



**Prosser**  
Memorial Health

**Prosser Memorial Health  
Board of Commissioners**

**Board Packet  
June 24, 2021**

## 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, JUNE 24, 2021  
6:00 PM, WHITEHEAD CONFERENCE ROOM  
AGENDA**

**COMMISSIONERS:**

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

**STAFF:**

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

**GUEST:** Dr. Terry Murphy

**I. CALL TO ORDER**

- A. Pledge of Allegiance

**II. PUBLIC COMMENT**

**III. APPROVE AGENDA**

**Action Requested – Agenda**

**IV. CONSENT AGENDA**

**Action Requested – Consent Agenda**

- A. Board of Commissioners Meeting Minutes for May 27, 2021.  
B. **Payroll and AP Vouchers** #158131 through #158776 dated 05-19-21 through 06-16-21 in the amount of \$5,569,267.37; **Board Policies** #100.013 through #100.016; **Surplus Items** – Resolution #001054 – Hillrom Labor Bed

**V. MEDICAL STAFF DEVELOPMENT**

- A. Medical Staff Report and Credentialing  
**Action Requested – Advancement from Provisional**

**Dr. Terry Murphy**

**H. Benno Marx, MD** – Courtesy Staff privileges in Family Medicine effective July 1, 2021 through December 31, 2022.

**Robert Erwin, Jr., CRNA** – Allied Health Professional privileges in Anesthesia effective July 1, 2021 through December 31, 2022.

**B. New Appointment**

**Action Requested – New Appointment**

None

**C. Reappointment**

**Action Requested – Reappointment**

**David Carl, MD** – Reappointment to the Active Staff with requested privileges in Pediatrics effective July 1, 2021 through June 30, 2023.

**Sandeep Joshi, MD** – Reappointment to the Courtesy Staff with requested privileges in Cardiology effective July 1, 2021 through June 30, 2023.

**Jessica Luther, ARNP** – Reappointment to the Allied Health Professional Staff with requested privileges in Family Medicine effective July 1, 2021 through June 30, 2023.

**Jimmy Chua, MD** – Reappointment to the Courtesy Staff with requested privileges in Infectious Disease effective July 1, 2021 through June 30, 2023.

**Carl Garabedian, MD** – Reappointment to the Courtesy Staff with requested privileges in Pediatric Cardiology effective July 1, 2021 through June 30, 2023.

**Ashish Garg, MD** – Reappointment to the Courtesy Staff with requested privileges in Pediatric Cardiology effective July 1, 2021 through June 30, 2023.

**Elhami Hannan, MD** – Reappointment to the Courtesy Staff with requested privileges in Nephrology effective July 1, 2021 through June 30, 2023.

**Glen Zuroske, MD** – Reappointment to the Courtesy Staff with requested privileges in Cardiology effective July 1, 2021 through June 30, 2023.

**David Fink, DO** – Reappointment to the Consulting Staff with requested privileges in Pathology effective July 1, 2021 through June 30, 2023.

**Pawani Sachar, MD** – Reappointment to the Telemedicine Staff with requested privileges in Neurology effective July 1, 2021 through June 30, 2023.

**VI. FINANCIAL STEWARDSHIP**

**A. Review Financial Reports for May 2021 (Attachment P)**

**David**

**Action Requested – Financial Reports**

**VII. PATIENT LOYALTY**

- A. Review PMH Patient Engagement (Attachment O)** **Merry**

**VIII. QUALITY**

- A. CMS Survey Review Results** **Merry/Kristi**
- B. Critical Access Hospital Annual Program Review (Attachment V)** **Kristi**  
**Action Requested** – PMH CAH Annual Program
- C. COVID-19 Update (Attachment T)** **Merry**
- D. Legislative and Political Updates** **Commissioner Bestebreur**
- E. CEO/Operations Report** **Craig**

**IX. ADJOURN**

DRAFT



**PMH**  
**Board of Commissioners**  
**Work Plan – FY2021**

**Vision**

Patients  
 Employees  
 Medical Staff  
 Quality  
 Services  
 Financial



**Prosser**  
 Memorial Health

**Values**

**Accountability**  
**Service**  
**Promote Teamwork**  
**Integrity**  
**Respect**  
**Excellence**

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

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

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

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

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

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

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



**Updated May Scorecard will be delivered prior  
to or at the Board Meeting**



**2021 - Strategic Plan Scorecard**

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020 Avg	2019 Avg
<b>Patient Loyalty</b>																
IP - "Would Recommend"	>87.9%	90.0%	90.0%	90.0%										90.0%	87.9%	85.1%
ED - "Would Recommend"	>81.4%	63.2%	63.2%	63.2%										63.2%	81.4%	80.3%
Acute Care - "Would Recommend"	>84.1%	85.7%	85.7%	85.7%										85.7%	84.1%	78.6%
OB - "Would Recommend"	>92.3%	91.7%	91.7%	91.7%										91.7%	92.3%	92.2%
Outpatient Surgery - "Would Recommend"	>91.0%	71.3%	71.3%	71.3%										71.3%	89.8%	91.0%
Clinic - "Would Recommend"	>87.3%	71.3%	71.3%	71.3%										71.3%	87.3%	87.1%
Outpatient - "Would Recommend"	>88.4%	77.4%	77.4%	77.4%										77.4%	88.1%	88.4%
Composite Score	>86.2%	77.5%	77.5%	77.5%										77.5%	N/A	N/A
<b>Medical Staff Development</b>																
Medical Staff Turnover	<10%	0%	2%	2%	0%									1.3%	0.2%	0.2%
Specialty Clinic Visits	1,062	1,051	1,023	1,401	1,301									1,194	954	950
Benton City Clinic Visits	1,005	885	696	881	801									816	837	958
Prosser RHC Clinic Visits	1,052	1,406	1,149	1,503	1,357									1,364	1226	960
Grandview Clinic Visits	742	592	522	621	644									595	589	568
Women's Health Center	629	604	636	727	627									649	601	469
*# of Active Medical Staff	>51	49	49	49	51									49.5	45	41
<b>Employee Development</b>																
403(B) Participation Rate	>55%	99%	97%	97%	99%									98%	46%	N/A
Average Recruitment Time (days)	<28	24	18	26	23									12.75	32	28
# of Open Positions (Vacancies)	<23	25	29	42	17									27	29.4	23
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	7.2%	5.2%	5.3%	5.6%									5.8%	5.9%	5.7%
Agency - Cost/Total Labor	<8.7%	5.9%	7.4%	6.2%	8.3%									7.1%	7.6%	14.5%
Turnover Rate	<0.6%	0.0%	2.4%	0.03%	0.7%									0.8%	0.6%	0.7%
Timely Evaluations	>79.6%	61.0%	67.0%	78.0%	85.3%									73.8%	70.2%	79.6%
Education Hours/FTE	>2.15	0.99	0.87	0.01										0.62	1.22	1.55
New Hire (Tenure) < 1 year	<10%	0%	1%	0%	0%									0%	0.0%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	0	7	9	4									5	10.25	167
<b>Quality</b>																
ED Encounters - Left Without Being Seen	<0.8%	0.2%	1.0%	0.7%	1.6%									0.9%	0.8%	1%
*Falls with Injury	<2	0	0	1	0									0.3	2	3
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%									0.00%	0.29%	0.07%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	5.9%	9.2%	11.1%	3.7%									7.5%	3.8%	5.4%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	32.93%	31.92%	20.31%	19.97%									21.08%	27.61%	30.3%
<b>Services</b>																
ED Visits	916	820	712	874	1,035									866	805	1,016
Inpatient Admissions	86	112	89	91	117									103	83	83
OB Deliveries	45	42	47	39	46									44	41	37
Surgeries and Endoscopies	137	100	133	187	189									150	101	118
Diagnostic Imaging Procedures	2,087	2,658	2,469	3,112	3,336									2,879	2280	1,957
Lab Procedures	12,374	14,614	12,520	14,859	14,290									14,164	11768	11,051
Adjusted Patient Days	1,453	1,644	1,496	1,648	1,871									1,740	1393	1,624
Therapy Visits	1,706	1,333	1,401	1,732	1,520									1,512	1314	1,145
Outpatient Special Procedures Visits	245	213	255	256	342									267	247	224
<b>Financial Performance</b>																
Net Days in Accounts Receivable	51	59	60.2	62.07	63.68									60.2	63	63.79
*Total Margin	13.47%	11.4%	0.5%	8.7%	8.8%									7.5%	4.5%	5.30%
Net Operating Revenue/FTE	\$ 19,448	\$ 16,427	\$ 15,951	\$ 18,366	\$ 19,282									\$ 17,357	\$17,191	\$15,794
Labor as % of net Revenue	51.60%	61.10%	56.50%	54.20%	58.40%									57.55%	61.3%	59.6%
Operating Expense/FTE	\$ 16,894	\$ 14,635	\$ 15,325	\$ 15,722	\$ 17,705									\$ 16,112	\$15,891	\$15,190
*Days Cash on Hand	156	189	152	145	146									152	183	120.39
Commercial %	29.10%	27.40%	29.09%	29.30%	28.40%									27.40%	29.0%	28.7%
Total Labor Expense/Total Expense	59.00%	68.59%	56.41%	59.48%	63.62%									62.03%	61.3%	62%

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



## 2021 - Patient Care Scorecard

Major Goal Areas & Indicators	2021 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 YTD	2020	2019
<b>Quality</b>																
Left Without Being Seen	<0.80%	0.24%	0.98%	0.69%	1.55%	0.44%								0.79%	0.80%	1.11%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	75	68.5	60	75	51.5								66	70	N/A
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	136	110	118	122	109								119	128	N/A
Venous Thromboembolism Prophylaxis	>93.1%	92.9%	86.2%	85.7%	89.4%	95.9%								90.7%	N/A	N/A
Exclusive Breast Milk Feeding Patients	>44.4%	52.6%	51.3%	56.2%	50.0%	43.8%								50.2%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.7%	5.9%	9.2%	11.1%	3.7%	6.3%								7.2%	3.80%	5.40%
Sepsis - Early Management Bundle	>84.6%	100.0%	NA	NA	100.0%	100.0%								100.0%	72.73%	84.60%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.09%	0.00%	0.00%	0.00%	0.00%								0.00%	0.29%	0.07%
Diabetes Management - Outpatient A1C>9 or missing result	<27.61%	22.82%	21.92%	20.51%	19.07%	27.69%								22.44%	27.61%	30.25%
Medication Reconciliation Completed	>90%	51%	44%	42%	48%	46%								46%	47.15%	N/A
Turnaround time of 30 minutes or less for STAT testing	<30 min	42	40	39	35	37								39	37.5	30
Median Time to ECG	< 7 min	8	6.5	7.5	6	8								7.2	7	7
Surgical Site Infection	<0.25%	0.00%	0.00%	0.00%	0.00%	0.00%								0.00%	0.25%	0.30%
Safe Medication Scanning	>92.9%	91.8%	95.0%	93.5%	92.8%	92.8%								93.2%	98.90%	90%
*Overall Quality Performance Benchmark (iVantage)	>48	41	41	41	41	41								41	44	48
*Falls with Injury	<2	0	0	1	0	0								1	2	3

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



## Vision

Patients  
Employees  
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# Prosser

Memorial Health

## Values

Accountability  
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Integrity  
Respect  
Excellence

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

BOARD WORK SESSION		MAY 25, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"> <li>• Dr. Steve Kenny</li> <li>• Glenn Bestebreur</li> <li>• Keith Sattler</li> <li>• Sharon Dietrich, M.D.</li> <li>• Brandon Bowden</li> <li>• Neilan McPartland</li> </ul>		<ul style="list-style-type: none"> <li>• Craig Marks, CEO</li> <li>• Merry Fuller, CNO/COO</li> <li>• David Rollins, CFO</li> <li>• Kevin Hardiek, CIO</li> <li>• Kristi Mellema, CCQO</li> <li>• Bryon Dirkes, CHRO</li> <li>• Christi Doornink-Osborn, ED Director</li> <li>• Alana Pumphrey, Director, Clinic Operations</li> </ul>				<ul style="list-style-type: none"> <li>• Kurt Broeckelmann, Architect, bcDG</li> <li>• Paul Kramer, Project Director, NV5</li> <li>• Adam Trumbour, Project Manager, NV5</li> <li>• Bret Miche, Graham Construction</li> <li>• Chris Colley, Graham Construction</li> </ul>	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
<b>I. CALL TO ORDER</b>		The Meeting was called to order by Commissioner Kenny at 6:00 p.m.		None.		None.	
<b>II. SERVICES</b>							
<b>A. Medical Staff Engagement Plan</b>		Christi Doornink provided an overview of the 2021 Medical Staff Engagement Plan including that Dr. Robert Wenger is now an Assistant Chief Medical Officer in charge of Medical Staff Engagement (Attachment F1).		None		There will be a Medical Staff/Board/Leadership Team social event on July 16 <sup>th</sup> at Desert Wind Winery in Prosser.	

<b>B. Dermatology</b> <b>1. Business Plan</b>	Alana Pumphrey, PMH Clinics Director, presented the proforma for our new Dermatology service line. The proforma showed a positive return on investment and included the clinic remodel and acquisition of the dermatology equipment (Attachment P).	None	None.
<b>2. Equipment</b>	Alana presented the equipment that would need to be purchased at a cost not to exceed \$265,000. The equipment included several lasers, cool sculpting equipment, etc. (Attachment Q).	None	None.
<b>3. Clinic Remodel</b>	Alana presented the proposed renovations to be made to the Benton City Clinic for dermatology services at a cost not to exceed \$200,000 (Attachment R). The biggest challenge we may face is to complete the renovating before Dr. Nylander begins in August.		If the kids for the remodel come in over the Board approved amount, the project will be brought back to the Board for action.
<b>C. Replacement Facility Update</b> <b>1. Project Cost Reconciliation/Budget</b>	Representatives from NV5, bcDG and Graham Construction presented an update on the Value Engineering/Cost reconciliation process for our replacement facility project (Attachment O). They indicated the		The Board will be asked to approve a construction budget, based on 50% construction documents, in July.

	process will be completed in July, and the Board will be asked to approve a construction cost for the new facility at that time.		
<b>2. Security Design Update</b>	Kurt Broeckelmann, Lead Architect, shared some of the security plan design concepts for the new facility. The security design will include advanced technology and the use of human resources.		
<b>III. ADJOURN</b>			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting 7:45 p.m.			

DRAFT

## Vision

Patients  
Employees  
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Quality  
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# Prosser

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## Values

Accountability  
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Integrity  
Respect  
Excellence

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

BOARD MEETING		MAY 27, 2021		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"><li>• Dr. Steve Kenny</li><li>• Glenn Bestebreur</li><li>• Susan Reams</li><li>• Keith Sattler</li><li>• Sharon Dietrich, M.D.</li><li>• Neilan McPartland</li></ul>		<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• David Rollins, CFO</li><li>• Kevin Hardiek, CIO</li><li>• Shannon Hitchcock, CCO</li><li>• Bryon Dirkes, CHRO</li></ul>				None	
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. CALL TO ORDER		The Meeting was called to order by Commissioner Kenny at 6:01 p.m.		None.		None.	
I.A. Pledge of Allegiance							
II. PUBLIC COMMENT		None.		None.		None.	
III. APPROVE AGENDA		None.		Commissioner Sattler made a Motion to approve the April 29, 2021 Agenda. The Motion was seconded by Commissioner Reams and passed with 6 in favor, 0 opposed and 0 abstained.		None.	

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<p><b>IV. APPROVE CONSENT AGENDA</b></p> <p><b>A. Board of Commissioners Meeting Minutes for April 29, 2021.</b></p> <p><b>B. Payroll and AP Vouchers #157644 through #158130 dated 04.22.21 through 05.19.21 in the amount of \$5,518,006.02</b></p>	<p>Minutes accepted with the provision that the minutes will be corrected to include the comment as follows:</p> <p><b>IX. Quality</b></p> <p>A. Kristi Mellema presented the Community Benefits Report, which is required by the State of Washington. "One purpose of the Report is to gain community trust in PMH through the benefits we provide such as charity care."</p>	<p>Commissioner Reams made a Motion to approve the Consent Agenda as corrected. The Motion was seconded by Commissioner Dietrich and passed with 6 in favor, 0 opposed and 0 abstained.</p>	
V. MEDICAL STAFF DEVELOPMENT	DISCUSSION	ACTION	FOLLOW-UP
<p><b>A. Medical Staff Report and Credentialing</b></p>			
<p><b>A.1. Advancement from Provisional</b></p>	<p>Craig Marks presented the following providers for <b>Advancement from Provisional Status:</b></p> <p><b>Tad White, DO</b> – Courtesy Staff privileges in Family Medicine effective May 27, 2021 through November 30, 2022.</p> <p><b>Ravi Pande, MD</b> – Telemedicine privileges in Neurology effective May 27, 2021 through November 30, 2022.</p> <p><b>James Jordan, MD</b> – Telemedicine privileges in Neurology effective May 27, 2021 through November 30, 2022.</p>	<p>A Motion to approve the Advancement from Provisional Appointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Bestebreur. The Motion passed with 6 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Tad White, DO</li> <li>• Ravi Pande, MD</li> </ul>	<p>None.</p>

	<p><b>Monjari Gillian, MD</b> – Telemedicine privileges in Diagnostic Radiology effective May 27, 2021 through November 30, 2022.</p> <p><b>Jake Vrdoljak, MD</b> – Telemedicine privileges in Diagnostic Radiology effective May 27, 2021 through November 30, 2022.</p>	<ul style="list-style-type: none"> <li>• James Jordan, MD</li> <li>• Monjari Gillian, MD</li> <li>• Jake Vrdoljak, MD</li> </ul>	
<b>A.2. New Appointments and Requested Clinical Privileges</b>	<p>Craig Marks presented the following providers for <b>New Appointments</b>:</p> <p><b>Hanbing Wang, MD</b> - Provisional / Telemedicine staff with requested privileges in Neurology June 1, 2021 through November 30, 2021.</p>	<p>A Motion to approve the New Appointments and Requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Bestebreuer and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Hanbing Wang, MD</li> </ul>	None.
<b>A.3. Reappointments and Requested Clinical Privileges</b>	<p>Craig Marks presented the following providers for <b>Reappointment</b>:</p> <p><b>Terry Murphy, MD</b> – Reappointment to the Active Staff with requested privileges in Emergency Medicine effective June 1, 2021 through May 31, 2023.</p>	<p>A Motion to approve the Reappointments and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee</p>	None.

	<p><b>Fadi AlQaisi, MD –</b> Reappointment to the Courtesy Staff with requested privileges in Cardiology effective June 1, 2021 through May 31, 2023.</p> <p><b>Iyad Jamali, MD –</b> Reappointment to the Courtesy Staff with requested privileges in Cardiology effective June 1, 2021 through May 31, 2023.</p> <p><b>J. Randall Farrar, MD –</b> Reappointment to the Courtesy Staff with requested privileges in Cardiology effective June 1, 2021 through May 31, 2023.</p> <p><b>Todd Garrett, CRNA –</b> Reappointment to the Allied Health Professional Staff with requested privileges in Anesthesia effective June 1, 2021 through May 31, 2023.</p> <p><b>Muhammad Farooq, MD –</b> Reappointment to the Telemedicine Staff with requested privileges in Neurology effective June 1, 2021 through May 31, 2023.</p>	<p>for the following providers was made by Commissioner Reams. The Motion was seconded by Commissioner Bestebreuer and approved 6 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> <li>• Terry Murphy, MD</li> <li>• Fadi AlQaisi, MD</li> <li>• Iyad Jamali, MD</li> <li>• J. Randall Farrar, MD</li> <li>• Todd Garrett, CRNA</li> <li>• Muhammad Farooq, MD</li> <li>• Timothy Conner, MD</li> <li>• S. Rhett Smith, MD</li> <li>• Shawn Stone, MD</li> </ul>	
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	<p><b>Timothy Conner, MD –</b> Reappointment to the Telemedicine Staff with requested privileges in Diagnostic Radiology effective June 1, 2021 through May 31, 2023.</p> <p><b>S. Rhett Smith, MD –</b> Reappointment to the Telemedicine Staff with requested privileges in Diagnostic Radiology effective June 1, 2021 through May 31, 2023.</p> <p><b>Shawn Stone, MD –</b> Reappointment to the Telemedicine Staff with requested privileges in Diagnostic Radiology effective June 1, 2021 through May 31, 2023.</p>		
<b>AGENDA</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>VI. FINANCIAL STEWARDSHIP</b>			
<b>A. Review Financial Reports for April 2021 (Attachment V)</b>	David presented the April 2021 Financials, stating it was a record month for revenue at PMH.	A Motion to accept the Financial Reports for April 2021, was made by Commissioner Dietrich and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed and 0 abstained.	None.



<b>VII. SERVICES</b>			
<p><b>A. Review Acquisition of Dermatology Equipment (Attachment Q)</b></p>	<p>Craig noted that this was reviewed in detail at the May Board Work Session, but Craig offered to answer any questions the Board had regarding this request.</p>	<p>A Motion to recommend approval of the acquisition of Dermatology Equipment at a cost not to exceed \$265,000 was made by Commissioner Bestebreuer and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed and 0 abstained.</p>	<p>None.</p>
<p><b>B. Dermatology Remodel of Benton City Clinic (Attachment R)</b></p>	<p>Craig noted that this was reviewed in detail at the May Board Work Session, but Craig offered to answer any questions the Board had regarding this request.</p>	<p>A Motion to recommend approval of the Dermatology Remodel of the Benton City Clinic at a cost not to exceed \$200,000 was made by Commissioner Sattler and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed and 0 abstained.</p>	<p>None.</p>
<p><b>C. Capital Acquisition of an ENT Microscope Software (Attachment T)</b></p>	<p>Craig noted that this was reviewed in detail at the May Board Work Session, but Craig offered to answer any questions the Board had regarding this request.</p>	<p>A Motion to recommend approval of the Capital Acquisition of ENT Microscope Software at a cost not to exceed \$12,000 was made by Commissioner Reams and seconded by Commissioner Bestebreuer. The Motion passed with 6 in favor, 0 opposed and 0 abstained.</p>	<p>None.</p>

AGENDA	DISCUSSION	ACTION	FOLLOW-UP
<b>VIII. QUALITY</b>			
<b>C. COVID-19 Update</b>	Craig shared that vaccination demand declined dramatically. The Prosser School District is looking into something for kids ages 12-17. PMH has 1,000 Moderna vaccines in-house.	None.	None.
<b>D. Legislative and Political Updates</b>	Commissioner Bestebreur shared information from the WA State Legislative Session as well as the latest developments on the federal front.	None.	None.
<b>E. CEO/Operations Report</b>	Craig shared that Hospital Week at PMH was successful.	None.	None.
<b>IX. ADJOURN</b>			
There being no further business, Commissioner Kenney adjourned the Board at 6:51 p.m.			

## Vision

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

## Values

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Integrity  
Respect  
Excellence

**FINANCE COMMITTEE MEETING  
MONDAY – JUNE 21, 2021  
7:00 a.m. – VINEYARD CONFERENCE ROOM  
AGENDA**

**MEMBERS:**

Keith Sattler  
Neilan McPartland  
Brandon Bowden

**STAFF:**

Craig Marks  
David Rollins  
Stephanie Titus

**CALL TO ORDER**

**I. APPROVE MINUTES**

**Action Requested** – May 24, 2021 Minutes

**II. FINANCIAL STEWARDSHIP**

**A. Review Financials – May 2021 (Attachment P)**

**David**

**Action Requested – May 2021 Financial Statements**

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

**Stephanie**

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

**David**

**D. Vouchers List**

**Action Requested – Vouchers List - Payroll and AP Vouchers #158131 through #158776 dated 05-19-21 through 06-16-21 in the amount of \$5,569,267.37**

**David**

**E. Surplus Item Resolution #1054 – Hillrom Labor Bed**

**David**

**Action Requested – Surplus Item Resolution #1054**

**III. ADJOURN**

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FINANCE COMMITTEE MEETING		May 24, 2021	WHITEHEAD CONFERENCE ROOM	
COMMISSIONERS PRESENT	STAFF PRESENT		GUESTS	
<ul style="list-style-type: none"><li>• Keith Sattler</li><li>• Neilan McPartland</li></ul>	<ul style="list-style-type: none"><li>• Craig Marks, CEO</li><li>• David Rollins, CFO</li><li>• Stephanie Titus,</li></ul>			
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
<b>I. CALL TO ORDER</b>	Keith Sattler called the meeting to order at 7:07 a.m.			
<b>II. APPROVE MINUTES</b>		A motion to approve the Finance Committee Meeting minutes for April 27, 2021 as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.	None.	
<b>III. FINANCIAL STEWARDSHIP</b>  <b>A. Review Financials – April 2021 (Attachment V)</b>	David Rollins reviewed Financials for April 2021: Gross Revenue was a record \$16.6 million in April and exceeded budget by \$2.7 million with Net Revenue at \$6.5 million which was \$0.5 million greater than budget.	A motion to recommend acceptance of the April 2021 Financial Statements as presented to the PMH Board of Commissioners was made	None.	

	Expenses were \$0.3 million greater than budget driven by volume, and net income was \$576,000 and \$203,000 greater than budget. AR increased by \$1.6 million with 0-30 days and 31-60 days up \$1.0 million and \$0.6 million respectively driven by increased volumes. Cash was a positive \$498,000 despite \$272,000 in capital purchases included \$134,000 for hospital planning expenses.	by Neilan McPartland. The motion was seconded by Keith Sattler and approved.	
<b>B. Review Accounts Receivable and Cash Goal (Attachment EE)</b>	Stephanie Titus presented AR & Cash Goals. Net AR increased to 64 days due to volume and CSI collections exceeded goal with over \$6.5 million. Staffing challenges continue as two employees out on FMLA return and a new PFS Director starts June 14 <sup>th</sup> .	None.	None.
<b>C. COVID-19 Financial Projection Plan (Attachment CC)</b>	No change from prior forecast.	None.	None.
<b>D. Voucher Lists Payroll and AP Vouchers #157644 and #158130 dated 04-22-21 through 05-19-21 in the amount of \$5,518,006.02</b>		A motion to recommend approval of the Voucher Lists #157644 and #158130 dated 04-22-21 through 05-19-21 in the amount of \$5,518,006.02 was made by Neilan McPartland, seconded by Keith Sattler and approved.	None.
<b>E. Capital Acquisition of an ENT Microscope Software (Attachment S)</b>	David Rollins shared a brief overview of the Capital Acquisition of the ENT Microscope Software.	A motion to recommend approval of the Capital Acquisition of the ENT Microscope Software was made by Neilan McPartland,	None.

		seconded by Keith Sattler and approved.	
<b>III. ADJOURN</b>			
Having declared no further business, the meeting was adjourned at 7:53 a.m.			

## MEMORANDUM

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

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

**DATE: JUNE 2021**

**RE: CEO REPORT**

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### **SERVICES**

#### **1. Replacement Facility Update**

Work continues at a brisk pace on our replacement facility project on several fronts including the USDA loan application and design and budget/value engineering. To get a flavor of the work taking place, I have included the Owner's Representatives – (NV5) Progress Report for June (**Attachment A**); minutes from our last Project Team Meeting (**Attachment B**); and the project schedule for the next four months (**Attachment C**). Our work with the USDA continues in many areas as we respond to their questions regarding our formal application, specifically about the PAR (Preliminary Architectural Report), Environmental Report and the Financial Feasibility Study. We are providing written responses to them (or making edits to the reports we submitted) and having periodic phone conferences with them. Our last phone conference was held in May and it went very well, including their suggestion that we eliminate the \$6 million revenue bond replacement and roll the \$6 million into the USDA Direct loan. In order to accomplish this, they are asking us to increase our LTGO (Limited Tax General Obligation) pledge. We are working with our attorney, Brad Berg, to determine the maximum LTGO pledge we can make. It appears that it will be less than what the USDA would like, but we hope they are willing to negotiate. If we can eliminate the \$6 million revenue bond issuance, we will save \$200,000 - \$250,000 in issuance costs and our interest rate on the \$6 million will drop from around 4% to 2.25 – 2.5%. We are putting this idea into our revised Financial Feasibility Study and hope we can convince the USDA to accept the LTGO amount we can pledge by law. We may also consider purchasing capital equipment for the project (\$3.9 million) rather than leasing it. Our net USDA conference call is scheduled for the end of June where we will further discuss this topic.

The final USDA issue we are dealing with is our acquisition of a CON (Certificate of Need) for our project. As you recall, we are pursuing two options at the same time to expedite our receipt of a CON. Our first option is the appeal of the DOH (Department of Health) decision that we need a CON to build a replacement hospital. Our appeal is now in the hands of the judge (Presiding Officer), who is expected to make a ruling in July. Our other path was to submit a CON application (**Attachment D**) which was one in mid-May. We are currently in the process of responding to any questions the DOH reviewer may have regarding our application. The reviewer has indicated that she will have her questions to us this week and then she will be

out of the office until July 7<sup>th</sup>. This will enable us to continue working on the CON while she is gone. They are aware that we are trying to expedite this process and have been very accommodating thus far. Our goal remains to have the CON issue resolved, one way or the other, by September 2021.

The design team is busy behind the scenes working on construction documents, which will soon be 50% completed (June 14). These documents will then be used by the cost estimators to determine a budget cost to construct the facility. While the design continues, there have been numerous meetings between the design team, owner's representatives, construction managers, electrical contractor and mechanical contractor to conduct value engineering. This process identifies opportunities to reduce costs, while maintain high quality, or increasing the value of the project. To date, the team has identified \$3.188 million in savings to the project (**Attachment E**), which are being incorporated into the construction documents. The team will continue their value engineering efforts through June and into early July, as they prepare a budget for Board review and approval in July. Another area of focus for the design team is related to the interior finishes. Last week, Brooke Cinalli – bcDG Director of Design, met with PMH department directors to review and select interior finishes for every department. In addition, our owner's representatives have been working with each department on their Functional Program (DOH requirement – short description of how space will be used in each department) and finalizing their capital equipment lists for the new facility (purchasing new vs. moving current). A final area that we are working on with the design team and security consultants (Henderson) is how the new facility will be secured through the use of technology. We are currently reviewing several options and plan to make a decision on the security package by the end of July. At the present time, this project is progressing as scheduled with the next big review (budget) in July.

## **2. Skilled Nursing Facility Bed Licenses**

Over two years ago PMH agreed to sell our 36 skilled nursing facility (NSF) bed licenses to Prestige Care, Inc. in the Tri-Cities for \$360,000. It was their plan to construct a 36-bed addition onto one of their already existing skilled nursing facilities. Part of the process was to obtain a Certificate of Need (CON) from the State of Washington to allow the construction and transfer of the license. While the CON was obtained, it took longer than expected and Prestige Care, Inc. lost their original funding source. Since then, they have continued to pursue new funding sources and have vowed to me that they were not going to give up until they run out of time under the current CON. Unfortunately, that time has come as we were notified by the DOH that our CON for this project expired and the 36 nursing home beds are no longer available in Benton County (**Attachment F**). It is a shame because there is a shortage of skilled nursing home beds in the area. Fortunately, have not already spent the \$360,000.

## **3. Patient Volume Increases**

Going into 2021, it was challenging to project what our patient volumes would be in the future. Due to the pandemic, PMH and every healthcare organization in the country fell short of their volume expectation in 2020. Fortunately, PMH recovered quickly and by the end of 2020 our volumes were approaching budgeted levels. For this reason, we used 2020 budgeted volumes as a baseline for our 2021 budget. Through the first three months of 2021 we were



within a few percentage points of our budget. However, everything changed in April. Since April, volumes have increased throughout PMH. In fact, the last department to achieve budgeted patient volumes was the Emergency Department, and they have been extremely busy ever since. This is important because the ED creates business for other departments such as the Laboratory and Diagnostic Imaging. As you assess our statistics, you will see that just about every department is at or above their budgeted patient volumes, and for obvious reasons, they are significantly above last year (**Attachment G**). A good overall metric to verify this is to examine our adjusted patient days (a metric that combines inpatient and outpatient volumes). You can see that we are 1% over our budgeted adjusted patient days and 28% over last year. While we do not know the exact cause of this increase, it appears to be a combination of our growing medical staff; patients from Sunnyside and beyond coming to PMH for care (increased market share); and the pandemic appears to have created a large volume of patients that delayed care. Because the volume increases are sporadic at times (e.g., Emergency Department), our department leaders are creating contingency staffing plans to deal with the volume surges. When volumes become consistently high, department leaders have been empowered to add staff without Administrative approval. This will enable leaders to respond to their own departmental needs quickly. They also know that they will be held accountable for their decisions by the organization and community. They are the CEOs of their departments, with the ability to make all decisions including staffing, while working towards the greater good of helping PMH succeed.

#### **4. Telehealth Update**

Prosser Memorial Health continues to explore telehealth solutions that will work well within our Health system as outlined in our 2021 Strategic Plan. In the third quarter of 2021 we will partner with Specialist TeleMed (STEM) out of Denver, Colorado to begin providing Neurology Specialist telehealth services on a weekly basis at the Prosser Clinic. STEM is a physician-led company offering 24+ inpatient and outpatient specialties for virtual care consultations and hospitals, clinics and remote locations worldwide (**Attachment H**). Upon a successful launch and review of the new Neurology telehealth service we will look at launching other telehealth specialties from STEM in late 2021 to possibly include Pulmonology, Rheumatology, and/or Endocrinology.

### **EMPLOYEE DEVELOPMENT**

#### **1. PMH Security Update**

In April we reported our staff's concern about safety (especially at night and on weekends). We are investigating the feasibility of adding security staff at the hospital. Merry Fuller and Christi Doornink-Osborn are leading our initiative to provide a safer environment for our patients, staff and visitors. While these concerns will be addressed in the design of our new facility, the current solution being explored will carry over to the new facility. The plan is to have a security presence on the hospital campus weekday nights from 6:00 p.m. to 6:00 a.m. and also on weekends (48 hours). Merry and Christi have been interviewing companies that provide these services. The top company thus far is PAC-TAC Protective Solutions (**Attachment**

I). PAC-TAC's team approach to dealing with security and other needs we may have is very attractive. We did include the expense for this service in our 2021 Budget and hope to make a selection by the end of June.

## **2. PMH Uniform Policy Update**

In 2020, a PMH Uniform Committee led by Rusti Wilson, Director of Cardiopulmonary Services, was formed to evaluate the feasibility of having an expanded uniform program throughout PMH. The Committee determined to expand the program; developed a draft uniform policy; determined which departments will participate; selected a vendor; and determined a cost estimate which was included in the 2020 Budget (**Attachment J**). We were prepared to implement the program in 2020, but with all the financial uncertainty surrounding the pandemic, we decided to postpone the project until 2021. PMH will implement the Uniform Policy effective January 1, 2022. There are a few administrative steps that need to be completed before the go-live date, including having our staff give feedback to their department leader regarding the proposed uniform program. The six-month timeline allows employees time to prepare for the change in dress code policy and for PMH to work with the labor unions on implementation details. The following are milestones required for implementation:

- Leadership Team to review uniform color palette by department/job;
- Employees to review uniform color palette by department/job;
- Administrative Team to approve the uniform color palette by department/job;
- Administrative Team to finalize the vendor(s) list (a primary vendor has been identified);
- Materials Management/Human Resources to set-up formal accounts and on-line ordering;
- Human Resources to notify all PMH employees of the new policy;
- Notify the unions: AFSCME, SEIU, IAFF and engage in implementation discussions; and
- Go-live on 1/1/2022.

## **3. SEIU Contract Update**

The current three-year labor contract between Prosser Memorial Health and SEIU 1199NW covering Registered Nurses and Licensed Practical Nurses at PMH will expire on June 30<sup>th</sup>, 2021. Negotiation dates have been set beginning in August through September of this year. SEIU negotiators have requested virtual bargaining sessions rather than in-person bargaining. Prosser Memorial Health's position is that in-person bargaining supports our PMH culture; it helps foster better understanding during the bargaining discussions and with the more relaxed meeting restrictions, coupled with our vaccinated population (vaccines readily available), it is time to meet face-to-face. We will continue dialogue with SEIU leadership on this point. As always, we look forward to a collaborative effort in securing a new contract, which will not occur until the current contract expires. In the meantime, we will operate under our current contract until a new one is voted on, and agreed to, by the employees covered by the contract and the PMH Board of Commissioners.

#### **4. Employee Engagement**

While Summer has not officially begun yet, our weather has warmed up, school is almost out and it is time for family vacations. I encourage everyone to enjoy this special time and enjoy your family. We will officially kick-off summer by celebrating National Donut Day (a little late!) on June 24<sup>th</sup>. Blissful Bites, a local donut truck that makes fresh donuts, will be at the Hospital from 6: a.m. – 9:00 a.m. We will also be serving our Clinics with to-go orders and they will make an official stop at the Benton City Clinic (**Attachment K**). On July 1<sup>st</sup>, we will be celebrating the Fourth of July at PMH. The Leadership Team will once again be washing the cars of our staff, Board and Medical Staff, and providing an old-fashioned picnic lunch (provided by AC's Barbecue) with Shorty's Italian Sodas (**Attachment L**). Because our Hospital Week lunch event was such a success, we are closing all of our clinics from 12:00 p.m. to 1:30 p.m. so that all of our staff can come to the hospital for the event and socialize with teammates they rarely see. I encourage everyone to come to the Hospital and have your car professionally (?) washed while you enjoy a barbecue lunch. Also included in your packet is the June Employee Newsletter (**Attachment M**) which highlights some of our May activities including our Hospital Week festivities.

#### **5. Administrative Assistant**

As most of you already know, minutes before our May Board Meeting, Carol Allen – Administrative Assistant, slipped and fell in one of our hallways and sustained an injury that is going to keep her away from work for several weeks. Carol is recovering and we hope to have her back by mid-July. We all wish Carol the best and look forward to seeing her soon! In the meantime, Francie Poole – former Administrative Assistant, has agreed to come back out of retirement and help us until Carol returns. If it wasn't for Francie, we would not be getting this Board Packet out. Welcome back Francie and thank you!

### **MEDICAL STAFF DEVELOPMENT**

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

As I have mentioned before, many aspects of health care slowed down in 2020, but Medical Staff Recruitment did not, at least not at PMH, and that trend continues in 2021. Interested Providers are consistently reaching out to us for opportunities, which is refreshing and a testament to the outstanding team we have at PMH. Our highest priority at the present time is to recruit two pediatricians, as we recently learned that Dr. Sarah Min will be leaving us in August to pursue an opportunity in Oregon that will better meet the needs of her family. We will miss Dr. Sarah Min and wish her well in her new adventure. Fortunately, we have two excellent candidates that we have interviewed and both candidates were highly recommended by our staff. As a result, we have given each of them contracts to review and we hope to finalize the contracts in the next couple of weeks. Another priority is for us to find a gastroenterologist to help provide some relief for Dr. Unger. We had two GI candidates, but they have decided to pursue other opportunities. We do, however, have a new candidate that is planning to visit us next week. This candidate has experience starting GI practices in rural areas (Indiana) and is excited about the opportunity to do it again.

A final priority for us is a primary care provider (family practice or internal medicine) for the Benton City Clinic. We are currently talking to a family physician in the Tri Cities that is interested in this opportunity and we also have an internal medicine physician (retiring from the Navy). The IM physician's wife is also a physician (pathologist) and would like to relocate to Eastern Washington after he retires from the Navy. We hope to have a phone interview with him before the end of June. Mental health services continued to be a need locally and across the country, and I am pleased to announce that Steve Peters, Licensed Mental Health Counselor, has agreed to join our team as outlined in our 2021 Medical Staff Model. Steve will work at the Benton City Clinic beginning in July. Please join me in welcoming Steve to the PMH Team! Last month I reported that we were interviewing a pain specialist that reached out to us. The interviews went well, but the provider has decided to accept an offer in California. A pain specialist is not on our Recruitment Plan for 2021 but will be explored again in 2022.

## **2. Medical Staff Engagement**

Last month Christy Doornink-Osborne presented our Medical Staff Engagement Plan for 2021. One of the cornerstone events in that plan is the Medical Staff/Board/Leadership Team social event to be held at Desert Wind Winery on July 16th (**Attachment N**). The event will include dinner, music and the opportunity to socialize with PMH Teammates, with no formal program. Next year (2022) we plan to return to our previous venue for this event, a dinner cruise on the Columbia River with Water2Wine.

## **PATIENT LOYALTY**

### **1. Patient Engagement**

We plan to bring a Press Ganey Patient Satisfaction overview report to the Board of Commissioners this month. The arrival of the Department of Health for our unannounced CMS survey pulled resources away from completing the presentation before the Board Packet going to print.

Merry Fuller will forward the presentation to the Board of Commissioners before the Thursday Board Meeting and then present the information during the Board Meeting. We are moving toward reporting our internal data consistent with how the data is publicly reported. This has caused a bit of culture shock as there is a significant variation in those methodologies. The current Strategic Plan Scorecard patient satisfaction scores appear to reflect a significant decrease in patient satisfaction. This disparity is the result of looking at the same data from a different perspective. We believe the fresh perspective will help us gain better traction in providing what matters most to our patients. For example, patients who have an inpatient stay after an elective surgery have significantly higher satisfaction scores than patients admitted to an inpatient stay from the Emergency Department. This makes sense as one is a planned hospitalization and one unexpected. What we need to do with this information is figure out what would help those patients with an unexpected stay feel better cared for and supported, and then be intentional about doing so. **Attachment O** provides some definitions for some of the terminology used to analyze the patient satisfaction data and the remainder of her report will be distributed next week.

## FINANCIAL STEWARDSHIP

### 1. Financial Performance – May

May continued our trend of extremely strong patient volumes and gross revenue, which assisted us in achieving another strong financial month (**Attachment P**). Our gross revenue in May was 14% (\$2 million) over our budget and 82% over last May during the heart of the pandemic. While our gross revenue was strong, it was offset by much higher contractual allowances and bad debt. As a result, our net revenue was 3% (\$221,316) below budget. On a positive note, our expenses were 4% under budget despite the significant increase in volume. One reason for this was an approximately \$150,000 credit from our reference lab for services they had overcharged us for this past year. The strong revenue and reduced expenses resulted in a net income of \$551,640 or 9% over budget, and a total margin of 9.0%, which is well over our goal of 6%. Our year-to-date performance mirrors this trend as our gross revenue is very strong, our deductions from revenue are higher than expected and our expenses are only up 2% (despite a 13% growth in volume). The result is a net income of \$2.4 million and a total margin of 7.8%, again far exceeding our goal of 6%.

Our balance sheet remains strong with over \$20 million in cash. Our cash flow has been strong especially when we take out the approximately \$3.85 million we have invested in our new facility (construction in progress). The only negative on our balance sheet continues to be our high days in net accounts receivable (65.57 days compared to our goal of 44.25 days), which is a work in progress for our staff. Our volume statistics are almost all positive, except for two clinics where we continue to recruit for providers to help meet the demand. From a productivity perspective, our total FTEs (full time equivalent staff – paid 2080 hours per year) are 3% below budget while our volumes are above budget, creating a very productive scenario. Finally, our payor mix remains strong. We have seen an increase in Medicare and Medicaid patients, but our commercial patients remain over 28% of our total payor mix. As this financial report demonstrates, our financial position remains strong and should impress the USDA.

### 2. PMH Foundation Update

The Wine Country Classic Golf Tournament will be Friday, September 10 at Black Rock Creek Golf Course. Teams will tee off at 9:00 a.m. with a dinner and award ceremony to follow. Online registration is now available on the Foundation website: [www.prosserhealth.foundation](http://www.prosserhealth.foundation). **Attachment Q** outlines sponsorship levels and registration information.

The capital campaign is still in the quiet phase, following-up with people that were interviewed during the feasibility study to formally request a donation for the capital campaign for the new hospital project. Foundation Executive Director, Shannon Hitchcock, is also reaching out to our internal stakeholders (staff, providers, Foundation Board Members, and Commissioners) to ask for support. Our goal with internal stakeholders is 100% participation. We will have a donor appreciation event for our internal supporters on Wednesday, September 15<sup>th</sup> from 4 - 7:00 p.m. at the new hospital site. A flyer of the event is attached (**Attachment R**). We did not set a minimum donation amount to participate in this celebration as we want everyone to be able to come together and support our future! We have submitted a \$1 million

proposal for consideration to the Whitehead Foundation that will be reviewed at their July Board of Directors meeting. To date we have raised \$168,600 towards our \$2 million goal (**Attachment S**). As we receive donations, we will update our investor honor roll list. Here's a link to the capital campaign video Shannon and Annie have been working on to assist illustrating the need for a replacement facility when we meet with potential donors: <https://vimeo.com/560512801/042b1fbc6a> If you have any questions about the capital campaign please feel free to reach out directly to Shannon or Annie in our Community Relations Department.

## QUALITY

### 1. CMS Survey

On Tuesday, June 15th, a Washington Department of Health survey team arrived unannounced at PMH to conduct our triennial CMS validation survey. While we were due to be surveyed in 2020, no surveys were conducted because of the pandemic. We are currently in the middle of the survey, which appears to be going well, but will not have the results until after the Board packet goes out. We will plan to share the survey results with the Board at the June Board meeting.

### 2. COVID-19 Update

The number of new COVID-19 cases and deaths continue to decline across the country and in our area. This is also true at PMH where we continue to perform many COVID-19 tests each month; the number of positive results decline (**Attachment T**). This is great news and, if this continues, will enable us to return to a more normal life. Our focus continues to be on vaccinating our community, but locally and nationally the demand for vaccines has declined dramatically. While we struggled to obtain vaccine early this year, we now have large supplies of both Moderna and J&J vaccine and there is little public demand for them. The Prosser public schools have indicated to me they would be interested in conducting a vaccine clinic for students (ages 12+) in partnership with us this summer. We are interested in providing this service, but the vaccines we have, have not been approved for individuals under the age of 17. If they are, we will work with the schools to vaccinate any children that want one (with parental permission). At PMH, we continue to follow CDC guidelines (e.g., wearing masks in public areas).

### 3. COVID-19 Financial Plan

Very little has changed from last month as it relates to our COVID- 19 Financial Plan (**Attachment U**). While our \$6.35 million Small Business Association (SBA) Payroll Protection Program loan has not yet been forgiven, we were notified that it is in the final phase of review and everything looks in order. We anticipate that it will be forgiven next month and be recorded on our income statement before August. Last month I mentioned that the Biden Administration recently signed legislation that will give Critical Access Hospitals \$230,000 and every Rural Health Clinic \$100,000 for COVID-19 mitigation and testing. In June we received \$200,000 for two of our three RHC's and will probably receive the remaining \$330,000 soon.



We are not certain of the strings attached to these funds but are working with DZA and Moss Adams to determine if and when we can recognize the funds, or if we will need to return them. Stay tuned.....

#### **4. 2020 PMH Critical Access Hospital (CAH) Annual Program Review**

As a condition of participation with Medicare and Medicaid, all Critical Access Hospitals must prepare an Annual Program Review (**Attachment V**) and have it reviewed and approved by their Board per CMS guidelines. The report is an overview of the services we provide at Prosser Memorial Health, our volumes, community benefit, etc. Kristie Mellema will review the 2020 PMH Annual Program Review with the Board at the June Board meeting, and the Board will be asked to approve it at the meeting.

#### **5. Board Policies**

Per our Board Policy, on Board Policies, we must review all policies every three years. The Board will be asked to review and approve the following four policies in June: New Board Policies (**Attachment W**); Employee Compensation (**Attachment X**); CEO Selection and Responsibilities (**Attachment Y**); and CEO Evaluation (**Attachment Z**). There are several minor changes (e.g., typos) that are being recommended by Administration to make them grammatically correct, but no material content was changed. The policies will be placed on the June Consent Agenda for approval, however, if the Board would like to make more significant changes and/or discuss the proposed policies, any Commissioner may remove a policy from the Consent Agenda and place it on the regular Board Agenda.

#### **6. June Board Meeting**

As we promised when we first proposed the addition of a board work session each month, if there is a lack of a full agenda, the meeting would be cancelled. Therefore, the June Board Work Session is cancelled. We plan to resume the meeting in July when we will have a full agenda including the review of a proposed budget for our new facility. The June Board Meeting will be utilized to review the results of our recent CMS survey; learn more about our new patient engagement survey company (Press Ganey) and how they report our patient engagement; approve several Board Policies; and review and approve the 2020 CAH Annual Program Review.

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.




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**Prosser Public Hospital District**  
**Prosser Memorial Health Replacement Hospital – Progress Report**

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**DATE:** June 8, 2021

**I. PROJECT TEAM:**

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

**II. PROGRESS:**

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**A. Contracts:**

- a. Consultant agreements were executed for the following recent procurements: *(none for this period)*
- b. Consultant agreements being finalized:
  - i. CBRE|Heery contract for Commissioning Agent services
- c. Additional Services Agreements are being finalized for the following:
  - i. BCDG's contract amendment to include USDA requirements, and reflect CM delivery method
  - ii. Graham Construction contract amendment for preconstruction services, including MCCM and ECCM components

**B. Design – Project Visioning**

- a. bcDesignGroup will update the visioning project evaluation for the 50% Construction Documents set, to be issued by the end of June.

**C. Design – Utilities**

- a. Water & Sewer – These utilities are currently under construction by the City of Prosser.
  - i. This work remains on-hold during the irrigation season. They will continue working in October, and now anticipate completion in spring of 2022.
  - ii. The project team is working to mitigate any potential project impacts to the project construction timeline due to the utility delay noted above.
- b. Electricity – Project team is coordinating with Benton Public Utility District.
  - i. The team submitted documents BPUD requested in order to complete preliminary utility engineering and finalize any cost projections. NV5 requested BPUD relay next steps and expectations for schedule. BPUD is currently completing their preliminary engineering.
- c. Data – NV5 is coordinating with LS Networks to determine scope, schedule and next steps for serving the site with optical fiber.
  - i. LS Networks provided preliminary cost information to the team the week of May 10. They will meet to review with the team in June.



- D. Design – Site
- a. Geotechnical investigations are complete. GeoPro intends to issue the final report the week of June 14, and this information will be incorporated into the Preliminary Architectural Report (PAR) in support of the USDA Funding requirements.
  - b. At the recommendation of legal counsel, the Hospital is working with IronSides Grinding to clear a large area of remaining blackberry brambles from the area surrounding the water ponding on site along the north edge, in order to better understand the exact source of the water.
- E. Design – Building
- a. BCDG hosted interior design review meetings the week of June 7.
- F. Permitting
- a. Certificate of Need (CON) –
    - i. As previously reported, PMH has implemented two approaches in response to the January 13 DOH letter stating the new facility would require a CON.
      1. CON Application – Health Facilities Planning & Development (HFPD), with assistance from DZA and NV5, completed the application which was submitted on May 25, 2021.
      2. DOH Appeal – The DOH Appeal hearing is scheduled for August 2-3, 2021. The Hospital, however, through its counsel, is seeking summary judgement by the end of July.
  - b. State –
    - i. The project team is drafting a Functional Program (FP) to submit to the Department of Health (DOH) in support of the project review and approval. This process is ongoing, and the team is working to finalize the FP in June.
    - ii. The design team reviewed the proposed structural design for the new facility with the state DOH on June 10 to ensure all stakeholders understand the systems included in the project, and to identify any questions or concerns prior to the formal permit application.
  - c. City –
    - i. No update at this time. The team continues to involve the City as necessary ahead of the building permit submission.
- G. Pre-Construction
- The Value Engineering and management (VE) process continues in earnest. To date, the team has created a list that includes over 90 opportunities to save cost while maintaining quality and longevity of the facility. At this time, 32 of these items have been confirmed as feasible and have been reviewed in detail with the Hospital Administration team and recommended for approval. These 32 items represent a total potential savings of \$3,188,377
- H. Operations / Activation
- a. As noted last month, meetings with Merry Fuller and NV5 commenced in April to facilitate development of operational plans and work processes for the new facility. The first objective of these meetings is to complete the new Functional Program (FP) noted previously. Once this document is complete, the team will focus on Operational objectives, new procedures anticipated and planning for occupancy in the context of the new facility as outlined in the FP.

