:					
Echo Room	1	120	120	Workload	120 NSF minimum.
Tech Work Area	1	30	30	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Pulmonary Functional Testing (PFT):					Outpatient Service in Heart Center
Patient Exam Area	1	60	60	Variable	60 NSF minimum; exam table or chair with curtains on three sides.
Treadmill	1	60	60	Variable	60 NSF typical.
Exercise Bicycle	1	40	40	Variable	40 NSF typical.
Tech Workstation	1	30	30	Variable	30 NSF typical; one contiguous with plethysmography booth.
Handwashing Station	1	10	10	Variable	One minimum per PFT testing room or suite.
Sleep Disorders Testing Suite:					Goes into OP Center, not hospital
Patient Sleep Room	2	120	240	Workload	120 NSF minimum; patient bed, personal effects storage, and mobile equipment cart.
Patient Toilet Room	1	55	55	Variable	One per up to three patient sleep rooms.
Control Room	1	120	120	Variable	60 NSF minimum; 20 NSF per sleep room; viewing window to sleep room.
Neurodiagnostic Testing:					
EEG/EMG Testing Room	1	120	120	Workload	100-120 NSF typical; 120 NSF minimum for inpatients.
Stress Testing Room:					
Patient Exam Area	1	60	60	Variable	60 NSF minimum; exam table or chair with curtains on three sides.
Treadmill	1	60	60	Variable	40 NSF typical.
Mobile Testing Unit	1	15	15	Variable	15 NSF typical for mobile ECG/echo equipment unit.
Crash Cart	1	15	15	Variable	15 NSF typical for crash cart; one required per stress testing area.
Tech Workstation	1	30	30	Variable	30 NSF typical; one contiguous with plethysmography booth.
Handwashing Station	1	10	10	Variable	One minimum per testing room or suite.
Vascular Studies:					
Ultrasound Room (Exercise)	1	140	140	Workload	140 NSF typical; includes a treadmill.
Tech Work Area	1	30	30	Variable	Allow 30 NSF per tech workstation; typically one tech workstation per procedure room.
Ultrasound Probe Cleaning/Storage	1	60	60	Optional	60 NSF typical; one per ultrasound suite depending on operational concept.
Contrast Media Preparation Room	1	40	40	Optional	40-60 NSF typical; required if contrast media agents are prepared onsite.
Blood Gas Lab	1	60	60	Optional	60 NSF typical for enclosed room for countertop analyzer.
Clean Linen Cart Alcove	1	20	20	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Staff Toilet Room	1	55	55	Fixed	Provide one within each working area or suite.
Subtotal			**2,600**		**Noninvasive Cardiovascular Diagnostics**

6.3 Interventional Cardiology

Not currently included in Strategic Plan.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
6.4 Cardiac Rehabilitation					Heart Center is part of Outpatient Center, attached to Hospital.
Outpatient Changing/Locker Space:					Shared space in suite
Assessment/Consultation Room	1	100	100	Workload	100-120 NSF typical; depends on scope of services.
Gymnasium/Exercise Area	1	400	400	Workload	400 NSF minimum; allow 80-120 NSF per each patient exercise station.
Patient Toilet/Shower Room	1	80	80	Optional	Depends on scope of services and patient demand.
Central Team Work Area:					
Documentation Area	1	60	60	Variable	60 NSF minimum; allow 5 NSF per patient care space or 30 NSF per workstation.
Handwashing Station	1	10	10	Fixed	One minimum; depends on overall size of space and facility configuration.
Equipment Storage Room	1	100	100	Optional	80 NSF minimum; depends on scope of services.
Clean Linen Cart Alcove	1	20	20	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Subtotal			**785**		**Cardiac Rehabilitation**
6.5 Common Procedure Room Support Space					
Physician Viewing/Reading Room	1	80	80	Variable	80 NSF minimum; allow 40 NSF per reading station; depends on operational concept.
Clean Supply Room	1	60	60	Optional	60 NSF minimum; depends on scope of services and operational concept.
Soiled Holding Room	1	60	60	Optional	60 NSF minimum; depends on scope of services and operational concept.
Nourishment Area	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room).
Environmental Services Room	1	40	40	Fixed	Provide one within each working area or suite.
Mobile Equipment Alcove	1	30	30	Fixed	Provide one within each working area or suite.
Stretcher/Wheelchair Alcove	1	30	30	Fixed	Provide one within each working area or suite.
Emergency Equipment Alcove	1	15	15	Fixed	Provide one within each working area or suite; crash cart.
Subtotal			**355**		**Common Procedure Room Support Space**
6.6 Staff/Administrative Space					Specific to Cardio/Vasc Services, and are in addition to the shared spaces in Section 5.
Manager/Physician Office	2	100	200	Variable	Cardio + Pulm Office
Office	1	80	80	Variable	Sleep Office
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			320		**Staff/Administrative Space**
Total			4,515		**Net Square Feet**

Section 7

Rehabilitation Services

This Space Planning Template is protected to prevent overwriting of the formulas. Please see the note at the bottom of this spreadsheet for instructions on how to unprotect the template.

Check Preliminary Space Estimate While You Work =	975	Net Square Feet
Based on PMH Strategic Planning Goals	1,170	Gross Square Feet (1.2)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
7.1 Patient Intake and Support Services					Outpatient Therapy Services will be located in Future On-Campus MOB. Only Inpatient Therapy is programmed here.
					6-8 average daily patient load
7.2 Physical Therapy					To be located in/near Med/Surg Unit. Adult and Peds in same space, different times.
Gymnasium/Exercise Area	1	400	400	Workload	Area for seating/waiting/lounge use by IP
Handwashing Station	1	10	10	Variable	Allow one per each four patient therapy stations not in an enclosed room.
Patient Toilet Room	1	55	55	Variable	Allow one per each 8-12 patient therapy stations.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Soiled Holding Room	1	40	40	Optional	40 NSF typical; depends on operational concept; in lieu of soiled workroom.
Equipment Storage Room	1	120	120	Variable	120 NSF minimum; additional space required for high-volume services.
Stretcher/Wheelchair Alcove	1	30	30	Fixed	Minimum one per rehabilitation area or facility; depends on scope of services.
Subtotal			**655**		**Physical Therapy**

7.3 Occupational Therapy

Inpatient OT is combined with PT above.

Activities of Daily Living (ADL) Area:					In or Outpatient? TBD
Kitchenette Unit	1	60	60	Optional	60 NSF typical; depends on patient population.
Laundry Area	1	60	60	Optional	60 NSF typical; depends on patient population.
Toilet/Tub Room	1	80	80	Optional	80 NSF typical; depends on patient population.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			**200**		**Occupational Therapy**

7.4 Speech-Language Pathology/Audiology

Inpatient SLPA is combined with PT above.

7.5 Staff/Administrative Space

Office	1	120	120	Variable	3 ppl (Speech part-time, PT + OT are there all the time.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			120		**Staff/Administrative Space**
Total			975		**Net Square Feet**

Section 9

Patient Care Units

Check Preliminary Space Estimate While You Work =	8,610	Net Square Feet
Based on PMH Strategic Planning Goals	11,193	Gross Square Feet (1.3)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
9.1 Common Family/Visitor Support Space					Shared with LDRP + ICU, especially visitor lounge/waiting, shared staff
Family/Visitor Lounge	1	150	150	Fixed	Views would be nice
Visitor Toilet Room	1	55	55	Fixed	One minimum; depends on availability in other locations.
Visitor Communication/Work Alcove	1	20	20	Fixed	One minimum; depends on availability in other locations.
Consult/Multipurpose Room	1	120	120	Fixed	Family consultation, grieving, and conflict resolution.
Wheelchair Alcove	1	20	20	Fixed	Accommodates two wheelchairs.
Refreshment Center	1	20	20	Optional	20 NSF minimum; depends on amenities desired.
Subtotal			385		**Common Family/Visitor Support Space**
9.2 Medical/Surgical Nursing Unit					RT Space 4 sitter rooms
Private Patient Room:					
Patient Care Area	9	200	1,800	Workload	180-220+ NSF range; minimum clear floor area of 120-150 NSF required.
Patient Toilet/Shower Room	9	60	540	Variable	60 NSF typical for wheelchair accessible toilet/shower room; one per patient room.
Handwashing Station	9	10	90	Variable	One per patient room; should be near room entry; could be combined with vestibule.
Patient Supply Cabinet	9	5	45	Optional	5 NSF typical; supply storage decentralized to patient room; access via corridor/vestibule.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Comfort Care Patient Room:					
Patient Care Area	1	280	280	Workload	280-320+ NSF range; minimum clear floor area of 100 NSF per bed required.
Patient Toilet/Shower Room	1	60	60	Variable	60 NSF typical for wheelchair accessible combined toilet/shower room; one per patient room.
Handwashing Station	1	10	10	Variable	One per patient room; should be near room entry; could be combined with vestibule.
Patient Supply Cabinet	1	5	5	Optional	5 NSF typical; supply storage decentralized to patient room; access via corridor or vestibule.
Airborne Infection Isolation (AII) Patient Room:					
Patient Care Area	4	220	880	Workload	180-220+ NSF range; minimum clear floor area of 120-150 NSF required.
Patient Toilet/Shower Room	4	60	240	Variable	60 NSF typical for wheelchair accessible toilet/shower room; one per patient room.
Handwashing Station	4	10	40	Variable	One per patient room; should be near room entry; could be combined with vestibule.
Vestibule/Anteroom	4	40	160	Optional	40-60 NSF typical; may include handwashing sink and personal protective equipment.
Patient Supply Cabinet	4	5	20	Optional	5 NSF typical; supply storage decentralized to patient room; access via corridor/vestibule.
Bariatric Patient Room:					
Patient Care Area	1	250	250	Workload	240+ NSF range; minimum clear floor area of 200 NSF required.
Patient Toilet/Shower Room	1	70	70	Variable	70 NSF typical for wheelchair accessible toilet/shower room; one per patient room.
Handwashing Station	1	10	10	Variable	One per patient room; should be near room entry; could be combined with vestibule.
Patient Supply Cabinet	1	5	5	Optional	5 NSF typical; supply storage decentralized to patient room; access via corridor/vestibule.
Administrative Communication Center:					
Nurse Station/Documentation Area	1	160	160	Variable	Hybrid Care Model / Hub with room charting.
Physician Dictation Carrel	3	20	60	Optional	Near Hub
PCC Office	1	120	120	Optional	80-100 NSF; depends on organizational structure and staffing.
Team Conference Room	1	175	175	Optional	10 ppl
Handwashing Station	1	10	10	Fixed	One minimum; depends on overall size of space and facility configuration.
Staff Toilet Room	1	55	55	Fixed	Provide one within working area.
Clean Workroom	1	125	125	Variable	100 NSF minimum; allow 5 NSF per bed or 3 NSF per bed with patient supply cabinets.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Soiled Workroom	1	80	80	Variable	80 NSF minimum; allow 5 NSF per bed.
Medication Preparation Room	1	80	80	Variable	80 NSF minimum; depends on operational concept.
Automated Medication Dispensing Unit	1	20	20	Optional	20-40 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Automated Supply Dispensing Unit	1	10	10	Optional	10-20 NSF typical; self-contained fixed or mobile unit; depends on operational concept.
Nourishment Area	1	40	40	Variable	Minimum 40 NSF (alcove) or 80 NSF (enclosed room) per nursing unit or cluster.
Equipment Storage Room	1	230	230	Variable	120 NSF minimum; allow 10 NSF per bed.
Environmental Services Room	1	40	40	Fixed	One per nursing unit.
Emergency Equipment Alcove	2	15	30	Fixed	One minimum per nursing unit or cluster; additional alcove if > 24 beds; crash cart.
Clean Linen Cart Alcove	2	20	40	Fixed	One minimum per nursing unit or cluster; additional alcove if > 24 beds.
Mobile Equipment Alcove	2	30	60	Fixed	One minimum per nursing unit or cluster; additional alcove if > 24 beds.
Stretcher/Wheelchair Alcove	2	30	60	Fixed	One minimum per nursing unit or cluster; additional alcove if > 24 beds.
Subtotal			**5,900**		**Medical/Surgical Nursing Unit**

9.3 Intensive Care Unit

Support spaces shared with Med/Surg

Private Patient Room:					
Patient Care Area	2	240	480	Workload	Dialysis Needed - DI Water Room somewhere as well.
Patient Toilet Room	2	50	100	Optional	50 NSF typical; one per private patient room; toilet equipped with bedpan washer.
Human Waste Disposal Room	2	25	50	Optional	25 NSF typical; instead of patient toilet room.
Handwashing Station	2	10	20	Variable	One per patient room; should be near room entry.
Airborne Infection Isolation (AII) Patient Room:					
Patient Care Area	2	240	480	Workload	240-280+ NSF range; minimum clear floor area of 200 NSF required.
Patient Toilet Room	2	50	100	Optional	50 NSF typical; one per private patient room; toilet equipped with bedpan washer.
Human Waste Disposal Room	2	25	50	Optional	25 NSF typical; instead of patient toilet room.
Handwashing Station	2	10	20	Variable	One per patient room; should be near room entry.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			**1,300**		**Intensive Care Unit**
9.4 Pediatric Nursing Unit					Not currently included in Strategic Plan.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
9.5 Skilled Nursing/Rehabilitation Unit					Will Utilize Med/Surg Beds as necessary

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
9.6 Observation Unit					Inside Med/Surg and shares Med/Surg Support Spaces and Staff or Inside ED/OSP Footprint?
Patient Observation Spaces:					
Observation Room	2	200	400	Workload	120 NSF minimum for enclosed room.
Handwashing Station	1	10	10	Variable	One minimum; allow one for every four patient observation spaces.
Subtotal			**410**		**Observation Unit**
9.8 Staff/Administrative Space					
Manager/Physician Office	1	120	120	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
Hospitalist Office	1	100	100	Variable	Within Hub
Social Work / UR Office	3	75	225	Variable	Shared Office
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	2	5	10	Optional	Depends on staffing and availability in other locations.
Subtotal			**615**		**Staff/Administrative Space**
Total			**8,610**		**Net Square Feet**

Section 10

Specialty Clinic

This Space Planning Template is protected to prevent overwriting of the formulas. Please see the note at the bottom of this spreadsheet for instructions on how to unprotect the template.

Check Preliminary Space Estimate While You Work =	9,430	Net Square Feet
Based on PMH Strategic Planning Goals	11,316	Gross Square Feet (1.2)

10.1 Specialty Clinic

Need Women's Health Center + Prosser Clinic = 16,000 SF (2-story with shell 2nd fl)
Farm Worker's Clinic (Match exist) and Wellness Center bldgs (25,000 SF)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Reception/Registration Desk	1	80	80	Fixed	80 NSF typical for one to two clerks; depends on operational concept and services.
Office Equipment/Supply Storage	1	40	40	Fixed	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Common Clerical Work Area	1	40	40	Variable	40 NSF per clerical workstation; depends on operational concept and staffing.
Patient/Visitor Waiting Area	1	180	180	Variable	12-15 ppl
Visitor Toilet Room	1	55	55	Fixed	One minimum; depends on availability in other locations.
Resource Center/Library:					
Individual Carrel	1	20	20	Optional	20 NSF per audio/video viewing carrel.
Child Play Area	1	50	50	Optional	ENT in this suite
Patient Intake/Assessment Station	2	30	60	Optional	60 NSF typical; scale, chair, and vital signs monitoring equipment.
Exam Room (General)	24	120	2,880	Workload	90-120 NSF typical.
Small Procedure Room	2	140	280	Optional	140 NSF typical; depends on scope of services.
Large Procedure Room	1	180	180	Optional	180 NSF typical; depends on scope of services.
X-Ray Rm	1	180	180	Optional	Relocated from existing clinic
Specimen Collection Toilet Room	1	55	55	Optional	May include pass-though cabinet to contiguous with specimen processing area.
Patient Toilet Room	4	55	220	Variable	Generally, one per six to eight patient care spaces plus one per each group room.
Draw Room	1	50	50		Draw station with supply cabinet
Nurse Station/Documentation Area	4	30	120	Variable	One touchdown workstation per three to six patient care spaces; 30 NSF each.
Handwashing Station	1	10	10	Fixed	One minimum per nurse station/documentation area.
Physician Office/Consult Room	12	100	1,200	Optional	2 ortho, 1 urolog, 1 ENT, 1 GI, 1 podiatrist, 2 gen surg, 1 optom, 1 derm, 2 future
Manager/Supervisor Office	1	80	80	Optional	80 NSF minimum for enclosed office; depends on organization structure and staffing.
Clean Workroom	1	100	100	Variable	
Soiled Holding Room	1	60	60	Fixed	60 NSF typical.
Equipment Storage Room	1	100	100	Variable	100 NSF minimum; allow additional 20 NSF if >12 exam/procedure rooms.
Audiology Booth	1	100	100	Optional	ADA Accessible
Medication Preparation Room	1	80	80	Optional	Alergens Mixing in separate room

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Specimen Processing Alcove	1	40	40	Optional	Biops prep
DME	1	80	80	Optional	80 NSF minimum; add 30 NSF per phlebotomy chair; depends on scope of services.
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Environmental Services Room	1	40	40	Fixed	One per physician practice/outpatient clinic area.
Emergency Equipment Alcove	1	15	15	Fixed	One per physician practice/outpatient clinic area; crash cart.
Mobile Equipment Alcove	1	30	30	Fixed	One per physician practice/outpatient clinic area.
Wheelchair Alcove	1	20	20	Fixed	One per physician practice/outpatient clinic area.
Subtotal			**6,465**		**Physician Practice Space/Outpatient Clinic**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
10.7 Staff/Administrative Space					
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
Staff Toilet Room	1	55	55	Optional	Depends on staffing and availability in other locations.
Subtotal			**175**		**Staff/Administrative Space**
Total			**9,430**		**Net Square Feet**

All shaded cells are unprotected so that you may enter your own figures. If you want to make changes in other cells, you must unprotect the sheet.
Be aware that you are changing the document and must recopy an original file from the SpaceMed CD-ROM for future use.
*To unprotect this template, go to the **Review** tab, in the **Changes** group, click **Unprotect Sheet**, and use the password **spacemed** (lowercase):*
*(For earlier version of Excel, go to **Tools**, then **Protection**, and click **Unprotect Sheet**).*

END OF SPACE PROGRAM Section 10: Ambulatory Care

Section 11

Customer Services and Amenities

Check Preliminary Space Estimate While You Work =	3,390	Net Square Feet
Based on PMH Strategic Planning Goals	4,068	Gross Square Feet (1.2)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
11.1 Central Reception/Intake Area					Shared for Outpatient Services, including Imaging and Lab.
Entrance Vestibule	1	60	60	Variable	60 NSF minimum; size depends on building configuration and design.
Main Lobby	1	350	350	Variable	200-800+ NSF depending on peak patient/visitor traffic and desired amenities.
Patient/Visitor Lounge	1	650	650	Variable	200 NSF minimum; depends on scope of services; allow 20 NSF per seat.
Security/Greeter Station	1	30	30	Optional	30 NSF typical; additional space required for monitoring equipment.
Customer Information Kiosk	2	20	40	Optional	Space for kiosk and cueing.
Automatic Teller Machine (ATM)	1	20	20	Optional	Depends on availability in other locations.
Visitor Communication/Work Alcove	1	20	20	Optional	Private cubicle; depends on demand.
Lactation Room	1	100	100	Optional	Two minimum; for low-traffic areas.
Male Public Toilet Facility	1	150	150	Optional	150 NSF for vestibule, two sinks, two urinals, toilet cubicle, and baby changing station.
Female Public Toilet Facility	1	150	150	Optional	150 NSF for vestibule, two sinks, three toilet cubicles, and baby changing station.
Wheelchair Alcove	1	20	20	Fixed	Accommodated two wheelchairs; additional alcove for high-volume services.
Environmental Services Room	1	40	40	Fixed	Typically one per main lobby/customer service area.
Subtotal			1,630		**Central Reception/Intake Area**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
11.2 Admitting/Registration/Financial Services					See new Handout
Financial Consult	1	100	100	Variable	Permanent home near Main Entry
Interview Cubicle	4	80	320	Variable	Swing by Function/Personel
Office	2	120	240	Variable	80 NSF minimum for enclosed office; depends on organization structure and staffing.
Office Equipment/Supply Storage	2	100	200	Fixed	1 for Patient Billing / 1 at Main Entry / 1 for Accounting, AR, Payroll
Subtotal			**860**		**Admitting/Registration/Financial Services**
11.3 Patient Resource Center					Included in Education Center (See Section 16)
11.4 Spiritual/Pastoral Care					
Meditation Room:					
- Entry Vestibule	1	30	30	Optional	30 NSF minimum; size depends on chapel/meditation room configuration and design.
- Seating Area	1	150	150	Variable	200 NSF minimum size; allow 15-18 NSF per seat.
- Altar/Podium	1	60	60	Variable	60 NSF minimum; depends on chapel/meditation room configuration and design.
Subtotal			**240**		**Spiritual/Pastoral Care**
11.5 Coffee Shop					Will use Dietary, not separate coffee shop.
11.6 Gift Shop					
Cashier Station	1	40	40	Variable	40 NSF minimum; additional cashier station for high-volume services.
Display/Retail Area	1	160	160	Variable	100 NSF minimum; depends on scope of retail services.
Subtotal			**200**		**Gift Shop**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
11.7 Volunteer Support Space					Adjacent to Gift Shop
Work Room	1	120	120	Optional	100 NSF typical; allow 20-40 NSF per person on peak shift.
Storage	1	60	60	Optional	60 NSF for enclosed room; depends on scope of services and availability in other locations.
Supervisor Office/Cubicle	1	60	60	Optional	60-80 NSF; depends on organization structure and staffing.
Lounge:					
Coat Storage/Lockers	5	5	25	Variable	Allow 5 NSF per box/handbag locker plus 20 NSF for coat/boot rack.
Seating Area	4	25	100	Optional	Allow 15-25 NSF per seat.
Kitchenette/Pantry	1	40	40	Optional	Allow 40 NSF for alcove.
Toilet Room	1	55	55	Optional	Depends on availability in other locations.
Subtotal			**460**		**Volunteer Support Space**
Total			**3,390**		**Net Square Feet**

Section 12

Pharmacy

Check Preliminary Space Estimate While You Work =	1,480	Net Square Feet
Based on PMH Strategic Planning Goals	1,628	Gross Square Feet (1.1)

12.1 Hospital Pharmacy

Meds for staff, No retail.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Staff Pickup Window	1	40	40	Optional	Secured alcove with pass-thru window for staff pickup
Automated Pharmacy Components:					
Tablet Packaging Module	1	20	20	Equipment	20 NSF typical per workstation; depends on specific equipment/vendor; includes console.
Narcotics Storage/Dispensing Tower	1	40	40	Equipment	40 NSF typical; depends on specific equipment/vendor.
Manual Workstations:					
Order Entry/Review Workstation	1	60	60	Variable	Allow 60 NSF per workstation; depends on primary-shift staffing.
Stat Dispensing Workstation	1	60	60	Variable	60 NSF typical; depends on operational concept.
Unit Dose Picking Workstation	1	120	120	Variable	120 NSF typical; depends on primary-shift staffing.
Nonsterile Compounding Workstation	1	80	80	Variable	80 NSF minimum; depends on scope of services and peak-shift staffing.
Handwashing Station	1	10	10	Variable	One per manual compounding workstation.
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Sterile Compounding Area:					
Sterile Compounding Room	1	100	100	Optional	90 NSF minimum; depends on scope of services.
Cytotoxic Compounding Room	1	100	100	Optional	90 NSF minimum; depends on scope of services.
Anteroom	1	80	80	Variable	60 NSF minimum; one per compounding room or shared between two compounding rooms.
Medication Cart Staging	1	30	30	Variable	30 NSF minimum; depends on delivery system used; allow 10 NSF per cart.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Production Support Space:					
Active Drug Storage Area	1	120	120	Variable	120 NSF typical; depending on operational concept; in lieu of automated system.
Bulk Medication Storage Area	1	100	100	Variable	100 NSF minimum; depends on operational concept; in lieu of automated storage system.
Bulk IV Solution Storage	1	60	60	Variable	60 NSF minimum depends on operational concept; in lieu of automated storage system.
Refrigerated Storage	2	20	40	Variable	20-40 NSF per unit.
Freezer for drug storage	1	20	20	Optional	20 NSF minimum; depends on scope of services.
Hazardous Waste Holding Room	1	40	40	Optional	40 NSF minimum; depends on scope of services and operational concept.
Narcotics Storage Vault	1	40	40	Fixed	40 NSF minimum; secure storage for controlled substances; in lieu of automated system.
Receiving/Breakdown Area	1	80	80	Fixed	80 NSF minimum; depends on scope of services and operational concept.
Environmental Services Room	1	40	40	Fixed	One per pharmacy.
Staff Administrative Area:					
Manager/Pharmacist Office	1	100	100	Variable	Office with meeting table in office
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	1	5	5	Optional	Depends on staffing and availability in other locations.
Staff Toilet Room	1	55	55	Fixed	Minimum one per pharmacy.
Subtotal			**1,480**		**Hospital Pharmacy**

12.2 Satellite Pharmacy

Not Included in Strategic Plan

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
12.3 Outpatient/Retail Pharmacy					Not Included in Strategic Plan
Total			**1,480**		**Net Square Feet**

Section 13

Clinical Laboratory

This Space Planning Template is protected to prevent overwriting of the formulas. Please see the note at the bottom of this spreadsheet for instructions on how to unprotect the template.

Check Preliminary Space Estimate While You Work =	3,640	Net Square Feet
Based on PMH Strategic Planning Goals	4,368	Gross Square Feet (1.2)

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
13.1 Outpatient Specimen Collection					Shared at Common Outpatient Location (See Section 11)
Specimen Collection:					
Blood Drawing/Exam Room	2	100	200	Optional	Pediatric or special specimen collection.
Specimen Collection Toilet Room	1	55	55	Workload	May include specimen pass-through cabinet.
Phlebotomist Work Area	2	15	30	Variable	10-20 NSF per phlebotomist.
Subtotal			**285**		**Outpatient Specimen Collection**
13.2 Central Specimen Processing					
Receiving/Sorting Area	1	50	50	Workload	computer station also
Primary Processing Area	1	50	50	Equipment	50 NSF typical; aliquoting and cetrifugation; countertop centrifuges.
Referral/Send-Out Workstation	1	50	50	Workload	50 NSF per person; receiving, packing, sending, and storage.
Pneumatic Tube Workstation	1	50	50	Optional	50-60 NSF; receiving, packing, sending, and storage.
Workstation Support:					
- Centrifuge	1	15	15	Equipment	Floor-mounted unit.
- Freezer	1	20	20	Equipment	20-40 NSF per unit.
- Refrigerator	1	20	20	Equipment	20-40 NSF per unit.
- Sink (Dirty)	1	15	15	Variable	One minimum; one "dirty" sink per two primary processing workstations.
- Handwashing Station	1	10	10	Variable	One within 25 feet of each specimen-handling area.
- Eye Wash/Emergency Shower	1	20	20	Fixed	One minimum; depends on overall size of laboratory.
- Lab Coat Holding (Dirty)	1	20	20	Fixed	One minimum; hooks for storing "dirty" lab coats; depends on overall size of laboratory.
- Storage	1	50	50	Variable	10 NSF per primary processing workstation; supplies.
Subtotal			**370**		**Central Specimen Processing**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
13.3 Core Laboratory					3 FTE at peak times
Specimen Intake Area	1	20	20	Workload	20 NSF minimum; receiving of specimens ready for processing.
Automated Instrumentation	2	150	300	Equipment	500-1,200 NSF for a large system with clearances; depends on vendor specifications.
Analyzer (Large)	5	50	250	Equipment	50-80 NSF for large analyzer with clearances; depends on vendor specifications.
Analyzer (Small)	10	20	200	Equipment	20-40 NSF for countertop analyzer/ancillary equipment; depends on vendor specifications.
Workstation (Analyzer Support)	4	20	80	Variable	20-40 NSF per open countertop workstation.
Slide Stainer	1	20	20	Equipment	For preparing special slides or slides not read by automated equipment.
Microscope Workstation	2	40	80	Equipment	40 NSF typical; microscope and computer.
Computer Workstation	3	40	120	Equipment	40 NSF typical; computer and printer.
Workstation Support:					
- Freezer	1	20	20	Equipment	20-40 NSF per unit; one minimum.
- Refrigerator	2	20	40	Equipment	20-40 NSF per unit.
- Sink (Dirty)	1	15	15	Variable	One "dirty" sink per each four workstations depending on procedures.
- Handwashing Station	1	10	10	Variable	One within 25 feet of each testing and specimen-handling area.
- Storage	1	10	10	Variable	Supplies; 10 NSF per each four minor analyzers.
Subtotal			**1,165**		**Core Laboratory**
13.4 Transfusion Services/Blood Bank					
Specimen Intake Area	1	20	20	Workload	20 NSF minimum; receiving of specimens for testing.
Unit Delivery Area	1	20	20	Workload	20 NSF minimum; receiving and sorting of blood units and components.
Box Holding Area	1	20	20	Workload	20 NSF minimum; holding of blood units and delivery boxes/coolers awaiting pick-up.
Analyzer (Large)	1	50	50	Equipment	50-80 NSF for large analyzer with clearances; depends on vendor specifications.
Analyzer (Small)	1	20	20	Equipment	Centrafuge on counter
Blood Products Dispensing Window	1	20	20	Workload	20-60 NSF; securable dispensing window and counter.
Component Preparation Workstation	1	50	50	Workload	50-60 NSF typical; blood bag tube extractors and plasma sealers.
Manual Workstation	1	50	50	Workload	50-60 NSF typical; microscope, computer, countertop centrifuge, and other equipment.
Computer Workstation	1	40	40	Workload	40 NSF typical; computer and printer.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Workstation Support:					
- Freezer	1	20	20	Equipment	20-40 NSF per unit; one minimum.
- Refrigerator	1	20	20	Equipment	20-40 NSF per unit.
- Sink (Dirty)	1	15	15	Variable	One "dirty" sink per each manual/component workstation and automated platform.
- Handwashing Station	1	10	10	Variable	One within 25 feet of each testing and specimen-handling area.
- Eye Wash/Emergency Shower	1	20	20	Fixed	One minimum; depends on overall size of laboratory.
- Lab Coat Holding (Dirty)	1	20	20	Fixed	One minimum; hooks for storing "dirty" lab coats; depends on overall size of laboratory.
- Storage	1	10	10	Variable	Supplies; 10 NSF per each four minor analyzers.
Technical/Clerical Workstation	1	40	40	Optional	40 NSF typical; depends on organization structure and peak-shift staffing.
Subtotal			**445**		**Transfusion Services/Blood Bank**

13.5 Microbiology

Specimen Intake Area	1	20	20	Workload	20 NSF minimum; receiving of specimens ready for processing.
Analyzer (Large)	3	50	150	Equipment	50-80 NSF for large analyzer with clearances; depends on vendor specifications.
Analyzer (Small)	2	20	40	Equipment	20-40 NSF for countertop analyzer/ancillary equipment; depends on vendor specifications.
Manual Workstation	1	50	50	Workload	50-60 NSF typical; rapid antigen testing, and culture set-ups as necessary.
Slide Staining Workstation	1	25	25	Workload	25 NSF typical; for preparing gram stains.
Microscope Workstation	1	40	40	Workload	40 NSF typical; microscope and computer.
Computer Workstation	1	40	40	Workload	40 NSF typical; computer and printer.
Biological Hood Workstation	1	30	30	Workload	30-40 NSF typical; countertop or floor-mounted.
Workstation Support:					
- Refrigerator	1	20	20	Equipment	20-40 NSF per unit.
- Sink (Dirty)	1	15	15	Variable	One "dirty" sink per each workstations depending on procedures.
- Handwashing Station	1	10	10	Variable	One within 25 feet of each testing and specimen-handling area.
- Storage	1	10	10	Variable	Supplies; 5-10 NSF per each manual workstation.
Subtotal			**450**		**Microbiology**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
13.6 Common Laboratory Support Space					
Flammable Material Cabinet	2	20	40	Variable	20 NSF typical; storage of flammable materials; minimum of two to segregate supplies.
Biohazard Waste Storage	1	20	20	Optional	20 NSF minimum; size varies.
Central Storage Room	1	80	80	Variable	Bulk storage of supplies; 10-20 NSF per workstation.
Environmental Services Room	1	40	40	Fixed	Minimum of one per laboratory.
Subtotal			**180**		**Common Laboratory Support Space**
13.7 Anatomic Pathology					
Histology Work Area:					
Tissue Receiving/Holding Area	1	20	20	Fixed	20 NSF per person; receiving and storage of specimens ready for testing.
Embedding Workstation	1	30	30	Equipment	30 NSF typical; automated embedding units.
Cutting Workstation	1	30	30	Equipment	20 NSF typical; floor-mounted tissue processer.
Tissue Processing Workstation	1	20	20	Equipment	50-80 NSF for large analyzer with clearances; depends on vendor specifications.
Microscope Workstation	1	40	40	Equipment	40 NSF typical; microscope and computer.
Technical/Clerical Workstation	1	40	40	Variable	40 NSF typical; depends on organization structure and peak-shift staffing.
Histology Support:					
- Freezer	1	5	5	Equipment	20-40 NSF per unit; one minimum.
- Refrigerator	1	5	5	Equipment	20-40 NSF per unit.
- Sink (Dirty)	1	5	5	Variable	One "dirty" sink per each four workstations and at staining area.
- Handwashing Station	1	5	5	Variable	One within 25 feet of each testing and specimen-handling area.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Pathologist Offices/Reading Area:					
Pathologist Office	1	120	120	Variable	120-140 NSF typical; desk and microscope.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Subtotal			**320**		**Anatomic Pathology**

13.8 Staff/Administrative Space

Manager/Physician Office	1	120	120	Variable	Varies from 100-120+ NSF; depends on organization structure and staffing.
QC Officer	1	80	80	Variable	80 NSF minimum for an enclosed office; depends on organization structure and staffing.
Office Equipment/Supply Storage	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Staff Lounge/Break Room	1	100	100	Optional	100 NSF minimum; allow 60 NSF for kitchenette/pantry and 12-15 NSF per seat.
Secure Staff Belongings Storage:					
- Coat/Boot Rack	1	20	20	Optional	20 NSF minimum; depends on staffing and availability in other locations.
- Box/Handbag Locker	2	5	10	Optional	Depends on staffing and availability in other locations. 15 lockers total
Staff Toilet Room	1	55	55	Optional	Depends on staffing and availability in other locations.
Subtotal			**425**		**Staff/Administrative Space**
Total			**3,640**		**Net Square Feet**

Section 14

Central Administrative Services

Check Preliminary Space Estimate While You Work =	2,130	Net Square Feet
Based on PMH Strategic Planning Goals	2,556	Gross Square Feet (1.2)

14.1 Central Administrative Office Suite

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Reception/Clerical Workstation	1	80	80	Optional	40-60 NSF per person; depends on overall size of office suite and staffing.
Visitor Waiting Area	3	15	45	Optional	40 NSF minimum; allow 15-20 NSF per seat.
Craig with Table	1	200	200	Optional	10 NSF minimum.
Executive Office	3	150	450	Variable	Marketing, CNO, CFO
Quality and Process Improve Office	1	150	150	Variable	80 NSF minimum for enclosed office; depends on organization structure and staffing.
Open Workstation	1	80	80	Variable	Annie
Touchdown Workstation	1	30	30	Variable	30 NSF typical; depends on organization structure and staffing.
Conference/Meeting Room	1	140	140	Optional	140 NSF for six to eight persons; allow 15 NSF per additional seat.
Marketing Storage	1	150	150	Optional	10 NSF per file cabinet; depends on information management system.
Office Equipment/Supply Storage	1	80	80	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Subtotal			**1,405**		**Central Administrative Office Suite**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
14.2 HIM / Medical Records					Does not get relocated to new campus

14.3 Human Resources

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
					Adjacent/Connected to Admin?
Reception/Clerical Workstation	1	80	80	Optional	Crystal
Visitor Waiting Area	3	15	45	Optional	40 NSF minimum; allow 15-20 NSF per seat.
Executive Office	1	150	150	Variable	Varies from 140-180+ NSF; depends on organization structure and staffing.
Office	2	100	200	Variable	Nora - Benefits Coord, Recruitment (Rocky)
Employee Health:					
Office	1	100	100	Variable	80 NSF minimum for enclosed office; depends on organization structure and staffing.
Employment/Recruiting:					
Applicant Testing Cubicle	2	15	30	Optional	15 NSF typical; minimum of two stations; depends on demand.
Office Equipment/Supply Storage	1	120	120	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room); printer/copier/fax equipment.
Subtotal			**725**		**Human Resources**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
14.4 Common Support Space					Included in areas above.
Total			**2,130**		**Net Square Feet**
14.5 Accouting /Billing / Payroll (in MOB)					Does not get relocated to new campus

Building Support Services

Check Preliminary Space Estimate While You Work =	9,600	Net Square Feet
Based on PMH Strategic Planning Goals	11,520	Gross Square Feet (1.2)

15.1 Materials Management

Stocking med/surg nurse servers patient by patient with common use items. Scanning happen ER - TBD, but past system accounted for inventory when charting occurs

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Post-Receiving:					
Post-Receiving Area	1	200	200	Variable	200-300 NSF per receiving dock bay.
Bulk Storage:					
Bulk Storage Area	1	700	700	Workload	20 NSF per bed for traditional system; 3-10 NSF per bed for stockless or JIT system.
Exchange Cart Prep/Storage Area	3	20	60	Optional	Include if an exchange cart system is used; 15-20 NSF per exchange cart held.
Decasing Area	1	100	100	Fixed	100 NSF minimum; additional space for high-volume services.
Retail Storage:					
Pneumatic Tube Station	1	20	20	Optional	Sending/receiving station; depends on materials distribution system.
Clerical Workstation	3	40	120	Optional	40 NSF typical; depends on organization structure and staffing.
Linen Service:					
Clean Linen Staging Area	4	20	80	Variable	15-20 NSF per linen cart held; assumes off-site processing.
Washer/ Dryer for Incentals	1	20	20	Variable	15-20 NSF per linen cart held; assumes off-site processing.
Linen Storage/Repair Room	1	150	150	Fixed	150-300 NSF typical.
Linen Exchange Cart Prep Area	4	20	80	Optional	Include if bulk linen is sorted onto exchange carts; 15-20 NSF per clean exchange cart.
Scale	1	20	20	Optional	80 NSF typical; size varies with equipment.
Lab Coat/Uniform Storage Area	1	40	40	Optional	40 NSF per garment hanging rack; size depends on volume.
Service Counter	1	20	20	Optional	20 NSF typical; depends on distribution system for lab coats and uniforms.
Waste Removal/Soiled Holding:					
Trash Holding Area	1	120	120	Variable	30 NSF per cart held; located near trash chute or service elevator.
Recyclables Holding Area	1	120	120	Variable	Size depends on projected volume to be held and frequency of removal.
Regulated Waste Holding Area	1	120	120	Variable	Size depends on projected volume to be held and frequency of removal.
Soiled Linen Holding Area	1	120	120	Variable	20-30 NSF per cart held.
Cardboard Baler	1	20	20	Optional	20 NSF minimum; size varies depending on equipment/vendor.
Handwashing Station	1	10	10	Fixed	Minimum one per each soiled linen processing/handling area.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Other:					
Mail / Copy Room	1	150	150	Fixed	150 NSF minimum; depends on equipment and scope of services.
Lockers	2	5	10	Optional	150 NSF minimum; depends on equipment and scope of services.
Supervisor Office/Cubicle	1	100	100	Optional	60-100 NSF; depends on organization structure and staffing.
Environmental Services Room	1	40	40	Fixed	One per materials management area.
Subtotal			**2,420**		**Materials Management**
Receiving Dock:					
Large Bay	1	220	220	Variable	1 dock + 2 load/unload parking w/ramp to receiving
Stair	1	60	60	Variable	60 NSF typical; minimum width of 8 feet.
Medical Gas Storage	0	50	0	Variable	Will be exterior, not interior space
Trash Compactor/Dumpsters	0	300	0	Optional	Will be exterior, not interior space
Subtotal			**280**		**Exterior Space (Not Included in Materials Management Total)**

15.2 Central Sterile

Soiled Receiving/Decontamination:					
Soiled Holding Area	1	80	80	Workload	80 NSF minimum; 1-2 NSF per tray processed per day.
Decontamination Work Area	1	25	25	Workload	2 NSF per tray processed per day; including sinks and work counter.
Washer/Sterilizer	1	100	100	Variable	100 NSF typical; size and number vary with equipment.
Sonic Washer	3	20	60	Variable	20 NSF typical; one minimum.
Emergency Eye Wash/Shower	1	15	15	Fixed	Emergency use only.
Handwashing Station	1	10	10	Fixed	One minimum.
Preparation/Packaging:					
Preparation/Packaging Area	1	160	160	Workload	160 NSF minimum per workstation or 4 NSF per tray processed per day.
Linen Inspection/Storage Room	1	80	80	Optional	80-150 NSF typical; exclude if disposable linen is utilized.
Instrument Storage Area	1	80	80	Variable	80-100 NSF typical; depends on operational concept and use of case carts.
Sterilization/Holding:					
Steam Sterilizer	2	80	160	Variable	80-100 NSF; two provided typically; size will vary depending on vendor and capacity.
Countertop Sterilizer	2	20	40	Variable	20 NSF typical for countertop unit.
Sterile Holding Area	1	60	60	Workload	60 NSF minimum; 2 NSF per daily trays processed; increase to 5 NSF (case cart system).

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Equipment Processing/Holding:					
Equipment Washing/Disinfecting Area	1	120	120	Fixed	100-150 NSF typical; depends on workload volume.
Other:					Using Surgey Locker Room
Staff Toilet Room	1	55	55	Fixed	One minimum; additional toilet room required for high-volume services.
Environmental Services Room	1	40	40	Fixed	One per central sterile processing area.
Subtotal			**1,085**		**Central Sterile Processing**

15.3 Food and Nutrition Services

Needs prominent location near main lobby.
Outdoor Herb Garden for farm-to-table
Food Service stocks all nourish stations throughout the hospital

Dining:					
Cafeteria Dining Area	1	800	800	Variable	200 NSF minimum; 15-18 NSF per seat.
Cafeteria Serving Area	1	220	220	Variable	200 NSF minimum; 4-6 NSF per cafeteria seat.
Cafeteria Vending Area	3	30	90	Optional	2 Machines + ATM
Handwashing Station	1	10	10	Fixed	One within 20 feet of each food preparation/serving area.
Food Production:					
Kitchen/Food Preparation Area	100	4	400	Workload	300 NSF minimum; 3-4 NSF per peak daily meal prepared onsite.
Tray Assembly Area	75	2	150	Workload	180 NSF minimum; 2-3 NSF per bed served with tray service.
Food Service Cart Storage Area	2	15	30	Variable	15-20 NSF per cart.
Handwashing Station	2	10	20	Fixed	One within 20 feet of each food preparation/serving area.
Warewashing:					
Pot Washing Area	1	30	30	Workload	30 NSF minimum; 0.12 NSF per peak daily meal prepared on-site.
Dishwashing Area	175	1	175	Workload	280 NSF minimum; 1- 2 NSF per peak daily meal served.
Receiving/Sorting Area	1	30	30	Variable	30 NSF minimum; depends on operational concept.
Cart Washing Area	1	120	120	Optional	120 NSF minimum; depends on operational concept and availability in other locations.
Handwashing Station	1	10	10	Fixed	One per warewashing area.
Storage:					
Receiving/Control Area	1	60	60	Variable	60 NSF minimum; depends on operational concept.
Dry Storage Area	1	115	115	Workload	25 NSF minimum; 0.5 NSF per peak daily meal x % of dry storage.
Refrigerated Storage Area	1	120	120	Workload	Need Millis' help
Frozen Storage Area	1	120	120	Workload	Need Millis' help
Nonfood Storage Area	1	100	100	Workload	100 NSF per first 200 peak daily meals; 40 NSF per every 200 additional meals.
Issue/Ingredient Room	1	50	50	Workload	50 NSF minimum; 50 NSF per every 500 peak daily meals prepared on-site.
Ice Making Equipment Area	1	40	40	Variable	40 NSF minimum.
Other:					
Trash Holding Room	1	50	50	Workload	50 NSF minimum; 50 NSF per every 1,000 peak daily meals.
Supervisor Office/Cubicle	2	120	240	Optional	60-100 NSF; depends on organization structure and staffing.
Staff Toilet Room	1	55	55	Fixed	One minimum; depends on availability in other locations.
Environmental Services Room	1	40	40	Fixed	One per every 7,000 NSF of central food and nutrition services space.
Subtotal			**3,075**		**Food and Nutrition Services**

15.4 Environmental/Maintenance Services

Does not Include out building for vehicles, landscaping, etc.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Environmental Services:					
Cleaning Supplies Storage Area	1	100	100	Workload	100 NSF minimum; 1 NSF per occupied bed.
Central Equipment Holding Area	1	150	150	Variable	150 NSF minimum; average of 15-20 NSF per piece of equipment.
Bed/General Storage Area	1	150	150	Variable	300 NSF minimum; 3-5 NSF per occupied bed.
Housekeeping Cart Storage Area	5	30	150	Optional	30 NSF per cart held; include if supply carts returned to central storage area.
Dispensing Counter	1	40	40	Optional	40-60 NSF typical.
Supervisor Office/Cubicle	1	120	120	Optional	60-100 NSF typical.
Building Maintenance Shops:					
Table Workstation	4	50	200	Variable	25-50 NSF per peak-shift employee whose tasks require shopwork.
Bench Workstation	4	40	160	Variable	15-20 NSF per peak-shift employee whose tasks require shopwork.
Floor-Mounted Equipment Station	2	150	300	Variable	Average 150-300 NSF per piece of floor-mounted equipment.
Supply/Equipment/Tool Storage	1	40	40	Variable	10-20 NSF per peak-shift employee whose tasks require shopwork.
Supervisor Office/Cubicle	1	100	100	Optional	60-100 NSF typical.
Subtotal			**1,510**		**Environmental/Maintenance Services**

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
15.5 Technology/Communications Equipment					IT Storage? Need room for equipment
Main Data Center	1	150	150	Fixed	May be off site - TBD
Access Data Points	3	80	240	Variable	170 NSF minimum; 190 NSF recommended; one TDR per each floor of the facility.
Subtotal			**390**		**Technology/Communications Equipment**
15.6 Staff/Administrative Space					
Plan/Catalog/Archive Room	1	100	100	Fixed	100-200 NSF typical; depends on scope of services and storage format.
Staff Toilet Room	1	55	55	Optional	For support staff
Subtotal			**155**		**Staff/Administrative Space**
15.7 Medical Staff Lounge/On-Call Suite					Near Surgery? Near Admin? Medical Staff Entrance?
Medical Staff Lounge:					
Seating Area	1	160	160	Variable	160 NSF minimum; allow additional 15-20 NSF per lounge-type seat.
Kitchenette/Pantry	1	40	40	Optional	Minimum 40 NSF (alcove) or 80 NSF (enclosed room).
Communication/Work Alcove	3	20	60	Fixed	Separate Zone in Lounge
Toilet Room	1	55	55	Fixed	One minimum per physician/resident lounge.
On-Call Suite:					Not access thru Medical Staff Lounge
On-Call Room	3	90	270	Optional	90 NSF typical for private sleeping room; depends on scope of services and demand.
Toilet/Shower Room	1	80	80	Variable	Minimum one; could be shared between each two on-call rooms.
Linen Closet	1	20	20	Fixed	Provide one per on-call suite.
Subtotal			**685**		**Physician Lounge/On-Call Suite**
Total			**9,600**		**Net Square Feet**

Section 16

Conference / Education Center

Check Preliminary Space Estimate While You Work =	2,920	Net Square Feet
Based on PMH Strategic Planning Goals	3,212	Gross Square Feet (1.1)

16.1 Conference/Education Center

Close to Dietary

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Lobby/Entrance Vestibule	1	100	100	Fixed	100 NSF minimum; depends on overall size of facility and design.
Visitor Communication/Work Alcove	1	20	20	Optional	Depends on demand and availability in other locations.
Large Conference Room	3	600	1,800	Optional	50 = medical staff meeting; 60 = town hall meeting; 15 = board room meeting - 2 rooms = 60 p
Audiovisual Closet	3	10	30	Optional	10 NSF minimum for storage of AV equipment; may be used for projection of presentations.
Computer Training Lab	1	300	300	Optional	Location TBD - Education, HR and IT all possible locations, depending on adjacencies.

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
Male Public Toilet Facility	1	150	150	Variable	150 NSF for up to 100 total seats; allow additional 40 NSF per each additional 100 seats.
Female Public Toilet Facility	1	150	150	Variable	150 NSF for up to 100 total seats; allow additional 40 NSF per each additional 100 seats.
General Storage Room	1	250	250	Optional	80 NSF minimum; depends on operational concept.
Education Materials Storage Closets	3	40	120	Optional	40 NSF minimum; for freestanding facility only.
Subtotal			**2,920**		**Conference/Education Center**

16.2 Medical Library

Not Included in Strategic Plan

16.4 Child Day Care Center

Not Included in Strategic Plan

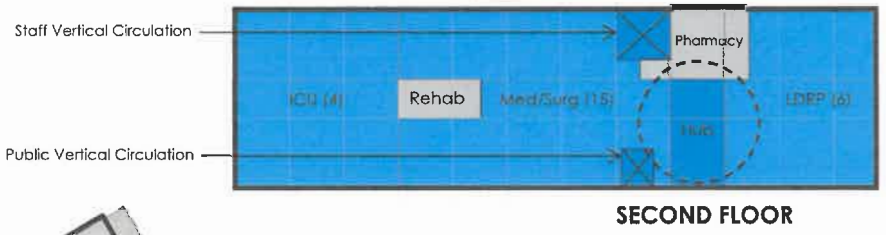
Room/Area	Unit	NSF	Total NSF	Space Driver	Comments

16.5 Employee Fitness Center

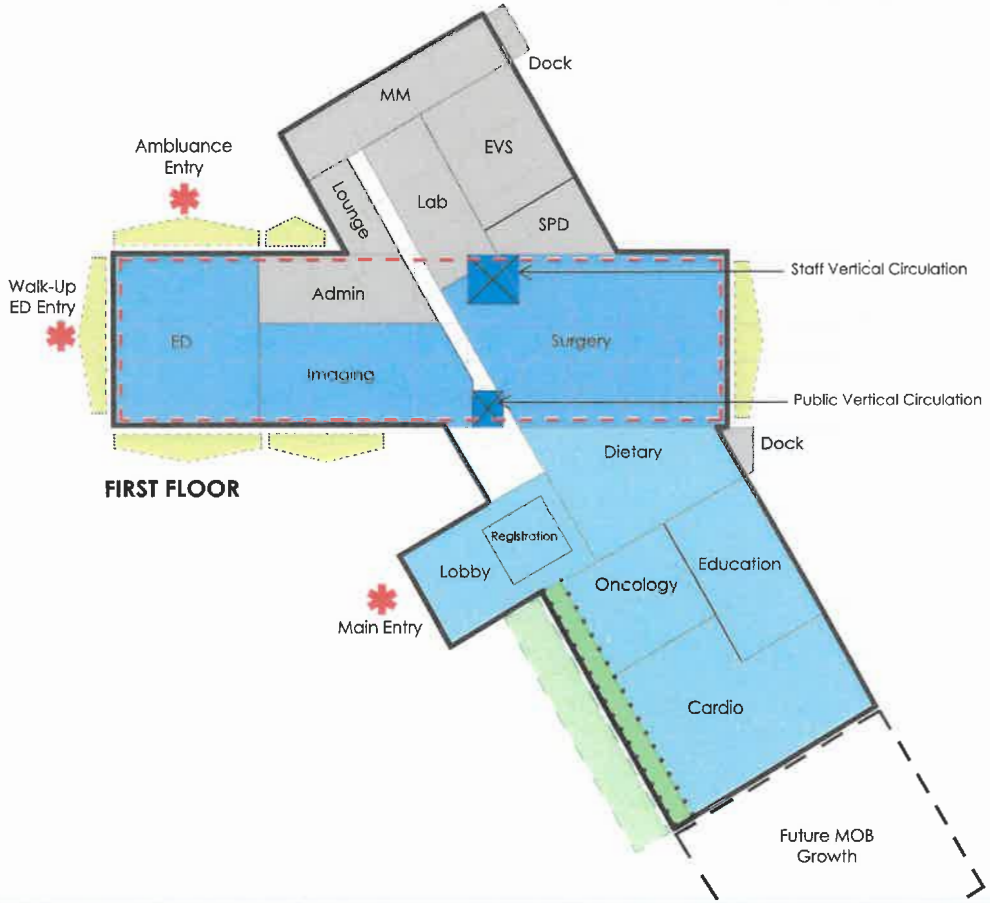
Not Included in Strategic Plan

Room/Area	Unit	NSF	Total NSF	Space Driver	Comments
16.6 Staff Lockers/Toilet Facilities					Included in Individual Departments
Total			**2,920**		**Net Square Feet**

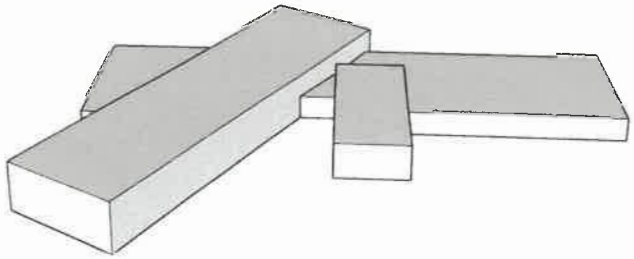
Attachment E



SECOND FLOOR



FIRST FLOOR



NOTES:

1. +/-84,800 SF
2. Great I2/B separation
3. Good future expansion paths for ED/Imaging/Surgery
4. Admin (soft space) for internal department growth.
5. Good future connection point for future MOB
6. HUB IP unit allows for skeletal staffing.
7. Pharmacy is located upstairs, adjacent to IP and LDRP.
8. Short walks to all departments from main entrance.
9. Best option for future patient room growth.

- Entrances
- Second Floor Outline
- Glass "Spine" element connecting nature to inside
- Paths of Future Expansion
- Opportunity for Future Addition
- Outdoor Garden + Water Feature
- SUPPORT STAFF
- CIRCULATION HUBS
- IN PATIENT
- HYBRID
- OUTPATIENT

SEPTEMBER 1, 2020

Prosser Memorial Health

bcDESIGNGROUP

Attachment F

EMPLOYEE FORUM

New Hospital Floor Plan Review

All employees are encouraged to attend one of the forums. If you are not working during one of the times below you can attend in person or via MS Teams and record your 1.5 hours as education hours on your time card. If you are attending a forum in person, you are required to wear a mask the duration of the meeting. If you have any questions, please see your manager.

MONDAY, SEPTEMBER 21

7 AM – 8:30 AM • Medical Staff (Whitehead Conference Room)

10 AM - 11:30 AM • All Staff (Whitehead Conference Room)

1 PM - 2:30 PM • All Staff (Whitehead Conference Room)

3 PM – 4:30 PM • All Staff (Whitehead Conference Room)

TUESDAY, SEPTEMBER 22

7:30 AM – 9:00 AM • All Staff (Whitehead Conference Room)

WEDNESDAY, SEPTEMBER 23

Departments will be scheduled to tour mock-up patient rooms off-site. Time and location is TBD.

bcDESIGNGROUP

MEETING AGENDAS

Project: PMH Replacement Hospital

Dates: September 21 - 23, 2020

Meetings: Various – See Below

Location: Whitehead Conference Room
Mock-Up Room Building
Prosser Memorial Health

Day 1

Monday, 9/21

Town Hall Meetings on Monday

7:00 – 8:30	Medical Staff	Whitehead Conference Room
10:00-11:30	All Staff	Whitehead Conference Room
1:00 - 2:30	All Staff	Whitehead Conference Room
3:00 - 4:30	All Staff	Whitehead Conference Room

Mock-up Room Prep for A/E Team between town hall meetings

A/E Team will go to mock-up rooms between the meetings listed above to prepare the mock-up rooms for Day 2+3 meetings.

Day 2

Tuesday, 9/22:

30 Minutes	**Kick Off Meeting:**	
7:00 – 7:30 a.m.	Goal:	Review Agenda and management by strengths colors.
	Attendees:	Craig, David, Merry, A/E Team, NV5
90 Minutes	**Town Hall Meeting**	
7:30 – 9:00	All Staff	Whitehead Conference Room
45 Minutes	**City of Prosser – Vineyard Conference Room**	
9:00 – 9:45	Goal:	Discuss Annexation, Water, Sewer, Etc.
		Craig, David, Steve, Kurt, Paul, City Manager & City Planner
45 Minutes	**LDRP Mock-Up Review:**	
9:45 – 10:30	Goal:	Review LDRP Room size, clearances, furniture, etc.
	Attendees:	Craig, David, Merry, A/E Team, NV5 + LDRP Leaders
30 Minutes	**ED Treatment Mock-Up Review:**	
10:30 – 11:00	Goal:	Review ED Treatment Room size, clearances, furniture, etc.
	Attendees:	Craig, David, Merry, A/E Team, NV5 + ED Leaders
90 Minutes	**MEP Systems Discussions:**	

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

11:00-12:30	Goal:	Initial conversations about MEP Systems and Goals.
	Attendees:	Craig, David, Merry, Steve B, A/E Team +NV5

12:30 – 1:30 Lunch

2 hours	Review 1st Floor Plan:	
1:30 – 3:30	Goal:	Review first-generation first floor plan.
	Attendees:	Entire Leadership Team, A/E Team + NV5.

1 hour	Building Massing and Site Design:	
3:30 – 4:30	Goal:	Review building massing studies and site layout options.
	Attendees:	Entire Leadership Team, A/E Team + NV5

45 Minutes	Patient Room Mock-Up Review:	
4:30 – 5:15	Goal:	Review Patient Room size, clearances, furniture, etc.
	Attendees:	Craig, David, Merry, A/E Team, NV5 + Med/Surg Leaders

Tuesday night – board work session (mini-town hall with Mock-Up Room discussion/pictures)

6:00 p.m.

Day 3

Wednesday, 9/23

Schedule Mock-Up Times for the following groups: 6610 S. 1396 PR SW, Prosser, WA

Note: All meetings to include Craig, David, Merry, NV5 and. We'll also take as much of Dr. Sollers' time as he's available!

8:00 – 8:30 am	30 Minutes	Medical Staff
8:30 – 9:00	30 Minutes	Materials Management
9:00 - 9:30	30 Minutes	OB
9:30 –10:00	30 Minutes	Dietary
10:00–10:30	30 Minutes	EVS + Facilities/Maintenance Staff + IT
10:30–11:00	30 Minutes	Acute Care / RT
11:00–11:30	30 Minutes	Pharmacy & Lab together
11:30–12:00	30 Minutes	ED, House Sup.,
12:00– 1:00 pm	60 Minutes	Clinics
1:00 - 1:30	30 Minutes	OR
1:30 - 2:00	30 Minutes	DI
2:00 - 4:00	120 Minutes	HIM / PFS / Finance / IT / Admitting / Registration / HR + anyone that could not make their scheduled time.

1 hour	Wrap-Up Session:	
4:00 – 5:00	Goal:	Talk Next Steps

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

Attendees: Entire Leadership Team, A/E Team, + NV5.

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

Attachment H

Prosser Memorial Health Replacement Hospital

Owner Team Meeting Minutes

Meeting #	**20200911**	**Date**	**Meeting: Friday, Sept 11, 2020** **Issued: Friday, Sept 11, 2020**
Time & Location	9:00am C / 8:00am M / 7:00am P MS Teams Video Call	**Prepared by:**	Meg Hohnholt – NV5
Attendees *X = Attended Meeting*	PMH Craig Marks **X** Steve Broussard NV5 Paul Kramer **X** Meg Hohnholt **X** David Rollins **X** Carol Allen BCDG Kurt Broeckelmann **X** Brooke Cinalli **X** Hilary Beashore **X** Lance White **X** Merry Fuller **X** Dr. Brian Sollers		
Distribution	**Attendees**		

PMN = Post Meeting Note

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

No	Item	Due By	Ball in Court
1.	**GENERAL / ADMINISTRATION**		
1.1.	**11SEP-MS Teams** Who is invited? Who gets access to what? 11Sept – Meg to become Owner of Meeting in order to adjust invites and access. Meeting invite to be adjusted to attendee list above.	9/18	Meg
1.2.	**11SEP-Project Contact List** Lives on MS Teams. Please review and add your information or confirm it is correct. 11Sept – Add Gary Hicks information. Invite to this meeting as needed.	9/18	Meg
1.3.	**11SEP-MBS Personality Profiles** Waiting for Gary's profile. Will review at future meeting in person.	On Hold	
1.4.	**11SEP-Measured Values Matrix** Key Metrics with Administration and Departments NV5 would like to hear from each Department on what items they do not want to 'fall off the plate' while this project develops. NV5 will provide draft document and schedule 1:1 meeting with Kurt for initial review prior to sending to leadership. NV5 to review with Merry, David, and Craig 1:1 as well.	In Progress	NV5
1.5.	***PMN – 11SEP-Upcoming Meetings*** *Due to In-Person Meetings Sept 21-23, the Sept 25 Morning Meeting will be cancelled.*	9/18	Meg
2.	**SCHEDULE**		
2.1.	**11SEP-Schedule Development** Craig and David to confirm if Special Meeting for GC approval at beginning of January.	9/18	NV5

	Meg to issue PDF of schedule to the Team for review and comment. NV5 to provide talking points on why a special Meeting would be beneficial. NV5 to verify with Gary – USDA will need 80% CDs Estimate at Loan Approval.		
3.	**BUDGET**		
3.1.	**11SEP-Budget Development** Paul is developing detailed budget. Will review with David and Team soon.	In Progress	NV5
3.2.	**11SEP-Cost Management** NV5 to discuss in next meeting		
3.3.	**11SEP-Major Medical Equipment** Need depreciation schedule to determine which equipment will likely not be moved to new hospital.		
3.4.	**11SEP- USDA** To discuss next week		
3.5.	**11SEP – 3rd Party Estimator** NV5 and Kurt to provide proposals at Sept 21-23 meetings for selection by PMH.	9/21-9/23	NV5, BCDG
4.	**PROCUREMENT**		
4.1.	**11SEP-CPARB** To discuss next week		
4.2.	**11SEP-CM/GC RFQ** To discuss next week		
4.3.	**11SEP- Medical Equipment Planner** NV5 and BCDG to provide recommendations and draft RFQ. PMH to confirm procurement standards (if 3 bids required?) To review during Sept 21-23 meetings.	9/21-9/23	NV5, BCDG
4.4.	**11SEP – FF&E (Non-Medical)** Currently not in BCDG scope. Will review procurement at future meeting.	On Hold	
5.	**DESIGN / PERMITTING**		
5.1.	**11SEP-Annexation & Zoning** Civil Eng is reaching out to City of Prosser on the status of these.	In Progress	BCDG
5.2.	**11SEP – Certificate of Need Verification** Kurt and NV5 to reach out to WA State to confirm if a CON is needed or not.	10/1	NV5, Kurt

Owner Team Meeting Minutes

5.3.	**11SEP-Gas Line** Neal w/ Prosser Economic Dev Assoc (PEDA) is working with Cascade Gas to confirm the cost to bring gas to west side of Prosser (incl new Hospital site). Neal is hoping to have a response from CNG 'in a few weeks'. To discuss next week.		
5.4.	**11SEP-Water & Sewer (City)** Craig was notified this week that this effort is delayed. NV5 to contact the City and confirm on status and tap fees.	In Progress	NV5
5.5.	**11SEP – City Permit Review** Need to confirm fees and duration of review. BCDG included Prosser Permit fees in BCDG Cash Flow.	In Progress	NV5
5.6.	**11SEP-Electric** To discuss next week		
5.7.	**11SEP-Prep for Review of MockUps** Are WOW carts needed? No.	9/21	ALL
5.8.	**11SEP-Design Progress Update** BCDG developing floor plan for first floor.	In Progress	BCDG
5.9.	**11SEP – Program Review** Craig is concerned on space allocations and what is necessary. Need to take a hard look at floor plans and adjacencies. Example: ER is building X amount of treatment rooms. PMH request NV5's help in reviewing ER projections in next 10 years and if the design warrants that space.	In Progress	NV5
6.	**CONSTRUCTION**		
6.1.			

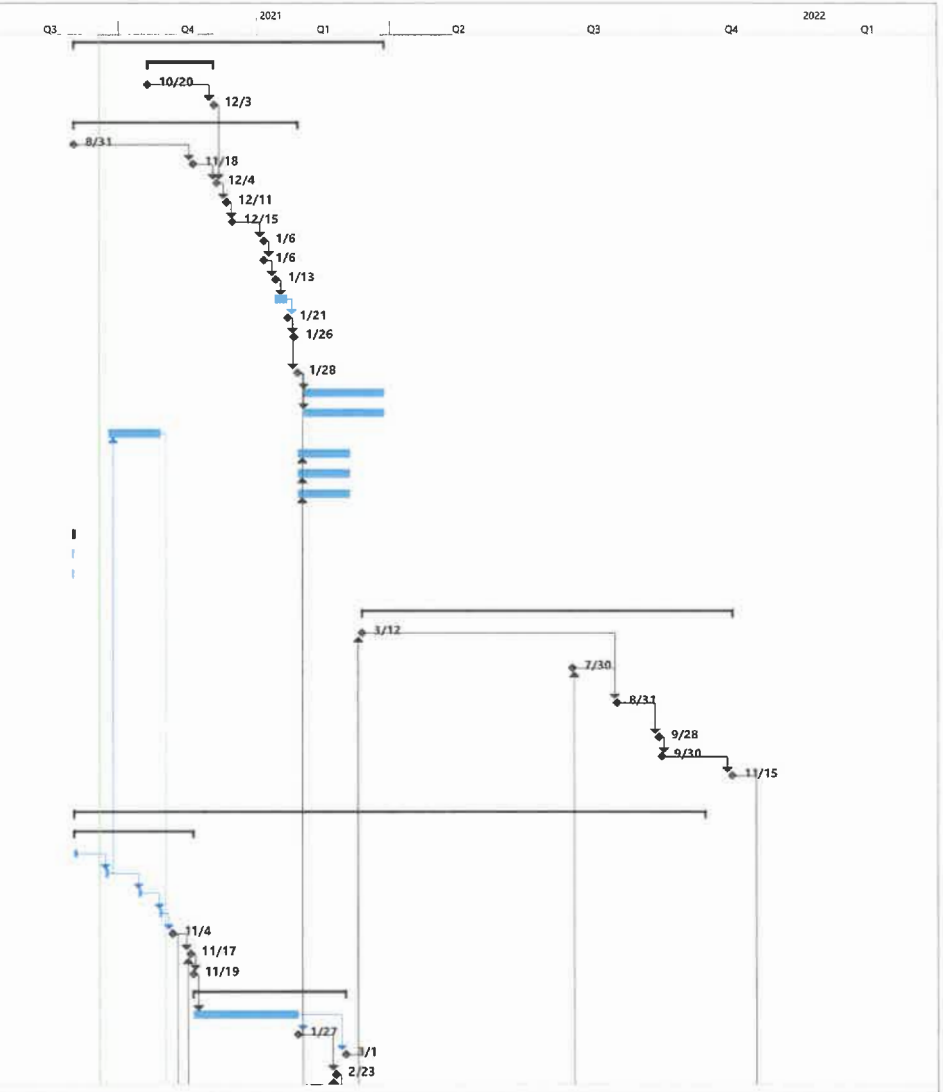
The above represents the writer's understanding of the items discussed and/or conclusions reached. It is requested that any questions, comments, omissions, and/or errors to these meeting minutes be directed in writing to this office within five (5) business days. Please contact Meg Hohnholt – 3030-656-6318

Next Meeting
Date: Friday, September 18, 2020 at 9:00am C / 8:00am M / 7:00am P
Location: MS Teams Meeting

Upcoming In-Person Meetings
September 21-23 (Mon-Wed)
October 13-14 (Tue-Wed)
October 27-28 (Tue-Wed)

Attachment I

ID	Task Name	Duration	Start	Finish	Predecessors	Notes
1	**Procurement - Project Team**	**144 days**	**Mon 8/31/20**	**Fri 3/26/21**		
2	**CPARB**	**30 days**	**Tue 10/20/20**	**Thu 12/3/20**		
3	Revised CPARB-PRC Application	0 days	Tue 10/20/20	Tue 10/20/20		
4	Alternate CPARB-PRC CM/GC Approval Meeting	0 days	Thu 12/3/20	Thu 12/3/20	3	12/3/2020 date confirmed on CPARB-PRC website
5	**CM/GC**	**102 days**	**Mon 8/31/20**	**Thu 1/28/21**		
6	GC/CM RFQ Issues	0 days	Mon 8/31/20	Mon 8/31/20		
7	GC/CM RFQ Response Due by 1pm	0 days	Wed 11/18/20	Wed 11/18/20	6FS+57 days	
8	GC/CM Initial Short List Announced	0 days	Fri 12/4/20	Fri 12/4/20	7FS+2 days,	
9	GC/CM Interviews	0 days	Fri 12/11/20	Fri 12/11/20	8FS+5 days	
10	GC/CM Final Short List Announced	0 days	Tue 12/15/20	Tue 12/15/20	9FS+2 days	
11	GC/CM Sealed Proposals Submitted by 10am. Publ	0 days	Wed 1/6/21	Wed 1/6/21	10	
12	GC/CM Selection and Notification	0 days	Wed 1/6/21	Wed 1/6/21	11	
13	GC/CM Protest Period Closes	0 days	Wed 1/13/21	Wed 1/13/21	12FS+6 days	
14	GC/CM Preconstruction Contract Negotiations	6 days	Thu 1/14/21	Thu 1/21/21	13	
15	GC/CM Preconstruction Contract Negotiated	0 days	Thu 1/21/21	Thu 1/21/21	14	Board Packet sent out on 1/22
16	PMH Board Work Session	0 days	Tue 1/26/21	Tue 1/26/21	15	To Discuss GC/CM Award & Precon Contract Approval
17	PMH Board Meeting (Jan 2021)	0 days	Thu 1/28/21	Thu 1/28/21	15	GC/CM Award & Precon Contract Approval
18	Mechanical / Plumbing Subcontractor	8 wks	Mon 2/1/21	Fri 3/26/21	17FS+2 days	
19	Electrical Subcontractor	8 wks	Mon 2/1/21	Fri 3/26/21	17FS+2 days	
20	Medical Equipment Planner	5 wks	Wed 9/23/20	Tue 10/27/20	40	
21	Commissioning	5 wks	Thu 1/28/21	Wed 3/3/21	48	
22	Furniture	5 wks	Thu 1/28/21	Wed 3/3/21	48	
23	Art	5 wks	Thu 1/28/21	Wed 3/3/21	48	
24						
25	**Entitlements**	**1 day?**	**Mon 8/31/20**	**Mon 8/31/20**		
26	City Annexation & Zoning	1 day?	Mon 8/31/20	Mon 8/31/20		*Need Update from BCDG team*
27	Local Architectural Review Board	1 day?	Mon 8/31/20	Mon 8/31/20		*Does this apply in Prosser?*
28						
29	**USDA Funding**	**174 days**	**Fri 3/12/21**	**Mon 11/15/21**		
30	Submit USDA Application with PAR & Full Project Budget with DD Estimate	0 days	Fri 3/12/21	Fri 3/12/21	74,49	Gary advises USDA Application submission by early to mid-March
31	Submit Full Project Budget with 75% CDs Estimate for Final USDA Approval	0 days	Fri 7/30/21	Fri 7/30/21	60FS+2 days	There is some float in this date. Need to submit by 1st week of August.
32	USDA Funding Approval	0 days	Tue 8/31/21	Tue 8/31/21	30,31	Gary anticipates USDA Approval by End of August 2021
33	PMH Board Work Session	0 days	Tue 9/28/21	Tue 9/28/21	32	To Discuss USDA Approval
34	PMH Board Meeting (Sept 2021)	0 days	Thu 9/30/21	Thu 9/30/21	33	To Approve USDA Approval
35	Construction Loans Approved & Funding Available	0 days	Mon 11/15/21	Mon 11/15/21	34	
36						
37	**Design**	**295 days**	**Mon 8/31/20**	**Thu 10/28/21**		
38	**Schematic Design**	**57 days**	**Mon 8/31/20**	**Thu 11/19/20**		
39	SD Meeting 2 - Program & Dept Plan	2 days	Mon 8/31/20	Tue 9/1/20		
40	SD Meeting 3 - Mockups Review	2 days	Mon 9/21/20	Tue 9/22/20	39FS+12 day	
41	SD Meeting 4 -	2 days	Tue 10/13/20	Wed 10/14/20	40FS+14 day	
42	SD Meeting 5 -	2 days	Tue 10/27/20	Wed 10/28/20	41FS+8 days	
43	Schematic Design Package	0 days	Wed 11/4/20	Wed 11/4/20	42FS+5 days	
44	PMH Board Work Session	0 days	Tue 11/17/20	Tue 11/17/20	43,72	To Discuss Schematic Design & Estimate
45	PMH Board Meeting (Nov 2020)	0 days	Thu 11/19/20	Thu 11/19/20	44	To Authorize Design Development
46	**Design Development**	**67 days**	**Thu 11/19/20**	**Mon 3/1/21**		
47	Design Development	9 wks	Thu 11/19/20	Wed 1/27/21	45	
48	Design Development Package	0 days	Wed 1/27/21	Wed 1/27/21	47	
49	USDA Preliminary Architects Report (PAR)	0 days	Mon 3/1/21	Mon 3/1/21	47	
50	PMH Board Work Session	0 days	Tue 2/23/21	Tue 2/23/21	48,74	To Discuss Design Development & Estimate