### III. PROCUREMENT:

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- A. Commissioning for Mechanical, Electrical, and Plumbing Systems
  - a. On May 13, PMH, with the assistance of NV5, issued a letter of intent to award CBRE|Heery the contract for Commissioning Agent services. It is anticipated that, during the month of June, the contract will be executed as noted in section A of this report.
- B. Furniture planner and vendor-
  - a. NV5 is coordinating the procurement of a furniture vendor for the project. The Request for Proposal process supporting this effort will conclude in late June. The awarded vendor will be engaged to assist PMH in the selection and final layout of all loose furniture and associated accessories.
- C. Upcoming project team members to procure are:
  - a. Art Consultant, summer of 2021.
  - b. Signage Design and Fabrication vendor, summer 2021.

### IV. SCHEDULE:

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- A. Procurement of Project Team – August 2020 thru July 2021
- B. Design – Construction Document Phase – April 2021 thru September 2021
- C. CON process – Ongoing thru August 2021
- D. USDA Funding Approval – August 2021
- E. Construction – December 2021 to December 2023

### V. BUDGET

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- A. NV5 has previously developed, and continues to refine a current, comprehensive project budget based upon executed contracts, DD progress estimates from BCDG's third party estimator and Graham Construction, DD medical equipment estimate, and industry cost trends. It is anticipated that a current updated version of this information, including a status of construction VE efforts, will be presented to the Board for review and discussion / confirmation during the July Board Meetings.

### VI. PROJECT CHALLENGES / RISKS:

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- A. Certificate of Need (CON) –
  - a. The application for a CON was submitted by May 25 as previously noted, and the Project Team is in communication with the Board of Health to respond to any questions.
  - b. The team continues to work for summary judgment, which is anticipated to be resolved by the end of July 2021.
- B. USDA
  - a. Gary Hicks Financial is providing guidance to the project team in preparing the supportive documentation for the USDA Application. The project team meets twice a month to review the status on the efforts for the supportive documentation.
- C. Construction Estimates
  - a. The next formal estimates will be based on the 50% Construction Document set, per BCDG and Graham's contracts. The 50% CD set is due June 17; the estimators will then take the time to compose their estimates based on these drawings and aim to distribute formal estimates in mid-July.
  - b. All future estimates, and the associating bidding of the final documents will need to conform to the VE targets the team is developing and tracking.

**VII. NEXT STEPS:**

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- A. 50% CD milestone and associated estimates.

**VIII. ATTACHMENTS:**

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- A. 4 Month Look-Ahead Project Schedule

4 Month Outlook

JUNE 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	01	02	03	04 PROJECT TEAM MEETING	05
06	07 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	08 Final draft of FP due	09	10	11 PROJECT TEAM MEETING	12 Final FP to DOH
	DESIGN MEETINGS - Interiors (Brooke + Admin)					
13	14 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	15	16	17	18 PROJECT TEAM MEETING	19
	50% DD PACKAGE DUE					
20	21 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	22	23	24 BOARD MEETING	25	26
27	28 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	29	30	01	02	03

JULY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	01	02 PROJECT TEAM MEETING	03
04	05 INDEPENDENCE DAY (OBSERVED)	06	07	08 50% DD ESTIMATE'S DUE (Merry + Admin)	09 PROJECT TEAM MEETING	10
11	12 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	13	14	15	16 PROJECT TEAM MEETING	17
18	19 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	20	21	22	23 PROJECT TEAM MEETING	24
25	26 DESIGN & CONSTRUCTION BUDGET MEETINGS	27	28	29 BOARD MEETING	30	31
	NEW FACILITY OPERATIONAL MEETING (NV5-Led)	BOARD WORKSESSION				
01	02 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	03	04	05	06 PROJECT TEAM MEETING	07

LEGEND

IN PERSON MEETING  
NV5 & BCDG ON SITE  
UNLESS OTHERWISE NOTED

ONLINE MEETING  
DELIVERABLE

PMH MEETING  
NO ATTENDANCE BY  
PROJECT TEAM

HOLIDAY

**4 Month Outlook**

**AUGUST 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	03	04 anticipating adjudication hearing for CON appeal	05	06 PROJECT TEAM MEETING	07
08	09 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	10	11	12	13 PROJECT TEAM MEETING	14
15	16 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	17	18	19	20 PROJECT TEAM MEETING	21
22	23 DESIGN MEETINGS	24	25	26 BOARD MEETING	27	28
29	30 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	31 BOARD WORKSESSION	01	02	03	04
05	06 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	07	08 Decision anticipated from DOH for new CON application	09	10	11

**SEPTEMBER 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	01	02	03 PROJECT TEAM MEETING	04
05	06 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	07 90% CP PACKAGE DUE	08	09	10 PROJECT TEAM MEETING	11
12	13 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	14	15	16	17 PROJECT TEAM MEETING	18
19	20 DESIGN MEETINGS	21	22	23 BOARD MEETING	24	25
26	27 NEW FACILITY OPERATIONAL MEETING (NV5-Led)	28 BOARD WORKSESSION	29	30 100% CP PACKAGE DUE	01 PROJECT TEAM MEETING	02
03	04 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	05	06	07	08	09

**Prosser Memorial Health  
Replacement Hospital**



**Owner Team Meeting Minutes**

<b>Meeting #</b>	<b>20210604</b>	<b>Date:</b>	<b>Meeting: Friday, June 4, 2021 Issued: Friday, June 4, 2021</b>
<b>Time &amp; Location:</b>	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	<b>Prepared by:</b>	Adam Trumbour – NV5
<b>Attendees:</b> <i>X = Attended Meeting</i>	<u>PMH</u> Craig Marks X                      David Rollins                      Merry Fuller X                      Dr. Brian Sollers X Bryon Dirkes                      Steve Broussard X                      Kevin Hardiek		
	<u>NV5</u> Paul Kramer X                      Kurt Broeckelmann X <u>Graham</u> Adam Trumbour X                      Brooke Cinalli                      Bret Miche <u>USDA Consultant</u> Aurelie Aramouni X                      Hilary Beashore X                      Chris Colley X                      Gary Hicks Brian Holecek Trevor Graafstra Chris Pratt		
<b>Distribution:</b>	<b>Attendees</b>		

PMN = Post Meeting Note

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

No	Item	Due By	Ball in Court
<b>1.</b>	<b>GENERAL / ADMINISTRATION</b>		
1.1.	<b><u>11 SEP-Project Goals, Objectives, &amp; Strategies</u></b> Key Strategies to achieve Objectives within each Pillar to achieve PMH Pillar goals. 05 Mar – BCDG to review Matrix to confirm items achieved in DD set. 26 Mar – Parking for electric cars—is this in the works? BCDG says yes. Infrastructure will be included for future expansion; code dictates minimum day 1 requirements. Team to develop this further. CLOSED – ball in court for BCDG for 50% CDs. 21 May – BCDG to update Visioning matrix for July board meeting.	INFO	
1.2.	05 Mar – Graham Team	CLOSED	
1.3.	05 Mar – NV5 Transition	CLOSED	
<b>2.</b>	<b>SCHEDULE</b>		
2.1.	<b><u>4 Month Look-Ahead Schedule</u></b> 4 Jun – NV5 to set meetings in July for budget and estimate review ahead of board work session on July 27. BCDG to try for a draft of book specifications to be issued with 50% CD set.	6/14	BCDG; NV5
2.2.	<b><u>In-Person Meetings</u></b> 14 May – BC looking to host interior design review meetings week of June 7. Dates will be coordinated with Carol and Admin team. Team to host VE/cost review, and security design review meetings ahead of board work session as well. Need to present cost status and VE savings formally to board. 4 June – Board work session is tentatively canceled. Design meetings to occur week of June 7.	INFO	
2.3.	<b><u>Overall Project Schedule</u></b> 07 May – NV5 to assist PMH to advertise Environmental Report. CON app to be submitted within next week. Graham/BCDG page turn should happen w/25% set in next week or so. Structural should be good to meet with DOH soon; need EC/MC done before meeting with	In Progress	NV5



Owner Team Meeting Minutes

	DOH. NV5 to plan DOH meetings.		
<b>3.</b>	<b>BUDGET</b>		
3.1.	<b>11SEP-Budget Development</b> 4 Jun – Ongoing.	INFO	
3.2.	<b>11SEP-Major Medical Equipment</b> 07 May – Need directors to physically sign off on medical equipment. Utilize MEC (1 <sup>st</sup> Wednesday of every month; next is June 2) for review of equipment; coordinate with Dr. Clifford via Lynn Smith. 14 May – MF discussed using Ops Meetings on Mondays as initial forum. 21 May – NV5 sent department-level equipment lists to department heads for their review. Need to schedule review meeting. Team to create process/plan while on site Tuesday May 25. 4 Jun – NV5 distributed department-level lists week of 5/24. NV5 to review with staff on-site the week of June 4.	In Progress	NV5, PMH
3.3.	<b>05 May – DZA Feasibility Study</b> DR sent current version via email. Not final until USDA approves.	CLOSED	
<b>4.</b>	<b>PROCUREMENT / OWNER-LED ACTIVITIES</b>		
4.1.	<b>11SEP-GC/CM RFP</b> CLOSED	CLOSED	
4.2.	<b>11SEP – Furniture &amp; Demonstration Furniture</b> 21 May – Comment cards are in place. Merry to encourage staff to add comments. NV5 to coordinate meeting(s) to review and decide on display boards, including cost information. Merry has Vocera quote in-hand; needs to meet with staff to determine priority/need. Will then need to determine integration with, and effect on, replacement hospital project. Merry to share quote with NV5 and Craig. NV5 to issue furniture RFP next week. 4 Jun – Merry to send Vocera quote to Craig and NV5. Demo furniture is in-use. NV5 leading furniture procurement and should have proposals for review by June 18.	In Progress	
4.3.	<b>06Nov – Site Clearing</b> <del>23 Apr – Drawings need to show clearing of shrubbery on N/NE portions of site, along with standard grub/clear of entire(?) site.</del> 4 Jun – NV5 to follow up with Ironsides today re clearing shrubs.	INFO	BCDG
4.4.	<b>06Nov – Geotechnical Engineer</b> 09 Apr – Group agrees radon testing is not recommended at this time due to geotech recommendation and area history. NV5 sent seismic refraction survey information to design team for review. 16 Apr – Closed. 23 Apr – NV5 to send all geotech reports to Graham. 14 May – Geotech report will be finalized this month as final structural system was confirmed just this week. 4 Jun – GeoPro issuing final report next week.	5/10	NV5
4.5.	<b>11Dec – Commissioning Agent</b> 23 Apr – Team is recommending CBRE Heery to the Board. Contract will be drafted. If contract exceeds \$100k, need to seek board approval. 07 May – NV5 to coordinate contract.	In Progress	NV5



Owner Team Meeting Minutes

	<p>14 May – NV5 drafted LOI and will send to PMH for review and execution.                  21 May – NV5 sent CBRE   Heery LOI and will work on contract, next.                  6 Jun – LOI issued; draft contract issued; on-boarding to occur week of June 14. NV5 to review specification assistance with CBRE   Heery and BCDG.</p>		
4.6.	<p><b><u>11Dec – Security Design Consultant</u></b>                  23 Apr – BCDG planned internal review meeting on Wednesday 4/28.                  05 May – BCDG to plan meeting with PMH next week or later. NV5 requests the QTY deleted in order to load into VE log.                  14 May – Design team reviewed and updated security plans yesterday. BCDG to review security plans with Admin team during on-site meetings this month. BCDG to share with board in some format.                  4 Jun – 1<sup>st</sup> floor was reviewed week of 5/24. BCDG to schedule teleconference to review the 2<sup>nd</sup> floor design.</p>	6/7	BCDG
4.7.	<p><b><u>05Mar – New Facility Operational Meetings</u></b>                  23 Apr – Ongoing.</p>	INFO	
4.8.	<p><b><u>09 Apr – BCDG Contract</u></b>                  23 Apr – Per GH review with USDA not required.                  07 May – NV5 reviewed and will send to PMH.                  21 May – Sent to BCDG to be finalized.                  4 Jun – BCDG to sign and return.</p>	6/11	BCDG
<b>5.</b>	<b>DESIGN / PERMITTING</b>		
5.1.	<p><b><u>11SEP-Annexation &amp; Zoning</u></b>                  CLOSED</p>	CLOSED	
5.2.	<p><b><u>11SEP – Certificate of Need</u></b>                  16 Apr – Need this resolved promptly to avoid conflict with USDA process. NV5 to confirm timeframe is still accurate.                  23 Apr – Draft for review will be ready week of April 26. HF has some questions for PMH; PAK to review with PMH Admin. Summary judgements will be filed today 4/23; responses due 5/4; reply briefs due 5/11.                  05 May – Draft CON application reviewed by team on May 5.                  14 May – CON application to be submitted early week of May 17. PMH to send check for fee as well.                  21 May – Health Facilities submitting today.</p>	In Progress	NV5
5.3.	<p><b><u>11SEP-Water &amp; Sewer (City)</u></b>                  26 Mar – City indicates the boring is delayed due to the method selected to bore under I-82. City is working to resolve this ASAP, but the work may need to stop due to irrigation season, and could be pushed to October 2021. NV5 to request continual updates with City.                  09 Apr – NV5 to check on status. Also received “Will-Serve” letter. Graham asks if we will need booster pump for water service; BCDG says we won’t know until water service is in-place at property boundary.                  07 May – PMH and NV5 to check in with City mid/late summer.                  21 May – Graham to send NV5 “date needed by” for water utilities in order for NV5 to share with the City.                  4 Jun – NV5 to follow up with City end of July.</p>	In Progress	City of Prosser; NV5
5.4.	<p><b><u>11SEP – City Permit Review</u></b></p>	CLOSED	BCDG

Owner Team Meeting Minutes

	23 Apr – SEPA review is likely required ahead of permitting; BCDG indicates Civil engineer has this in scope. Team to work on this (BCDG / NV5)—CLOSED – handled by Civil Engineer		
5.5.	<p><b>06Nov – State Permit Review</b></p> <p>05 May – According to BCDG, the documents that the DOH said will be required for submission are:</p> <ol style="list-style-type: none"> <li>1. Functional Program (2018 FGI 1.2-2)</li> <li>2. Safety Risk Assessment (2018 FGI 1.2-4) which includes: <ol style="list-style-type: none"> <li>a. Infection Control Risk Assessment (2018 FGI 1.2-4.2)</li> <li>b. Patient Handling and Movement Assessment (2018 FGI 1.2-4.3)</li> <li>c. Patient Fall Prevention Assessment (2018 FGI 1.2-4.4)</li> <li>d. Security risk assessment (2018 FGI 1.2-4.8)</li> </ol> </li> </ol> <p>Also need to meet with DOH on licensure process for new facility (re email to CM and DR). AT to send list above to Merry.</p> <p>14 May – BCDG coordinating structural review meeting in the coming weeks.</p> <p>21 May – Team met with DOH to review licensure process on 5/19</p>	In Progress	BCDG, NV5, PMH
5.6.	<p><b>11SEP – Electric</b></p> <p>09 Apr – Received Will-Serve letter and ROM costs.</p> <p>16 Apr – NV5 to determine dates around next steps, and when service will be delivered.</p> <p>07 May – Ongoing; Henderson sent more info this week.</p> <p>14 May – NV5 sent application for service and accompanying load information to BPUD this week. Will follow up accordingly.</p> <p>4 Jun – NV5 to follow up week of June 14.</p>	In Progress	NV5
5.7.	11SEP – Program Review	CLOSED	
5.8.	<p><b>08Jan – Nurse Server Mockup</b></p> <p>21 May – Steve to send info on other casework shops. Dr. Sollers recommended we check with Valley Cabinets. BCDG to look into pre-fabrication options in lieu of built-in-place/custom fab.</p> <p>4 Jun – NV5 to contact today.</p>	In Progress	NV5
5.9.	19Feb – NV5 DD Review	CLOSED	
5.10.	<p><b>11Sep – Design Progress Update</b></p> <p>26 Mar – BCDG will present interior design elements to PMH team next week. Only minor comments received from team; looks optimistic for signoff on Monday. Team will also begin VE process. Leadership will seek Board approval of DD package at April 1 meeting.</p> <p>09 Apr – Interiors review meetings to occur in-person as noted above; VE process is underway. Signoff successful.</p> <p>07 May – 25% CDs issued this week.</p> <p>21 May – BCDG working on 50% CDs for June 17.</p>	In Progress	BCDG
5.11.	<p><b>16 Apr – SVID coordination</b></p> <p>BCDG is reviewing SVID laterals located on the site, as well as construction details/requirements. BCDG is meeting w/Civil week of 4/19.</p> <p>23 Apr – SVID confirmed data on design drawings is correct re SVID infrastructure. Team will investigate flooding from adjacent property.</p> <p>07 May – Graham asked about utility crossings. Design team is coordinating with SVID. Need to determine when/how/cost for road</p>	INFO	NV5

**Owner Team Meeting Minutes**

	and utility crossings. Prioritize road crossing to facilitate construction access. SVID indicated leak is not theirs but they would check it out if need be (and will). PMH to approach landowner next if necessary. 14 May – SVID confirms riser where leak is coming from does not belong to them. PMH to reach out to landowner. BCDG/NV5 to coordinate meeting with SVID to review current design and expectations for building out the site. 4 Jun – SVID coordination meeting is scheduled for June 16.		
5.12.	<b>23 Apr – PAR Process</b> BCDG review/update ongoing. 07 May – BCDG coordinating with USDA on this via PAR comment review process. Hope to receive USDA confirmation next week. 14 May – Process ongoing. 21 May – Need finalized geotech report, and resolution on some questions prior to submitting PAR again.	INFO	BCDG
5.13.	<b>04 Jun – Traffic Study</b> Delayed until mid-July. BCDG will proceed with their own traffic study only if need be; TBD based on draft traffic study from City (slated for late-June issuance). PMH requests drive entry be moved as far north as possible to avoid traffic issues. City requested a traffic-county report/study, which BCDG will provide at the appropriate time.	INFO	
<b>6.</b>	<b>PRE-CONSTRUCTION</b>		
6.1.	<b>09 Apr – Value Engineering (VE) Process</b> 21 May – Project team will review VE log with PMH on Tuesday in preparation for board work session Tuesday night. 4 Jun – PMH confirmed the VE items that the team reviewed with them last week were approved for incorporation into the project. NV5 shared the list with BCDG and Graham.	In Progress	Graham, BCDG, NV5
6.2.	<b>07 May ECCM/MCCM Procurement</b> Board approved ECCM/MCCM approach. Graham is currently executing contracts. 21 May – EECM/MCCM currently building baseline estimates.	INFO	

*The above represents the writer's understanding of the items discussed and/or conclusions reached. It is requested that any questions, comments, omissions, and/or errors to these meeting minutes be directed in writing to this office within three (3) business days. Please contact NV5.*

**Next Online Meeting**

**Date:** Friday, June 11, 2021 at 9:00am CT / 8:00am MT / 7:00am PT  
**Location:** MS Teams Meeting

**Upcoming In-Person Meetings**

June 6-10 (TBD) – Interior Design Review (BCDG, NV5, PMH)

**Prosser Memorial Health  
Replacement Hospital**



**4 Month Outlook**

**JUNE 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	01	02	03	04 PROJECT TEAM MEETING	05
06	07 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	08 Final draft of FP due	09	10	11 PROJECT TEAM MEETING	12 Final FP to DOH
	DESIGN MEETINGS - Interiors (Brooke + Admin)					
13	14 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	15	16	17	18 PROJECT TEAM MEETING	19
	50% CD PACKAGE DUE					
20	21 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	22	23	24 BOARD MEETING	25	26
27	28 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	29	30	01	02	03

**JULY 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	01	02 PROJECT TEAM MEETING	03
04	05 INDEPENDENCE DAY (OBSERVED)	06	07	08 50% CD ESTIMATE'S DUE (NVS + Admin)	09 PROJECT TEAM MEETING	10
11	12 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	13	14	15	16 PROJECT TEAM MEETING	17
18	19 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	20	21	22	23 PROJECT TEAM MEETING	24
25	26 DESIGN & CONSTRUCTION BUDGET MEETINGS	27	28	29 BOARD MEETING	30	31
	NEW FACILITY OPERATIONAL MEETING (NVS-Led)	BOARD WORKSESSION				
01	02 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	03	04	05	06 PROJECT TEAM MEETING	07

**LEGEND**

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

4 Month Outlook

**AUGUST 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
01	02 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	03	04 anticipating adjudication hearing for CON appeal	05	06 PROJECT TEAM MEETING	07
08	09 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	10	11	12	13 PROJECT TEAM MEETING	14
15	16 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	17	18	19	20 PROJECT TEAM MEETING	21
22	23 DESIGN MEETINGS		24	25	26 BOARD MEETING	27
	29 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	30 BOARD WORKSESSION				
	31 NEW FACILITY OPERATIONAL MEETING (Merry-Led)		01 Decision anticipated from DOH for new CON application	02	03	04
05	06	07	08	09	10	11

**SEPTEMBER 2021**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	01	02	03 PROJECT TEAM MEETING	04
05	06 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	07 95% CD PACKAGE DUE	08	09	10 PROJECT TEAM MEETING	11
12	13 NEW FACILITY OPERATIONAL MEETING (Merry-Led)	14	15	16	17 PROJECT TEAM MEETING	18
19	20 DESIGN MEETINGS		21	22	23 BOARD MEETING	24
	26 NEW FACILITY OPERATIONAL MEETING (NVS-Led)	27 BOARD WORKSESSION				
	28 NEW FACILITY OPERATIONAL MEETING (Merry-Led)		29	30 100% CD PACKAGE DUE	01 PROJECT TEAM MEETING	02
03	04	05	06	07	08	09





# Prosser

## Memorial Health

May 17, 2021

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

Dear Mr. Hernandez:

Enclosed please find a copy of Prosser Public Hospital District dba Prosser Memorial Health's certificate of need application proposing to replace the current hospital at a new location in Prosser. There is no proposed increase in licensed beds, and no tertiary services proposed. At project completion, the current hospital building will no longer provide any hospital services.

The required fee of \$40,470 was sent under separate cover with the requested tracking information.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Craig J. Marks". The signature is written in a cursive style and is positioned above the printed name.

Craig Marks, CEO



## Certificate of Need Application Hospital Projects

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p><b>Signature and Title of Responsible Officer</b></p> <p style="font-size: 1.2em; font-family: cursive;">Craig Marks</p> <p>Craig Marks, CEO</p> <p><b>Email Address:</b> <a href="mailto:cmarks@pphdwa.org">cmarks@pphdwa.org</a></p>	<p><b>Date:</b> May 17, 2021</p> <p><b>Telephone Number:</b> 509-786-6695</p>										
<p><b>Legal Name of Applicant</b></p> <p>Prosser Public Hospital District dba Prosser Memorial Health</p> <p><b>Address of Applicant</b></p> <p style="padding-left: 40px;">723 Memorial Avenue Prosser, WA 99350</p>	<p><input checked="" type="checkbox"/> New hospital-Replacement Hospital  <input type="checkbox"/> Expansion of existing hospital (identify facility name and license number)</p> <p><b>Provide a brief project description, including the number of beds and the location.</b></p> <p>Construct a replacement hospital.</p> <p><b>Estimated capital expenditure:</b> <u>\$64,707,545</u></p>										
<p><b>Identify the Hospital Planning Area</b></p> <p>Benton/Franklin Hospital Planning Area</p>											
<p><b>Identify if this project proposes the addition or expansion of one of the following services:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> NICU Level II</td> <td><input type="checkbox"/> NICU Level III</td> <td><input type="checkbox"/> NICU Level IV</td> <td><input type="checkbox"/> Specialized Pediatric (PICU)</td> <td><input type="checkbox"/> Psychiatric (within acute care hospital)</td> </tr> <tr> <td><input type="checkbox"/> Organ Transplant (identify)</td> <td><input type="checkbox"/> Open Heart Surgery</td> <td><input type="checkbox"/> Elective PCI</td> <td><input type="checkbox"/> PPS-Exempt Rehab (indicate level)</td> <td><input type="checkbox"/> Specialty Burn Services</td> </tr> </table>		<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)	<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services
<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)							
<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services							





**Prosser**  
Memorial Health

**CERTIFICATE OF NEED APPLICATION**

**REPLACEMENT  
OF  
EXISTING HOSPITAL**

**May 2021**

## INTRODUCTION

On October 27, 2020, Prosser Public Hospital District dba Prosser Memorial Health (PMH) submitted a Determination of Non-Reviewability (DOR), and based on past Certificate of Need Program (the Program) practice, fully expected that the Program would determine that its replacement Critical Access Hospital (CAH) project would not require prior CN review and approval.

On January 13, 2021, the Program issued its determination and concluded that PMH's proposed project is subject to CN review and approval as the construction of a new health care facility. PMH disagrees but is submitting the application at this time to assure that the replacement project is not further delayed.

By way of background and to the knowledge of PMH, the Program, has **never** subjected a CAH replacement hospital to prior CN review. In fact, between 2002 and 2017, the Program issued at least eight DORs confirming that CAH relocation and replacement hospital projects are not subject to CN review. Consistent with PMH's proposed replacement project, each of these projects share common characteristics including no change in licensed bed capacity, no shifting of beds between multiple campuses, no addition of CN reviewable services, no change in the planning area and the existing (replaced) hospital closes upon the opening of the replacement hospital.

In addition to the DORs for CAH replacement hospital projects, the Program has historically applied similar standards to other types of health care facilities. The CN statute and regulations provide that the establishment of a new health care facility is subject to review (RCW 70.38.105(4) and WAC 236-310-020(l)(a)). Health care facilities include, among other things, hospitals, ambulatory surgical facilities, and kidney dialysis facilities. The Program has issued favorable DORs to both ambulatory surgical and kidney dialysis facilities agreeing that a replacement facility is not the establishment of a new facility.

On February 1, 2021, PMH submitted a request for an application for adjudicative proceeding in response to the Program's January 13, 2021 decision on the DOR. PMH is now awaiting the Health Law Judge's ruling on PMH's motion for summary judgement.

**SECTION 1**  
**Applicant Description**

- 1. Provide the legal name and address of the applicant(s) as defined in WAC 246-310-010(6).**

The legal name of the applicant is Prosser Public Hospital District dba Prosser Memorial Health (PMH).

The address of PMH is:

723 Memorial Avenue  
Prosser, WA 99350

- 2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the unified business identifier (UBI).**

Prosser Public Hospital District is a public hospital district. PMH's UBI number is: 035000951.

- 3. Provide the name, title, address, telephone number, and email address of the contact person for this application.**

Questions regarding this application should be sent to:

Craig Marks, CEO  
Prosser Memorial Health  
723 Memorial Avenue  
Prosser, WA 99350  
509-786-6695  
Email: [cmarks@pphdwa.org](mailto:cmarks@pphdwa.org)

- 4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

The consultant authorized to speak on behalf of the screening related to this application is:

Jody Carona  
Health Facilities Planning & Development  
120 1<sup>st</sup> Avenue West, Suite 100  
Seattle, WA 98119  
(206) 441-0971  
(206) 441-4823 (fax)  
Email: [healthfac@healthfacilitiesplanning.com](mailto:healthfac@healthfacilitiesplanning.com)

- 5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

The requested organizational chart is included in Exhibit 1.

**Section 2  
Facility Description**

**1. Provide the name and address of the existing facility.**

The name and address of the applicant is Prosser Public Hospital District dba Prosser Memorial Health is currently located at:

723 Memorial Avenue  
Prosser, WA 99350

**2. Provide the name and address of the proposed facility. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.**

PMH has acquired three separate contiguous parcels within the City of Prosser on which the replacement hospital will be located. No address has been assigned to the three parcels. The tax parcel ID numbers are: 135942000010000, 135942000011000 & 135942000012000.

**3. Confirm that the facility will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing facility, provide the existing identification numbers.**

PMH is currently licensed by the Department of Health and certified by Medicare and Medicaid. No change is proposed for the replacement hospital. PMH's existing identification numbers are as follows:

**HAC.FS:** 00000046  
**Medicare #:** 50-1312  
**Medicaid #:** 1007282

**4. Identify the accreditation status of the facility before and after the project.**

PMH is licensed by the State of Washington. PMH does not have any separate accreditation.

**5. Is the facility operated under a management agreement?**

Yes \_\_\_\_\_ No   X  

**If yes, provide a copy of the management agreement.**

This question is not applicable.

**6. Provide the following scope of service information:**

PMH's scope of services is detailed in Table 1.

**Table 1  
Prosser Memorial Health  
Scope of Services**

Service	Currently Offered?	Offered Following Project Completion?
Alcohol and Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia and Recovery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Adult Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Adult Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Elective PCI	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dialysis – Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food and Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging/Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant Care/Nursery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive/Critical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Unit(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level II	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level III	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal – Level IV	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organ Transplant - Adult (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Pediatric (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing/Long Term Care (swing beds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation (indicate level, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Applicant

### Section 3 Project Description

- 1. Provide a detailed description of the proposed project. If it is a phased project, describe each phase separately. For existing facilities, this should include a discussion of existing services and how these would or would not change as a result of the project.**

PMH is a 25-bed CAH located in Prosser, Benton County. This application simply proposes the replacement of the current hospital, many portions of which have reached the end of their useful lives; and despite maintenance and investment by the District are no longer sufficient in terms of space, workflows, or efficiencies. The current layout also makes the provision of patient centered care challenging.

The original hospital building, a 19-bed hospital, was constructed in 1945. In response to community growth in 1952, a new wing was added, and another expansion occurred in the mid 1990s. Today, the original hospital is more than 75 years old. Master Planning and a facility/campus analysis conducted over the past several years demonstrated that the current campus does not include enough land (or have sufficient adjacent property that can be acquired) to undertake renovation and expansion necessary to assure the Hospital can continue to meet the needs of our growing and aging community.

After reviewing the findings from the various architectural and engineering studies undertaken, the publicly elected Board of Commissioners concluded that the Hospital should be replaced at another location in Prosser. While the replacement hospital will not increase in number of beds, it will provide much needed expansion space for existing essential services such as the emergency department, surgical services, intensive care, and imaging. And, most importantly, it will add private patient rooms which patients strongly prefer, but under the current pandemic have been proven to be the best means of assuring a safe patient environment.

The District has purchased undeveloped land (33.06 acres), approximately three miles away from the existing hospital for a replacement facility; the material elements of which include:

- 25 beds (no change in the licensed bed capacity);
- PMH will operate with the same Medicare and Medicaid provider numbers;
- No addition of any tertiary or other CN reviewable services;
- No change in the planning area; and
- The existing hospital will close once the replacement hospital opens.



2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are outlined under WAC 246-310-020(1)(d)(i).

This project does not involve the expansion or addition of a tertiary service. Therefore, this question is not applicable.

3. Provide a breakdown of the beds, by type, before and after the project. If the project will be phased, include columns detailing each phase.

Table 2 details PMH’s current and proposed bed configuration.

**Table 2  
Prosser Memorial Health  
Current and Proposed Bed Configuration**

	Current	Proposed
General Acute Care	25	25
PPS Exempt Psych	0	0
PPS Exempt Rehab	0	0
NICU Level II	0	0
NICU Level III	0	0
NICU Level IV	0	0
Specialized Pediatric	0	0
Skilled Nursing	0	0
Swing Beds (included in General Acute Care)	10	10
<b>Total</b>	<b>25</b>	<b>25</b>

*Source: Applicant*

4. Indicate if any of the beds listed above are not currently set-up, as well as the reason the beds are not set up.

All 25 beds are currently set up.

5. With the understanding that the review of a Certificate of Need application typically takes six to nine months, provide an estimated timeline for project implementation, below. For phased projects, adjust the table to include each phase.

The requested information is provided in Table 3.

**Table 3  
Prosser Memorial Health  
Proposed Timeline for Replacement Hospital**

Event	Anticipated Month/Year
Anticipated CN Approval	January 2022
Design Complete	September 2021
Construction Commenced	January 2022
Construction Completed	November 2023
Facility Prepared for Survey	December 2023
Facility Licensed – Project Complete WAC 246-310-010(47)	January 2024

*Source: Applicant*

**6. Provide a general description of the types of patients to be served as a result of this project.**

No change in CN reviewable services is proposed. The replacement inpatient beds will provide medical/surgical and obstetrics services. In addition, the replacement hospital will also be able to offer advanced care/intensive care.

**7. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.**

A copy of the letter of intent is included in Exhibit 2.

**8. Provide single-line drawings (approximately to scale) of the facility, both before and after project completion. For additions or changes to existing hospitals, only provide drawings of those floor(s) affected by this project.**

Drawings of the replacement hospital are included in Exhibit 3.

**9. Provide the gross square footage of the hospital, with and without the project.**

The square footage of the replacement hospital is 72,197.

- 10. If this project involves construction of 12,000 square feet or more, or construction associated with parking for 40 or more vehicles, submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority. [WAC 246-03-030(4)]**

PMH is in the process of completing the SEPA (State Environmental Policy Act) checklist and anticipates that it will be submitted in the summer of 2021. A determination from Benton County is expected by Fall 2021.

- 11. If your project includes construction, indicate if you've consulted with Construction Review Services (CRS) and provide your CRS project number.**

**The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure (WAC 246-320-500 through WAC 246-320-600). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project. Note that WAC 246-320-505(2)(a) requires that hospital applicants request and attend a presubmission conference for any construction projects in excess of \$250,000.**

PMH has consulted with CRS and preliminary plans have been submitted. The CRS project number is 61144600.

**Section 4**  
**Need (WAC 246-310-210)**

- 1. List all other acute care hospitals currently licensed under RCW 70.41 and operating in the hospital planning area affected by this project. If a new hospital is approved, but is not yet licensed, identify the facility.**

PMH is owned and operated by the Prosser Public Hospital District located in Western Benton County. The District is located within the Benton/Franklin Hospital Planning Area. There are three other acute care hospitals located in the planning area, each of which is located in the Tri-Cities. The three acute care hospitals include:

Kadlec Regional Hospital, Richland  
Lourdes Medical Center, Pasco and  
Trios Health, Kennewick

- 2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need methodology steps can be found in the Washington State Health Plan (sunset in 1989).**

As was discussed during the Technical Assistance (TA) with Program staff on March 3, 2021, because PMH is not proposing any new bed capacity, no acute care methodology is required, and need is deemed met.

- 3. For existing facilities proposing to expand, identify the type of beds that will expand with this project.**

This question is not applicable as PMH is not proposing to expand the existing hospital building.

- 4. For existing facilities, provide the facility's historical utilization for the last three full calendar years. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital.**

Table 4 provides the historical utilization for 2017-2020.

**Table 4**  
**Prosser Memorial Health Patient Days and Discharges, 2017-2020**

<b>Entire Hospital</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Licensed beds	25	25	25	25
Available beds	25	25	25	25
Acute Discharges	986	894	1,001	1,020
Swing Discharges	145	138	132	106
Total Discharges	1,131	1,032	1,133	1,133
Acute Patient days	2,270	2,072	2,348	2,402
Swing Bed Patient Days	2,069	2,049	2,004	2,004
<b>Total Patient Days</b>	<b>4,339</b>	<b>4,121</b>	<b>4,198</b>	<b>4,352</b>

Source: Applicant

- Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital. Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.**

This project does not propose an expansion of an existing hospital. The replacement hospital is scheduled to open in 2024. As was discussed during the March 3, 2021 TA with Program staff, utilization estimates through 2026, the 3<sup>rd</sup> full year of the project were determined to be sufficient for this application. This information is provided in Table 5. Patient days are assumed to grow 1.5% per year due to population growth and aging.

**Table 5**  
**Prosser Memorial Health**  
**Projected Discharges and Patient Days, 2021-2026**

<b>Entire Hospital</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
Licensed beds	25	25	25	25	25	25
Available beds	25	25	25	25	25	25
Acute Discharges	997	1,012	1,028	1,043	1,059	1,075
Swing Discharges	137	139	141	144	146	148
Total Discharges	1,134	1,151	1,169	1,187	1,205	1,223
Acute Patient days	2,349	2,384	2,420	2,456	2,493	2,531
Swing Patient Days	1,963	1,993	2,023	2,054	2,085	2,116
<b>Total Patient Days</b>	<b>4,312</b>	<b>4,377</b>	<b>4,443</b>	<b>4,510</b>	<b>4,578</b>	<b>4,647</b>

Source: Applicant

**6. For existing facilities, provide patient origin zip code data for the most recent full calendar year of operation.**

The requested information is included in Exhibit 4.

**7. Identify any factors in the planning area that currently restrict patient access to the proposed services.**

PMH's service area (which includes the communities from which 85% of its patients reside), in addition to the district boundaries, also includes Grandview, Sunnyside and Mabton in Yakima County. These communities are younger, highly Hispanic, and less affluent than either the District or the remainder of Benton County. Without the ability to provide an adequate facility to meet the needs of these residents, access to care could be impacted if residents are forced to travel farther for needed care. For those with lower incomes, if options become too limited, they may choose to forego care altogether.

**8. Identify how this project will be available and accessible to underserved groups.**

Admission to PMH is based on clinical need. Services are made available to all persons regardless of race, color, national origin, creed, religion, age, disability, sex (birth or re-assignment), sexual orientation, or gender identity consistent with the requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. A copy of PMH's admissions and non-discrimination policies are included as Exhibit 5. As noted in response to the previous question, PMH already serves a diverse community; more than half of the population of the District is Hispanic, higher than Benton County (38%). The surrounding communities of Grandview/Mabton and Sunnyside have higher percentages of people below poverty than either the District or the County. And, have a higher percentage of the population that are either at or below poverty or ALICE (Asset Limited, Income Constrained, Employed). PMH remains committed to serving all populations.

For hospital charity care reporting purposes, the Department of Health (Department) divides Washington State into five regions. PMH is located in the Central Washington region. According to 2017-2019 charity care data produced by the Department (the latest data available), the three-year charity care average for the Central Washington region, was 1.31% of total revenue and 3.78% of adjusted revenue. During this same timeframe, PMH provided charity care accounting for 1.46% of total revenue and 4.12% of adjusted revenue, above the Central Washington regional average.

**9. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the limitations of the current location.**

PMH is proposing to replace the entire hospital at a new site due to the age and deficiencies of the current building and due to the landlocked nature of the existing campus. The proposed replacement hospital will be located only three miles from the existing site; all hospital programs and services will be relocated, and the existing hospital building will close. No services will be reduced or eliminated as a result of the replacement.

As noted in the responses to the previous questions, PMH currently provides services to a diverse and lower income population. Building a replacement hospital will not change the population to be served. And, in fact, will provide a significantly improved patient experience for all.

Limitations of the existing site include.

- This site is bound by streets on two sides, and a steep hill and residences on the other two sides; so, there is no real opportunity to expand the existing facility.
- Due to the number of additions over the past 70+ years, there are numerous egress issues for the building that create undesirable problems with patient flow issues resulting inefficiencies for both patients and staff.
- The building contains semi-private patient rooms, with insufficient space for conversion to private patient rooms without decreasing bed capacity. Decreased bed capacity will not meet PMH's current or future needs for bed capacity. Private patient rooms are required by current code and demanded by patients and payors alike.
- Numerous Hospital departments lack the square footage and sufficient space for staff and storage. There is also a lack of conference and meeting spaces throughout the Hospital, and it is sometimes impossible, or it is a very high cost to upgrade the current building to replace equipment or provide new technologies. For example, there is insufficient space to add MRI services inside the Hospital.
- The surgery department is undersized, and patient and material flow can be compromised. The square footage of the ORs and the department limits the type and volumes of surgical procedures that can be performed.
- The dietary department has inadequate preparation and cooking space and lack of storage for it to provide a menu based food service that is demanded by patients. The dining area also lacks sufficient space for afterhours amenities (vending, coffee, natural light, easy access, etc.).



- The current configuration is inefficient and expensive to operate. For example: all the existing systems are outdated and are not energy efficient. Lack of private rooms means that capacity can be limited when rooms must be shared. The existing operating rooms are not sufficiently sized for today's services; this limits the surgical services that can be offered.
- There are numerous code deficiencies that cannot be remedied without adversely impacting the operations and function of the Hospital. For example: many parts of the existing hospital are not ADA compliant, hallways are used for storage (which is a code violation), and there is inadequate parking for a facility of its size.
- All major mechanical, electrical, and plumbing infrastructure, i.e., air handling units, boilers, chillers, etc. have exceeded their useful life (most of this equipment is more than 28 years old).
- The hospital lacks an adequate loading dock and there is limited storage space for materials management.

**10. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the benefits associated with relocation,**

The benefit is a new, state-of-the-art hospital building available to serve the communities for decades to come. It will include adequately sized spaces, private rooms, meeting, and conference facilities and will accommodate new technology and equipment. It will assure that Western Benton County and adjacent communities that prefer to use PMH enjoy easy access to a safe, quality environment.

Rather than build shelled space, the replacement hospital site has space for future expansion as need and demand warrants.

**11. Provide a copy of the following policies:**

- **Admissions policy**
- **Charity care or financial assistance policy**
- **Patient rights and responsibilities policy**
- **Non-discrimination policy**
- **End of life policy**
- **Reproductive health policy**
- **Any other policies directly associated with patient access**

The requested policies are included in Exhibit 5.

**Section 5**  
**Financial Feasibility (WAC 246-310-220)**

- 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
  - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
  - **A current balance sheet at the facility level.**
  - **Pro forma balance sheets at the facility level throughout the projection period.**
  - **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
  - **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

Each requested data item is included in Exhibit 6.

- 2. Identify the hospital's fiscal year.**

PMH's fiscal year is 12/31.

- 3. Provide the following agreements/contracts:**
  - **Management agreement**
  - **Operating agreement**
  - **Development agreement**
  - **Joint Venture agreement**

PMH does not have any of the above agreements or contracts. This question is not applicable.

- 4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years with options to renew for a total of 20 years.**

PMH has purchased three parcels for the site. Included in Exhibit 7 is documentation from the Benton County Assessor's office documenting that PMH owns the parcels.

- 5. Provide county assessor information and zoning information for the site. If zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site. If the site must undergo rezoning or other review prior to being appropriate for the proposed project, identify the current status of the process.**

The requested information is included in Exhibit 8. Please note that the documentation included in Exhibit 8 includes references to other parcels that were annexed by the City of Prosser at the same time (but are not part of this project). PMH's three parcels are included in the documentation in Exhibit 8.

The land is currently within the city limits of Prosser and is zoned "Commercial General District." A hospital is an allowable use under this zoning.

There are currently two (2) easements on the property.

- The first easement is with Sunnyside Valley Irrigation District for an overflow irrigation canal. This easement and canal have been incorporated into the site design of the project utilizing the canal as a water feature on the site.
- The second easement was recently granted to the City of Prosser to allow the City to install water, sanitary sewer and power to the site, and surrounding properties. This easement, and associated utilities, have been incorporated into the site design.

In addition,

- Since 2017, two (2) separate geotechnical studies and reports have been prepared for the site. Both reports indicate the site drainage and soil bearing capacity are acceptable for the project.
- Per City of Prosser ordinances, the new Hospital and medical office building require approximately 171 parking spaces. The site design currently includes 223 parking spaces.
- Cultural research was completed on this site in conjunction with the local Native American tribes. There is no culture or historical significance to this site.

- 6. Complete the table on the following page with the estimated capital expenditure associated with this project. If you include other line items not listed below, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.**

Table 6 provides the estimated capital expenditure. The capital expenditure includes the cost for both the replacement hospital as well as the Medical Office Building (MOB) as both projects are part of the total capital expenditure (to be used for all the financing for this project). However, we understand that the capital expenditure for purposes of the CN application is limited to the replacement hospital only.

**Table 6  
Replacement Hospital and Total Project Capital Expenditure**

<b>Item</b>	<b>Replacement Hospital</b>	<b>Medical Office Building (MOB)</b>	<b>Total Project</b>
a. Land Purchase	1,362,647	361,853	1,724,500
b. Utilities to Lot Line	66,079	17,758	83,837
c. Land Improvements			
d. Building Purchase			
e. Residual Value of Replaced Facility			
f. Building Construction	41,264,302	9,126,796	50,391,098
g. Fixed Equipment (not already included in the construction contract)	856,135	230,078	1,086,214
h. Movable Equipment	8,272,337	492,960	8,765,296
i. Architect and Engineering Fees	3,434,536	923,000	4,357,536
j. Consulting Fees	1,456,875	391,522	1,848,397
k. Site Preparation	43,364	11,654	55,018
l. Supervision and Inspection of Site	235,406	63,264	298,669
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	2,890,953	776,918	3,667,871
1. Land			
2. Building			
3. Equipment			
4. Other			
n. Washington Sales Tax	3,904,155	1,049,207	4,953,362
o. Other:			
Moving costs	165,197	44,395	209,593
Signage	322,135	86,571	408,706
Miscellaneous Costs (Art, Final clean, Public Notice fees)	261,012	70,144	331,156
Permits and Plans	172,412	46,335	218,748
<b>Total Estimated Capital Expenditure</b>	<b>64,707,545</b>	<b>13,692,455</b>	<b>78,400,000</b>

Source: Applicant

**7. Identify the entity responsible for the estimated capital costs. If more than one entity is responsible, provide breakdown of percentages and amounts for all.**

PMH, together with its consultants, are the entities responsible for estimating the capital costs.

**8. Identify the start-up costs for this project. Include the assumptions used to develop these costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service.**

Opening the new hospital is largely limited to moving some existing equipment (including staff offices and supplies), orienting staff, and relocating existing patients. It also includes an education campaign to inform the community of the new location, opening dates, etc. The physical moving costs were included in the capital expenditure breakout provided in response to Question 6. They are included in line item “moving costs.”

All other start-up type costs are included in the pro forma budget within the affected line items, including staffing, marketing, supplies and purchased services (for training/orientation to new facility and for moving any equipment).

**9. Identify the entity responsible for the start-up costs. If more than one entity is responsible, provide a breakdown of percentages and amounts for all.**

PMH is the entity responsible for all start-up related costs.

**10. Provide a non-binding contractor’s estimate for the construction costs for the project.**

The non-binding contractor’s estimate is included in Exhibit 9.

**11. Provide a detailed narrative supporting that the costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services in the planning area.**

As was discussed in earlier sections of this application, this project is being driven by a need to replace an aging and out of date hospital with a replacement hospital consistent with today’s requirements for quality patient care in a growing community. That said, PMH recognizes that as a critical access hospital (CAH) costs will likely increase as CAHs receive cost based reimbursement. However, the designation itself, CAH, means that PMH is recognized as a provider of essential services and access to healthcare is increased for residents of its rural service area. In addition, PMH has assumed that some operating costs will decrease. For example, utility costs per patient day are expected to decrease by 11% by 2024 (the first year of operation of the new hospital). Maintenance costs have also expected to decrease PMH has selected finishes that are easier to clean and maintain.

**12. Provide the projected payer mix for the hospital by revenue and by patients using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If “other” is a category, define what is included in “other.”**

The requested information is contained in Table 7. Due to the projected growth in patient days, the proposed payer mix is expected to change slightly.

**Table 7  
Prosser Memorial Health  
Current and Proposed Payer Mix**

Payer Mix	Current		Proposed	
	Percentage by Revenue	Percentage by Patient	Percentage by Revenue	Percentage by Patient
Medicare	31.1%	24.1%	30.1%	24.1%
Medicaid	32.2%	32.9%	32.4%	32.9%
Commercial	33.3%	36.1%	34.1%	36.1%
Self-Pay	3.4%	6.9%	3.4%	6.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

*Source: Applicant*

**13. If this project proposes the addition of beds to an existing facility, provide the historical payer mix by revenue and patients for the existing facility. The table format should be consistent with the table shown above.**

The requested information was provided in response to Question 12.

**14. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.**

The requested information is included in Exhibit 10.

**15. Identify the source(s) of financing and start-up costs (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant’s CFO committing to pay for the project or draft terms from a financial institution.**

**If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.**

Table 8 details the sources of funding for this project. A repayment is included in Exhibit 11. A letter from David Rollins, CFO documenting PMH’s commitment to use reserves for a portion of the capital expenditure is included in Exhibit 12.

**Table 8  
Sources of Financing for Replacement Hospital**

<b>Source</b>	<b>Hospital</b>	<b>MOB</b>	<b>Amount</b>
District Purchase of Land (paid with cash in 2017 District Equity Contribution)	\$1,403,097	\$296,903	\$1,700,000
District Equity Contribution	\$9,904,216	\$2,095,784	\$12,000,000
Capital Campaign, State & Local Grants	\$1,650,703	\$349,297	\$2,000,000
District Prepays (paid through 12/31/2021)	\$1,072,957	\$227,043	\$1,300,000
USDA Rural Development Direct Loan	\$37,140,810	\$7,859,190	\$45,000,000
Revenue Bonds	\$4,952,108	\$1,047,000	\$6,000,000
Other Financing (Capital Municipal Lease Financing for Equipment)	\$3,218,870	\$681,130	\$3,900,000
USDA Direct Loan with LTGO Pledge	\$5,364,784	\$1,135,216	\$6,500,000
<b>Total</b>	<b>\$64,707,545</b>	<b>\$13,692,455</b>	<b>\$78,400,000</b>

*Source: Applicant*

**16. Provide the most recent audited financial statements for:**

- **The applicant, and**
- **Any parent entity.**

The requested information is included in Appendix 1.



**Section 6**  
**Structure and Process of Care (WAC 246-310-230)**

- 1. Identify all licensed healthcare facilities owned, operated, or managed by the applicant. This should include all facilities in Washington State as well as any out-of-state facilities. Include applicable license and certification numbers.**

The only licensed health care facility currently owned, operated and/or managed by the District is the hospital.

- 2. Provide a table that shows full time equivalents (FTEs) by type (e.g. physicians, management, technicians, RNs, nursing assistants, etc.) for the facility. If the facility is currently in operation, include at least the most recent full year of operation, the current year, and projections through the first three full years of operation following project completion. There should be no gaps. All FTE types should be defined.**

The requested information is included in Exhibit 6 (which provides detail by department).

- 3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.**

The number and types of FTEs identified for the replacement hospital was based on current patient to staff ratio. No change in ratio was assumed.

- 4. Identify key staff (e.g. chief of medicine, nurse manager, clinical director, etc.) by name and professional license number, if known.**

The key clinical staff are provided in Table 9:

**Table 9**  
**Prosser Memorial Health Key Staff**

Name	Title	Professional License Number
Brian Sollers, DO	Chief Medical Officer	OP60356030
Merry Fuller, BSN, MN, RN	Chief Nursing Officer/Chief Operating Officer	RN00092821
Jared Clifford, DPM	Chief of Staff	PO00000772

*Source: Applicant*

**5. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.**

As noted in the staffing detail provided in Exhibit 6, PMH is projecting about an 11% increase in total staffing between now and 2026, the 3<sup>rd</sup> full year of the project: modest growth given the number of employees at PMH. And most of the growth is for clinic, not hospital, expansion.

PMH's staff turnover for the past two years has been low, averaging about 8%. And it is expected that the new hospital will also be a recruitment and retention draw for new and current employees.

Specific strategies for recruitment of the clinical, ancillary and support staff needed to support the new provider volumes, include:

- PMH offers a competitive benefit package for both full- and part-time employees that includes: Medical, Dental, Paid Time Off/Extended Illness/Injury Time, Employee Assistance Plans, and a Tuition Reimbursement Program, among other benefits.
- PMH posts all its openings on our website via our online applicant tracking system.
- PMH has contracts with several technical colleges, community colleges, and four-year universities that enable us to offer either training and/or job opportunities. In fact, as described on our website, PMH is a 'learning hospital,' not a 'teaching hospital.' PMH has students come from all over the country to learn. Included in this learning opportunity is cross training for all employees.

**6. For new facilities, provide a listing of ancillary and support services that will be established.**

Please see the response to Question 7. There will be no changes to existing ancillary and support service offerings.

**7. For existing facilities, provide a listing of ancillary and support services already in place.**

The existing ancillary and support services, and an indication as to whether they are provided in house or under agreement, are provided in Table 10.

**Table 10  
Ancillary and Support Services**

<b>Services Provided</b>	<b>Vendor</b>
Linen service	TBD
Pathology	Insight
Janitorial services	In-House
Biomedical	In-House
Biomedical waste	Steris
PT (PRN)	Contracted
Dietary	In-House
Respiratory Therapy	In-House
Pharmacy	In-House
Imaging	In-House
Central Supply	In-House
Laboratory	In-House
Medical Records	In-House
Maintenance	In-House
Blood Products and Services	Red Cross
Interpretation Services	In-House
Dietician	Kadlec Medical Center

*Source: Applicant*

**8. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.**

No ancillary or support agreements are expected to change as a result of this project.