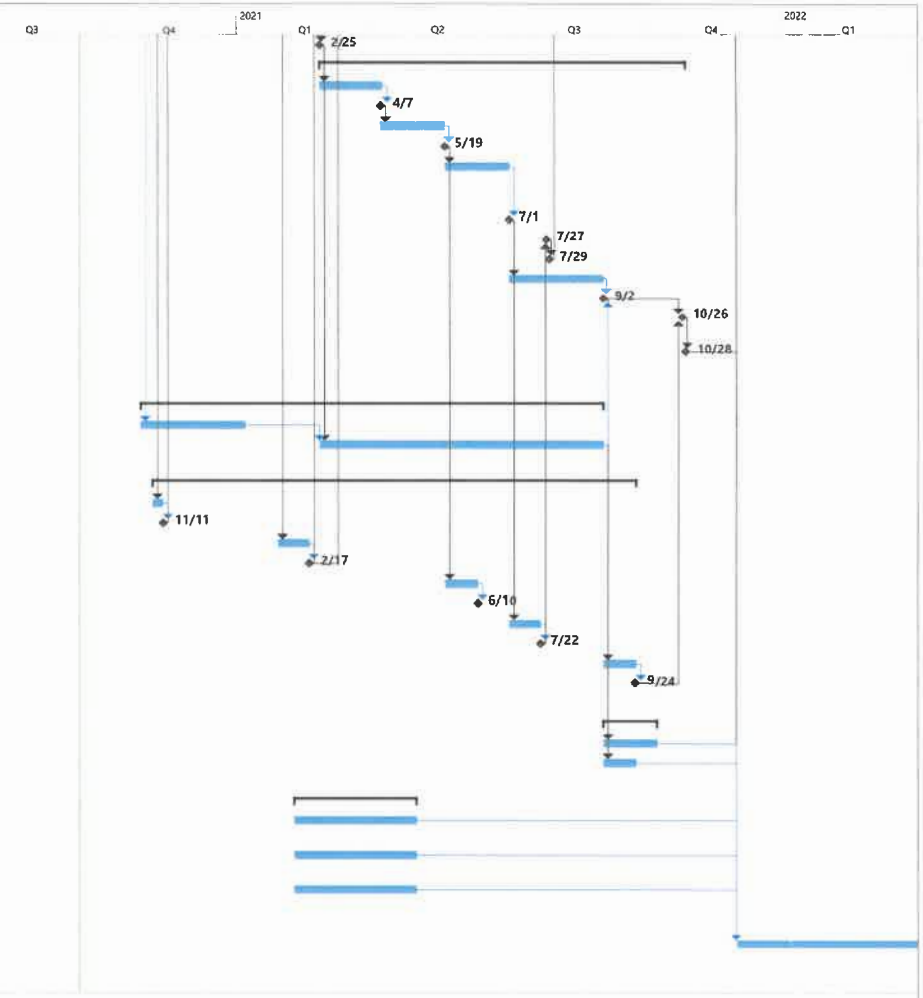
Prosser Memorial Health

NV5

Project: Prosser Memorial Hospital
Date: Thu 9/17/20

Task | Milestone | Summary | Project Summary | Progress

ID	Task Name	Duration	Start	Finish	Predecessors	Notes
51	PMH Board Meeting (Feb 2021)	0 days	Thu 2/25/21	Thu 2/25/21	50	To Authorize CDs and USDA Application
52	**Construction Documents**	**173 days**	**Thu 2/25/21**	**Thu 10/28/21**		
53	25% CD Development	6 wks	Thu 2/25/21	Wed 4/7/21	51	
54	25% CD Review Set	0 days	Wed 4/7/21	Wed 4/7/21	53	
55	50% CD Development	6 wks	Thu 4/8/21	Wed 5/19/21	54	
56	50% CD Review Set	0 days	Wed 5/19/21	Wed 5/19/21	55	
57	75% CD Development	6 wks	Thu 5/20/21	Thu 7/1/21	56	*Kurt - I put 75% in here as a placeholder, but really its up to you on what percentage level you feel the documents will be at the beginning of July.*
58	75% CD Review Set	0 days	Thu 7/1/21	Thu 7/1/21	57	
59	PMH Board Work Session	0 days	Tue 7/27/21	Tue 7/27/21	78	To Discuss 75% Estimate for USDA Approval
60	PMH Board Meeting (July 2021)	0 days	Thu 7/29/21	Thu 7/29/21	59	To Authorize 75% Estimate for USDA Approval
61	100% CD Development	9 wks	Fri 7/2/21	Thu 9/2/21	58	
62	100% CD Package	0 days	Thu 9/2/21	Thu 9/2/21	61,68	
63	PMH Board Work Session	0 days	Tue 10/26/21	Tue 10/26/21	80,62	To Discuss 100% CDs MACC Agreement and Start of Construction Contingent on Financing
64	PMH Board Meeting (Oct 2021)	0 days	Thu 10/28/21	Thu 10/28/21	63	To Approval 100% CDs MACC Agreement and Start of Construction
65						
66	**Medical Equipment Planning**	**216 days**	**Wed 10/28/20**	**Thu 9/2/21**		
67	Med Equipment Planning DDs	9 wks	Wed 10/28/20	Tue 1/5/21	20	
68	Med Equipment Planning CDs	27 wks	Thu 2/25/21	Thu 9/2/21	51,67	
69						
70	**Estimating**	**225 days**	**Thu 11/5/20**	**Fri 9/24/21**		
71	Schematic Design Estimate (Estimator)	5 days	Thu 11/5/20	Wed 11/11/20	43	
72	Review of Schematic Design Estimate	0 days	Wed 11/11/20	Wed 11/11/20	71	Estimate presented to Project Team
73	Design Development / MACC Estimate (GC & Estimat	15 days	Thu 1/28/21	Wed 2/17/21	48,17	Needed by end of February for USDA Application
74	Review of Design Development / MACC Estimate	0 days	Wed 2/17/21	Wed 2/17/21	73	Estimate presented to Project Team
75	50% Construction Documents Estimate (GC & Estima	3 wks	Thu 5/20/21	Thu 6/10/21	56	
76	Review of 50% CDs Estimate	0 days	Thu 6/10/21	Thu 6/10/21	75	Estimate presented to Project Team.
77	75% Estimate (GC) (Needed for USDA Approval)	3 wks	Fri 7/2/21	Thu 7/22/21	58	
78	Review of 75% CDs Estimate	0 days	Thu 7/22/21	Thu 7/22/21	77	Estimate presented to Project Team
79	100% Construction Documents Estimate (GC)	3 wks	Fri 9/3/21	Fri 9/24/21	62	
80	Review of 100% CDs / MACC Estimate	0 days	Fri 9/24/21	Fri 9/24/21	79	Estimate presented to Project Team
81						
82	**Permitting**	**25 days**	**Fri 9/3/21**	**Fri 10/8/21**		
83	WA DOH Permit Review	25 days	Fri 9/3/21	Fri 10/8/21	62	
84	City of Prosser Permit Review	3 wks	Fri 9/3/21	Fri 9/24/21	62	
85						
86	**Construction - Site Utilities (City of Prosser)**	**60 days**	**Mon 2/8/21**	**Fri 4/30/21**		
87	Water	12 wks	Mon 2/8/21	Fri 4/30/21		*Need Update from City of Prosser. To be completed by Spring 2021*
88	Sewer	12 wks	Mon 2/8/21	Fri 4/30/21		*Need Update from City of Prosser. To be completed by Spring 2021*
89	Electric	12 wks	Mon 2/8/21	Fri 4/30/21		*Need Update from City of Prosser. To be completed by Spring 2021*
90						
91	Construction - Building	102 wks	Wed 12/1/21	Wed 11/29/23	83,84,87,88	
92	Activation	16 wks	Mon 8/28/23	Wed 12/20/23	91FF+3 wks	
93	Go Live	0 days	Wed 12/20/23	Wed 12/20/23	91,92	



Prosser Memorial Health

Project: Prosser Memorial Hospital
Date: Thu 9/17/20

Task | Milestone | Summary | Project Summary | Progress

Request for Qualifications – General Contractor / Construction Management

Prosser Memorial Health Hospital Replacement Facility 09.14.2020

Background and Information

Prosser Public Hospital District dba Prosser Memorial Health is a community-based health system, consisting of Prosser Memorial Hospital located in Prosser and several outpatient clinics located throughout the region. Opened in 1947, Prosser Memorial Hospital has served the community for over 60 years. In 2017, Prosser Memorial Health started their latest expansion effort by purchasing 32 acres of land at the Northeast corner of Gap Road and I-82. This new land will be the future home of Prosser Memorial Health, starting with a replacement hospital and medical office building.

To lead the design effort, Prosser Memorial Health has retained a team of talented design firms from across the US:

Architect of Record:	bcDESIGNGROUP, LLC, Overland Park, KS
MEPF Engineer:	Henderson Engineers, Lenexa, KS
Structural Engineer:	Bob D Campbell, Kansas City, MO
Civil Engineer:	Expedient Civil Engineering, Bella Vista, AR
Food Service Consultant:	Millis and Associates, Livonia MI
Owner's Representative:	NV5, Richland WA & Denver CO

For the responder's information, in accordance with the State of Washington Public Bidding requirements, this project is requesting permission from the State to use the GC/CM delivery method to support the project for several reasons:

- Implementation of the project involves complex scheduling and coordination.
- The involvement of the general contractor/construction manager during the design stage is critical to the success of the project; and
- The project encompasses a complex or technical work environment.

At the time of the issuance of this RFQ, an application requesting approval to use the GC/CM project delivery method will be submitted to CPARB by October 21, 2020. Approval is anticipated and will be required before formal selection and award of a GC/GM.

Project Description and Budget

This project includes the construction of:

- A new, 2-story critical access hospital, approximately 70,000 SF.
- A new medical office building and clinic space, approximately 10,000 - 15,000 SF.
- A new pre-engineered maintenance building, approximately 1,500 SF.
- Site Improvements, including roads, parking, site lighting and utilities required to support the various buildings.

A draft of the building program is included in this RFQ as Exhibit A. The Due Diligence Report, completed prior to the land acquisition in 2017, is also included in this RFQ as Exhibit B.

It is estimated that the maximum allowable construction cost for this project is $40,500,000.

Project Schedule / Estimated Timeline

The following is a revised schedule for the GC/CM procurement and a draft schedule for the project:

08/14/20	Programming Complete
08/30/20	GC/CM RFQ initially Issued
09/15/20	Revised GC/CM RFQ Issued
11/4/20	Schematic Design Complete
11/18/20	GC/CM RFQ Response Due by **1pm on 11/18/2020**
12/4/20	GC/CM Initial Short List Announced
12/11/20	GC/CM Interviews
12/15/20	GC/CM Final Short List Announced
1/6/20	GC/CM Sealed Proposals Submitted by **10am on 1/6/2021**
1/6/20	GC/CM Selection and Notification
1/13/21	GC/CM Protest Period Closes
1/14 – 1/21	GC/CM Preconstruction Contract Negotiated
1/28/21	GC/CM Award & Precon Contract Approval at Board Meeting
01/29/21	Design Development Complete
02/17/21	Maximum Allowable Construction Contract (MACC) Estimate Only
03/26/21	USDA Application
07/22/21	Construction Documents 80% Complete
09/02/21	Construction Documents 100% Complete
09/24/21	Maximum Allowable Construction Contract (MACC) Established
09/30/21	USDA Funding Approval
11/15/21	Construction Loans Approved and Funding Available
12/01/21	Construction Start
12/01/23	Construction Completed

Project Delivery Method / Form of Agreement

A draft of the GC/CM Agreements is included in this RFQ as Exhibits C1 & C2.

SCOPE OF GC/CM SERVICES:

It is anticipated that the GC/CM will be involved in two distinct stages of activities for the Project. Initially, the GC/CM provides Preconstruction Services and thereafter Construction Services as summarized below:

Preconstruction Services: The GC/CM will work collaboratively with the Owner, its Construction Manager (TBD), and its Architect (bcDesign Group), as a member of the Project team to review significant aspects of the Project. The Preconstruction Services will be performed over a period of approximately 9 months. Among the tasks the GC/CM will perform during preconstruction are the following: site investigations, scope validation, development of recommendations regarding means and methods, safety and security, schedules, coordination of the work, potential cost saving measures, value engineering, subcontract packaging, and other issues related to work constructability and avoidance/mitigation of Project risks. The GC/CM shall provide necessary consulting expertise to the Owner to ensure

that the program scope is maximized and the construction budget and the Project schedule are met, and will provide ongoing cost estimating for the Project, cost tracking, and will work with the design team on reconciling budgets and cost estimates.

Construction Services: If/When a MACC is agreed upon for the Project and a GC/CM Construction Contract is entered into between the Owner and the GC/CM, the GC/CM shall provide full general contracting services for construction of the Project in accordance with the requirements of the Contract Documents and RCW 39.10.340 through 39.10.410, except to the extent work is specifically indicated in the Contract Documents to be the responsibility of others. If for any reason the Owner and the selected GC/CM do not enter into a GC/CM Construction Contract, the GC/CM shall have no recourse whatsoever against the Owner for such failure to enter into the Construction Contract.

Interest and Submission of Proposals

Please confirm receipt of this revised RFP, and your team's intent to provide a response via e-mail to Carol Allen @ callen@prosserhealth.org by Friday, October 2nd, 2020. Final submissions shall also be submitted digitally via e-mail to Carol Allen @ callen@prosserhealth.org no later than 1pm PCT on November 18, 2020.

Proposals shall include the following information, divided into easily navigated digital bookmarks:

Bookmark 1: Cover Letter

- Indicate your company's interest in the project.
- Explain your company's current and projected future workload, especially as it pertains the schedule included in this RFQ.
- Explain your understanding of the project and Washington State's GC/CM delivery method.
- This bookmark section is limited to a maximum of (2) 8-1/2" x 11" surfaces.

Bookmark 2: Company Background and Values

- Provide a brief history of your company.
- Provide information on your company's values and role in the community.
- This bookmark section is limited to a maximum of (2) 8-1/2" x 11" surfaces.

Bookmark 3: Company Experience

- Provide project information for between (3) and (5) healthcare projects of similar type, size, and complexity as this project. Information should include:
  - Project Description, including imagery.
  - Owner and Design Team references.
  - Project delivery method (GC/CM or other)
  - Project Budget - estimated and actual.
  - Project Schedule - estimated and actual.
  - Date Completed.
  - Project Team Members responsible for Project.

- Provide an additional 1-2 pages listing other relevant healthcare projects. Do not include non-healthcare projects. Highlight any Washington State GC/CM healthcare projects.
- This bookmark section is limited to a maximum of (12) 8-1/2" x 11" surfaces.

Bookmark 4: Project Personnel

- Provide resumes for your proposed project team, including:
  - Project Executive/Principal
  - Senior Project Manager (if applicable)
  - Project Manager
  - Site Superintendent
- Resumes shall, at a minimum, include a listing of relevant project experience, Washington State GC/CM experience, specialized training and/or accreditations, and years of experience in their current role.
  - Please note if your proposed project team had roles in any of the projects highlighted under Bookmark 3.
- This bookmark section is limited to a maximum of (4) 8-1/2" x 11" surfaces.

Bookmark 5: Regional experience, knowledge, and proximity to project site.

- Provide a brief description of your company's experience and knowledge of the area surrounding Prosser, Washington.
- Provide the address of your company's office that will support this project.
- Provide a list of projects (healthcare and non-healthcare) completed within a 100-mile radius of Prosser, WA.
- This bookmark section is limited to a maximum of (1) 8-1/2" x 11" surfaces.

Bookmark 6: Budget Control

- Provide a description of your company's method for budget control.
- Describe how the GC/CM process aid in budget control.
- Note: We will use the information contained in bookmark 3 to evaluate budget control on your company's previous projects.
- At your company's discretion, you may provide a listing of any additional projects, healthcare and non-healthcare, valued above $30,000,000. For these projects, please include the estimated and actual costs.
- On the basis of the Schematic Design Documents, which will be provided to your team in late October, provide your team's summary and format for a Schematic level opinion of the construction cost for the proposed facility. More detailed cost information may be provided in an appendix as appropriate, and at your teams discretion.
- This bookmark section is limited to a maximum of (3) 8-1/2" x 11" surfaces.

Bookmark 7: Schedule Control

- Provide a description of your company's method for schedule control.
- Describe how the GC/CM process aid in budget control.
- Note: We will use the information contained in bookmark 3 to evaluate schedule control on your company's previous projects.

- At your company's discretion, you may provide a listing of any additional projects, healthcare and non-healthcare, valued above $30,000,000. For these projects, please include the estimated and actual schedule.
- This bookmark section is limited to a maximum of (2) 8-1/2" x 11" surfaces.

Bookmark 8: Estimating Method

- Provide a description of your company's estimating method, including any proprietary software or database available for use on this project.
- Advise of how and when your team may include specific subcontractors in this process
- Provide a resume for any cost estimating personnel your company anticipates will work on this project, including information similar to that outlined in Bookmark
- This bookmark section is limited to a maximum of (2) 8-1/2" x 11" surfaces.

Bookmark 9: USDA Experience, focused on projects previously completed with USDA.

- Provide a list of all projects completed with USDA RD monies.
- At your company's discretion, you may also provide a list of projects completed with federal monies, particularly ones complying with the Buy American Act.
- This bookmark section is limited to a maximum of (1) 8-1/2" x 11" surfaces.

Bookmark 10: Documentation Methodology

- Provide your company's method(s) to document management through the CA process, including any proprietary software that brings value to the Owner and Project.
- Provide your company's method(s) for managing "As-Built" information.
- This bookmark section is limited to a maximum of (2) 8-1/2" x 11" surfaces.

Bookmark 11: Project Approach

- Describe your company's approach to this project, in particular, please highlight:
  - Any proprietary methods and/or differentiators that bring value to the Owner and Project
  - Any company specific skills or technologies your company uses to bring value to the Owner and Project.
- Describe how the GC/CM delivery method will bring value to the Owner throughout each phase of the design and construction process.
- This bookmark section is limited to a maximum of (4) 8-1/2" x 11" surfaces.

Bookmark 12: Accident Prevention Program.

- Provide a copy of your company's accident prevention program.
- Provide any additional information regarding your company's accident prevention history.
- This bookmark section is limited to a maximum of (10) 8-1/2" x 11" surfaces.

Proposal Evaluation / Selection

PMH will accept written questions from interested companies so long as questions are received prior to 11/04/20. Questions shall be e-mailed to callen@prosserhealth.org. PMH will respond to all questions via an addendum to this RFQ and answers to all questions will be shared with all interested companies.

A copy of the evaluation scorecard has been included as Exhibit D. Selection will be based on the Committee's holistic assessment of the credentials, project team and business proposal. Upon receipt of PDC approval of the use of the GC/CM Delivery method, the Owner will present the successful firm to the Board of Commissioners for approval as outlined in the schedule shown earlier in this RPF.

Protests of Award

Within 2 business days after notification of the selection of the GC/CM, any bidder may submit a written protest to callen@prosserhealth.org. The letter of protest must include a detailed explanation of the reasons for the protest. PMH will respond to any protest within 3 business days of receipt of the protest letter.

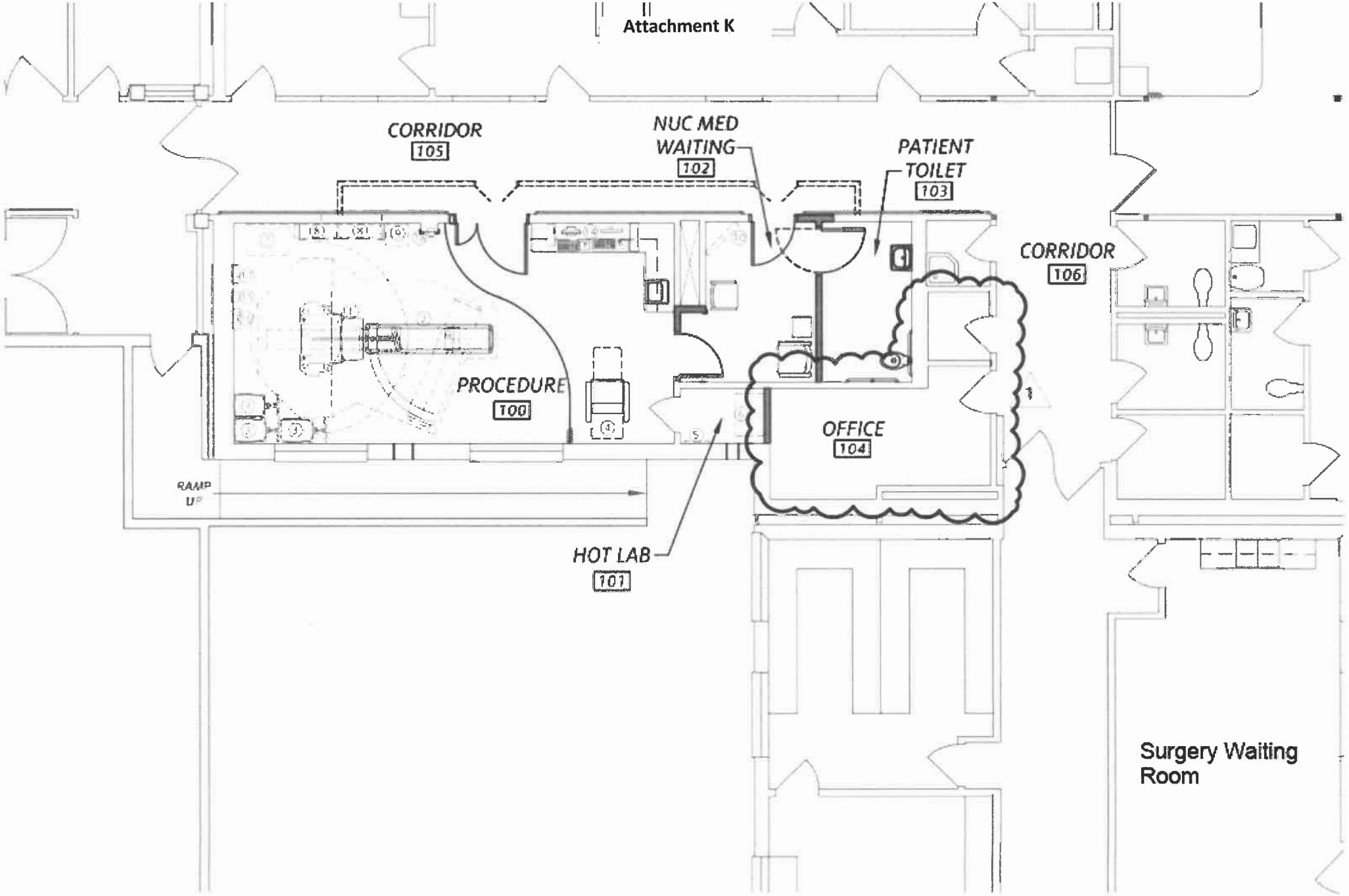
Right to Reject

This RFQ does not commit PMH to award a contract, to pay for any costs incurred in the preparation of a response to this request, or to procure or contract for services or supplies.

PMH reserves the right to accept or reject any or all responses received as a result of this request, to waive minor irregularities in the procedure, to issue revisions to the RFQ, to negotiate with any qualified source, or to cancel in part or in its entirety this RFQ, if it is in the best interest of PMH to do so.

Index

Attachment K



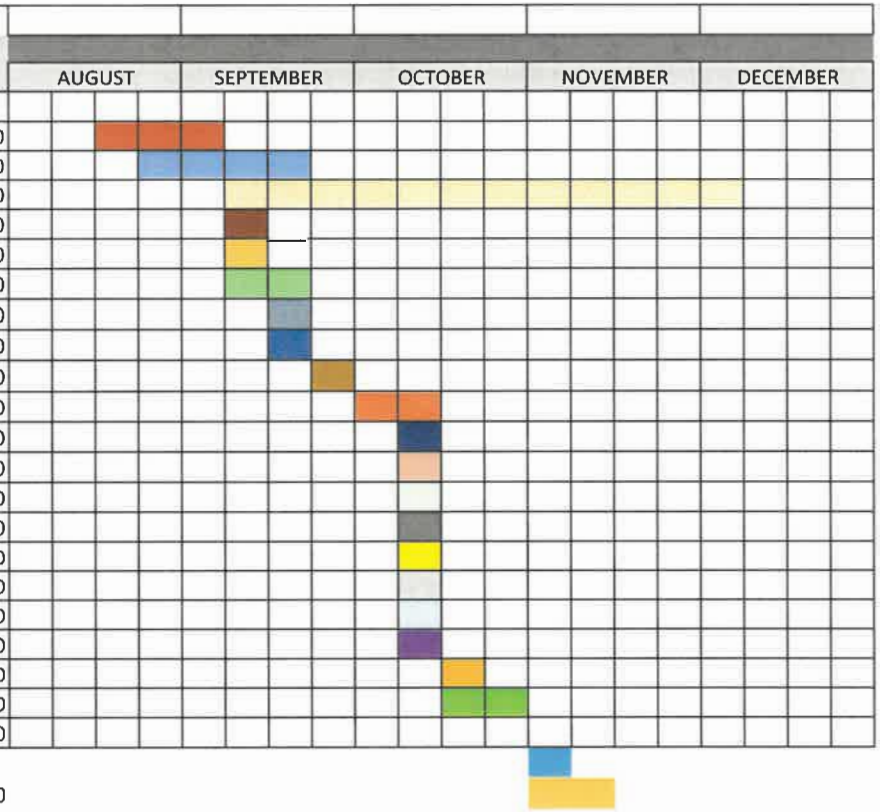
Furniture and Equipment Plan

1/8" = 1'-0"

Attachment L

PMH Nuclear Medicine TI 9/15/2020

TASK	START DATE	DATE COMPLETE
Submittals	8/19/2020	9/2/2020
Order Materials	8/24/2020	9/25/2020
Submission of Radioactive Materials License	9/2/2020	12/2/2020
Build Screen wall	9/14/2020	9/14/2020
Demo interior	9/15/2020	9/16/2020
Frame interior walls	9/17/2020	9/18/2020
PEM rough-in	9/21/2020	9/25/2020
Inspections	9/28/2020	9/29/2020
GWB	9/30/2020	9/30/2020
Tape/Tex	10/1/2020	10/8/2020
Paint	10/9/2020	10/13/2020
Casework	10/14/2020	10/15/2020
Ceiling Grid	10/9/2020	10/9/2020
Electrical	10/12/2020	10/13/2020
HVAC Trim	10/14/2020	10/15/2020
Hardware	10/9/2020	10/12/2020
Wall Protection	10/9/2020	10/12/2020
Ceiling Tile	10/16/2020	10/16/2020
Flooring	10/19/2020	10/23/2020
Plumbing	10/26/2020	10/27/2020
Demo Screen wall/clean	10/28/2020	10/29/2020
GE NM 830 SPECT delivery	11/3/2020	
Installation	11/3/2020	11/9/2020



Prosser Memorial Health 403(b) & 457(b) Retirement Plans

Investment Performance Metrics (*through August 31, 2020*)

Fund Name	Morningstar Category	Total Return (thru 8/31/20) YTD	1 Year	3 Year	5 Year	10 Year	Category Percentile 1 Year	3 Year	5 Year	10 Year	Manager Tenure	Audited Exp. Ratio	Expense Cat. Percent
Standard Stable Asset 2	Stable Value	1.62	2.52	2.55	2.44	2.57	-	-	-	-	-	0.10	-
Voya Intermediate Bond I	Inter Core-Plus Bond	6.18	5.91	5.25	4.96	4.87	57	29	18	10	10	0.36	21
DFA Inflation-Protected Securities I	Infl-Protected Bond	10.32	9.55	5.78	4.69	3.84	18	14	10	8	14	0.11	14
PIMCO Int'l Bond (USD-Hdg) Instl	World Bond-Hedged	3.14	2.04	4.63	4.92	5.15	63	39	16	2	6	0.60	38
Lord Abbett High Yield I	High Yield Bond	-1.08	1.86	3.46	5.63	6.96	68	59	24	4	10	0.71	31
DFA US Large Cap Value I	Large-Cap Value	-14.12	-2.65	2.04	6.50	11.39	78	80	64	24	9	0.26	14
American Funds Fundamental Invs R6	Large-Cap Blend	4.38	17.49	10.98	12.99	13.75	51	63	42	49	28	0.28	21
Vanguard 500 Index Admiral	Large-Cap Blend	9.72	21.90	14.48	14.42	15.13	23	18	10	10	4	0.04	8
T. Rowe Price Growth Stock I	Large-Cap Growth	28.12	39.67	20.94	18.82	18.85	37	46	36	20	7	0.52	26
Victory Sycamore Estab Value R6	Mid-Cap Value	-8.52	0.66	5.09	8.24	12.01	19	6	5	3	22	0.58	22
Columbia Mid Cap Index Inst2	Mid-Cap Blend	-5.73	3.96	5.14	7.86	11.82	51	55	36	33	9	0.20	15
MassMutual Select Mid Cap Growth I	Mid-Cap Growth	8.70	16.12	14.03	13.28	15.75	72	66	53	30	20	0.71	26
Wells Fargo Special Sm Cap Val R6	Small-Cap Value	-16.90	-5.78	1.54	5.76	10.49	39	12	8	5	19	0.85	32
Columbia Small Cap Index Inst2	Small-Cap Blend	-11.07	-0.63	3.65	7.27	12.09	56	36	24	9	9	0.20	14
Vanguard Small Cap Gr Index Adm	Small-Cap Growth	10.21	18.69	14.85	12.74	14.94	45	40	41	40	16	0.07	5
MFS International Intrinsic Value R6	Foreign Large Growth	9.89	19.98	10.62	11.63	11.79	36	18	16	5	12	0.63	24
Invesco Oppen Intl Sml-Mid Com R6	Foreign Sm/Mid Gr	9.18	19.63	10.51	12.05	14.54	52	16	18	6	1	0.94	17
DFA Emerging Markets Core Equity I	Divers Emerging Mkts	-5.36	7.50	-0.17	6.88	3.05	70	73	62	60	11	0.48	19
Vanguard Real Estate Index Adm	Real Estate	-10.37	-8.11	3.25	6.42	9.26	36	39	31	36	24	0.12	9
T. Rowe Price Global Technology I	Technology	48.08	63.02	24.23	26.46	24.72	14	56	33	1	1	0.75	28
Vanguard Target Retirement Inc Inv	Target-Date Retire	5.41	8.53	6.18	6.07	5.99	29	26	28	25	8	0.12	13
Vanguard Target Retirement 2015 Inv	Target-Date 2015	5.20	9.13	6.63	6.93	7.73	72	47	47	41	8	0.13	12
Vanguard Target Retirement 2020 Inv	Target-Date 2020	5.26	10.88	7.38	7.88	8.63	34	24	17	15	8	0.13	13
Vanguard Target Retirement 2025 Inv	Target-Date 2025	5.29	12.00	7.90	8.51	9.30	31	25	17	19	8	0.13	14
Vanguard Target Retirement 2030 Inv	Target-Date 2030	5.19	12.89	8.22	8.98	9.87	35	27	27	21	8	0.14	12
Vanguard Target Retirement 2035 Inv	Target-Date 2035	5.06	13.71	8.52	9.43	10.44	37	30	28	21	8	0.14	15
Vanguard Target Retirement 2040 Inv	Target-Date 2040	4.88	14.49	8.78	9.85	10.75	33	24	23	20	8	0.14	13
Vanguard Target Retirement 2045 Inv	Target-Date 2045	4.86	15.32	8.97	10.06	10.86	25	22	24	18	8	0.15	15
Vanguard Target Retirement 2050 Inv	Target-Date 2050	4.83	15.31	8.96	10.06	10.86	30	26	25	24	8	0.15	14
Vanguard Target Retirement 2055 Inv	Target-Date 2055	4.79	15.26	8.95	10.05	10.88	34	29	28	30	8	0.15	16
Vanguard Target Retirement 2060 Inv	Target-Date 2060+	4.80	15.27	8.95	10.04	-	32	34	43	-	8	0.15	15
Average												**0.32**	**18**

*Refer to the Consolidated Analysis located in Section 5 of the Fiduciary Oversight Review ("FOR") for complete information.

**Percentile rank information obtained from Morningstar Office data and may differ from data displayed in the Consolidated Analysis of the FOR.

Must be accompanied by Plan's FOR. Data summary is for educational purpose and for plan sponsor use only, not to be shared with participants or general public.

Voya Benchmark Wizard
Plan Highlights Comparison

One way to evaluate the effectiveness of your plan is to compare it to others like yours. This report lets you do just that. Here we present you with information that allows you to objectively evaluate how your plan measures up against your peers.

Benchmark Criteria

- Plan Comparison for: **USI**
- Tax Code: **403(b)**
- Industry: **Healthcare Organization (not for profit)**
- Number of Participants: **100 - 499**
- Total Plan Assets: **$10 million - $25 million**

Plan Design Data

Description	403(b) Plans by Industry
Percentage of plans matching contributions	82.4%
Percentage of plans offering the following common match formulas	
• More than 100% of first 6% of salary	4.8%
• 100% of first 6% of salary	16.7%
• Between 51-99% of first 6% of salary	19.0%
• 50% of first 6% of salary	26.2%
• Less than 50% of first 6% of salary	22.6%
• Other matching formula	10.7%
Service time required for a participant to be 100% vested in the match	
• Immediately upon enrollment	23.5%
• 1 year or less	7.0%
• 2 years	6.1%
• 3 years	28.7%
• 4 years	1.7%
• 5 years	21.7%
• 6 years	10.4%
• After more than 6 years	0.9%
Percentage of plans providing a profit sharing contribution	46.6%
Percentage of plans operating as Safe Harbor plans	35.2%
Percentage of plans allowing Roth contributions	64.2%
Percentage of plans permitting hardship withdrawals	86.3%
Percentage of plans allowing participant loans	94.4%
Percentage of plan participants who currently have an open/outstanding loan	13.3%
Average loan balance for participants with outstanding loans	$9,171.53
Length of time before full-time employees are eligible to participate in the plan	
• Immediately upon hire	78.6%
• Within 3 months of employment	7.6%
• After 4 to 11 months of employment	2.8%
• After 1 year of employment	7.6%
• After more than 1 year of employment	3.4%
Percentage of plans offering automatic enrollment	52.1%

Average automatic enrollment default deferral rate (as a percentage of salary)	
• 1%	3.1%
• 2%	17.2%
• 3%	43.8%
• 4%	17.2%
• 5%	3.1%
• 6%	9.4%
• More than 6%	3.1%
• Other	3.1%
Percentage of plans using the following investment option as a default	
• Target Date Fund	68.0%
• Risk-Based Fund	1.3%
• Balanced Fund	2.7%
• Managed Accounts	2.7%
• Stable Value Fund	2.7%
• Money Market Fund	2.7%
• Other	4.0%
Percentage of plans taking the following types of re-enrollment in the past 12-18 months	
• Re-enrolled employees not participating in the plan (requiring them to opt-out again else be enrolled)	8.2%
• Re-enrolled participants saving below the default deferral rate (thus 'boosting' their deferral rate	2.7%
• Re-enrolled participants not invested in the default investment (current/future contributions invested in the plan default)	1.4%
• None - We have not 're-enrolled' any employees/participants	38.4%
Percentage of plans offering Auto Escalation of deferrals for participants	
• Yes - but participation is voluntary and participants must opt in to auto escalation	23.0%
• Yes - participants are defaulted into auto escalation at time of enrollment unless they opt out; all other participants can opt in at any time	13.7%
• No - we do not offer auto escalation to participants	63.3%
Percentage of plans that make general education on the following financial topics available to participant	
• Saving and Budgeting	63.7%
• Investing Basics/Strategies	45.9%
• Credit and/or Debt Management	35.6%
• Home Buying	13.0%
• College Saving	32.9%
• Social Security Withdrawal Options/Strategies	41.8%
• Tax/Estate Planning	30.1%
• Retirement Healthcare Costs/Savings Options	36.3%
• Rollover	52.7%
• None - We do not offer any general financial education	23.3%
Percentage of plans that have a written Investment Policy Statement for their plan	86.7%

Participant Activity Data

Description	403(b) Plans by Industry
Average participation rate among eligible employees	73.0%
Average rate of pre-tax deferral among eligible employees	5.7%

Percentage of plans offering investment advice to participants	10.3%
• No - we do not offer investment advice to participants	54.8%
• Yes - through personal interaction with a financial planner/adviser outside of the plan	20.5%
• Yes - using a 3rd party independent of our recordkeeper	45.2%
• Yes - using proprietary services/tools offered through our DC provider's website/call center/etc.	0.7%
• Yes - through another source	

Plan Investment Activity Data

Description	403(b) Plans by Industry
Average number of investment options offered in the plan	24.8
Average number of investment options held by plan participants	4.6
Percentage of plans offering the following types of investment options	
• Self-directed Brokerage Option	22.6%
• Target Date Funds	78.8%
• Risk-Based Funds	26.7%
• Managed Accounts	33.6%

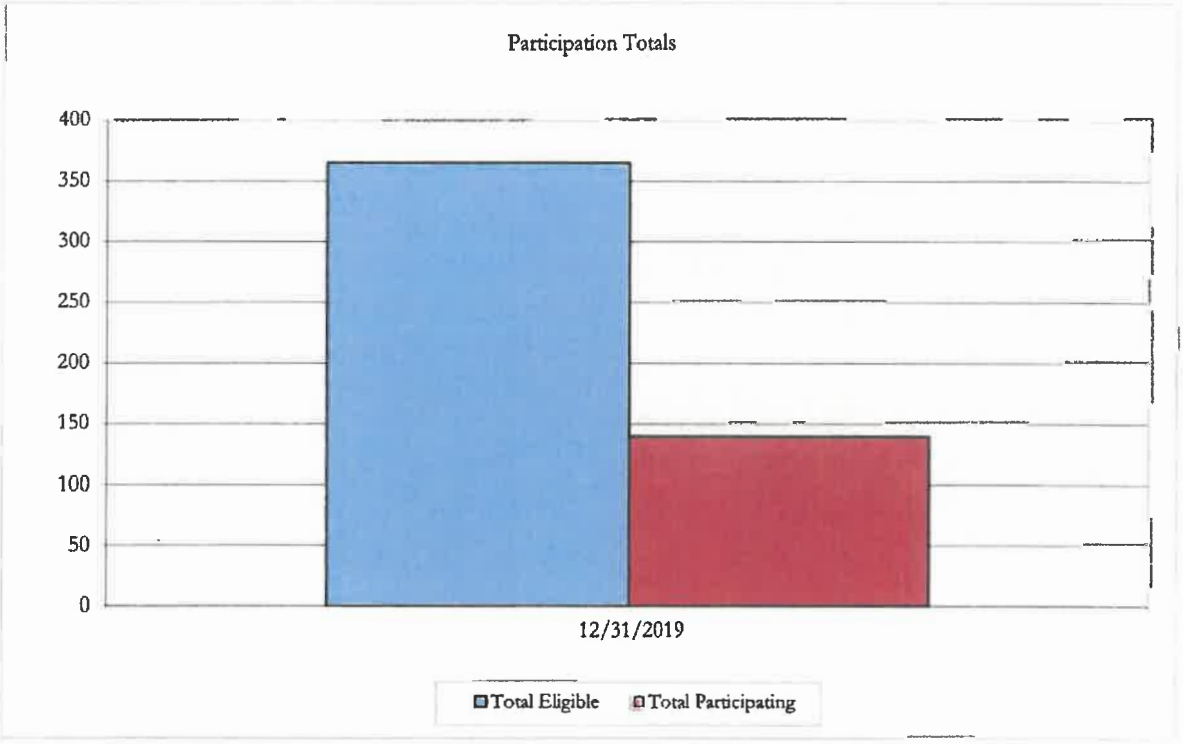
Prosser Memorial Health

Prosser Memorial Health 403(b) Plan

Plan Participation Report

Total Participation Rates @ 12/31/2019

Qtr. Ended	Total Eligible	Total Participating	Participation Rate	Average Deferral %
12/31/2019	365	140	38.36%	6.81%



Prepared by:

Retirement Plan Services
Date: 3/2/2020
PM0_12312019_MgmtRpt.xlsx

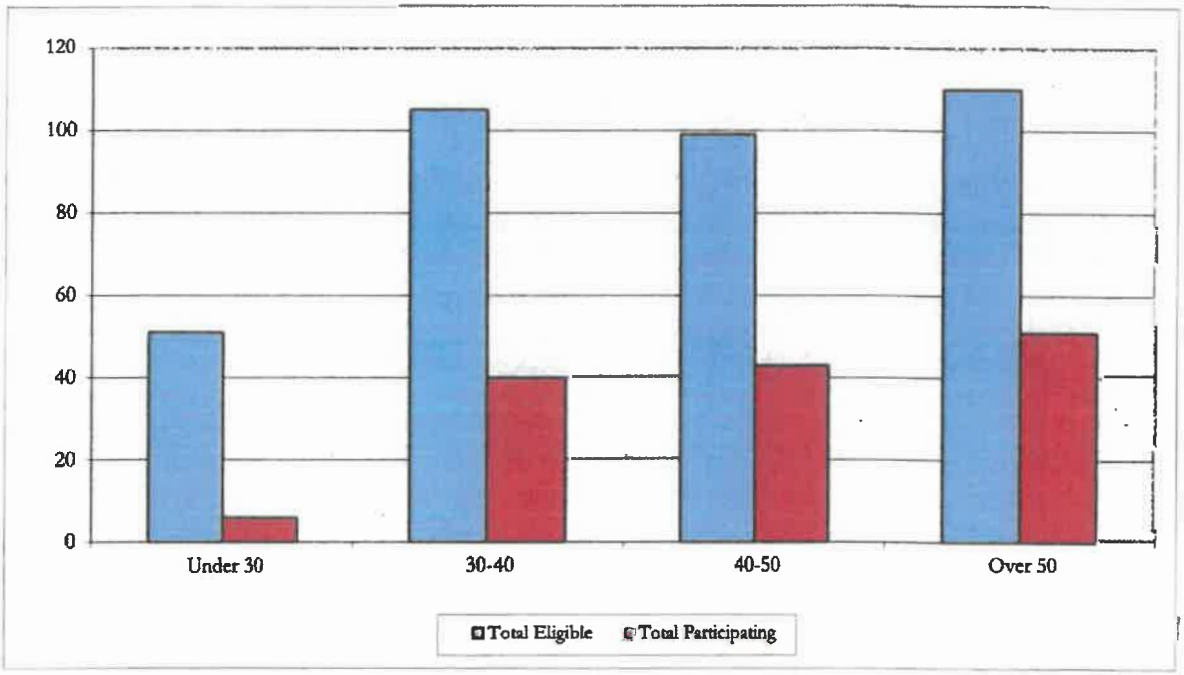
Prosser
Memorial Health

Prosser Memorial Health 403(b) Plan

Plan Participation Report

Participation Rates by Age @ 12/31/2019

Age Groups	Total Eligible	Total Participating	Participation Rate	Average Deferral %
Under 30	51	6	11.76%	5.21%
30-40	105	40	38.10%	4.33%
40-50	99	43	43.43%	5.80%
Over 50	110	51	46.36%	9.79%
Subtotals	365	140		



Prepared by:

Retirement Plan Services
Date: 3/2/2020
PM0_12312019_MgmtRpt.xlsx

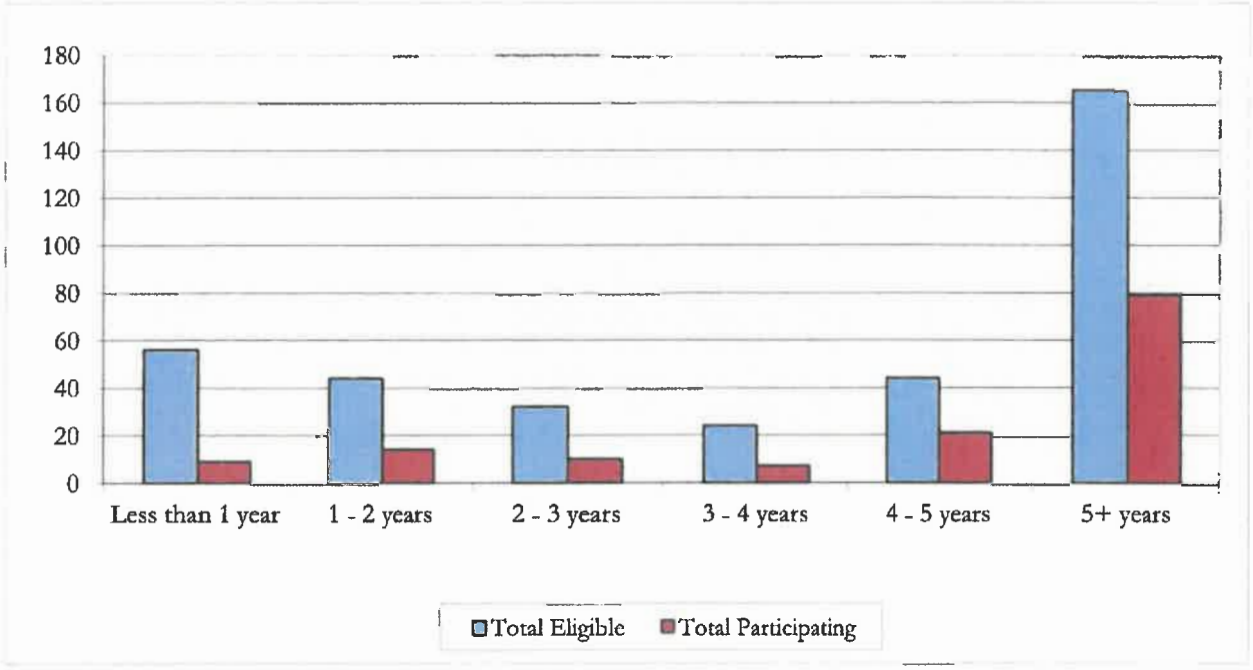
Prosser Memorial Health

Prosser Memorial Health 403(b) Plan

Plan Participation Report

Participation Rates by Tenure @ 12/31/2019

Years of Service*	Total Eligible	Total Participating	Participation Rate	Average Deferral %
*based on date of hire				
Less than 1 year	56	9	16.07%	9.85%
1 - 2 years	44	14	31.82%	5.43%
2 - 3 years	32	10	31.25%	5.28%
3 - 4 years	24	7	29.17%	8.50%
4 - 5 years	44	21	47.73%	4.90%
5+ years	165	79	47.88%	7.26%
Subtotals	365	140		



Prepared by:

Retirement Plan Services
Date: 3/2/2020
PM0_12312019_MgmtRpt.xlsx

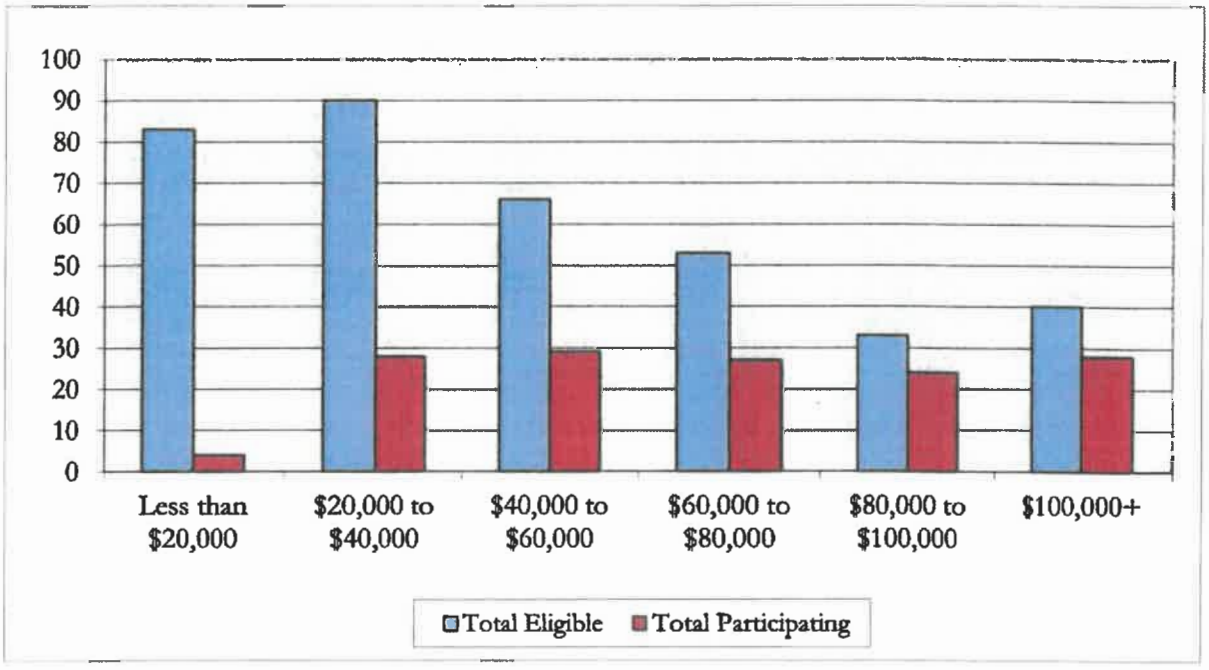
Prosser
Memorial Health

Prosser Memorial Health 403(b) Plan

Plan Participation Report

Participation Rates by Salary @ 12/31/2019

Salary Range	Total Eligible	Total Participating	Participation Rate	Average Deferral %
Less than $20,000	83	4	4.82%	6.32%
$20,000 to $40,000	90	28	31.11%	4.31%
$40,000 to $60,000	66	29	43.94%	6.53%
$60,000 to $80,000	53	27	50.94%	7.52%
$80,000 to $100,000	33	24	72.73%	10.04%
$100,000+	40	28	70.00%	6.21%
Subtotals	365	140		



Prepared by:

Retirement Plan Services
Date: 3/2/2020
PM0_12312019_MgmtRpt.xlsx

Prosser Memorial Health
403(b) Plan

Matching Calculation Summary

Eligible Comp	**$21,500,000**
Participation Rate	**38.4%**
Profit Sharing Expense (3%)	**$646,467**

	1.50% $0.50 for $1 up to 3%	2.00% $0.50 for $1 up to 4%	3.00% $0.50 for $1 up to 6%	4.00% $1 for $1 to 3% $0.50 for $1 on 4%-5%	5.00% $1 for $1 up to 5%
Current Participation	$123,699	$164,932	$247,397	$329,863	$412,329
50% Participation	$161,250	$215,000	$322,500	$430,000	$537,500
60% Participation	$193,500	$258,000	$387,000	$516,000	$645,000
70% Participation	$225,750	$301,000	$451,500	$602,000	$752,500
80% Participation	$258,000	$344,000	$516,000	$688,000	$860,000
90% Participation	$290,250	$387,000	$580,500	$774,000	$967,500
100% Participation	$322,500	$430,000	$645,000	$860,000	$1,075,000

Attachment Q

Regular Hours Available were 880 hours although many employees were paid more during this time due to Overtime, Callback. The matrix for compensation was:

Paid Hours > 660 Hours = (.75 FTE)	$	1,000	660 Hours is 75% of 880 Hours or 30 Hours per week which is Full-Time
Paid Hours > 440 Hours = (.5 FTE)	$	500	440 Hours is 50% of 880 Hours or 20 Hours per week which is Part-Time
Paid Hours > 264 Hours = (.3 FTE)	$	250	264 Hours is 30% of 880 Hours or 12 Hours per week which is Per Diem and is between 2 and 3 shifts per pay period.
Paid Hours < 264 Hours =	$	-	Less than 264 Hours is not included in the One-Time Employee Compensation Award Proposal

	# Employees	Compensation		Total
223 Employees (excluding Leadership) were paid for 660 hours or more and earned $1,000 per employee:	223	$ 1,000	$	223,000
34 Employees were paid for 440 hours or more and earned $500 per employee:	34	$ 500	$	17,000
14 Employees were paid for 256 hours or more and earned $250 per employee:	14	$ 250	$	3,500
	271		$	243,500

Attachment R

THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

SEPTEMBER 2020

News & Upcoming Events

You can now submit ASPIRE nominations online via Sharepoint.

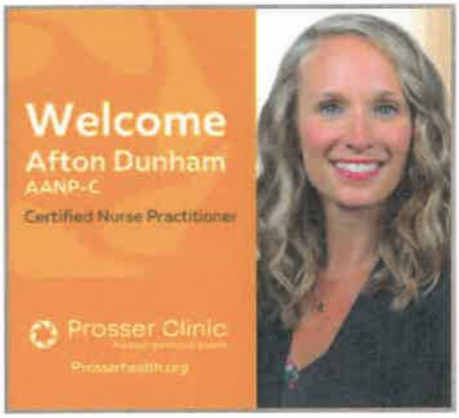
September 22nd is the next MBS Training session. You can join this meeting via Zoom! Contact Shannon Hitchcock at ext: 6601 if you need the link resent to you.

Community Relations now has an updated list of local babysitters and current school district childcare resources. This information can be found on SharePoint under Community Relations. Submit the Local Babysitter Form to be included in this list.

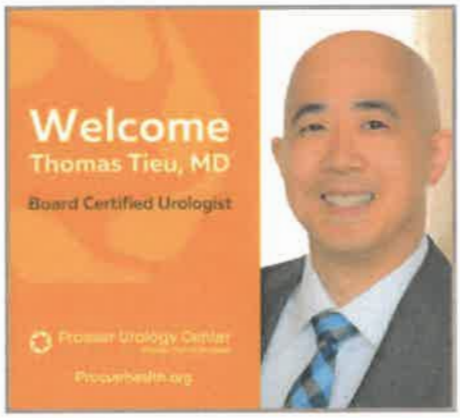
American Red Cross Blood Drive for Employees. September 11th, 10:00am - 4:00pm. To schedule your appointment visit: redcrossblood.org and enter sponsor code: PMH

The 2020 Occupational Health Class is starting in September! Karla Greene has worked closely with the Prosser Memorial Health COVID-19 Task Force and the Prosser School District to make a plan that aligns with the current restrictions.

Welcome New Providers!

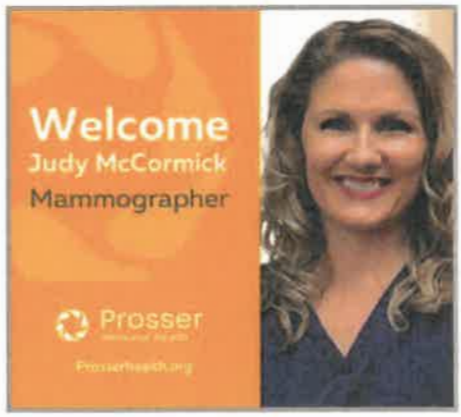


Help us welcome Certified Nurse Practitioner Afton Dunham, AANP-C to the team at our Prosser Clinic! Afton's services include wellness exams, pediatrics, and women's health. Our Prosser Clinic is open from 8am-8pm, seven days a week! Call 786.1576 to schedule an appointment. Welcome to the PMH Family Afton!



Prosser Memorial Health has expanded services to now include Urology! The Prosser Urology Center is located in the Specialty Clinic. Board Certified Urologist, Dr. Thomas Tieu, has relocated from Clarkston to join the Prosser Memorial Health family. Be sure to welcome him and his wife, Dr. Coral Tieu to the team!

With Dr. Combs' retirement, comes the addition of Board Certified Ear, Nose, Throat & Allergy Specialist, Dr. Coral Tieu! Dr. Coral Tieu is joining Prosser Memorial Health with the passion to give great care to both adult and pediatric patients.



Help us welcome Judy McCormick, CT Technologist. She will be taking over Verlaine's mammography position. Welcome to the PMH Family Judy!

ASPIRE Awards

This is how we care.

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

Accountability

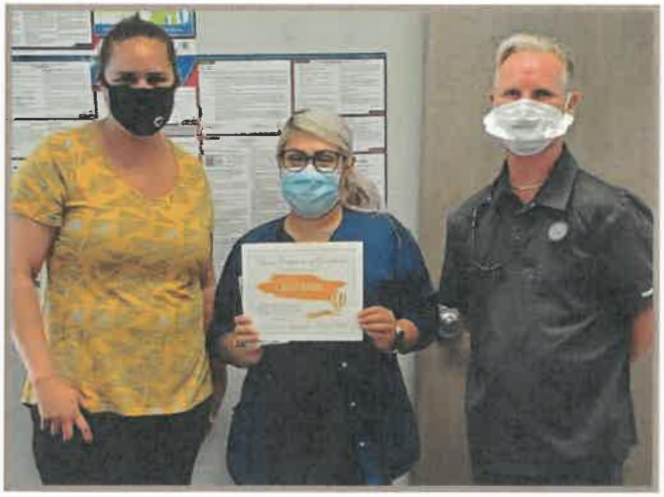
Service

Promote Teamwork

Integrity

Respect

Excellence



Laura Sosa

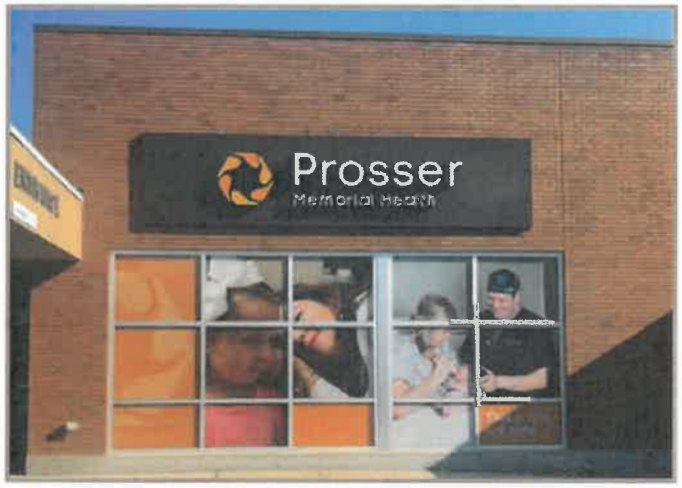
Congratulations to Medical Assistant, Laura Sosa at our COVID-19 | Respiratory Care Clinic for receiving a Bronze ASPIRE Award. Laura came into the clinic on a Sunday night to see if the results of a patient's COVID-19 test were available. The patient had suddenly passed away over the weekend and Laura was hoping she could give the family some answers. Laura went above and beyond trying to bring some level of comfort to the patient's family. Thank you Laura! You're an excellent example of what **#ThisIsHowWeCare** means at Prosser Memorial Health.

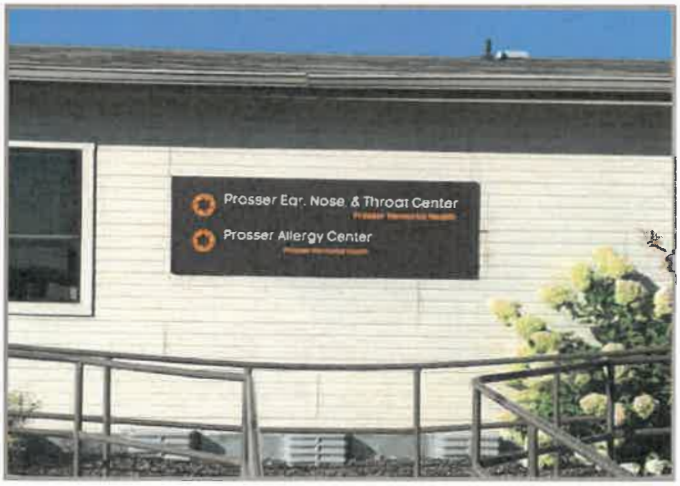
Kirstie Wood

Kirstie was recognized by a patient for the excellent care she recieved while she was a patient at the hospital. She was respectful, kind and caring. She answered all of my questions about my care and my medication needs! She made me feel important. Her hard work, integrity and uplifting attitude helped me through my three month stay as a swing bed patient. Thank you!

New Signage!

Check out some of the new signage around Prosser Memorial Health hospital and clinics!





Welcome to the Team!

Left to right: Annie Barrera, Kassandra Perez, Cheryl Stafford, Adriana Trujillo, Griselda Cruz, Linda Bouchard.

How do you spend your time outside of work?

Annie Barrera, EVS Housekeeper: "I'm a big family person so outside of work I love to be with my husband and 5 kids."

Kassandra Perez, Laboratory Assistant: "I like to spend my time outside of work with my daughter and to travel to different places around the world."

Cheryl Stafford, Laboratory Assistant: "Spending time with grandchildren and going camping."

Adriana Trujillo, Patient Financial Services Collector: "I enjoy spending time at home with my family, especially with my 10 year old daughter and facetiming my college aged sons. I also enjoy spending time with my siblings and mother."

Griselda Cruz, Patient Financial Services Collector: "I enjoy hiking with my family. Taking my daughter to the park."

Linda Bouchard, Director of Revenue Cycle and Patient Financial Services: "Exploring, hiking and walking. Animal activist."

What have your enjoyed so far working at PMH?

Annie Barrera, EVS Housekeeper: "It's a great organization, I'm happy to be part of it."

Kassandra Perez, Laboratory Assistant: "I have enjoyed that everyone is so friendly and welcoming."

Cheryl Stafford, Laboratory Assistant: "Loyalty to patients. How friendly everyone is."

Adriana Trujillo, Patient Financial Services Collector: "I enjoy how welcoming all my coworkers on my team are as well as others throughout the organization. I am so happy to be back here at PMH and seeing all of the positive changes within the organization."

Griselda Cruz, Patient Financial Services Collector: "I enjoy the positive atmosphere and team work!"

Linda Bouchard, Director of Revenue Cycle and Patient Financial Services: "The people!"

PMH Long Sleeve Shirts and Foundation Short Sleeve Shirts

New inventory is in! Visit the Gift Shop to look at our new inventory of shirts.

If you would like to buy custom PMH clothing, please visit Community Relations page on Sharepoint to see the instructions.

Anniversaries

Happy 1 Year

Katy Davis
Medical/Surgical RN
Resource Nurse

Priscilla Centeno
Comprehensive Pain
Management Clinic CMA

Sofie Mendoza
Patient Registration Registrar

Dr. Rode
Emergency Department

Edith Nateras
Emergency Department Tech

Happy 2 Years

Dr. Zhmurouski
Prosser and Grandview Clinics

Daniel Solis
Prosser Orthopedic Center CMA

Happy 3 Years

Peter Lewis
Laboratory Medical Technologist

Happy 4 Years

Stephanie Turner
Medical/Surgical RN

Olena Larsen
Surgical Services Central
Sterilizing Technician

Happy 5 Years

Kathleen Atkinson
Family Birthplace RN

Maryann Hildebrant
Medical/Surgical RN

Amy Shook
Medical/Surgical RN

Jamie Willoughby
Accounting Senior Financial Analyst

Araceli Morfin
Emergency Department Tech

Brittney Derderian
Surgical Services RN

Maria Rivera
Medical/Surgical CNA/Secretary

Happy 6 Years

Kathleen Vasquez
Medical/Surgical RN

Happy 7 Years

Sofia Flores
Family Birthplace Tech

Allison Young
Medical/Surgical RN

Happy 9 Years

Sasha Thomasson
Care Transition Team EDIE Program
Case Manager

Happy 12 Years

Rusti Wilson
Director of Cardiopulmonary

Happy 13 Years

Jennifer Smith
Diagnostic Imaging CT
Technologist

Happy 14 Years

Rita Galvan
Prosser ENT/Allergy Clinic
Appointment Scheduler

Birthdays

Gaylin Griffitts
Emergency Medical Services Paramedic

Irene Chavez
Medical/Surgical Tech

Mandy Hibbs
Diagnostic Imaging CT Technologist

Yolanda Montiel
Staff Accountant

Glenn Bestebreur
Prosser Memorial Health Board Member

Tonya Thompson-Speights
Care Transition Team Utilization Review/Swing Bed Facilitator

Cynthia Cruz
Prosser Women's Health Clinic CMA

Dr. Clifford
Prosser Orthopedic Center

Kristi Shoman
Medical/Surgical RN Resource Nurse

Ronda Boulds
Medical/Surgical RN

Elena Rodriguez
Medical/Surgical RN

Crystal Blanco
Human Resources Assistant

Maggie Sanchez
Food Services Cook

Jay Boyle
Outpatient Special Procedures Lead Nurse

Michelle Smith
Prosser Orthopedic Center RN

Scott Cadman
Diagnostic Imaging CT Technologist

Stephanie Turner
Medical/Surgical RN

Annie Barrera
Environmental Services Housekeeper

Evelia Galvez
Medical/Surgical Tech

Virginia Norton
Medical Staff Coordinator

Maria I Cardenas
Patient Registration Appointment Scheduler

Andrea Valle
Director of Health Information Management

Bailey Padilla
Women's Health Center Certified Nurse Midwife

Tim Shipley
Emergency Medical Services EMT

Terri McNeilly
Cardiopulmonary Respiratory Therapist

Kayla Coder
Laboratory Assistant

Alberto Gonzalez
Laboratory Assistant

Karla Greene
Employee Health RN

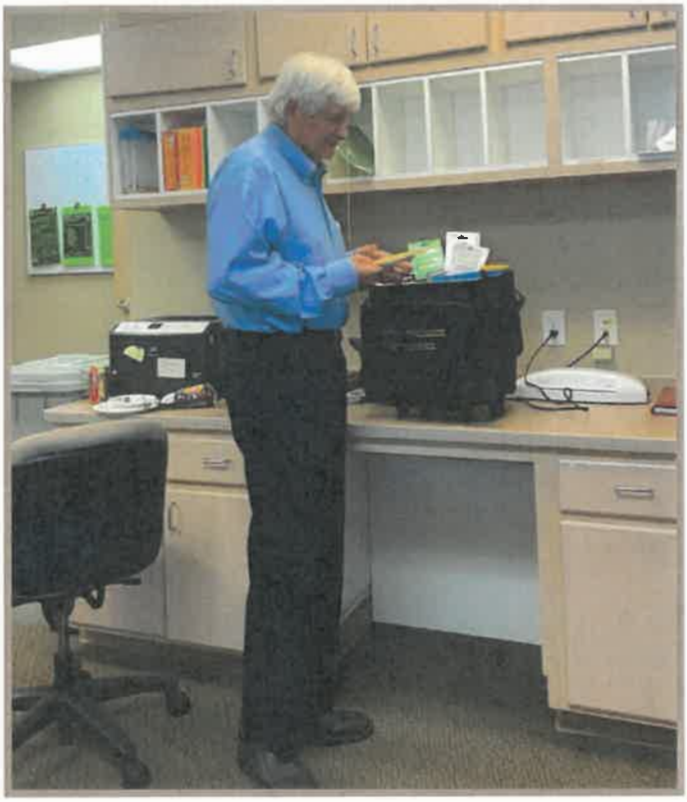
Heather Morse
ARNP Prosser Clinic

Sofia Mendoza
Patient Registration Registrar

Dr. Rivero
Emergency Department

Free 20oz Busy Bean Coffee on your birthday!

Congratulations Dr. Combs!



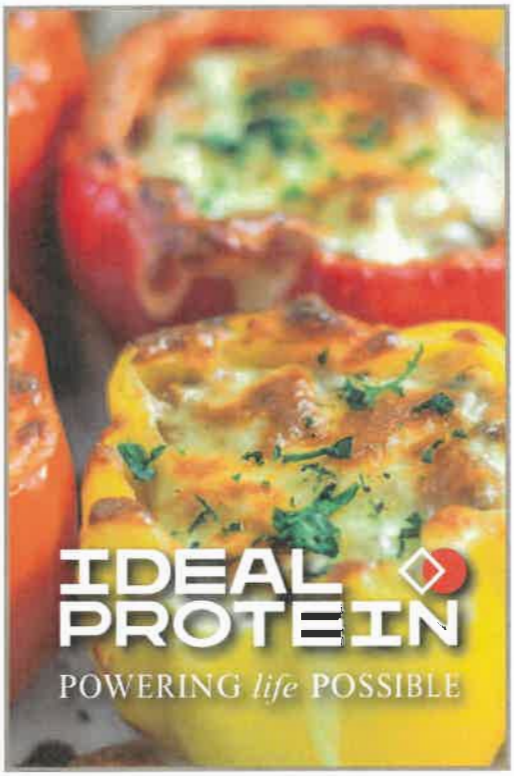
After over 20 years with Prosser Memorial Health, Dr. Combs has retired.

With Dr. Combs' retirement, comes the addition of Board Certified Ear, Nose, Throat & Allergy Specialist, Dr. Coral Tieu! Dr. Coral Tieu is joining Prosser Memorial Health with the passion to give great care to both adult and pediatric patients. In case you missed it, watch Dr. Coral Tieu's introduction video on our website!

Congratulations Annie!
Community Relations

Welcome Baby Hank!

Stuffed Peppers with Bean & Cheese



Nutrition
Serving: 1 pepper
Calories: 338kcal
Carbohydrates: 10g
Protein: 20g
Fat: 24g
Saturated Fat: 10g
Cholesterol: 73mg
Sodium: 595mg
Potassium: 639mg
Fiber: 4g
Sugar: 5g

Ingredients

- 1 tablespoon olive oil
- 1 small onion diced
- 2 cloves garlic crushed
- 1 pound ground beef
- 2 tablespoons cajun spice
- 1 teaspoon salt
- 1/2 teaspoon pepper ground
- 1/2 cup tomato passata
- 1 cup cauliflower rice
- 6 medium peppers
- 1 cup shredded mozzarella

Instructions:

Preheat your oven to 200C/390F. Place a large saucepan over high heat and add the oil, onion, and garlic. Sauté until the onion starts to turn translucent.
Add the ground beef and sauté until browned, then add the Cajun spice, salt, pepper, and tomato passata. Mix well.
Lower the heat and simmer the mixture for 5 minutes.
Remove the pan from the heat, stir through the cauliflower rice and set aside.
Prepare the peppers by slicing off the tops and removing the seeds and white pith from the inside. Sit them in a baking dish with the cut sides facing up.
Evenly spoons the ground beef mixture between the peppers and top with cheddar cheese.
Bake in the oven for 15-20 minutes until the cheese has browned and the peppers are soft.
Serve immediately.

Prosser
Memorial Health

ProsserHealth.org

Attachment S

JENNIFER MALATEK, FACHE

SHARE:

Jennifer has more than 25 years of healthcare leadership experience with 10 of those years serving in executive roles. She is passionate about achieving excellence in service, quality, people, financial and growth performance. Her strong communication, interpersonal, team development and conflict-resolution skills have allowed her to achieve results working with acute, post-acute, physician and community healthcare organizations.

Jennifer's experience as a hospital Chief Executive Officer, Chief Operating Officer and patient experience leader allows her to understand partners' journeys to excellence.

DOWNLOAD COACH BIO

Signature Engagements

- Led teams to increase patient satisfaction score above the 90th percentile in inpatient, outpatient, ambulatory surgery and ED
- Achieved highest patient outcomes for four consecutive years
- Reduced turnover by 18 percent in a three-year period through employee engagement strategies

Education And Certifications

- Master of Science in Healthcare Administration, Trinity University, San Antonio, Texas
- Bachelor of Arts in Mass Communication, Texas State University, San Marcos, Texas
- Fellow, American College of Healthcare Executives

PRINT PAGE

350 West Cedar Street, Suite 300, Pensacola, Fl. 32502
Office: 850-439-5839 Fax: 850-439-5768

Copyright © 2020 Studer Group. All Rights Reserved. Huron is a global consultancy and not a CPA firm, and does not provide attest services, audits, or other engagements in accordance with standards established by the AICPA or auditing standards promulgated by the Public Company Accounting Oversight Board ("PCAOB"). Huron is not a law firm; it does not offer, and is not authorized to provide, legal advice or counseling in any jurisdiction. Huron is the trading name of Pope Woodhead & Associates Ltd.

Privacy Statement Terms & Conditions

WANT TO RECEIVE OUR NEWEST RESOURCES?
Sign up for email updates.

STAY UPDATED

Studer Group ED Intensive Assessment

Prosser Memorial Hospital

Date: August 18 & 19 2020

ED Assessment Goals: The purpose of this assessment is to provide an external view of the service and operational strategies employed by the emergency department. Based on the data collected and information harvested during the visit, an action plan will be created collaboratively to build on the success of the organization. This process will result in a customized, prioritized action plan designed to guide your leaders to achievement of goals across all pillars.

DAY ONE: August 18, 2020

Time/Location	Meeting	Content	Participants
9:00 – 10:00am **Location:** Vineyard Conference Room	**Opening Meeting**	• Introductions • Review Agenda • Clarify specific Hospital Goals • Plan for the day	Pamela Steenbergen Craig Marks, CEO Merry Fuller, CNO David Rollins, CFO Shannon Hitchock CMO Christi Doornink-Osborn Dr. Rob Wenger Marla Davis
10:00 – 11:00am **Location: ED**	**Tour the ED**		Pamela Steenbergen Christi Doornink-Osborn Dr. Rob Wenger
11:15am – 12:00pm **Location:** Vineyard Conference Room	**Meet with Radiology and watch the flow process**	• Discuss what works well • Opportunities for improvement • Review of measurement/metrics available that relate to ED flow	Pamela Steenbergen Aurora Weddle Radiology Leaders (Manager, supervisors/leads)
12:00 – 1:00pm **Location:** Courtyard or Vineyard	Lunch with ED physicians and other providers, please include virtual/call-in option	• Discuss what works well • Opportunities for improvement • Priorities for patient experience • Priorities for nurse leaders	Pamela Steenbergen Dr. Rob Wenger ED physicians and other providers
1:15 – 2:00pm **Location:** Vineyard Conference Room	**Meet with Lab and watch flow process**	• Discuss what works well • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen Susan Mikalas Laboratory Leaders (Manager, supervisors/leads)
2:15 – 3:45pm **Location: ED**	**In the ED**	• Direct observation front end: • Triage process • Registration process • Direct Bedding • Trauma Process	Pamela Steenbergen Christi Doornink-Osborn Dr. Rob Wenger
6:30 – 8:00pm **Location: ED**	**In the ED**	• Direct observation front end: • Triage process • Registration process • Direct Bedding	Pamela Steenbergen

DAY TWO: August 19, 2020

© 2018 Huron Consulting Group Inc. and affiliates All rights reserved

HURON Studer Group

6:30 – 7:00am **Location: ED**	**Shift Huddle or typical shift change**	• Observation of typical start of the day	Pamela Steenbergen ED staff Christi Doornink-Osborn Dr. Rob Wenger
7:00 – 8:15am **Location: ED**	Meet with ED staff	• Discuss what works well • Opportunities for improvement • Priorities for patient experience • Priorities for nurse leaders	Pamela Steenbergen ED staff from both shifts No managers, please
8:30 – 9:00am **Location:** Vineyard Conference Room	**Meet with Security**	• Discuss what works well • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen Security leader
9:00 – 9:30am **Location:** Vineyard Conference Room	**Meet with EVS**	• Discuss what works well • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen Genny Jenkins Steve Broussard
9:30 – 10:00am **Location:** Vineyard Conference Room	**Meet with House Supervisor or equivalent**	• Discuss what works well specific to process for obtaining inpatient beds for ED admissions • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen House Supervisor or equivalent
10:00 – 10:30am **Location:** Vineyard Conference Room	**OPEN for additional interdependent departments**	• Discuss what works well • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen
10:30 – 11:15am **Location:** **Location:** Vineyard Conference Room	**Meet with ED Nursing Leaders**	• Discuss what works well • Opportunities for improvement • Review of measurement/ metrics available that relate to ED flow	Pamela Steenbergen Christi Doornink-Osborn
11:15am – 12:00pm **Location:** Vineyard Conference Room	**Break**	Final presentation prep	Pamela Steenbergen
12:00 – 1:00pm **Location:** Vineyard Conference Room	**Wrap up**	Share initial findings Next Steps Expectations	Pamela Steenbergen Craig Marks, CEO Merry Fuller, CNO David Rollins, CFO Shannon Hitchock CMO- TBD Christi Doornink-Osborn Dr. Rob Wenger Marla Davis
1:00pm	**Depart**		

HURON Studer Group

© 2018 Huron Consulting Group Inc. and affiliates. All rights reserved.