**9. If the facility is currently operating, provide a listing of healthcare facilities with which the facility has working relationships.**

PMH works closely with most healthcare providers in Benton County as well as some in Franklin and Yakima Counties. These include but are not limited to:

Kadlec Medical Center  
Trios Health  
Lourdes Medical Center  
Yakima Valley Memorial Hospital  
Life Care Center of Kennewick  
Regency Canyon Lakes Rehabilitation and Nursing Center  
Life Care Center of Richland  
Richland Rehabilitation Center  
Prestige Care & Rehabilitation – Sunnyside  
Other Yakima County nursing homes, if needed  
Amber Hills  
Sun Terrace Prosser  
Kennewick and Richland assisted living facilities  
Yakima Valley Farmworkers Clinics  
Tri-Cities Chaplaincy  
Heartlinks Hospice and Palliative Care  
Yakima HMA Home Health and Hospice  
Tri Cities Home Health  
Senior Life Resources Northwest  
Other specialty and primary care clinics

**10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project.**

No existing working relationships are expected to change as a result of this project.

**11. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.**

This question is not applicable.

**12. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.**

This project proposes a replacement hospital. It is not proposing any new CN reviewable services or beds. PMH does and will continue to work closely with other providers throughout the Benton/Franklin County planning area (as well as adjacent Yakima County) to ensure that timely and seamless patient transitions occur. No changes to these working relationships are proposed with the replacement hospital.

**13. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230(4).**

PMH has a long track record of working closely with EMS (having operated the local EMS service for many years), other existing hospitals, and other health care systems throughout the Benton/Franklin Counties as well as adjacent Yakima County. PMH collaborates with area nursing homes, assisted living, adult family homes, home health, and hospice agencies as well as outpatient providers. PMH works closely with all these different entities as well as payers to assure care coordination, smooth transitions of care, and reduced rehospitalization and ED visits.

**14. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements.**

- a. A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or**
- b. A revocation of a license to operate a healthcare facility; or**
- c. A revocation of a license to practice as a health profession; or**
- d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

No facility or practitioner associated with the application has any history with respect to the above.

## **Section 7 Cost Containment (WAC 246-310-240)**

- 1. Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.**

PMH began exploring different options for bringing the hospital into the 21<sup>st</sup> century by first exploring a renovation/expansion (beginning in 2014/2015) and both a renovation and replacement hospital option in 2017. Three options were considered, and these options included: 1) replace the current hospital; 2) renovate and/or build addition at the existing hospital and 3) do nothing—or stay at the current site with no significant expansion.

Given the age and condition of the existing hospital, doing nothing would further exacerbate the challenges and limitations of the building. It would not improve patient care and would likely result in increasing patient dissatisfaction. Building an addition would provide for a wing of private patient rooms (14-15 were estimated to be able to be constructed) but would result in decreased parking and elimination of the less than adequate materials management dock area. This option would also not address all the aging building concerns and would be disruptive to patient care and would not provide any expansion opportunities for ancillary departments or meeting and conference room space for staff and the community. A new wing and reduced parking space were determined to be a short term ‘fix’ that was, frankly, inadequate, in many respects.

The selected option, to build a replacement hospital, was determined to be the solution needed to bring PMH’s options up to today’s standards (single patient rooms, expansion of facilities, etc.) and was also determined to be the least disruptive to patient care.

- 2. Provide a comparison of this project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include, but are not limited to patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.**

Table 11 details the requested information.

**Table 11  
Advantages and Disadvantages**

	<b>Build a replacement hospital (the project)</b>	<b>Add and addition/renovate existing building</b>	<b>No Action</b>
<b>Patient Access to Health Care Services</b>	Provides PMH patients with a state-of-the-art hospital that meets today's requirements for private room bed capacity. Allow PMH to grow services; thus, increasing access for our community.	Provides some improvement in access with 14-15 private rooms. But does not provide the same array of services/facility that are available with the replacement hospital. Nor does it address space limitations in existing ancillary and support departments.  Access likely impacted during construction.	PMH would still have an older building in need of repairs. Patient access increasingly compromised.
<b>Capital Costs</b>	Highest capital cost in 2021-2023 timeframe	Lower initial capital costs than replacement hospital but because this is viewed as short term fix, will have highest long-term costs. Option did not include bringing entire building up to code.	Not applicable
<b>Staffing Impact</b>	The replacement hospital and expected growth in demand will require incremental staffing. Because this is a replacement hospital, growth in staffing is minimal (assumed to be about 11%).	Does not address the inefficiencies in areas beyond the new private patient room wing.	Even without the project, new staff may be needed if census grows.
<b>Quality of Care</b>	Increase in private rooms supports best practice.	Increase in private rooms supports best practice. Does not address needs beyond inpatient wing.	Quality of care may be impacted with continuation of semi-private rooms and insufficiencies of existing building
<b>Cost or Operational Efficiency</b>	Cost per patient day will increase due to the higher capital costs. Operational efficiencies expected with reduced energy costs and decreased maintenance costs.	Cost per patient day likely to increase with higher capital costs. Limited opportunity to gain operating efficiencies. Increased cost for ongoing repair and maintenance of existing building.	No opportunity to improve operational efficiency; operational costs and/or inefficiencies likely to increase because of limitations of existing physical building.
<b>Legal</b>	Per the Program's DOR response of January 13, 2021 requires CN. This determination is inconsistent with past practice and is being challenged by PMH	None	Not applicable

Source: Applicant



**3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**

- **The costs, scope, and methods of construction and energy conservation are reasonable; and**
- **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

Throughout the programming and design phases for the project, PMH's new hospital team worked diligently to question and confirm the efficiency of all proposed program areas. Programs and plans for similar types of Critical Access facilities were used to design a facility that was sufficiently sized to meet the needs of the community for the foreseeable future. If future growth is required, the primary departments have been arranged in a manner that will promote exterior expansion(s), rather than including the construction of any additional area or shell spaces. The only exception to this is in the surgery department, where, given the sensitive location, one shelled operating room space has been provided.

As the project has moved into the later design and construction document phases, and in order to control construction costs, under the guidance of Washington State Statute RCW 39.10, the PMH team applied for and was granted the ability to utilize a GCCM method of project delivery. This delivery method allows for the addition of a construction manager to the team. From design development on, a local construction resource (Graham Construction) has been providing real-time cost and constructability input to ensure that the design and systems for the facility remain economical and within the boundaries provided by the potential USDA funding program. The team has developed both target systems and values to track construction costs so that there are no inconsistencies or escalations in the budget when final pricing is agreed to. The team is also utilizing the resource of an independent estimator to review and confirm pricing quantities and values.

Regarding energy conservation, the team is working under the most current state and federal requirements and has chosen to proceed with an 'all electric' facility in support of the State of Washington's recent declaration that all new construction will be required to be 'carbon neutral' by 2030, or just six years after the proposed completion date. This decision also negates the need to extend a natural gas line to the site at an estimated cost of over \$350,000. All new systems will be high-efficiency, all lighting will be LED with control systems to minimize usage, and the team will have the input of a third party commissioning agent to provide peer review of the proposed mechanical, electric, and plumbing systems design.

**4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment, and which promote quality assurance and cost effectiveness.**

PMH expects that the replacement hospital will promote quality assurance by having an up to date facility capable of providing a level of care appropriate for a facility of its size in today's health care environment. While a significant capital expenditure is needed to build the replacement hospital, over time, it is anticipated that the cost per patient day will decrease due to the efficiencies of the new building. PMH will not have to invest resources into repairing an aging facility that will not offer any improvements in operational costs. The replacement hospital is expected to increase patient satisfaction and quality of care while continuing to allow service area residents to receive care closer to home. Finally, the replacement hospital will provide PMH with the ability to expand the replacement hospital as needed in the future.

**Exhibit 1: Organizational Chart**

## Vision

Patients  
Employees  
Medical Staff  
Quality  
Services  
Financial

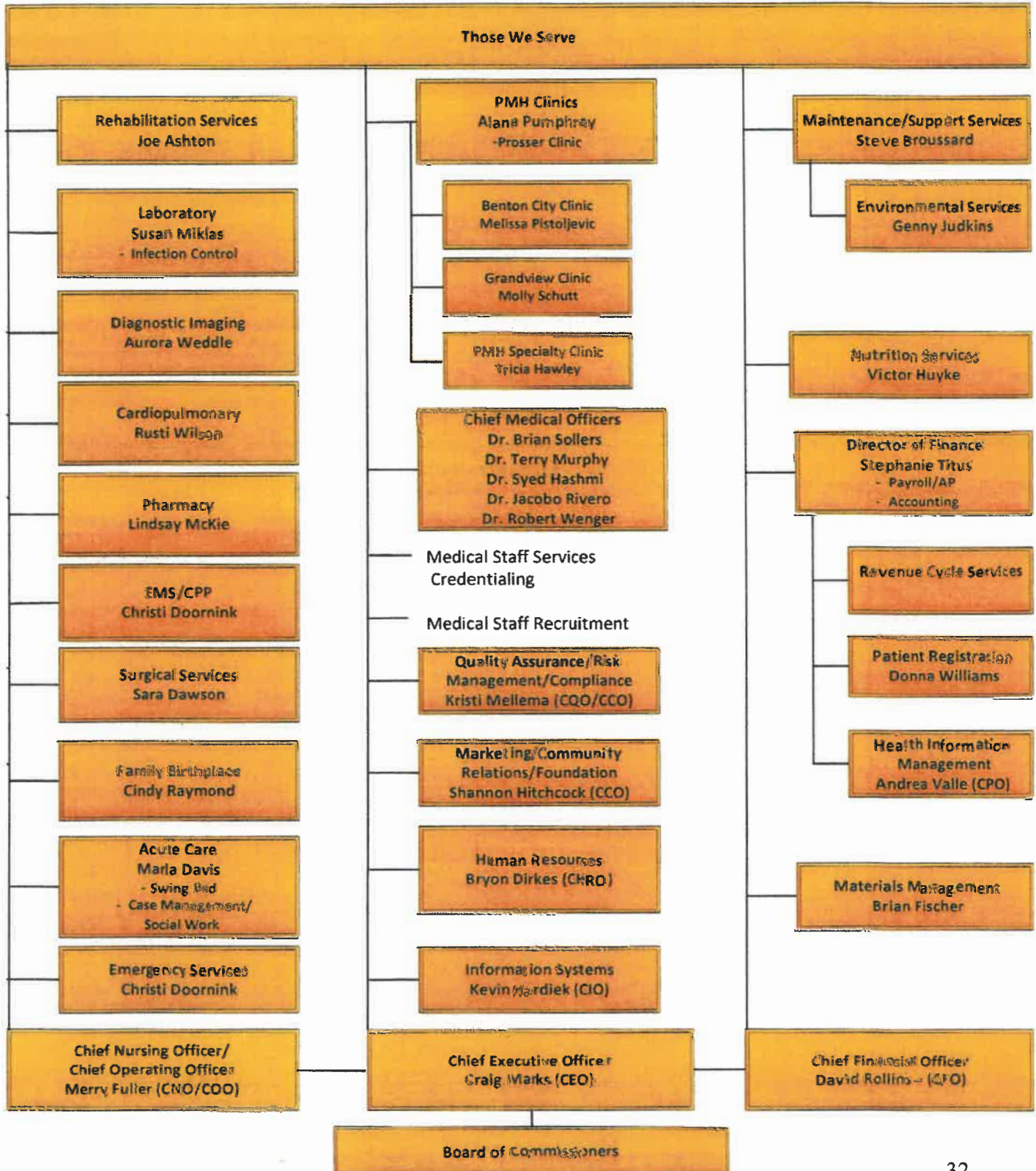


# Prosser Memorial Health

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

## Values

Accountability  
Service  
Promote Teamwork  
Integrity  
Respect  
Excellence



**Exhibit 2: Letter of Intent**



# Prosser

Memorial Health

January 29, 2021

**RECEIVED**

By CERTIFICATE OF NEED PROGRAM at 2:04 pm, Feb 10, 2021

Eric Hernandez, Program Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road Southeast  
Tumwater, WA 98501

**LOI21-02PMHB**

ex: AUG 10, 2021

VIA EMAIL: [eric.hernandez@doh.wa.gov](mailto:eric.hernandez@doh.wa.gov)

RE: *Prosser Memorial Health Hospital Replacement  
Certificate of Need Review Letter of Intent*

Dear Mr. Hernandez:

Prosser Public Hospital District dba Prosser Memorial Health (PMH) filed a request for a determination of reviewability related to its intent to replace its existing Critical Access Hospital (CAH) on October 20, 2020. On January 13, 2021, by the attached correspondence, the Department of Health (the Department) formally responded that the proposed replacement would require a CON review. While PMH disagrees with the Department's applicability determination, and reserves all rights to seek further review of that determination, PMH is submitting this Letter of Intent to submit a CON application.

- A. **Description of the Services Proposed.** PMH is a 25 bed CAH, located in the City of Prosser, County of Benton, Washington State. PMH proposes to replace its current hospital at a new location, also in the City of Prosser, approximately three (3) miles from its existing site. There is no proposed increase to the licensed bed count, or tertiary services to be added. At project completion, the current hospital building will no longer provide any licensed hospital services, and will be decommissioned.
- B. **Estimated Cost of the Proposed Relocation.** The capital expenditure is estimated at \$60,000,000.
- C. **Description of Service Area.** Prosser's District boundaries include Prosser, Benton City and Paterson. Under the Department of Health's acute care hospital bed need methodology, the planning area for this project is considered to be Benton and Franklin Counties, but PMH is not proposing to add beds.

If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in blue ink that reads "Craig J. Marks". The signature is written in a cursive style with a large, stylized initial "C".

Craig J. Marks,  
Chief Executive Officer

cc. David Rollins, Merry Fuller, Brian Grimm of Perkins Coie

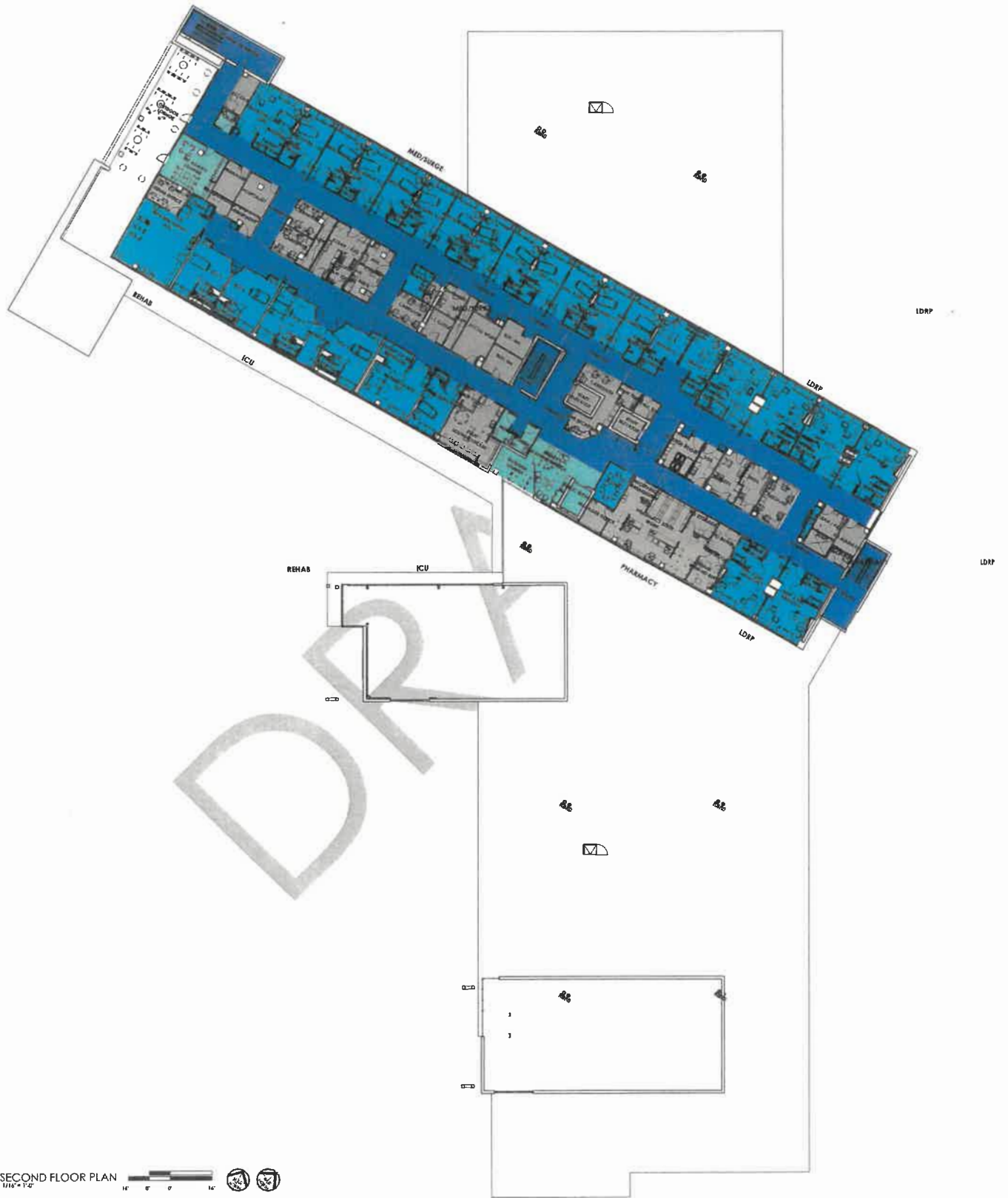


**Exhibit 3: Single-Line Drawings**

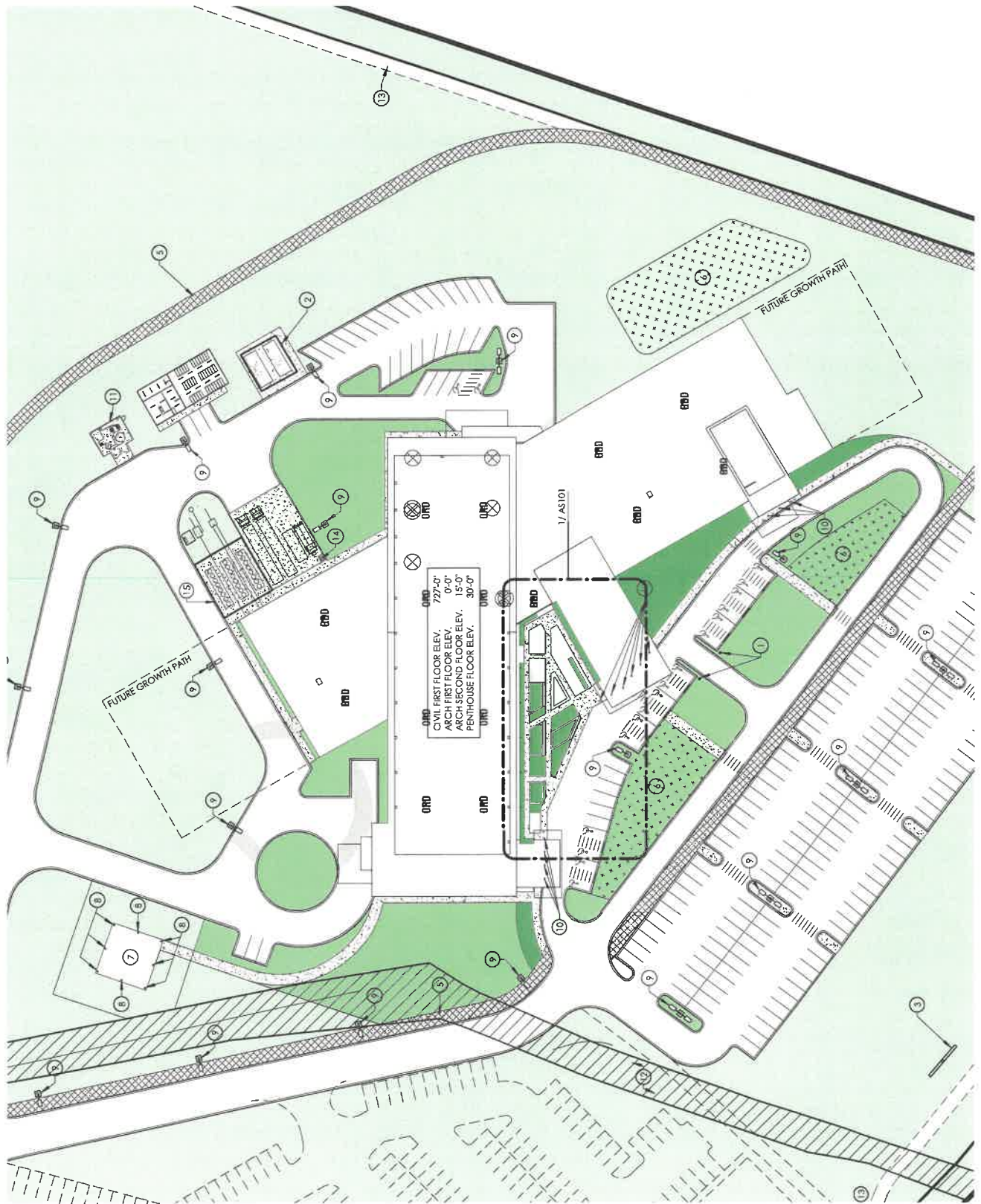
Exhibit 3: Proposed Floor Plan



Exhibit 3: Proposed Floor Plan







**Exhibit 4: Patient Origin Data**

<b>Zip Code</b>	<b>City</b>	<b>2019 Percentage of Discharges</b>
99350	Prosser	33.8%
98930	Grandview	24.8%
98944	Sunnyside	17.3%
98935	Mabton	4.6%
99320	Benton City	3.9%
98938	Outlook	1.6%
99352	Richland	1.4%
99301	Pasco	1.4%
98932	Granger	1.4%
99336	Kennewick	1.3%
99353	West Richland	1.2%
98953	Zillah	1.0%
99338	Kennewick	0.9%
99337	Kennewick	0.9%
99354	Richland	0.5%
98948	Toppenish	0.5%
99322	Bickleton	0.4%
98951	Wapato	0.4%
99356	Roosevelt	0.3%
99345	Paterson	0.3%
	Other	2.1%
	<b>Total</b>	<b>100.0%</b>

**Exhibit 5: Prosser Memorial Health Policies**



**Exhibit 5: Admissions Policy**



<b>SUBJECT:</b>	Hospital Admission Policy		<b>NO:</b>	
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:				
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes # _____ ;			<b>Effective Date</b>	5/21/2021
<b>Author</b>	M. Fuller, CNO/COO	<b>Date of Electronic Distribution</b>	5/21/2021	
<b>Dept. Manager</b>	Acute Care and FBP	<b>Medical Director/ CAH Oversight</b>		
<b>Administrative</b>	K. Mellema, CQO	<b>Policy Committee</b>		
<b>Committee</b>		<b>Other</b>		
<b>Audit Review:</b>	Initials:			
	Date:			

**PURPOSE:** The mission of Prosser Memorial Health (PMH) is to improve the health of our community. To this end, hospital admission is based on medical necessity. No patient will be denied admission or care based on race, color, national origin, creed, religion, age disability, sex (birth or re-assignment), sexual orientation, or gender identity. Every patient seeking care will be treated with dignity and respect, and afforded all other patient rights detailed by the Washington State Department of Health (WADOH) and the Centers for Medicare and Medicaid Services (CMS).

**POLICY:**

- A. Admission** – All patients may only be admitted by a physician or Advanced Level Partitioner (ALP) who has been granted admitting privileges by the PMH Medical Staff and Board of Commissioners, and only to the extent privileges have been granted.
- B. Responsibility** – The admitting provider has the responsibility to oversee care of the patient until an appropriate provider to provider hand off has occurred. The hospital has the responsibility to provide care and services under the providers direction.
- C. General Consent** – A general consent will be obtained prior to admission. The general consent allows the patient to consent to low-risk treatment and procedures during admission (i.e. physical assessment, diagnostic testing, Intravenous fluids, etc.).
- D. Informed Consent** – Informed consent will be required and obtained before any invasive or high-risk procedures. The patient must be provided an explanation of the procedure, risks and benefits, and any alternative treatment options.
- E. Inability to Obtain Consent** – In the event the patient is unable to provide consent and a surrogate decision maker is not available, consent for emergency treatment will be implied.
- F. Advanced Directive** – The patient will be asked if they have an advanced directive at the time of admission or offered assistance in developing one if not already completed. The patients advanced directive will be entered into the Electronic Medical Record to ensure is readily available to all providers of care.
- G. Financial information** – The patient will be provided all financial notifications required by CMS. Assistance in understanding, applying for, and obtaining a financial assistance will be provided upon request (including charity care). When ever possible patients will be provided cost estimates prior to admission and upon request.
- H. Care partners** – The patient and family/support people (designated by the patient) will be considered members of the care team. Information and explanations will be provided as needed, and participation in joint decision making and care planning will be facilitated.



# Prosser

Memorial Health

- I. Education and Information** - All information needed by the patient and patient designated support system to understand and participate in care will be provided. To include but not limited to the following:
  - 1. Patient Rights
  - 2. Patient Handbook
  - 3. Visitor policy
  - 4. Orientation to the room, call light, whiteboard, fall prevention, Rapid Response Team Activation, and all other appropriate safety measures.
  - 5. Food service and any dietary restrictions.
  - 6. The name and role of all care providers.
  - 7. Departmental staff in accordance with WADOH regulations.
  - 8. How to access interpreter services.
  - 9. Access and utilization of ambulatory aids as indicated.
  - 10. Care plan customized to the patients needs.
  - 11. New medications and potential side effects.
- J. Bed placement** – Bed placement will be determined by the patients care needs. Single occupancy rooms are not always available. The decision to cohort patients will take into consideration the patients' gender, care needs, risk of infection, and orientation. To the extent possible, patients without infection will not be roomed with patients with a known contagious infection (i.e. MRSA, COVID-19, etc.).
- K. Admission Status** – The patients admission status (Inpatient, Observation, Outpatient, or Swing Bed) will be determined by CMS criteria as outlined by InterQual. This criterion takes into consideration the patient's intensity of service and severity of illness.
- L. Discharge Planning** – Discharge planning begins on admission as the patient's history, physical assessment, social support, home environment, and activities-of-daily living are evaluated to anticipate any discharge support needs. An interdisciplinary team (provider, nurses, pharmacist, respiratory therapists, social services, case management, dieticians, and rehab therapists) will collaborate with the patient and family to establish as successful discharge plan. The patients history & physical, discharge summary, and medication list will be provided to the patient and the next provider of care at discharge.

<b>SUBJECT:</b>	Outpatient Orders: Privileged and Non-privileged Providers		<b>NO:</b>	345-0017
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:				
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes #           ;			Effective Date	08/14/2019
Author	M. Fuller, CNO/COO	Date of Electronic Distribution	08/14/2019	
Dept. Manager	Marla Davis, Director	Medical Director/CAH Oversight	MEC Approval 8/7/2019	
Administrative Committee	M. Fuller, CNO/COO	Policy Committee		
Committee		Other		
Audit Review:	Initials:	mf		
	Date:	5/2021		

**PURPOSE:**

To ensure compliance with the Center for Medicare and Medicaid Services (CMS) Conditions of Participation (CoP) in regard to who may order outpatient services at Prosser Memorial Health.

**POLICY:**

- A. Outpatient Services at Prosser Memorial Health may be ordered (and patient may be referred for hospital outpatient services) by a practitioner who is:
  1. Responsible for the care of the patient;
  2. Licensed in, or holds a license recognized in the jurisdiction where the practitioner sees the patient;
  3. Acting within the practitioner's scope of practice;
  4. Has not been excluded from participation in any federal or state health care program;
  5. This includes both practitioners who are privileged by the Prosser Memorial Health Medical Staff and non-privileged providers who satisfy the hospital's policies for ordering applicable outpatient services and for referring patient for hospital outpatient services.
- B. Orders for the following types of Outpatient Services will **not** be accepted from non-privileged practitioners:
  1. Orders from practitioners not licensed in the United States (such as Canada or Mexico).
  2. Invasive procedures requiring moderate sedation or above.
  3. Orders regarding immediate family members.
  4. Inpatient or Observation patient orders.
  5. Opioid administration of any kind, without review and approval by a privileged member of the Medical Staff.
  6. Administration of chemotherapy and blood transfusions without review and approval by a privileged member of the Medical Staff.



7. Orders related to obstetrical complications identified during routine outpatient diagnostic procedures; such as ultrasound, biophysical profiles, or non-stress testing.
- C. Orders for non-formulary/non-stock supplies or costly medications/supplies may require pharmacy &/or administrative review to ensure the service can be provided to the patient prior to the order being accepted.
- D. Pre-authorization may be required for outpatient procedures and will be the responsibility of the ordering provider to obtain.
- E. Patient self-referrals for outpatient diagnostic testing is allowed where applicable under federal or state law:
  1. Medicare allows for the self-referred screening mammograms based on age and frequently requirements. Patients presenting for self-referred screening mammograms will be requested to provide a personal provider name for results but no order is required.
  2. Speech Therapy, Massage Therapy and Physical Therapy may be self-referred under Washington State Law.

#### **DEFINITIONS:**

- A. **“Outpatient Services”** shall mean those therapeutic services (e.g. physical therapy or wound care) or diagnostic services (e.g. laboratory or imaging services) provided by Prosser Memorial Health, either at the hospital or a clinic site.
- B. **“Order”** for the purpose of this policy, shall mean an order for Outpatient Services that satisfies regulatory compliance and organizational policy. At a minimum orders must include:
  1. Date of order;
  2. Patient name;
  3. Test or service being ordered;
  4. Serial orders must include a start and stop date, but may not exceed 12 months;
  5. Diagnosis or reason for service;
  6. Licensed practitioner signature;
  7. Verbal orders be given orally by a licensed practitioner to an RN or LPN. Verbal order should be used infrequently and must be authenticated by the ordering provider within 30 days.
- C. **“Practitioner”** shall mean a doctor of medicine (MD), doctor of osteopathy (DO), doctor of dental surgery (DDS), doctor of podiatric medicine (DPM), doctor of optometry (OD), chiropractor (DC), physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), or certified nurse midwife (CNM), provide that such person holds a license to practice recognized by the jurisdiction where he or she saw the patient.
- D. **“Non-privileged Practitioner”** shall mean a practitioner who has not been privileged or credentialed by the Prosser Memorial Health Medical Staff.
- E. **“Critical Value”** shall mean values determined by the Prosser Memorial Health Medical Staff to require results to be immediately reported to the ordering provider so as to ensure timely and appropriate follow up with the patient.

- A. Orders for outpatient services may be submitted electronically via EPIC, by fax, or in writing. (Orders not originated in the EPIC EMR will be scanned into the media tab of the patients EMR record).
- B. Orders requiring pre-authorization should have authorization submitted with the outpatient order.
- C. Non-privileged providers will have their licensure confirmed and be checked against the Office of Inspector General (OIG) exclusion listed in accordance with hospital policy and procedure.
- D. Laboratory procedures, plain film x-rays, and ECG's will be accommodated on a walk in basis with presentation to the hospital or clinic admission areas.
- E. Diagnostic Imaging and Cardiopulmonary procedures will be scheduled via the Prosser Memorial Health Call Center or department scheduler(s).
- F. Procedures to be completed in the Outpatient Special Procedures Department (OSP) (i.e. IV therapy, wound care, pre-surgical hospitalist consults, blood products, and medication injections) may be scheduled by calling (509-303-0818) and faxing (509-786-7228) the Outpatient Special Procedures (OSP) unit.
- G. Medication orders will be reviewed by a pharmacist prior to administration via the EPIC EMR.
- H. Incomplete or unclear orders will be clarified with the ordering practitioner prior to the procedure being completed.
- I. Patients experiencing an adverse reaction or complication during an outpatient procedure will be evaluated and treated in the Emergency Room. The ordering provider must be notified of the patient complication and a new order obtained prior to a subsequent procedure being completed.
- J. Critical values will be called to the ordering provider in the timeframe determined by the Medical Staff. If unable to reach the ordering provider or designated back up provider, the patient will be contacted and referred to the Prosser Memorial Health Emergency Department for evaluation.

#### **REFERENCES:**

- Center for Medicare and Medicaid Services (CMS), (February 2018). *Provider compliance tips for ordering hospital outpatient services*. Retrieved May 21, 2019, from: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceTipsforOrderingHospitalOutpatientServices-ICN909405.pdf>
- Center for Medicare and Medicaid Services (CMS), Office of Clinical Standards and Quality/Survey & Certification Group. (February 17, 2012). *Referring Practitioners Ordering Outpatient Services in Hospitals*. Retrieved May 21, 2019, from: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12\\_17.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12_17.pdf)

<b>SUBJECT:</b>	Swing Bed Admission Criteria				<b>NO:</b>	607-0006	
<input checked="" type="checkbox"/> <b>Policy</b> <input type="checkbox"/> <b>Procedure</b> <input type="checkbox"/> <b>Protocol/Pre-Printed Order</b> <input type="checkbox"/> <b>Other:</b>							
<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Supersedes #607-0006; 09/05/2005</b>					<b>Effective Date</b>	11/09/2010	
<b>Author</b>	Karen Livezey			<b>Date of Electronic Distribution</b>	11/09/2010		
<b>Dept. Manager</b>	Mary Ella Clark, RN			<b>Medical Director/ CAH Oversight</b>			
<b>Administrative</b>	Merry Fuller RN			<b>Policy Committee</b>			
<b>Committee</b>				<b>Other</b>			
<b>Audit Review:</b>	Initials:	sc	S. CARR	mec	TG	shm	tit
	Date:	01/2012	04/25/12	03/19/14	3/04/15	08/19/16	03/09/18
<b>Audit Review:</b>	Initials:	CRH	JP				
	Date:	3/22/19	11/17/20				

**PURPOSE:** To define parameters to place a person into a swing bed designation. Swing bed designation is used for short-term skilled nursing care or skilled rehabilitation services. The expected length of stay shall be less than 100 days. Swing bed designation shall not be used for non-skilled or custodial care services.

**ELIGIBILITY CRITERIA:**

**Financial requirements:** Needs to meet one of the following:

Medicare

- Enrolled in Medicare Part A
- Has benefit days available to use
- Three day qualifying acute inpatient admission
- Within 30 days of discharge from an acute care facility
- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

Medicaid (co-pay)

- Enrolled in Washington State Medicaid program
- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.
- If admitted from home, pre-authorization needs to be obtained from DSHS Home and Community Services Caseworker

Private pay with or without secondary insurance

- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

Private (commercial) Insurance

- Pre authorization

PMH Medical Center

- Qualifying medical condition
- Requires daily skilled nursing services or skilled rehabilitation which can only be provided in a skilled nursing facility or swing bed.

**DEFINITIONS:**

**Qualifying condition**

Requires and receives daily Skilled Nursing Services &/or Skilled Rehabilitation Therapies

- Daily in terms of skilled nursing requires skilled nursing care 7 days/week
- Daily in terms of skilled rehab therapies may be translated to 5 days/week if the services are not available 7 days per week and skilled rehab is the only reason for admission.

Skilled nursing and/or skilled rehabilitation services are services that:

- Are ordered by a physician
- Require the skills of a qualified technical or health professional
- Must be provided directly by or under the general supervision of skilled personnel to ensure patient safety and achieve desired results
- May require skilled personnel to perform or supervise because of special medical conditions

**Practical Matter**

As a "practical matter" the services can only be provided on an inpatient basis in a Swing Bed or Skilled Nursing Facility. The following may be used as requirements for designation for practical matter:

- Individual's condition
- Availability of other types of services
- Feasibility of using other types of services
- Excessive physical hardship
- Less economical
- Less efficient or effective
- Limited support system



**Exhibit 5: Charity Care or Financial Assistance Policy**

Prosser Memorial Health

<b>SUBJECT:</b> Charity Care/Financial Assistance		<b>NO:</b> 853-0001
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Supersedes # ;	<b>Effective Date</b> 01/13/2021
<b>Author</b>	Bonnie Berg	<b>Date of Electronic Distribution</b> 01/13/2021
<b>Dept. Manager</b>	Stephanie Titus	<b>Medical Director/CAH Oversight</b>
<b>Administrative</b>	David Rollins	<b>Policy Committee</b>
<b>Committee</b>		<b>Other</b>
<b>Audit Review:</b>	Initials: ST	
	Date: 05/2021	

**Purpose:**

The purpose of this policy is to set forth Prosser Memorial Health’s Financial Assistance/Charity Care policy, which is designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other medically necessary healthcare services provided by Prosser Memorial Health. This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy (“FAP”) for each hospital and clinic that is owned, leased or operated by Prosser Memorial Health and covers all employed medical providers.

Prosser Memorial Health includes Prosser Hospital, Benton City Clinic, Prosser Clinic, Prosser Women’s Health Clinic, Grandview Clinic, Prosser Comprehensive Pain Clinic, Prosser Specialty Clinic, Prosser ENT & Allergy Clinic, and Prosser Rehabilitation Services.

**Policy:**

Prosser Memorial Health does Business under the license of Prosser Public Hospital District of Benton County and provides medically necessary healthcare services to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, “financial assistance” includes charity care and other financial assistance programs offered by Prosser Memorial Health.

1. Prosser Memorial Health will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance, and charity care, including but not limited to Section 1867 of the Social Security Act, RCW 70.170.060, and WAC Ch. 246-453.
2. Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors with no other primary payment sources to relieve them of all or some of their financial obligation for emergency and medically necessary healthcare services.
3. In alignment with its Core Values, Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors in a respectful, compassionate, fair, consistent, effective and efficient manner.

Prosser Memorial Health

4. Prosser Memorial Health will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.

5. In extenuating circumstances, Prosser Memorial Health may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis, homelessness, bankruptcy, deceased with no estate, history of non-compliance and non-payment of account(s). All documentation must support the patient/guarantors inability to pay and why collection agency assignment would not result in resolution of the account.

6. Prosser Memorial Health hospital's dedicated emergency department will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance Prosser Memorial Health will provide emergency medical screening examinations and stabilizing treatment, or refer or transfer an individual if such transfer is appropriate in accordance with 42 C.F.R. 482.55. Prosser Memorial Health prohibits any actions that would discourage individuals from seeking emergency medical care, such as by permitting debt collection activities that interfere with the provision of emergency medical care.

**Financial Assistance Eligibility Requirements:**

Financial assistance is available for both uninsured and underinsured patients and guarantors where such assistance is consistent with federal and state laws governing permissible benefits to patients. Financial assistance is available only with respect to amounts that relate to emergency or other medically necessary services. Patients or guarantors with gross family income, adjusted for family size, at or below 300% of the Federal Poverty Level (FPL) are eligible for financial assistance, so long as no other financial resources are available, and the patient or guarantor submits information necessary to confirm eligibility.

Financial assistance is secondary to all other financial resources available to the patient or guarantor, including but not limited to insurance, third party liability payers, government programs, and outside agency programs. In situations where appropriate primary payment sources are not available, patients or guarantors may apply for financial assistance based on the eligibility requirements in this policy and supporting documentation, which may include proof of application to Medicaid may be requested.

Financial assistance is granted for emergency and medically necessary services only. For Prosser Memorial Health "emergency and medically necessary services" means appropriate hospital-based services as defined by WAC 246-453-010(7). Prosser Memorial Health physician services and clinic services medically necessary services must be provided within a Prosser Memorial Health hospital or clinic setting or in such other settings as defined by Prosser Memorial Health.

Patients who reside outside the Prosser Memorial Health service area and seek medically necessary services from Prosser Memorial Health may qualify for charity care/ financial assistance upon receipt of completed, appropriate charity care/financial

Prosser Memorial Health assistance application and supporting documentation. The Prosser Memorial Health service area is defined as any resident of Washington or Oregon.

Eligibility for financial assistance shall be based on financial need at the time of application. All income of the family as defined by Washington law governing charity care ("income" and "family" are defined in WAC 246-453-010(17)-(18)) is considered in determining the applicability of the Prosser Memorial Health sliding fee scale as attached.

Patients seeking financial assistance must provide any supporting documentation specified in the application for charity care/financial assistance, unless Prosser Memorial Health indicates otherwise.

### Basis for Calculating Discounted Amounts to Patients Eligible for Charity Care/Financial Assistance

Categories of available discounts under this policy are built on a sliding scale:

Family Unit Size	Annual Income	Percentage of bill which Patient is Responsible						
		0-138% FPL 100%	175% FPL 77%	200% FPL 62%	225% FPL 46%	250% FPL 31%	275% FPL 15%	>300 FPL 0%
1	From	\$0.00	\$17,774	\$22,541	\$25,761	\$28,981	\$32,201	\$35,421
	To	\$17,774	\$22,540	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	From	\$0.00	\$24,040	\$30,486	\$34,841	\$39,196	\$43,551	\$47,906
	To	\$24,040	\$30,485	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
3	From	\$0.00	\$30,305	\$38,431	\$43,921	\$49,411	\$54,901	\$60,391
	To	\$30,305	\$38,430	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	From	\$0.00	\$36,570	\$46,376	\$53,001	\$59,626	\$66,251	\$72,876
	To	\$36,570	\$46,375	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	From	\$0.00	\$42,835	\$54,321	\$62,081	\$69,841	\$77,601	\$85,361
	To	\$42,835	\$54,320	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	From	\$0.00	\$49,100	\$62,265	\$71,161	\$80,056	\$88,951	\$97,846
	To	\$49,100	\$62,264	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	From	\$0.00	\$55,366	\$70,211	\$80,241	\$90,271	\$100,301	\$110,331
	To	\$55,366	\$70,210	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	From	\$0.00	\$61,631	\$78,156	\$89,321	\$100,486	\$111,651	\$122,816
	To	\$61,631	\$78,155	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980

For families with more than 8 members, add \$4,540

The range above is for Reference Use. Actual FPL calculation is completed by the financial counselor in Patient Financial Services once documentation is received and reviewed. (RCW 70.170.060(5))

- All discounts are applied after all funding possibilities available to the patient or guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay billed charges. Financial assistance may be offered to patients or guarantors with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

Prosser Memorial Health

• **Limitation on Charges for all Patients Eligible for Financial Assistance:** No patient or guarantor will be charged more than Prosser Memorial Health charges any third party or government payer.

**Method for Applying for Assistance and Evaluation Process:**

Patients or guarantors may apply for financial assistance under this Policy by any of the following means:

(1) Advising Prosser Memorial Health patient financial services staff at or prior to the time of discharge that assistance is requested and submitting an application form and any documentation as requested by Prosser Memorial Health.

(2) Downloading an application form from Prosser Memorial Health website, at: <https://www.prosserhealth.org/> submitting the form together with any required documentation.

(3) Requesting an application via mail to:

Prosser Memorial Health  
723 Memorial Street  
Prosser WA 99350

ATTN: Financial Counselor, Patient Financial Services;

(4) Requesting an application form by telephone, by calling: **1-509-786-6645**, and submitting the form; or

(5) Any other methods specified within this policy. Prosser Memorial Health will display signage and information about its financial assistance policy at appropriate access areas. Including but not limited to the emergency department and admission areas.

The hospital will give a preliminary screening to any person applying for financial assistance. As part of this screening process Prosser Memorial Health will review whether the person has exhausted or is ineligible for any third-party payment sources. Prosser Memorial Health may choose to grant financial assistance based solely on an initial determination of a patient's status as an indigent person, as defined in WAC 246-453-010(4). In these cases, documentation may not be required. In all other cases, documentation is required to support an application for financial assistance. This may include proof of family size and income and assets from any source, including but not limited to: copies of recent paychecks, W-2 statements, income tax returns, forms approving or denying Medicaid or state-funded medical assistance, forms approving or denying unemployment compensation, written statements from employers or welfare agencies, and/or bank statements showing activity. If adequate documentation cannot be provided, Prosser Memorial Health may ask for additional information.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to Prosser Memorial Health to support an eligibility determination until fourteen (14) days after the application is made or two hundred forty (240) days after the date the first post-discharge bill was sent to the patient, whichever is later per the 501(r) regulations. Prosser Memorial Health acknowledges that per the WAC 246-453-020(10), a designation can be made at any time upon learning that a party's income is below 100% of the federal poverty standard. Based upon documentation provided with the application, Prosser Memorial Health will determine if additional information is required, or whether an eligibility determination can be made. The failure of a patient or guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for Prosser Memorial Health to determine the patient or guarantor ineligible for financial



#### Prosser Memorial Health

assistance and to initiate collection efforts. An initial determination of potential eligibility for financial assistance will be completed as closely as possible to the date of the application.

Prosser Memorial Health will notify the patient or guarantor of a final determination of eligibility or ineligibility within fourteen (14) business days of receiving the necessary documentation.

The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to Prosser Memorial Health within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the patient and the Washington State Department of Health in accordance with state law. The final appeal process will conclude within ten (10) days of the receipt of the appeal by Prosser Memorial Health.

Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor's income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes.

**Billing and Collections:** Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections in accordance with Prosser Memorial Health uniform billing and collections policies. For information on Prosser Memorial Health billing and collections practices for amounts owed by patients or guarantors, please contact Prosser Memorial Health Financial Counselor at 723 Memorial Street, Prosser, WA 99350 or 509-786-6645.

#### **Discounts Available Under Prosser Memorial Health Financial Assistance/Charity Care Policy**

The full amount of hospital charges outstanding after application of any other available sources of payment will be determined to be charity care for any patient or guarantor whose gross family income, adjusted for family size, is at or below 100% of the current federal poverty guideline level (consistent with WAC Ch. 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income between (adjusted for family size) 101% and 200% of the FPL, the Prosser Memorial Health sliding fee scale applies – (See attached)

In determining the applicability of the Prosser Memorial Health fee scale, all income of the family as defined by WAC 246-456-010 (17-18) are taken into account. Responsible parties with family income between 0% and 100% of the FPL, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that

Prosser Memorial Health

are not covered by private or public third-party sponsorship as referenced in WAC 246-453-040 (1-3).

For guarantors with income (adjusted for family size) between 201%-300% of the FPL, household income and assets are considered in determining the applicability of the sliding fee scale. Assets considered for evaluation; IRAs, 403(b) accounts, and 401(k) accounts are exempt under this policy, unless the patient or guarantor is actively drawing from them.

**Forms can be found on Sharepoint/ Forms/ Administrative/ Charity Care**

- Sliding Scale
- Charity Care/Financial Assistance Application Form
- Charity Care/Financial Assistance Plain Language Summary

**Propósito:**

El propósito de esta póliza es para establecer las políticas de atención médica y de asistencia financiera de Prosser Memorial Health, las cuales están diseñadas para promover el acceso a atención médicamente necesaria para aquellas personas que no tienen la posibilidad de pagar, y ofrecer un descuento sobre los cargos facturados a aquellos que solo pueden pagar una parte de los costos de su atención. Estos programas se aplican únicamente a emergencias y a otros servicios de atención de salud médicamente necesarios proporcionados por Prosser Memorial Health. Esta póliza y los programas de asistencia financiera descritos en este documento constituyen la póliza de asistencia financiera oficial, por sus siglas en inglés) y la póliza de atención médica para cada hospital y clínicas propiedad de dentro del estado o rentado y operado por Prosser Memorial Health cubre todos los proveedores empleados de Prosser Memorial Health.

Prosser Memorial Health incluye Prosser Hospital, Benton City Clinic, Prosser Clinic, Prosser Women's Clinic, Grandview Clinic, Prosser Comprehensive Pain Clinic, Prosser Specialty Clinic, Prosser ENT & Allergy Clinic, y Prosser Rehabilitation Services.

**Política:**

Prosser Memorial Health hace negocio bajo la licencia de Prosser Public Hospital District de Benton County los servicios de atención de salud médicamente necesarios estén disponibles para los miembros de la comunidad y para aquellas personas con necesidad médica emergente, sin demoras, sin importar su capacidad de pago. Para los fines de esta póliza, "asistencia financiera" incluye atención médica caritativa y otros programas de asistencia financiera ofrecidos por Prosser Memorial Health.

1. Prosser Memorial Health cumplirá con las leyes y reglamentaciones estatales y federales relacionadas con los servicios médicos de emergencia, asistencia financiera al paciente y atención médica caritativa, que incluye, entre otros, la Sección 1867 de la Ley de Seguridad Social y la Sección 70.170.060 del Código Revisado de Washington (RCW, por sus siglas en inglés) y el Capítulo 246-453 del Código Administrativo de Washington (WAC, por sus siglas en inglés).

2. Prosser Memorial Health proporcionará asistencia financiera a pacientes elegibles o garantes que no cuenten con otras fuentes principales de pago para eximirlos de totalidad o parte de sus obligaciones financieras relacionadas con servicios de emergencia y de atención de salud médicamente necesarios de Prosser Memorial Health.

3. De conformidad con sus valores centrales, Prosser Memorial Health brindará asistencia financiera a pacientes elegibles o garantes de forma respetuosa, humanitaria, justa, consistente, efectiva y eficiente:

4. Prosser Memorial Health no discrimina por motivos de edad, raza, color, credo, etnia, religión, nacionalidad de origen, estado civil, sexo, orientación sexual, identidad o



Prosser Memorial Health

expresión de género, discapacidad, estado militar o condición de veterano, ni por cualquier otra razón prohibida por la legislación federal, estatal o local al realizar determinaciones de asistencia financiera.

5. En circunstancias atenuantes, Prosser Memorial Health puede, según su criterio, aprobar asistencia financiera fuera del alcance de esta política. La caridad incobrable/presunta está aprobada debido, entre otros motivos, al diagnóstico social, falta de hogar, bancarrota, fallecimiento sin patrimonio, antecedente de incumplimiento y falta de pago de cuenta(s). Toda la documentación debe respaldar la incapacidad de pago del paciente/garantes y el motivo por el cual la asignación de una agencia de recaudación no generaría la resolución de la cuenta.

6. Los hospitales de Prosser Memorial Health que cuentan con departamentos de emergencia especializados proporcionarán, sin distinciones, atención para afecciones médicas de emergencia (dentro del significado de la Ley de Tratamiento Médico de Emergencia y Parto [EMTALA, por sus siglas en inglés]), de conformidad con las capacidades disponibles, independientemente de la elegibilidad de una persona para recibir asistencia financiera. Los hospitales de Prosser Memorial Health realizarán exámenes

de selección médica emergencia y tratamiento de estabilización, o derivarán o trasladarán al paciente, si corresponde, de acuerdo con el Título 42 del Código de Reglamentaciones Federales (CFR, por sus siglas en inglés) 482.55. Prosser Memorial Health prohíbe cualquier acción que desaliente a las personas a procurar atención médica de emergencia, por ejemplo, permitiendo las actividades de recaudación de deudas que interfieran en la prestación de atención médica de emergencia.

**Requisitos de elegibilidad para recibir asistencia financiera:**

La asistencia financiera se encuentra disponible tanto para pacientes y garantes sin seguro como para aquellos con una cobertura de seguro insuficiente, y dicha asistencia cumple con las leyes federales y estatales que regulan los beneficios permisibles para pacientes. La asistencia financiera se encuentra disponible únicamente para montos que se relacionan con servicios de emergencia o otros servicios de medicamento necesarios. Los pacientes o garantes con ingreso familiar bruto, adaptados al tamaño de la familia, del 300 % o menos con respecto al índice federal de pobreza (FPL, por sus siglas en inglés) son elegibles para recibir asistencia financiera, siempre que no haya otros recursos financieros disponibles y el paciente o garante presente la información necesaria para confirmar la elegibilidad.

La asistencia financiera es adicional a los otros recursos financieros disponibles para el paciente o garante, que incluye, entre otros, el seguro, las personas que pagan responsabilidades de terceros, los programas gubernamentales y los programas de organismos externos. En situaciones en las que las principales fuentes de pago correspondientes no estén disponibles, los pacientes o garantes pueden solicitar asistencia financiera sobre la base de los requisitos de elegibilidad de esta póliza y la documentación de respaldo, la cual puede incluir lo siguiente. Es posible que se necesite la evidencia de solicitud de Medicaid.

La asistencia financiera se otorga únicamente para servicios de emergencia y medicamento necesarios” quiere decir servicios hospitalarios, según se define en el Capítulo 246-453-010(7) del WAC. Para y servicios médicos de Prosser Memorial

**Prosser Memorial Health**

Health, servicios médicamente necesarios proporcionados dentro de un hospital de Prosser Memorial Health o en otros centros, de acuerdo con lo establecido por Prosser Memorial Health. Los pacientes que soliciten asistencia financiera deben presentar cualquier documentación de respaldo que se especifique en la solicitud de asistencia financiera, por parte de Prosser Memorial Health. El área de servicio de Prosser Memorial Health se define residente de Washington o Oregon.