Prosser
Memorial Health

Prosser Health Leadership Program (PHLP) Monthly Expectations

- ❑ Round on all staff monthly documenting with PMH Leader Rounding on Employee form found on SharePoint (>40 can be either monthly or bi-monthly). **My Rounding Software Coming Fall, 2020**
- ❑ Update Stop Light Report monthly. **My Rounding Software Coming Fall, 2020**
- ❑ Update PLP Annual Evaluation Score Card in LEM.
- ❑ Update 90-day plan.
- ❑ Update Validation Matrix (Thank You Notes, Stoplight Report, Rounding, AIDET Validation, etc.).
- ❑ Update Aspire Board .
- ❑ Update Departmental Dashboard (If applicable).
- ❑ Review Financial Responsibility Reports.
- ❑ Review Strategic Plan.
- ❑ Complete all scheduled Staff Evaluations and submit to HR.
- ❑ Train new staff on AIDET (or setup training with AIDET training team).

Prosser
Memorial Health

Prosser Health Leadership Program (PHLP)
Periodic Expectations

- ❑ Attend any scheduled Leadership Development Institute (LDI) Conferences.
- ❑ Perform periodic AIDET staff audits.

Prosser
Memorial Health

Prosser Health Leadership Program (PHLP)
1-UP Rounding Checklist:

- ❑ Setup Monthly 1-UP Meeting (feel free to create the 1-UP appt)
- ❑ Rounding Logs (MyRounding Software Fall, 2020)
- ❑ Stop Light Report (MyRounding Software Fall, 2020)
- ❑ Linkage Grid-(LDI Agenda Follow up items when applicable)
- ❑ LEM Score Card
- ❑ 90-day plan
- ❑ Validation Matrix (Thank You Notes, Stoplight Report, Rounding, AIDET Validation, etc.)
- ❑ Aspire Board Picture
- ❑ Departmental Dashboard (If applicable)
- ❑ Financial Responsibility Reports (Be prepared to speak to challenges, success, & changes)
- ❑ Strategic Plan Updates
- ❑ Other items applicable to your Department and 1UP
- ❑ Meeting Prep Complete 24 Hours prior to 1-UP Meeting (**New**)

Prosser
Memorial Health


Prosser
Memorial Health

Background

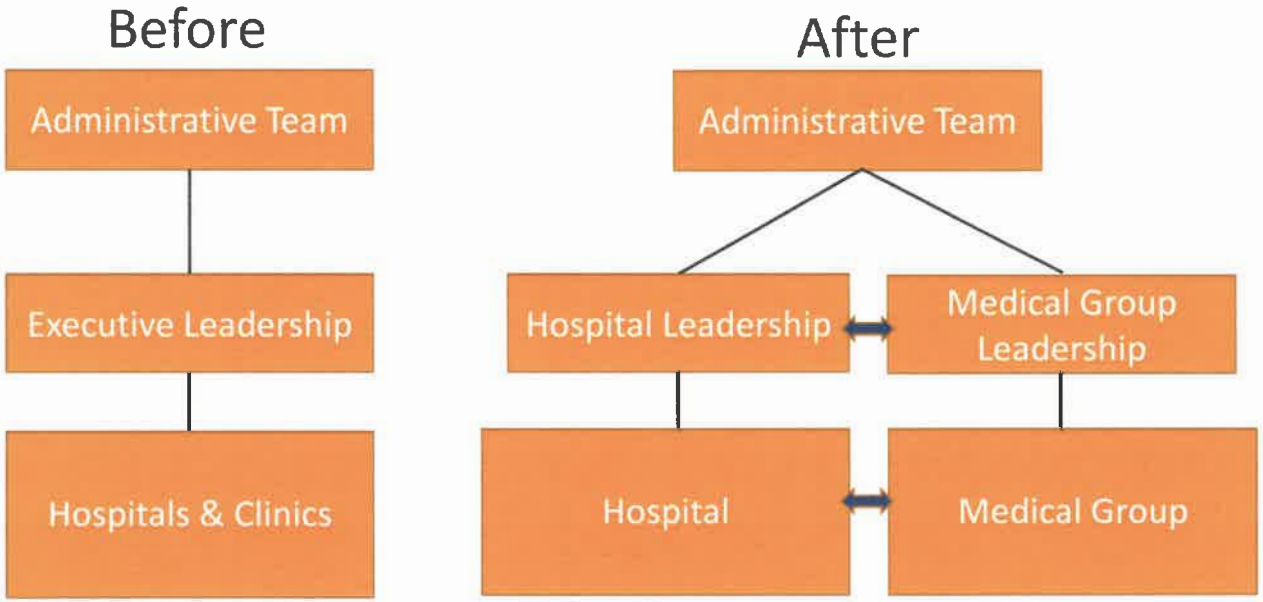
- Insufficient integration amongst clinics
- Inadequate provider engagement and leadership
- Significant, rapid clinic growth with opportunities to improve leadership structure
- Low satisfaction scores involving direct leadership
- Lack of direct management at clinic locations

Prosser
Memorial Health

Strategy for Collaborative Leadership

Prosser
Memorial Health

Organizational Structure Fostering Collaboration

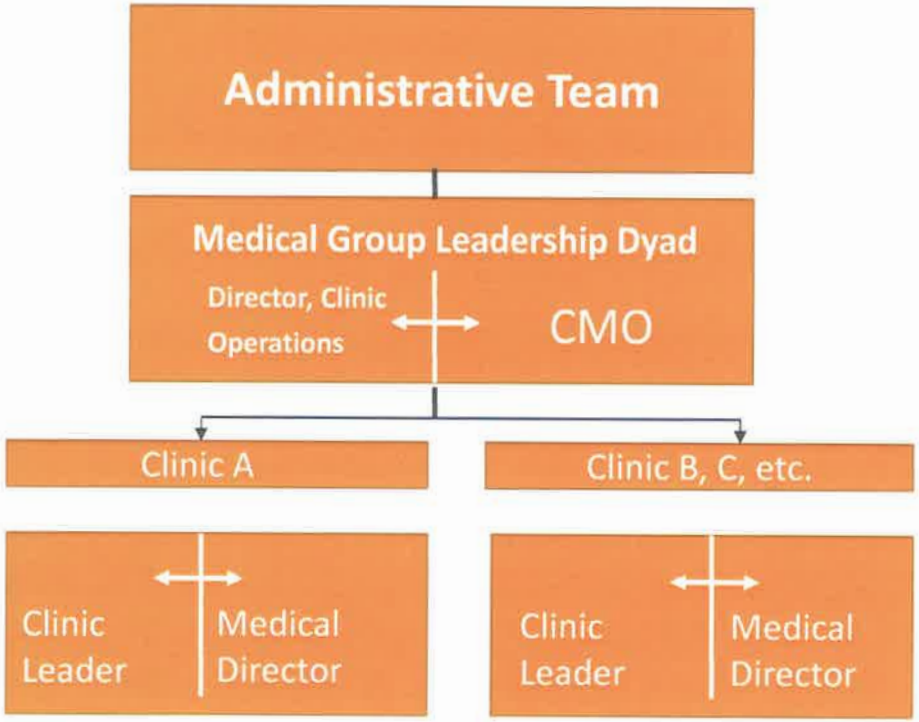


Structure Dictates Function

- Establishes reporting relationships and partnerships
- Facilitates integration
- Promotes operation efficiencies
- Develops a sense of importance to the organization
- Develops formal physician leadership roles and compensation model
- Redesigns clinic management structure

Prosser
Memorial Health

Dyad Partnership
Leading Together



Aligns clinical and administrative leadership at every level.

- Encourages collective decision making
- Reduces unnecessary friction
- Creates a unified leadership voice
- Builds trust

Prosser
Memorial Health

Dyad Partnership
Leading Together

Physician Leaders

- Provider engagement, management and development
- Clinical Compliance
- Clinical Pathways
- Coordination with operational leadership

Joint Responsibilities

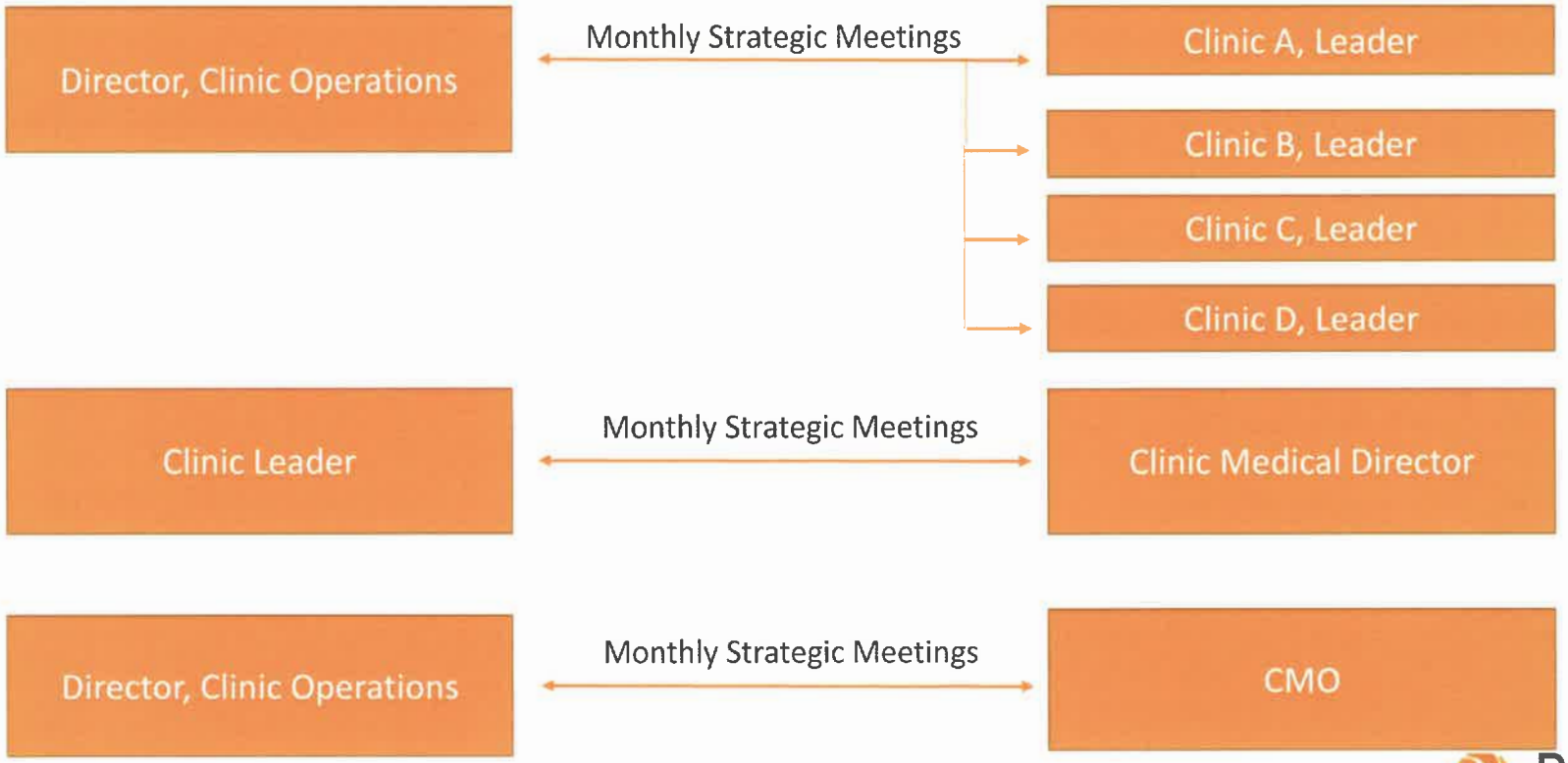
- Quality of care and best patient outcomes
- Patient experience
- Provider and staff experience
- Financial and operational management
- Alignment of quality, cost, and compensation
- Strategic and business planning
- Provider recruitment and retention
- Provider and program performance monitoring
- Promotion of culture

Clinic Leaders

- Daily operations
- Staff management and development
- Revenue and Expense management
- Clinic performance analysis and monitoring
- Coordination with physician leadership
- Coordination of operational functions across locations
- Implementation of new service lines

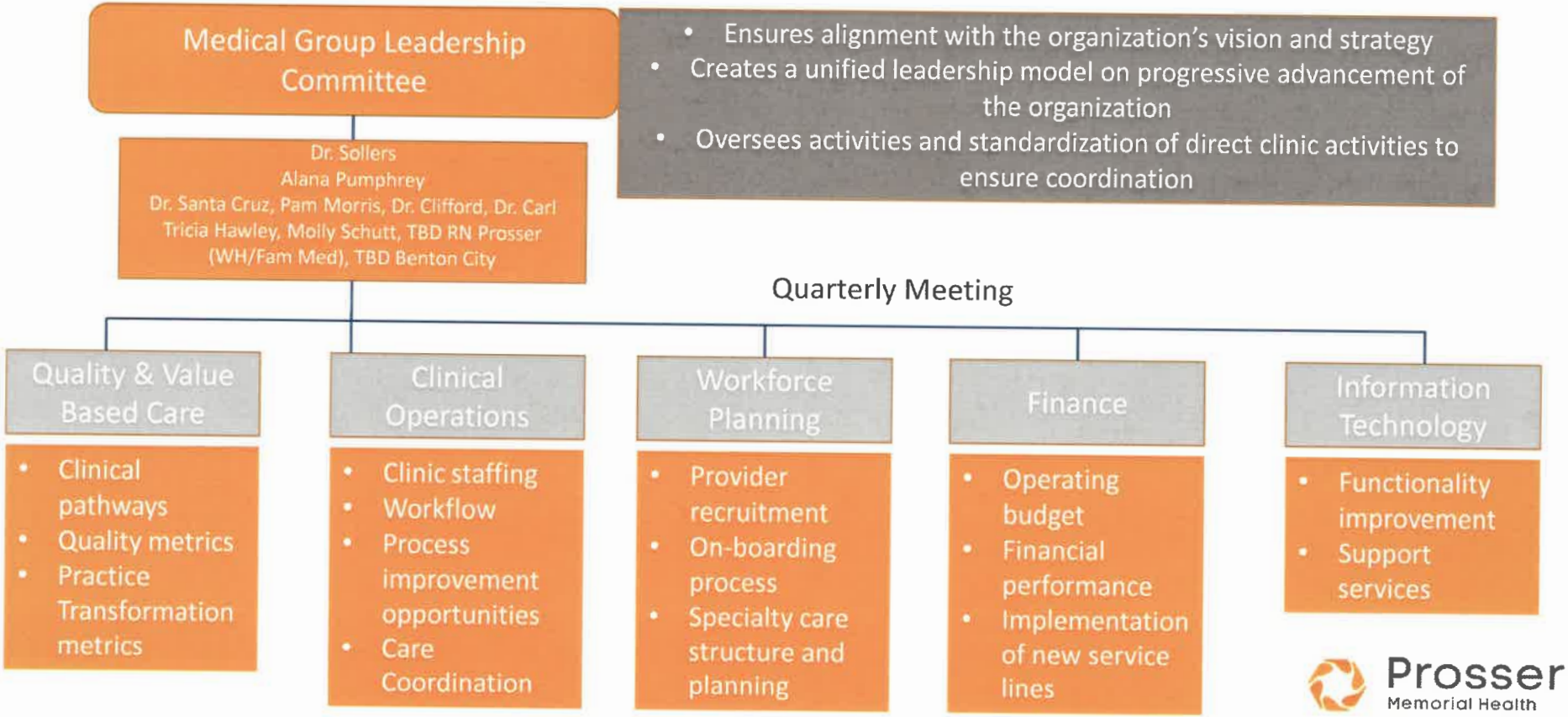
Prosser
Memorial Health

Dyad Partnership
Managing Together



Prosser
Memorial Health

Governance Structure
Making Collective Decisions



Prosser
Memorial Health

Prosser Clinic Leadership Structure

Benton City Clinic	Prosser Clinic	Women's Health Clinic	Grandview Clinic	Specialty Clinic
• Medical Director: Dr. David Carl • Clinic Leader: TBD	• Medical Director: Pam Morris, ARNP • Clinic Leader: Alana Pumphrey	• Medical Director: Dr. Brian Sollers • Clinic Leader: Alana Pumphrey	• Medical Director: Dr. Santa-Cruz • Clinic Leader: Molly Schutt	• Medical Director: Dr. Clifford • Clinic Leader: Tricia Hawley

Prosser
Memorial Health

Shared Vision

Creating Transparency and Ownership

- Promotes partnerships and synergies
- Fosters alignment and accountability
- Builds Trust
- Help define metrics of success aligned with organizational goals
- Accountability to action plans and identified timelines and responsibilities

Prosser
Memorial Health

Governance Structure

Making Collective Decisions

- Designs structured leadership for all clinic sites
- Enhances collaboration
- Fosters clinical integration
- Creates action and results
- Supports leadership with clinical resources
- Builds trust

Prosser
Memorial Health

Attachment V

Prosser
Memorial Health

Balance Sheet
August 31, 2020

Assets

	8/31/2020	7/31/2020	8/31/2019
Cash & Temporary Investments	17,535,055	17,605,971	2,454,679
Gross Patient Accounts Receivable	26,185,115	26,004,854	20,026,680
Less Allowances for Uncollectible	(16,300,000)	(16,050,000)	(11,900,552)
Net Patient Receivables	9,885,115	9,954,854	8,126,128
Taxes Receivable	387,191	388,464	380,093
Receivable from 3rd Party Payor	1,355,482	1,526,858	722,000
Inventory	452,056	440,867	346,290
Prepaid Expenses	1,432,124	1,182,029	1,398,686
Other Current Assets	173,038	177,716	145,592
Total Current Assets	31,220,061	31,276,759	13,573,468
Whitehead Fund - LGIP	1,212,866	1,212,602	1,198,011
Funded Depreciation - Cash	1,069,591	837,428	565,567
Funded Depreciation - TVI	14,362,714	14,362,714	13,162,884
Bond Obligation Cash Reserve	767,446	767,446	-
Tax Exempt Lease Funds	1,002,105	1,002,099	1,634,388
Board Designated Assets	18,414,722	18,182,289	16,560,850
Land	478,396	478,396	478,396
Property Plant & Equipment	42,514,694	42,090,211	39,851,291
Accumulated Depreciation	(27,712,257)	(27,481,574)	(25,174,036)
Net Property Plant & Equipment	15,280,833	15,087,033	15,155,651
Investment & Other Non Current Assets	1,049,256	1,050,847	1,068,344
Land - Gap Road	1,745,440	1,745,440	1,745,440
Net Investments & Other Non Current Asset:	2,794,696	2,796,287	2,813,784
Total Assets	**$ 67,710,312**	**$ 67,342,368**	**$ 48,103,753**

Liabilities & Fund Balance

	8/31/2020	7/31/2020	8/31/2019
Current Portion of Bonds Payable	652,808	722,782	738,076
Current Portion Capital Leases	478,193	478,193	342,633
Accounts Payable	1,206,173	1,130,153	1,024,262
Payroll & Related Liabilities	2,544,420	2,335,989	2,108,264
Cost Report Payable	7,527,398	11,061,659	1,712,424
Other Payables to 3rd Parties	465,709	465,709	830,700
Deferred Tax Revenue	277,863	347,329	277,716
Deferred EHR Medicare Revenue	110,067	137,583	440,267
Deferred COVID Revenue	9,483,503	4,498,782	-
Accrued Interest Payable	59,009	39,340	60,922
Other Current Liabilities	-	-	-
Total Current Liabilities	22,805,143	21,217,519	7,535,264
Non Current Liabilities			
Bonds Payable net of CP	10,967,008	10,967,351	11,782,863
Capital Leases net of CP	1,096,379	1,096,379	169,056
Total Non Current Liabilities	12,063,387	12,063,730	11,951,919
Total Liabilities	34,868,530	33,281,249	19,487,183
Fund Balance			
Unrestricted Fund Balance	32,841,782	34,061,119	28,616,570
Restricted Fund Balance	-	-	-
Total Fund Balance	32,841,782	34,061,119	28,616,570
Total Liabilities & Fund Balance	**$ 67,710,312**	**$ 67,342,368**	**$ 48,103,753**

Prosser
Memorial Health

Balance Sheet
August 31, 2020

Assets

	8/31/2020	7/31/2020	12/31/2019
Cash & Temporary Investments	17,535,055	17,605,971	790,127
	-	-	
Gross Patient Accounts Receivable	26,185,115	26,004,854	26,420,075
Less Allowances for Uncollectible	(16,300,000)	(16,050,000)	(15,682,980)
Net Patient Receivables	9,885,115	9,954,854	10,737,095
	-	-	
Taxes Receivable	387,191	388,464	26,908
Receivable from 3rd Party Payor	1,355,482	1,526,858	832,383
Inventory	452,056	440,867	401,623
Prepaid Expenses	1,432,124	1,182,029	1,608,293
Other Current Assets	173,038	177,716	204,486
Total Current Assets	31,220,061	31,276,759	14,600,915
	-	-	
Whitehead Fund - LGIP	1,212,866	1,212,602	1,205,889
Funded Depreciation - Cash	1,069,591	837,428	44,372
Funded Depreciation - TVI	14,362,714	14,362,714	13,880,674
Bond Obligation Cash Reserve	767,446	767,446	-
Tax Exempt Lease Funds	1,002,105	1,002,099	346,920
Board Designated Assets	18,414,722	18,182,289	15,477,855
	-	-	
Land	478,396	478,396	478,396
Property Plant & Equipment	42,514,694	42,090,211	41,059,108
Accumulated Depreciation	(27,712,257)	(27,481,574)	(26,030,986)
Net Property Plant & Equipment	15,280,833	15,087,033	15,506,518
	-	-	
Investment & Other Non Current Assets	1,049,256	1,050,847	1,061,981
Land - Gap Road	1,745,440	1,745,440	1,745,440
Net Investments & Other Non Current Asset:	2,794,696	2,796,287	2,807,421
Total Assets	**$ 67,710,312**	**$ 67,342,368**	**$ 48,392,709**

Liabilities & Fund Balance

	8/31/2020	7/31/2020	12/31/2019
Current Portion of Bonds Payable	652,808	722,782	447,395
Current Portion Capital Leases	478,193	478,193	418,578
Accounts Payable	1,206,173	1,130,153	1,217,346
Payroll & Related Liabilities	2,544,420	2,335,989	3,516,028
Cost Report Payable	7,527,398	11,061,659	839,378
Other Payables to 3rd Parties	465,709	465,709	465,709
Deferred Tax Revenue	277,863	347,329	-
Deferred EHR Medicare Revenue	110,067	137,583	330,200
Deferred COVID Revenue	9,483,503	4,498,782	-
Accrued Interest Payable	59,009	39,340	19,670
Other Current Liabilities	-	-	-
Total Current Liabilities	22,805,143	21,217,519	7,254,304
	-	-	
	-	-	
Non Current Liabilities	-	-	
Bonds Payable net of CP	10,967,008	10,967,351	11,511,447
Capital Leases net of CP	1,096,379	1,096,379	-
Total Non Current Liabilities	12,063,387	12,063,730	11,511,447
	0	0	
	-	-	
Total Liabilities	34,868,530	33,281,249	18,765,751
	-	-	
	-	-	
Fund Balance	-	-	
Unrestricted Fund Balance	32,841,782	34,061,119	29,626,958
Restricted Fund Balance	-	-	-
Total Fund Balance	32,841,782	34,061,119	29,626,958
Total Liabilities & Fund Balance	**$ 67,710,312**	**$ 67,342,368**	**$ 48,392,709**

Prosser
Memorial Health

Statement of Operations
August 31, 2020

Month Ending Actual	Budget	Variance	%	Prior Year	%		Year to Date Actual	Budget	Variance	%	Prior Year	%
						Gross Patient Services Revenue						
$ 2,759,767	$ 2,906,901	$ (147,134)	-5%	$ 2,526,300	9%	Inpatient	$ 22,217,706	$ 22,854,257	$ (636,551)	-3%	$ 21,303,790	4%
10,082,833	10,582,638	(499,805)	-5%	8,421,340	20%	Outpatient	69,194,695	83,201,428	(14,006,733)	-17%	72,785,849	-5%
12,842,600	13,489,539	(646,939)	-5%	10,947,640	17%	**Total Gross Patient Services Revenue**	91,412,401	106,055,685	(14,643,284)	-14%	94,089,639	-3%
						Deductions from Revenue						
						Contractual Allowances						
2,764,334	2,711,052	(53,282)	-2%	2,000,591	38%	Medicare	16,639,270	21,314,478	4,675,208	22%	17,753,807	-6%
2,843,908	2,997,745	153,837	5%	2,250,702	26%	Medicaid	20,121,880	23,568,479	3,446,599	15%	21,347,970	-6%
1,471,853	1,731,769	259,916	15%	1,484,291	-1%	Negotiated Rates	11,412,945	13,615,284	2,202,339	16%	11,692,214	-2%
496,025	189,368	(306,657)	-162%	236,997	109%	Other Adjustments	1,835,030	1,488,821	(346,209)	-23%	1,179,756	56%
7,576,120	7,629,934	53,814	1%	5,972,581	27%	**Gross Contractual Allowances**	50,009,125	59,987,062	9,977,937	17%	51,973,747	-4%
7,576,120	7,629,934	53,814	1%	5,972,581	27%	**Net Contractual Allowances**	50,009,125	59,987,062	9,977,937	17%	51,973,747	-4%
77,110	168,299	91,189	54%	238,673	-68%	Charity Care	1,080,295	1,323,181	242,886	18%	1,253,118	-14%
256,521	354,937	98,416	28%	299,799	-14%	Bad Debt	2,092,175	2,790,538	698,363	25%	2,831,385	-26%
7,909,751	8,153,170	243,419	3%	6,511,053	21%	**Total Deductions From Revenue**	53,181,595	64,100,781	10,919,186	17%	56,058,250	-5%
4,932,849	5,336,369	(403,520)	-8%	4,436,587	11%	**Net Patient Services Revenue**	38,230,806	41,954,904	(3,724,098)	-9%	38,031,389	1%
(1,407,088)	-	(1,407,088)	0%	-	0%	COVID Net Revenue	3,815,455	-	3,815,455	0%	-	0%
125,401	59,304	66,097	111%	119,837	5%	Other Operating Revenue	540,044	698,615	(158,571)	-23%	928,725	-42%
3,651,162	**5,395,673**	**(1,744,511)**	**-32%**	**4,556,424**	**-20%**	**Net Revenue**	**42,586,305**	**42,653,519**	**(67,214)**	**0%**	**38,960,114**	**9%**
						Operating Expenses						
2,378,145	2,400,159	22,014	1%	2,186,403	9%	Salaries	18,893,911	18,962,852	68,941	0%	17,700,390	7%
396,087	553,569	157,482	28%	397,207	0%	Benefits	4,314,017	4,403,759	89,742	2%	3,856,102	12%
176,412	198,393	21,981	11%	236,659	-25%	Purchased Labor	1,771,836	1,559,777	(212,059)	-14%	1,844,332	-4%
2,950,644	3,152,121	201,477	6%	2,820,269	5%	Sub-Total Labor Costs	24,979,764	24,926,388	(53,376)	0%	23,400,824	7%
393,900	316,609	(77,291)	-24%	355,202	11%	Professional Fees - Physicians	2,685,411	2,532,874	(152,537)	-6%	2,657,916	1%
(112,693)	45,205	157,898	349%	40,503	-378%	Professional Fees - Other	254,800	361,638	106,838	30%	371,420	-31%
720,675	644,644	(76,031)	-12%	493,079	46%	Supplies	4,887,905	5,157,771	269,866	5%	4,178,879	17%
52,110	44,683	(7,427)	-17%	44,577	17%	Purchased Services - Utilities	363,092	357,465	(5,627)	-2%	322,730	13%
352,210	280,078	(72,132)	-26%	251,437	40%	Purchased Services - Other	2,170,929	2,244,210	73,281	3%	2,217,732	-2%
168,937	188,579	19,642	10%	173,040	-2%	Rentals & Leases	1,365,500	1,508,630	143,130	9%	1,441,589	-5%
91,582	61,442	(30,140)	-49%	77,077	19%	Insurance License & Taxes	548,858	487,970	(60,888)	-12%	483,491	14%
232,273	226,667	(5,606)	-2%	207,017	12%	Depreciation & Amortization	1,827,851	1,813,333	(14,518)	-1%	1,560,277	17%
56,152	122,505	66,353	54%	101,333	-45%	Other Operating Expenses	662,211	980,039	317,828	32%	782,497	-15%
1,955,146	1,930,412	(24,734)	-1%	1,743,265	12%	Sub-Total Non-Labor Expenses	14,766,557	15,443,930	677,373	4%	14,016,531	5%
4,905,790	**5,082,533**	**176,743**	**3%**	**4,563,534**	**7%**	**Total Operating Expenses**	**39,746,321**	**40,370,318**	**623,997**	**2%**	**37,417,355**	**6%**
(1,254,628)	**313,140**	**(1,567,768)**	**-501%**	**(7,110)**	**17546%**	**Operating Income (Loss)**	**2,839,984**	**2,283,201**	**556,783**	**24%**	**1,542,759**	**84%**
						Non Operating Income						
71,007	69,466	1,541	2%	70,601	1%	Tax Revenue	572,372	555,726	16,646	3%	566,044	1%
2,600	22,706	(20,106)	-89%	31,673	-92%	Investment Income	112,958	181,651	(68,693)	-38%	204,517	-45%
(42,518)	(33,632)	(8,886)	26%	(34,475)	23%	Interest Expense	(270,958)	(269,057)	(1,901)	1%	(177,293)	53%
4,200	537	3,663	682%	9,200	-54%	Other Non Operating Income (Expense)	(39,531)	4,293	(43,824)	-1021%	4,937	-901%
35,289	**59,077**	**(23,788)**	**-40%**	**76,999**	**-54%**	**Total Non Operating Income**	**374,841**	**472,613**	**(97,772)**	**-21%**	**598,205**	**-37%**
$ (1,219,339)	**$ 372,217**	**$ (1,591,556)**	**-428%**	**$ 69,889**	**-1845%**	**Net Income (Loss)**	**$ 3,214,825**	**$ 2,755,814**	**$ 459,011**	**17%**	**$ 2,140,964**	**50%**

Prosser Memorial Health

Statement of Cash Flows
August 31, 2020

CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	
(1,219,339)	**NET INCOME (LOSS)**	**3,214,825**
232,273	Depreciation Expense	1,827,851
-	Amortization	-
-	Loss (Gain) on Sale of Assets	43,731
(987,066)	**TOTAL**	**5,086,407**
	WORKING CAPITAL	
(14,218)	Decrease (Increase) in Assets	(125,782)
1,587,624	Increase (Decrease) in Liabilities	15,550,839
586,340	**NET CASH PROVIDED BY OPERATIONS**	**20,511,464**
	CASH FLOWS FROM INVESTING ACTIVITIES	
(438,167)	Capital Purchasing	(2,597,674)
13,684	Proceeds on Capital Assets Sold	14,184
(340)	Investment Activity	1,753,821
(424,823)	**NET CASH USED BY INVESTING ACTIVITIES**	**(829,669)**
161,517	**NET CHANGE IN CASH**	**19,681,795**
	CASH BALANCE	
35,788,260	**BEGINNING**	**16,267,982**
35,949,777	**ENDING**	**35,949,777**
161,517	**NET CASH FLOW**	**19,681,795**

Prosser
Memorial Health

Statement of Cash Flows - 12 Month Trend
August 31, 2020

	Sep-19 Actual	Oct-19 Actual	Nov-19 Actual	Dec-19 Actual	Jan-20 Actual	Feb-20 Actual	Mar-20 Actual	Apr-20 Actual	May-20 Actual	Jun-20 Actual	Jul-20 Actual
NET INCOME TO NET CASH BY OPERATIONS											
NET INCOME (LOSS)	**203,716**	**281,784**	**(360,709)**	**369,020**	**240,864**	**(120,425)**	**(149,776)**	**986,436**	**1,070,603**	**2,224,029**	**182,430**
Depreciation Expense	214,609	222,284	222,109	224,314	222,577	227,538	224,010	228,367	229,348	231,347	232,391
Amortization	-	-	-	-	-	-	-	-	-	-	-
Loss (Gain) on Sale of Assets	-	-	-	-	-	-	-	(500)	(13,684)	57,915	57,915
TOTAL	**418,325**	**504,068**	**(138,600)**	**593,334**	**463,441**	**107,113**	**74,234**	**1,214,303**	**1,286,267**	**2,513,291**	**472,736**
WORKING CAPITAL											
Decrease (Increase) in Assets	(1,351,916)	(492,108)	14,884	(645,214)	(518,949)	(469,109)	555,768	(2,528,363)	3,723,881	(486,472)	(318,018)
Increase (Decrease) in Liabilities	666,840	109,671	83,018	(772,023)	(648,957)	83,249	262,126	9,360,425	6,000,562	(1,245,038)	150,847
NET CASH PROVIDED BY OPERATIONS	**(266,751)**	**121,631**	**(40,698)**	**(823,903)**	**(704,465)**	**(278,747)**	**892,128**	**8,046,365**	**11,010,710**	**781,781**	**305,565**
CASH FLOWS FROM INVESTING ACTIVITIES											
Capital Purchasing	(842,075)	(193,078)	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(95,029)
Proceeds on Capital Assets Sold	-	-	-	-	-	-	-	500	13,684	13,684	13,684
Investment Activity	(354)	(20,139)	248,949	(758,465)	69,190	95,603	(343)	993,481	(542,037)	(15,858)	(346)
NET CASH USED BY INVESTING ACTIVITIES	**(842,429)**	**(213,217)**	**(131,254)**	**(550,926)**	**(223,729)**	**60,320**	**(124,933)**	**643,360**	**(759,939)**	**(46,447)**	**(81,691)**
NET CHANGE IN CASH	**(1,109,180)**	**(91,586)**	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**
CASH BALANCE											
BEGINNING	**19,015,529**	**17,906,349**	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**
ENDING	**17,906,349**	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**
NET CASH FLOW	**(1,109,180)**	**(91,586)**	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**

Prosser
Memorial Health

Direct Cash Flow Statement
August 31, 2020

	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020
CASH FLOWS FROM OPERATING												
PAYMENTS RECEIVED												
Commercial		1,425,376	1,658,587	1,712,336	2,110,960	2,164,596	1,790,819	2,042,936	2,163,134	1,479,262	1,568,932	1,966,089
Medicaid		974,783	1,332,291	1,150,609	1,223,633	1,287,731	1,116,011	1,207,273	1,200,088	1,130,387	1,262,461	1,296,508
Medicare		501,236	1,299,895	1,316,188	1,730,631	1,555,473	597,037	1,403,309	1,326,305	808,729	1,045,301	949,542
VA		41,311	10,616	28,210	26,049	24,261	82,909	34,277	86,268	45,965	70,641	70,064
Worker's Comp		74,716	98,824	126,432	66,062	396,141	180,120	165,706	151,215	95,669	83,546	248,425
Self Pay		263,000	265,218	630,997	265,490	37,674	182,202	162,759	149,324	131,139	128,649	132,739
Other Non Patient Payments		497,206	364,841	287,781	660,275	212,931	210,958	475,782	8,941,682	10,681,077	971,815	1,655,778
Cash Received (Patients, Insurance, Other)	**5,118,733**	**3,777,628**	**5,030,272**	**5,252,553**	**6,083,101**	**5,678,807**	**4,160,056**	**5,492,042**	**14,018,016**	**14,372,228**	**5,131,345**	**6,319,145**
Patient Refunds	(14,770)	(5,755)	(106,029)	(7,988)	(6,268)	(4,845)	(4,203)	(4,127)	(1,869)	(4,541)	(27,317)	(5,139)
AP Expenses	(2,054,652)	(1,764,710)	(2,578,749)	(2,649,740)	(3,762,411)	(2,627,585)	(2,059,339)	(2,101,189)	(2,556,196)	(1,622,076)	(1,936,338)	(2,292,598)
Settlement LumpSum Payments					(1,187,000)	-	-	-	-	-	-	-
Payroll Expenses	(3,418,696)	(2,216,802)	(2,186,535)	(2,329,107)	(2,652,323)	(3,566,717)	(2,279,658)	(2,437,474)	(2,362,138)	(2,148,321)	(2,270,065)	(3,645,038)
Loan/Interest Expense	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(114,934)	-	(57,467)	(57,467)	(114,934)	(118,019)	(57,467)
NET CASH PROVIDED BY OPERATING	**(426,852)**	**(267,105)**	**101,492**	**208,251**	**(1,582,368)**	**(635,275)**	**(183,144)**	**891,785**	**9,040,346**	**10,482,357**	**779,607**	**318,903**
CASH FLOWS FROM INVESTING ACTIVITIES												
Capital Purchasing	(151,396)	(842,075)	(193,078)	(380,203)	207,539	(292,919)	(35,283)	(124,590)	(350,621)	(231,586)	(44,273)	(95,029)
NET CASH USED BY INVESTING ACTIVITIES	**(151,396)**	**(842,075)**	**(193,078)**	**(380,203)**	**207,539**	**(292,919)**	**(35,283)**	**(124,590)**	**(350,621)**	**(231,586)**	**(44,273)**	**(95,029)**
NET CHANGE IN CASH	**(578,248)**	**(1,109,180)**	**(91,586)**	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**
CASH BALANCE												
BEGINNING	**19,593,777**	**19,015,529**	**17,906,349**	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**
ENDING	**19,015,529**	**17,906,349**	**17,814,763**	**17,642,811**	**16,267,982**	**15,339,788**	**15,121,361**	**15,888,556**	**24,578,281**	**34,829,052**	**35,564,386**	**35,788,260**
NET CASH FLOW	**(578,248)**	**(1,109,180)**	**(91,586)**	**(171,952)**	**(1,374,829)**	**(928,194)**	**(218,427)**	**767,195**	**8,689,725**	**10,250,771**	**735,334**	**223,874**