La elegibilidad para recibir asistencia financiera debe basarse en la necesidad financiera al momento de la solicitud. Todo el ingreso familiar, según se define en la legislación de

Washington (WAC 246-453-010(17)-(18)) que rige la atención médica caritativa, 1 se considera al momento de determinar la aplicabilidad de la escala de costos variables de Prosser Memorial Health que se encuentra incluido. Los pacientes que soliciten asistencia financiera deben presentar cualquier documentación de respaldo que se especifique en la solicitud de asistencia financiera, salvo especificación contraria por parte de Prosser Memorial Health.

**Bases para el cálculo de los montos cobrados a los pacientes elegibles para recibir asistencia financiera**

Las categorías de descuentos disponibles bajo esta polisa se basan en una escala móvil:

Family Unit Size	Annual Income	Percentage of bill which Patient is Responsible						
		0-138% FPL	175% FPL	200% FPL	225% FPL	250% FPL	275% FPL	>300 FPL
		100%	77%	62%	46%	31%	15%	0%
1	From	\$0.00	\$17,774	\$22,541	\$25,761	\$28,981	\$32,201	\$35,421
	To	\$17,774	\$22,540	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	From	\$0.00	\$24,040	\$30,486	\$34,841	\$39,196	\$43,551	\$47,906
	To	\$24,040	\$30,485	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
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	To	\$30,305	\$38,430	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	From	\$0.00	\$36,570	\$46,376	\$53,001	\$59,626	\$66,251	\$72,876
	To	\$36,570	\$46,375	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	From	\$0.00	\$42,835	\$54,321	\$62,081	\$69,841	\$77,601	\$85,361
	To	\$42,835	\$54,320	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	From	\$0.00	\$49,100	\$62,265	\$71,161	\$80,056	\$88,951	\$97,846
	To	\$49,100	\$62,264	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	From	\$0.00	\$55,366	\$70,211	\$80,241	\$90,271	\$100,301	\$110,331
	To	\$55,366	\$70,210	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	From	\$0.00	\$61,631	\$78,156	\$89,321	\$100,486	\$111,651	\$122,816
	To	\$61,631	\$78,155	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980

For families with more than 8 members, add \$4,540

El rango arriba es para uso de referencia. El asesor financiero en servicios financieros para pacientes complete el calculo real del FPL una vez que se recibe y revisa la documentacion. (RCW 70.170.060(5))

- Todos los descuentos después de agotar todas las posibilidades de financiamiento disponibles para el paciente o garante, o de que estas hayan sido denegadas, y de PMH Charity Care Policy

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revisar los recursos y activos financieros personales para determinar una potencial financiación para pagar los cargos facturados. La asistencia financiera puede ofrecerse a pacientes o garantes con ingresos familiares que superen el 300 % con respecto al índice federal de pobreza, cuando las circunstancias indiquen dificultades financieras graves o pérdida personal.

**•Limitación de cargos para todos los pacientes elegibles para recibir asistencia financiera:** - Ningun paciente o garante sera cobrado cargos mas de lo que Prosser Memorial Health cobra cualquier terset pagador o pagador de gobierno

**Método para solicitar asistencia y proceso de evaluación:**

Los pacientes o garantes pueden solicitar asistencia financiera conforme a esta política a través de cualquiera de los siguientes medios:

(1) indicando al personal de servicios financieros del paciente de PH&S al momento del alta, o antes, que se requiere asistencia y presentando un formulario de solicitud y cualquier documentación, si así lo requiere Prosser Memorial Health;

(2) descargando un formulario de solicitud del sitio web de en <https://www.prosserhealth.org/> y presentando el formulario junto con cualquier documentación requerida;

(3) solicitando un formulario de solicitud por correo:

Prosser Memorial Health  
723 Memorial Street  
Prosser WA 99350

ATTN: Consejero Financiero, Servicios Financieros del Paciente;

(4) solicitando un formulario de solicitud por teléfono, llamando al **1-509-786-6645**, y presentando el formulario; o

(5) mediante cualquier otro método dentro esta póliza. Prosser Memorial Health. colocará avisos e información sobre su póliza de asistencia financiera en las áreas de acceso adecuadas, las cuales incluyen, entre otras, el departamento de emergencias y las áreas de admisión.

El hospital realizará un examen de selección preliminar a cualquier persona que solicite asistencia financiera. Como parte de este proceso de selección, Prosser Memorial Health evaluará si la persona ha agotado las fuentes de pago de terceros o si no es elegible para estas. Prosser Memorial Health puede otorgar asistencia financiera basándose únicamente en una determinación inicial del estado de un paciente como una persona indigente, de acuerdo con lo establecido en el Capítulo 246-453-010(4) del WAC. En estos casos, es posible que no se requiera documentación. En el resto de los casos, se requiere documentación para respaldar una solicitud de asistencia financiera. Estos puede incluir evidencia del tamaño de la familia y de los ingresos y activos de cualquier origen, que incluye, entre otros, copias de recibos de sueldos recientes, declaraciones W-2, declaración de impuestos sobre la renta, formularios que aprueban o rechazan asistencia médica estatal o por parte de Medicaid, formularios que aprueban o rechazan la compensación por desempleo, declaraciones escritas por empleadores u organismos de bienestar o extractos de cuenta bancaria que reflejen la actividad. Si no se puede presentar la documentación adecuada, Prosser Memorial Health puede solicitar más información.

Un paciente o garante que pueda ser elegible para solicitar asistencia financiera deberá

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presentar a Prosser Memorial Health documentación suficiente para respaldar una determinación de elegibilidad hasta catorce (14) días después de que se realice la solicitud o doscientos cuarenta (240) días después de la fecha de envío al paciente de la factura posterior al alta, lo que suceda después según las reglamentaciones 501(r). Prosser Memorial Health reconoce que, de acuerdo con el Capítulo 246-453-020(10) del WAC, una designación puede realizarse en cualquier momento siempre que se sepa que el ingreso de una parte es inferior al 100 % del estándar de pobreza federal. De acuerdo con la documentación proporcionada con la solicitud, Prosser Memorial Health determinará si se requiere más información o si se puede realizar una determinación de elegibilidad. Si un paciente o garante no completa razonablemente los procedimientos de solicitud adecuados dentro de los períodos especificados anteriormente, Prosser Memorial Health puede determinar que el paciente o garante no es elegible para recibir asistencia financiera e iniciar acciones de recaudación. La determinación inicial de elegibilidad potencial para recibir asistencia financiera se realizará lo más cerca posible de la fecha de la solicitud.

Prosser Memorial Health notificará al paciente o garante sobre una determinación definitiva de elegibilidad o inelegibilidad en el transcurso de catorce (14) días hábiles, después de recibir la documentación necesaria.

El paciente puede apelar una determinación de inelegibilidad para recibir asistencia financiera proporcionando a Prosser Memorial Health más documentación relevante en el transcurso de treinta (30) días, después de la recepción del aviso de rechazo. Se revisarán todas las apelaciones y, si la determinación de la apelación confirma el rechazo, se enviará una notificación por escrito al paciente y al Departamento de Salud del Estado de Washington, de conformidad con la ley estatal. El proceso de apelación definitiva terminará en el transcurso de catorce (14) días hábiles, después de que Prosser Memorial Health reciba la apelación.

Otros métodos de calificación para recibir asistencia financiera pueden ser los siguientes:

- expiración del estado legal de las limitaciones de recaudación;
- fallecimiento del garante e inexistencia de propiedades o autenticación de testamento;
- presentación de bancarrota por parte del garante;
- presentación, por parte del garante, de registros financieros que hacen que este sea elegible para recibir asistencia financiera; o
- registros financieros que indican que el ingreso del garante no se incrementará en el futuro y, por lo tanto, no podrá pagar la deuda, por ejemplo, con garantes que tienen ingresos fijos de por vida.

**Facturación y recaudación:** Cualquier saldo pendiente adeudado por los pacientes o garantes después de la aplicación de descuentos disponibles, si corresponde, remitido a recaudación de acuerdo con las políticas de facturación y recaudación uniforme de Prosser Memorial Health. Para obtener información sobre las prácticas de facturación y recaudación de Prosser Memorial Health 723 Memorial St Prosser, WA 99350, para montos adeudados por pacientes o garantes, asimismo, podemos enviarle esta póliza si así lo solicita llamando al **1-509-786-6645**.

**Descuentos disponibles conforme a la política de asistencia financiera/atención médica caritativa de Prosser Memorial Health**

Se determinará que el monto total de los cargos del hospital pendiente de pago luego de la solicitud de cualquier otro recurso de pago disponible es atención caritativa para cualquier garante cuyo ingreso familiar bruto, ajustado al tamaño de la familia, es del 100 % o menos respecto del nivel actual establecido en las pautas federales (de acuerdo con el Capítulo 246-453 del WAC), siempre que dicha persona no sea elegible para recibir otra cobertura de salud pública o privada (consulte la Sección 70.170.060 (5) del RCW).

Los garantes que tienen un ingresos entre 101% - 200% (ajustado para el tamaño de la familia) respecto del FPL, Prosser Memorial Health la base de una escala . (Que esta incluido)

odo el ingreso familiar, según se establece en el Capítulo 246-456-010 (17-18) del WAC, se considera al momento de determinar la aplicabilidad de la escala de costos variables de Prosser Memorial Health Se determinará que las partes responsables que cuenten con un ingreso familiar entre el 0 % y el 100 % del FPL, ajustados al tamaño de la familia, son personas indigentes elegibles para recibir atención médica caritativa por el total de los cargos del hospital relacionados con los servicios médicos hospitalarios correspondientes que no estén cubiertos por un tercero patrocinador público o privado, como se establece en el Capítulo 246-453-040 (1-3) del WAC.

En el caso de los garantes que cuenten con un ingreso entre 201-300% (ajustado para el tamaño de la familia) respecto del FPL, los ingresos del grupo familiar y los activos se tienen en cuenta para la determinación de la aplicabilidad de la escala de costos variables. Los activos considerados para evaluación, cuentas de aportes jubilatorios, cuentas 403(b) y 401(k), están exentas conforme a esta póliza, a menos que el paciente o garante realice extracciones de estas cuentas de forma activa.

**Forms can be found on Sharepoint/ Forms/ Administrative/ Charity Care**

Base de una escala variable honorarios

Obra de Caridad asistencia financier forma de solicitud

Obra de Caridad asistencia financier en lenguaje simple

**Exhibit 5: Patients' Rights and Responsibilities Policy**

**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 4 PAGE(S)

REGARDING: PATIENTS' RIGHTS AND RESPONSIBILITIES NUMBER: 100.0026

DEPARTMENTS  
AFFECTED: ALL AMENDED: 9-26-19

EFFECTIVE DATE: 9-28-17 REVIEWED: 9-26-19

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**PURPOSE**

To improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public, Prosser Memorial Health (PMH) has adopted and implemented this policy, and others, to define and protect patients' rights. PMH is committed to compliance with all state and federal laws which detail patients' rights. The following text is in accordance with WAC 246-320-414 and 42 CFR 482.13(h), as well as the Prosser Memorial Health Code of Conduct and ASPIRE Values.

**POLICY**

A. Washington State Legislature: The following rights as mandated by Washington State Law (WAC 246-320-141) are provided to the patients of PMH. Where applicable, the provision of these rights are more clearly defined in other organizational policies and procedures:

1. The right to be treated with dignity and respect at all times in a manner that is equitable, humane, and given without discrimination;
2. The assurance of confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;
3. To be protected from abuse and neglect;
4. To have access to protective services;
5. To have the liberty to complain about their care and treatment without fear of retribution or denial of care;
6. To receive timely complaint resolution;
7. To be involved in all aspects of their care including:



- Refusing care and treatment and,
  - Resolving problems with care decisions;
  - To be informed of unanticipated outcomes according to RCW 10.41.380;
8. To be informed and agree to their care;
  9. To have family input in care decisions as directed by the patient and/or applicable state law. (The patient's definition of "family" will be honored in all circumstances where state law does not delineate a hierarchy of surrogate decision makers due to the patient being incapacitated).
  10. To have advance directives and for the hospital to respect and follow those directives;
  11. To be able to request no resuscitation or life-sustaining treatment;
  12. To receive end of life care;
  13. Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including: (see Policy 873-0035 for a detailed explanation of the provision of this patient right).
    - Medical staff input; and
    - Direction by family or surrogate decision makers;
  14. To be provided with a written statement of patient rights;
  15. To be advised if PMH proposes to involve the introduction of any research, investigation, and/or clinical trials. The patient has the right to refuse participation in these programs without hindering the patient's access to care;
  16. Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including:
    - Medical staff input; and
    - Direction by family or surrogate decision makers;

**B. Centers for Medicare and Medicaid Services (CMS):** The following patient rights as mandated by CMS (42 CFR 482.13) are provided to the patients of PMH. Where applicable, the provision of these rights are more clearly defined in other organizational policies and procedures:

1. PMH will protect and promote each patient's rights.
2. Notice of rights:
  - a. PMH will inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.



- b. PMH has established a process for prompt resolution of patient grievances and will inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:
    - 1) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.
    - 2) The grievance process must specify time frames for review of the grievance and the provision of a response.
    - 3) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.
3. Exercise of rights
- a. The patient has the right to participate in the development and implementation of his or her plan of care.
  - b. The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
  - c. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with § 489.100 of this part (Definition), § 489.102 of this part (Requirements for providers), and § 489.104 of this part (Effective dates).
  - d. The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

#### 4. Privacy and Safety

- a. The patient has the right to personal privacy.
- b. The patient has the right to receive care in a safe setting.
- c. The patient has the right to be free from all forms of abuse or harassment.

#### 5. Confidentiality of Patient Records

- a. The patient has the right to the confidentiality of his or her clinical records.
- b. The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

#### 6. Restraint and Seclusion

- a. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
- b. For a detailed explanation of the provision of patient rights related to the use of restraint and seclusion at PMH see Policy 873-0032, Restraint Use: Non Violent or Non-Self Destructive and Violent or Self Destructive.

#### 7. Patient Visitation rights. PMH has written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. PMH will meet the following requirements:

- a. Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
- b. Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not

limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

- c. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
  - d. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- C. Children and Adolescents: Child and adolescent patients are entitled to all of the rights and responsibilities guaranteed to adult patients. These rights will be shared with the patient and parents or guardians at the time of admission.
- D. SNF/Swing Bed Patients/Long term admissions: Although, also available to short term admissions, special attention will be paid to ensuring the following rights are provided to patients with extended stays within the facility:
- 1. The right to not have to perform services or work for the medical facility;
  - 2. The right to privacy in written communications, including the right to send and promptly receive mail that is unopened and have access to stationery, postage and writing implements;
  - 3. The right to share a room with a spouse who is a patient as long as the clinical needs of both patients can be provided;
  - 4. Have access to personal possessions that do not pose a risk to the patient or the facility;
  - 5. The right to receive visitors of their choice without regard to race, color, national origin, religion, sex, gender identity, sexual orientation, or disability of either the patient or the visitor. Children are welcome, but require supervision. Visitation will only be restricted based on the clinical needs of the patient;
  - 6. The right to refuse visitors.
- E. MRSA Co-habitation Notification: To be notified when they may be roomed with a patient who is colonized or infected with methicillin-resistant staphylococcus aureus, in accordance with RCW 70.41.430.
- F. Additional Patient Rights in accordance with the PMH Code of Conduct and ASPIRE values:
- 1. The right to know the name of the provider who is responsible for coordination of care, treatment or procedures;

2. The right to receive from the provider information concerning diagnosis, treatment, and prognosis in understandable terms;
3. The right to receive an explanation from the provider of any procedure or treatment to which the patient is asked to consent;
4. The right to reach a decision about such prescribed procedure or treatment after having been made aware of its medical necessity, benefits of the procedure, possible risks, and known alternatives including the prognosis should the patient elect to decline treatment that is offered;
5. The right to privacy concerning the patient's medical care. Also, the right to expect that all communications and records pertaining to the patient's care will be treated as confidential. (PMH participates in the education of health professionals and conforms to requirements of the review of the care of the patients by health professionals, which we believe enhances the level of care the patients receive);
6. Reports concerning the patient's diagnosis, treatment, and continuing healthcare requirements may be reported to the patient's community provider, unless otherwise directed;
7. The right to expect that, within its capacity, PMH will make reasonable responses to requests for services;
8. When medically permissible, the patient may be transferred to another facility only after the patient has received complete information and explanation concerning the needs for and alternatives to such a transfer and risks. Arrangements will be made for transfer if necessary;
9. The right to either accept, refuse, or stop medical treatment according to state and federal laws;
10. The right to receive an explanation of the relationship of PMH to other healthcare organizations when such relationship affects the patient's present or future health needs;
11. The patient will be advised if PMH proposes to involve the introduction of any research, investigation, and/or clinical trials. The patient has the right to refuse participation in these programs without hindering the patient's access to care;
12. The right to expect reasonable continuity of care. The patient's physician or delegate of the physician will inform the patient of the patient's continuing health requirements following discharge;
13. The right to have pain assessed, monitored and managed according to the patient's needs;
14. The right to examine and receive an explanation of the bill regardless of the source of payment;
15. The right to an explanation of PMH rules and regulations which apply to the patient's hospitalization;
16. The right to have every attempt made to provide written and verbal information in a manner understandable to the patient and family/caregivers.

## G. Notification of Patient Rights

1. Each patient will receive a written statement of patient rights upon admission.
2. The following policies (and policy updates) related to access to care will be provided to the Washington State Department of Health for public access and posted on the PMH website:
  - a. Admission;
  - b. Nondiscrimination;
  - c. End of life care;
  - d. Reproductive health care.
  - e. Nurse Staffing;
3. Additional information or Policies will be provided upon request.

## References

- 42 CFR 482.13(h). (May 16, 2012) *Condition of Participation: Patient's Rights*. Retrieved August 23, 2017, from: <https://www.law.cornell.edu/cfr/text/42/482.13>
- 42 CFR 485.608(a). (August 29, 1997). *Condition of Participation: Compliance with Federal, State, and local laws and regulations*. Retrieved August 23, 2017, from: <https://www.law.cornell.edu/cfr/text/42/485.608>
- 42 CFR 485.635(f) (October 4, 2016). *Condition of Participation: Provision of Services*. Retrieved August 23, 2017, from: <https://www.law.cornell.edu/cfr/text/42/485.635>
- RCW 68.50.500 & 560 (2008). *Identification of Potential Donors-Hospital*. Retrieved August 23, 2017, from: <http://law.justia.com/codes/washington/2005/title68/68.50.500.html>
- RCW 70.41.380 (January 1, 2006). *Notice of Unanticipated Outcomes*. Retrieved August 23, 2017, from: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.41.380>
- RCW 70.41.430 (2009). *Licensed hospitals must adopt a policy regarding methicillin-resistant staphylococcus aureus (MRSA)-Elements*. Retrieved August 23, 2017, from: <http://apps.leg.wa.gov/rcw/default.aspx?cite=70.41.430>
- WAC 246-320-141 (April 11, 2009). *Patient Rights and Organizational Ethics*. Retrieved August 23, 2017, from: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-320-141>

**Exhibit 5: Non-Discrimination Policy**

Prosser Memorial Health

<b>SUBJECT:</b>	Non-Discrimination Policy			<b>NO:</b>	861-0001		
<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:							
<input type="checkbox"/> New <input type="checkbox"/> Supersedes #           ;				<b>Effective Date</b>	02/14/2018		
<b>Author</b>	Bonnie Berg			<b>Date of Electronic Distribution</b>	02/14/2018		
<b>Dept. Manager</b>	K. Mellema, CQO			<b>Medical Director/ CAH Oversight</b>			
<b>Administrative</b>	M. Fuller, CNO/COO			<b>Policy Committee</b>			
<b>Committee</b>				<b>Other</b>			
<b>Audit Review:</b>	<b>Initials:</b>	MF					
	<b>Date:</b>	5/2021					

**POLICY:**

It is the intention of Prosser Memorial Health to comply with all applicable Federal and State Civil Rights laws. To this end we will not discriminate on the basis of race, color, national origin, creed, religion, age, disability, sex (birth or re-assignment), sexual orientation, or gender identity consistent with requirements defined by the US Department of Health and Human Services Office for the Civil Rights and the Washington State Department of Social and Health Services. These Civil Rights protections apply to patients, visitors, employees, providers, vendors, contract staff, and all others seeking care or providing services at all Prosser Memorial Health campus or events.

**PROCEDURE:**

- A. Free aids and services will be provided as needed to ensure effective communication, including but not limited to the following:
  - 1. Language and communication support needs will be assessed on admission.
  - 2. Qualified language support services will be provided as needed.
  - 3. Qualified sign language interpreters will be provided as needed.
  - 4. Written information in English or Spanish is readily available. Written information in other languages will be provided as needed, as quickly as possible.
  - 5. Written information will be provided in large print upon request.
  - 6. Electronic formatted information is available the Prosser Memorial Health Patient Portal, and other formats upon request.
- B. Civil Rights notifications will be posted in all areas required by State and Federal Law.
- C. Patients will receive written notification of their rights upon admission.
- D. Family and Caregiver participation in care and decision making is encouraged and facilitated based on the patient's preference.
- E. If you believe that PMH has failed to provide these services or discriminated in another way you may file a complaint:
  - 1. PMH Civil Rights Coordinator, 723 Memorial St. Prosser WA 99350, Phone: (509) 786-5152, Fax: (509) 786-6608, Email: [Nondiscrimination@pphdwa.org](mailto:Nondiscrimination@pphdwa.org).



## Prosser Memorial Health

2. U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,
3. Or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 509-786-5152 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 509-786-5152 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 509-786-5152 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 509-786-5152 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 509-786-5152 (TTY: 711) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 509-786-5152 (телетайп: 711).

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 509-786-5152 (TTY 711)

### Arabic:

509-786-5152 ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم رقم هاتف الصم والبكم: (TTY: 711)

### Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 509-786-5152 (TTY: 711) تماس بگیرید.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 509-786-5152 (TTY:711) まで、お電話にてご連絡ください。





**Prosser Memorial Health**

**Samoan:** MO LOU SILAFIA: Afai e te tautala Gagana fa\ʻa Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 509-786-5152 (TTY:711)

**Ilocano:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 888-311-9127 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-311-9127 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (TTY: 711).

**Norwegian:** MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).

**Pennsylvanian (Dutch):** Schwetzscht, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 888-311-9127 (TTY: 711).

**Exhibit 5: End of Life Policy**

**PMH MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURES**

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 9 PAGE(S)
REGARDING:	FOREGOING LIFE-SUSTAINING TREATMENT	NUMBER: 100.0027
DEPARTMENT AFFECTED:	ALL	AMENDED:
EFFECTIVE DATE:	8-31-17	REVIEWED: 9-26-19

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**I. INTRODUCTION**

These guidelines are applicable to all types of life-sustaining treatment and are not limited to decisions to forego cardiopulmonary resuscitation. The term “life sustaining treatment,” as used in the Guidelines, encompasses all healthcare interventions that have the potential effect of increasing the life-span of the patients. Although the term includes respirators, intravenous fluid, and all the paraphernalia of modern intensive care medicine, it also includes, for instance, physical therapy and special feeding procedures, provided that one of the anticipated effects of the treatments is to prolong the patient’s life.

The term “forego” is used to include both stopping a treatment already begun as well as not starting a treatment, because there is no significant ethical distinction between failing to institute new treatment and discontinuing treatment that has already been initiated. A justification that is adequate for not commencing a specific treatment is also sufficient for ceasing that treatment.

**II. STATEMENT OF GENERAL POLICY PRINCIPLES:**

1. **Presumption in Favor of Treatment:** It is the policy of Prosser Memorial Health (PMH) to provide high quality medical care to its patients with the objective of sustaining life and practicing in conformity with traditional and current ethical and medical standards. It is imperative that the professional staff remain committed to this objective by maintaining a presumption in favor of providing treatment to all patients unless such treatment would be judged to cause harm. However, this commitment must recognize the right that patients have in making their own

decisions about their health care in continuing, limiting, declining, or discontinuing treatment, whether life-sustaining or not.

2. **Right to Refuse Treatment:** As a general rule, all adult patients who do not lack decision-making capacity may decline any treatment or procedure. There is sometimes, however, a reluctance to apply this rule to patients who seek to forego life-sustaining treatment. Thus, the Guidelines are adopted and promulgated to deal specifically with decisions to forego life-sustaining treatment.

3. **Decisions to Forego Are Particular to Specific Treatment:** A decision to limit, decline, discontinue, or otherwise forego a particular treatment or procedure is specific to that treatment or procedure and does not imply that any other procedures or treatments are to be foregone unless a specific decision is also made with respect to them.

4. **Preservation of Patient Dignity:** The dignity of the individual must be preserved and necessary measures to assure comfort must be maintained at all times by the provision of appropriate nursing care, hygienic care, comfort care, analgesics, psychological, spiritual, and cultural needs to all patients, including those who have elected to forego a specific life-sustaining therapy.

5. **Surrogates and Patients:** In these Guidelines, the term “surrogate” decision-maker is defined as specified in the informed consent policy of PMH. Unless otherwise indicated, the term “patient” includes the surrogate of a patient who lacks decision-making capacity.

6. **Physicians’ Rights:** It is the ethical and legal right of individual physicians to decline to participate in the limitation or withdrawal of therapy. However, no physician may abandon his or her patient until care by another physician has been secured (see Section III.3).

7. **Availability of Guidelines to Patients:** These Guidelines must be freely available to all patients (and their families), who upon admission to PMH, will be given a general explanation of the existence and content of these Guidelines (e.g. through an introductory brochure) and be given the opportunity to name a surrogate decision-maker in writing. Patients (and their families) will be able to obtain copies of the guidelines at each patient unit station.

8. **Presumption Against Judicial Review:** Families and healthcare professionals should work together to make decisions for patients who lack decision-making capacity. Recourse to the courts should be reserved for the occasions when adjudication is clearly required by state law or when concerned parties have

disagreements that they cannot resolve over matters of substantial import (see Section V).

### III. GENERAL PRINCIPLES GOVERNING DECISION-MAKING:

1. **Right to decide and to be informed:** It is the ethical and legal right of each patient who possesses the capacity to make decisions regarding his or her healthcare to do so. Furthermore, it is the concomitant ethical and legal right of each patient to be provided with adequate information about the diagnostic, therapeutic, and alternative options (including risks, benefits, nature, purpose, and prognosis as a result of the options) which are reasonably available.
2. **Collaborative Physician/Patient (or Surrogate) Decision-Making:**
  - (a) Decisions to forego life-sustaining treatment should be made between the patient (or surrogate) and the attending physician after a thorough discussion of all options, as is reasonably possible, has been conducted.
  - (b) When a patient is terminally ill and the treatment to be foregone is, in the professional judgement of the attending physician, unlikely to provide the patient with significant benefit, the patient (or surrogate) should be so informed, unless there is evidence that such disclosure would be harmful to the patient.
  - (c) If a patient (or surrogate) is unwilling to forego such treatment (as described in 2b), the treatment may nonetheless be foregone (that is, either stopped or not started) after notice to the patient (or surrogate) that is sufficient to permit transfer of the patient's care to another physician or medical center.
  - (d) A patient (or surrogate) may not compel a physician to provide any treatment which, in the professional judgment of that physician, is unlikely to provide the patient with sufficient benefit.
3. **Physicians' Rights:** Any physician may decline to participate in the limitation or withdrawal of therapy. In exercising this right, however, the physician must take appropriate steps to transfer the care of the patient to another qualified physician. Such a decision should be made only for reasons of conscience and after serious efforts have been made to dissuade the patient (or the patient's surrogate) from the decision to forego treatment, and after adequate notice has been given to the patient that the physician will have to withdraw from the case.
4. **Informing for Decision-Making:**
  - (a) It is the physician's responsibility to provide the patient (or, in the case of the patient who lacks decision-making capacity, the patient's surrogate) with adequate information about therapeutic and diagnostic options so that the patient or surrogate may make an informed decision.

- (b) This information should include the risks, discomforts, side-effects, the potential benefits of treatment, and the likelihood, if known, that the treatment will realize its intended beneficial effects.
- (c) The patient may, in addition to providing such factual information, also wish to provide advice about treatment.
- (d) The physician should: seek to elicit questions from the patient or surrogate; provide truthful and complete answers to such questions; attempt to ascertain whether or not the patient or surrogate understands the information and the advice provided; and attempt to enhance understanding when deficient.
- (e) Understanding of options by the patient or surrogate will often increase over time. Therefore, decision-making should be treated as a process rather than an event. In order to provide adequate time to deal with patients before they lose their capacity to decide, the process of informing patients or surrogates should begin at the earliest possible time.

5. Withholding of Information from Patients (or Surrogates):

- (a) There is a strong presumption that all information needed to make an appropriate decision about healthcare (including a decision to forego life-sustaining treatment) should be provided to the decision maker (i.e. the patient or surrogate).
- (b) Information may not be withheld from a patient or surrogate on the grounds that its divulgence might cause the patient or surrogate to decline a recommended treatment or to choose a treatment that the physician does not wish to provide. Nor may any information be withheld because of the belief that its disclosure would upset the patient or surrogate.
- (c) Only if, in the exercise of professional judgment, the physician believes that disclosure would lead to an immediate and serious threat to the patient's (or surrogate's) health or life, may information be withheld. In such cases, the least restrictive degree of withholding, consistent with the patient's (or surrogate's) well-being should be practiced (i.e. disclosure of relevant information not presumed to be immediately and seriously harmful should be provided). Since the process of decision-making will often take place over a period of time, such information should gradually be given to the patient or surrogate, when possible, so as to minimize the presumed harmful impact.
- (d) Information may also be withheld from a decision-maker who clearly makes known that he or she does not wish to have the information in question, as long as the decision-maker has previously been informed of his right to have such information.
- (e) When disclosure is purposely limited, the reasons therefore should be documented in the medical record.

6. Consultation with Family: Patients should be encouraged to discuss foregoing life-sustaining treatment with family members and, where appropriate, close



friends. However, a patient's privacy and confidentiality require that his or her wish not to enter into such a decision not to divulge to family members the patient's decision to forego life-sustaining treatment must be respected.

7. **Ethics Committee Consultation:** The attending physician, any member of the healthcare team, patient, surrogate, or any family member may seek a consultation with representatives of the Ethics Committee at any time. Motive for consultation might include family/staff conflicts, conflicts between family members, staff/staff conflicts, and unclear moral or legal status of any aspect, including a lack of clarity as to who should act as the patient's surrogate. The goal of such consultation may include: correcting misunderstandings, helping in the acquisition of needed information, allowing ventilation of emotions, and otherwise aiding in the resolution of disputes. In order for patients and surrogates to effectively exercise this prerogative, they must be made aware of the existence and purpose of the Ethics Committee.

#### **IV. DECISION-MAKING FOR PATIENTS WHO LACK DECISION-MAKING CAPACITY:**

##### **1. Definitions:**

**Competent Patient:** A patient shall be considered to be competent if the patient is: (1) an adult 18 years of age or older, or a minor who is married, pregnant, or a parent; (2) conscious; (3) able to understand the nature and severity of the illness involved; (4) able to understand the possible consequences of alternatives to the proposed treatment; and (5) able to make informed choices concerning the course of treatment.

**Incompetent Patient:** A patient shall be considered to be incompetent if the patient: (1) is a minor under 18 years of age unless the patient is a minor who is married or emancipated; (2) is unable to understand the nature and severity of the illness involved; (3) is unable to understand the possible consequences of and alternatives to, the proposed treatment; (4) is unable to make informed and deliberate choices concerning the course of treatment; or (5) has been declared legally incompetent by a court.

##### **2. Presumption of Capacity: Decision-Making Capacity in General:**

- (a) Patients should be considered, in the first instance, to possess the capacity to make healthcare decisions.
- (b) In the case of conscious and alert patients, the ethical and legal presumption of capacity will govern, unless countervailing evidence arises to call the presumption into question.
- (c) A patient's authority to make his or her own decisions should be overridden only after a clear demonstration of lack of capacity.

- (d) Inquiry into a patient's capacity may be initiated by such conditions as delirium, dementia, depression, mental retardation, psychosis, intoxication, stupor, or coma.
  - (e) Refusal of specific treatment to which most patients would agree does not mean that the patient lacks decision-making capacity, but may initiate inquiry into the matter of such capacity.
  - (f) Furthermore, decision-making incapacity can be a transient condition and can be specific to a particular decision. Therefore, patients who suffer from any of the above conditions may not lack capacity at all times for all purposes, and decision-making capacity may need to be reassessed from time to time.
3. **Rights of Patients Lacking Decision-Making Capacity:** Patients who lack decision-making capacity have the same substantive ethical and legal rights as do patients who possess such capacity. The only distinction is that in the case of patients lacking decision-making capacity, healthcare decisions must be made on their behalf by a surrogate decision maker. Decisions made on behalf of patients who lack decision-making capacity should, when their wishes are known, replicate the decision that they would have made for themselves had they had the capacity to do so. If the patient has executed a "living will" or any other form of an Advanced Directive to a healthcare provider, this document should serve as strong evidence of the patient's wishes (see Section V).
4. **Formal Assessment of Capacity:** The formal assessment of capacity is a process that ordinarily ought to be performed and documented by the attending physician. A psychiatric consultation may indicate if psychological factors are thought to be compromising capacity. However, a consultation is not required if the attending physician is able to assess capacity without it.
5. **Selection of a Surrogate Decision-Maker:**
- (a) If a patient is incompetent, treatment decisions shall be made on behalf of the patient by the following individuals, if reasonably available, willing, and competent, in this order or priority:
    - (1) A judicially appointed guardian, if any;
    - (2) A person or persons designated by the patient in writing to make the treatment decisions for him/her, e.g. by a durable power of attorney;
    - (3) The patient's spouse;
    - (4) An adult child or the majority of the adult children who are available;
    - (5) The parents of the patient; or
    - (6) The nearest living relative of the patient.

The individual of the highest priority shall act as an incompetent patient's representative. If none of the individuals listed in (1) through (6) are available, willing, or competent, the Risk Manager shall be notified.

(b) If the patient has no family or friends to serve and if the patient so requests while still possessing decision-making capacity, the attending physician or another member of the healthcare team, in consultation with the Ethics Committee, may serve as the patient's surrogate.

(c) In the case of intractable conflict among family members or when there is no appropriate person to serve as a surrogate and the patient has not previously designated a surrogate, the judicial appointment of a surrogate must be sought.

#### V. ADVANCE DIRECTIVES:

1. **Definition:** An advanced directive is any written document drafted by an individual, either while a patient or prior to becoming one, that either (a) gives instructions to a healthcare professional or provider as to the patient's desires about healthcare decisions, or (b) designates another person (i.e. surrogate) to make healthcare decisions on behalf of the patient if the patient is unable to make decisions for himself or herself, or (c) both gives instructions and designates a surrogate. To meet this definition for purposes of these Guidelines, an advanced directive need not comply with any particular form or formalities, as long as it is in written form, and it appears to be authentic and unrevoked. It may be handwritten by the patient or at the patient's direction or it may be typewritten.
2. **Effect to be Given Advanced Directive:** An advanced directive is merely a written manifestation of a patient's wishes concerning healthcare decision-making. It should, therefore, be accorded the same effect as an oral declaration from a competent patient. That is, it should be followed to the extent that it does not request a physician to perform or refrain from performing any act which is criminal, which violates that physician's personal or professional ethical responsibilities, or which violates accepted standards of professional practice.
3. **Weight to be given Advanced Directive:** An advanced directive should be accorded a presumption of validity. The fact that it is written in the handwriting of a person other than the patient, for example, should not necessarily invalidate the document, but should be taken into account in determining the weight to be accorded to the directive. Similarly, the fact that the patient who executed the advance directive may have lacked the capacity to make a healthcare decision at

the time the directive was executed may be taken into account in determining the weight to be accorded the directive. In all cases in which an advance directive is to be disregarded, such a decision must be based on more than surmise or speculation as to the circumstances surrounding the execution of the document, and instead be based on persuasive and credible evidence. A document that is notarized and witnessed, or complies with similar legal formalities for that particular type of document, ought to be disregarded for only the most compelling reasons. However, the failure to notarize or witness a document by itself should not invalidate the document.

4. **Probate of an Advance Directive:** Ordinarily there should be no need to seek judicial review of the enforceability of a written advance directive any more than there ought to be routine judicial review of a patient's oral wishes to forego life-sustaining treatment. However, in extraordinary cases, such as where there is conflict between the written advance directive and the wishes of the patient's family, or where there is a substantial doubt as to the authenticity of the advance directive, judicial review should be sought.
5. **Procedures for Recording the Advance Directive:** A written advance directive must be filed in the appropriate section of the patient's medical record. Further, a notation must be made in the Progress Notes of the existence of the advance directive. If a copy of the advance directive is not available for placement in the patient's record, the provider should record this fact as well as the substance of the advance directive, in the progress notes.
6. **Implementation of an Advance Directive:** When the patient is deemed to be incompetent (See section IV) implementation of the advance directive will occur by provider order.

## VI. DOCUMENTATION OF DECISIONS AND ENTRY OF ORDERS:

### 1. ORDERS:

- (a) The order must be written, timed, dated, and signed by the attending physician. Under extraordinary circumstances, a telephone order can be taken by two nurse witnesses, providing that a full explanatory documentation has previously been recorded on the chart.
- (b) If the patient's attending physician cannot, in good conscience, write a DNR order in compliance with the wishes of the competent patient representative, the attending physician shall offer to transfer the patient to the care of another physician in this or another healthcare facility.
- (c) The order must be reviewed and reconsidered prior to any surgical procedures being performed.

2. **Progress Notes:** At the time an order to limit life-sustaining treatment is written, a companion entry should be made in the progress notes, which includes at a minimum, the following information: (a) diagnosis; (b) prognosis; (c) patient's wishes (when known) or surrogate's wishes (if the patient lacks decision-making capacity), and family members' wishes (where known); (d) the recommendations of the treating team and consultants with documentation of their names; (e) a description of the patient's decision-making ability at the time the decision was made and the efforts made to ascertain the patient's capacity.
  
3. **Acceptable Orders:** Each situation is unique, necessitating individual consideration. Detailed orders are usually required in each specific case. Orders may address one of the following categories but should be specific:
  - (a) **All But Cardiac Resuscitation** – These patients are treated vigorously, including, intubation, mechanical ventilation, and measures to prevent cardiac arrest. However, should a patient develop cardiac arrest in spite of every therapeutic effort, no resuscitate efforts are made and the patient is permitted to die. In those situations, where patients are being monitored for arrhythmia control, cardioversion or defibrillation for ventricular tachycardia or fibrillation will be attempted once, unless specified not to by written order. This possibility should be discussed with the patient and/or family in advance.
  - (b) **Limited Therapy** – In general, no additional therapy is initiated except for hygienic care and for comfort. Should cardiac arrest occur, no resuscitative efforts are made. Exceptions may occur. For example, it may be appropriate to initiate certain drug therapy in a patient who has decided in advance against intubation, dialysis, etc.
  - (c) **Comfort Measures Only** – These patients will only receive nursing and hygienic care and medications appropriate to maintain comfort as ordered. Therapy (e.g. administration of narcotics) which is necessary for comfort may be utilized even if it contributes to cardiorespiratory depression. Therapies already initiated will be reviewed by the physician and discontinued if not related to comfort or hygiene.

**Exhibit 5: Reproductive Health Policy**

Prosser Memorial Health

<b>SUBJECT:</b>	Reproductive Health Care		<b>NO:</b>	873-1015	
<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes # _____ ;		Effective Date			12/12/2018
<b>Author</b>	K. Mellema		<b>Date of Electronic Distribution</b>	12/12/2018	
<b>Dept. Manager</b>	K. Mellema		<b>Medical Director/ CAH Oversight</b>		
<b>Administrative</b>	Merry Fuller		<b>Policy Committee</b>		
<b>Committee</b>			<b>Other</b>		
<b>Audit Review:</b>	Initials:	mf			
	Date:	5/20/21			

**Policy**

As defined by International Conference on Population Development (ICPD), reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health care includes having access to a range of good-quality information and services.

For all patients needing reproductive health care, this policy applies to services provided at Prosser Memorial Health (PMH) within the hospital and/or clinic setting.

**Procedure**

At Prosser Memorial Health, we provide a range of male and female reproductive health services to meet a patient's clinical needs and a patient's choice. Not every reproductive health procedure is available at the hospital and/or clinics, however, this policy does focus on services provided in the hospital and/or clinics.

1. Through the primary care settings within Prosser Memorial Health, patients have access to a full array of preventive healthcare services including all forms of contraception prevention, and the preventions and treatment of sexually transmitted diseases
2. Prosser Memorial Health routinely delivers babies and offers a full scope of services related to prenatal care, birth, maternal fetal medicine consultations and referrals and genetic counseling.
3. Within Prosser Memorial Health we offer both elective and medically indicated terminations of pregnancy in addition to actively referring patients to community providers.
4. Patients who wish to explore limited services related to male and female fertility can find a range of such service, which includes actively referring patients to community providers.



## Prosser Memorial Health

5. Our hospital permits their healthcare professionals to opt in/out of participating in services that violate their conscience or values. In such circumstances, the hospital will attempt to arrange for other healthcare professionals to deliver the care for the patient.
6. Minors may consent for reproductive health care and treatment to the extent allowed by Washington State Law (RCW 26.28.010).

## References:

United Nations, *Reproductive Health Policies 2017*,

[http://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive\\_health\\_policies\\_2017\\_data\\_booklet.pdf](http://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf)

Providing Health Care to Minors under Washington Law: *A summary of health care services that can be provided to minors without parental consent.*

<https://depts.washington.edu/hcsats/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf>

WA State Legislature RCW 71.34.530 *Age of consent – Outpatient treatment of minors.*

<http://app.leg.wa.gov/rcw/default.aspx?cite=71.34.530>

WA State Legislature RCW 26.28.010 *Age of majority.*

<http://app.leg.wa.gov/rcw/default.aspx?cite=26.28.010>

**Exhibit 6: Pro Forma Financials and Assumptions**

## Prosser Memorial Health Replacement Hospital Financial Assumptions

No inflation is included per instruction unless otherwise noted. Projections are based on most recent budget year 2021

### Revenue Assumptions

- Patient days, with the project are detailed in Table 5 for the replacement hospital and drive assumptions of staffing and expenses. the without hospital financials assume no additional growth past 2023 as the hospital will likely be ‘at capacity’.
- Gross patient revenue was calculated using the same rates and utilization of services as in the baseline period of 2019 as it was expected to be more typical for a non-COVID year. Due to volume increases, there is a small change in payer mix during the project. The expected payer mix by year is as follows:

	2021	2022	2023	2024	2025	2026
Medicare	31.1%	30.7%	30.5%	30.3%	30.2%	30.1%
Medicaid	32.2%	32.3%	32.4%	32.4%	32.4%	32.4%
Commercial	33.3%	33.6%	33.7%	33.9%	34.0%	34.1%
Self Pay	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

- Charity Care is assumed to be 1.2% of gross patient services revenue in 2021. In an effort to be conservative, however, the combination of charity care and bad debt was assumed to be 4.0% for the years 2022-2026. Charity care was assumed to increase to 1.4% (held to the 2021 proportion). Bad Debt is 2.3% of gross patient revenues in 2021 and increase to 2.6% in 2022-2026.
- Please note that some of the expenses associated with the recruitment plans for new providers in 2023, are expected to increase expenses in 2023 and 2024. These additional expenses impact the deductions from revenue in these two years.
- Other Operating Revenue is held constant throughout the pro forma period.
- Tax revenue is assumed to be \$862,000 per year, same as 2021.

### Expenses

- Salary expense corresponds to the FTEs needed to provide the service. FTEs increase in accordance with the increase in patient days. This level of productivity is based upon assumed productivity in 2021. Increases in staffing for the hospital are proportionate to the increase in patient days. Other increases in staffing are for the clinics and are based on the planned recruitment of new providers. Laundry staff are expected to decrease as this service will be contracted beginning in 2022.

The following table provides the assumed staffing by department.

	2021	2022	2023	2024	2025	2026
Acute	19.20	19.20	20.20	21.20	21.20	21.20
Operating Room	16.75	18.75	19.75	21.75	22.75	22.75
Labor and Delivery	14.94	15.94	15.94	16.94	16.94	16.94
Radiology	17.7	18.7	19.7	20.7	20.7	20.7
Laboratory	20.4	20.4	20.4	21.4	21.4	21.4
Respiratory Therapy	8.40	8.40	8.40	8.40	8.40	8.40
Outpatient Services	2.50	2.50	2.50	3.00	3.00	3.00
Clinics	86.75	97.26	104.14	114.68	119.41	119.41
Emergency	21.00	21.00	21.00	24.00	24.00	24.00
Ambulance	19.67	-	-	-	-	-
Employee Benefits	4.00	4.00	4.00	4.00	4.00	4.00
Admin & General	52.99	54.99	55.99	55.99	55.99	55.99
Maintenance	5.50	5.50	6.50	6.50	6.50	6.50
Laundry	2.80	0.80	0.80	0.80	0.80	0.80
Housekeeping	11.50	11.50	11.50	12.50	12.50	12.50
Dietary	10.60	11.60	11.60	11.60	11.60	11.60
Nurse Administration	8.20	8.20	8.20	8.20	8.20	8.20
Pharmacy	2.40	2.40	2.40	2.40	2.40	2.40
Medical Records	8.00	9.00	9.00	9.00	9.00	9.00
Social Service	3.00	4.00	4.00	5.00	5.00	5.00
<b>Total</b>	<b>336.3</b>	<b>334.14</b>	<b>346.02</b>	<b>368.06</b>	<b>373.79</b>	<b>373.79</b>

- Employee benefits are kept at the same percentage of Salary as 2021 or 22.5% throughout the projection period.
- Professional fees include physicians, therapists, etc. and are assumed to be the same both with and without the project because the increases are based on planned recruitment of new providers that will occur with or without the project.
- Supplies were assumed to increase proportionate to the increase in patient days.
- Purchased Services – other: includes but is not limited to: software licenses and fees and advertising.
- Rentals and Leases: while there are no changes in the assumed leases with and without the project, there are some accounting changes that impact how leases are recorded on the income statement and balance sheet. As a result of these accounting changes, it appears that PMH’s lease expense has decreased.
- Insurance: this expense was not assumed to change with the project.
- License and Taxes: these expenses were not assumed to change with the project.
- Other direct expenses includes, but is not limited to: dues/fees, travel/education, employee recruiting, freight/handling, and bank fees and it was assumed to decrease slightly with elimination of the ambulance service.

**Other Non-Operating Revenues**

- No increase in property taxes are projected
- Investment income is calculated at 1.5%.