Prosser Memorial Health

Key Operating Statistics
August 31, 2020

Month Ending Actual	Budget	Variance	%		Year to Date Actual	Budget	Variance	%	Prior Year	Change
				Key Volumes						
215	211	4	2%	Inpatient Acute Days	1,555	1,659	(104)	-6%	1,627	-4%
122	178	(56)	-31%	Inpatient Swing Days	1,088	1,399	(311)	-22%	1,290	-16%
337	388	(51)	-13%	**Total Inpatient Days**	2,643	3,058	(415)	-14%	2,917	-9%
93	85	8	10%	Inpatient Admissions	644	666	(22)	-3%	673	-4%
90	85	5	6%	Inpatient Discharges	659	666	(7)	-1%	682	-3%
10	13	(3)	-23%	Swing Bed Discharges	78	102	(24)	-23%	89	-12%
1,568	1,803	(235)	-13%	Adjusted Patient Days	10,874	14,189	(3,315)	-23%	12,883	-16%
10.87	12.53	(1.66)	-13%	Average Daily Census	10.83	12.53	(1.70)	-14%	13.76	-21%
419	393	26	7%	Adjusted Discharges	2,711	3,090	(378)	-12%	3,012	-10%
2.39	2.49	(0.10)	-4%	Average Length of Stay - Hospital	2.36	2.49	(0.13)	-5%	2.39	-1%
12.20	13.77	(1.57)	-11%	Average Length of Stay - Swing Bed	13.95	13.77	0.18	1%	14.49	-4%
43%	50%	-7%	-13%	Acute Care Occupancy (25)	43%	50%	-7%	-14%	55%	-21%
48	38	10	26%	Deliveries	320	301	19	6%	292	10%
132	128	4	3%	Surgical Procedures	745	1,010	(265)	-26%	980	-24%
799	1,042	(243)	-23%	Emergency Dept Visits	6,572	8,202	(1,630)	-20%	7,832	-16%
13,003	12,497	506	4%	Laboratory Tests	90,323	98,362	(8,039)	-8%	90,793	-1%
2,334	2,156	178	8%	Radiology Exams	16,712	16,973	(261)	-2%	14,937	12%
939	1,083	(144)	-13%	PMH Specialty Clinic	7,424	8,527	(1,103)	-13%	7,654	-3%
740	1,024	(284)	-28%	PMH - Benton City Clinic Visits	6,977	8,063	(1,086)	-13%	7,586	-8%
1,388	1,072	316	29%	PMH - Prosser Clinic Visits	8,584	8,440	144	2%	7,708	11%
585	630	(45)	-7%	PMH - Grandview Clinic Visits	4,930	4,958	(28)	-1%	4,229	17%
603	722	(119)	-17%	PMH - Women's Health Clinic Visits	4,661	5,684	(1,023)	-18%	3,221	45%
				LABOR FULL-TIME EQUIVALENT						
265.09	290.82	25.73	9%	Employed Staff FTE's	262.99	290.82	27.83	10%	260.09	1%
28.33	30.48	2.15	7%	Employed Provider FTE	29.38	30.48	1.10	4%	26.10	13%
293.42	321.30	27.88	9%	All Employee FTE's	292.37	321.30	28.93	9%	286.19	2%
258.39	273.11	14.72	5%	Productive FTE's	256.32	273.11	16.79	6%	251.91	2%
10.64	20.86	10.22	49%	Outsourced Therapy FTE's	13.74	20.86	7.12	34%	16.35	-16%
2.00	1.56	(0.44)	-28%	Contracted Staff FTE's	4.23	4.07	(0.16)	-4%	4.13	2%
12.64	22.42	9.78		All Purchased Staff FTE's	17.97	22.42	6.96	31%	20.48	-12%
6.03	4.58	(1.45)	-32%	Contracted Provider FTE's	6.79	4.58	(2.21)	-48%	5.71	19%
312.09	348.30	36.21	10%	All Labor FTE's	317.13	348.30	33.68	10%	312.38	2%

Prosser Memorial Health

Financial Operations

August 31, 2020

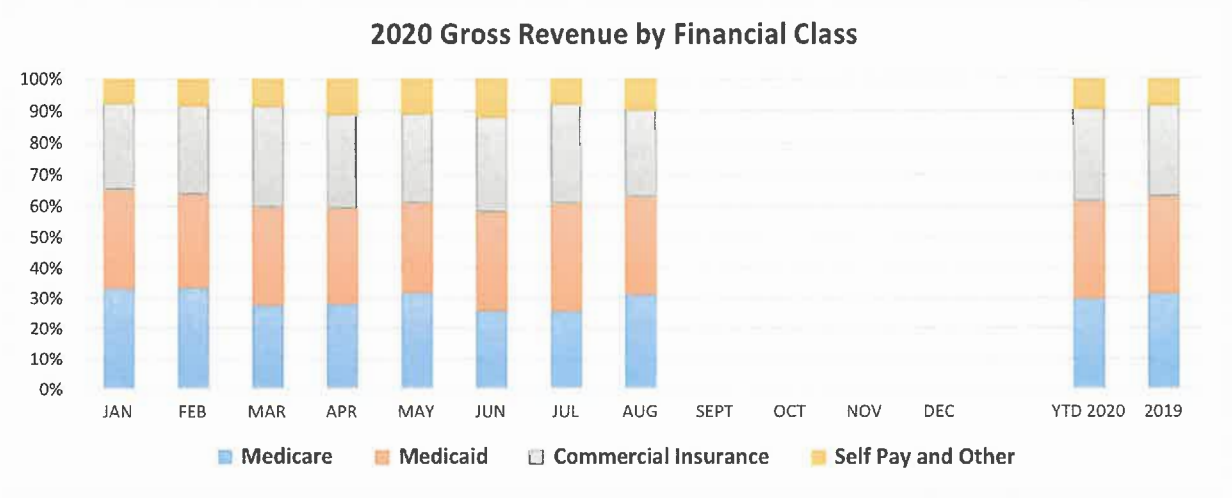
	YTD 2019	YTD 2020	YTD Budget 2020
Utilization			
Admissions	673	644	666
Adjusted Admissions	2,972	2,650	3,090
Average Daily Census	6.7	6.4	6.8
Adjusted Occupied Beds	29.4	26.2	31.5
Average Length of Stay (days)	2.4	2.4	2.5
Outpatient Revenue %	77.4%	75.7%	78.5%
Total Yield (net patient revenue)	36.1%	29.7%	49.1%
Hospital Case Mix Index	TBD	0.99	1.00
Financial Performance ($000)			
Net Patient Revenue	38,031	38,231	41,955
Total Operating Revenue	38,960	42,586	42,654
Total Operating Expense	37,417	39,746	40,370
Income (Loss) from Operations	1,543	2,840	2,283
Excess of Revenue Over Expenses	2,141	3,215	2,756
EBIDA (Operating Cash Flow)	3,103	4,668	4,097
Additions to Property, Plant, and Equipment	4,967	2,598	498
Balance Sheet ($000)			
Unrestricted Cash and Investments	2,455	17,535	3,915
Accounts Receivable (gross)	20,027	26,185	17,104
Net Fixed Assets	15,156	15,281	12,758
Current and Long-Term Liabilities (excluding LT debt)	7,535	22,805	5,413
Long-Term Debt	11,783	10,967	6,441
Total Liabilities	19,318	33,772	11,854
Net Worth	28,617	32,842	29,769
Key Ratios			
Operating Margin (%)	4.0%	6.7%	5.4%
Excess Margin (%)	5.5%	8.3%	6.5%
Operating EBIDA Margin (Operating Cash Flow)	8.0%	11.0%	9.6%
Average Expense per Adjusted Patient Days	3,655	2,845	2,904
Net Accounts Receivable (days)	50.89	56.64	46.49
Current Ratio (x)	1.80	1.37	1.55
Cash on Hand (days)	129.40	231.33	120.39
Cushion Ratio (x)	107.25	132.68	53.80
Return on Equity (%)	7.48%	9.79%	13.33%
Capital Spending Ratio	1.66	1.94	5.13
Average Age of Plant (Years)	10.76	10.11	10.84
Debt Service	1.98	2.84	4.58
Debt-to-Capitalization (%)	32%	29%	27.07%
Patient Revenue Sources by Gross Revenue (%)			
Medicare	31.5%	29.8%	31.5%
Medicaid	31.8%	32.0%	31.7%
Commercial Insurance	28.6%	29.1%	28.7%
Self-pay and Other	8.1%	9.1%	8.1%
Labor Metrics			
Productive FTE's (incl contract labor)	278.10	281.08	300.11
Total FTE's (incl contract labor)	312.38	317.13	348.30
Labor Cost (incl benefits) per FTE - Annualized	74,911.40	78,768.21	71,565.86
Labor Cost (incl benefits) as a % of Net Operating Revenue	60.1%	58.7%	58.4%
Net Operating Revenue per FTE	124,720.26	134,286.59	122,462.01
Operating Expense per FTE	119,781.53	125,331.32	115,906.74

Contacts:
David Rollins Chief Financial Officer (509) 786-6605
Stephanie Titus Director of Finance (509) 786-5530

Prosser
Memorial Health

Revenue by Financial Class
August 31, 2020

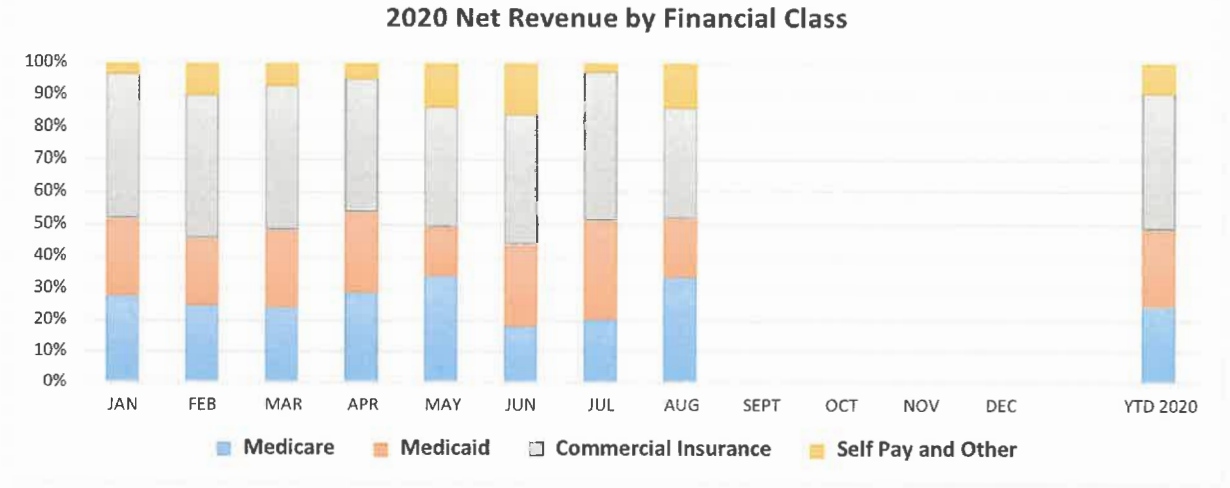
Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	33.3%	32.3%	27.1%	7.4%	100.0%
FEB	33.6%	30.5%	27.7%	8.1%	100.0%
MAR	27.9%	32.0%	31.7%	8.4%	100.0%
APR	28.1%	31.3%	29.7%	10.8%	100.0%
MAY	31.9%	29.3%	28.1%	10.6%	100.0%
JUN	26.0%	32.3%	30.0%	11.7%	100.0%
JUL	25.8%	35.2%	31.3%	7.6%	100.0%
AUG	31.4%	31.8%	27.4%	9.4%	100.0%
SEPT					
OCT					
NOV					
DEC					
YTD 2020	29.8%	32.0%	29.1%	9.1%	100.0%
2019	31.5%	31.8%	28.6%	8.1%	100.0%



Prosser Memorial Health

Net Revenue by Financial Class
August 31, 2020

Month	Medicare	Medicaid	Commercial Insurance	Self Pay and Other	Total
JAN	28.2%	23.9%	44.7%	3.2%	100.0%
FEB	25.2%	20.8%	44.1%	9.8%	100.0%
MAR	24.4%	24.3%	44.6%	6.8%	100.0%
APR	29.2%	24.9%	41.2%	4.7%	100.0%
MAY	34.2%	15.3%	36.9%	13.5%	100.0%
JUN	18.4%	25.8%	40.0%	15.8%	100.0%
JUL	20.6%	31.0%	45.8%	2.6%	100.0%
AUG	33.8%	18.4%	34.0%	13.7%	100.0%
SEPT					
OCT					
NOV					
DEC					
YTD 2020	24.9%	24.0%	41.9%	9.3%	100.0%
2019	29.4%	21.7%	38.8%	10.2%	100.0%

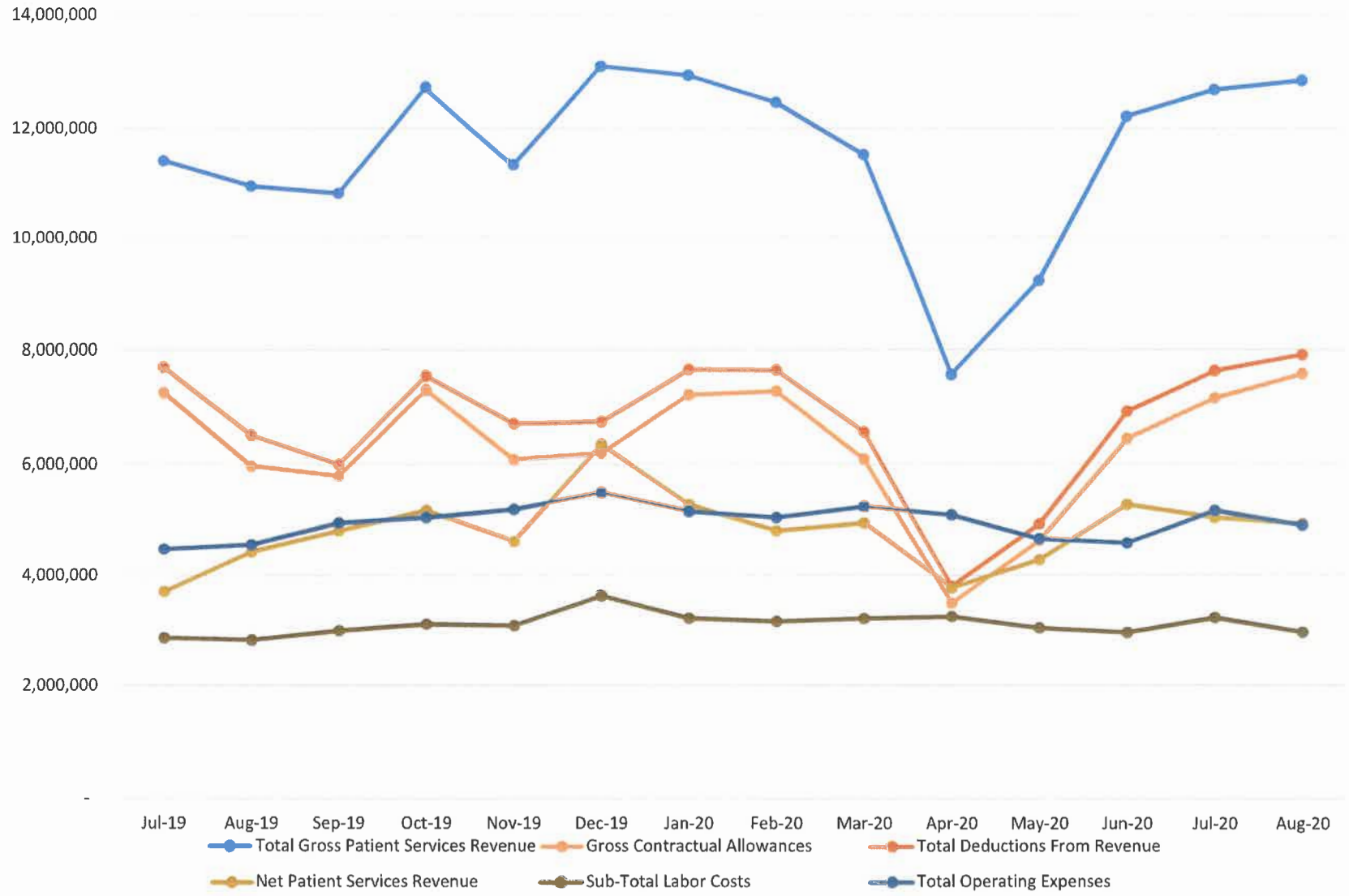


Prosser
Memorial Health

Statement of Operations 13-month Trend

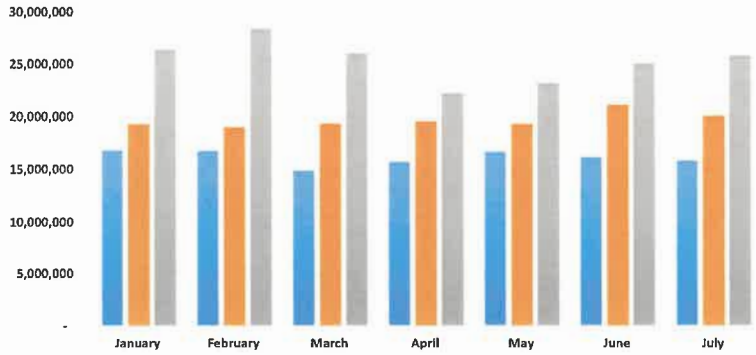
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Gross Patient Services Revenue													
Inpatient	$ 2,482,862	$ 2,526,300	$ 2,501,168	$ 3,012,630	$ 2,617,549	$ 2,864,852	$ 2,864,636	$ 3,010,011	$ 2,635,344	$ 2,206,745	$ 2,520,235	$ 3,042,365	$ 3,178,603
Outpatient	8,926,505	8,421,340	8,313,652	9,717,569	8,716,943	10,233,791	10,071,001	9,445,153	8,882,599	5,357,211	6,692,398	9,162,181	9,501,319
Total Gross Patient Services Revenue	11,409,367	10,947,640	10,814,820	12,730,199	11,334,492	13,098,643	12,935,637	12,455,164	11,517,943	7,563,956	9,212,633	12,204,546	12,679,922
Deductions from Revenue	*67%*	*59%*	*55%*	*59%*	*59%*	*52%*	*59%*	*61%*	*57%*	*50%*	*54%*	*57%*	*60%*
Contractual Allowances													
Medicare	3,079,031	2,000,591	2,181,816	2,860,807	2,234,020	2,611,913	2,632,393	2,720,808	1,772,267	995,183	1,611,449	2,019,352	2,123,486
Medicaid	2,699,644	2,250,702	1,633,944	2,626,636	3,351,182	2,593,535	2,462,158	2,881,363	2,364,561	2,088,300	1,938,730	2,427,413	3,115,446
Negotiated Rates	1,450,628	1,484,291	1,882,777	1,698,297	490,384	1,053,995	1,970,832	1,535,802	1,559,890	363,732	1,146,693	1,738,176	1,625,968
Other Adjustments	29,827	236,997	96,291	117,115	12,337	(62,054)	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657
Gross Contractual Allowances	7,259,130	5,972,581	5,794,828	7,302,855	6,087,923	6,197,389	7,217,483	7,281,261	6,092,428	3,487,817	4,628,410	6,450,465	7,156,557
Charity Care	182,086	238,673	112,577	89,746	182,296	34,095	70,465	207,726	147,685	40,927	49,448	149,222	337,712
Bad Debt	258,214	299,799	89,162	154,222	442,390	514,437	366,493	154,253	325,725	268,555	255,700	326,276	138,652
Total Deductions From Revenue	7,699,430	6,511,053	5,996,567	7,546,823	6,712,609	6,745,921	7,654,441	7,643,240	6,565,838	3,797,299	4,933,558	6,925,963	7,632,921
Net Patient Services Revenue	3,709,937	4,436,587	4,818,253	5,183,376	4,621,883	6,352,722	5,281,196	4,811,924	4,952,105	3,766,657	4,279,075	5,278,583	5,047,001
COVID Grant Revenue										2,210,384	1,325,149	1,481,428	205,582
Other Operating Revenue	105,043	119,837	321,886	44,074	144,372	60,565	54,446	48,156	79,111	49,953	64,385	58,859	61,424
Net Revenue	**3,814,980**	**4,556,424**	**5,140,139**	**5,227,450**	**4,766,255**	**6,413,287**	**5,335,642**	**4,860,080**	**5,031,216**	**6,026,994**	**5,668,609**	**6,818,870**	**5,314,007**
Operating Expenses													
Salaries	2,258,057	2,186,403	2,272,947	2,282,644	2,333,751	2,596,017	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652	2,362,460	2,472,695
Benefits	337,751	397,207	450,455	611,076	503,958	765,786	577,012	555,392	440,583	739,833	604,325	419,678	578,549
Purchased Labor	264,578	236,659	264,793	217,501	246,218	268,266	249,096	283,557	329,407	261,699	135,882	166,436	169,347
Sub-Total Labor Costs	2,860,386	2,820,269	2,988,195	3,111,221	3,083,927	3,630,069	3,216,205	3,158,144	3,208,069	3,244,679	3,032,859	2,948,574	3,220,591
Professional Fees - Physicians	329,173	355,202	332,200	310,244	352,355	377,019	389,778	279,808	267,635	419,725	288,245	326,140	320,182
Professional Fees - Other	51,982	40,503	5,802	27,900	57,445	37,367	43,960	58,785	19,051	93,438	49,659	64,682	37,919
Supplies	535,093	493,079	700,353	725,859	764,707	622,645	619,449	675,545	762,215	527,615	481,223	516,166	689,329
Purchased Services - Utilities	41,243	44,577	39,600	42,598	48,996	37,860	43,249	43,969	40,757	31,315	46,337	46,325	59,031
Purchased Services - Other	245,545	251,437	299,771	233,945	314,069	269,828	261,428	230,546	359,733	222,165	228,231	255,449	279,915
Rentals & Leases	117,451	173,040	166,916	168,981	168,019	186,792	194,404	170,987	167,981	152,417	153,829	180,783	176,162
Insurance License & Taxes	59,519	77,077	69,509	69,709	52,025	63,642	60,430	99,269	87,383	85,150	58,860	36,853	39,883
Depreciation & Amortization	207,114	207,017	214,609	222,284	222,109	224,314	222,577	227,538	224,010	228,367	229,348	231,347	232,391
Other Operating Expenses	37,964	101,333	144,048	143,821	135,294	40,759	104,447	103,657	107,679	92,318	92,182	(21,863)	114,301
Sub-Total Non-Labor Expenses	1,625,084	1,743,265	1,972,808	1,945,341	2,115,019	1,860,226	1,939,722	1,890,104	2,036,444	1,852,510	1,627,914	1,635,882	1,949,113
Total Operating Expenses	**4,485,470**	**4,563,534**	**4,961,003**	**5,056,562**	**5,198,946**	**5,490,295**	**5,155,927**	**5,048,248**	**5,244,513**	**5,097,189**	**4,660,773**	**4,584,456**	**5,169,704**
Operating Income (Loss)	**(670,490)**	**(7,110)**	**179,136**	**170,888**	**(432,691)**	**922,992**	**179,715**	**(188,168)**	**(213,297)**	**929,805**	**1,007,836**	**2,234,414**	**144,303**
Non Operating Income													
Tax Revenue	69,975	70,601	69,701	71,945	69,785	69,205	71,840	65,599	77,314	73,881	69,589	70,784	72,711
Investment Income	34,296	31,673	31,189	20,703	21,943	24,574	22,527	22,036	19,425	18,000	12,391	12,242	3,385
Interest Expense	(20,974)	(34,475)	(76,310)	(34,270)	(34,166)	(33,322)	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)	(35,496)	(37,969)
Other Non Operating Income (Expense)	-	9,200	-	52,518	14,420	-	(222)	-	-	500	13,684	(57,915)	-
Total Non Operating Income	**83,297**	**76,999**	**24,580**	**110,896**	**71,982**	**60,457**	**61,149**	**67,743**	**63,521**	**56,631**	**62,767**	**(10,385)**	**38,127**
Net Income (Loss)	**$ (587,193)**	**$ 69,889**	**$ 203,716**	**$ 281,784**	**$ (360,709)**	**$ 983,449**	**$ 240,864**	**$ (120,425)**	**$ (149,776)**	**$ 986,436**	**$ 1,070,603**	**$ 2,224,029**	**$ 182,430**
Total Margin	-15.1%	1.5%	3.9%	5.3%	-7.5%	15.2%	4.5%	-2.4%	-2.9%	16.2%	18.7%	32.7%	3.4%
Margin (Non Operating Income)	-17.6%	-0.2%	3.5%	3.3%	-9.1%	14.4%	3.4%	-3.9%	-4.2%	15.4%	17.8%	32.8%	2.7%
Salaries as a % of Net Revenue	59.2%	48.0%	44.2%	43.7%	49.0%	40.5%	44.8%	47.7%	48.5%	37.2%	40.4%	34.6%	46.5%
Labor as a % of Net Revenue	75.0%	61.9%	58.1%	59.5%	64.7%	56.6%	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%	60.6%
Operating Expense change from prior month	-1%	2%	9%	2%	3%	6%	-6%	-2%	4%	-3%	-9%	-2%	13%
Gross Revenue change from prior month	-10%	-4%	-1%	18%	-11%	16%	-1%	-4%	-8%	-34%	22%	32%	4%
Net Revenue change from prior month	-23%	19%	13%	2%	-9%	35%	-17%	-9%	4%	20%	-6%	20%	-22%

Prosser
Memorial Health

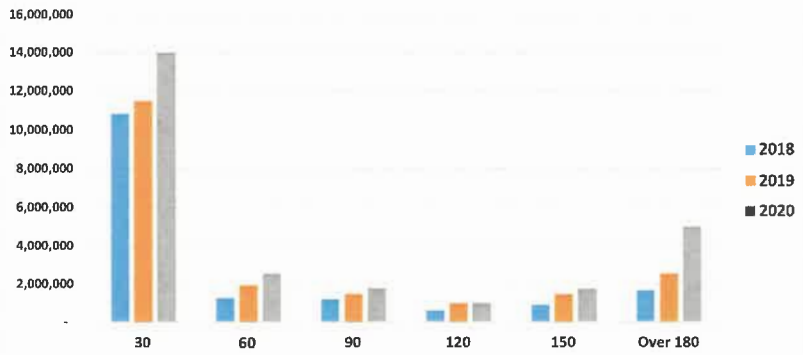


Prosser
Memorial Health

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



AR Age Comparative (2018, 2019, 2020)



AR Balance Trend

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

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,930,389	2,199,852	1,275,351	848,568	1,644,539	2,913,857	**15,812,556**
2017	8,538,041	2,208,941	1,608,359	891,034	1,204,910	2,961,137	**17,412,422**
2018	10,881,112	1,284,863	1,213,005	633,350	922,007	1,699,571	**16,633,907**
2019	11,534,270	1,933,906	1,502,503	1,017,686	1,481,418	2,558,464	**20,028,246**
2020	14,020,817	2,549,366	1,799,479	994,916	1,760,353	5,019,490	**26,144,421**

AR Percentage of Total Balance

2016	44%	14%	8%	5%	10%	18%	**100%**
2017	49%	13%	9%	5%	7%	17%	**100%**
2018	65%	8%	7%	4%	6%	10%	**100%**
2019	58%	10%	8%	5%	7%	13%	**100%**
2020	54%	10%	7%	4%	7%	19%	**100%**

ATTACHMENT V1

Prosser Memorial Health

Proposal to Provide Services
August 2020

DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Contact Information

Dingus, Zarecor & Associates PLLC

12015 E Main Avenue

Spokane Valley, Washington 99206

T: 509.242.0874

Primary Partner: Tom Dingus

T: 509.321.9469

tdingus@dzacpa.com

Second Partner: Shar Sheaffer

T: 509.321.9485

ssheaffer@dzapca.com

Table of Contents

Executive Summary

When you choose DZA, you enlist a team of experienced professionals devoted to critical access hospitals and unparalleled customer service. Our company stands out in a multitude of ways, including:

- **Specialty:** We are critical access hospital accounting, auditing, and reimbursement specialists. DZA offers both depth and breadth of healthcare knowledge, providing you with the most up-to-date information on changing regulations.
- **Hands-on Experience:** You will know us. We provide comprehensive communication throughout the process and an in-person presentation to management and the Board of Commissioners. We will stay in touch throughout the year to ensure you have the support you need to be successful.
- **Quality on Time:** Unique to our firm, two partners are assigned to each client to optimize your client experience. Each product we generate includes a partner and manager review and revision process, providing you with the highest quality product. We carefully lay out each engagement ahead of time to guarantee timely delivery.
- **Washington Critical Access Hospitals:** DZA currently serves more than half of the critical access hospital in the State of Washington. DZA is well-versed in Medicaid reimbursement issues for critical access hospitals and rural health clinics in Washington.
- **Washington Public Hospital Districts:** DZA currently serves more than half of the public hospital districts in the State of Washington. DZA is well-versed in Washington RCWs and WACs and reporting applicable to Washington public hospital districts. DZA has a positive professional relationship with the Washington State Auditor's Office.

Who We Are

Dingus, Zarecor & Associates PLLC (DZA) has provided accounting and reimbursement services to those within the healthcare and public sector, specializing in critical access hospitals, since 2003. We are located in Spokane Valley, Washington, but our clients span across the states from Alaska to Texas. DZA's accounting and reimbursement services include:

- Audits
- Medicare and Medicaid cost reports
- IRS Form 990 preparation

Please see Appendix A for a more inclusive list of the services DZA can provide.

Our team comprises of four partners, approximately 30 accounting staff members, and four administrative support staff members, all of whom are versed in financial and reimbursement-specific issues and niched in their knowledge to best serve your healthcare entity. In every aspect of work we will do for you, at least two of our highly experienced partners will be involved, offering their insights and knowledge.

We stay up to date on both regional and national hospital issues through a rigorous Continuing Professional Education program, attending and presenting at conferences, and encouraging growth and learning for all our team members.

Our low staff turn-over rate enables us to build strong relations and communication amongst one another, translating into higher quality work. We know who is best equipped for each task.

To ensure our own internal quality, DZA adheres to the following accountability measures:

- Each DZA professional team member receives rigorous continuing professional education (CPE), exceeding American Institute of Certified Public Accountants (AICPA) requirements.
- We participate in the essential AICPA peer review program, which gives firms a rating of pass, pass with deficiency, or fail. You will find our most recent peer review report in Appendix B. As you can see, DZA received a peer review rate of pass – the highest rating available.
- DZA is a voluntary member of the AICPA Employee Benefit Plan Audit Quality Center and the Governmental Audit Quality Center (the Centers). Joining the Centers heightens the quality standards of our work, as we adhere to the Centers' membership requirements in addition to the AICPA and State Board of Accountancy requirements.

Client-based Approach

Commitment to Client Service: DZA's commitment to providing high-quality service at an affordable price stands unwavering.

- **We are specialists, not generalists.** Healthcare, particularly for critical access hospitals, is what we do as a firm. Our staff has training and experience relevant to your specific needs.
- **An experienced auditor will be involved in each engagement.** We will work directly with your organization. A partner or manager as well as an in-charge auditor with experience with critical access hospitals will be on-site during part or all of fieldwork.

- **An experienced cost report preparer is assigned to each engagement.** Typically, this preparer is a partner who will be on-site one to two days during the preparation process. This step is critical to optimizing reimbursement and most thoroughly understanding the hospital's operations.
- **Our commitment to quality is our best practice.** Everything we produce goes through an extensive review process. You will receive a final product that has been meticulously checked by both the partner of the engagement and an experienced auditor. For Medicare cost reports, a skilled, objective preparer will review for compliance and reimbursement strategies.
- **We find the best fit for you.** DZA's partners are a team, believing that utilizing each other's strengths makes for the best client experience. Two partners (a primary and a secondary) will be assigned to your hospital. While the primary partner will have the most direct involvement with the engagement, both partners will be available to answer your questions or concerns at any time. When assigning managers and staff, we will compare your needs with their experience, assigning those best suited to you.
- **Our commitment to value.** DZA will provide your organization with professional, knowledgeable staff at an affordable price.
- **We are a resource to you.** Each October, DZA hosts a three-day critical access hospital seminar designed to provide our clients the opportunity to explore current reimbursement and accounting topics and other issues they face daily in the healthcare field.

Open, Ongoing Communication: We strive to meet and exceed your expectations. Our approach begins with open and ongoing communication. In our experience, this results in a more effective engagement and relationship with our clients. Many clients contact us weekly to discuss issues large and small, and unless a significant project or research is requested, we do not charge for this exchange. We believe continuous communication throughout the year is necessary to provide you with high quality audit, cost report preparation, and reimbursement services. Our email and phone lines remain open for clarifications, questions, or anything in between.

We continually have you in mind. Upon learning new and relevant information, we think of how the topic applies to our clients, passing on need-to-know updates in the ever-changing realm of healthcare.

DZA's Project Management

Project Timeline: Our method is risk-based. Your assigned team will carefully plan out each of your engagement projects. While preparing for your engagement, we establish a few major milestones to shape your timeline:

- **Issuance Dates:** We will start each engagement by working with management to schedule report issuance dates.
- **Completion Date:** The completion date will be scheduled for two weeks prior to the issuance dates, allowing management time to review the drafts.
- **Fieldwork:** Final fieldwork will be set for approximately two weeks after receiving the trial balance and a majority of the workpapers electronically. A partner or manager will be on-site for one or two days, with an in-charge auditor and team members present throughout the fieldwork visit. An experienced cost report preparer or partner will be present one to two days to complete the Medicare cost report.
- **Audit Presentation:** We will provide an annual in-person audit presentation, including a financial indicators report, to management and the Board of Commissioners. The presentation allows you to visually understand historical and benchmark comparisons.

Where an Engagement Starts and Ends: Each engagement starts in our office and ends in the field. We will perform a significant portion of your audit and cost report remotely before we arrive on-site. Required documents and schedules will be communicated to the finance staff well in advance of year end, allowing them to incorporate this document preparation into their year end closing procedures. Final fieldwork will be used to finalize and test the audit items.

Most hospitals prefer this method of project management. With so many tasks prepared before arriving, final fieldwork will concentrate our time and financial staff time to those tasks best accomplished through in-person discussion and observation. Direct communication during fieldwork translates to fewer follow-up questions after fieldwork.

Secure: To facilitate the use of client data and record retention, as a firm we use paperless software, ensuring your engagements will be completed efficiently.

A secure portal will be available to you for an easy, safe exchange of the data between your hospital and our team.

Efficient: We view the audit, cost report, and reimbursement services as one interconnected project, simultaneously working on all engagements for you.

Standout Process: Details matter. To provide you with the best product, a partner will directly interact with your engagement at all stages, from pre-planning all the way through to the presentation of the audit to your Board of Commissioners. Project management begins with our internal procedures and best practices, which we continually monitor and update. DZA consistently establishes a framework for your projects to ensure timely, efficient, and accurate results, tracked and reviewed throughout by the assigned management team.

Each engagement is an opportunity for extending our resources and knowledge to you. Any proposed audit adjustment or internal control findings are discussed with management during the audit process to ensure management is aware of existing audit issues and given the opportunity to respond. Our findings are supported with documentation and explanations. Included in the audit is a management letter detailing our recommendations on accounting and administrative controls and efficiency.

Pricing

We strive to provide the quality you deserve at a reasonable price. Our proposed pricing for your engagements is:

	2020	2021	2022
Audit of the combined financial statements (includes PMH Medical Center Foundation)	$ 25,000	$ 26,500	$ 28,000
Single audit of CARES Act Funds	$ 5,000	$ -	$ -
Preparation of Medicare cost report	$ 10,500	$ 11,000	$ 11,500
Preparation of PMH Medical Center IRS Form 990	$ 1,000	$ 1,000	$ 1,000

DZA can also provide the following services when requested:

- Preparation of Department of Health year end report -- $5,000
- Preparation of DSH survey -- $5,000 to $7,000
- Preparation of DSH application -- $3,000 to $5,000
- Preparation of DRDF -- $1,500
- Assistance with State Auditor's Office reporting -- $1,000 to $1,500
- Preparation of cost-based reimbursement by department report -- $1,000
- Preparation of Medicaid cost settlement estimate – $1,000
- Preparation of interim Medicare cost report -- $5,000
- Preparation of GEMT cost report -- $3,750

DZA can provide quarterly (or more frequent) Medicare and Medicaid cost report settlement estimates. This service can be provided in conjunction with the interim Medicare cost reports, other DZA tools, and/or the District internal tools.

The pricing is based on the anticipated cooperation from your personnel, along with the assumption that any unexpected circumstances will not be encountered during our performance of your requested services. Pricing may be renegotiated if significant additional time or projects prove necessary. A discussion will occur before any additional costs are incurred.

Projects or research will be billed at our standard rates, which will vary based on the individual providing the services.

Any of our out-of-pocket costs will be billed at actual cost. As always, we welcome ongoing communication and will never charge for routine consultations or questions throughout the year.

Team Biographies

Tom Dingus, CPA, Partner

Healthcare Industry Experience

A founding partner of Dingus, Zarecor & Associates PLLC, Tom has worked directly with critical access hospitals and a variety of other healthcare organizations for over 25 years, serving their financial reporting, IRS Form 990, and Medicare/Medicaid reimbursement needs. He regularly attends, and often presents at, numerous Healthcare Financial Management Association (HFMA) and other healthcare association educational meetings on various relevant topics.

Education

Tom is a graduate of Central Washington University.

Affiliations & Activities

Tom is a former president of the Washington/Alaska Chapter of HFMA and served as an officer and board member for ten years. He received HFMA's Medal of Honor in 2003 and previously had been awarded HFMA's Muncie Gold Merit Award. He has also served as a co-chair of the Spokane Chapter of the Washington Society of Certified Public Accountants' (WSCPA) not-for-profit and membership committees.

Shar Sheaffer, CPA, Partner

Healthcare Industry Experience

Shar Sheaffer is a partner of Dingus, Zarecor & Associates PLLC. With the firm since 2007, Shar has worked in the field of healthcare accounting since 2001 and specializes in reimbursement for critical access hospitals. She frequently speaks at healthcare conferences, including the annual DZA Seminar, updating clients and staff on the never-ending changes in healthcare regulations.

Education

Shar received a bachelor's in accounting from Eastern Washington University.

Affiliations & Activities

Shar is a member of both American Institute of Certified Public Accountants (AICPA) and WSCPA. She is the past president of the Montana chapter of HFMA.

Luke Zarecor, CPA, Partner

Healthcare Industry Experience

One of the founding partners of Dingus, Zarecor & Associates PLLC, Luke has worked directly with critical access hospitals, as well as a variety of other healthcare organizations, for nearly 20 years, serving their financial reporting and reimbursement needs. He regularly attends healthcare association conferences and presents at the annual DZA seminar.

Education

Luke received both a bachelor's and master's degree in Accounting from Brigham Young University.

Affiliations & Activities

Luke is a former president of the Idaho Chapter HFMA and served as the regional executive of Region 10 for HFMA. Luke has received the Muncie Gold Merit Award from HFMA and the HFMA Founders Medal of Honor Award and is a Fellow of HFMA (FHFMA).

Tristi Cohelan, Manager

Healthcare Industry Experience

With the firm since 2005, Tristi has over 15 years of experience working exclusively with critical access hospitals and other healthcare organizations. She specializes in Medicare and Medicaid cost reports, serving the reimbursement and consulting needs of the firm's clients.

Education

Tristi received her bachelor's degree in Professional Accounting and Management Information Services from Eastern Washington University.

Rikki Patch, CPA, Manager

Healthcare Industry Experience

With the firm since 2004, Rikki has over 15 years of experience working exclusively with healthcare and public sector organizations, specifically serving their financial reporting, reimbursement, and taxation needs. She serves as DZA's 990 specialist and works closely with nonprofits.

Education

Rikki received a Bachelor of Science in Business and Information Technology with an emphasis in Accounting from Montana Tech of the University of Montana, and a Master of Accountancy from the University of Montana.

Affiliations & Activities

Rikki is a member of the WSCPA.

References

Our work speaks for itself. Below you will find a selection of our client contacts at critical access hospitals who routinely use us for their projects.

Hilary Whittington, CFO
Jefferson Healthcare
Port Townsend, Washington
Telephone: 360.385.2200
E-mail:
hwhitting@jeffersonhealthcare.org

Leslie Hiebert, CEO
Klickitat Valley Health
Goldendale, Washington
Telephone: 509.773.1002
E-mail: lhiebert@kvhealth.net

Richard Boggess, CFO
Arbor Health
Morton, Washington
Telephone: 360.496.3647
E-mail: RBoggess@myarborhealth.org

Scott Olander, CFO
Kittitas Valley Healthcare
Ellensburg, Washington
Telephone: 509.962.7312
E-mail: solander@kvhealthcare.org

Steve Febus, CFO
Pullman Regional Hospital
Pullman, Washington
Telephone: 877.446.0473
E-mail: steve.febus@pullmanregional.org

Trice Watts, CFO
Greeley County Hospital
Tribune, Kansas
Telephone: 620.376.4221 ext. 501
E-mail: cfo@mygchs.com

Client List

Below you will find a selected list of clients we currently serve. We have selected this list based on those hospitals sharing similar engagement needs as you.

Critical Access Hospitals (bold are in Washington):

- Arkansas Valley Regional Medical Center
- Bear Lake Memorial Hospital
- Benewah Community Hospital
- Bingham Memorial Hospital
- Blue Mountain Hospital – Oregon
- Blue Mountain Hospital – Utah
- Boundary Community Hospital
- Caribou Memorial Hospital
- **Cascade Medical Center**
- **Columbia Basin Hospital**
- **Columbia County Health System**
- Columbia Memorial Hospital
- Community Hospital of Anaconda
- Cordova Community Medical Center
- **Coulee Medical Center**
- Curry Health District
- **East Adams Rural Healthcare**
- **Ferry County Public Hospital District**
- **Garfield County Hospital District**
- Good Shepherd Health Care System
- Goodland Regional Medical Center
- Grand River Hospital District
- Grande Ronde Hospital
- Greely County Health Services
- Humboldt General Hospital
- **Jefferson Healthcare**
- Kiowa County Hospital District
- **Kittitas Valley Healthcare**
- **Klickitat Valley Health**
- Kremmling Memorial Hospital District
- Lost Rivers Medical Center
- Lower Umpqua Hospital
- Marias Medical Center
- Memorial Hospital of Carbon County
- Mendocino Coast Hospital District
- Melissa Memorial Hospital
- Mineral Community Hospital
- Minidoka Memorial Hospital
- Moab Regional Hospital
- **Morton General Hospital**
- **Newport Community Hospital**
- North Canyon Medical Center
- North Runnels Hospital
- **North Valley Hospital**
- **Odessa Memorial Healthcare Center**
- Oneida County Hospital
- Pioneers Medical Center
- Plains Memorial Hospital
- **Prosser Memorial Health**
- Prowers Medical Center
- **Pullman Regional Hospital**
- **Quincy Valley Medical Center**
- Shoshone Medical Center
- Sierra Vista Hospital
- **Skyline Community Hospital**

- St. Vincent General Hospital District
- Star Valley Medical Center
- **Summit Pacific**
- Syringa General Hospital
- Teton Valley Health Care, Inc.
- **Three Rivers Hospital**
- Valor Health
- Wallowa Memorial Hospital
- **Whitman Hospital and Medical Center**

Community Health Centers:

- Adams County Health Center
- Cahaba Medical Care
- Clackamas County Public Health
- Community Action Partnership of Western Nebraska
- Community Health Centers of Central Wyoming
- Family Health Centers
- Family Medicine Residency of Idaho, Inc.
- HealthWorks
- Mattawa Community Medical Clinic
- Morongo Basin Healthcare District
- Olathe Comm. Clinic dba River Valley Family Health Center
- Operation Samahan, Inc.
- Shoalwater Bay Indian Tribe
- The N.A.T.I.V.E. Project
- Valley View Health Center

Hospitals:

- Artesia General Hospital
- Delta County Memorial Hospital
- Gila Regional Medical Center
- Guadalupe County Hospital
- Kootenai Health
- Madison Memorial Hospital
- Mountain View Hospital
- Roosevelt General Hospital
- Trios Health
- Uintah Basin Healthcare

Other Healthcare Organizations

- Bethany of the Northwest
- Borger Medical Clinic
- Cokeville Hospital District
- Colorado Rural Health Center
- Colville Tribal Convalescent Center
- Eunice Hospital District
- Golden Plains
- Hands of Hope
- Hospice of Eastern Idaho
- Hospice of Spokane
- Kittitas County Public Hospital District No. 2
- Klickitat County Emergency Medical Services District No. 1
- Mary's Woods at Marylhurst
- Olympic Community of Health
- Rockwood Retirement Communities
- Salmon River Health Clinic
- The CAH Network
- Washington Rural Health Collaborative

Other Public Sector Organizations

- Active4Youth
- Appleway Court
- Cascade Medical Center Foundation
- Columbia Basin College Foundation
- Columbia Basin Hospital Foundation
- Communities in Schools
- Coulee Medical Foundation
- Crest View South, Inc.
- Diocese of Yakima
- End Violence Against Women International
- Kittitas Valley Hospital Foundation
- Mead Sports Booster Organization
- Morning Star Foundation
- Mount Spokane Wildcats Athletic Booster Club
- North Valley Foundation
- Passages Family Support
- Pioneers Medical Foundation
- Providence Dominicare
- Prowers Medical Foundation
- Rockwood Residents' Foundation
- Senior Homes Foundation of Eastern Washington
- Sierra Vista Hospital Development Organization
- Teton Valley Health Care Foundation
- The Artisans
- YFA Connections

Appendix A

Dingus, Zarecor & Associates PLLC

| Going Further |

Thank you for choosing DZA! Below is a sample list of other services we offer.

Reimbursement

* Cost-based reimbursement spreadsheet
  - Determining reimbursement impact of cost changes to hospital departments
* Interim cost report
  - Prepare settlement estimates; request interim rate changes from Medicare & Medicaid Advantage plans
* Medicaid settlement estimates
  - Prepare settlement estimate; assist with reimbursement optimization
* Cost settlement tool
  - A spreadsheet used to make high-level monthly estimates of the Medicare settlement
* Assistance with Medicare Administrative Contractor (MAC) reviews of cost reports
  - Respond to and review MAC questions and adjustments on filed cost reports
* State disproportionate share hospital (DSH) applications and surveys
* GEMT cost reports
* Medicare cost report allocation changes
* Rural health clinic (RHC) and federally qualified health center (FQHC) reconciliations
  - Assist with reconciliation process for Medicaid Managed Care RHC and FQHC visits to determine actual amount due to the clinic for the services
* Clinic analysis
  - Determine best Medicare status for reimbursement of a hospital's clinic(s)
* RHC and FQHC change-in-scopes
  - Assist with changing Medicaid and Medicaid Managed Care PPS rate per encounter
* Board cost-based training
* Preparation of DSH reporting data files (Washington)
* Change in ownership or assistance with provider enrollment
* Cost report reopenings

Tax Services

* IRS Form 990 tax preparation
* 501r compliance review
* Not-for-profit application with the IRS
  - Assist in preparing application for entity to be recognized as a 501c3 organization by the IRS

Employee Benefit Plans

* Benefit plan audit
  - Nongovernmental organizations with more than 100 participants in their employee benefit plan are generally required to have an annual audit performed
* IRS Form 5500 preparation

Accounting and Reporting

* Washington State Auditor reporting
  - Assist with filings required by the SAO
* Washington Department of Health reporting
* Payroll questions
* New lease accounting standard implementation assistance
  - Help navigate and implement upcoming lease standards
* Patient accounts receivable allowance reviews
  - Assist in developing a patient accounts receivable allowance calculation

Financial Forecasts

* Management use forecast preparation
  - Prepare of a forecasted income statement, cash flow statement, and balance sheet based on budgeted data, to assist managment in evaluating capital and operating decisions
* Forecast used for financing
  - Prepare a report for use by outside lenders in loan application

12015 E Main Ave | Spokane Valley WA | 99206 | 509.242.0874 | dzacpa.com

Appendix B

Arnett Carbis Toothman llp
CPAs & Advisors

actcpas.com

101 Washington Street East
P.O. Box 2629
Charleston, WV 25329
304.346.0441 office | 304.346.8333 fax
800.642.3601

REPORT ON THE FIRM'S SYSTEM OF QUALITY CONTROL

April 14, 2017

To the Owners of
Dingus, Zarecor & Associates PLLC
and the Peer Review Committee of the Washington Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC (the firm) in effect for the year ended November 30, 2016. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC in effect for the year ended November 30, 2016, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Dingus, Zarecor & Associates PLLC has received a peer review rating of *pass*.

ARNETT CARBIS TOOTHMAN LLP

Arnett Carbis Toothman LLP

Attachment W

Prosser Memorial Health

Organization	Purpose	Award	Amount Recognized	Balance Remaining	Repayment	Other Notes	September	October	November	December	Notes	Remaining
							228,221	423,287	296,764	361,128		
Greater Columbia Accountability of Health	Telehealth Application Funding for relief during the COVID19 crisis	$ 6,000	$ 6,000	$ -	$ -	Received for initial telehealth expenditures						
HHS	Stimulus Payment	$ 760,801	$ -	$ 760,801	$ -	Attestation completed within 30 days of funds received completed 4/17/2020			$ 235,432	$ 361,128	Lost Revenue	$ 164,241
CMS Medicare Advanced Benefits	Advance of Medicare Payments	$ 6,591,980	$ -	$ -	$ (6,591,980)	Three months worth of Medicare payments advanced to PRMH Due to be repaid in November 2020 with zero forgiveness						$ -
HHS	Stimulus Payment	$ 271,197	$ -	$ 271,197	$ -	Attestation completed within 30 days of funds received completed 4/27/2020		$ 209,865	$ 61,332		Lost Revenue	$ -
US Bank SBA Economic Injury Disaster Loan (EIDL)	Payroll Protection Forgiveness Loan	$ 10,000	$ 10,000	$ -	$ -	US Bank SBA grant deposited into our account						$ -
US Bank SBA Payroll Protection Program Loan (PPPL)	Payroll Protection Forgiveness Loan	$ 6,350,235	$ -	$ 6,350,235	$ -	Equivalent to 2.5 months worth of Payroll expenses and forgivable based upon maintaining Payroll expenses at historical levels. Due to be forgiven by the end of the year. Have received approximately 55% of gross award for Medicare/Medicaid paybacks				$ 6,350,235	Grant to cover expenses	$ -
HHS	CARES Provider Relief Fund - Rural Allocation	$ 4,170,732	$ 3,795,455	$ 375,277	$ -	Each CAH will receive at least $1,000,000 with the average CAH/Rural Hospital to receive $1,000,000 and each Rural Health Clinic to receive at least $100,000 with the average to be about $160,000. We received $3,120,732 RAHC/ORH (National Association of Rural Health Clinics)	$ 161,855	$ 213,422			Lost Revenue	$ -
HHS	Stimulus Payment	$ 49,461	$ -	$ 49,461	$ -	CARES Act: Rural specific relief funds for rural health clinics			$ 49,461		COVID Testing	$ 0
WSHA	ASPR PPE purchase from WSHA	$ 20,000	$ 20,000	$ -	$ -	Grant funds processed thru WSHA and spent on PPE for staff					Grant to cover expenses	$ -
Medicaid SRDSH	SRDSH reallocation of addt'l funds	$ 29,382	$ 29,382	$ -	$ -	The SRDSH amount that is funded by the MIRA fund, is set by RCW at $2,900,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020					Grant to cover expenses	$ -
HHS	Stimulus Payment	$ 49,461	$ -	$ 49,461	$ -	CARES Act: Rural specific relief funds for rural health clinics			$ 49,461		COVID Testing	$ 0
HHS	Stimulus Payment	$ 150,680	$ -	$ 150,680	$ -	CARES Act: Rural specific relief funds for rural health clinics				$ -	Lost Revenue	$ 150,680
HRSA (WA DOH)	SHIP	$ 83,136	$ 83,136	$ -	$ -	1. Other than confirming your hospital list from the FY 2020 SCC, no HRSA will not need any application information up front. There will be follow up information requested as a condition on your award and quarterly reporting requirements for the hospitals receiving SHIP COVID-19 funds					Grant to cover expenses	$ -
HHS	Stimulus Payment	$ 103,253	$ -	$ 103,253	$ -	CARES Act: Rural specific relief funds for rural health clinics				$ 103,253	Lost Revenue	$ 0
HHS	Stimulus Payment	$ 1,300,000	$ -	$ 1,300,000	$ -	CARES Act: Funds for Hot Spot Hospitals based upon COVID admissions				$ 1,300,000	Lost Revenue	$ -
	Totals	$ 19,946,320	$ 3,943,973	$ 9,410,367	$ (6,591,980)		$ 161,855	$ 423,287	$ 395,686	$ 8,114,616		$ 314,922

Attachment X

Prosser Memorial Health

STATEMENT OF OPERATIONS

	Actual 2018	Actual 2019	Budget 2020			Projected 2020		
Gross Patient Services Revenue								
Inpatient	29,604,722	32,299,988	34,564,819	2,264,831	7.0%	33,342,738	(1,222,081)	-4%
Outpatient	88,786,759	109,767,804	125,833,980	16,066,176	14.6%	108,947,915	(16,886,065)	-13%
Total Gross Patient Services Revenue	**118,391,481**	**142,067,791**	**160,398,799**	**18,331,008**	**12.9%**	**142,290,653**	**(18,108,147)**	**-11%**
								IP OP Total
Contractual Allowances								
Medicare	20,525,466	27,928,741	32,236,053	4,307,311	15.4%	27,421,257	(4,814,796)	-15%
Medicaid	26,511,175	31,140,292	35,645,007	4,504,715	14.5%	30,128,746	(5,516,262)	-15%
Negotiated Rates	14,177,999	16,817,667	20,591,779	3,774,112	22.4%	17,052,574	(3,539,206)	-17%
Other Adjustments	1,230,238	1,343,734	2,251,696	907,962	67.6%	2,530,496	278,800	12%
Gross Contractual Allowances	**62,444,878**	**77,230,435**	**90,724,536**	**13,494,100**	**17.5%**	**77,133,072**	**(13,591,463)**	**-15%**
Charity Care	2,108,996	1,671,832	2,001,181	329,350	19.7%	2,606,643	605,461	30%
Bad Debt	2,325,567	4,031,596	4,220,415	188,818	4.7%	4,013,185	(207,230)	-5%
Total Deductions From Revenue	**66,879,441**	**82,933,863**	**96,946,132**	**14,012,269**	**16.9%**	**83,752,899**	**(13,193,232)**	**-14%**
Net Patient Services Revenue	**51,512,040**	**59,133,929**	**63,452,668**	**4,318,739**	**7.3%**	**58,537,753**	**(4,914,914)**	**-8%**
HHS Federal Funds						6,607,030	6,607,030	
Other Grants related to COVID19						6,000	6,000	
Paycheck Protection Program (Net of Medicare)						6,360,235	6,360,235	
Other Operating Revenue	704,674	1,680,884	1,140,583	(540,301)	-32.1%	963,563	(177,020)	-16%
Net Revenue	**52,216,714**	**60,814,813**	**64,593,251**	**3,778,438**	**6.2%**	**72,474,581**	**7,881,330**	**12%**
Operating Expenses								
Salaries	23,106,905	27,475,682	28,602,691	1,127,009	4.1%	28,536,305	(66,386)	0%
Benefits	6,299,128	6,260,014	6,623,166	363,152	5.8%	6,530,866	(92,300)	-1%
Purchased Labor	3,345,598	2,843,126	2,359,009	(484,117)	-17.0%	2,541,068	182,059	8%
Sub-Total Labor Costs	**32,751,631**	**36,578,823**	**37,584,866**	**1,006,044**	**2.8%**	**37,608,239**	**23,373**	**0%**
Professional Fees - Physicians	3,477,937	4,047,076	3,799,311	(247,765)	-6.1%	3,951,850	152,539	4%
Professional Fees - Other	741,499	509,434	542,457	33,023	6.5%	435,620	(106,837)	-20%
Supplies	5,194,133	7,040,429	7,749,096	708,667	10.1%	7,610,635	(138,461)	-2%
Purchased Services - Utilities	480,365	491,784	536,197	44,413	9.0%	541,825	5,628	1%
Purchased Services - Other	4,093,714	3,320,394	3,364,521	44,127	1.3%	3,309,989	(54,533)	-2%
Rentals & Leases	1,888,737	2,132,297	2,262,944	130,648	6.1%	2,119,815	(143,130)	-6%
Insurance License & Taxes	584,572	738,376	733,737	(4,639)	-0.6%	900,010	166,273	23%
Depreciation & Amortization	1,988,410	2,443,594	2,720,000	276,406	11.3%	2,745,243	25,243	1%
Other Operating Expenses	1,292,044	1,259,784	1,470,060	210,276	16.7%	1,138,893	(331,167)	-23%
Sub-Total Non-Labor Expenses	**19,741,411**	**21,983,167**	**23,178,324**	**1,195,157**	**5.4%**	**22,753,880**	**(424,444)**	**-2%**
Total Operating Expenses	**52,493,042**	**58,561,990**	**60,763,190**	**2,201,200**	**3.8%**	**60,362,119**	**(401,071)**	**-1%**
Operating Income (Loss)	**(276,328)**	**2,252,823**	**3,830,061**	**1,577,238**	**70.0%**	**12,112,462**	**8,282,401**	**216%**
Non Operating Income								
Tax Revenue	821,456	846,680	833,589	-13,091	-1.5%	852,970	19,381	2%
Investment Income	215,615	335,335	272,476	(62,859)	-18.7%	120,606	(151,870)	-56%
Interest (Expense)	(171,572)	(355,362)	(403,586)	(48,225)	13.6%	(405,265)	(1,679)	0%
Other Non Operating (Expense)	(161,830)	71,875	25,870	(46,005)	-64.0%	(31,130)	(57,000)	-220%
Total Non Operating Income	**703,669**	**898,528**	**728,349**	**(170,179)**	**-18.9%**	**537,182**	**(191,167)**	**-26%**
Net Income (Loss)	**$ 427,341**	**$ 3,151,351**	**$ 4,558,410**	**$ 1,407,059**	**44.6%**	**12,649,643**	**8,091,233**	**178%**
Operating Margin	*-0.54%*	*3.81%*	*6.04%*			*20.69%*		
Total Margin	*0.82%*	*5.18%*	*7.06%*			*17.45%*		

	January	February	March	April	May	June	July	August	September	October	November	December	2020
Gross Patient Services Revenue													
Inpatient	2,864,636	3,010,011	2,635,344	2,206,745	2,520,235	3,042,365	3,178,603	2,759,767	2,732,003	2,922,455	2,712,301	2,758,272	33,342,738
Outpatient	10,071,001	9,445,153	8,882,599	5,357,211	6,692,398	9,162,181	9,501,319	10,082,833	9,631,836	10,415,279	9,770,254	9,935,851	108,947,915
Total Gross Patient Services Revenue	**12,935,637**	**12,455,164**	**11,517,943**	**7,563,956**	**9,212,633**	**12,204,546**	**12,679,922**	**12,842,600**	**12,363,839**	**13,337,734**	**12,482,555**	**12,694,124**	**142,290,653**
	5%	16%	-7%	-24%	-17%	0%	13%	-5%	-5%		-5%	-5%	-4%
	1%		-14%	-49%	-40%	-18%	-7%	-5%	-8%		-6%		-13%
	2%	4%	-13%	-44%	-35%	-14%	-3%		-7%		-6%	-6%	-11%
Contractual Allowances													
Medicare	2,632,393	2,720,808	1,872,267	995,183	1,611,449	2,019,352	2,123,486	2,764,334	2,538,882	2,821,330	2,628,148	2,693,625	27,421,257
Medicaid	2,462,158	2,881,363	2,564,561	2,088,300	1,938,730	2,427,413	3,115,446	2,843,908	2,310,827	2,625,849	2,406,365	2,463,825	30,128,746
Negotiated Rates	1,970,832	1,535,802	1,259,890	363,732	1,146,693	1,738,176	1,625,968	1,471,853	1,436,891	1,546,185	1,455,080	1,501,472	17,052,574
Other Adjustments	152,100	143,288	395,710	40,602	(68,462)	265,524	291,657	496,025	197,821	213,404	199,721	203,106	2,530,496
Gross Contractual Allowances	**7,217,483**	**7,281,261**	**6,092,428**	**3,487,817**	**4,628,410**	**6,450,465**	**7,156,557**	**7,576,120**	**6,484,421**	**7,206,768**	**6,689,315**	**6,862,028**	**77,133,072**
Charity Care	70,465	207,726	147,685	40,927	49,448	149,222	337,712	77,110	370,915	400,132	374,477	380,824	2,606,643
Bad Debt	366,493	154,253	325,725	268,555	255,700	326,276	138,652	256,521	457,462	506,834	474,337	482,377	4,013,185
Total Deductions From Revenue	**7,654,441**	**7,643,240**	**6,565,838**	**3,797,299**	**4,933,558**	**6,925,963**	**7,632,921**	**7,909,751**	**7,312,799**	**8,113,733**	**7,538,129**	**7,725,228**	**83,752,899**
Net Patient Services Revenue	**5,281,196**	**4,811,924**	**4,952,105**	**3,766,657**	**4,279,075**	**5,278,583**	**5,047,001**	**4,932,849**	**5,051,041**	**5,224,000**	**4,944,426**	**4,968,896**	**58,537,753**
	59%	61%	57%	50%	54%	57%	60%	62%	59%	61%	60%	61%	
HHS Federal Funds				2,200,384			144,553	1,450,518	228,221	423,287	395,686	1,764,381	6,607,030
Other Grants related to COVID19				6,000	-								6,000
Paycheck Protection Program (Net of Medicare)					*1,325,149*	*1,481,428*	61,029	*(2,857,606)*				*6,350,235*	*6,360,235*
Other Operating Revenue	54,446	48,156	79,111	53,953	64,385	58,859	61,424	125,401	160,502	48,412	48,412	160,502	963,563
Net Revenue	**5,335,642**	**4,860,080**	**5,031,216**	**6,026,994**	**5,668,609**	**6,818,870**	**5,314,007**	**3,651,162**	**5,439,764**	**5,695,699**	**5,388,524**	**13,244,014**	**72,474,581**
	106%	101%	93%	113%	101%	118%	102%	68%	100%	100%	102%	241%	112%
	Lost Net Patient Revenue		(270,050)	(1,531,641)	(1,311,105)	(330,633)	(99,010)	(403,520)	(228,221)	(423,287)	(296,264)	(361,128)	(5,255,359)
	4%	5%	3%	-6%	-7%	-4%		-1%	0%	0%	0%	0%	0%
Operating Expenses													
Salaries	2,390,097	2,319,195	2,438,079	2,243,147	2,292,652	2,362,460	2,472,695	2,378,145	2,385,460	2,480,189	2,375,660	2,398,526	28,536,305
Benefits	577,012	555,392	440,583	739,833	604,325	419,678	578,549	396,087	551,645	564,043	550,363	553,356	6,530,866
Purchased Labor	249,096	283,557	329,407	261,699	135,882	166,436	169,347	176,412	188,770	202,452	187,354	190,657	2,541,068
Sub-Total Labor Costs	**3,216,205**	**3,158,144**	**3,208,069**	**3,244,679**	**3,032,859**	**2,948,574**	**3,220,591**	**2,950,644**	**3,125,875**	**3,246,685**	**3,113,377**	**3,142,538**	**37,608,239**
	6%	8%	3%	3%	-6%	-9%	4%	-8%	0%	0%	0%	0%	0%
Professional Fees - Physicians	389,778	279,808	267,635	419,725	288,245	326,140	320,182	393,900	316,609	316,609	316,609	316,609	3,951,850
Professional Fees - Other	43,960	58,785	19,051	93,438	49,659	64,682	37,919	(112,693)	45,205	45,205	45,205	45,205	435,620
Supplies	619,449	675,545	762,215	527,615	481,223	516,166	689,329	720,675	638,272	663,338	648,404	668,404	7,610,635
Purchased Services - Utilities	43,249	43,969	40,757	31,315	46,337	46,325	59,031	52,110	44,683	44,683	44,683	44,683	541,825
Purchased Services - Other	261,428	230,546	359,733	222,165	228,231	255,449	279,915	352,210	280,078	280,078	280,078	280,078	3,309,989
Rentals & Leases	194,404	170,987	167,981	152,417	153,829	180,783	176,162	168,937	188,579	188,579	188,579	188,579	2,119,815
Insurance License & Taxes	60,430	99,269	87,383	85,150	58,860	36,853	39,883	91,582	85,150	85,150	85,150	85,150	900,010
Depreciation & Amortization	222,577	227,538	224,010	228,367	229,348	231,347	232,391	232,273	229,348	229,348	229,348	229,348	2,745,243
Other Operating Expenses	104,447	103,657	107,679	92,318	92,182	(21,863)	114,301	56,152	122,505	122,505	122,505	122,505	1,138,893
Sub-Total Non-Labor Expenses	**1,939,722**	**1,890,104**	**2,036,444**	**1,852,510**	**1,627,914**	**1,635,882**	**1,949,113**	**1,955,146**	**1,950,429**	**1,975,495**	**1,960,561**	**1,980,561**	**22,753,880**
	1%	0%	4%	-4%	-17%	-16%		1%	1%	1%	2%	3%	-2%
Total Operating Expenses	**5,155,927**	**5,048,248**	**5,244,513**	**5,097,189**	**4,660,773**	**4,584,456**	**5,169,704**	**4,905,790**	**5,076,303**	**5,222,179**	**5,073,938**	**5,123,099**	**60,362,119**
	104%	105%	103%	101%	90%	88%	103%	97%	100%	100%	101%	101%	
Operating Income (Loss)	**179,715**	**(188,168)**	**(213,297)**	**929,805**	**1,007,836**	**2,234,414**	**144,303**	**(1,254,628)**	**363,461**	**473,520**	**314,586**	**8,120,915**	**12,112,462**
Non Operating Income													
Tax Revenue	71,840	65,599	77,314	73,881	69,589	70,784	72,711	71,007	70,061	70,061	70,061	70,061	852,970
Investment Income	22,527	22,036	19,425	18,000	12,391	12,242	3,385	2,600	2,000	2,000	2,000	2,000	120,606
Interest (Expense)	(32,996)	(19,892)	(33,218)	(35,750)	(32,897)	(35,496)	(37,969)	(42,518)	(33,632)	(33,632)	(33,632)	(33,632)	(405,265)
Other Non Operating (Expense)	(222)	-	-	500	13,684	(57,915)	-	4,200	2,156	2,156	2,156	2,156	(31,130)
Total Non Operating Income	**61,149**	**67,743**	**63,521**	**56,631**	**62,767**	**(10,385)**	**38,127**	**35,289**	**40,585**	**40,585**	**40,585**	**40,585**	**537,182**
Net Income (Loss)	**240,864**	**(120,425)**	**(149,776)**	**986,436**	**1,070,603**	**2,224,029**	**182,430**	**(1,219,339)**	**404,046**	**514,105**	**355,171**	**8,161,500**	**12,649,643**
Operating Margin	*3.40%*	*-3.91%*	*-4.31%*	*24.69%*	*23.55%*	*42.33%*	*2.86%*	*-25.43%*	*7.20%*	*9.06%*	*6.36%*	*163.44%*	*20.69%*
Total Margin	*4.51%*	*-2.48%*	*-2.98%*	*16.37%*	*18.89%*	*32.62%*	*3.43%*	*-33.40%*	*7.43%*	*9.03%*	*6.59%*	*61.62%*	*17.45%*

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 2 PAGE(S)
REGARDING:	ORIENTATION	NUMBER: 100.0001
DEPARTMENT AFFECTED:	BOARD OF COMMISSIONERS	AMENDED: 09/24/2020
EFFECTIVE DATE:	02/23/17	REVIEWED: 09/24/2020

POLICY

Prosser Memorial Health (PMH) Board of Commissioners are responsible for attending a PMH orientation program as outlined below within the first three months of their initial appointment to the Board.

IMPLEMENTATION

The Commissioner's Orientation Program shall consist of the following:

A. Distribution of Orientation Manual
B. Review of PMH by the CEO and a Commissioner of the Board:
    1. History;
    2. Mission Statement;
        a. Vision;
        b. Strategic Plan;
        c. Values and Standards of Behavior; and
        d. Board Action Plan.
    3. Board Structure and Functions;
    4. Medical Center Bylaws;
    5. Board Policies:
        a. Board Responsibilities;
        b. Conflict of Interest; and
        c. Confidentiality.
    6. Medical Staff Bylaws;
    7. Medical Staff Model and Provider Recruitment/Retention Plan;

8. Review of the PMH service area; and
9. Review Board education opportunities.

C. Tour of the PMH campus and a review of PMH services with the CNO/CEO.

D. Review of financial considerations, issues and financial statements with the CFO.

E. Review of Human Resource issues with the Director of Human Resources; and

F. A subscription to *Trustee*, a journal published by the American Hospital Association.

DRAFT

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 4 PAGE(S)
REGARDING:	ORGANIZATIONAL ETHICS	NUMBER: 100.0002
DEPARTMENT AFFECTED:	ALL	AMENDED: 09/24/2020
EFFECTIVE DATE:	02/23/2017	REVIEWED: 09/24/2020

PURPOSE

Prosser Memorial Health (PMH) has established this statement of organizational ethics in recognition of the institution's responsibility to our patients, staff, physicians, and the community we serve. It is the responsibility of every member of the PMH community - Board of Commissioners, Administration, Medical Staff members, and employees - to act in a manner that is consistent with this organizational statement and its supporting policies.

POLICY

Our behavior will be guided by the following general principles:

A. A dedication to the principle that all patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courtesy.
B. We will fairly and accurately represent ourselves and our capabilities.
C. We will provide services to meet the identified needs of our patients and will seek to avoid the provision of those services, which are unnecessary or non-efficacious.
D. We will consistently follow well-designed standards of care based upon the needs of the patient and without regard to his or her ability to pay.
E. We will provide services to those patients for whom we can safely care and will not turn patients away who are in need of our services based on their ability to pay or based upon any other factor that is substantially unrelated to patient care.

F. We will strive to provide care that is of comparable quality regardless of the setting in which that care is provided.
G. We will demonstrate integrity on clinical decision making.

RESPECT FOR THE PATIENT

We will treat all patients with dignity, respect, and courtesy. Patients (or their significant others/surrogates) will be involved in decisions regarding the care delivered to the extent that such is practical and possible. We will also seek to inform patients about therapeutic alternatives and the known risks associated with the recommended treatment. We will constantly seek to understand and respect the patient's objectives for care.

We will attempt to treat patients in a manner giving consideration to their background, culture, religion, and heritage.

CONFLICT OF INTEREST

Definition: A conflict of interest is presumed to exist when a Board of Commissioner, Medical Staff, appointee, employee, or firm with which he/she is associated may benefit or lose from the passage of a proposed action. Conflicts of interest can also exist when caregivers possess deep-seated beliefs and values that conflict with the patient's treatment such as end-of-life decisions.

Under sections 1877(b) and 1909(b) of the Social Security Act: "It is considered a felony for anyone to knowingly offer, pay, solicit, or receive any payment in return for referring an individual to another for their furnishing, or the arrangement for the furnishing, of any item or service that may be paid for by the Medicare or Medicaid Programs" (Pozgar, 1990). The U.S. Department of Health and Human Services has identified the following arrangements as examples of potential conflicts of interest and possible violations of the Social Security Act.

- Payment of a finder fee to respiratory therapists, physical therapists, etc. working at PMH for referring patients to suppliers of durable medical equipment; and
- Payment to social workers or discharge planners by home health agencies for referring PMH patients in need of home health services once they are discharged from PMH (Pozgar, 1990).

RECOGNITION AND RESOLUTION OF POTENTIAL CONFLICTS OF INTEREST

We recognize that the potential for conflict of interest exists for decision makers at all levels within PMH. That includes members of the Board of Commissioners, Administration, the Medical Staff, and all other employees. It is our policy to request the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflict is not inappropriately influential. The Board of Commissioners, as well as senior management and the Medical Staff, will review all potential conflicts (when appropriate) and take appropriate action. In the event a potential conflict of interest has direct implication on patient care, the institution may convene an ad-hoc meeting of the Ethics Committee to assist in the resolution of the issue.

FAIR BILLING PRACTICES

Prosser Memorial Health will invoice patients or third parties only for services actually provided and will provide assistance to patients seeking to understand the cost relative to their care. PMH will also attempt to resolve questions and objections to the satisfaction of the patient while considering PMH's best interest, as well.

ETHICAL BUSINESS PRACTICE

PMH will strive to maintain ethical business practices by always disclosing ownership and any existing contractual relationships of referred services.

MARKETING

PMH marketing material will only reflect the services available and the level of licensure and accreditation.

ADMISSION/TRANSFER/DISCHARGE

Admission, transfer, and discharge policies will not be based on patient or PMH economics.

CONFIDENTIALITY

The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner, and sensitive information concerning personnel and management issues will be maintained in the strictest confidence

and utilized only by those individuals authorized to review and act upon such information.

Underlying each of the above principles is the organization's overall commitment to act with integrity in all of our activities and to treat the organization's employees, patients, physicians, and the many constituents we serve with the utmost respect.

DRAFT

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 4 PAGE(S)
REGARDING:	COMMISSIONER RESPONSIBILITIES	NUMBER: 100.0003
DEPARTMENT AFFECTED:	BOARD OF COMMISSIONERS	AMENDED: 9/24/2020
EFFECTIVE DATE:	02/23/2017	REVIEWED: 09/24/2020

POLICY

Prosser Memorial Health (PMH) Board of Commissioners are responsible for the institution, the protection of its assets, and the quality of services that PMH provides to its patients. Commissioners are expected to perform their responsibilities in accordance with the Prosser Memorial Health Bylaws and Commissioner Position Description.

IMPLEMENTATION

The Commissioner Position Description for Prosser Memorial Health is as follows:

A. Basic Function:
   1. Provides continuing direction for planning, operation, and evaluation of PMH Bylaws. Appoints the Chief Executive Officer (CEO) of PMH.

B. Requirements, Mission, Vision, Values:
   1. Considers the health requirements of the community and the responsibilities that PMH should assume in helping to meet them.
   2. Adopts statements of Mission, Vision, Values, Standards of Behavior and Strategic Plan.
   3. Determines the desired scope and quality of the programs and services to be provided by PMH.
   4. Reviews and amends the PMH Bylaws as necessary.

C. Programs and services:
   1. Approves plans for the development of programs and services to be provided by PMH. Takes action on the recommendations of the Administrative Team and the CEO.
   2. Provides general direction to the CEO in the implementation of program

and service plans.