**Capital**

- For the “without project” pro forma, additional capital expenditures were already planned and assumed to be \$1.2 million per year for 2024 – 2025. For the “with project” the \$1.2 million in capital is only assumed for 2025.
- The Project assumes a total Capital spend of \$78,400,000 with an associated annual depreciation expense of \$4,466,370 for the years 2024-2026. Interest rate assumptions are as follows:

**Interest Rates by Loan-Construction Period**

<b>Debt:</b>	<b>Interest Rate</b>
USDA Rural Development Direct Loan	N/A
Revenue Bonds	4%
Other Financing (Capital Municipal Lease Financing for Equipment)	N/A
USDA Direct Loan with LTGO Pledge	N/A
Construction loan	4%

**Interest Rates by Loan – Permanent Financing**

<b>Debt</b>	<b>Interest Rate</b>	<b>Term</b>
USDA Rural Development Direct Loan	2.25%	35 years
Revenue Bonds	4.00%	30 years
Other Financing (Capital Municipal Lease Financing for Equipment)	3.00%	10 years
USDA Direct Loan with LTGO Pledge	2.25%	35 years

**Hospital Pro Forma Financials**  
**“With the Project”**

HOSPITAL INFORMATION  
DEDUCTIONS FROM REVENUE- HOSPITAL AGGREGATE

ACCT:	ITEM:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
5800	PROVISION FOR BAD DEBTS	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,866,000	5,062,000	5,224,000
	<b>CONTRACTUAL ADJUSTMENTS</b>										
5810	Medicare	19,563,497	20,590,207	27,928,741	26,822,171	31,480,000	32,148,000	33,490,000	33,373,000	35,506,000	37,342,000
5820	Medicaid	22,418,699	26,359,433	31,140,293	32,297,809	37,444,000	38,690,000	39,995,000	41,602,000	43,716,000	43,491,000
5830	Workers Compensation										
5840	Other Government Programs										
5850	Negotiated Rates										
5860	Other	13,052,032	15,408,237	18,161,402	20,485,302	21,785,000	22,678,000	23,511,000	24,927,000	26,041,000	26,943,000
	<b>Total Contractual Adjustments</b>	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,516,000	96,996,000	99,902,000	105,263,000	107,776,000
	<b>CHARITY CARE</b>										
5900	Inpatient										
5910	Outpatient	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,608,000	2,714,000	2,801,000
	<b>Total Charity Care</b>	1,527,799	2,108,996	1,671,832	1,782,001	2059000	2396000	2475000	2608000	2714000	2801000
5970	ADMINISTRATIVE ADJUSTMENTS										
5980	OTHER DEDUCTIONS (Specify)										
	<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,381,000	104,088,000	107,376,000	113,039,000	115,801,000

EXPLANATIONS:



**HOSPITAL INFORMATION**  
**BALANCE SHEET - UNRESTRICTED FUND HOSPITAL AGGREGATE**

<b>ASSETS</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020 COVID</b>	<b>BUDGET YR (2021)</b>	<b>YR 2022 (Proj.)</b>	<b>YR 2023 (Proj.)</b>	<b>YR 2024 (Proj.)</b>	<b>YR 2025 (Proj.)</b>	<b>YR 2026 (Proj.)</b>
<b>CURRENT ASSETS:</b>										
Cash	2,282,799	1,279,823	817,760	9,379,362	5,415,000	5,472,000	5,720,000	6,042,000	6,141,000	6,148,000
Marketable Securities	-	335,780	437,638	512,731	513,000	513,000	513,000	513,000	513,000	513,000
Accounts Receivable	8,121,908	8,166,553	10,744,795	9,878,800	9,602,000	9,758,000	10,028,000	10,885,000	11,147,000	11,621,000
Less-Estimated Uncollectable & Allowances Receivables From Third Party Payors	-	622,040	-	-	-	-	-	-	-	-
Pledges And Other Receivables	500,182	248,343	442,183	318,197	198,000	176,000	151,000	164,000	130,000	130,000
Due From Restricted Funds										
Inventory	291,763	357,940	413,831	496,349	565,000	573,000	580,000	592,000	603,000	616,000
Prepaid Expenses	304,717	304,724	902,449	940,146	778,000	697,000	940,000	778,000	697,000	940,000
Current Portion Of Funds Held In Trust										
<b>TOTAL CURRENT ASSETS</b>	<b>11,501,369</b>	<b>11,315,203</b>	<b>13,758,656</b>	<b>21,525,585</b>	<b>17,071,000</b>	<b>17,189,000</b>	<b>17,932,000</b>	<b>18,974,000</b>	<b>19,231,000</b>	<b>19,968,000</b>
<b>BOARD DESIGNATED ASSETS:</b>										
Cash	11,999,425	1,376,480	1,250,261	2,233,842	2,234,000	2,486,000	3,403,000	3,403,000	5,225,000	8,042,000
Marketable Securities	-	12,534,987	13,880,674	15,448,177	17,298,000	12,508,000	14,798,000	16,703,000	18,402,000	23,651,000
Other Assets										
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>11,999,425</b>	<b>13,911,467</b>	<b>15,130,935</b>	<b>17,682,019</b>	<b>19,532,000</b>	<b>14,994,000</b>	<b>18,201,000</b>	<b>20,106,000</b>	<b>23,627,000</b>	<b>31,693,000</b>
<b>PROPERTY, PLANT AND EQUIPMENT:</b>										
Land	2,806,342	2,728,342	3,128,342	3,128,342	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000
Land Improvements	537,254	545,656	629,956	632,699	633,000	633,000	633,000	633,000	633,000	633,000
Buildings	18,082,131	17,716,299	22,556,640	22,556,640	22,557,000	27,324,000	27,444,000	89,998,000	90,118,000	90,118,000
Fixed Equipment - Building Service										
Fixed Equipment - Other										
Equipment	14,420,297	15,520,477	18,448,369	19,655,225	23,573,000	25,523,000	26,692,000	37,338,000	38,418,000	38,418,000
Leasehold Improvements										
Construction In Progress	563,041	2,089,656	228,718	1,906,093	3,727,000	33,316,000	73,200,000	-	-	-
<b>TOTAL</b>										
Less Accumulated Depreciation	(23,041,267)	(24,286,630)	(26,677,265)	(29,120,104)	(31,392,000)	(34,895,000)	(38,222,000)	(45,475,000)	(52,327,000)	(59,056,000)
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>13,367,798</b>	<b>14,313,800</b>	<b>18,314,760</b>	<b>18,758,895</b>	<b>22,226,000</b>	<b>55,029,000</b>	<b>92,875,000</b>	<b>85,622,000</b>	<b>79,970,000</b>	<b>73,241,000</b>
<b>INVESTMENTS AND OTHER ASSETS:</b>										
Investments In Property, Plant & Equipment										
Less - Accumulated Depreciation										
Other Investments										
Other Assets	976,204	190,267	827,439	1,763,426	850,000	1,138,000	923,000	1,052,000	1,537,000	1,507,000
<b>TOTAL INVESTMENTS &amp; OTHER ASSETS</b>	<b>976,204</b>	<b>190,267</b>	<b>827,439</b>	<b>1,763,426</b>	<b>850,000</b>	<b>1,138,000</b>	<b>923,000</b>	<b>1,052,000</b>	<b>1,537,000</b>	<b>1,507,000</b>
<b>INTANGIBLES ASSETS:</b>										
Goodwill										
Unamortized Loan Costs										
Preopening And Other Organization Costs										
Other Intangible Assets										
<b>TOTAL INTANGIBLE ASSETS</b>										
<b>TOTAL ASSETS</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,679,000</b>	<b>88,350,000</b>	<b>129,931,000</b>	<b>125,754,000</b>	<b>124,365,000</b>	<b>126,409,000</b>

HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

**LIABILITIES AND FUND BALANCES-UNRESTRICTED**

CURRENT LIABILITIES:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
Notes and Loans Payable										
Accounts Payable	1,160,673	915,866	1,192,142	1,369,231	1,565,000	1,498,000	1,509,000	1,524,000	1,533,000	1,543,000
Accrued Compensation and Related Liabilities	1,105,709	1,586,757	2,282,536	1,134,162	1,907,000	1,984,000	2,072,000	2,254,000	2,312,000	2,312,000
Other Accrued Expenses	845,705	953,506	1,233,493	1,329,277	1,246,000	1,295,000	1,353,000	1,472,000	1,510,000	1,510,000
Advances from Third Party Payors										
Payables to Third Party Payors	856,120	1,148,700	472,704	901,118	-	-	-	-	-	-
Due to Restricted Funds										
Income Taxes Payable										
Other Current Liabilities	21,099	20,307	19,670	3,186,085	27,000	155,000	1,368,000	-	-	-
Current Maturities of Long Term Debt	245,000	928,075	1,225,192	1,170,080	1,180,000	2,210,000	2,524,000	3,212,000	3,244,000	3,199,000
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,234,306</b>	<b>5,553,211</b>	<b>6,425,737</b>	<b>9,089,953</b>	<b>5,925,000</b>	<b>7,142,000</b>	<b>8,826,000</b>	<b>8,462,000</b>	<b>8,599,000</b>	<b>8,564,000</b>
DEFERRED CREDITS:										
Deferred Income Taxes										
Deferred Third Party Revenue										
Other Deferred Credits	990,600	660,400	330,200	-	-	-	-	-	-	-
<b>TOTAL DEFERRED CREDITS</b>	<b>990,600</b>	<b>660,400</b>	<b>330,200</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
LONG TERM DEBT:										
Mortgage Payable										
Construction Loans - Interim Financing						15,515,000	51,500,000			
Notes Payable	6,571,624	6,312,292	11,152,228	11,145,077	10,019,000	14,669,000	13,343,000	61,682,000	59,505,000	57,260,000
Capitalized Lease Obligations	-	336,449	-	-	354,000	4,514,000	7,212,000	6,174,000	5,103,000	4,145,000
Bonds Payable										
Notes and Loans Payable to Parent										
Noncurrent Liabilities	-	-	-	6,350,235	-	-	-	-	-	-
<b>TOTAL</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>34,698,000</b>	<b>72,055,000</b>	<b>67,856,000</b>	<b>64,608,000</b>	<b>61,405,000</b>
Less Current Maturities of Long Term Debt										
<b>TOTAL LONG TERM DEBT</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>34,698,000</b>	<b>72,055,000</b>	<b>67,856,000</b>	<b>64,608,000</b>	<b>61,405,000</b>
<b>UNRESTRICTED FUND BALANCE</b>	<b>26,048,266</b>	<b>26,868,385</b>	<b>30,123,625</b>	<b>33,144,660</b>	<b>43,381,000</b>	<b>46,510,000</b>	<b>49,050,000</b>	<b>49,436,000</b>	<b>51,158,000</b>	<b>56,440,000</b>
EQUITY (INVESTOR OWNED)										
Preferred Stock										
Common Stock										
Additional Paid In Capital										
Retained Earnings (Capital Account for Partnership or Sole Proprietorship)										
Less Treasury Stock										
<b>TOTAL EQUITY</b>										
<b>TOTAL LIABILITIES AND FUND BALANCE OR EQUITY</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,679,000</b>	<b>88,350,000</b>	<b>129,931,000</b>	<b>125,754,000</b>	<b>124,365,000</b>	<b>126,409,000</b>

HOSPITAL INFORMATION  
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED  
FUNDS-HOSPITAL AGGREGATE

	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>OPERATING REVENUE:</b>										
Inpatient Revenue										
Outpatient Revenue										
<b>TOTAL PATIENT SERVICES REVENUE</b>	106,063,722	118,391,490	142,067,798	144,124,588	166,710,000	171,614,000	177,296,000	186,838,000	194,411,000	200,637,000
<b>DEDUCTIONS FROM REVENUE:</b>										
Provision for Bad Debt	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,866,000	5,062,000	5,224,000
Contractual Adjustments	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,516,000	96,996,000	99,902,000	105,263,000	107,776,000
Charity and Uncompensated Care	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,608,000	2,714,000	2,801,000
Other Adjustments and Allowances										
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,381,000	104,088,000	107,376,000	113,039,000	115,801,000
<b>NET PATIENT SERVICE REVENUE</b>	47,220,568	51,599,050	59,133,934	59,413,374	70,102,000	71,233,000	73,208,000	79,462,000	81,372,000	84,836,000
<b>OTHER OPERATING REVENUE</b>										
Other Operating Revenue	1,602,374	800,824	1,714,114	1,224,945	943,000	593,000	593,000	593,000	593,000	593,000
Tax Revenues	784,095	821,455	846,680	856,225	862,000	862,000	862,000	862,000	862,000	862,000
<b>TOTAL OTHER OPERATING REVENUE</b>	2,386,469	1,622,279	2,560,794	2,081,170	1,805,000	1,455,000	1,455,000	1,455,000	1,455,000	1,455,000
<b>TOTAL OPERATING REVENUE</b>	49,607,037	53,221,329	61,694,728	61,494,544	71,907,000	72,688,000	74,663,000	80,917,000	82,827,000	86,291,000
<b>OPERATING EXPENSES</b>										
Salaries and Wages	20,444,314	23,287,263	27,475,681	29,263,038	31,146,000	32,383,000	33,819,000	36,803,000	37,741,000	37,741,000
Employee Benefits	4,714,799	6,118,772	6,260,013	6,452,514	7,000,000	7,290,000	7,613,000	8,285,000	8,496,000	8,496,000
Professional Fees	7,530,166	7,565,035	7,399,636	7,462,624	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000
Supplies	4,750,644	4,960,397	5,566,480	6,656,675	7,927,000	8,043,000	8,149,000	8,307,000	8,472,000	8,645,000
Purchased Services - Utilities	465,846	520,065	535,779	575,775	573,000	534,000	534,000	534,000	534,000	534,000
Purchased Services - Other	4,050,206	4,093,715	4,568,821	4,917,920	6,249,000	6,141,000	6,141,000	6,141,000	6,141,000	6,141,000
Depreciation	2,063,342	1,988,410	2,443,594	2,754,873	2,964,000	3,503,000	3,327,000	7,253,000	6,852,000	6,729,000
Rentals and Leases	1,859,223	1,998,258	2,157,531	2,075,213	2,120,000	1,004,000	1,092,000	1,193,000	1,189,000	1,189,000
Insurance	255,248	241,381	312,599	417,756	476,000	476,000	476,000	476,000	476,000	476,000
License and Taxes	284,240	343,191	425,776	474,816	550,000	550,000	550,000	550,000	550,000	550,000
Interest	178,423	167,241	351,114	386,610	531,000	868,000	1,937,000	1,931,000	1,833,000	1,741,000
Other Direct Expenses	1,456,571	1,486,085	1,441,319	1,483,817	2,107,000	2,080,000	2,080,000	2,080,000	2,080,000	2,080,000
Allocated Expenses										
<b>TOTAL OPERATING EXPENSES</b>	48,053,022	52,769,813	58,938,343	62,921,631	68,849,000	70,078,000	72,924,000	80,759,000	81,570,000	81,528,000
<b>NET OPERATING REVENUE</b>	1,554,015	451,516	2,756,385	(1,427,087)	3,058,000	2,610,000	1,739,000	158,000	1,257,000	4,763,000
<b>NON-OPERATING REVENUE-NET OF EXPENSE:</b>	46,931	455,603	498,855	4,448,122	7,183,000	518,000	802,000	227,000	465,000	519,000
<b>NET REVENUE BEFORE ITEMS LISTED BELOW</b>	1,600,946	907,119	3,255,240	3,021,035	10,241,000	3,128,000	2,541,000	385,000	1,722,000	5,282,000
<b>EXTRAORDINARY ITEM</b>					1.24%	1.40%	1.40%	1.40%	1.40%	1.40%
<b>FEDERAL INCOME TAX</b>										
<b>NET REVENUE OR (EXPENSE)</b>	1,600,946	907,119	3,255,240	3,021,035	10,241,000	3,128,000	2,541,000	385,000	1,722,000	5,282,000

EXPLANATION:

**Hospital Pro Forma Financials**  
**“Without the Project”**

HOSPITAL INFORMATION											
DEDUCTIONS FROM REVENUE- PROJECT SPECIFIC											
ACCT:	ITEM:	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
5800	PROVISION FOR BAD DEBTS	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,623,000	4,623,000	4,623,000
CONTRACTUAL ADJUSTMENTS											
5810	Medicare	19,563,497	20,590,207	27,928,741	26,822,171	31,480,000	32,206,000	33,686,000	33,538,000	33,955,000	34,111,000
5820	Medicaid	22,418,699	26,359,433	31,140,293	32,297,809	37,444,000	38,690,000	39,995,000	39,576,000	40,089,000	39,845,000
5830	Workers Compensation										
5840	Other Government Programs										
5850	Negotiated Rates										
5860	Other	13,052,032	15,408,237	18,161,402	20,485,302	21,785,000	22,678,000	23,511,000	23,543,000	23,543,000	23,543,000
	<b>Total Contractual Adjustments</b>	<b>55,034,228</b>	<b>62,357,877</b>	<b>77,230,436</b>	<b>79,605,282</b>	<b>90,709,000</b>	<b>93,574,000</b>	<b>97,192,000</b>	<b>96,657,000</b>	<b>97,587,000</b>	<b>97,499,000</b>
CHARITY CARE											
5900	Inpatient										
5910	Outpatient	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,478,000	2,478,000	2,478,000
	<b>Total Charity Care</b>	<b>1,527,799</b>	<b>2,108,996</b>	<b>1,671,832</b>	<b>1,782,001</b>	<b>2,059,000</b>	<b>2,396,000</b>	<b>2,475,000</b>	<b>2,478,000</b>	<b>2,478,000</b>	<b>2,478,000</b>
5970	ADMINISTRATIVE ADJUSTMENTS										
5980	OTHER DEDUCTIONS (Specify)										
	<b>TOTAL DEDUCTIONS FROM REVENUE</b>	<b>58,843,154</b>	<b>66,792,440</b>	<b>82,933,864</b>	<b>84,711,214</b>	<b>96,608,000</b>	<b>100,439,000</b>	<b>104,284,000</b>	<b>103,758,000</b>	<b>104,688,000</b>	<b>104,600,000</b>

EXPLANATIONS:

HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

ASSETS	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>CURRENT ASSETS:</b>										
Cash	2,282,799	1,279,823	817,760	9,379,362	5,415,000	5,446,000	5,570,000	5,710,000	5,704,000	5,700,000
Marketable Securities	-	335,780	437,638	512,731	513,000	513,000	513,000	513,000	513,000	513,000
Accounts Receivable	8,121,908	8,166,553	10,744,795	9,878,800	9,602,000	9,750,000	10,002,000	10,105,000	9,977,000	9,989,000
Less-Estimated Uncollectable & Allowances										
Receivables From Third Party Payers	-	622,040	-	-	-	-	-	-	-	-
Pledges And Other Receivables	500,182	248,343	442,183	318,197	198,000	176,000	151,000	164,000	130,000	130,000
Due From Restricted Funds										
Inventory	291,763	357,940	413,831	496,349	565,000	573,000	580,000	580,000	580,000	580,000
Prepaid Expenses	304,717	304,724	902,449	940,146	778,000	697,000	940,000	778,000	697,000	940,000
Current Portion Of Funds Held In Trust										
<b>TOTAL CURRENT ASSETS</b>	<b>11,501,369</b>	<b>11,315,203</b>	<b>13,758,656</b>	<b>21,525,585</b>	<b>17,071,000</b>	<b>17,155,000</b>	<b>17,756,000</b>	<b>17,850,000</b>	<b>17,601,000</b>	<b>17,852,000</b>
<b>BOARD DESIGNATED ASSETS:</b>										
Cash	11,999,425	1,376,480	1,250,261	2,233,842	2,234,000	2,486,000	3,403,000	3,403,000	3,802,000	4,161,000
Marketable Securities	-	12,534,987	13,880,674	15,448,177	20,725,000	23,667,000	26,362,000	29,574,000	31,753,000	34,174,000
Other Assets										
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>11,999,425</b>	<b>13,911,467</b>	<b>15,130,935</b>	<b>17,682,019</b>	<b>22,959,000</b>	<b>26,153,000</b>	<b>29,765,000</b>	<b>32,977,000</b>	<b>35,555,000</b>	<b>38,335,000</b>
<b>PROPERTY, PLANT AND EQUIPMENT:</b>										
Land	2,806,342	2,728,342	3,128,342	3,128,342	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000	3,128,000
Land Improvements	537,254	545,656	629,956	632,699	633,000	633,000	633,000	633,000	633,000	633,000
Buildings	18,082,131	17,716,299	22,556,640	22,556,640	22,557,000	27,324,000	27,444,000	27,564,000	27,684,000	27,804,000
Fixed Equipment - Building Service										
Fixed Equipment - Other										
Equipment	14,420,297	15,520,477	18,448,369	19,655,225	23,573,000	25,523,000	26,692,000	27,772,000	28,852,000	29,932,000
Leasehold Improvements										
Construction In Progress	563,041	2,089,656	228,718	1,906,093	-	-	-	-	-	-
<b>TOTAL</b>										
Less Accumulated Depreciation	(23,041,267)	(24,286,630)	(26,677,265)	(29,120,104)	(31,392,000)	(34,895,000)	(38,223,000)	(41,271,000)	(43,878,000)	(46,406,000)
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>13,367,798</b>	<b>14,313,800</b>	<b>18,314,760</b>	<b>18,758,895</b>	<b>18,499,000</b>	<b>21,713,000</b>	<b>19,674,000</b>	<b>17,826,000</b>	<b>16,419,000</b>	<b>15,091,000</b>
<b>INVESTMENTS AND OTHER ASSETS:</b>										
Investments In Property, Plant & Equipment										
Less - Accumulated Depreciation										
Other Investments										
Other Assets	976,204	190,267	827,439	1,763,426	850,000	1,138,000	923,000	838,000	1,109,000	865,000
<b>TOTAL INVESTMENTS &amp; OTHER ASSETS</b>	<b>976,204</b>	<b>190,267</b>	<b>827,439</b>	<b>1,763,426</b>	<b>850,000</b>	<b>1,138,000</b>	<b>923,000</b>	<b>838,000</b>	<b>1,109,000</b>	<b>865,000</b>
<b>INTANGIBLES ASSETS:</b>										
Goodwill										
Unamortized Loan Costs										
Preopening And Other Organization Costs										
Other Intangible Assets										
<b>TOTAL INTANGIBLE ASSETS</b>										
<b>TOTAL ASSETS</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,379,000</b>	<b>66,159,000</b>	<b>68,118,000</b>	<b>69,491,000</b>	<b>70,684,000</b>	<b>72,143,000</b>



HOSPITAL INFORMATION  
BALANCE SHEET - UNRESTRICTED FUND-HOSPITAL AGGREGATE

LIABILITIES AND FUND BALANCES-UNRESTRICTED	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>CURRENT LIABILITIES:</b>										
Notes and Loans Payable										
Accounts Payable	1,160,673	915,866	1,192,142	1,369,231	1,565,000	1,498,000	1,509,000	1,515,000	1,515,000	1,515,000
Accrued Compensation and Related Liabilities	1,105,709	1,586,757	2,282,536	1,134,162	1,907,000	1,984,000	2,053,000	2,136,000	2,136,000	2,136,000
Other Accrued Expenses	845,705	953,506	1,233,493	1,329,277	1,246,000	1,295,000	1,340,000	1,395,000	1,395,000	1,395,000
Advances from Third Party Payors										
Payables to Third Party Payors	856,120	1,148,700	472,704	901,118	-	-	-	-	-	-
Due to Restricted Funds										
Income Taxes Payable										
Other Current Liabilities	21,099	20,307	19,670	3,186,085	27,000	-	-	-	-	-
Current Maturities of Long Term Debt	245,000	928,075	1,225,192	1,170,080	1,180,000	2,100,000	2,070,000	1,737,000	1,731,000	1,648,000
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,234,306</b>	<b>5,553,211</b>	<b>6,425,737</b>	<b>9,089,953</b>	<b>5,925,000</b>	<b>6,877,000</b>	<b>6,972,000</b>	<b>6,783,000</b>	<b>6,777,000</b>	<b>6,694,000</b>
<b>DEFERRED CREDITS:</b>										
Deferred Income Taxes										
Deferred Third Party Revenue										
Other Deferred Credits	990,600	660,400	330,200	-	-	-	-	-	-	-
<b>TOTAL DEFERRED CREDITS</b>	<b>990,600</b>	<b>660,400</b>	<b>330,200</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>LONG TERM DEBT:</b>										
Mortgage Payable										
Construction Loans - Interim Financing										
Notes Payable	6,571,624	6,312,292	11,152,228	11,145,077	10,019,000	8,850,000	7,638,000	6,584,000	5,559,000	4,493,000
Capitalized Lease Obligations	-	336,449	-	-	354,000	4,514,000	3,652,000	2,965,000	2,255,000	1,669,000
Bonds Payable										
Notes and Loans Payable to Parent										
Noncurrent Liabilities	-	-	-	6,350,235	-	-	-	-	-	-
<b>TOTAL</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>13,364,000</b>	<b>11,290,000</b>	<b>9,549,000</b>	<b>7,814,000</b>	<b>6,162,000</b>
Less Current Maturities of Long Term Debt										
<b>TOTAL LONG TERM DEBT</b>	<b>6,571,624</b>	<b>6,648,741</b>	<b>11,152,228</b>	<b>17,495,312</b>	<b>10,373,000</b>	<b>13,364,000</b>	<b>11,290,000</b>	<b>9,549,000</b>	<b>7,814,000</b>	<b>6,162,000</b>
<b>UNRESTRICTED FUND BALANCE</b>	<b>26,048,266</b>	<b>26,868,385</b>	<b>30,123,625</b>	<b>33,144,660</b>	<b>43,081,000</b>	<b>45,918,000</b>	<b>49,856,000</b>	<b>53,159,000</b>	<b>56,093,000</b>	<b>59,287,000</b>
<b>EQUITY (INVESTOR OWNED)</b>										
Preferred Stock										
Common Stock										
Additional Paid In Capital										
Retained Earnings (Capital Account for Partnership or Sole Proprietorship)										
Less Treasury Stock										
<b>TOTAL EQUITY</b>										
<b>TOTAL LIABILITIES AND FUND BALANCE OR EQUITY</b>	<b>37,844,796</b>	<b>39,730,737</b>	<b>48,031,790</b>	<b>59,729,925</b>	<b>59,379,000</b>	<b>66,159,000</b>	<b>68,118,000</b>	<b>69,491,000</b>	<b>70,684,000</b>	<b>72,143,000</b>



HOSPITAL INFORMATION  
COMPARISON STATEMENT OF REVENUE & EXPENSE-UNRESTRICTED  
FUNDS-HOSPITAL AGGREGATE

	2017	2018	2019	2020 COVID	BUDGET YR (2021)	YR 2022 (Proj.)	YR 2023 (Proj.)	YR 2024 (Proj.)	YR 2025 (Proj.)	YR 2026 (Proj.)
<b>OPERATING REVENUE:</b>										
Inpatient Revenue										
Outpatient Revenue										
<b>TOTAL PATIENT SERVICES REVENUE</b>	106,063,722	118,391,490	142,067,798	144,124,588	166,705,000	171,615,000	177,296,000	177,521,000	177,521,000	177,522,000
<b>DEDUCTIONS FROM REVENUE:</b>										
Provision for Bad Debt	2,281,127	2,325,567	4,031,596	3,323,931	3,840,000	4,469,000	4,617,000	4,623,000	4,623,000	4,623,000
Contractual Adjustments	55,034,228	62,357,877	77,230,436	79,605,282	90,709,000	93,574,000	97,192,000	96,657,000	97,587,000	97,499,000
Charity and Uncompensated Care	1,527,799	2,108,996	1,671,832	1,782,001	2,059,000	2,396,000	2,475,000	2,478,000	2,478,000	2,478,000
Other Adjustments and Allowances										
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	58,843,154	66,792,440	82,933,864	84,711,214	96,608,000	100,439,000	104,284,000	103,758,000	104,688,000	104,600,000
<b>NET PATIENT SERVICE REVENUE</b>	47,220,568	51,599,050	59,133,934	59,413,374	70,097,000	71,176,000	73,012,000	73,763,000	72,833,000	72,922,000
<b>OTHER OPERATING REVENUE</b>										
Other Operating Revenue	1,602,374	800,824	1,714,114	1,224,945	943,000	593,000	593,000	593,000	593,000	593,000
Tax Revenues	784,095	821,455	846,680	856,225	862,000	862,000	862,000	862,000	862,000	862,000
<b>TOTAL OTHER OPERATING REVENUE</b>	2,386,469	1,622,279	2,560,794	2,081,170	1,805,000	1,455,000	1,455,000	1,455,000	1,455,000	1,455,000
<b>TOTAL OPERATING REVENUE</b>	49,607,037	53,221,329	61,694,728	61,494,544	71,902,000	72,631,000	74,467,000	75,218,000	74,288,000	74,377,000
<b>OPERATING EXPENSES</b>										
Salaries and Wages	20,444,314	23,287,263	27,475,681	29,263,038	31,146,000	32,383,000	33,511,000	34,865,000	34,865,000	34,865,000
Employee Benefits	4,714,799	6,118,772	6,260,013	6,452,514	7,000,000	7,290,000	7,544,000	7,849,000	7,849,000	7,849,000
Professional Fees	7,530,166	7,565,035	7,399,636	7,462,624	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000	7,206,000
Supplies	4,750,644	4,960,397	5,566,480	6,656,675	7,927,000	8,043,000	8,149,000	8,149,000	8,149,000	8,149,000
Purchased Services - Utilities	465,846	520,065	535,779	575,775	573,000	534,000	534,000	534,000	534,000	534,000
Purchased Services - Other	4,050,206	4,093,715	4,568,821	4,917,920	6,249,000	6,141,000	6,141,000	6,141,000	6,141,000	6,141,000
Depreciation	2,063,342	1,988,410	2,443,594	2,754,873	2,964,000	3,503,000	3,328,000	3,048,000	2,607,000	2,528,000
Rentals and Leases	1,859,223	1,998,258	2,157,531	2,075,213	2,120,000	1,004,000	1,092,000	1,193,000	1,189,000	1,189,000
Insurance	255,248	241,381	312,599	417,756	476,000	476,000	476,000	476,000	476,000	476,000
License and Taxes	284,240	343,191	425,776	474,816	550,000	550,000	550,000	550,000	550,000	550,000
Interest	178,423	167,241	351,114	386,610	531,000	553,000	487,000	423,000	361,000	307,000
Other Direct Expenses	1,456,571	1,486,085	1,441,319	1,483,817	2,107,000	2,080,000	2,080,000	2,080,000	2,080,000	2,080,000
<b>TOTAL OPERATING EXPENSES</b>										
<b>NET OPERATING REVENUE</b>	48,053,022	52,769,813	58,938,343	62,921,631	68,849,000	69,763,000	71,098,000	72,514,000	72,007,000	71,874,000
	1,554,015	451,516	2,756,385	(1,427,087)	3,053,000	2,868,000	3,369,000	2,704,000	2,281,000	2,503,000
<b>NON-OPERATING REVENUE-NET OF EXPENSE:</b>										
	46,931	455,603	498,855	4,448,122	6,883,000	502,000	569,000	599,000	653,000	691,000
<b>NET REVENUE BEFORE ITEMS LISTED BELOW</b>										
	1,600,946	907,119	3,255,240	3,021,035	9,936,000	3,370,000	3,938,000	3,303,000	2,934,000	3,194,000
EXTRAORDINARY ITEM										
FEDERAL INCOME TAX										
<b>NET REVENUE OR (EXPENSE)</b>										
EXPLANATION:	1,600,946	907,119	3,255,240	3,021,035	9,936,000	3,370,000	3,938,000	3,303,000	2,934,000	3,194,000

**Exhibit 7: Benton County Assessor Information**

# Benton County Property Search

Property Search Results > 66224 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

## Property

### Account

Property ID:	66224	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE NORTH ONE/HALF OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER.
--------------	-------	--------------------------------	---

Parcel # / Geo ID:	135942000010000	Agent Code:	
Type:	Real	Land Use Code	81
Tax Area:	1613 - 1613	DFL	N
Open Space:	N	Remodel Property:	N
Historic Property:	N	Section:	35
Multi-Family Redevelopment:	N	Legal Acres:	20.0000
Township:	09		
Range:	24		

### Location

Address:	N GAP RD PROSSER, WA 99350	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

### Owner


Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX

## Pay Tax Due

There is currently No Amount Due on this property.

## Taxes and Assessment Details

Property Tax Information as of 05/17/2021

Amount Due if Paid on:  **NOTE:** If you plan to submit payment on a future date, make sure you enter the date and click RECALCULATE to obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
------	--------------	----------------------	-----------------------	---------	----------	-----------	------------

▶ Statement Details							
2021	46106	\$15.85	\$0.00	\$0.00	\$0.00	\$15.85	\$0.00
▶ Statement Details							
2020	46174	\$15.75	\$0.00	\$0.00	\$0.00	\$15.75	\$0.00

**Values**

Taxing Jurisdiction

Improvement / Building

Property Image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

**This year is not certified and ALL values will be represented with "N/A".**

Website Version: 5/22/2024

Database last updated on: 5/17/2024 3:24:40

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# Benton County Property Search

Property Search Results > 66225 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

## Property

### Account

Property ID:	66225	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER, LESS THE SOUTH 20 FEET: LESS STATE ROUTE 82, 4-20- 76. EASEMENT (2) 4-20-76.
--------------	-------	--------------------------------	--

Parcel # / Geo ID:	135942000011000	Agent Code:	
Type:	Real	Land Use Code	18
Tax Area:	1613 - 1613	DFL	N
Open Space:	N	Remodel Property:	N
Historic Property:	N	Section:	35
Multi-Family Redevelopment:	N	Legal Acres:	4.4400
Township:	09		
Range:	24		

### Location

Address:	N GAP RD PROSSER, WA 99350	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

### Owner

Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX

## Fay Tax Due

There is currently No Amount Due on this property.

## Taxes and Assessment Details

Property Tax Information as of 05/17/2021

NOTE: If you plan to submit payment on a future date, make sure you enter the date and click **RECALCULATE** to

Amount Due If Paid on:  obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
▶ Statement Details							
2021	46107	\$14.99	\$0.00	\$0.00	\$0.00	\$14.99	\$0.00
▶ Statement Details							
2020	46175	\$14.97	\$0.00	\$0.00	\$0.00	\$14.97	\$0.00

Values

Taxing Jurisdiction

Improvement / Building

Property Image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

**This year is not certified and ALL values will be represented with "N/A".**

Website ID: 90 00 1004

Database last updated on: 11/7/2021 1:29:41 PM

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# Benton County Property Search

Property Search Results > 66226 PROSSER PUBLIC HOSPITAL DISTRICT for Year 2021 - 2022

## Property

### Account

Property ID:	66226	Abbreviated Legal Description:	SECTION 35 TOWNSHIP 9 NORTH RANGE 24: THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER: THE SOUTH 20 FEET OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER. LESS STATE ROUTE 82, 9-28-76.
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Parcel # / Geo ID:	135942000012000	Agent Code:	
Type:	Real	Land Use Code	81
Tax Area:	1613 - 1613	DFL	N
Open Space:	N	Remodel Property:	N
Historic Property:	N	Section:	35
Multi-Family Redevelopment:	N	Legal Acres:	8.6200
Township:	09		
Range:	24		

### Location

Address:	UNDETERMINED WA	Mapsco:	
Neighborhood:		Map ID:	
Neighborhood CD:	143561		

### Owner

Name:	PROSSER PUBLIC HOSPITAL DISTRICT	Owner ID:	424555
Mailing Address:	723 MEMORIAL ST PROSSER, WA 99350	% Ownership:	100.0000000000%
		Exemptions:	EX



There is currently No Amount Due on this property.

## Taxes and Assessment Details

Property Tax Information as of 05/17/2021

Amount Due if Paid on:

**NOTE:** If you plan to submit payment on a future date, make sure you enter the date and click RECALCULATE to obtain the correct total amount due.

Click on "Statement Details" to expand or collapse a tax statement.

Year	Statement ID	First Half Base Amt.	Second Half Base Amt.	Penalty	Interest	Base Paid	Amount Due
▶ Statement Details							
2021	46108	\$15.22	\$0.00	\$0.00	\$0.00	\$15.22	\$0.00
▶ Statement Details							
2020	46176	\$15.20	\$0.00	\$0.00	\$0.00	\$15.20	\$0.00

Values

Taxing Jurisdiction

Improvement / Building

Property Image

Land

Roll Value History

Deed and Sales History

Payout Agreement

[Assessor Website](#)

[Treasurer Website](#)

[Mapping Website](#)

This year is not certified and ALL values will be represented with "N/A".

Website: [http://www.az.gov](#)

Website: [http://www.az.gov](#)

Website: [http://www.az.gov](#)

**Exhibit 8: Zoning Information**

**CITY OF PROSSER, WASHINGTON  
ORDINANCE NO. 21-3137**

**AN ORDINANCE ANNEXING AND ZONING REAL PROPERTY WITH PARCEL NUMBERS 1-3594-200-0014-001 (NO ADDRESS), 1-3594-100-0024-000 (6002 NORTH GAP ROAD), 1-3594-200-0008-000, (8501 NORTH GAP ROAD), 1-3594-200-0009-000 (NO ADDRESS), 1-3594-200-0012-000 (NO ADDRESS), 1-3594-200-0011-000 (NORTH GAP ROAD), 1-3594-200-0010-000 (NORTH GAP ROAD), 1-3594-100-0002-000 (141801 WEST JOHNSON ROAD), 1-3594-100-0008-000 (NO ADDRESS), 1-3594-100-0003-000 (WEST JOHNSON ROAD), AND 1-3594-100-0004-000 (144001 WEST JOHNSON ROAD) AND ANNEXING THAT PORTION OF GAP ROAD LOCATED SOUTH OF WEST JOHNSON ROAD. THOSE PORTIONS OF WAMBA ROAD AND INTERSTATE 82 WHERE BOTH SIDES OF THE RIGHT OF WAY ABUT THE CITY LIMITS ARE ALSO ANNEXED. THE ORDINANCE ALSO MAKES THE PROVISIONS OF THE ORDINANCE SEVERABLE FROM ONE ANOTHER; AND SETS FORTH THE EFFECTIVE DATE OF THE ORDINANCE; AND PROVIDES FOR PUBLICATION BY SUMMARY.**

**WHEREAS,** Petitioners Lixsandro Villafan Investments LLC, Hofstad Wooden LLC, the Estate of Mary Ann Ver Mulm, the Prosser Public Hospital District, Rick Murphey, Jane Murphey, the Stephen W. and Mary L. Murphey Trust, and Mary Murphey being the owners of property constituting not less than 10 percent in assessed value, according to the assessed valuation for general taxation of the property for which annexation is petitioned, met with the City Council of the City of Prosser, Washington, on October 13, 2020, which date was prior to circulating their petition for annexation; and

**WHEREAS,** at the initial meeting the City Council determined that the City would accept the proposed annexation provided that property be subject to the existing City indebtedness and be assumed by the area to be annexed; and

**WHEREAS,** on December 8, 2020, a sufficient petition for annexation was submitted to the Benton County Assessor and filed with the City Council pursuant to RCW 35A.14.120, signed by owners of not less than 60 percent of assessed valuation for general taxation of the property for

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which annexation is petitioned, seeking annexation to the City of Prosser of contiguous property commonly described in Sections 1 and 2 of the Ordinance; and

**WHEREAS**, the Benton County Assessor issued a determination of sufficiency for the Petition for Annexation on January 15, 2021; and

**WHEREAS**, the City fixed the date of February 23, 2021, at the hour of 7:00 p.m. or soon thereafter as may be held, as the date of the Public Hearing on the proposed annexation and caused notice of such hearing to be published and posted in accordance with RCW 35A.14.130, and the Public Hearing having been held on that date and all interested parties appearing at the hearing and desiring to be heard in regard to the proposed annexation; and

**WHEREAS**, Benton County does not have a Boundary Review Board; and

**WHEREAS**, the annexation of property by a Code City is exempt from review under the State Environmental Policy Act pursuant to RCW 43.21C.222; and

**WHEREAS**, the properties having parcel numbers 1-3594-200-0014-001 (No Address), 1-3594-100-0024-000 (6002 North Gap Road), 1-3594-200-0008-000, (8501 North Gap Road), 1-3594-200-0009-000 (No Address), 1-3594-200-0012-000 (No Address), 1-3594-200-0011-000 (North Gap Road), 1-3594-200-0010-000 (North Gap Road), and 1-3594-100-0002-000 (141801 West Johnson Road) were pre-zoned Commercial General District (CG) by Ordinance 18-3079; and

**WHEREAS**, real property having parcel numbers, 1-3594-100-0008-000 (No Address), 1-3594-100-0003-000 (West Johnson Road), and 1-3594-100-0004-000 (144001 West Johnson Road) were pre-zoned Industrial Light District (IL) by Ordinance 18-3079;

**NOW THEREFORE**, THE CITY COUNCIL OF THE CITY OF PROSSER, WASHINGTON, DO ORDAIN AS FOLLOWS:

**Section 1.** The following described real property is hereby annexed into and made a part of the City of Prosser, Washington:

The South half of the Southeast quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M.;

EXCEPT State Route 82 right of way;

AND EXCEPT the South 292.70 of the East 275.0 feet thereof;

AND EXCEPT Commencing at the North quarter corner of said Section 35, marked as a brass cap in case;

Thence along the East line of the Northwest quarter of said Section 35, South 0°03'18" East 1984.71 feet to the Easterly projection of the South line of Short Plat No. 2512 as recorded under Auditor's File Number 2000-017649, records of Benton County, Washington;

Thence continuing along said East line South 0°03'18" East 368.87 feet;

Thence North 89°53'57" West 24.99 feet to the Westerly right of way of Wamba Road;

Thence North 89°53'57" West 250.00 feet and the Point of Beginning;

Thence South 0°03'18" East 292.70 feet to the South line of said Northwest quarter of Section 35;

Thence along said South line North 89°53'57" West 47.13 feet;

Thence North 0°02'17" East 292.69 feet to the Westerly projection of the Southerly line of the South 60 feet of the North 374.32 feet of the South 667.02 feet of the East 275.00 feet of the Southeast quarter of said Northwest quarter;

Thence South 89°53'57" East 46.65 feet to the Point of Beginning;

This property is also described as Parcel A as provided for on the attached Exhibit "A".

AND

The South One Half of the North One Half of the Southeast Quarter of the Northeast Quarter, less any portion located in the I-82 right of way, Section 34, Township 9 North, Range 24 EWM.

AND

The North One Half of the Northwest Quarter of the Northwest Quarter, Section 35, Township 9 North, Range 24 EWM.

AND

The South One Half of the Northwest Quarter of the Northwest Quarter, Section 35, Township 9 North, Range 24 EWM.

AND

The North half of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington.

AND

The Southeast quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

AND

AND the Southwest quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

AND

The West One Half of the Northeast Quarter of the Northeast Quarter, less the North 20 Feet thereof, Section 34, Township 9 North, Range 24 EWM.

AND

Those portion of Wamba Road and Interstate 82 that where both sides of the right of way abut the City limits.

**Section 2.** The following described real property is hereby annexed into and made a part of the City of Prosser, Washington:

The South One Half of the Northwest Quarter of the Northeast Quarter, Less the West 392.4 Feet of the South 666 Feet Thereof, Section 34, Township 9 North, Range 24 EWM.

AND

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The North One Half of the Northwest Quarter of the Northeast Quarter, Less the West 392.4 Feet Thereof and Less That Portion Defined As Follows: Beginning at the North One Half Monument of Section 34; Thence East 392.4 Feet to the Point of Beginning; Thence East 200 Feet; Thence South 220 Feet; Thence West 200 Feet; Thence North 200 Feet to the Point Of Beginning Except Therefrom The North 20 Feet for road. Less The East 200 Feet of the West 792.40 Feet of the North 220 Feet of The North One Half of the Northwest Quarter of The Northeast Quarter, Except The North 20 Feet For Road, situate in Section 34, Township 9 North, Range 24 EWM.

AND

The East 200 Feet of the West 792.40 Feet of the North 220 Feet of the North One Half of the Northwest Quarter of the Northeast Quarter, EXCEPT the North 20 Feet Thereof for road, situate in Section 34, Township 9 North, Range 24 EWM.

AND

Those portion Interstate 82 that where both sides of the right of way about the City limits.

**Section 3.** All property within the territory annexed hereby shall be assessed and taxed at the same rate and on the same basis as property within the City, including assessments for taxes and payment of any bonds issued or debts contracted prior to or existing as of the date of annexation.

**Section 4.** From and after the effective date of this ordinance, the above described property shall be subject to all of the laws and ordinances then and thereafter in force and effect of the City of Prosser.

**Section 5.** In accordance with Ordinance Number 18-3079, the property described in Section 1 of this Ordinance is zoned Commercial General District (CG) upon its annexation into the City. The City Council hereby adopts the recitals set forth above as additional findings.

**Section 6.** In accordance with Ordinance Number 18-3079, the property described in Section 2 of this Ordinance is zoned Industrial Light District (IL) upon its annexation into the City.



The City Council hereby adopts the recitals set forth above as additional findings.

**Section 7.** City Staff is hereby authorized to negotiate with any solid waste provider a buy-out of their franchise rights to the area annexed. City Staff shall bring the amount of the buy-out back to the City Council for approval prior signing any agreement with such a provider, if any.

**Section 8. SEVERABILITY.** The provisions of this ordinance are hereby declared to be severable. If any section, subsection, sentence, clause, or phrase of this ordinance or its application to any person or circumstance is for any reason held to be invalid or unconstitutional, the remainder of this ordinance shall not as a result of said section, subsection, sentence, clause, or phrase be held unconstitutional or invalid.

**Section 9.** This ordinance shall take effect five (5) days after passage and publication of an approved summary thereof consisting of the title.

**ADOPTED** by the City Council and **APPROVED** by the Mayor this 23<sup>rd</sup> day of February, 2021.

  
MAYOR RANDY TAYLOR

ATTEST:

  
RACHEL SHAW, CITY CLERK

APPROVED AS TO FORM:

  
HOWARD SAXTON, CITY ATTORNEY

Publication Date: 3/3/2021



**SUMMARY OF ORDINANCE NO. 21-3137**

of the City of Prosser, Washington

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On the 23<sup>rd</sup> day of February, 2021, the City of Prosser, Washington, passed Ordinance No. 21-3137. A summary of the content of said ordinance, consisting of the title, provides as follows:

AN ORDINANCE ANNEXING AND ZONING REAL PROPERTY WITH PARCEL NUMBERS 1-3594-200-0014-001 (NO ADDRESS), 1-3594-100-0024-000 (6002 NORTH GAP ROAD), 1-3594-200-0008-000, (8501 NORTH GAP ROAD), 1-3594-200-0009-000 (NO ADDRESS), 1-3594-200-0012-000 (NO ADDRESS), 1-3594-200-0011-000 (NORTH GAP ROAD), 1-3594-200-0010-000 (NORTH GAP ROAD), 1-3594-100-0002-000 (141801 WEST JOHNSON ROAD), 1-3594-100-0008-000 (NO ADDRESS), 1-3594-100-0003-000 (WEST JOHNSON ROAD), AND 1-3594-100-0004-000 (144001 WEST JOHNSON ROAD) AND ANNEXING THAT PORTION OF GAP ROAD LOCATED SOUTH OF WEST JOHNSON ROAD. THOSE PORTIONS OF WAMBA ROAD AND INTERSTATE 82 WHERE BOTH SIDES OF THE RIGHT OF WAY ABUT THE CITY LIMITS ARE ALSO ANNEXED. THE ORDINANCE ALSO MAKES THE PROVISIONS OF THE ORDINANCE SEVERABLE FROM ONE ANOTHER; AND SETS FORTH THE EFFECTIVE DATE OF THE ORDINANCE; AND PROVIDES FOR PUBLICATION BY SUMMARY.

The full text of this Ordinance will be mailed upon request.

DATED this 24<sup>th</sup> day of February, 2021



RACHEL SHAW, CITY CLERK

**EXHIBIT A**

**PARCEL A:**

The South One Half of the Southeast Quarter of the Northwest Quarter,  
**EXCEPT** the East 275 feet;  
**TOGETHER WITH** the South 60 feet of the North 374.32 feet of the South 667.82 feet  
of the East 275.00 feet of the Southeast Quarter of the Northwest Quarter;  
**EXCEPT** the East 15 feet for Wamba Road right of way;  
**ALSO EXCEPT** State Route 82 right of way;  
All in Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington.

**ALSO EXCEPT** that portion described as follows:

Commencing at the North Quarter corner of said Section 35, marked as a brass cap in  
case;

Thence along the East line of the Northwest Quarter of said Section 35, South  $00^{\circ}03'18''$   
East 1,904.71 feet to the Easterly projection of the South line of Short Plat No. 2512 as  
recorded under Auditor's File No. 2000-017649, records of Benton County, Washington;

Thence continuing along said East line South  $00^{\circ}03'18''$  East 368.87 feet;

Thence North  $89^{\circ}57'53''$  West 14.99 feet to a Northerly corner of the above  
described parcel and the True Point of Beginning;

Thence South  $00^{\circ}03'18''$  East 8.73 feet;

Thence South  $89^{\circ}53'24''$  West 260.00 feet to Southeastery projection of the West line of  
the East 275 feet of said Northwest corner;

Thence North  $00^{\circ}03'18''$  West 9.69 feet;

Thence North  $89^{\circ}53'57''$  East 260.00 feet to the Westerly right of way margin of Wamba  
Road and the True Point of Beginning;

**ALSO EXCEPT** that portion described as follows:

Commencing at the North Quarter corner of said Section 35, marked as a brass cap in  
case;

Thence along the East line of the Northwest Quarter of said Section 35, South  $00^{\circ}03'18''$   
East 1,904.71 feet to the Easterly projection of the South line of Short Plat 251, as  
recorded under Auditor's File No. 2000-017649, records of Benton County, Washington;

Thence continuing along said East line, South  $00^{\circ}03'18''$  East 368.87 feet;

Thence North  $89^{\circ}53'57''$  West 24.95 feet to the Westerly right of way line of Wamba  
Road;

Thence North  $89^{\circ}53'57''$  West 250.00 feet to a Southeastery corner of said above  
described parcel and the True Point of Beginning;

Thence along an Easterly line of said described parcel South  $00^{\circ}03'18''$  East 292.70 feet  
to the South line of said Northwest Quarter of said Section;

Thence along said South line North  $89^{\circ}53'57''$  West 47.13 feet;

Thence North  $00^{\circ}03'17''$  East 292.69 feet to the Westerly projection of the Southerly line  
of the South 60 feet of the North 374.32 feet of the South 667.82 feet of the East 275.00  
feet of the Southeast Quarter of said Northwest Quarter;

Thence South  $89^{\circ}03'57''$  East 66.65 feet to the True Point of Beginning.

**PARCEL B:**

The Southeast Quarter of the Southwest Quarter of the Northwest Quarter and the  
South 20 feet of the Southwest Quarter of the Southwest Quarter of the Northwest  
Quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County,  
Washington,  
**EXCEPTING THEREFROM** any portion lying within State Interstate 82, right of way.

**PARCEL C:**

Lot 3, Short Plat No. 2512, according to the Survey thereof recorded under Recording  
No. 2000-017649, records of Benton County, Washington.

## **Chapter 18.40 "CD" (COMMERCIAL, DOWNTOWN) DISTRICT**

Sections:

**18.40.010 Purpose.**

**18.40.020 Permitted uses.**

**18.40.030 Additional uses.**

**18.40.040 Development standards.**

**18.40.010 Purpose.**

The purpose of the CD district is to stabilize, improve and orient the downtown area for pedestrian use, and to provide for the orderly growth of the area by encouraging the opportunity for a wide range of retail commercial uses. (Ord. 1917 § 1 (part), 1997).

**18.40.020 Permitted uses.**

The following uses are the only uses permitted in a CD district:

- A. Shopping plazas; specialty shops; sales and service establishments; convenience stores which may include gasoline; drug stores; food stores; retail liquor stores;
- B. Financial institutions; business and professional offices; medical, dental, physical therapy;
- C. Newspaper, retail printing and publishing shops;
- D. Hotels, motels, theaters, lodges and membership clubs; restaurants, taverns, nightclubs and cocktail lounges; microbrewery-restaurant and/or pub;
- E. Business schools; vocational schools; studios and academies for the arts;
- F. Sign and upholstery shops;
- G. Accessory uses and buildings related to permitted uses;
- H. Manufacture and repair which are incidental to retail sales on the premises; plumbing and heating sales and service shops;
- I. Off-street parking lots;
- J. Automobile service stations, auto sales, drive-in restaurants, and similar auto-oriented uses; laundries, self-service laundries, dry cleaning and laundry pickup stations; vehicle repair shop, no outside storage of material; car wash;
- K. Public and quasi-public uses oriented toward pedestrians, such as civic buildings, museums, libraries and the like;
- L. Residential uses; provided, permitted commercial uses are on the street front. Such residential uses must be a part of a commercial structure and conform with the Uniform Building Code. (Ord. 2218 § 1, 2001: Ord. 1917 § 1 (part), 1997).

**18.40.030 Additional uses.**

The following uses require approval of a permit in accord with Chapter 18.75:

- A. Public and quasi-public uses, other than those permitted in Section [18.40.020\(K\)](#);
- B. On-site hazardous waste treatment and storage facilities when accessory to any permitted use except residential and subject to state siting criteria (18.75.050);
- C. Private recreational businesses;
- D. Television and radio stations;
- E. Bed and breakfasts;
- F. Undertaking establishments;
- G. Similar uses (18.75.070). (Ord. 2218 § 2, 2001; Ord. 1917 § 1 (part), 1997).

**18.40.040 Development standards.**

Development standards in commercial, downtown (CD) districts are as follows:

- A. Setbacks: front, none, but ten feet if abutting a residential district; side and rear, none, but twenty feet if abutting a residential district.
- B. Building height: forty-five feet. A structure higher than forty-five feet requires approval of a conditional use permit in accord with Chapter 18.75.
- C. Off-street parking in accord with Chapter 18.63.
- D. Signs in accord with Chapter 18.72.
- E. Site Review. Site review in accord with Chapter 18.75 is required for each new use and expansion of existing uses.
- F. Solid Waste Receptacles. All solid waste receptacles must be surrounded on at least three sides by a minimum five-foot high sight-obscuring fence or wall. Such enclosures and receptacles are not permitted within required street frontage areas. (Ord. 1917 § 1 (part), 1997).

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The Prosser Municipal Code is current through Ordinance 3134, passed January 12, 2021.

Disclaimer: The City Clerk's office has the official version of the Prosser Municipal Code. Users should contact the City Clerk's office for ordinances passed subsequent to the ordinance cited above.

City Website: <https://cityofprosser.com/>

City Telephone: (509) 786-2332 

[Code Publishing Company](#)

## **Chapter 18.43 "CG" (COMMERCIAL, GENERAL) DISTRICT**

Sections:

**18.43.010 Purpose.**

**18.43.020 Permitted uses.**

**18.43.030 Additional uses.**

**18.43.040 Development standards.**

**18.43.010 Purpose.**



The purpose of the CG district is to provide areas for more intense commercial uses and those services supporting uses in other districts; and those uses which are not compatible within the CD district. (Ord. 1917 § 1 (part), 1997).

#### **18.43.020 Permitted uses.**

The following are the only uses permitted in CG districts:

- A. **Permitted uses allowed in Chapter 18.40 except off-street parking lots and accessory uses and structures related to a permitted use;**
- B. Express office, wholesale business; heavy machinery sales and service;
- C. Warehouse; landscape gardening and storage area for equipment and material;
- D. Light truck sales, service and rental; auto sales, service and rental; light trailer sales, service and rental;
- E. Paint and electrical shops;
- F. Manufactured homes sales and service;
- G. Marine sales, service and rental;
- H. Private recreational businesses;
- I. Miniwarehouses for storage of personal effects normally associated with dwelling units;
- J. Nursery schools and day care centers;
- K. Wine manufacturing and tasting rooms; and
- L. Residential uses; provided, permitted commercial uses are on the street front. Such residential uses must be a part of a commercial structure and conform with the Uniform Building Code. (Ord. 2219 § 1, 2001; Ord. 1917 § 1 (part), 1997).

#### **18.43.030 Additional uses.**

The following uses require approval of a permit in accord with Chapter 18.75:

- A. Public and quasi-public uses (Section 18.75.050);
- B. On-site hazardous waste treatment and storage facilities when accessory to a permitted use, except residential, subject to state siting criteria (Section 18.75.050);
- C. Recreational vehicle parks (Sections [18.60.250](#) and 18.75.050);
- D. Body and fender shops (Section 18.75.050);
- E. Off-street parking lots (Section 18.75.050);
- F. Radio and television stations (Section 18.75.050);
- G. Bed and breakfasts (Section 18.75.050);
- H. Machine shops sales and service; welding shops sales and service; electrical sales and service; sheet metal sales and service (Section 18.75.050);
- I. One single-family dwelling unit per lot (Section 18.75.050);
- J. Similar uses (Section 18.75.070). (Ord. 2324 § 1, 2002; Ord. 2219 § 2, 2001; Ord. 1917 § 1 (part), 1997).

#### **18.43.040 Development standards.**

Development standards in commercial, general (CG) districts are as follows:

- A. Minimum setbacks: front, none, but ten feet if abutting a residential district; side and rear, none, but twenty feet if abutting a residential district.
- B. Maximum building height: forty-five feet. Structures higher than forty-five feet require approval of a conditional use permit in accord with Chapter 18.75.
- C. Off-street parking in accord with Chapter 18.63.
- D. Signs in accord with Chapter 18.72.
- E. Site Review. Site review, in accord with Chapter 18.75, is required for each new use or expansion of an existing use.

F. Solid Waste Receptacles. All solid waste receptacles must be surrounded on at least three sides by a minimum five-foot high sight-obscuring fence or wall. Such enclosures and receptacles are not permitted within required street frontage areas. (Ord. 1917 § 1 (part), 1997).

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**Exhibit 9: Cost Estimator Letter**

May 21, 2021

Eric Hernandez, Manager  
 Certificate of Need Program  
 Washington Department of Health  
 111 Israel Road SE  
 Tumwater, WA 98501

Subject: Certificate of Need Application for Prosser Memorial Health in Prosser, WA.

Dear Mr. Hernandez:

Please accept this letter as a non-binding cost estimate supporting Prosser Memorial Health's Certificate of Need Application for its proposed replacement hospital. Based on our experience with similar projects, and input from both the design team and our GC/CM team member, Graham Construction, we have developed the following capital costs estimates (excluding sales tax):

Line Item	Estimated Hospital Cost	Estimated MOB Cost	Total Value(s)
Utilities to Lot Line	\$66,079	\$17,758	\$83,837
Building Construction	\$41,264,302	\$9,126,796	\$50,391,098
Fixed Equipment	856,135	\$230,078	\$1,086,214
Site Preparation	\$43,364	\$11,654	\$55,018
Supervision & Inspection of Site	\$235,406	\$63,264	\$298,669
<b>Total</b>	<b>\$42,465,286</b>	<b>\$9,449,549</b>	<b>\$51,914,836</b>

We believe these values to be a reasonable estimate of the expected costs for construction of this facility. Please do not hesitate to contact us if you have any questions, or require any additional information supporting this application.

Sincerely,  
 NV5

Paul Kramer  
 Project Director

**Exhibit 10: Equipment List**

Department	Manufacturer	Catalog/Model	Qty	Generic Description	Status	Price
BUILDING SUPPORT SERVICES	AMERI WATER	HC-2053/	1	WATER SYSTEM	New	\$40,000.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	AMSCO 53/SINK50120	1	COUNTER, CLEAN-UP	New	\$16,551.79
BUILDING SUPPORT SERVICES	STERIS CORPORATION	AMSCO 53/SINK50120	1	COUNTER, CLEAN-UP	Future	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	7052HP/AMSCO	2	WASHER/DISINFECTOR	New	\$100,000.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	INNOWAVE UNITY SONIC/INNOWAVE	1	CLEANER, ULTRASONIC	New	\$52,000.00
BUILDING SUPPORT SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
BUILDING SUPPORT SERVICES	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	4091/4091	1	CART, UTILITY	New	\$299.00
BUILDING SUPPORT SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
BUILDING SUPPORT SERVICES	KENDALL HEALTHCARE, COVIDIEN	8935/	1	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	MU-1/MB-155/	1	TESTER	Existing	\$0.00
BUILDING SUPPORT SERVICES	MEDEVATORS REPROCESSING SYSTEMS	SCOPE BUDDY/EFA-US-G/ECA 10	1	CLEANER, SCOPE	Existing	\$0.00
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	OER-PRO/OER-PRO	1	CLEANER, SCOPE	New	\$40,673.50
BUILDING SUPPORT SERVICES	OLYMPUS AMERICA INC.	OER-PRO/OER-PRO	1	CLEANER, SCOPE	Future	\$0.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	2655/2654/GRAY/BRUTE GRAY	1	WASTE RECEPTACLE	New	\$229.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	1883566/SLIM JIM FRONT	1	WASTE RECEPTACLE, STEP-ON	New	\$46.14
BUILDING SUPPORT SERVICES	CS MEDICAL	TD100/TEE PROBE	1	DISINFECTOR	New	\$24,980.08
BUILDING SUPPORT SERVICES	ADVANCED STERILIZATION PRODUCTS	10033/STERRAD NX	1	STERILIZER, LOW TEMP	Existing	\$0.00
BUILDING SUPPORT SERVICES	ADVANCED STERILIZATION PRODUCTS	10104-007 ALLCLEAR/STERRAD 100NX	1	STERILIZER, LOW TEMP	New	\$218,430.00
BUILDING SUPPORT SERVICES	OLYMPIC MEDICAL, DIVISION OF NATUS	MODEL 43/54343	1	DECONTAMINATION SYSTEM ACCESSORY, DRYER, TUBE	New	\$8,900.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	PREP55/DELUXE ELECTRIC	2	TABLE, WORK, ADJUSTABLE	New	\$5,120.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	SWR60S/2460FG/ACC/STERILE WRAP	1	RACK	New	\$570.40
BUILDING SUPPORT SERVICES	RENNCO, INCORPORATED	LS18D/LS18D	1	SEALING UNIT	Existing	\$0.00
BUILDING SUPPORT SERVICES	3M	ATTEST AUTO-READER/390	1	STERILIZER, INDICATOR	Existing	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	EF1301142/AMSCO 600 1563V	1	STERILIZER	New	\$163,533.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	SR0201210311/AMSCO 400	1	STERILIZER	Existing	\$0.00
BUILDING SUPPORT SERVICES	STERIS CORPORATION	CH14861/CH14861	1	GENERATOR, STEAM	New	\$30,000.00
BUILDING SUPPORT SERVICES	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	1	WASTE RECEPTACLE, STEP-ON	New	\$124.00
BUILDING SUPPORT SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$10,000.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	SUPER ADJ SUPER ERECTA STARTER (5A357C)/5A357C	6	SHELVING, WIRE, CHROME, 48	Existing	\$0.00
BUILDING SUPPORT SERVICES	INTERMETRO INDUSTRIES CORP.	TOP TRACK/METROMAX Q	1	SHELVING, HIGH DENSITY	New	\$4,400.00
BUILDING SUPPORT SERVICES	AKRO-MILS	2W717/30636	18	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
BUILDING SUPPORT SERVICES	SOLAIRE MEDICAL/INNERSPACE	SEA1936SGD/EVOLVE	1	CABINET, SCOPE	Existing	\$0.00
BUILDING SUPPORT SERVICES	ULINE	H-5715/	10	SHELVING, STEEL, PALLET	New	\$339.00
BUILDING SUPPORT SERVICES	SO-LOW ENVIRONMENTAL EQUIPMENT CO.	CHEST STYLE/CH25-5	1	FREEZER, CHEST	New	\$1,795.00
BUILDING SUPPORT SERVICES	WHIRLPOOL CORPORATION	TOP LOAD/WTW4880AW	1	WASHER, CLOTHES, DOMESTIC	New	\$629.00
BUILDING SUPPORT SERVICES	WHIRLPOOL CORPORATION	WED8500DC	1	DRYER, CLOTHES, DOMESTIC	New	\$1,399.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	2	SHELVING, WIRE	New	\$700.80
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2042685-002 /SEER LT EXT	40	MONITOR, HOLTER	New	\$0.00
CARDIOVASCULAR SERVICES	ELGIN EXERCISE EQUIPMENT CO.	004-WR6/RACK ONLY	1	EXERCISE UNIT, RACK	New	\$75.00
CARDIOVASCULAR SERVICES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
CARDIOVASCULAR SERVICES	SCIFIT SYSTEMS, INC.	AC5000-INT/AC5000	2	TREADMILL, ELECTRIC	New	\$6,625.00
CARDIOVASCULAR SERVICES	CYBEX INTERNATIONAL, INC.	770R/BICYCLE RECUMB.	2	EXERCISE UNIT, BICYCLE, RECUMBENT	New	\$4,395.00
CARDIOVASCULAR SERVICES	NUSTEP, INC.	TSXR/NUSTEP	2	EXERCISE UNIT, ERGOMETER	New	\$6,195.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	2	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	New	\$4,715.00
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
CARDIOVASCULAR SERVICES	TROY BARBELL AND FITNESS	SEE DESCRIPTION	1	EXERCISE UNIT, DUMBBELLS	New	\$176.00
CARDIOVASCULAR SERVICES	FITNESS EXPO	RUBBER RESISTANCE	1	EXERCISE UNIT	New	\$60.00
CARDIOVASCULAR SERVICES	GE HEALTHCARE TECHNOLOGIES	VIVID E90 V202/H45591NF	1	IMAGING, ULTRASOUND SCANNER	New	\$99,648.13
CARDIOVASCULAR SERVICES	BIODEX MEDICAL SYSTEMS, INC.	058-700/ACC/ECHO TABLE	1	IMAGING, TABLE	New	\$8,305.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	LANTHEUS MEDICAL IMAGING	VMIX/VIALMIX	1	MIXER	Existing	\$0.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
CARDIOVASCULAR SERVICES	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	Existing	\$0.00
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	CAREFUSION	777404-101/ACC/VMAX ENCORE 22	1	PLETHYSMOGRAPH	New	\$84,527.84

CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	New	\$241.50
CARDIOVASCULAR SERVICES	MATRIX FITNESS	U3X/UPRIGHT BICYCLE	1	EXERCISE UNIT, BICYCLE	New	\$3,295.00
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	SXRDMBASE/SINGLE WIDE	1	CART, PROCEDURE	New	\$2,483.49
CARDIOVASCULAR SERVICES	MGC DIAGNOSTICS CORP	SP2130100011101/SPIROAIR	1	ANALYZER, PULMONARY FUNCTION	New	\$33,645.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	CASE V6.7/T2100/206898-001	1	STRESS TEST SYSTEM	New	\$27,981.60
CARDIOVASCULAR SERVICES	BIODEX MEDICAL SYSTEMS, INC.	058-700/ACC/ECHO TABLE	1	IMAGING, TABLE	New	\$8,305.00
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	1	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	MATRIX FITNESS	U3X/UPRIGHT BICYCLE	1	EXERCISE UNIT, BICYCLE	New	\$3,295.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	604-001/002-0874-XXX/MIDMARK 604	2	TABLE, EXAM, ADULT	New	\$2,004.75
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	MIDMARK CORPORATION	604-001/002-0874-XXX/MIDMARK 604	2	TABLE, EXAM, ADULT	New	\$2,004.75
CARDIOVASCULAR SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
CARDIOVASCULAR SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
CARDIOVASCULAR SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
CARDIOVASCULAR SERVICES	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	New	\$9,878.40
CARDIOVASCULAR SERVICES	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
CARDIOVASCULAR SERVICES	ZOLL MEDICAL CORPORATION	20100000102011010/AED PLUS	1	DEFIBRILLATOR, AED	Existing	\$0.00
CARDIOVASCULAR SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
CARDIOVASCULAR SERVICES	ZZZ - MONITORING		1	MONITORING SYSTEM, TELEMETRY	New	\$40,000.00
CARDIOVASCULAR SERVICES	RESPIRONICS, A PHILIPS COMPANY	V30 AUTO MOBILITY/1135427	2	VENTILATOR, NON-INVASIVE	Existing	\$0.00
CARDIOVASCULAR SERVICES	PHILIPS MEDICAL SYSTEMS	TRILOGY EV300/DS2200X11B	2	VENTILATOR	Existing	\$0.00
CARDIOVASCULAR SERVICES	LAKESIDE MFG. CO.	-/411	1	CART, UTILITY	New	\$436.00
CARDIOVASCULAR SERVICES	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	New	\$241.50
CARDIOVASCULAR SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
CARDIOVASCULAR SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
CARDIOVASCULAR SERVICES	SSCOR, INC.	/S-SCORT DUET	1	SUCTION MACHINE	Existing	\$0.00
CARDIOVASCULAR SERVICES	NATUS MEDICAL INC.	PSG-CEIL-PTZV-NDX-9/SLEEPWORKS	1	SLEEP LAB	New	\$20,629.85
CARDIOVASCULAR SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
CARDIOVASCULAR SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
EMERGENCY AND URGENT CARE SERVICES	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	1	CART, PHLEBOTOMY	New	\$1,998.00
EMERGENCY AND URGENT CARE SERVICES	SUNRISE MEDICAL	220RADPS/BREEZY EC 2000	4	WHEELCHAIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS89745AXW/BARIATRIC	1	CHAIR, SHOWER	New	\$70.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BERCHTOLD CORPORATION A STRYKER CO.	F628/-	2	LIGHT, SURGICAL, SINGLE	New	\$23,447.57
EMERGENCY AND URGENT CARE SERVICES	BERCHTOLD CORPORATION A STRYKER CO.	SPS-2/	2	MEDICAL GAS ARTICULATING BOOM	New	\$13,269.66
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	GYNNIE/1061000000	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	6	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	New	\$549.99



EMERGENCY AND URGENT CARE SERVICES	BLICKMAN, INC.	7792SS-4/	2	I.V. POLE	New	\$364.95
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	6	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	2	KICKBUCKET	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PREMIER BROSELOW/PBL-PC-9/ACC	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	H4920UC/LOGIQ E10 R2	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	VERATHON MEDICAL	0069-0080/GS CORE	1	LARYNGOSCOPE, VIDEO GLIDESCOPE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
EMERGENCY AND URGENT CARE SERVICES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
EMERGENCY AND URGENT CARE SERVICES	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
EMERGENCY AND URGENT CARE SERVICES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	1	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	1	STAND, MAYO	New	\$549.99
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	1	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	1	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	1	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	1	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	1	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	1	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	1	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	1	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL XX 24/PREMIER	5	CART, PROCEDURE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	2	STRETCHER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	2	STAND, MAYO	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	INTERMETRO INDUSTRIES CORP.	FLN27K/FLEXLINE	2	CART, SUPPLY	New	\$2,940.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60

EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	2	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	4	FLOWMETER, OXYGEN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	1	HYPERTHERMIA UNIT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PHILIPS MEDICAL SYSTEMS	V60/RESPIRONICS V60	1	VENTILATOR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2053900-001/MAC5500 HD	1	ELECTROCARDIOGRAPH	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER CORP/MEDICAL DIV	GAYMAR MEDI-THERM/MTA7900	1	HYPER-HYPOTHERMIA UNIT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PORTER INSTRUMENT COMPANY, INC.	SENTRY HD34/SENTRY SEDATE HP MXR-1 ANALOG	1	DELIVERY SYSTEM	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SMITHS MEDICAL	LEVEL 1/H-1200-EN	1	WARMER, BLOOD/FLUID	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER INSTRUMENTS	940/986/0082/0083/CASTVAC	2	CUTTER, CAST	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	HEAVY DUTY/MDS80600	4	I.V. POLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	ACCUVEIN	AV400/AV400	1	ILLUMINATOR, VEIN	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HILL-ROM	GOLVO/7007 ES	1	LIFTER, PATIENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BLICKMAN, INC.	77925S-4/	2	I.V. POLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
EMERGENCY AND URGENT CARE SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
EMERGENCY AND URGENT CARE SERVICES	AKRO-MILS	2W717/30636	4	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	2	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HELMER LABS, INC.	HLR111/HLR111	1	REFRIGERATOR, UPRIGHT	New	\$4,172.50
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-1010-A-SS STAINLESS STEEL/P-1010-A-SS	1	STOOL, STEP, W/HANDRAIL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MR. COFFEE	DRX5-NP/	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	NESPRESSO USA, INC	AQUILA 220	1	COFFEE BREWER	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RCA COMMERCIAL PRODUCTS	RMW741/	1	OVEN, MICROWAVE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SAMSUNG	RF220NCTASR/FRENCH DOORS	2	REFRIGERATOR/FREEZER, UPRIGHT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
EMERGENCY AND URGENT CARE SERVICES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PERRY BAROMEDICAL	SIGMA 40/	1	CHAMBER, HYPERBARIC	New	\$120,000.00
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	1	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	New	\$4,715.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	GE MEDICAL SYSTEMS	2068491-001/ACC/B450	1	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	1	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	1	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	52400/KLEENSPEC	1	OTOSCOPE ACC., SPECULA TRAY, WALL MOUNTED	New	\$225.75
EMERGENCY AND URGENT CARE SERVICES	EXERGEN CORPORATION	124275/TAT5000	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM150OHPT/	1	FLOWMETER, OXYGEN	Existing	\$0.00

EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	SALTER BRECKNELL	MS-1000 /WHEELCHAIR	1	SCALE, WHEELCHAIR	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	SCALE-TRONIX DIV. OF WELCH ALLYN	/4802D	1	SCALE, INFANT	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	3	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	3	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	3	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	ROOT/9695	3	MONITOR, VITAL SIGNS	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	3	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	3	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	3	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	3	FLOWMETER, OXYGEN	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	3	FLOWMETER, AIR	New	\$29.85
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	3	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	3	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	3	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	3	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	WELCH ALLYN, INC.	77710-82M/	2	OPHTHALMOSCOPE/OTOSCOPE, WALL MOUNTED	New	\$1,229.00
EMERGENCY AND URGENT CARE SERVICES	CHAMPION MANUFACTURING	ASCENT/650	2	CHAIR, RECLINER	New	\$2,888.50
EMERGENCY AND URGENT CARE SERVICES	STRYKER COMMUNICATIONS	F SERIES/F300	2	LIGHT, EXAM/TREATMENT	New	\$4,810.44
EMERGENCY AND URGENT CARE SERVICES	MASIMO CORPORATION	ROOT/9695	2	MONITOR, VITAL SIGNS	New	\$4,375.82
EMERGENCY AND URGENT CARE SERVICES	HERMAN MILLER	MED/SURG/C-LOCKER/ACC	2	C-LOCKER	New	\$3,200.00
EMERGENCY AND URGENT CARE SERVICES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
EMERGENCY AND URGENT CARE SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$50.00
EMERGENCY AND URGENT CARE SERVICES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$29.85
EMERGENCY AND URGENT CARE SERVICES	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
EMERGENCY AND URGENT CARE SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
EMERGENCY AND URGENT CARE SERVICES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	Existing	\$0.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	CE122301/DUAL	1	SINK, SCRUB	New	\$9,600.00
EMERGENCY AND URGENT CARE SERVICES	STERIS CORPORATION	DOUBLE BAY [CE00]/CE00006	1	CARRIER, CHAIR, SCRUB SINK	New	\$256.00
IMAGING AND DIAGNOSTIC SERVICES	FUJIFILM MEDICAL SYSTEMS USA, INC.	800042778/FDR GO DR	1	IMAGING, X-RAY UNIT, MOBILE, BATTERY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	PRECISION 600FP/PRECISION 600FP	1	IMAGING, RADIOGRAPHIC/FLUOROSCOPIC, DIGITAL	New	\$605,000.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	779255-4/	1	V. POLE	New	\$364.95
IMAGING AND DIAGNOSTIC SERVICES	CONE INSTRUMENTS	5086151/	1	SHIELD, LEAD, BARRIER	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	WOLF X-RAY CORPORATION	22103/-	1	STOOL, FOOT, WITH HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CLEAR IMAGE DEVICES	24305-C55/	1	STOOL, STEP, X-RAY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CONE INSTRUMENTS	PIGG-O-STAT/206500	1	RESTRAINT, IMMOBILIZER, CHILD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HAUSTED	VIC-429-ST/VIDEO-IMAGING	1	STRETCHER, CHAIR	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	/9-662	1	RACK, APRON, WALL MOUNTED	New	\$175.75
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	5	APRON, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	3DM-SYS-STD/3DIMENSIONS	1	IMAGING, MAMMOGRAPHY SYSTEM	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	STLC-00004/AFFIRM	1	IMAGING, BIOPSY SYSTEM, BREAST	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$15,000.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	INFAB CORPORATION	683430/INFAB	1	RACK, APRON AND GLOVE, WALL MOUNTED	New	\$243.25
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	1	APRON, LEAD	Existing	\$0.00

IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM150OHPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	REVOLUTION EVO/S7880EX	1	IMAGING, CT SYSTEM	New	\$878,190.45
IMAGING AND DIAGNOSTIC SERVICES	MEDRAD/BAYER HEALTHCARE	SCT322/STELLANT D OCS	1	INJECTOR	New	\$49,500.00
IMAGING AND DIAGNOSTIC SERVICES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	1	CART, PROCEDURE	New	\$1,921.40
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	/9-662	1	RACK, APRON, WALL MOUNTED	New	\$175.75
IMAGING AND DIAGNOSTIC SERVICES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	3	APRON, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1065-SS/P-1065-SS	1	STAND, MAYO	New	\$714.28
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	New	\$345.50
IMAGING AND DIAGNOSTIC SERVICES	WOLF X-RAY CORPORATION	22103/-	1	STOOL, FOOT, WITH HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM150OHPT/	1	FLOWMETER, OXYGEN	New	\$50.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	S7526EL/SIGNA ARTIST	1	IMAGING, MAGNETIC RESONANCE UNIT	New	\$1,090,000.00
IMAGING AND DIAGNOSTIC SERVICES	MEDRAD/BAYER HEALTHCARE	MRXP 200/MRXPERION	1	INJECTOR	New	\$54,950.00
IMAGING AND DIAGNOSTIC SERVICES	INVIVO MDE	EXPRESSION W/CART/865214	1	MONITOR, PHYSIOLOGIC, MRI	New	\$80,000.00
IMAGING AND DIAGNOSTIC SERVICES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	1	BOARD, PATIENT TRANSFER	New	\$345.50
IMAGING AND DIAGNOSTIC SERVICES	NEWMATIC MEDICAL	MR TRANSPORT GURNEY/MRTG	1	STRETCHER	New	\$8,305.00
IMAGING AND DIAGNOSTIC SERVICES	ZZZ - GENERIC DESCRIPTIONS		1	REGULATOR, SUCTION, MRI	New	\$619.00
IMAGING AND DIAGNOSTIC SERVICES	OHIO MEDICAL CORPORATION	FM-15UO-PBXX-B/MRI	1	FLOWMETER, OXYGEN	New	\$34.41
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	8841MR/8841MR	1	STAND, MAYO	New	\$590.39
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7792MR-C/MRI SAFE	1	I.V. POLE	New	\$425.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	7757MR/1017757000	1	STOOL, STEP, MRI	New	\$155.40
IMAGING AND DIAGNOSTIC SERVICES	HOLOGIC, INC.	HORIZON A/	1	IMAGING, DENSITOMETER, BONE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$5,500.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	SECA CORPORATION	222/2221814004	1	MEASURING DEVICE, HEIGHT	New	\$183.60
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	LOGIQ E9/	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	E8350MA/TROPHON 2	1	DISINFECTOR	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDICAL POSITIONING	2283/ACC/ECHO TABLE DUAL	1	IMAGING, TABLE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	HAG INC	CAPISCO/8106/ULTRASOUND	1	CHAIR, ULTRASOUND	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1010-A-SS STAINLESS STEEL/P-1010-A-SS	1	STOOL, STEP, W/HANDRAIL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PARKER LABORATORIES, INC.	83-20/THERMASONIC	1	WARMER, GEL	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	New	\$2,021.20
IMAGING AND DIAGNOSTIC SERVICES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	FIBRILLATOR	New	\$23,980.20
IMAGING AND DIAGNOSTIC SERVICES	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	New	\$995.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	244-160 DECAY AND STORAGE (1/4" LEAD)/244-160	1	CABINET, STORAGE, CLINICAL, LEAD LINED	New	\$11,200.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	244-120-NT/W/O TOP	1	CABINET, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAPINTEC, INC.	CRC-55TW/	1	CALIBRATOR, RADIOISOTOPE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CAPINTEC, INC.	5430-3098/CAPRAC-R/ACC	1	WELL COUNTER, SHIELDED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	001-180/LARGE	2	SYRINGE CARRIER, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	042-224/042-228/STANDARD	1	L-BLOCK, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	002-248/-	30	IMAGING, BRICK, LEAD	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	/039-412/039-413	1	CONTAINER, SHARPS, LEAD LINED	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	LUDLUM MEASUREMENTS, INC.	14C/44-9/ACC/	2	METER, SURVEY	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	CHAMPION MANUFACTURING	ASCENT/650	1	CHAIR, RECLINER	New	\$2,888.50
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	NM/CT 870 DR/NM/CT 870 DR	1	IMAGING, SPECT-CT	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$15,000.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	1	STAND, MAYO	New	\$479.07
IMAGING AND DIAGNOSTIC SERVICES	GE MEDICAL SYSTEMS	CASE V6.7/T2100/206898-001	1	STRESS TEST SYSTEM	New	\$27,981.60
IMAGING AND DIAGNOSTIC SERVICES	STRYKER CORP/MEDICAL DIV .	PRIME ELEC BIG WHEEL/1115	1	STRETCHER	New	\$9,933.30
IMAGING AND DIAGNOSTIC SERVICES	MASIMO CORPORATION	9695/RS-0025-02/ROOT W/ROLL STAND	1	MONITOR, PHYSIOLOGIC, VITAL SIGNS, W/STAND	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	/039-412/039-413	1	CONTAINER, SHARPS, LEAD LINED	Existing	\$0.00



IMAGING AND DIAGNOSTIC SERVICES	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
IMAGING AND DIAGNOSTIC SERVICES	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$43.94
IMAGING AND DIAGNOSTIC SERVICES	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
IMAGING AND DIAGNOSTIC SERVICES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BLICKMAN, INC.	779255-4/	1	I.V. POLE	New	\$364.95
IMAGING AND DIAGNOSTIC SERVICES	SMITHS MEDICAL	GRASEBY 3400	1	PUMP, SYRINGE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	BIODEX MEDICAL SYSTEMS, INC.	039-106/ACC/-	1	CONTAINER, RADIOACTIVE WASTE	Existing	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
IMAGING AND DIAGNOSTIC SERVICES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
IMAGING AND DIAGNOSTIC SERVICES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
IMAGING AND DIAGNOSTIC SERVICES	STERIS CORPORATION	DJ060124331/	2	CABINET, WARMING	New	\$9,878.40
LAB	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	2	CART, PHLEBOTOMY	Existing	\$0.00
LAB	CLINTON INDUSTRIES	LAB X/66010	1	LAB CHAIR, BLOOD DRAWING	Existing	\$0.00
LAB	MARKETLAB, INC.	ML7676/ML7676	1	LAB CHAIR, BLOOD DRAWING	New	\$549.00
LAB	MARKETLAB, INC.	ML8400/1257.0	1	CART, PROCEDURE	Existing	\$0.00
LAB	MARKETLAB, INC.	ML8400/1257.0	1	CART, PROCEDURE	New	\$1,257.00
LAB	MARKETLAB, INC.	/ML7100	1	LAB RACK, TEST TUBE	New	\$171.00
LAB	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
LAB	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
LAB	STERICYCLE	C-17/ACC/MOBILE	2	CART, SHARPS	New	\$0.00
LAB	MARKETLAB, INC.	ML2600/INFANT-VERTICAL	1	LAB TABLE, BLOOD DRAWING	New	\$419.00
LAB	STERICYCLE	C-17/ACC/MOBILE	2	CART, SHARPS	New	\$0.00
LAB	EAGLE MANUFACTURING COMPANY	/1923X	1	CABINET, SAFETY, FLAMMABLE STORAGE	New	\$730.00
LAB	CMS/FISHER HEALTHCARE	137-455/ACC/EQUATHERM	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	ABBOTT LABORATORIES	03P75-06/I-STAT	1	LAB ANALYZER, CHEMISTRY, MANUAL	Existing	\$0.00
LAB	HELMER LABS, INC.	ILF125/5212125-1	1	FREEZER, LABORATORY	New	\$9,813.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	HETTICH	ROTINA 380R/	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	IMMUCOR, INC.	-/GALILEO ECHO	1	LAB PROCESSOR, BLOOD	Existing	\$0.00
LAB	HELMER LABS, INC.	DH2/	1	LAB WATERBATH	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
LAB	CLAY ADAMS	BD#420352/MC#493688/SEROFUGE 2002	1	LAB CENTRIFUGE, SERO-FUGE	Existing	\$0.00
LAB	IMMUCOR, INC.	P2 INCUBATOR/30205	1	INCUBATOR, LAB, PLATELET, COUNTERTOP	Existing	\$0.00
LAB	HELMER LABS, INC.	PLATELET AGITATOR/PF15I	1	LAB AGITATOR	New	\$1,971.00
LAB	HELMER LABS, INC.	HLR125/HLR125	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	HELMER LABS, INC.	5210125-1/IPF125	1	FREEZER, PLASMA	New	\$10,403.49
LAB	LABCONCO CORPORATION	PROTECTOR XSTREAM/110610002	1	HOOD, FUME	New	\$19,200.00
LAB	TROEMNER, INC.	BASIC VORTEX MIXER/TALBOYS 945610	1	LAB MIXER	Existing	\$0.00
LAB	NUAIRE, INC.	NU-5510DHD/AIRFLOW	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	SHELDON MANUFACTURING CO.	/SHEL LAB SMI12	1	LAB INCUBATOR, FLOOR MODEL	Existing	\$0.00
LAB	BARNSTEAD INTERNATIONAL	LAB-LINE/120	1	LAB INCUBATOR, COUNTER TOP	Existing	\$0.00
LAB	BIOMERIEUX, INC.	BACT/ALERT 3D 60	1	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	BIOFIRE DEFENSE, INC.	FLM1-ASY-0001/FILMARRAY 1.0	2	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	BIOMERIEUX, INC.	27530/VITEK 2 COMPACT	1	LAB ANALYZER, ANTIMICROBIAL SUSCEPTIBILITY	Existing	\$0.00
LAB	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
LAB	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
LAB	FISHER SCIENTIFIC	FBG49RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	8	CART, SUPPLY	New	\$750.80
LAB	LEICA MICROSYSTEMS INC.	1491860UVUS/CM1860 UV	1	LAB CRYOSTAT	Existing	\$0.00
LAB	OLYMPUS AMERICA INC.	CX41RF-5/	1	LAB MICROSCOPE	Existing	\$0.00
LAB	SAKURA FINETEK U.S.A., INC.	4451/	1	LAB RACK, SLIDE HOLDER AND STAINING DISHES	New	\$699.99
LAB	MOPEC	BF736/BF710/3FT	1	HOOD, FUME	New	\$2,727.75
LAB	THERMO FISHER SCIENTIFIC	GROSSLAB SENIOR /97002	1	WORKSTATION, GROSSING, FLOOR	Future	\$0.00
LAB	BECKMAN COULTER CORP.	DXC700/	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	Leased	\$0.00

LAB	ABBOTT LABORATORIES	ALINITY I/	1	LAB ANALYZER, CHEMISTRY, IMMUNO	Future	\$0.00
LAB	MILLIPORE CORPORATION	ZAFS15EWW/AFS 15E	1	LAB WATER SYSTEM	Existing	\$0.00
LAB	HOLOGIC, INC.	TLI IQ SYSTEM/	1	LAB ANALYZER, FETAL FIBRONECTIN	Existing	\$0.00
LAB	ABAXIS	/PICCOLO XPRESS	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	Existing	\$0.00
LAB	NOVA BIOMEDICAL	PRIME	1	LAB ANALYZER, BLOOD GAS	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	Existing	\$0.00
LAB	FISHER SCIENTIFIC/CORPORATE	FBG72RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	Existing	\$0.00
LAB	FISHER SCIENTIFIC/CORPORATE	11-670-337/MF25SS-SAAE-TS	1	FREEZER, UPRIGHT	Existing	\$0.00
LAB	DRUCKER COMPANY	HORIZON PREMIER/755VES	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	MEDTOX LAB	MEDTOXSCAN READER/-	1	LAB ANALYZER, DRUG MONITORING	Existing	\$0.00
LAB	ABBOTT LABORATORIES	NAT-024/ID NOW	1	LAB ANALYZER	Existing	\$0.00
LAB	SYSMEX CORPORATION	10712039/CA-660	1	LAB ANALYZER, COAGULATION, AUTOMATED	Leased	\$0.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	BECKMAN COULTER - DIAGNOSTICS DIVIS	IRIS/iQ2000	1	LAB ANALYZER, URINE	Leased	\$0.00
LAB	SYSMEX CORPORATION	XN1000-100-BPR/XN-1000	1	LAB ANALYZER, HEMATOLOGY, AUTOMATED	Existing	\$0.00
LAB	SIEMENS MEDICAL SYSTEMS/CORPORATE	HEMATEK 3000/HEMATEK3000	1	LAB STAINER	New	\$20,100.00
LAB	ALCOR SCIENTIFIC, INC.	ISED/112001012S	1	LAB ANALYZER, SEDIMENTATION RATE	New	\$29,892.00
LAB	THERMO FISHER SCIENTIFIC	FBG25RPGA/ISOTEMP	1	REFRIGERATOR, UPRIGHT	New	\$5,730.00
LAB	LW SCIENTIFIC INC	RTL-BLVD-24T1/	1	LAB ROTATOR	Existing	\$0.00
LAB	STATSPIN, IRIS SAMPLE PROCESSING	CENSLIDE 2000/X00-003395-001	1	LAB CENTRIFUGE, COUNTER TOP	Existing	\$0.00
LAB	LEICA MICROSYSTEMS INC	DM750/DM750	1	LAB MICROSCOPE	New	\$1,520.00
LAB	MEDICAL ELECTRONIC SYSTEMS	/SOA-V GOLD	1	LAB ANALYZER	Existing	\$0.00
LAB	ALERE NORTH AMERICA, INC.	ALERE-I INFLUENZA/INFLUENZA A & B	2	LAB ANALYZER, MICROBIOLOGY	Existing	\$0.00
LAB	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
LAB	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
LAB	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
ONCOLOGY CLINIC	CHAMPION MANUFACTURING	ASCENT/650	5	CHAIR, RECLINER	New	\$2,888.50
ONCOLOGY CLINIC	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	5	I.V. INFUSION PUMP	Leased	\$0.00
ONCOLOGY CLINIC	BLICKMAN, INC.	7792SS-4/	5	I.V. POLE	New	\$364.95
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	5	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	5	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	5	DISPENSER, EMESIS BAG	New	\$119.00
ONCOLOGY CLINIC	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	5	STAND, MAYO	New	\$479.07
ONCOLOGY CLINIC	MIDMARK CORPORATION	204/RITTER	2	TABLE, EXAM, ADULT	New	\$1,526.25
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	2	DISPENSER, EMESIS BAG	New	\$119.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	6143/RED	2	WASTE RECEPTACLE, STEP-ON	New	\$82.46
ONCOLOGY CLINIC	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	1883575/SLIM JIM	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$105.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
ONCOLOGY CLINIC	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
ONCOLOGY CLINIC	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	MARKETLAB, INC.	ML7676/ML7676	1	LAB CHAIR, BLOOD DRAWING	New	\$549.00
ONCOLOGY CLINIC	CUSTOM COMFORT MEDTEK	3005-SC1H2/3005-SC1CUSTOM2	1	CART, PHLEBOTOMY	New	\$1,998.00
ONCOLOGY CLINIC	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
ONCOLOGY CLINIC	ABBOTT LABORATORIES	04P73-04/ACC/I-STAT	1	LAB ANALYZER, CHEMISTRY, MANUAL	New	\$11,864.23
ONCOLOGY CLINIC	NOVA BIOMEDICAL	STAT SENSOR/-	1	LAB ANALYZER, CHEMISTRY, AUTOMATED	New	\$5,000.00
ONCOLOGY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
ONCOLOGY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
ONCOLOGY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
ONCOLOGY CLINIC	STERIS CORPORATION	DJ060124331/	1	CABINET, WARMING	New	\$9,878.40
ONCOLOGY CLINIC	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
ONCOLOGY CLINIC	GE MEDICAL SYSTEMS	2068581-001/CARESCAPE VC150	3	MONITOR, VITAL SIGNS	New	\$5,155.80
ONCOLOGY CLINIC	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00



ONCOLOGY CLINIC	ACCUVEIN	AV500/AV500/HF550	1	ILLUMINATOR, VEIN	New	\$7,128.00
ONCOLOGY CLINIC	SMITHS MEDICAL	HL-90/L-70/HOTLINE	1	WARMER, BLOOD/FLUID	New	\$1,969.92
ONCOLOGY CLINIC	INTERMETRO INDUSTRIES CORP.	FLEXLINE PHLEBOTOMY FLIV/FLIV	1	CART, PROCEDURE, I.V. THERAPY	New	\$3,191.20
ONCOLOGY CLINIC	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
ONCOLOGY CLINIC	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
ONCOLOGY CLINIC	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	CUSTOM COMFORT MEDTEK	3005-SCLH2/3005-SC CUSTOM2	1	CART, PHLEBOTOMY	New	\$1,998.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	9	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	9	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	77925S-4/	9	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	18	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	9	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	9	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	9	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	9	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	27	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	9	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	9	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	UMANO MEDICAL	/OOK SNOW FL36	4	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	4	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	4	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	New	\$9,137.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	2068491-001/B450	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
PATIENT CARE UNITS	BLICKMAN, INC.	77925S-4/	4	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	8	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	4	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	4	PUMP, COMPRESSION	Existing	\$0.00
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	12	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	8	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	12	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	12	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	6143/RED	4	WASTE RECEPTACLE, STEP-ON	New	\$82.46
PATIENT CARE UNITS	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	19	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	NC001-0512/BEDPAN/URINAL	19	DISPENSER, WALL MOUNTED	New	\$110.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	4	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	1	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	4	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	77925S-4/	4	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	8	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	4	THERMOMETER, ELECTRONIC	Existing	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	4	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	4	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	12	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3005S3PX4/S3 PX4-3005	1	BED, MED-SURG	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	1	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	77925S-4/	1	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00

PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	3	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	2239000000/ACC/BARI 10-A/ACC	1	BED, BARIATRIC	Existing	\$0.00
PATIENT CARE UNITS	OFS CAROLINA	/RESERVOIR 1200-CR3	1	TABLE, OVERBED	New	\$1,964.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
PATIENT CARE UNITS	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	2	I.V. INFUSION PUMP	Leased	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	01692-200/SURETEMP +692	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
PATIENT CARE UNITS	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	New	\$65.86
PATIENT CARE UNITS	CAREFUSION	FM1500HPT/	1	FLOWMETER, OXYGEN	New	\$50.00
PATIENT CARE UNITS	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	1	FLOWMETER, AIR	New	\$45.50
PATIENT CARE UNITS	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PATIENT CARE UNITS	CAREFUSION	8701-1125-108	1	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
PATIENT CARE UNITS	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	3	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	1	DISPENSER, EMESIS BAG	New	\$119.00
PATIENT CARE UNITS	ARJOHUNTLEIGH	MAXI SKY 1000/LF21409	1	LIFTER, PATIENT, CEILING MOUNTED	New	\$12,000.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	HAUSMANN INDUSTRIES, INC.	72573	1	PARALLEL BARS	Existing	\$0.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	New	\$279.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	1	TABLE, OVERBED	Existing	\$0.00
PATIENT CARE UNITS	DRIVE MEDICAL	RTL10273/ACC	1	EXERCISE UNIT, ERGOMETER	Existing	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	NUSTEP, INC.	T4R/	1	EXERCISE UNIT, ERGOMETER	Existing	\$0.00
PATIENT CARE UNITS	NUSTEP, INC.	T4R/	1	EXERCISE UNIT, ERGOMETER	New	\$4,795.00
PATIENT CARE UNITS	3B Scientific	3011514/STANDARD TRAINING STAIRS	1	EXERCISE UNIT, STAIRCASE	New	\$900.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	METRON BARIATRIC/961514	1	TABLE, TREATMENT, HI/LO	New	\$3,229.95
PATIENT CARE UNITS	SCIFIT SYSTEMS, INC.	5062/SCI FIT PRO II	1	EXERCISE UNIT, ERGOMETER, BICYCLE, MANUAL	New	\$4,950.00
PATIENT CARE UNITS	BLICKMAN, INC.	8762SS E-Z/EZ STACKING	2	STOOL, FOOT, STEP	New	\$162.39
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5350/SINGLE	1	MIRROR, POSTURE	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5291/-	1	EXERCISE UNIT	Existing	\$0.00
PATIENT CARE UNITS	ALIMED, INC.	8512	2	BOARD, PATIENT TRANSFER	New	\$56.75
PATIENT CARE UNITS	CENTURION MEDICAL PRODUCTS	CX302/MEDIUM	1	HAMPER, LINEN	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	V100/ACC/DINAMAP	1	MONITOR, VITAL SIGNS	New	\$4,311.00
PATIENT CARE UNITS	SAMMONS/PRESTON INC.	081552314/LARGE DIAL	1	SCALE, STAND-ON	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553464	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553465	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553466	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553467	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	EXERCISE BALL/553463	2	REHABILITATION AID	Existing	\$0.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	5161/STORAGE RACK	1	EXERCISE UNIT, WEIGHTS ACCESSORY, RACK, STORAGE	New	\$321.60
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	WEIGHTS AND BAND	1	EXERCISE UNITS, WEIGHTS AND BANDS	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	3	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	TOP LOAD/WTW4855W	1	WASHER, CLOTHES, DOMESTIC	New	\$629.00



PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WED4815EW/TOP LOAD	1	DRYER, CLOTHES, DOMESTIC	New	\$599.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WFC340S0ES/WFC340S0ES	1	RANGE, DOMESTIC, ELECTRIC	New	\$949.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
PATIENT CARE UNITS	MAXI-MOVERS	M7045/M7045	1	TRUCK, WASTE RECEPTACLE/UTILITY	New	\$800.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3517 COMBO/3526/3529	1	CONTAINER, BIOHAZARD	Leased	\$0.00
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	8985/CHEMOSAFETY	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$50.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	TELEMETRY SYSTEM	1	MONITOR, TELEMETRY	Existing	\$0.00
PATIENT CARE UNITS	NOVA BIOMEDICAL	54790/	4	LAB ANALYZER, GLUCOSE	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	74UP/A2460NC/ACC/SUPER ADJUST	2	CART, LINEN	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	4500-88BEIG/4500-88	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	AKRO-MILS	2W717/30636	12	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
PATIENT CARE UNITS	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	7	PUMP, COMPRESSION	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDRQ1035HBC	27	BIN	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3355-88/-	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL XX 24/PREMIER	1	CART, PROCEDURE	New	\$1,478.50
PATIENT CARE UNITS	OLYMPIC MEDICAL, DIVISION OF NATUS	56948/WARMETTE 48	1	CABINET, WARMING	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MHSE WARMER145/MSCWARMER145	2	CABINET, WARMING	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	2436NC/74P/SUPER ERECTA	1	SHELVING, WIRE	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	2448NC/63UP/SUPER ERECTA	1	SHELVING, WIRE	Existing	\$0.00
PATIENT CARE UNITS	DISTRIBUTION SYSTEMS INTERNATIONAL	HSC486S-2/SMARTCELL HSC486S-2	1	PARWALL UNIT, MOBILE	Existing	\$0.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	7-DRAWER AUXILIARY/MEDSTATION ES 7-DRAWER AUXILIARY	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	DOUBLE COLUMN IM/MEDSTATION ES	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
PATIENT CARE UNITS	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
PATIENT CARE UNITS	HELMER LABS, INC.	HLR111/HLR111	1	REFRIGERATOR, UPRIGHT	New	\$4,172.50
PATIENT CARE UNITS	GENERAL ELECTRIC (GE)	GME04GGKWW/COMPACT	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
PATIENT CARE UNITS	AKRO-MILS	2W717/30636	1	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PATIENT CARE UNITS	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PATIENT CARE UNITS	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
PATIENT CARE UNITS	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
PATIENT CARE UNITS	LABORIE MEDICAL TECHNOLOGIES CORP.	PORTASCAN 3D/PORTASCAN 3D	1	MAGING, ULTRASOUND SCANNER	Existing	\$0.00
PATIENT CARE UNITS	INTERMETRO INDUSTRIES CORP.	MW203/MW200 SERIES	1	CART, UTILITY	Existing	\$0.00
PATIENT CARE UNITS	ALIMED, INC.	75634/CANE AND CRUTCH	1	RACK, CRUTCH	New	\$393.00
PATIENT CARE UNITS	PERFORMANCE HEALTHCARE	081576974/ROLLATOR WALKER	12	WALKER	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS89664FR/	1	CHAIR, COMMODE	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	/MDS86960KDMBH	1	BENCH, TRANSFER SHOWER	New	\$123.00
PATIENT CARE UNITS	AMICO CORPORATION	BB-MTD2-01-XXP/ACC/MARCO SERIES	1	BASSINET, INFANT	Existing	\$0.00
PATIENT CARE UNITS	MEDLINE INDUSTRIES, INC.	MDS806400EV/K2 BASIC	2	WHEELCHAIR	Existing	\$0.00
PATIENT CARE UNITS	MED CARE MANUFACTURING	450007/CARE STAND-N-WEIGHT PLUS 440	1	LIFTER, PATIENT	Existing	\$0.00
PATIENT CARE UNITS	SAGE PRODUCTS	7455/PREVALON AIR PUMP	1	PUMP, AIR FLOTATION	Existing	\$0.00
PATIENT CARE UNITS	HILL-ROM	METANE/PMN4	2	NEBULIZER	Existing	\$0.00
PATIENT CARE UNITS	PHILIPS MEDICAL SYSTEMS	V60/RESPIRONICS V60	2	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	RESPIRONICS, A PHILIPS COMPANY	V30 AUTO MOBILITY/1135427	1	VENTILATOR, NON-INVASIVE	Existing	\$0.00
PATIENT CARE UNITS	HAMILTON MEDICAL, INC.	T1 PACKAGE/TRANSPORT	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	HAMILTON MEDICAL, INC.	14000N/MR1 VIZIENT PKG	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	CAREFUSION	LTV1200MRI/ACC/-	1	VENTILATOR	Existing	\$0.00
PATIENT CARE UNITS	BLICKMAN, INC.	7792SS-4/	1	V. POLE	Existing	\$0.00
PATIENT CARE UNITS	FISHER & PAYKEL HEALTHCARE	PT101XX/AIRVO 2	3	HUMIDIFIER	Existing	\$0.00
PATIENT CARE UNITS	WELCH ALLYN, INC.	MOBILE 7670-03/	1	SPHYGMOMANOMETER, ANEROID, MOBILE	Existing	\$0.00

PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	RCA COMMERCIAL PRODUCTS	RMW741/	1	OVEN, MICROWAVE	Existing	\$0.00
PATIENT CARE UNITS	GENERAL ELECTRIC (GE)	GME04GGKWW/COMPACT	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PATIENT CARE UNITS	WHIRLPOOL CORPORATION	WMC30516AW/	2	OVEN, MICROWAVE	New	\$175.61
PATIENT CARE UNITS	FRIGIDAIRE	FFSS2614Q/SIDE-BY-SIDE	2	REFRIGERATOR/FREEZER, UPRIGHT	New	\$974.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	3546/3548/UNTOUCHABLE	1	WASTE RECEPTACLE	New	\$98.00
PATIENT CARE UNITS	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	TELEMETRY SYSTEM	1	MONITOR, TELEMETRY	Existing	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	New	\$2,021.20
PATIENT CARE UNITS	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
PATIENT CARE UNITS	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	New	\$23,980.20
PATIENT CARE UNITS	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
PATIENT CARE UNITS	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
PATIENT CARE UNITS	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	New	\$995.00
PATIENT CARE UNITS	STRYKER CORP/MEDICAL DIV	1115-000-030/ACC/PRIME BIG WHEEL	1	STRETCHER	Existing	\$0.00
PATIENT CARE UNITS	SCALE-TRONIX DIV. OF WELCH ALLYN	STOW-A-WEIGH/6202	1	SCALE, WHEELCHAIR	New	\$3,195.00
PATIENT CARE UNITS	HILL-ROM	VIKING XL/2040003	1	LIFTER, PATIENT	Existing	\$0.00
PATIENT CARE UNITS	GE MEDICAL SYSTEMS	CSCS V2.X/MAI 700 ATO	1	MONITOR, CENTRAL STATION	Existing	\$0.00
PATIENT CARE UNITS	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	FRPH1204A/FORMA	1	REFRIGERATOR, UPRIGHT, PHARMACY	New	\$5,220.70
PHARMACY	HELMER LABS, INC.	HPR120/	1	REFRIGERATOR, UPRIGHT, CLINICAL	Existing	\$0.00
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	JLF2330A/JLF2330A	1	FREEZER, UPRIGHT	New	\$6,945.35
PHARMACY	SUMMIT APPLIANCE DIV.	FS407LBIMED2ADA/	1	FREEZER, UNDERCOUNTER	Existing	\$0.00
PHARMACY	BD CAREFUSION PYXIS	CII SAFE BIOD/M2C2BXPINS	1	DISPENSER, MEDICATION, NARCOTICS, MAIN	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	QB236-M12/QWIKSIGHT BASKET SUPPLY	6	CART, SUPPLY	New	\$4,422.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	QB136-M6/QWIKSIGHT BASKET SUPPLY	8	CART, SUPPLY	New	\$2,510.00
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	KENDALL HEALTHCARE, COVIDIEN	8935/	1	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	3	SHELVING, WIRE	New	\$700.80
PHARMACY	INTERMETRO INDUSTRIES CORP.	BC2636-2D/BC2636-2DBU	1	CART, UTILITY	Existing	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	BC2636-2D/BC2636-2DBU	2	CART, UTILITY	New	\$215.20
PHARMACY	FILLMASTER SYSTEMS	FILLMASTER 3600/FMF950	1	WATER SYSTEM	New	\$1,195.00
PHARMACY	STERICYCLE	C-08BLKHAZ-PH/ACC/	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Leased	\$0.00
PHARMACY	STERICYCLE	C-08BLUENON-PH/ACC/DWS-08	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	Leased	\$0.00
PHARMACY	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PHARMACY	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
PHARMACY	NUAIRE, INC.	NU-PR797-400/ACC/PHARMAGARD	1	LAB CABINET, GLOVE BOX	Existing	\$0.00
PHARMACY	HEALTH CARE LOGISTICS INC.	11875/	1	CART, UTILITY	New	\$376.50
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	STERICYCLE	C-17/ACC/MOBILE	1	CART, SHARPS	Leased	\$0.00
PHARMACY	MARKETLAB, INC.	ML16768/	1	DISPENSER, PPE STATION	New	\$329.00
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
PHARMACY	NUAIRE, INC.	NU-560-400/LABGARD ES	1	CABINET, SAFETY, BIOLOGICAL	New	\$15,876.53
PHARMACY	HEALTH CARE LOGISTICS INC.	11875/	1	CART, UTILITY	New	\$376.50
PHARMACY	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	New	\$146.25
PHARMACY	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
PHARMACY	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
PHARMACY	INTERMETRO INDUSTRIES CORP.	A2448NC/2448FG/63UP/SUPER ERECTA	2	SHELVING, WIRE	New	\$700.80
PHARMACY	THERMO FISHER SCIENTIFIC/JEWETT	PRF17-1B/-	1	REFRIGERATOR/FREEZER, UPRIGHT, CLINICAL	New	\$9,909.30
SPECIALTY CLINIC	INTERMETRO INDUSTRIES CORP.	A1436NC/54UP/SUPER ERECTA	1	SHELVING, WIRE	New	\$475.90
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 230/POWER TABLE	1	TABLE, EXAM, ADULT	Existing	\$0.00
SPECIALTY CLINIC	OAKWORKS MEDICAL	PT250/68644-T18	1	TABLE, EXAM	Existing	\$0.00
SPECIALTY CLINIC	RELIANCE MEDICAL, A HAAG STREIT CO.	R-6200H/R-6200H	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00

SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	4	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	DYNATRONICS CORPORATION	27"X72" HARDWOOD/ECO2772(*)	2	TABLE, TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	DYNATRONICS CORPORATION	27"X72" HARDWOOD/ECO2772(*)	1	TABLE, TREATMENT	New	\$359.55
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 203/RITTER 203	1	TABLE, EXAM	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	4	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	2	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	2	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MIDMARK CORPORATION	204/RITTER	6	TABLE, EXAM, ADULT	New	\$1,526.25
SPECIALTY CLINIC	MIDMARK CORPORATION	230-002/RITTER	3	CHAIR/TABLE, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	9	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6144/STEP-ON	9	WASTE RECEPTACLE, STEP-ON	New	\$124.00
SPECIALTY CLINIC	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	E8350MA/TROPHON 2	1	DISINFECTOR	Existing	\$0.00
SPECIALTY CLINIC	AVANTI PRODUCTS	RM4436SS/RM4436SS	1	REFRIGERATOR, UNDERCOUNTER	Existing	\$0.00
SPECIALTY CLINIC	SIEMENS MEDICAL SYSTEMS/CORPORATE	CLINITEK 500/6470	1	ANALYZER, LAB, URINALYSIS, SEMI-AUTOMATED	Existing	\$0.00
SPECIALTY CLINIC	BLICKMAN, INC.	CCC2-17/MULTI-PURPOSE	1	CART, CASE	New	\$1,867.29
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	OPTIMA XR646 OD BASE LED/S1240AL	1	IMAGING, RADIOGRAPHIC, DIGITAL	Existing	\$0.00
SPECIALTY CLINIC	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$16,000.00
SPECIALTY CLINIC	CONE INSTRUMENTS	5086151/	1	SHIELD, LEAD, BARRIER	New	\$389.00
SPECIALTY CLINIC	LAKESIDE MFG. CO.	/4910	1	STOOL, FOOT, WITH HANDRAIL	New	\$53.76
SPECIALTY CLINIC	CONE INSTRUMENTS	PIGG-O-STAT/206500	1	RESTRAINT, IMMOBILIZER, CHILD	New	\$5,000.00
SPECIALTY CLINIC	INFAB CORPORATION	683430/INFAB	1	RACK, APRON AND GLOVE, WALL MOUNTED	Existing	\$0.00
SPECIALTY CLINIC	LITE TECH, INC.	835VS/835VS	1	APRON, LEAD	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	1	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	DEVILBISS HEALTH CARE, INC.	7314P-D/VACU-AIDE QSU	1	SUCTION PUMP	Existing	\$0.00
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	3	CHAIR, EXAM/TREATMENT	New	\$9,704.25
SPECIALTY CLINIC	MIDMARK CORPORATION	PODIATRY CHAIR/647	1	CHAIR, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	MIDMARK CORPORATION	RITTER 255 LED/255-001	4	LIGHT, SURGICAL, SINGLE	New	\$2,348.25
SPECIALTY CLINIC	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	Existing	\$0.00
SPECIALTY CLINIC	BOVIE MEDICAL CORPORATION	AARON A950/ACC/	2	ELECTROSURGICAL UNIT	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-1068-SS/P-1068-SS	4	STAND, MAYO	Existing	\$0.00
SPECIALTY CLINIC	WELCH ALLYN, INC.	73CT-B/CONNEX	4	MONITOR, VITAL SIGNS	Existing	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	MIDMARK CORPORATION	272-001-856/272	4	STOOL, REVOLVING	Existing	\$0.00
SPECIALTY CLINIC	PEDIGO PRODUCTS, INC.	P-120-L/-	4	HAMPER, LINEN	New	\$254.75
SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	KENDALL HEALTHCARE, COVIDIEN	8935/	4	DISPOSAL CONTAINER, SHARPS	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	6143/RED	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	SCALE-TRONIX DIV. OF WELCH ALLYN	STOW-A-WEIGH/6202	1	SCALE, WHEELCHAIR	Existing	\$0.00
SPECIALTY CLINIC	VERATHON MEDICAL	BLADDERSCAN PRIME+/0270-0870	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SPECIALTY CLINIC	JEDMED INSTRUMENT COMPANY	03-6200/SPECTRUM CSC	2	CABINET, EXAM/TREATMENT	Existing	\$0.00
SPECIALTY CLINIC	INTERMETRO INDUSTRIES CORP.	SXRSMBASE/ACC/STARSYS	1	CART, CAST	New	\$1,959.62
SPECIALTY CLINIC	LEICA MICROSYSTEMS INC.	M320/F12/10448420	1	MICROSCOPE, OPERATING	Existing	\$0.00
SPECIALTY CLINIC	DEVILBISS HEALTH CARE, INC.	PULMONEB/3655LT	2	NEBULIZER	Existing	\$0.00
SPECIALTY CLINIC	MAICO	8121530/EASYTYMP	1	TYMPANOMETER	Existing	\$0.00
SPECIALTY CLINIC	OLYMPUS AMERICA INC.	/VISERA ELITE	2	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SPECIALTY CLINIC	GE MEDICAL SYSTEMS	LOGIQ E9/	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SPECIALTY CLINIC	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	Existing	\$0.00



SPECIALTY CLINIC	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
SPECIALTY CLINIC	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SPECIALTY CLINIC	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SPECIALTY CLINIC	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
SPECIALTY CLINIC	ETS LINDGREN	RE-142MC/SINGLE WALL EXAM	1	BOOTH, AUDIOMETRIC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	TRANSMOTION MEDICAL/DIV. OF WINCO	TMM4-B/MULTI-PURPOSE	4	STRETCHER, CHAIR	New	\$6,143.00
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	5	STRETCHER	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	5	MONITOR, PHYSIOLOGICAL	New	\$9,137.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	4	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	9	CART, PROCEDURE	New	\$1,921.40
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	3150-000-001/TRU-FIT	9	TABLE, OVERBED	New	\$279.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	4	HYPERTHERMIA UNIT	New	\$2,000.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	5	HYPERTHERMIA UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	7	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	2	PUMP, COMPRESSION	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	77925S-4/	9	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	9	DISPENSER, EMESIS BAG	New	\$119.00
SURGERY AND SPECIAL PROCEDURES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	9	I.V. INFUSION PUMP	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	9	FLOWMETER, OXYGEN	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	9	FLOWMETER, AIR	New	\$45.50
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	9	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	9	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	01690-200/02892-100/SURETEMP + 69C	9	THERMOMETER, ELECTRONIC	New	\$303.75
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	9	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	9	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	New	\$700.00
SURGERY AND SPECIAL PROCEDURES	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	2956/	2	WASTE RECEPTACLE	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	WA71641-M/71641-M	2	OPHTHALMOSCOPE/OTOSCOPE	New	\$428.44
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	2448NC/2448FG/A2448NC/74UP/	1	CART, LINEN	New	\$806.60
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	A556EC/A2448NC/ACC/SASE	1	CART, SUPPLY	New	\$750.80
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	1487921243/7921TG	1	CABINET, WARMING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	VERATHON MEDICAL	BVI3000/BLADDERSCAN	1	IMAGING, ULTRASOUND SCANNER	New	\$15,489.95
SURGERY AND SPECIAL PROCEDURES	VERATHON MEDICAL	0069-0080/GS CORE	1	LARYNGOSCOPE, VIDEO GLIDESCOPE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MINDRAY NORTH AMERICA	121-001187-00/TE7	1	IMAGING, ULTRASOUND SCANNER	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	New	\$4,683.00
SURGERY AND SPECIAL PROCEDURES	WHIRLPOOL CORPORATION	WRT31FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
SURGERY AND SPECIAL PROCEDURES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL AB 30/	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL AB 30/	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE OEC MEDICAL SYSTEMS	S10000DH/ELITE MINIVIEW	1	IMAGING, X-RAY, C-ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0702-014-000/NEPTUNE 2/DOCKING STATION	1	WASTE MANAGEMENT SYSTEM	New	\$17,911.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0702-014-000/NEPTUNE 2/DOCKING STATION	1	WASTE MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER CORP/MEDICAL DIV	PRIME ELEC BIG WHEEL/1115	4	STRETCHER	New	\$9,933.30
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	2068491-001/B450	4	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	MINI-CART/AMC-4-B	4	CART, PROCEDURE	New	\$1,921.40
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	87500/90080/BAIR PAWS 875	4	HYPERTHERMIA UNIT	New	\$2,000.00

SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	4	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	4	DISPENSER, EMESIS BAG	New	\$119.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	77925S-4/	4	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	4	I.V. INFUSION PUMP	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	4	FLOWMETER, OXYGEN	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	4	FLOWMETER, AIR	New	\$45.50
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	4	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	4	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	4	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	4	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	WELCH ALLYN, INC.	01690-200/02892-100/SURETEMP + 69C	4	THERMOMETER, ELECTRONIC	New	\$303.75
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OSC400/	2	MEDICAL GAS ARTICULATING BOOM	New	\$15,420.61
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OSC400/	1	MEDICAL GAS ARTICULATING BOOM	New	\$15,066.98
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$35,385.61
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	1	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$38,301.93
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$42,121.20
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	1	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	New	\$42,121.20
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	TP-632/TELETOM	3	MEDICAL GAS ARTICULATING BOOM	New	\$28,865.67
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS		3	INSTALLATION	New	\$14,829.00
SURGERY AND SPECIAL PROCEDURES	ZZZ - GENERIC DESCRIPTIONS		3	AUDIO/VISUAL SYSTEM,INTEGRATED, SURGERY	New	\$82,886.09
SURGERY AND SPECIAL PROCEDURES	ZZZ - GENERIC DESCRIPTIONS		1	AUDIO/VISUAL SYSTEM,INTEGRATED, SURGERY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	0240-031-050/	6	MONITOR, VIDEO	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	V552/55 IN LCD	2	MONITOR, VIDEO	New	\$5,880.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	V552/55 IN LCD	1	MONITOR, VIDEO	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OT 8301065/OPERON D830	1	TABLE, SURGICAL	New	\$60,169.74
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	OT 8301065/OPERON D830	2	TABLE, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	8607000/ACC/FABIUS GS PREM	1	ANESTHESIA MACHINE	New	\$35,717.36
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	8607000/ACC/FABIUS GS PREM	2	ANESTHESIA MACHINE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	ANESTHESIA ES SYSTEM/327	3	CART, ANESTHESIA MEDICATION	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	2	MONITOR, PHYSIOLOGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	1	MONITOR, PHYSIOLOGICAL	New	\$11,927.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	3	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	ST-3679S/ST-3679S	6	CABINET, STORAGE	New	\$3,405.56
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	1	ELECTROSURGICAL UNIT	New	\$14,000.00
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	2	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-98-SS/ACC/-	3	TABLE, WORK	New	\$579.18
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	2	TABLE, WORK	New	\$1,438.64
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1078-SS/P-1078-SS	2	STAND, BASIN, SINGLE	New	\$275.45
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1078-SS/P-1078-SS	1	STAND, BASIN, SINGLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1066-SS/P-1066-SS	6	STAND, MAYO	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	2	KICKBUCKET	New	\$174.79
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-1020-SS/P-1020-SS	1	KICKBUCKET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	1088-010-000/1088	1	SCOPE, VIDEO SYSTEM	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER ENDOSCOPY	1088-010-000/1088	2	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	1	HYPERTHERMIA UNIT	New	\$2,750.00
SURGERY AND SPECIAL PROCEDURES	ARIZANT HEALTHCARE, A 3M COMPANY	BAIRHUGGER/775	2	HYPERTHERMIA UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALIMED, INC.	ANTISTAT 9-719/9-704/PATIENT SHIFTER	3	BOARD, PATIENT TRANSFER	New	\$345.50
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-17/ACC/MOBILE	3	CART, SHARPS	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	6	DISPENSER, GLOVE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	3	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	77925S-4/	3	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	77925S-4/	3	I.V. POLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4518/	2	HAMPER, LINEN	New	\$65.86
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4518/	1	HAMPER, LINEN	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MIDMARK CORPORATION	272-001-856/272	9	STOOL, REVOLVING	New	\$146.25
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	88625S/E-Z STACKING	6	STOOL, FOOT, PLATFORM TYPE	New	\$256.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0703-001-000/NEPTUNE 3	1	WASTE MANAGEMENT SYSTEM	New	\$15,000.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	0703-001-000/NEPTUNE 3	2	WASTE MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STERIS CORPORATION	CE122301/DUAL	2	SINK, SCRUB	New	\$9,600.00
SURGERY AND SPECIAL PROCEDURES	STERIS CORPORATION	DOUBLE BAY [CE00]/CE00006	2	CARRIER, CHAIR, SCRUB SINK	New	\$256.00
SURGERY AND SPECIAL PROCEDURES	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00

SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	1	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	THERMO FISHER SCIENTIFIC	/FORMA 708	1	FREEZER, ULTRA-LOW	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PHILLIPS SAFETY PRODUCTS	RAR-M105-HB/-	1	RACK, APRON, MOBILE	New	\$1,251.00
SURGERY AND SPECIAL PROCEDURES	BURLINGTON MEDICAL SUPPLIES	EURO W/ TSS THROID/MEN'S LARGE	10	APRON, LEAD	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	14B7924243/7924TG	1	CABINET, WARMING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	ROAM 1/SR1RT	2	CART, SUPPLY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	ROAM 1/SR1RT	1	CART, SUPPLY	New	\$2,500.00
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	TOP TRACK/METROMAX Q	1	SHELVING, HIGH DENSITY	Existing	\$4,400.00
SURGERY AND SPECIAL PROCEDURES	ADDITIONAL COST		1	RELOCATION OF EXISTING EQUIPMENT	New	\$2,000.00
SURGERY AND SPECIAL PROCEDURES	ZIMMER PATIENT CARE	60300010300/ATS 3000	1	TOURNIQUET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	5920-011-000/ACC/SMART PUMP	2	TOURNIQUET	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HOLOGIC, INC.	/NOVASURE	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	ESG-400/ESG-400	3	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	INTERMETRO INDUSTRIES CORP.	SXRSMBASE/ACC/STARSYS	1	CART, CAST	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	CARL ZEISS, INC.	000000-1258-307/OPMI MOVENA	1	MICROSCOPE, OPERATING	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HOLOGIC, INC.	AQL-100/AQUILEX	1	FLUID MANAGEMENT SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALLEN MEDICAL SYSTEMS	EASY IRRIGATION/O-LPA TOWER	1	IRRIGATION SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ORTHOSCAN, INC.	1000-0004-FD/MINI ORTHOSCAN FD-DR	1	IMAGING, X-RAY, C-ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	TPS SYSTEM/5100-1 CONSOLE	1	INSTRUMENTS, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ALLEN MEDICAL SYSTEMS	O-YFES-A5/ACC/YELLOFIN ELITE	2	TABLE, SURGICAL ACCESSORY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	KARL STORZ ENDOSCOPY-AMERICA, INC.	C-MAC/84032XK	1	SCOPE, LARYNGOSCOPE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	HAEMONETICS	02005-110-EP/CELL SAVER 5+	1	BLOOD RECOVERY SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BOSTON SCIENTIFIC CORPORATION	G2200-003/REZUM GENERATOR G2200	2	ABLATION SYSTEM, RADIO-FREQUENCY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDTRONIC, INC.	/AQUAMANTYS	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ANSPACH EFFORT, INC.	EMAX2PLUS	1	DRILL, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	NSK AMERICA CORP	PROSTEP POWER BOX/PRIMADO2 P200-CU-120	2	SURGICAL EQUIPMENT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	CONMED CORPORATION	AS-IFS1/AS-ICART/AIRSEAL AS-IFS W/CART	1	INSUFFLATOR, CO2	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	MDCONS100/DIEGO ELITE	2	INSTRUMENT, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PLASMA SURGICAL, INC.	PS10-3130-EN/PLASMAJET ULTRA W/CART	1	ELECTROSURGICAL UNIT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	CORE DRILL SYSTEM/CORE	1	DRILL, SURGICAL	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEDTRONIC-XOMED, INC.	NIM RESPONSE/NEURO 3.0	1	MONITOR, NERVE INTEGRITY	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
SURGERY AND SPECIAL PROCEDURES	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	STILLE SURGICAL, INC.	/SONESTA 6210	1	IMAGING, TABLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER MEDICAL	PRIME BIG WHEEL/1115000000E	1	STRETCHER, ADULT	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS	FD 2003/F628/FP	2	LIGHT, SURGICAL, SINGLE W/FLAT PANEL ARM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	STRYKER COMMUNICATIONS		2	INSTALLATION	New	\$22,684.60
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	EVIS EXERA II/CV-180/ACC	1	SCOPE, VIDEO SYSTEM	New	\$67,650.00
SURGERY AND SPECIAL PROCEDURES	OLYMPUS AMERICA INC.	EVIS EXERA II/CV-180/ACC	1	SCOPE, VIDEO SYSTEM	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	ANESTHESIA ES SYSTEM/327	2	CART, ANESTHESIA MEDICATION	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	SOLAIRE MEDICAL/INNERSPACE	SR2G/	2	CART, SUPPLY	New	\$5,100.00
SURGERY AND SPECIAL PROCEDURES	SMITHS MEDICAL	4000-0106-01/MEDFUSION 4000	1	PUMP, SYRINGE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	SMITHS MEDICAL	4000-0106-01/MEDFUSION 4000	1	PUMP, SYRINGE	New	\$5,295.94
SURGERY AND SPECIAL PROCEDURES	GE MEDICAL SYSTEMS	CARESCAPE/B650	2	MONITOR, PHYSIOLOGICAL	New	\$11,927.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	AKL-XX-5/ACC/A-SMART	1	CART, PROCEDURE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	2	ELECTROSURGICAL UNIT	New	\$14,000.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	New	\$1,438.64
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-94-SS/ACC/STERIL-GARD	1	TABLE, WORK	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-86-SS/STERIL-GARD	2	TABLE, UTILITY	New	\$931.63
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	New	\$364.95
SURGERY AND SPECIAL PROCEDURES	LAKESIDE MFG. CO.	4866/SPACE SAVER	1	I.V. POLE	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	BLICKMAN, INC.	8762SS E-Z/EZ STACKING	4	STOOL, FOOT, STEP	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	2	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$43.94
SURGERY AND SPECIAL PROCEDURES	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$45.50



SURGERY AND SPECIAL PROCEDURES	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
SURGERY AND SPECIAL PROCEDURES	MIDMARK CORPORATION	272-001-856/272	2	STOOL, REVOLVING	New	\$146.25
SURGERY AND SPECIAL PROCEDURES	HEALTH O METER, INC.	WAIST HIGH DIGITAL/499KL	1	SCALE, STAND-ON	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	FG471600BLA (4UR39)/4716	1	CART / TRUCK, SOILED UTILITY	New	\$672.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	9W19/9W19	1	WASTE RECEPTACLE	New	\$279.30
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	SG-98-SS/ACC/-	2	TABLE, WORK	New	\$579.18
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	ARJOHUNTLEIGH	UNIVERSAL/FLOWTRON	2	PUMP, COMPRESSION	New	\$3,000.00
SURGERY AND SPECIAL PROCEDURES	STRYKER INSTRUMENTS	/MAKO	1	SURGICAL SYSTEM, ROBOTIC	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	ARMSTRONG MEDICAL INDUSTRIES	PEL B 30/	1	CART, PROCEDURE	New	\$2,635.00
SURGERY AND SPECIAL PROCEDURES	BRAINLAB	18090/KICK EM	1	NAVIGATION SYSTEM, SURGICAL, IMAGE GUIDED	Existing	\$0.00
SURGERY AND SPECIAL PROCEDURES	FRIGIDAIRE	FFS52614Q/SIDE-BY-SIDE	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$974.00
SURGERY AND SPECIAL PROCEDURES	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
SURGERY AND SPECIAL PROCEDURES	KEURIG, INC.	COMMERCIAL BREWING/K150	1	COFFEE BREWER	New	\$350.00
SURGERY AND SPECIAL PROCEDURES	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SCRUBSTATION INTEGRATED CENTER/SSCIC	1	DISPENSER, SCRUB	Leased	\$0.00
SURGERY AND SPECIAL PROCEDURES	PEDIGO PRODUCTS, INC.	P-120-L/-	1	HAMPER, LINEN	New	\$254.75
SURGERY AND SPECIAL PROCEDURES	BD CAREFUSION PYXIS	SCRUBSTATION INTEGRATED CENTER/SSCIC	1	DISPENSER, SCRUB	Leased	\$0.00
WOMEN'S	KIRLIN	MRS-17600-120V	6	LIGHT, EXAM/TREATMENT	New	\$13,000.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	LD304/4701	6	BED BIRTHING	Existing	\$0.00
WOMEN'S	OFS CAROLINA	/RESERVOIR 1200-CR3	6	TABLE, OVERBED	New	\$1,964.00
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS 259CX/	6	MONITOR, FETAL	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	01692-200/SURETEMP +692	6	THERMOMETER, ELECTRONIC	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	4402-000-001/NARA	6	BASSINET, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	M1112198/PANDA IRES	6	WARMER, INFANT	New	\$19,582.38
WOMEN'S	BAXTER HEALTHCARE/I.V. DIVISION	SIGMA SPECTRUM/35700BAX	12	I.V. INFUSION PUMP	Leased	\$0.00
WOMEN'S	MOOG MEDICAL DEVICE GROUP	360-1300PE1L2/6000 CMS	6	PUMP, EPIDURAL	Existing	\$0.00
WOMEN'S	BLICKMAN, INC.	7792SS-4/	6	I.V. POLE	New	\$364.95
WOMEN'S	CAREFUSION	FM1500HPT/	12	FLOWMETER, OXYGEN	New	\$50.00
WOMEN'S	CAREFUSION	8701-1125-108	12	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	12	FLOWMETER, AIR	New	\$29.85
WOMEN'S	OHIO MEDICAL CORPORATION	6750-0020-919/LOW FLOW	6	BLENDER, AIR/OXYGEN	New	\$823.00
WOMEN'S	MIDMARK CORPORATION	272-001-856/272	6	STOOL, REVOLVING	New	\$146.25
WOMEN'S	STRYKER MEDICAL	4400316000/TRADITIONAL DELIVERY CART	6	CART, DELIVERY	New	\$2,000.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-120-L/-	6	HAMPER, LINEN	New	\$254.75
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	6	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	KEURIG, INC.	K130/COMMERCIAL BREWING	6	COFFEE BREWER	New	\$116.37
WOMEN'S	WHIRLPOOL CORPORATION	WMC30516AW/	6	OVEN, MICROWAVE	New	\$175.61
WOMEN'S	CENTURION MEDICAL PRODUCTS	EMED200/EMEBAG	6	DISPENSER, EMESIS BAG	New	\$119.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	6	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	RUBBERMAID COMM. PRODUCTS	6143/RED	6	WASTE RECEPTACLE, STEP-ON	New	\$82.46
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	12	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	BOWMAN MANUFACTURING COMPANY	GB-144/GB-144	18	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	PERFORMANCE HEALTHCARE	SADDLE ROLL/081521996	6	BALL, THERAPY	Existing	\$0.00
WOMEN'S	PERFORMANCE HEALTHCARE	561582/THERABAND PRO	6	BALL, THERAPY	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS 259CX/	1	MONITOR, FETAL	New	\$22,609.88
WOMEN'S	GE MEDICAL SYSTEMS	COROMETRICS /CORO 172/LOOP	1	MONITOR, FETAL	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	LD304/4701	2	BED BIRTHING	New	\$15,542.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	New	\$14,344.60
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	2030062-005	2	CART, FETAL MONITOR	Existing	\$0.00
WOMEN'S	OFS CAROLINA	/RESERVOIR 1200-CR3	2	TABLE, OVERBED	New	\$1,964.00
WOMEN'S	BLICKMAN, INC.	7792SS-4/	1	I.V. POLE	New	\$364.95
WOMEN'S	MEDLINE INDUSTRIES, INC.	HEAVY DUTY/MDS80600	1	I.V. POLE	Existing	\$0.00
WOMEN'S	HEALTH O METER, INC.	500KL/	1	SCALE, STAND-ON	Existing	\$0.00
WOMEN'S	SCALE-TRONIX DIV. OF WELCH ALLYN	/4802D	1	SCALE, INFANT	New	\$3,656.00
WOMEN'S	WELCH ALLYN, INC.	01692-200/SURETEMP +692	2	THERMOMETER, ELECTRONIC	New	\$349.15
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	2	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	2	WASTE RECEPTACLE, STEP-ON	New	\$91.60



WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	2	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	8	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	8	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	BOWMAN MANUFACTURING COMPANY	NC001-0512/BEDPAN/URINAL	8	DISPENSER, WALL MOUNTED	New	\$110.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	2956/	1	WASTE RECEPTACLE	New	\$50.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	9T75 /ACC/9T75	1	CART, HOUSEKEEPING	New	\$582.40
WOMEN'S	ECOLAB, INC.	QC CENTRAL SUPPLY/92022028	1	DISPENSER, CHEMICAL/CLEANER	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	MEDSTATION ES 323/6 DRAWER MAIN	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	343/MEDSTATION ES SINGLE COLUMN AUX	1	DISPENSER, MEDICATION, AUTOMATED	Leased	\$0.00
WOMEN'S	BD CAREFUSION PYXIS	SMART REMOTE MGR/MSRM	2	DISPENSER, MEDICATION, ACCESSORY	Leased	\$0.00
WOMEN'S	FOLLETT CORPORATION	REF5P-00-00/ACC/PERFORMANCE +	1	REFRIGERATOR, UNDERCOUNTER, MEDICAL GRADE	New	\$2,574.00
WOMEN'S	NOR-LAKE SCIENTIFIC	/LF021WWW/0M	1	FREEZER, COUNTERTOP	Existing	\$0.00
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	AKRO-MILS	2W717/30636	8	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	PORTER INSTRUMENT COMPANY, INC.	SENTRY HD34/SENTRY SEDATE HP MXR-1 ANALOG	1	DELIVERY SYSTEM	Existing	\$0.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	STRYKER INSTRUMENTS	0085000000/SMART SINK	1	DISPOSAL CONTAINER, WASTE, PHARMACEUTICAL	New	\$1,200.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	FOLLETT CORPORATION	12CI425A-L/AIR COOLED	1	ICE MAKER W/WATER DISPENSER	Existing	\$0.00
WOMEN'S	WHIRLPOOL CORPORATION	WMC30516AW/	1	OVEN, MICROWAVE	New	\$175.61
WOMEN'S	AVANTI PRODUCTS	RM24T1B/RM24T1B	1	REFRIGERATOR, COMPACT	New	\$125.40
WOMEN'S	WHIRLPOOL CORPORATION	WRT311FZDW/TOP MOUNT	1	REFRIGERATOR/FREEZER, UPRIGHT	New	\$949.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	FOLLETT CORPORATION	00130229/FOR SYMPHONY/MAESTRO SERIES	1	FILTER	New	\$384.00
WOMEN'S	INTERMETRO INDUSTRIES CORP.	N566EC/ACC/SUPER ERECTA	1	CART, LINEN	New	\$772.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-2055/P-2055	1	CABINET, WARMING	Existing	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	6	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	4091/4091	1	CART, UTILITY	Existing	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	MEESE ORBITRON DUNNE CO.	71P/71P	1	TRUCK/BIN, LINEN	New	\$719.00
WOMEN'S	MAXI-MOVERS	M7045/M7045	1	TRUCK, WASTE RECEPTACLE/UTILITY	New	\$800.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	3517 COMBO/3526/3529	1	CONTAINER, BIOHAZARD	Leased	\$0.00
WOMEN'S	LAKESIDE MFG. CO.	-/411	1	CART, UTILITY	Existing	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	1	LOUVER PANEL, WALL MOUNTED	Existing	\$0.00
WOMEN'S	G.E. APPLIANCES	12402	1	FREEZER, CHEST	Existing	\$0.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	Existing	\$0.00
WOMEN'S	DRAGER MEDICAL, INC.	RESUSCITAIRE/MU20503	1	WARMER, INFANT	New	\$14,344.60
WOMEN'S	AKRO-MILS	2W717/30636	7	LOUVER PANEL, WALL MOUNTED	New	\$38.00
WOMEN'S	MASIMO CORPORATION	RAD-87/RAD-87	2	OXIMETER	Existing	\$0.00
WOMEN'S	CAREFUSION	FM1500HPT/	2	FLOWMETER, OXYGEN	New	\$50.00
WOMEN'S	CAREFUSION	8701-1125-108	2	REGULATOR, SUCTION, CONTINUOUS & INTERMITTENT	New	\$385.00
WOMEN'S	OHIO MEDICAL CORPORATION	FM-15UA-CH/FM-15UA-CH	2	FLOWMETER, AIR	New	\$29.85
WOMEN'S	OHIO MEDICAL CORPORATION	6750-0020-919/LOW FLOW	2	BLENDER, AIR/OXYGEN	New	\$823.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	PREMIER BROSELOW/PBL-PC-9/ACC	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
WOMEN'S	DETECTO SCALE COMPANY	-/6745/SPBT-1728	1	SCALE, INFANT	Existing	\$0.00
WOMEN'S	GE MEDICAL SYSTEMS	BILISOFT LED/M1091990	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	FISHER & PAYKEL HEALTHCARE	RD900AEU/ACC/NEOPUFF	1	RESUSCITATION DEVICE	Existing	\$0.00
WOMEN'S	NATUS MEDICAL INC.	010066/NEOBLUE LED	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	DRAEGER INC.	MU2010/JM-105	1	METER, BILIRUBIN	Existing	\$0.00
WOMEN'S	B. BRAUN MEDICAL INC.	PERFUSOR PCA	1	I.V. INFUSION PUMP	Existing	\$0.00
WOMEN'S	STERICYCLE	C-03RES-0203-OC/C-03RES-0203-OC	1	DISPOSAL CONTAINER, SHARPS W/ENCLOSURE	Leased	\$0.00
WOMEN'S	NOVA BIOMEDICAL	54790/	1	LAB ANALYZER, GLUCOSE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	WA71641-M/71641-M	1	OPHTHALMOSCOPE/OTOSCOPE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	690 SURETEMP+ RECTAL/01690-201	1	THERMOMETER, ELECTRONIC	Existing	\$0.00
WOMEN'S	MEDLINE INDUSTRIES, INC.	MDS193096B/MDS193096B	1	DISPENSER, GLOVE	Leased	\$0.00
WOMEN'S	RUBBERMAID COMM. PRODUCTS	1883458/SLIM JIM	1	WASTE RECEPTACLE, STEP-ON	New	\$91.60
WOMEN'S	WATERLOO HEALTHCARE	JTGEA-33669-LTB/	1	CART, PROCEDURE	Existing	\$0.00
WOMEN'S	AKRO-MILS	2W717/30636	6	LOUVER PANEL, WALL MOUNTED	New	\$38.00

WOMEN'S	KENDALL HEALTHCARE, COVIDIEN	29525/700 SERIES	6	PUMP, COMPRESSION	Existing	\$0.00
WOMEN'S	VALLEYLAB, A COVIDIEN BRAND	VLFT10GEN/FT10	1	ELECTROSURGICAL UNIT	Existing	\$0.00
WOMEN'S	MEDELA, INC.	SYMPHONY W/STAND/240108	2	PUMP, BREAST	Existing	\$0.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	ABL-B-6/A-SMART	2	CART, PROCEDURE	Existing	\$0.00
WOMEN'S	WELCH ALLYN, INC.	44400/GS300	1	LIGHT, EXAM/TREATMENT	Existing	\$0.00
WOMEN'S	PEDIGO PRODUCTS, INC.	P-11 CHROME/P-11	1	STOOL, FOOT, STEP	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	4402-000-001/NARA	4	BASSINET, INFANT	Existing	\$0.00
WOMEN'S	NATUS MEDICAL INC.	010066/NEOBLUE LED	2	LIGHT, PHOTOTHERAPY	Existing	\$0.00
WOMEN'S	PIVOTAL HEALTH SOLUTIONS	/EPD/LDS	1	POSITIONER, PATIENT	Existing	\$0.00
WOMEN'S	ARMSTRONG MEDICAL INDUSTRIES	PBL-XX- 30/PREMIER	1	CART, RESUSCITATION, CARDIAC	Existing	\$0.00
WOMEN'S	ZOLL MEDICAL CORPORATION	30120005201310012/R SERIES ALS	1	DEFIBRILLATOR	Existing	\$0.00
WOMEN'S	LAERDAL MEDICAL CORP.	LSU 4000/78002001	1	PUMP, SUCTION/ASPIRATOR, GENERAL, PORTABLE	Existing	\$0.00
WOMEN'S	STRYKER CORP/MEDICAL DIV	1115-000-030/ACC/PRIME BIG WHEEL	1	STRETCHER	Existing	\$0.00

**Exhibit 11: Repayment Schedule**

## Summary of Debt Service

### Principal Payments

Group	Sum of USDA	Sum of USDA w/ LTGO Pledge	Sum of Revenue Bonds	Sum of Capital Notes
2022	-	-	71,320.40	-
2023	-	-	109,833.41	-
2024	858,929.02	124,067.52	114,226.75	340,198.98
2025	878,254.92	126,859.04	118,795.82	350,404.95
2026-2030	4,696,729.39	678,416.47	669,173.92	1,916,157.86
2031-2035	5,249,429.67	758,250.95	814,152.39	1,293,238.21
Thereafter	33,316,656.99	4,812,406.01	4,102,497.31	-
<b>Grand Total</b>	<b>45,000,000.00</b>	<b>6,500,000.00</b>	<b>6,000,000.00</b>	<b>3,900,000.00</b>

### Interest Payments

Group	Sum of USDA	Sum of USDA w/ LTGO Pledge	Sum of Revenue Bonds	Sum of Capital Notes
2022	-	-	160,000.00	-
2023	-	-	237,147.18	-
2024	1,012,500.00	146,250.00	232,753.85	117,000.00
2025	993,174.10	143,458.48	228,184.78	106,794.03
2026-2030	4,660,415.70	673,171.16	1,065,729.05	369,837.01
2031-2035	4,107,715.42	593,336.67	920,750.58	78,358.71
Thereafter	9,726,210.45	1,404,897.06	1,564,852.40	-
<b>Grand Total</b>	<b>20,500,015.67</b>	<b>2,961,113.37</b>	<b>4,409,417.84</b>	<b>671,989.76</b>

**Exhibit 12: Financial Commitment Letters**



# Prosser

## Memorial Health

May 22, 2021

Eric Hernandez, Manager  
Certificate of Need Program  
Washington Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

Dear Mr. Hernandez:

I am writing to confirm that Prosser Memorial Health will use a combination of debt financing and reserves for the capital expenditure associated with the replacement hospital project. PMH has already purchased the property for the replacement hospital and as outlined in the application will utilize reserves of (\$17,000,000 less Foundation contributions of \$2,000,000 less previous expenditures for land of \$1,700,000 less expenses related to the construction project already expended as of 12/31/2020 of \$708,430 for a total remaining of \$12,591,570) for a portion of the costs.

Included in Appendix 1 of the application is a copy of the 2020 audited financials demonstrating that these reserves are sufficiently available for the project.

Please do not hesitate to contact me directly with any questions at 509-786-6605 or [drollins@prosserhealth.org](mailto:drollins@prosserhealth.org).

Thank you,

David Rollins, CFO

May 26, 2021

Re: Prosser Public Hospital District Certificate of Need Application

To Whom it May Concern:

G.L. Hicks Financial, LLC has been engaged by Prosser Public Hospital District ("Prosser") to serve as the Municipal Advisor to assist with Prosser's USDA Direct Loan permanent financing, Bond Anticipation Note interim construction financing, Revenue Bond financing and Equipment Lease financing all associated with the hospital replacement project. Prosser's financing plan will ultimately be comprised of four separate components, described as follows.

- \$51.5 million USDA Direct Loans (assumed rate in the feasibility study is 2.25% for 35 years, but will not be fixed until the loans are obligated and closed), secured by revenues and limited tax revenues of Prosser;
- \$51.5 million of Bond Anticipation Note financing (assumed rate in the feasibility study is 4.00%, but will not be fixed until priced) as the interim construction financing for the USDA Direct Loans;
- \$6.0 million of Revenue Bond financing privately placed with a bank or publicly offered (assumed rate in the feasibility study is 4.0% for 30 years but will not be fixed until priced); and
- \$3.9 million of Equipment Lease financing provided by a bank (assumed rate in the feasibility study is 3.0% for 10 years but will not be fixed until closed).

With respect to the Bond Anticipation Notes and the Revenue Bonds, Prosser has also engaged the services of Piper Sandler to act as placement agent (if privately placed) and underwriter (if publicly offered) to assist with the placement and/or sale of these financings. Prosser has already submitted its pre-application and formal application to USDA for the USDA Direct Loan permanent financing. After completing a thorough review of the financial position, operating performance, security provided and financial projections for Prosser, USDA will choose to accept or reject the application.

As indicated in the CON response, the current rates on the financing are anticipated to be at the rates indicated above. Note that all of these rates are subject to market conditions at the time of obligation, pricing or closing. The USDA Direct Loan rate is set quarterly and will be set for the term of the loans based on the lowest of the rate upon USDA's loan obligation or upon loan closing, whichever is lowest. Therefore, all the above rates will be set with each financing is obtained. All the proposed interest rates will be fixed rate and no derivatives will be used by Prosser.

Respectfully submitted,



Gary Hicks  
President



**Appendix 1: Audited Financials**

**Prosser Public Hospital District  
doing business as  
Prosser Memorial Health**

Combined Basic Financial Statements and  
Independent Auditors' Reports

December 31, 2020 and 2019



DINGUS | ZARECOR & ASSOCIATES PLLC  
Certified Public Accountants

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
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DINGUS | ZARECOR & ASSOCIATES PLLC  
Certified Public Accountants

## INDEPENDENT AUDITORS' REPORT

Board of Commissioners  
Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Prosser, Washington

### **Report on the Financial Statements**

We have audited the accompanying combined financial statements of Prosser Public Hospital District doing business as Prosser Memorial Health (the District) as of and for the years ended December 31, 2020 and 2019, and the related notes to the combined basic financial statements, which collectively comprise the District's combined basic financial statements as listed in the table of contents.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2020 and 2019, and the changes in its financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Emphasis of Matter**

As discussed in Note 16 to the financial statements, the COVID-19 pandemic has created economic uncertainties which may negatively impact the District's financial position. Management's evaluation of the events and conditions and management's plans to mitigate these matters are also described in Note 16. Our opinion is not modified with respect to this matter.

## **Other Matters**

### *Required Supplementary Information*

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the combined basic financial statements. Such missing information, although not a part of the combined basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the combined basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the combined basic financial statements is not affected by this missing information.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 22, 2021, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters for the year ended December 31, 2020. We issued a similar report for the year ended December 31, 2019, dated March 17, 2020, which has not been included with the 2020 financial and compliance report. The purpose of those reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing for each year, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
March 22, 2021

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Net Position**  
**December 31, 2020 and 2019**

<b>ASSETS</b>	<b>2020</b>	<b>2019</b>
<i>Current assets</i>		
Cash and cash equivalents	\$ 9,379,362	\$ 817,760
Investments	512,731	437,638
Receivables:		
Patients, less allowances for uncollectible accounts	9,878,800	10,744,795
Taxes	31,706	26,908
Other	120,637	195,041
Inventories	496,349	413,831
Physician advances	165,854	220,234
Prepaid expenses	940,146	902,449
Total current assets	21,525,585	13,758,656
<i>Noncurrent assets</i>		
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	346,920
Investments limited as to use for capital acquisitions	15,448,177	13,880,674
Physician advances	102,799	156,015
Prepaid expenses	-	324,504
Capital assets, net	18,758,895	18,314,760
Total noncurrent assets	38,204,340	34,273,134
<b>Total assets</b>	<b>\$ 59,729,925</b>	<b>\$ 48,031,790</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Net Position (Continued)**  
**December 31, 2020 and 2019**

<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>	<b>2020</b>	<b>2019</b>
<i>Current liabilities</i>		
Accounts payable	\$ 1,369,231	\$ 1,192,142
Accrued payroll and related liabilities	1,134,162	2,282,536
Accrued leave	1,329,277	1,233,493
Estimated third-party payor settlements	901,118	472,704
Accrued interest payable	19,670	19,670
Unearned CARES Act Provider Relief Fund	3,166,415	-
Current portion of long-term debt	1,170,080	806,614
Current portion of capital lease obligation	-	418,578
Total current liabilities	9,089,953	6,425,737
<i>Noncurrent liabilities</i>		
Paycheck Protection Program loan	6,350,235	-
Long-term debt, net of current portion	11,145,077	11,152,228
Total noncurrent liabilities	17,495,312	11,152,228
Total liabilities	26,585,265	17,577,965
<i>Deferred inflow of resources</i>		
Electronic health records incentive revenue	-	330,200
<i>Net position</i>		
Net investment in capital assets	8,084,695	6,264,590
Unrestricted	25,059,965	23,859,035
Total net position	33,144,660	30,123,625
<b>Total liabilities, deferred inflow of resources, and net position</b>	<b>\$ 59,729,925</b>	<b>\$ 48,031,790</b>

*See accompanying notes to combined basic financial statements.*



**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<i>Operating revenues</i>		
Net patient service revenue	\$ 59,413,374	\$ 59,133,934
Electronic health records incentive payments	330,200	330,200
Grants	589,335	1,040,213
Other	305,410	343,701
<b>Total operating revenues</b>	<b>60,638,319</b>	<b>60,848,048</b>
<i>Operating expenses</i>		
Salaries and wages	29,263,038	27,475,681
Employee benefits	6,452,514	6,260,013
Professional fees	7,462,624	7,399,636
Purchased services	4,917,920	4,568,821
Supplies	6,656,675	5,566,480
Insurance	417,756	312,599
Utilities	575,775	535,779
Depreciation and amortization	2,754,873	2,443,594
Repairs and maintenance	374,544	279,995
Licenses and taxes	474,816	425,776
Leases and rentals	2,075,213	2,157,531
Other	1,109,273	1,161,324
<b>Total operating expenses</b>	<b>62,535,021</b>	<b>58,587,229</b>
<i>Operating income (loss)</i>	<b>(1,896,702)</b>	<b>2,260,819</b>
<i>Nonoperating revenues (expenses)</i>		
Taxation for maintenance and operations	856,225	846,680
Investment income	297,783	423,827
Interest expense	(386,610)	(351,114)
Gain (loss) on disposal of assets	(47,321)	61,850
CARES Act Provider Relief Fund	3,738,633	-
COVID-19 grants	464,119	-
Gift shop and retail revenue	144,610	81,282
Gift shop and retail expenses	(138,102)	(83,634)
Fundraising events revenue	7,787	65,720
Fundraising events expenses	(7,402)	(51,164)
Contributions made to others	(28)	(19,263)
Other Foundation expenses	(55,028)	(19,169)
Contributions	43,071	39,406
<b>Total nonoperating revenues, net</b>	<b>4,917,737</b>	<b>994,421</b>
Change in net position	3,021,035	3,255,240
Net position, beginning of year	30,123,625	26,868,385
<b>Net position, end of year</b>	<b>\$ 33,144,660</b>	<b>\$ 30,123,625</b>

See accompanying notes to combined basic financial statements.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Cash Flows**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Cash received from and on behalf of patients	\$ 60,707,783	\$ 56,501,736
Cash received from other revenue	305,410	343,701
Cash received from operating grants	589,335	1,040,213
Cash paid to and on behalf of employees	(36,768,142)	(32,759,928)
Cash paid to suppliers and contractors	(23,499,805)	(23,235,560)
Net cash provided by operating activities	<b>1,334,581</b>	1,890,162
<i>Cash flows from noncapital financing activities</i>		
Taxes received for maintenance and operations	851,427	844,561
Proceeds from CARES Act Provider Relief Fund	6,905,048	-
Proceeds from the Paycheck Protection Program loan	6,350,235	-
Nonoperating grants	464,119	-
Gift shop revenue	144,610	77,601
Gift shop expenses	(138,094)	(83,634)
Fundraising event revenue	7,787	65,720
Fundraising event expenses	(7,402)	(51,164)
Other Foundation expenses	(61,031)	(42,294)
Contributions to others	(28)	(19,263)
Contributions received	48,001	34,716
Net cash provided by noncapital financing activities	<b>14,564,672</b>	826,243
<i>Cash flows from capital and related financing activities</i>		
Purchase of capital assets	(3,246,669)	(6,300,773)
Proceeds from issuance of long-term debt	1,254,257	6,000,000
Principal payments on long-term debt	(1,312,404)	(1,277,277)
Interest paid	(390,726)	(355,999)
Net cash used in capital and related financing activities	<b>(3,695,542)</b>	(1,934,049)
<i>Cash flows from investing activities</i>		
Purchase of investments	(1,512,678)	(1,322,395)
Interest received	167,857	298,677
Net cash used in investing activities	<b>(1,344,821)</b>	(1,023,718)
Net increase (decrease) in cash and cash equivalents	<b>10,858,890</b>	(241,362)
Cash and cash equivalents, beginning of year	<b>2,414,941</b>	2,656,303
<b>Cash and cash equivalents, end of year</b>	<b>\$ 13,273,831</b>	<b>\$ 2,414,941</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Combined Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2020 and 2019**

	2020	2019
<b><i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i></b>		
Cash and cash equivalents	\$ 9,379,362	\$ 817,760
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	346,920
<b>Total cash and cash equivalents</b>	<b>\$ 13,273,831</b>	<b>\$ 2,414,941</b>
<b><i>Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities</i></b>		
Operating income (loss)	\$ (1,896,702)	\$ 2,260,819
<i>Adjustments to reconcile operating income (loss) to net cash provided by operating activities</i>		
Depreciation and amortization	2,754,873	2,443,594
Provision for bad debts	3,323,931	4,031,596
(Increase) decrease in:		
Receivables:		
Patient accounts, net	(2,457,936)	(6,609,838)
Estimated third-party payor settlements	-	622,040
Other	82,406	(189,891)
Inventories	(82,518)	(43,683)
Physician advances	107,596	6,816
Prepaid expenses	284,248	(919,620)
Increase (decrease) in:		
Accounts payable	173,059	318,759
Accrued payroll and related liabilities	(1,148,374)	695,779
Accrued leave	95,784	279,987
Estimated third-party payor settlements	428,414	(675,996)
Deferred electronic health records incentive revenue	(330,200)	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,334,581</b>	<b>\$ 1,890,162</b>

*See accompanying notes to combined basic financial statements.*

**Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Notes to Combined Basic Financial Statements  
Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies:**

**a. Reporting Entity**

Prosser Public Hospital District doing business as Prosser Memorial Health (the District) is organized as a municipal corporation pursuant to the laws of the state of Washington for municipal corporations. The primary purpose of the District is to operate Prosser Memorial Health (the Hospital), the principal provider of acute and outpatient healthcare services for Prosser, Washington, and surrounding communities. The District also operates specialty clinics, an ambulance service, and a rural health clinic in Prosser, Washington, as well as rural health clinics in Benton City and Grandview, Washington.

As organized, the District is exempt from federal income tax. The Board of Commissioners is made up of seven community members elected to six-year terms. The District is not considered to be a component unit of Benton County.

As required by accounting principles generally accepted in the United States of America, the combined basic financial statements present the District – the primary government – and its component unit. The component unit discussed below is included in the District’s reporting entity because of the significance of its operations and financial relationship with the District. PMH Medical Center Foundation doing business as Prosser Memorial Health Foundation (the Foundation) is a component unit of the District since its Board of Directors is appointed by the District’s Board of Commissioners.

The Foundation was formed in 2017 and began operations in 2019 as a supporting organization for the District. The Foundation is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Foundation’s stated purpose is to support, benefit, perform the functions and carry out the purposes of the District, and the Foundation intends to fulfill this purpose by raising funds to support the operations and activities of the District.

The District is the sole corporate member of the Foundation. In order to ensure that the Foundation remains responsive to the District’s needs, the District appoints all of the Foundation’s directors and can remove directors with or without cause.

**b. Summary of Significant Accounting Policies**

*Use of estimates* – The District’s accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The preparation of combined basic financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Enterprise fund accounting* – The District’s accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The District uses enterprise fund accounting. Revenue and expenses are recognized on the accrual basis using the economic resources measurement focus.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Cash and cash equivalents* – Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less.

*Investments* – Investments in debt and equity securities are reported at fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenue when earned.

*Inventories* – Inventories consist of medical supplies, drugs, and food and are stated at cost using the first-in, first-out method.

*Assets limited as to use* – Assets limited as to use include assets set aside by the Board of Commissioners for future capital improvements and other uses, over which the Board retains control and could subsequently use for other purposes.

*Capital assets* – The District capitalizes assets whose costs exceed \$5,000 and with an estimated useful life of at least one year; lesser amounts are expensed. Donated capital assets are stated at cost or estimated fair value at the date of donation. Expenditures for maintenance and repairs are charged to operations as incurred; betterments and major renewals are capitalized. When such assets are disposed of, the related costs and accumulated depreciation are removed from the accounts and the resulting gain or loss is classified in nonoperating revenues or expenses.

All capital assets, other than land and construction in progress, are depreciated using the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Useful lives have been estimated as follows:

Land improvements	5 to 25 years
Buildings and improvements	5 to 40 years
Equipment	3 to 20 years

*Accrued leave* – The District’s employees earn vacation days at varying rates depending on years of service. Employees also earn sick leave benefits based on varying rates depending on years of service. Employees may accumulate sick leave days up to a specified maximum.

*Net position* – Net position of the District is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. The District had no restricted net position at either December 31, 2020 or 2019. *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Operating revenues and expenses* – The District’s statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services, the District’s principal activity. Nonexchange revenues, including taxes and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Foundation gift shop and coffee shop operations, fundraising activities, and other activities are reported as nonoperating revenues and expenses.

*Restricted resources* – When the District has both restricted and unrestricted resources available to finance a particular program, it is the District’s policy to use restricted resources before unrestricted resources.

*Grants and contributions* – From time to time, the District receives grants from the state of Washington and others, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are restricted to specific capital acquisitions are reported after nonoperating revenues and expenses. Grants that are for specific projects or purposes related to the District’s operating activities are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

*Upcoming accounting standard pronouncements* – In June 2017, the Governmental Accounting Standards Board (GASB) issued Statement No. 87, *Leases*, which increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee’s right to use the leased asset, thereby enhancing the relevance and consistency of information about governments’ leasing activities. The new guidance is effective for the District’s year ending December 31, 2022, although earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact, if any, of this statement in the year of adoption.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued)**

*Upcoming accounting standard pronouncements (continued)* – In June 2018, the GASB issued Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period*. The objectives of this statement are (1) to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and (2) to simplify accounting for interest cost incurred before the end of a construction period. The new guidance is effective for the District's year ending December 31, 2021. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

*Subsequent events* – The District has evaluated subsequent events through March 22, 2021, the date on which the financial statements were available to be issued.

**2. Bank Deposits and Investments:**

*Custodial credit risk* – Custodial credit risk is the risk that, in the event of a depository institution failure, the District's deposits may not be refunded to it. The District's deposit policy for custodial credit risk is determined by Washington State law.

All cash and cash equivalents held by the County Treasurer, or deposited with qualified public depositories, are protected against loss by the State of Washington Public Deposit Protection Commission, as provided by RCW Chapter 39.58, subject to certain limitations. Qualified public depositories, including US Bank, pledge securities with this commission, which are available to insure public deposits within the state of Washington. The cash on deposit with these banks is also insured through the Federal Deposit Insurance Corporation.

*The Revised Code of Washington*, Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. The District has elected to use the County Treasurer to be its treasurer to issue warrants and make investments. The District held investments in the Washington State Local Government Investment Pool, United States treasury bonds, and federal home loan bank bonds.

The Foundation, as a nonprofit corporation, is not subject to the Revised Code of Washington, Chapter 39, which authorizes Municipal Corporation investments. The Foundation had investments in mutual funds.

Amounts invested in the Washington State Local Government Investment Pool at December 31, 2020 and 2019, were \$1,292,365 and \$1,284,170, respectively. The Washington State Local Government Investment Pool consists of investments in federal, state, and local government certificates and savings accounts in qualified public depositories.

The District's investments were in compliance with the state of Washington's (the State) investment requirements for the year ended December 31, 2020.



**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**2. Bank Deposits and Investments (continued):**

**Concentration of credit risk** – The inability to recover the value of deposits, investments, or collateral securities in the possession of an outside party caused by a lack of diversification (investments acquired from single issuer). The District does not have a policy limiting the amount it may invest in any one issuer or multiple issuers.

**Interest rate risk** – Interest rate risk is the risk that changes in market interest rates could adversely affect an investment’s fair value.

The District had the following investments:

	2020						
	Fair Value	No Maturity	Investment Maturities (in Years)			Investment Ratings***	
			Less Than One	One to Five	More Than Five		
Federal Farm Credit Bank	\$ 9,787,334	\$ -	\$ -	\$ 9,787,334	\$ -	AAA	
Federal Home Loan Mortgage Corporation	999,717	-	-	999,717	-	AAA	
Federal National Mortgage Association	4,661,126	-	4,661,126	-	-	AAA	
Mutual Funds (Foundation)	512,731	512,731	-	-	-	Not Rated	
<b>Totals</b>	<b>\$ 15,960,908</b>	<b>\$ 512,731</b>	<b>\$ 4,661,126</b>	<b>\$ 10,787,051</b>	<b>\$ -</b>		

\*\*\*The District’s bond investment ratings are based on Moody’s Investor’s Service ratings. AAA is the highest credit quality rating issued by Moody’s Investor’s Service.

**Fair value measurements** – The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. The District has the following recurring fair value measurements:

- Mutual funds are valued using quoted market prices of individual assets that make up the fund (Level 1).
- Bonds are valued using observable inputs from similar investments (Level 2).

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**3. Patient Accounts Receivable:**

Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The District's allowance for uncollectible accounts has not significantly changed from the prior year. The District does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant writeoffs from third-party payors.