3. Appraises the results of programs and services based on previously established objectives and requirements. Receives reports from the CEO and directs him/her to plan and take corrective actions where warranted.

D. Organization and Staffing:

1. Adopts the plan of organization of PMH, including plans of the organization of the Board of Commissioners, Administration and Medical Staff.
2. Elects officers of the Board in accordance with provisions of the PMH Bylaws.
3. Selects, evaluates and retains or dismisses the CEO.
4. Establishes Board policies for conducting business and, at a minimum, reviews them every three years.

E. Medical Staff:

1. Appoints, reappoints and approves privileges for all Medical Staff members.
2. Ensures that PMH Medical Staff is organized to support the objective of PMH.
3. Reviews and takes final action of appeals involving the termination of Medical Staff appointments and/or privileges.
4. Approves Medical Staff organization, bylaws, rules and regulations, and any proposed revisions.

F. Quality of Care:

1. Signs the Board Member Code of Ethics and Values/Standards of Behavior upon appointment and annually.
2. Assumes ultimate responsibility for the quality of care provided by PMH.
3. Approves PMH-wide Quality Assurance Plan and assures that PMH has in place mechanisms for monitoring and evaluating quality, identifying and resolving problems, and identifying opportunities to improve patient care.
4. Requires that PMH has in its Quality Assurance Program a process to ensure the competence of all individuals who provide patient care services, but are not subject to the Medical Staff privileges delineation process.
5. Requires mechanisms to ensure that one level of patient care is provided in PMH.

6. Provides for resources and support systems for quality assurance and Process Improvement related to patient care and safety.
7. Ensures that PMH maintains appropriate accreditations and licensure.

G. Finance:
1. Assumes ultimate responsibility for the financial soundness and success of PMH.
2. Adopts business plans and annual PMH budgets, including both operating and capital budgets.
3. Selects and periodically reviews the performance of PMH's independent auditors. Receives and reviews reports of PMH's independent auditors.
4. Approves policies governing the financial affairs of PMH.
5. Authorizes officers of the Corporation to act for PMH in the execution of financial transactions.

H. Planning:
1. Approves plans for development, expansion, modernization, and replacement of PMH's facilities, major equipment, and other tangible assets.
2. Approves the acquisition, sale and lease of real property in accordance with the provisions of Board policy.

I. Attendance:
1. The effective operation of the Board depends, to a considerable extent, upon the regularity with which members attend meetings of the Board and of the working committees to which they have been assigned. Members of the Board who are absent without notification from three or more regular meetings of the Board in any twelve-month period, will be considered delinquent in attendance.
2. Members who fail to attend Board meetings because of ill health or other extenuating circumstances may be excused from Board meetings by the President of the Board. Members must notify the Administration office prior to their absence.

J. Education:
1. Prior to, immediately after, or during each Board meeting there may be a 30 –60 minute on-site educational session. These sessions will cover all aspects of healthcare management and the healthcare industry in general. Members of the Board who are absent without being properly excused from three or more consecutive on-site education sessions, or

who fail to attend at least 50% of the on-site education sessions held in any 12-month period, will be considered delinquent in attendance. Board members are encouraged to attend a minimum of one off-site education program per fiscal year.

K. Orientation:

1. Attends a PMH orientation program in accordance with provisions of Board Policies.

DRAFT

PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 6 PAGES

REGARDING: CONFLICT OF INTEREST/FIDUCIARY DUTY
NUMBER: 100.0004

DEPARTMENT AFFECTED: BOARD OF COMMISSIONERS AMENDED: 09/24/2020

EFFECTIVE DATE: 02/23/2017 REVIEWED: 09/24/2020

POLICY

On an annual basis every Commissioner and key employee of Prosser Memorial Health (PMH) is required to complete and sign a conflict of interest statement. The purpose of the statement is to notify PMH of any conflict areas and to notify the individual signing the document of his or her fiduciary duty of good faith and fair dealing to PMH.

The question often arises as to what actions or opportunities will result in a breach of the duty of good faith and fair dealing. The purpose of this policy is to provide background information regarding the concept of fiduciary duty. This information will assist you in making a full and fair disclosure where necessary. While the policy refers to "Commissioners", essentially the same concepts apply to key employees.

DUTY OF GOOD FAITH AND FAIR DEALING

The underlying obligation of every Commissioner and key employee is to exercise judgement in honesty and good faith with the best interests of PMH in mind. This duty of good faith and fair dealing involves three areas of concern: conflict of interest, usurpation of PMH opportunity, and competing with PMH.

CONFLICT OF INTEREST

A conflict of interest occurs whenever a Commissioner is faced with a decision involving at least two competing interests; the Commissioner's own interest and PMH's interest, to which the Commissioner owes a fiduciary duty. A choice in the

best interest of one may not be the best alternative for the other. A person has an interest in a particular transaction if he/she or a member of his/her immediate family or business partner or associate is a party:

1. Contracting or dealing with PMH (in securing of goods or services), or
2. If he/she or a member of his/her immediate family is a Director, Commissioner of Officer of, or has a significant financial or influential interest in, the entity contracting or dealing with PMH, or
3. If he/she or a member of his/her immediate family is otherwise reasonably likely to gain a significant financial or other personal benefit if the transaction or contract is approved.

In the event that such a conflict exists or arises, the individual Commissioner has a fiduciary duty and obligation to completely disclose his/her interest in the transaction to PMH and to abstain from voting.

USURPATION OF PMH

Usurpation of PMH occurs when a Commissioner, because of his/her position or affiliation with PMH, is presented with and seizes a business opportunity which PMH is (1) financially able to undertake, (2) by its nature, is in the line of PMH's business and is of practical advantage to it, and (3) is one in which PMH has an interest or a reasonable expectancy. If there appears to be the possibility that PMH could benefit from the opportunity, then full disclosure must be made.
A number of factors must be weighed in determining whether or not an opportunity was one which rightfully belonged to PMH. These factors may include:

1. Whether the business was one in which PMH had an interest or expectancy;
2. Whether the opportunity was essential, necessary, or desirable to PMH's reasonable needs and aspirations;
3. Whether the opportunity embraced areas adaptable to PMH's business and into which it might easily or logically expand;
4. Whether the opportunity was unfair or harmful to PMH;
5. Whether PMH had the financial ability to acquire the opportunity; or

6. Whether the opportunity included activities as to which PMH had fundamental knowledge, skill, experience, equipment or personnel, with the ability to pursue the opportunity.

Essentially, a Commissioner may not exploit his/her position as an insider by appropriating to himself/herself a business opportunity properly belonging to PMH. If PMH does not choose to act on the matter, then it may be permissible for a Commissioner to go ahead and seize the opportunity.

COMPETING WITH PMH

Competing with PMH may involve an element or elements of usurpation of PMH opportunity and conflict of interest. An individual may be considered to be competing with PMH if he/she or a member of his/her immediate family or business partner or associate, is engaged in activity in which PMH is also engaged. This includes but is not limited to competing directly or indirectly with PMH in the purchase, lease, or sale of property or property rights, interests or services.

GOOD FAITH AND FAIRNESS

The fact that a Commissioner has a conflict of interest or is competing with PMH is not in and of itself illegal or prohibited. A Commissioner of PMH may, so long as he/she has dealt fairly with PMH and has not taken advantage of his/her position, deal personally with PMH and such transactions will usually be upheld if the fair dealing standard is met. However, a court may scrutinize any transaction between the Commissioner and himself/herself and require them to be scrutinized by good faith and the conscientious discharge of official duty. What is meant by good faith and fairness? If the action or transaction undertaken is for the benefit of and in the interests of the corporation and is not tainted with fraud, the Commissioner has likely acted in good faith and with fairness. The Commissioner will have made full disclosure of all pertinent information related to his/her interests. It should be noted here, however, that an opportunity may be so clearly a PMH opportunity that any attempt to prove good faith, loyalty and fair dealing may be negated.

Each Commissioner must make a full and complete disclosure of his/her interests. In the event the Commissioner does not meet the standard of good faith, fairness

and full disclosure, actions taken are voidable and the Commissioner is liable, at a minimum, to return lost profits.

With this in mind, each Commissioner and key employee is required to complete the attached Conflict of Interest Disclosure and return it to Administration annually by January 1. In addition to completing the conflict of interest statement on an annual basis, adherence to the following guidelines will result in compliance with the legal requirements and avoid potential political problems which may result from a Commissioner or key employee dealing with the corporation for his/her own personal benefits.

1. In discussions with the Board, the Commissioner must comply with the standard of good faith, fair dealing, and full disclosure when presented with any proposal in which he/she is interested.
2. When the action item is brought up for discussion by the Board, the interested Commissioner must identify that he/she has a conflict of interest as to this matter.
3. The statement regarding the conflict of interest must be entered into the minutes.
4. The interested Commissioner should not be counted in the quorum.
5. The interested Commissioner must abstain from voting.
6. While it is not mandatory that the interested Commissioner remove himself/herself from the discussion and vote on the matter, it may be best for the individual to do so in order to allow free discussion.

PROSSER MEMORIAL HEALTH

CONFLICT OF INTEREST DISCLOSURE

BOARD OF COMMISSIONERS

Name: _____

Occupation: _____

Place of Business: _____

Phone: _____ E-Mail: _____

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

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

_____

(___) None

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

_____

(___) None

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

_____

(___) None

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

_____ _____

Signature of Board Member Date

DRAFT

PROSSER MEMORIAL HEALTH

CONFLICT OF INTEREST

Key Employee

Name: _____

Occupation: _____

Place of Business: _____

Phone: _____ E-Mail: _____

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

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

_____

(___) None

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

_____

(___) None

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

_____

(___) None

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

_____ _____

Signature of Key Employee Date

DRAFT

Attachment EE

Prosser
Memorial Health

Interview Date: August 20, 2020
6:15 p.m.
Whitehead Conference Room

Name: Evan Tidball

Phone Number: 360 509 4543 (cell) 509 786 7787 (office)

Email: evan.tidball@edwardjones.com

Current Title: Financial Advisor

Current Employment: Edward Jones Investments

Areas of Expertise: Financial Planning, Retirement Planning

INTRODUCTION: (Please tell us about yourself and why you believe you would be an asset to the Prosser Memorial Health Board of Commissioners. Please describe your current title, company and major responsibilities you are accountable for.)

I am an involved family many, community member, and business owner in Prosser. Friends and family have described me as fun loving, charismatic and a go getter. As a Financial Advisor with Edward Jones, I am responsible for understanding what is most important to my clients, working with them through an established process, and partnering with them achieve their long term financial goals. As a board member, I would provide perspective as a young professional community member to accomplishing the mission of board. I would work to understand the needs of the community and provide feedback for governance and direction of Prosser Memorial Health.

CAREER HISTORY: (Give a brief career history, naming key companies and industries you have worked. If you are responsible for revenue mention that here. Describe the groups you have led, major initiatives you implemented.)

Previous to Edward Jones, I worked for Anderson Hay and Grain in the agricultural and international export industry. I was responsible for recruiting and staffing at the time. Currently, I serve on the growth team for our region of Edward Jones successfully transitioning new advisors to the field and currently recruiting existing financial advisors to Edward Jones.

BOARD SERVICE, HONORS, SPECIAL SKILLS AND EDUCATION (1 PARAGRAPH)

Locally, I have completed the Prosser Leadership curriculum and served on the Prosser Memorial Health Foundation Board with Financial Committee responsibilities. As a member for the Prosser Rotary Club, I Am recognized as Paul Harris Fellow. I graduated from Central Washington University with a degree in Business Administration.

Please complete and return via email to Carol Allen, Executive Assistant, at Prosser Memorial Health, callen@prosserhealth.org by Thursday, August 13. If you have any questions, please contact Carol at 509-786-6651.

Prosser
Memorial Health

Interview Date: August 20, 2020
6:45 p.m.
Teams Meeting

Name: J. Neilan McPartland
Phone Number: 509-339-3141
Email: jmcpartland@numericacu.com

Current Title: Assistant Vice President-Regional Director
Current Employment: Numerica Credit Union
Areas of Expertise: Strategic Planning, Data Analysis

INTRODUCTION: (Please tell us about yourself and why you believe you would be an asset to the Prosser Memorial Health Board of Commissioners. Please describe your current title, company and major responsibilities you are accountable for.)

I believe that I would be an asset to the Board of Commissioners because I am a long term strategic thinker. I understand how to use and take advantage of resources to make quick, sound, and fiscally responsible decisions. In my current role, I am responsible for 60+ staff members and thousands of regional members.

CAREER HISTORY: (Give a brief career history, naming key companies and industries you have worked. If you are responsible for revenue mention that here. Describe the groups you have led, major initiatives you implemented.)

I have been in banking for the last 12 yrs.
I have driven intitiatives in the following areas:
- Technology adoption and implementation
- Community out reach
- Hispanic initiative - This was an out reach effort that has continued within my Company for the last 7 years

BOARD SERVICE, HONORS, SPECIAL SKILLS AND EDUCATION (1 PARAGRAPH)

- Bachelors degree - Washington State University
- Western CUNA Management School - Pomona College
- Leadership Tri Cities Graduate
- Tri-Cities Area Journal of Business Top 10 Young Professionals
- Junior Achievement Volunteer
- School Advisory Committee - Christ the King School
- Board of Directors - Children's Developmental Center

Please complete and return via email to Carol Allen, Executive Assistant, at Prosser Memorial Health, callen@prosserhealth.org by Thursday, August 13. If you have any questions, please contact Carol at 509-786-6651.

Prosser
Memorial Health

Interview Date: August 20, 2020
7:15 p.m.
Whitehead Conference Room

Name: Samantha Markus

Phone Number: 509-781-0592

Email: jhsmarkus@gmail.com

Current Title: Human Resources Business Partner

Current Employment: Pacific Northwest National Laboratory

Areas of Expertise: Event Planning, Human Resources, Talent Acquisition, Budgets, Bilingual

INTRODUCTION: (Please tell us about yourself and why you believe you would be an asset to the Prosser Memorial Health Board of Commissioners. Please describe your current title, company and major responsibilities you are accountable for.)

I believe I would be an asset to the PMH Board of Commissioners because I have I value the importance of quality health care. I have lived in area my entire life. I am bilingual and could serve as a representative of the hospital to the community. In my current role, I wear many hats, I serve as the Office Manager to Human Resources and to the Chief Human Resource Officer. My major resposibilities are overseeing contracts, facilitiy and operation needs, mentoring and coaching, hosting large events.

CAREER HISTORY: (Give a brief career history, naming key companies and industries you have worked. If you are responsible for revenue mention that here. Describe the groups you have led, major initiatives you implemented.)

I am employed at Pacific Northwest National Laboratory in Human Resources. I have been with PNNL since 2009. I was employed at the City of Prosser as the Communications Manager /Executive Assistant to the Chief of Police from 2004-2009 overseeing and managing the budgets for the police department. I recently assisted in the development of a Virtual Career Fair for our Talent Acquisitions Department We had over 1000 participants from different Universities all over the world.

BOARD SERVICE, HONORS, SPECIAL SKILLS AND EDUCATION (1 PARAGRAPH)

I attended Yakima Valley Community College for a degree in Business Administration.

I served have served on the Benton County Emergency Management Board (2004-2009).

I helped create and served on the Board of Administrative Professionals of the Tri-Cities and served as Vice President and President (2014-2018).

I am bilingual.

Please complete and return via email to Carol Allen, Executive Assistant, at Prosser Memorial Health, callen@prosserhealth.org by Thursday, August 13. If you have any questions, please contact Carol at 509-786-6651.

Prosser
Memorial Health

Interview Date: August 20, 2020
7:45 p.m.
Whitehead Conference Room

Name: Petra Atilano

Phone Number: 509-840-9731

Email: petra.atilano@northwestfcs.com

Current Title: Vice President of Credit

Current Employment: Northwest Farm Credit

Areas of Expertise: See Below

INTRODUCTION: (Please tell us about yourself and why you believe you would be an asset to the Prosser Memorial Health Board of Commissioners. Please describe your current title, company and major responsibilities you are accountable for.)

I am born and raised in Prosser Washington and I am currently raising my three daughters in Prosser. I am alumni of Prosser High School, a received an associate of arts from Yakima Valley Community College in Grandview and received a Bachelors in Accounting from Central Washington University. I also just graduated from Gonzaga University with a Certificate in Women's Leadership.

CAREER HISTORY: (Give a brief career history, naming key companies and industries you have worked. If you are responsible for revenue mention that here. Describe the groups you have led, major initiatives you implemented.)

I have a multitude of experience in finances that commenced with my first job out of High School. I managed a large furniture store in the Yakima Valley and was responsible for the budget, pricing and accounting. Then I proceeded to transition into banking working for Columbia Trust Bank for 5 years serving as the Vault teller, which is the teller that oversees all the cash in the bank. Primary duties included ordering cash from the mint, balancing and managing the teller line. Than I proceeded to be promoted into a credit analyst role, in this role I was primarily in charge in analyzing financial statements for credit extensions primarily for the Ag portfolio at Columbia. I spent five years at Columbia and then was approached by Northwest Farm Credit for a financial specialist position. I transitioned to NWFCS into a financial specialist position primarily servicing the consumer home department, working on due diligence from the home loan department. During this time, I worked on receiving my bachelor's in accounting and when I graduated I was promoted into a credit officer career at NWFCS. The primary duties in these roles were analyzing financial statements, loan documents and other items for primarily dairy, Ag, Vineyard, Row Crop loan extensions serving the Yakima Valley. After serving in that role I was promoted to Operations Manager for our Investor and Dairy Team supervising staff in Montana, Spokane, Sunnyside and Burlington WA. I oversaw a budget for these team and worked on supervising and supporting my staff. I spent 5 years in that role and was promoted again into my current role as Vice President of Credit. In these roles I am also in charge of a budget for my respective team and all the credit officers in WA. I supervise staff in Pasco and our Yakima office. I review and approve credit extensions submitted by our teams for a multitude of ag commodities. I have been with NWFCS for fifteen years and believe that the knowledge and expertise I have gained and acquired would fit the board well.

Prosser
Memorial Health

BOARD SERVICE, HONORS, SPECIAL SKILLS AND EDUCATION (1 PARAGRAPH)

I touched on my education above in my intro paragraph I have attended school locally which gives me a good perspective on what families and our children in the family are experiencing. I also have three daughters that all attend Prosser Schools, one in High School, one in Middle School and one at the grade school level. I also have served on our Northwest Farm Credit Services Diversity Council for five years. This council was primarily in charge of being the pulse of diversity issues and helping train and lead initiatives in acceptance of other cultures, races, sexual preferences. In my current role at Northwest Farm Credit Services I am also in charge of our Ag Vision Accounts in Washington. These accounts are young, beginning, small farmers, this gives me a good perspective of the commencing ag economy in our valley, I work with our relationship managers on credit extensions/servicing of these accounts in an approval role.

I also am a member of the Sacred Heart Catholic Church I serve on the finance committee and have done so for about six years. My role on the finance committee is reviewing the finances for the church, preparing budgets, adhering to budgets, preparing our annual reports, recommending/reviewing projects or initiatives taking into consideration the finances of the church. I also took on another role at the church as part of the annual Parish Festival Committee, I have served on this committee for two years and have took a very forward-facing role in the budgeting and spending on the Parish Festival. I am very proud of the money we raised last year, and the money saved I believe my role really helped launch a more financially sound perspective on the festival to benefit the church.

Please complete and return via email to Carol Allen, Executive Assistant, at Prosser Memorial Health, callen@prosserhealth.org by Thursday, August 13. If you have any questions, please contact Carol at 509-786-6651.

Collaborative Board Performance Expectations

Class A Membership

Washington Rural Health Collaborative

The Board of Directors set the direction of the Washington Rural Health Collaborative (Collaborative) and monitors management in order to ensure the Collaborative will achieve our goals and objectives. The Collaborative is as strong as the relationships and trust among its members.

Each Board member of the Collaborative affirms the expectations outlined here and strives to perform accordingly. We treat all Board members the same when it comes to these expectations. These expectations are clearly articulated if and when new members join the Collaborative. We accept the candidate as a nominee or appointee only after s/he has agreed to fulfill these expectations.

Specific performance expectations are:

1. Believe in and be an active advocate and ambassador for the mission and vision of the organization. Embody the organization's core values.
2. Regularly attend meetings.
    a. Attendance is required, preferable in-person, but alternatively via videoconference, at 9 out of 12 (75%) of monthly Collaborative meetings.
    b. Encourage C-suite and department heads to attend assigned committee meetings.
    c. Prepare for meetings by reviewing materials and bringing the materials to meetings.
    d. Actively contribute to meeting discussions and topics: ask questions, play devil's advocate, propose solutions and offer assistance.
    e. All Board meetings will have an in-person option so long as at least 50% of members are able to attend in-person. Members are highly encouraged to attend in-person.
3. Act in a way that contributes to the effective operation of the Board. This includes, but is not necessarily limited to the following:
    a. Maintain confidentiality of conversations related to committee, board and organization work unless authorized otherwise.
    b. Support decisions once these are made.
    c. Participate in appraisal of own performance and the performance of the Board and its committees.
4. Act in a way that contributes to the effective operation of the Collaborative. This includes, but is not necessarily limited to the following:
    a. Uphold pledged commitment to participate in joint contracts and shared services.
    b. Submit regular data into Collaborative data aggregation tools
    c. Agree to actively participate in the due diligence phase of programs, especially those which yield Collaborative-wide savings or benefits from volume. This includes providing timely data and information necessary to complete program analysis and identifying project leads when needed.
    d. Carefully evaluate participation, considering both the benefits to the overall membership

and the local community served.

e. Be willing to openly share the reasoning behind decisions whether or not to participate.
f. Actively work to engage hospital staff in Collaborative efforts.

5. Keep informed about the organization and actively support the strategic goals and objectives as set by the Board.
6. Be available to serve as a committee chair or member. Be a prepared and active participant.
7. Inform the Board of Directors of the organization of any potential conflicts of interest, whether real or perceived, and abide by the decision of the Board related to the situation.
8. Willing to convert to Class B Membership if unable to fulfill these expectations.

I agree to the expectations and commitments listed above as a member of the WRHC Board of Directors.

_____	_____	_____
Member Signature	Facility	Date

Attachment GG

Prosser Memorial Health

September 16, 2020

Julie Petersen
Board Chair, WRHC
Kittitas Valley Healthcare
603 S. Chestnut
Ellensburg, WA 98926

Dear Julie,

I would like to thank you and Kittitas Valley Healthcare for hosting the Washington Rural Health Collaborative Retreat this past week. As we discussed the Collaborative Board Performance Expectations, it became clear that Prosser Memorial Health has not been meeting the expectations (primarily as it relates to meeting attendance) and will be challenged to meet the expectations for the foreseeable future. Prosser Memorial Health is currently in the process of designing a replacement hospital and pursuing USDA funding. Our plan is to begin construction in 2022 and open our new facility in 2024. In addition, we continue to build our provider network and the services we offer to better meet the healthcare needs of the communities we serve.

As a result of these activities, Prosser Memorial Health would like to move from a Class A Member to a Class B Member effective January 1, 2021. We are very pleased with the Collaborative and the initiatives they have pursued. We plan to be an active participant in current and future initiatives and hope to move back to Class A Membership once we have opened our replacement facility.

Thank you for your understanding and if you have any questions regarding our request, please feel free to reach out to me.

Sincerely,

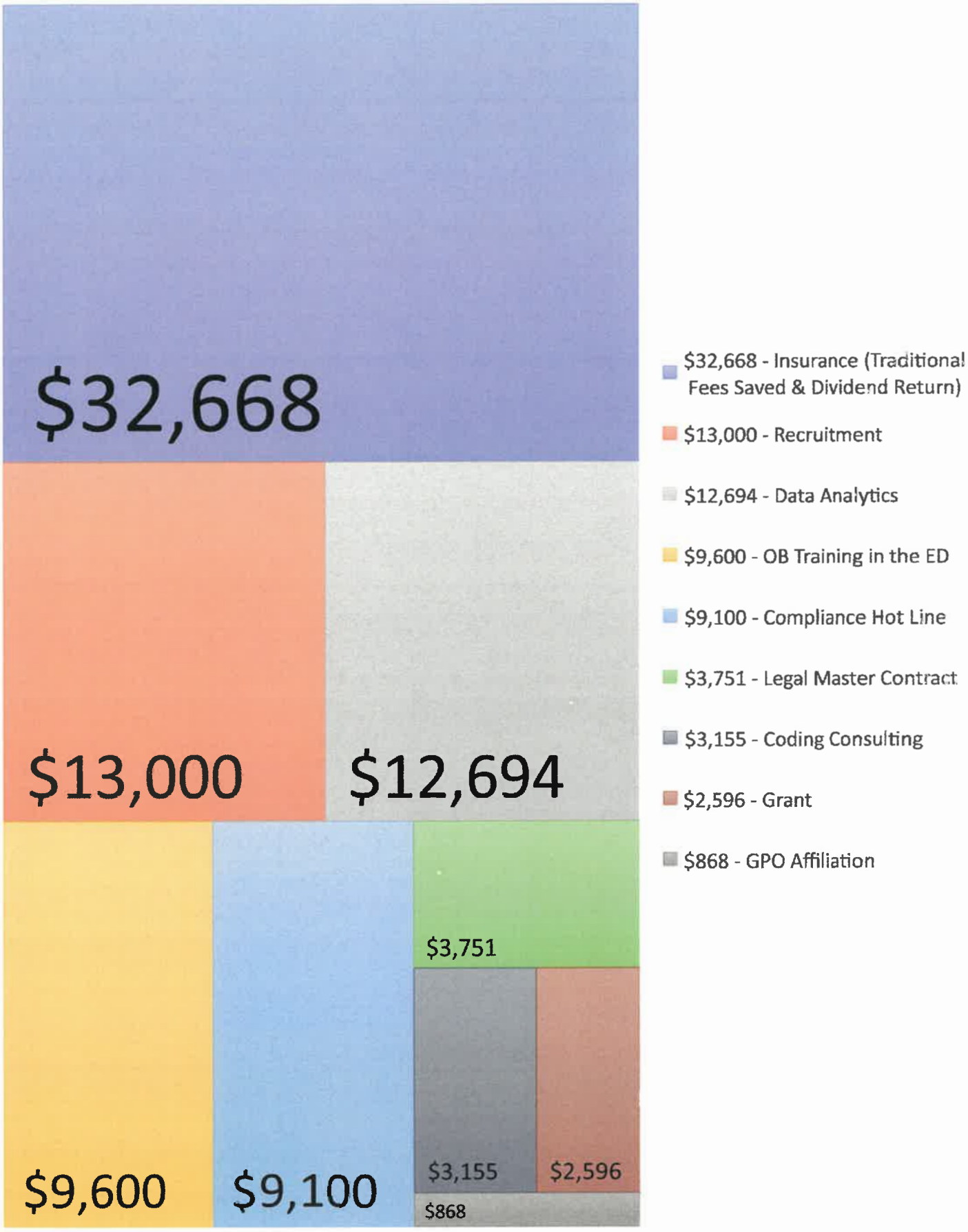
Craig J. Marks

Craig J. Marks, CEO
Prosser Memorial Health

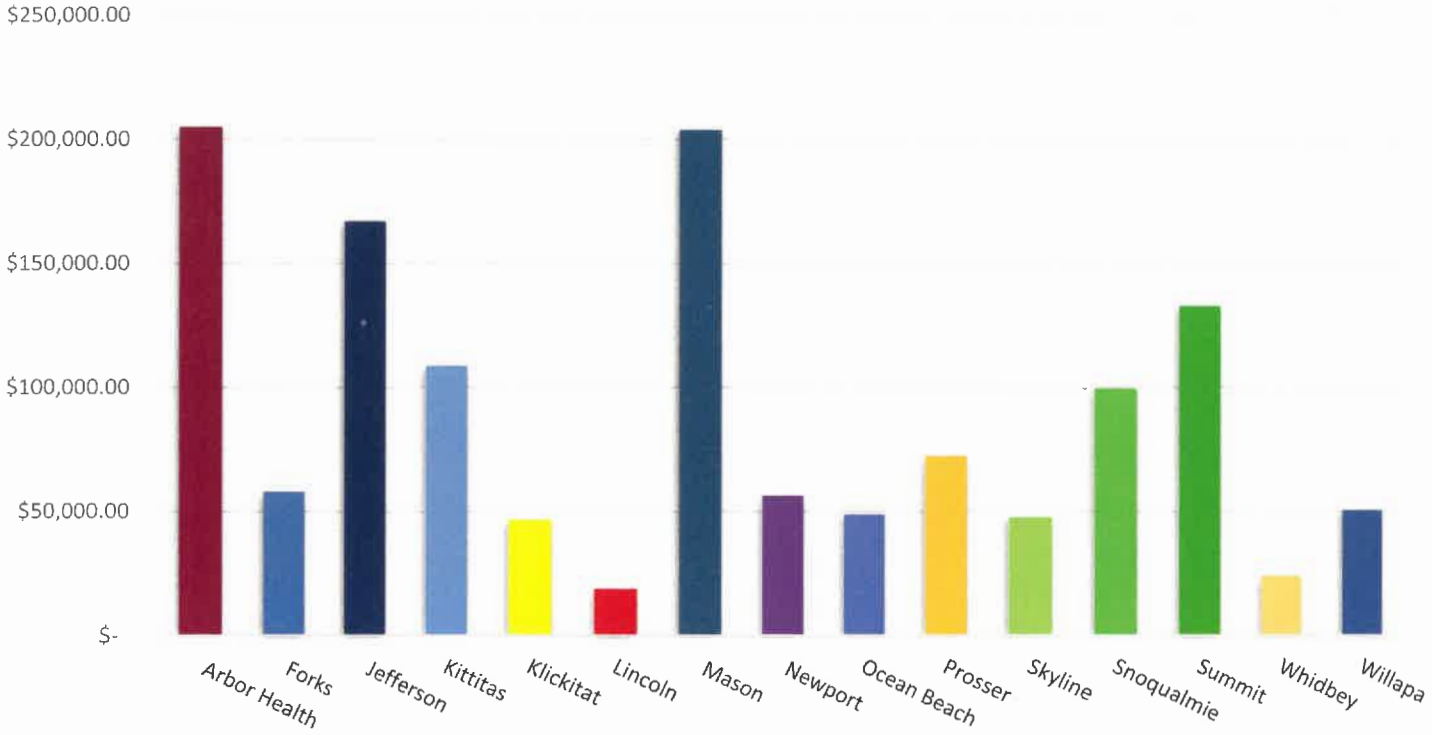
Cc: Elya Prystowsky, Executive Director, WRHC

Attachment HH

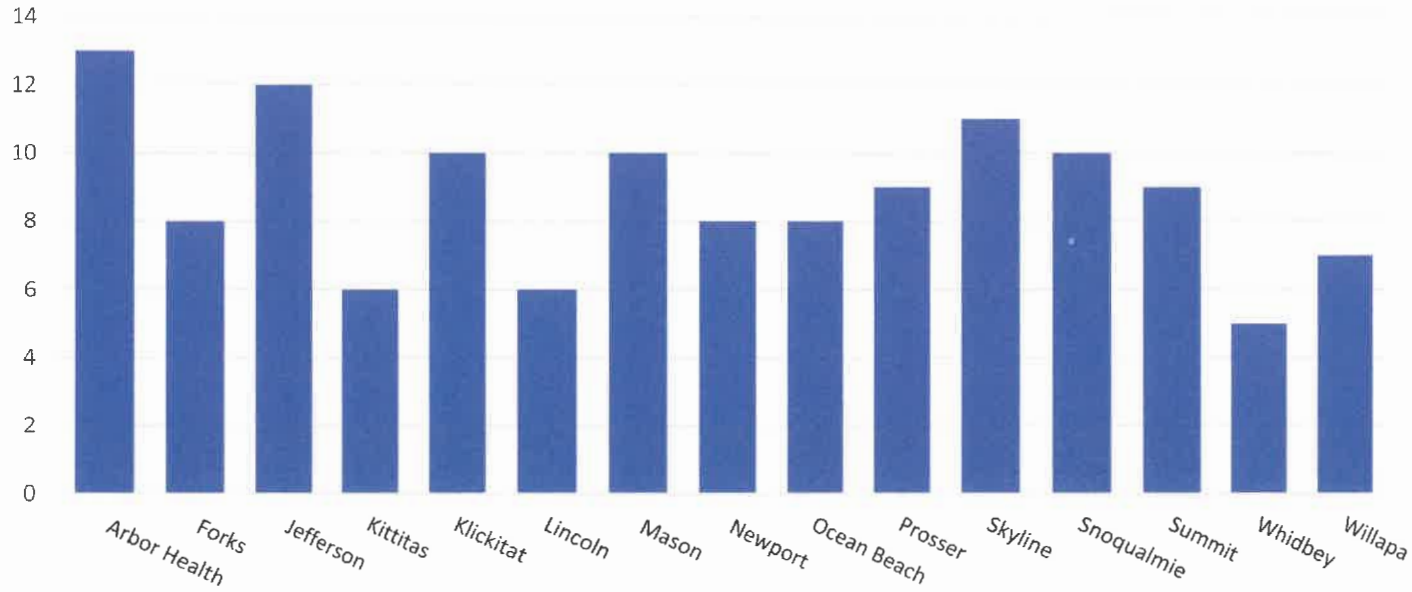
Prosser



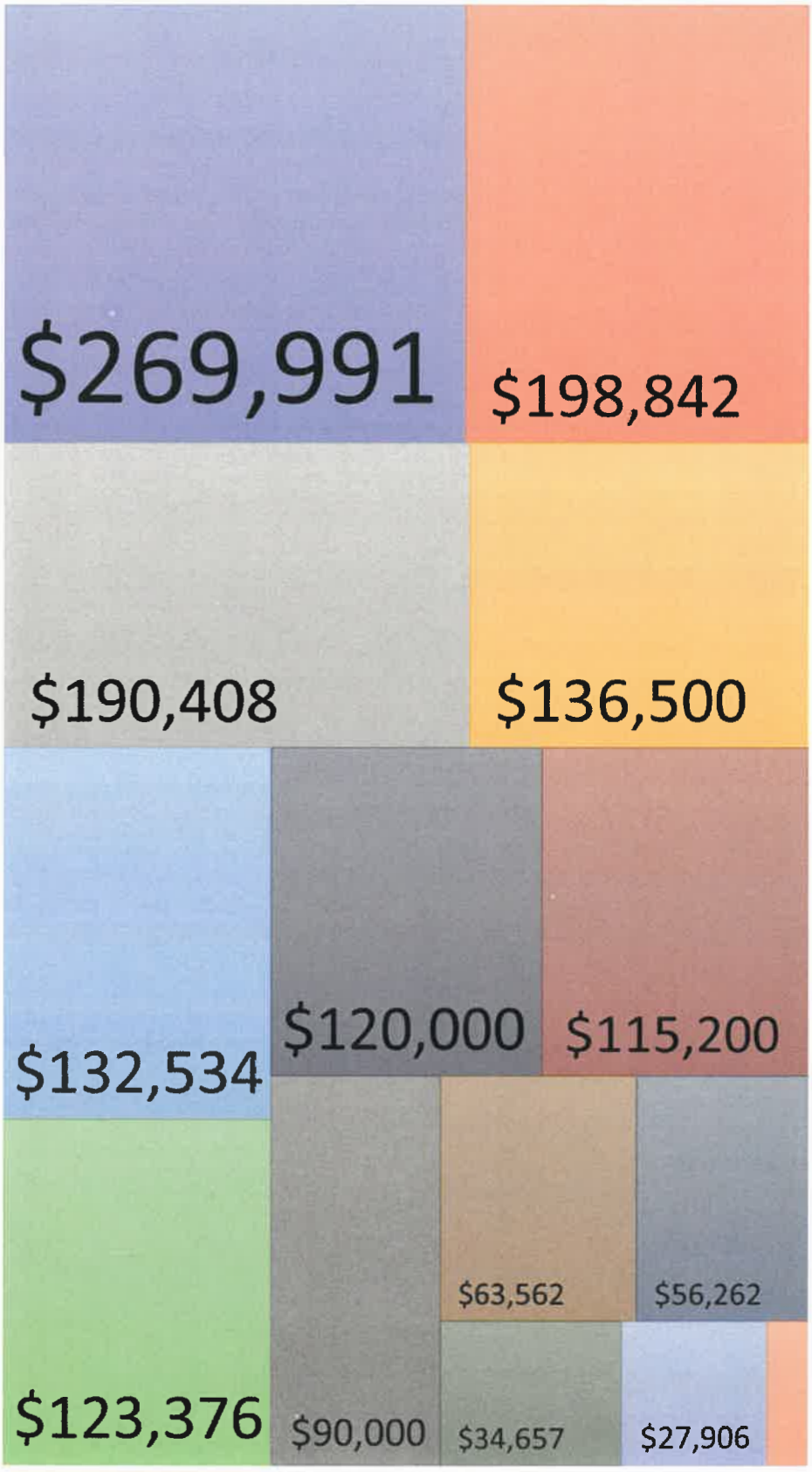
Total Net Savings by Member



Total Active Categories by Member



COLLABORATIVE MEMBER TOTAL NET SAVINGS BY CATEGORY



- $269,991 - Reference Lab
- $198,842 - Insurance (Traditional Fees Saved & Dividend Return)
- $190,408 - Data Analytics
- $136,500 - Compliance Hot Line
- $132,534 - Billing
- $123,376 - GPO Affiliation
- $120,000 - Transitional Care Consulting
- $115,200 - OB Training in the ED
- $90,000 - Recruitment
- $63,562 - Pharmacy 340b program
- $56,262 - Legal Master Contract
- $34,657 - Grant
- $27,906 - PACS