Patient accounts receivable reported as current assets by the District consisted of the following amounts:

	2020	2019
Patients and their insurance carriers	\$ 11,926,842	\$ 12,234,545
Medicare	1,391,615	1,568,887
Medicaid	2,089,343	1,918,549
Total patient accounts receivable	<b>15,407,800</b>	15,721,981
Less allowance for uncollectible accounts	<b>5,529,000</b>	4,977,186
<b>Patient accounts receivable, net</b>	<b>\$ 9,878,800</b>	<b>\$ 10,744,795</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**4. Capital Assets:**

Capital asset additions, retirements, transfers, and balances were as follows:

	Balance December 31, 2019	Additions	Retirements	Transfers	Balance December 31, 2020
<i>Capital assets not being depreciated</i>					
Land	\$ 478,396	\$ -	\$ -	\$ -	\$ 478,396
Construction in progress	228,718	3,106,144	-	(1,428,769)	1,906,093
Land not used in operations	2,649,946	-	-	-	2,649,946
Total capital assets not being depreciated	3,357,060	3,106,144	-	(1,428,769)	5,034,435
<i>Capital assets being depreciated</i>					
Land improvements	629,956	2,743	-	-	632,699
Buildings and improvements	21,752,885	-	-	-	21,752,885
Equipment	18,448,567	151,965	(373,057)	1,428,769	19,656,244
Buildings not used in operations	803,755	-	-	-	803,755
Total capital assets being depreciated	41,635,163	154,708	(373,057)	1,428,769	42,845,583
<i>Less accumulated depreciation for</i>					
Land improvements	(452,980)	(38,629)	-	-	(491,609)
Buildings and improvements	(14,218,507)	(613,526)	-	-	(14,832,033)
Equipment	(11,359,697)	(2,083,970)	311,553	-	(13,132,114)
Buildings not used in operations	(646,279)	(19,088)	-	-	(665,367)
Total accumulated depreciation	(26,677,463)	(2,755,213)	311,553	-	(29,121,123)
Total capital assets being depreciated, net	14,957,700	(2,600,505)	(61,504)	1,428,769	13,724,460
<b>Capital assets, net</b>	<b>\$ 18,314,760</b>	<b>\$ 505,639</b>	<b>\$ (61,504)</b>	<b>\$ -</b>	<b>\$ 18,758,895</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**4. Capital Assets (continued):**

	Balance				Balance
	December 31,				December 31,
	2018	Additions	Retirements	Transfers	2019
<i>Capital assets not being depreciated</i>					
Land	\$ 78,396	\$ -	\$ -	\$ 400,000	\$ 478,396
Construction in progress	2,089,656	6,443,733	-	(8,304,671)	228,718
Land held for investment	2,649,946	-	-	-	2,649,946
Total capital assets not being depreciated	4,817,998	6,443,733	-	(7,904,671)	3,357,060
<i>Capital assets being depreciated</i>					
Land improvements	545,656	-	-	84,300	629,956
Buildings and improvements	16,912,544	-	-	4,840,341	21,752,885
Equipment	15,520,477	1,019	(52,959)	2,980,030	18,448,567
Buildings held for investment	803,755	-	-	-	803,755
Total capital assets being depreciated	33,782,432	1,019	(52,959)	7,904,671	41,635,163
<i>Less accumulated depreciation for</i>					
Land improvements	(412,130)	(40,850)	-	-	(452,980)
Buildings and improvements	(13,619,928)	(598,579)	-	-	(14,218,507)
Equipment	(9,627,381)	(1,785,275)	52,959	-	(11,359,697)
Buildings held for investment	(627,191)	(19,088)	-	-	(646,279)
Total accumulated depreciation	(24,286,630)	(2,443,792)	52,959	-	(26,677,463)
<i>Total capital assets being depreciated, net</i>	9,495,802	(2,442,773)	-	7,904,671	14,957,700
<b>Capital assets, net</b>	<b>\$ 14,313,800</b>	<b>\$ 4,000,960</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,314,760</b>

Construction in progress as of December 31, 2020, consisted of the following projects:

- Nuclear medicine remodel with an estimated completion date of February 2021 estimated costs to complete of \$770,000.
- A new hospital building estimated to be completed in 2024, with an estimated remaining cost of \$74,200,000. The District will obtain financing for the project in 2021.

**5. Employee Health Self-insurance:**

The District self-insures the cost of employee healthcare. The District accrues an incurred but not reported (IBNR) liability for plan claims that have been incurred but have not yet been reported to the District. The liability is included in accrued compensation and related liabilities on the statements of net position. The District also purchased annual stop-loss insurance coverage for all claims in excess of \$125,000 per eligible participant.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**5. Employee Health Self-insurance (continued):**

Changes in the District's IBNR amount were as follows:

	2020	2019
Claim liability, beginning of year	\$ 359,000	\$ 324,998
Current year claims and changes in estimates	3,577,222	3,566,266
Claim payments	(3,442,222)	(3,532,264)
Claim liability, end of year	\$ 494,000	\$ 359,000

**6. Long-term Debt:**

A schedule of changes in the District's long-term debt is as follows:

	Balance December 31,			Balance December 31,		Amounts Due Within
	2019	Additions	Reductions	2020	One Year	
2014 LTGO Bonds	\$ 6,270,000	\$ -	\$ (270,000)	\$ 6,000,000	\$ 285,000	
Bank of America Conditional Sales Agreement	5,650,798	-	(446,018)	5,204,780	642,492	
2020 GE Government Finance, Inc.	-	1,254,257	(177,808)	1,076,449	242,588	
Bond Premiums	38,044	-	(4,116)	33,928	-	
Total bonds	11,958,842	1,254,257	(897,942)	12,315,157	1,170,080	
Capital lease obligation	418,578	-	(418,578)	-	-	
<b>Total long-term debt</b>	<b>\$ 12,377,420</b>	<b>\$ 1,254,257</b>	<b>\$ (1,316,520)</b>	<b>\$ 12,315,157</b>	<b>\$ 1,170,080</b>	

	Balance December 31,			Balance December 31,		Amounts Due Within
	2018	Additions	Reductions	2019	One Year	
2014 LTGO Bonds	\$ 6,525,000	\$ -	\$ (255,000)	\$ 6,270,000	\$ 270,000	
Bank of America Conditional Sales Agreement		6,000,000	(349,202)	5,650,798	536,614	
Bond Premiums	42,292	-	(4,248)	38,044	-	
Total bonds	6,567,292	6,000,000	(608,450)	11,958,842	806,614	
Capital lease obligation	1,009,524	82,129	(673,075)	418,578	418,578	
<b>Total long-term debt</b>	<b>\$ 7,576,816</b>	<b>\$ 6,082,129</b>	<b>\$ (1,281,525)</b>	<b>\$ 12,377,420</b>	<b>\$ 1,225,192</b>	

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**6. Long-term Debt (continued):**

*Long-term debt* – The terms and due dates of the District’s long-term debt are as follows:

- Limited Tax General Obligation Bonds, dated May 28, 2014, in the original amount of \$7,000,000, for the purpose of improvements and expansion of District facilities. The bonds are payable semiannually on June 1 and December 1 in the remaining principal amounts ranging from \$285,000 to \$600,000 through 2034. The bonds are subject to redemption prior to their stated maturities. Interest is at a variable rate between 3 percent and 4 percent. The District has irrevocably pledged to include in its budget and levy taxes annually on all of the property within the District subject to taxation in amounts that will be sufficient to pay the principal and interest on the bonds as they become due.
- Bond payable to Bank of America, dated May 23, 2019, in the original amount of \$6,000,000, for the purpose of improvements and expansion of District facilities. Installments of \$57,467 are due monthly, including interest at 2.8 percent, through May 2029.
- Note payable to GE Government Finance, Inc., dated March 6, 2020, in the original amount of \$1,254,257 for the purpose of purchasing medical equipment. Installments of \$22,330 are due monthly, including interest at 2.57 percent, through April 2025.

Aggregate annual principal and interest payments over the terms of long-term debt are as follows:

Years Ending December 31,	Principal	Interest	Total Payments
2021	\$ 1,170,080	\$ 415,356	\$ 1,585,436
2022	1,121,864	360,089	1,481,953
2023	1,164,767	324,987	1,489,754
2024	1,208,312	288,441	1,496,753
2025	1,049,776	252,204	1,301,980
2026-2030	4,351,430	799,353	5,150,783
2031-2034	2,215,000	227,600	2,442,600
	<b>\$ 12,281,229</b>	<b>\$ 2,668,030</b>	<b>\$ 14,949,259</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**7. Paycheck Protection Program Loan:**

In May 2020, the District was granted a loan from US Bank in the aggregate amount of \$6,350,235 pursuant to the Paycheck Protection Program (PPP) under Division A, Title I of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), which was enacted March 27, 2020.

The PPP loan, which was in the form of a Note dated May 4, 2020, matures on April 30, 2022, and bears interest at a rate of 1 percent per annum. The Note may be prepaid by the District at any time prior to maturity with no prepayment penalties. Funds from the loan may only be used for payroll costs, costs used to continue group health care benefits, mortgage payments, rent, utilities, and interest on other debt obligations incurred after February 15, 2020. The District intends to use the entire loan amount for qualifying expenses. Under the terms of the PPP, certain amounts of the loan may be forgiven if they are used for qualifying expenses as described in the CARES Act. The District believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan. The District has applied for loan forgiveness.

**8. Commitments Under Noncancelable Operating Leases:**

Following is a summary of future minimum obligations under noncancelable operating leases for equipment and buildings:

<b>Years Ending December 31,</b>	<b>Amount</b>
2021	\$ 1,442,000
2022	1,182,000
2023	1,036,000
2024	915,000
2025	735,000
2026-2030	2,590,000
2031-2032	561,000
	<b>\$ 8,461,000</b>



**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**9. Net Patient Service Revenue:**

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided. The District has not changed its charity care or uninsured discount policies during fiscal years 2020 or 2019. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	<b>2020</b>	<b>2019</b>
Patient service revenue (net of contractual adjustments and discounts):		
Medicare	\$ 20,790,189	\$ 17,531,732
Medicaid	10,915,163	14,357,238
Other third-party payors	27,604,094	27,997,895
Patients	5,209,860	4,950,497
	<b>64,519,306</b>	<b>64,837,362</b>
Less:		
Charity care	<b>(1,782,001)</b>	(1,671,832)
Provision for bad debts	<b>(3,323,931)</b>	(4,031,596)
<b>Net patient service revenue</b>	<b>\$ 59,413,374</b>	<b>\$ 59,133,934</b>

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- *Medicare* – The District has been designated a critical access hospital by Medicare and is reimbursed for inpatient, skilled swing bed, and outpatient services and rural health clinic visits on a cost basis as defined and limited by the Medicare program. Physician services outside the rural health clinic are paid on a fee schedule. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare administrative contractor.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**9. Net Patient Service Revenue (continued):**

- *Medicaid* – Medicaid beneficiaries receive coverage through either the Washington State Health Care Authority (HCA) or Medicaid managed care organizations (MCOs). The District is reimbursed for MCO-covered inpatient and outpatient services on a prospectively determined rate that is based on historical revenues and expenses of the District. The District is reimbursed by the HCA for inpatient and outpatient services under a cost reimbursement methodology. The District is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the District and review by HCA. Rural health clinic services are paid on a prospectively set rate per visit.
- *Other commercial payors* – The District also has entered into payment agreements with certain commercial insurance carriers, managed care organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue decreased by approximately \$213,000 in 2020 and \$136,000 in 2019, due to differences between original estimates and final settlements or revised estimates.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2020 and 2019, were approximately \$772,000 and \$694,000, respectively.

**10. CARES Act Provider Relief Fund:**

In May 2020, the District received approximately \$6,905,000 of funding from the CARES Act Provider Relief Fund. These funds are required to be used to reimburse the District for healthcare-related expenses or lost revenues that are attributable to coronavirus. The District has recorded these funds as unearned grant revenue until eligible expenses or lost revenues are recognized. During the year ended December 31, 2020, the District recognized \$3,738,633 of grant revenue from these funds. The District had \$3,166,415 remaining funds as of December 31, 2020, to use for healthcare-related expenses or lost revenues that are attributable to coronavirus in the next fiscal year.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**11. Property Taxes:**

The County Treasurer acts as an agent to collect property taxes levied in Benton County (County) for all taxing authorities. Taxes are levied annually on January 1 on property values listed as of the prior May 31. Assessed values are established by the County Assessor at 100 percent of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer.

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general District purposes. Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax must be authorized by the vote of the people.

For 2020, the District's regular tax levy was \$0.32 per \$1,000 on a total assessed valuation of \$2,645,992,534 for a total regular levy of \$833,589. For 2019, the District's regular tax levy was \$0.32 per \$1,000 on a total assessed valuation of \$2,564,802,033 for a total regular levy of \$833,147.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

**12. Electronic Health Records Incentive Payment:**

The District recognized Medicare and Medicaid electronic health records (EHR) incentive payments during the years ended December 31, 2020 and 2019. The EHR incentive payments are provided to incent hospitals and eligible providers to become meaningful users of EHR technology, not to reimburse providers for the cost of acquiring EHR assets. EHR incentive payments are therefore reported as operating revenue.

The District elected to defer recognition of its 2015 Medicare incentive payment over a five-year period that matches the estimated useful lives of the related assets starting in 2016. Revenue of \$330,200 was recognized in each year through 2020.

**13. Retirement Plans:**

**403(b) Plan** – The District contributes to the Prosser Public Hospital District 403(b) Plan (the Plan), a defined contribution pension plan, for its full-time general administrative employees. The Plan is administered by the District. Benefit terms, including contribution requirements, for the Plan are established and may be amended by the Board of Commissioners. The District is required to contribute 3 percent of annual salary, exclusive of overtime pay, to individual employee accounts for each participating employee. Employees are permitted to make contributions up to applicable Internal Revenue Code limits. Employer contributions to the Plan totaled approximately \$754,000 and \$646,000 for the years ended December 31, 2020 and 2019, respectively. Employee contributions totaled approximately \$1,133,000 and \$1,040,000 in 2020 and 2019, respectively.

Employees are immediately vested in their own contributions and earnings on those contributions. Employees become eligible for District contributions and earnings on District contributions if they are 21 years of age and have completed one year of service. District contributions and earnings on the District contributions are vested immediately.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**13. Retirement Plans (continued):**

**457 Plan** – The District also sponsors a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The name of the plan is Prosser Public Health District 457 Plan. The plan permits employees to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. Employees become eligible to participate in the plan beginning on the first day of employment. Employee contributions to the plan totaled approximately \$187,000 and \$92,000 for the years ended December 31, 2020 and 2019, respectively.

**LEOFF Plan** – In 2017, emergency medical technicians were granted retroactive eligibility from July 1, 2005, forward to participate in the Washington Law Enforcement Officers’ and Firefighters’ Retirement System Plan 2 (LEOFF) by the Washington State Legislature. Employer contributions totaled approximately \$67,000 and \$72,000 in 2020 and 2019, respectively. Employee contributions totaled approximately \$40,000 and \$43,000 in 2020 and 2019, respectively.

The District is not presenting its share of the actuarial net pension asset nor other disclosures for employees who participate in the LEOFF cost-sharing multiple-employer defined benefit retirement plan. The District is exploring transferring this service line to another governmental entity in 2021.

**14. Risk Management and Contingencies:**

**Risk management** – The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Medical malpractice claims** – The District has professional liability insurance coverage with Physicians Insurance. The policy provides protection on a “claims-made” basis whereby claims filed in the current year are covered by the current policy. If there are occurrences in the current year, these will only be covered in the year the claim is filed if claims-made coverage is obtained in that year or if the District purchases insurance to cover prior acts.

The current professional liability insurance provides \$1,000,000 per claim of primary coverage with an annual aggregate limit of \$5,000,000. The policy has no deductible per claim.

The District also has excess professional liability insurance with Physicians Insurance on a “claims-made” basis. The excess malpractice insurance provides \$2,000,000 per claim of primary coverage with an annual aggregate limit of \$2,000,000. The policy has no deductible per claim.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**14. Risk Management and Contingencies (continued):**

*Industry regulations* – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

*Workers' compensation* – The District has a self-insured workers' compensation plan. The District participates in the Public Hospital District Workers' Compensation Trust, which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual workers' compensation claims, maintenance of reserves, and administrative expenses. Payments by the District charged to workers' compensation expense were approximately \$150,000 (net of a \$128,454 dividend) and \$150,000 (net of a \$143,445 dividend) in 2020 and 2019, respectively.

**15. Concentration of Risk:**

*Patient accounts receivable* – The District grants credit without collateral to its patients, most of whom are local residents, and are insured under third-party payor agreements. The majority of these patients are geographically concentrated in and around Benton County.

The mix of receivables from patients was as follows:

	2020	2019
Medicare	17 %	19 %
Medicaid	24	21
Other third-party payors	33	35
Patients	26	25
	<b>100 %</b>	<b>100 %</b>

*Physicians* – The District is dependent on local physicians practicing in its service area to provide admissions and utilize hospital services on an outpatient basis. A decrease in the number of physicians providing these services or changes in their utilization patterns may have an adverse effect on operations.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**15. Concentration of Risk (continued):**

*Collective bargaining unit* – The District has collective bargaining agreements with Washington State Council of County and City Employees through December 31, 2023, and Service Employees Union Healthcare 1199NW through June 30, 2021. As of December 31, 2020 and 2019, approximately 57 percent and 63 percent, respectively, of the District’s employees were represented by the collective bargaining units.

**16. COVID-19 Pandemic:**

The COVID-19 pandemic has created economic uncertainties which have negatively impacted the District’s financial position. Beginning in March 2020, the District began experiencing significant declines in revenues due to the state of Washington temporarily suspending all elective surgeries and other elective procedures. In addition, the District has experienced declines in volumes of outpatient and ancillary services, such as radiology, laboratory, emergency department, and clinic visits.

The District received government grants as described in Note 10 above, as part of the federal government’s response to the pandemic.

Medicare sequestration has been suspended from May 1, 2020, through March 31, 2021, which will increase Medicare reimbursement by 2 percent.

The District also entered into the PPP loan described in Note 7 above, also a part of the federal government’s response to the pandemic.

The District has also implemented cost containment efforts in response to COVID-19.

In addition to accepting funding from the CARES Act Provider Relief Fund and the other funding sources noted above, the District resumed the services that had been temporarily suspended. However, the pandemic continues to affect the District’s operations. The ultimate COVID-19 pandemic effect on the District’s financial position is unknown at this time.

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units:**

The combining statement of net position for the year ended December 31, 2020, is as follows:

<b>ASSETS</b>	<b>Prosser Memorial Health</b>	<b>Prosser Memorial Health Foundation</b>	<b>Eliminations</b>	<b>Totals</b>
<i>Current assets</i>				
Cash and cash equivalents	\$ 9,357,886	\$ 21,476	\$ -	\$ 9,379,362
Investments	-	512,731	-	512,731
Receivables:				
Patients, less allowances for uncollectible accounts	9,878,800	-	-	9,878,800
Taxes	31,706	-	-	31,706
Other	122,080	23,283	(24,726)	120,637
Inventories	484,141	12,208	-	496,349
Physician advances	165,854	-	-	165,854
Prepaid expenses	940,096	50	-	940,146
Total current assets	20,980,563	569,748	(24,726)	21,525,585
<i>Noncurrent assets</i>				
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	-	-	2,233,842
Cash and cash equivalents restricted by debt agreement for capital acquisitions	1,660,627	-	-	1,660,627
Investments limited as to use for capital acquisitions	15,448,177	-	-	15,448,177
Physician advances	102,799	-	-	102,799
Capital assets, net	18,758,414	481	-	18,758,895
Total noncurrent assets	38,203,859	481	-	38,204,340
<b>Total assets</b>	<b>\$ 59,184,422</b>	<b>\$ 570,229</b>	<b>\$ (24,726)</b>	<b>\$ 59,729,925</b>
<b>LIABILITIES AND NET POSITION</b>				
<i>Current liabilities</i>				
Accounts payable	\$ 1,390,404	\$ 3,553	\$ (24,726)	\$ 1,369,231
Accrued payroll and related liabilities	1,134,162	-	-	1,134,162
Accrued leave	1,329,277	-	-	1,329,277
Estimated third-party payor settlements	901,118	-	-	901,118
Accrued interest payable	19,670	-	-	19,670
Unearned CARES Act Provider Relief Fund	3,166,415	-	-	3,166,415
Current portion of long-term debt	1,170,080	-	-	1,170,080
Total current liabilities	9,111,126	3,553	(24,726)	9,089,953
<i>Noncurrent liabilities</i>				
Paycheck Protection Program loan	6,350,235	-	-	6,350,235
Long-term debt, net of current portion	11,145,077	-	-	11,145,077
Total noncurrent liabilities	17,495,312	-	-	17,495,312
Total liabilities	26,606,438	3,553	(24,726)	26,585,265
<i>Net position</i>				
Net investment in capital assets	8,084,214	481	-	8,084,695
Unrestricted	24,493,770	566,195	-	25,059,965
Total net position	32,577,984	566,676	-	33,144,660
<b>Total liabilities and net position</b>	<b>\$ 59,184,422</b>	<b>\$ 570,229</b>	<b>\$ (24,726)</b>	<b>\$ 59,729,925</b>



**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of revenues, expenses, and changes in net position for the year ended December 31, 2020, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Operating revenues</i>				
Net patient service revenue	\$ 59,413,374	\$ -	\$ -	\$ 59,413,374
Electronic health records incentive payments	330,200	-	-	330,200
Grants	589,335	-	-	589,335
Other	305,410	-	-	305,410
Total operating revenues	60,638,319	-	-	60,638,319
<i>Operating expenses</i>				
Salaries and wages	29,263,038	-	-	29,263,038
Employee benefits	6,452,514	-	-	6,452,514
Professional fees	7,462,624	-	-	7,462,624
Purchased services	4,917,920	-	-	4,917,920
Supplies	6,656,675	-	-	6,656,675
Insurance	417,756	-	-	417,756
Utilities	575,775	-	-	575,775
Depreciation and amortization	2,754,873	-	-	2,754,873
Repairs and maintenance	374,544	-	-	374,544
Licenses and taxes	474,816	-	-	474,816
Leases and rentals	2,075,213	-	-	2,075,213
Other	1,109,273	-	-	1,109,273
Total operating expenses	62,535,021	-	-	62,535,021
<i>Operating loss</i>	(1,896,702)	-	-	(1,896,702)
<i>Nonoperating revenues (expenses)</i>				
Taxation for maintenance and operations	856,225	-	-	856,225
Investment income	222,682	75,101	-	297,783
Interest expense	(386,610)	-	-	(386,610)
Loss on disposal of assets	(47,321)	-	-	(47,321)
CARES Act Provider Relief Fund	3,738,633	-	-	3,738,633
COVID-19 grants	464,119	-	-	464,119
Gift shop and retail revenue	-	144,610	-	144,610
Gift shop and retail expenses	-	(138,102)	-	(138,102)
Fundraising events revenue	-	7,787	-	7,787
Fundraising events expenses	-	(7,402)	-	(7,402)
Contributions made to others	-	(28)	-	(28)
Other Foundation expenses	-	(55,028)	-	(55,028)
Contributions	-	43,071	-	43,071
Total nonoperating revenues, net	4,847,728	70,009	-	4,917,737
Change in net position	2,951,026	70,009	-	3,021,035
Net position, beginning of year	29,626,958	496,667	-	30,123,625
<b>Net position, end of year</b>	<b>\$ 32,577,984</b>	<b>\$ 566,676</b>	<b>\$ -</b>	<b>\$ 33,144,660</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2020, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Increase (Decrease) in Cash and Cash Equivalents</i>				
<i>Cash flows from operating activities</i>				
Cash received from and on behalf of patients	\$ 60,707,783	\$ -	\$ -	\$ 60,707,783
Cash received from other revenue	305,410	-	-	305,410
Cash received from operating grants	589,335	-	-	589,335
Cash paid to and on behalf of employees	(36,768,142)	-	-	(36,768,142)
Cash paid to suppliers and contractors	(23,499,805)	-	-	(23,499,805)
Net cash provided by operating activities	1,334,581	-	-	1,334,581
<i>Cash flows from noncapital financing activities</i>				
Taxes received for maintenance and operations	851,427	-	-	851,427
Proceeds from CARES Act Provider Relief Fund	6,905,048	-	-	6,905,048
Proceeds from the Paycheck Protection Program loan	6,350,235	-	-	6,350,235
Nonoperating grants	464,119	-	-	464,119
Gift shop revenue	-	144,610	-	144,610
Gift shop expenses	-	(138,094)	-	(138,094)
Fundraising event revenue	-	7,787	-	7,787
Fundraising event expenses	-	(7,402)	-	(7,402)
Other Foundation expenses	-	(61,031)	-	(61,031)
Contributions made to others	-	(28)	-	(28)
Contributions received	-	48,001	-	48,001
Net cash provided by (used in) noncapital financing activities	14,570,829	(6,157)	-	14,564,672
<i>Cash flows from capital and related financing activities</i>				
Purchase of capital assets	(3,246,669)	-	-	(3,246,669)
Proceeds from issuance of long-term debt	1,254,257	-	-	1,254,257
Principal payments on long-term debt	(1,312,404)	-	-	(1,312,404)
Interest paid	(390,726)	-	-	(390,726)
Net cash used in capital and related financing activities	(3,695,542)	-	-	(3,695,542)
<i>Cash flows from investing activities</i>				
Purchase of investments	(1,512,678)	-	-	(1,512,678)
Interest received	167,857	-	-	167,857
Net cash used in investing activities	(1,344,821)	-	-	(1,344,821)
Net increase (decrease) in cash and cash equivalents	10,865,047	(6,157)	-	10,858,890
Cash and cash equivalents, beginning of year	2,387,308	27,633	-	2,414,941
<b>Cash and cash equivalents, end of year</b>	<b>\$ 13,252,355</b>	<b>\$ 21,476</b>	<b>\$ -</b>	<b>\$ 13,273,831</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2020, continues as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i>				
Cash and cash equivalents	\$ 9,357,886	\$ 21,476	\$ -	\$ 9,379,362
Cash and cash equivalents limited as to use for capital acquisitions	2,233,842	-	-	2,233,842
Cash received from electronic health records incentive payments	1,660,627	-	-	1,660,627
<b>Total cash and cash equivalents</b>	<b>\$ 13,252,355</b>	<b>\$ 21,476</b>	<b>\$ -</b>	<b>\$ 13,273,831</b>
<i>Reconciliation of Operating Loss to Net Cash Provided by Operating Activities</i>				
Operating loss	\$ (1,896,702)	\$ -	\$ -	\$ (1,896,702)
<i>Adjustments to reconcile operating loss to net cash provided by operating activities</i>				
Depreciation and amortization	2,754,873	-	-	2,754,873
Provision for bad debts	3,323,931	-	-	3,323,931
(Increase) decrease in:				
Receivables:				
Patient accounts, net	(2,457,936)	-	-	(2,457,936)
Other	82,406	-	-	82,406
Inventories	(82,518)	-	-	(82,518)
Physician advances	107,596	-	-	107,596
Prepaid expenses	284,248	-	-	284,248
Increase (decrease) in:				
Accounts payable	173,059	-	-	173,059
Accrued payroll and related liabilities	(1,148,374)	-	-	(1,148,374)
Accrued leave	95,784	-	-	95,784
Estimated third-party payor settlements	428,414	-	-	428,414
Deferred electronic health records incentive revenue	(330,200)	-	-	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,334,581</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,334,581</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of net position for the year ended December 31, 2019, is as follows:

<b>ASSETS</b>	<b>Prosser Memorial Health</b>	<b>Prosser Memorial Health Foundation</b>	<b>Eliminations</b>	<b>Totals</b>
<i>Current assets</i>				
Cash and cash equivalents	\$ 790,127	\$ 27,633	\$ -	\$ 817,760
Investments	-	437,638	-	437,638
Receivables:				
Patients, net of estimated uncollectible accounts	10,744,795	-	-	10,744,795
Taxes	26,908	-	-	26,908
Other	204,486	28,213	(37,658)	195,041
Inventories	401,623	12,208	-	413,831
Physician advances	220,234	-	-	220,234
Prepaid expenses	899,840	2,609	-	902,449
Total current assets	13,288,013	508,301	(37,658)	13,758,656
<i>Noncurrent assets</i>				
Cash and cash equivalents limited as to use for capital acquisitions	1,250,261	-	-	1,250,261
Cash and cash equivalents restricted by debt agreement for capital acquisitions	346,920	-	-	346,920
Investments limited as to use for capital acquisitions	13,880,674	-	-	13,880,674
Physician advances	156,015	-	-	156,015
Prepaid expenses	324,504	-	-	324,504
Capital assets, net	18,313,939	821	-	18,314,760
Total noncurrent assets	34,272,313	821	-	34,273,134
<b>Total assets</b>	<b>\$ 47,560,326</b>	<b>\$ 509,122</b>	<b>\$ (37,658)</b>	<b>\$ 48,031,790</b>
<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>				
<i>Current liabilities</i>				
Accounts payable	\$ 1,217,345	\$ 12,455	\$ (37,658)	\$ 1,192,142
Accrued payroll and related liabilities	2,282,536	-	-	2,282,536
Accrued leave	1,233,493	-	-	1,233,493
Estimated third-party payor settlements	472,704	-	-	472,704
Accrued interest payable	19,670	-	-	19,670
Current portion of long-term debt	806,614	-	-	806,614
Current portion of capital lease obligations	418,578	-	-	418,578
Total current liabilities	6,450,940	12,455	(37,658)	6,425,737
<i>Noncurrent liabilities</i>				
Long-term debt, net of current portion	11,152,228	-	-	11,152,228
Total liabilities	17,603,168	12,455	(37,658)	17,577,965
<i>Deferred inflow of resources</i>				
Deferred electronic health records incentive revenue	330,200	-	-	330,200
<i>Net position</i>				
Net investment in capital assets	6,263,769	821	-	6,264,590
Unrestricted	23,363,189	495,846	-	23,859,035
Total net position	29,626,958	496,667	-	30,123,625
<b>Total liabilities, deferred inflow of resources, and net position</b>	<b>\$ 47,560,326</b>	<b>\$ 509,122</b>	<b>\$ (37,658)</b>	<b>\$ 48,031,790</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of revenues, expenses, and changes in net position for the year ended December 31, 2019, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Operating revenues</i>				
Net patient service revenue	\$ 59,133,934	\$ -	\$ -	\$ 59,133,934
Electronic health records incentive payments	330,200	-	-	330,200
Grants	1,040,213	-	-	1,040,213
Other	343,701	-	-	343,701
Total operating revenues	60,848,048	-	-	60,848,048
<i>Operating expenses</i>				
Salaries and wages	27,475,681	-	-	27,475,681
Employee benefits	6,260,013	-	-	6,260,013
Professional fees	7,399,636	-	-	7,399,636
Purchased services	4,568,821	-	-	4,568,821
Supplies	5,566,480	-	-	5,566,480
Insurance	312,599	-	-	312,599
Utilities	535,779	-	-	535,779
Depreciation and amortization	2,443,594	-	-	2,443,594
Repairs and maintenance	279,995	-	-	279,995
Licenses and taxes	425,776	-	-	425,776
Leases and rentals	2,157,531	-	-	2,157,531
Other	1,161,324	-	-	1,161,324
Total operating expenses	58,587,229	-	-	58,587,229
<i>Operating income</i>	2,260,819	-	-	2,260,819
<i>Nonoperating revenues (expenses)</i>				
Taxation for maintenance and operations	846,680	-	-	846,680
Investment income	331,087	92,740	-	423,827
Interest expense	(351,114)	-	-	(351,114)
Gain on disposal of assets	61,850	-	-	61,850
Gift shop and retail revenue	-	81,282	-	81,282
Gift shop and retail expenses	-	(83,634)	-	(83,634)
Fundraising events revenue	-	65,720	-	65,720
Fundraising events expenses	-	(51,164)	-	(51,164)
Contributions made to others	-	(2,701)	(16,562)	(19,263)
Fundraising and other Foundation expenses	-	(19,169)	-	(19,169)
Contributions	2,029	20,815	16,562	39,406
Total nonoperating revenues, net	890,532	103,889	-	994,421
Change in net position	3,151,351	103,889	-	3,255,240
Net position, beginning of year	26,475,607	392,778	-	26,868,385
<b>Net position, end of year</b>	<b>\$ 29,626,958</b>	<b>\$ 496,667</b>	<b>\$ -</b>	<b>\$ 30,123,625</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2019, is as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Increase (Decrease) in Cash and Cash Equivalents</i>				
<i>Cash flows from operating activities</i>				
Cash received from and on behalf of patients	\$ 56,501,736	\$ -	\$ -	\$ 56,501,736
Cash received from other revenue	343,701	-	-	343,701
Cash received from operating grants	1,040,213	-	-	1,040,213
Cash paid to and on behalf of employees	(32,759,928)	-	-	(32,759,928)
Cash paid to suppliers and contractors	(23,235,560)	-	-	(23,235,560)
Net cash provided by operating activities	1,890,162	-	-	1,890,162
<i>Cash flows from noncapital financing activities</i>				
Taxes received for maintenance and operations	844,561	-	-	844,561
Gift shop revenue	-	77,601	-	77,601
Gift shop expenses	-	(83,634)	-	(83,634)
Fundraising event revenue	-	65,720	-	65,720
Fundraising event expenses	-	(51,164)	-	(51,164)
Other Foundation expenses	-	(42,294)	-	(42,294)
Contributions made to others	-	(2,701)	(16,562)	(19,263)
Contributions received	2,029	16,125	16,562	34,716
Net cash provided by (used in) noncapital financing activities	846,590	(20,347)	-	826,243
<i>Cash flows from capital and related financing activities</i>				
Purchase of capital assets	(6,299,754)	(1,019)	-	(6,300,773)
Proceeds from issuance of long-term debt	6,000,000	-	-	6,000,000
Principal payments on long-term debt	(1,277,277)	-	-	(1,277,277)
Interest paid	(355,999)	-	-	(355,999)
Net cash used in capital and related financing activities	(1,933,030)	(1,019)	-	(1,934,049)
<i>Cash flows from investing activities</i>				
Purchase of investments	(1,313,277)	(9,118)	-	(1,322,395)
Interest received	298,677	-	-	298,677
Net cash used in investing activities	(1,014,600)	(9,118)	-	(1,023,718)
Net decrease in cash and cash equivalents	(210,878)	(30,484)	-	(241,362)
Cash and cash equivalents, beginning of year	2,598,186	58,117	-	2,656,303
<b>Cash and cash equivalents, end of year</b>	<b>\$ 2,387,308</b>	<b>\$ 27,633</b>	<b>\$ -</b>	<b>\$ 2,414,941</b>

**Prosser Public Hospital District**  
**doing business as Prosser Memorial Health**  
**Notes to Combined Basic Financial Statements (Continued)**  
**Years Ended December 31, 2020 and 2019**

**17. Blended Component Units (continued):**

The combining statement of cash flows for the year ended December 31, 2019, continues as follows:

	Prosser Memorial Health	Prosser Memorial Health Foundation	Eliminations	Totals
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i>				
Cash and cash equivalents	\$ 790,127	\$ 27,633	\$ -	\$ 817,760
Cash and cash equivalents limited as to use	1,250,261	-	-	1,250,261
Cash received from electronic health records incentive payments	346,920	-	-	346,920
<b>Total cash and cash equivalents</b>	<b>\$ 2,387,308</b>	<b>\$ 27,633</b>	<b>\$ -</b>	<b>\$ 2,414,941</b>
<i>Reconciliation of Operating Income to Net Cash Provided by Operating Activities</i>				
Operating income	\$ 2,260,819	\$ -	\$ -	\$ 2,260,819
<i>Adjustments to reconcile operating income to net cash provided by operating activities</i>				
Depreciation and amortization	2,443,594	-	-	2,443,594
Provision for bad debts	4,031,596	-	-	4,031,596
Decrease (increase) in:				
Receivables:				
Patient accounts, net	(6,609,838)	-	-	(6,609,838)
Estimated third-party payor settlements	622,040	-	-	622,040
Other	(189,891)	-	-	(189,891)
Inventories	(43,683)	-	-	(43,683)
Physician advances	6,816	-	-	6,816
Prepaid expenses	(919,620)	-	-	(919,620)
Increase (decrease) in:				
Accounts payable	318,759	-	-	318,759
Accrued payroll and related liabilities	695,779	-	-	695,779
Accrued leave	279,987	-	-	279,987
Estimated third-party payor settlements	(675,996)	-	-	(675,996)
Deferred electronic health records incentive revenue	(330,200)	-	-	(330,200)
<b>Net cash provided by operating activities</b>	<b>\$ 1,890,162</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,890,162</b>





DINGUS | ZARECOR & ASSOCIATES PLLC  
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT  
ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED  
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Commissioners  
Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Prosser, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Prosser Public Hospital District doing business as Prosser Memorial Health (the District) as of and for the year ended December 31, 2020, and the related notes to the combined financial statements, which collectively comprise the District's combined basic financial statements, as listed in the table of contents, and have issued our report thereon dated March 22, 2021.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the combined financial statements, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the District's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
March 22, 2021

**Prosser Public Hospital District  
doing business as Prosser Memorial Health  
Summary Schedule of Prior Audit Findings  
Year Ended December 31, 2020**

The audit for the year ended December 31, 2019, reported no audit findings, nor were there any unresolved findings from periods ended December 31, 2018, or prior. Therefore, there are no matters to report in this schedule for the year ended December 31, 2020.

Prosser Memorial Hospital

Value Engineering Log

VE #	VE Option	Status	Ball-in-Court	Proposed Value	Recommended to PMH	Approved by PMH	Rejected	Incorporate as Alternate?	Comments / Next Steps
07	Change copper feeders to aluminum feeders.	In Progress	PMH	(400,000.00)		(400,000.00)			ROM
10	Lower the quantity of cameras. (~106 cameras in the building now).	In Progress	PMH	(28,000.00)		(28,000.00)			ROM per individual camera. Security design needs to be further developed. As of 5/20/21, 53 indoor cameras have been eliminated and 24 external cameras have been added.
13	Lower roof level at a slope of 5' maximum down to 0 (grid line A8).	In Progress	PMH	(100,000.00)		(100,000.00)			BCDG to send area (sf) that changed. Model is updated (are drawings updated?) - Graham to provide \$ value. EIFS at \$25/SF (750 SF) CW at \$85/SF (1250SF)
18	Change fire extinguisher semi/recessed cabinets to surface mount if applicable or change # of FE to lower requirement or use lesser grade cabinet materials.	Closed		(13,865.00)		(13,865.00)			qty lowered to match plans/CMR estimate (Value in estimate is \$3,900 for 14 EA)
25	Use 24" stud spacing as opposed to 16" for the cold-formed metal framing (interior only).	Closed	BCDG / PMH	(138,147.00)		(138,147.00)			Its ~\$-.75 per ft2 less when switching to 24" spacing. 184,196 ft2 per internal Graham estimate on studs over 3-5/8" thick. ROM is in proposed value column.
30	Changing MOB RTU to a packaged DX/Elec rooftop unit.	In Progress	PMH	(99,421.00)		(99,421.00)			HEI to confirm energy code allows this, and provide long term cost and reliability impacts. Does it increase redundancy at all?
31	Use semi-custom RTU in lieu of fully custom RTU at hospital portion of project.	In Progress	PMH	(50,000.00)		(50,000.00)			Design recommends. ROM, Graham to clarify.
32	Allow PVC piping materials for sanitary, vent, and storm piping above slab (except in return air plenums).	In Progress	PMH	(192,718.00)		(192,718.00)			
36	Changing the MOB to a plenum return system with return air sound boots.	In Progress	BCDG / HEI	(87,000.00)		(87,000.00)			
37	Electric reheat for the MOB since it's not open 24/7.	In Progress	Graham EC/MCCM	(300,857.00)		(300,857.00)			Discuss with PMH initial cost vs lifecycle cost. Has the increased electrical cost been factored into this value? HEI said in their experience it's
40	Allow ProFlo for plumbing fixtures.	In Progress	PMH	(21,225.00)		(21,225.00)			
45	At MOB, use sound masking in lieu of running walls to deck.	In Progress	PMH	(34,560.00)		(34,560.00)			Provide credit cost for dropping walls from deck (cost credit); NV5 will procure ROM quote for sound masking (cost add). How much LF of wall can be reduced to 100% DD set to eliminate walls above ceiling. A of ear linear foot of wall. Graham delete all affected by item 30 above THIS IS AN ALTERNATE
51	Eliminate walk-in vestibules from RTU's.	In Progress	Graham EC/MCCM	(287,680.00)		(287,680.00)		Y	ADD/Deduct ALT or potentially base design with EIFS as add/alt (5/25)
53	Chain Link Enclosures at chillers, generators, O2 in lieu of masonry/EIFS.	In Progress	PMH	(125,488.00)		(125,488.00)		Y	
68	Reduce Irrigation to allow for 5,000 SY	In Progress	NV5 / PMH	(79,148.00)		(79,148.00)			
69	Reduce sodded area to allow for 5,000SY	In Progress	NV5 / PMH	(158,296.00)		(158,296.00)			
70	Reduce hydroseeding to allow for 5 AC	In Progress	NV5 / PMH	(34,000.00)		(34,000.00)			
71	Reduce trees and shrub planting to an ALLOWANCE of \$50K	In Progress	NV5 / PMH	(44,000.00)		(44,000.00)			
72	PVC piping on DWV and Storm underground	In Progress	Graham EC/MCCM	(138,460.00)		(138,460.00)			Below slab is ok as long as soil conditions do not prevent this. Stormwater above slab should be insulated for sound issues in lieu of cast iron outside of plenum
73	Sioux Chief drains	In Progress	Graham EC/MCCM	(38,367.00)		(38,367.00)			
74	Reduce number of VAV zones (tly 80)	In Progress	Graham EC/MCCM	(360,000.00)		(100,000.00)			Need to review zoning plan with HEI and PMH to determine appropriate zoning. Will also have electrical impact and will need to be considered with item 37 above. Preferred method is to use air valves for better room pressure control. But standard VAVs have been implemented before on other projects with success. Graham working on this. Works in a perfect world. Graham to reach out to Valley Electric for 18 month VE option as well. cannot choose both option 78 and 79. ROM
75	Change OR Supply and Return from CRC to standard VAV	In Progress	Graham EC/MCCM	(145,000.00)		(145,000.00)			
77	Reduce MCCM GC by 6 months (make 18 month schedule)	In Progress	Graham EC/MCCM	(223,800.00)		(100,000.00)			
79	Provide onboard paralleling gear in (2) 1000kW generators	In Progress	Henderson	(95,000.00)		(95,000.00)			Based on 100% DD set cannot be taken with item 82 and 89. ROM
80	Lighting VE Possibilities (Alternate equivalent to specified)	In Progress	Henderson	(147,000.00)		(147,000.00)			ROM HEI is still investigating this and will shift to local controls where they can.
81	Lighting Controls VE Possibilities - Wattstopper vs. DALI	In Progress	Henderson BCDG/Henderson	(108,000.00)		(108,000.00)			Will need to re-evaluate once weathered in - this could still be required.
88	Eliminate Public DAS	In Progress	BCDG/Henderson	(33,469.00)		(33,469.00)			ROM. Must be taken with #30.
90	Change MOB RTU to a package DX/electric rooftop unit	Closed	BCDG	6,000.00		6,000.00			PMH has used Pattons previously.
94	Pattons Medical for Med Gas equipment and outlets	In Progress	BCDG	(72,298.00)		(72,298.00)			
97	Combined roof drain and roof overflow piping.	Closed	Graham	(46,378.00)		(46,378.00)			
98	Basket tray ILO aluminum ladder tray	Closed	Graham	(31,000.00)		(31,000.00)			IT Cabletray - use basket style tray in lieu of aluminum ladder tray - no spec
99	Change MOB ATU's to electric re-heat	In Progress	NV5	55,000.00		55,000.00			MOB. QTY 68 @ 3kW each. Corresponds with VE #37.
<b>Total:</b>				<b>(4,742,351.40)</b>	<b>(225.00)</b>	<b>(3,188,377.00)</b>	<b>(987,276.00)</b>		



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

June 7, 2021

Craig Marks, Chief Executive Officer  
Prosser Memorial Hospital  
e-mail: [cmarks@pphdwa.org](mailto:cmarks@pphdwa.org)

Dear Mr. Marks:

On August 3, 2018, Certificate of Need (CN) #1743 was issued to Prosser Memorial Hospital approving the establishment of a 36-bed community-based nursing home in Benton County. The 36-bed nursing home would be constructed at 1745 Pike Avenue in Richland. The approved capital expenditure for the project is \$8,681,168. CN #1743 was issued with the following project description.

*"Prosser Memorial Hospital is approved to construct a 36-bed Medicare and Medicaid certified nursing home in the city of Richland within Benton County by converting 36 beds banked under the full facility closure provisions of Revised Code of Washington 70.38.115(13)(b). The 36-bed nursing home, upon licensure, will be managed by Prestige Care, Inc. under a management services agreement. Prosser Memorial Hospital will be the initial licensee of the 36-bed facility."*

The expiration date for CN #1743 is August 3, 2020. Commencement of the project is defined below and must occur prior to the expiration date of the CN.

*"Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project provided applicable permits have been applied for or obtained within sixty days of the notice; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of other projects, initiating a health service.*"  
[Washington Administrative Code 246-310-010(13)]

All quarterly progress reports submitted for this project demonstrate that commencement of the project has not occurred.<sup>1</sup> The most recent report—March 2021—provides the following information:

*"Due to COVID we have put all plans on hold until further notice."*

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<sup>1</sup> Progress reports: 2018-Quarter 4; 2019-Quarters 1, 3, and 4; 2020-Quarters 1-4; and 2021-Quarter 1.

Craig Marks, Prosser Memorial Health  
June 7, 2021  
Page 2 of 2

Based on the information above, the project authorized under CN #1743 did not commence prior to the expiration date of August 3, 2020. As a result, CN #1743 is no longer valid.

Given that the full facility closure bed banking for the 36 nursing home beds to be used for this project expired on September 2, 2018 and CN #1743 is not longer valid, the 36 nursing home beds will be removed from the Benton County nursing home bed supply.

**APPEAL OPTION**

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

Mailing Address:

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

Physical Address

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

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

Sincerely,



Eric Hernandez, Program Manager  
Certificate of Need  
Community Health Systems





# Prosser Memorial Health

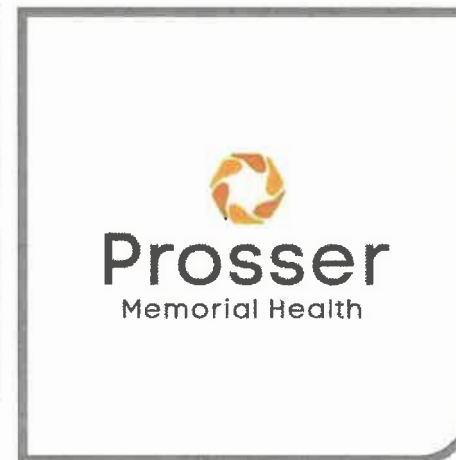
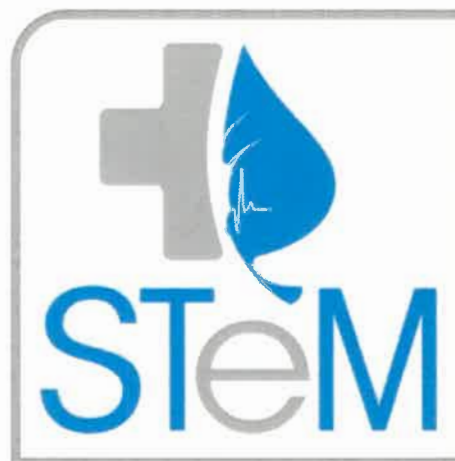
## Key Operating Statistics May 31, 2021

Actual	Month Ending				Year to Date				Prior Year	Change
	Budget	Variance	%		Actual	Budget	Variance	%		
<b>Key Volumes</b>										
274	188	86	45%	Inpatient Acute Days	1,318	918	400	44%	956	38%
67	178	(111)	-62%	Inpatient Swing Days	481	866	(385)	-44%	665	-28%
341	366	(25)	-7%	<b>Total Inpatient Days</b>	1,799	1,784	15	1%	1,621	11%
118	87	31	35%	Inpatient Admissions	411	426	(15)	-3%	381	8%
121	87	34	38%	Inpatient Discharges	408	426	(18)	-4%	381	7%
4	13	(9)	-70%	Swing Bed Discharges	38	65	(27)	-42%	49	-22%
1,722	1,709	13	1%	Adjusted Patient Days	8,387	8,324	63	1%	6,574	28%
11.00	11.81	(0.81)	-7%	Average Daily Census	11.91	11.81	0.10	1%	10.74	11%
611	408	203	50%	Adjusted Discharges	1,902	1,986	(84)	-4%	1,545	23%
2.26	2.16	0.11	5%	Average Length of Stay - Hospital	3.23	2.16	1.07	50%	2.51	29%
16.75	13.25	3.50	26%	Average Length of Stay - Swing Bed	12.66	13.25	(0.59)	-4%	13.57	-7%
44%	47%	-3%	-7%	Acute Care Occupancy (25)	48%	47%	0%	1%	43%	11%
52	46	6	13%	Deliveries	226	223	3	1%	177	28%
183	140	43	31%	Surgical Procedures	783	681	102	15%	375	109%
1,133	933	200	21%	Emergency Dept Visits	4,574	4,546	28	1%	4,231	8%
14,902	12,611	2,291	18%	Laboratory Tests	71,557	61,427	10,130	16%	51,952	38%
3,156	2,087	1,069	51%	Radiology Exams	14,671	10,167	4,504	44%	9,994	47%
1,281	1,082	199	18%	PMH Specialty Clinic	6,057	5,272	785	15%	4,593	32%
742	1,024	(282)	-28%	PMH - Benton City Clinic Visits	4,005	4,990	(985)	-20%	4,418	-9%
1,398	1,072	326	30%	PMH - Prosser Clinic Visits	6,813	5,223	1,590	30%	4,773	43%
670	756	(86)	-11%	PMH - Grandview Clinic Visits	3,049	3,682	(633)	-17%	3,120	-2%
653	641	12	2%	PMH - Women's Health Clinic Visits	3,247	3,123	124	4%	2,808	16%
<b>LABOR FULL-TIME EQUIVALENT</b>										
273.06	306.25	33.19	11%	Employed Staff FTE's	295.87	306.25	10.38	3%	262.56	13%
32.16	30.50	(1.66)	-5%	Employed Provider FTE	29.77	30.50	0.73	2%	29.49	1%
305.22	336.75	31.53	9%	All Employee FTE's	325.64	336.75	11.11	3%	292.05	12%
275.48	252.56	(22.92)	-9%	Productive FTE's	294.30	252.56	(41.74)	-17%	256.81	15%
15.43	20.00	4.57	23%	Outsourced Therapy FTE's	15.47	20.00	4.53	23%	14.53	6%
8.09	2.81	(5.28)	-188%	Contracted Staff FTE's	6.69	2.81	(3.88)	-138%	5.26	27%
23.52	22.81	(0.71)		All Purchased Staff FTE's	22.16	22.81	0.65	3%	19.79	12%
9.81	5.00	(4.81)	-96%	Contracted Provider FTE's	8.79	5.00	(3.79)	-76%	6.67	32%
338.55	364.56	26.01	7%	All Labor FTE's	356.59	364.56	7.97	2%	318.51	12%



**Telemedicine  
Strategy Meeting:**

**Prosser Memorial  
Health**





 The Joint Commission  
**Gold Seal Of Approval™**

## Virtual Care Solutions for Hospitals and Medical Systems of All Sizes

### The First Choice for a Second Opinion

*Practicing the Medicine of Tomorrow, Today.*

- We understand the unique facility needs as well as the physician concerns and requirements experienced by local providers and hospitals on a daily basis.
- We strive to customize and match those needs with our physician telemedicine services, while providing the most cost-efficient specialist access solution in the industry.
- Specialist TeleMed (STeM) is a Joint Commission accredited service offering the most complete and comprehensive telemedicine platform and services available in North America.

# Why STeM?

## Practicing the Medicine of Tomorrow, *Today.*

- **STeM** offers an affordable solution for providing additional specialty medical and surgical service lines and coverage in the **inpatient, acute care setting**.
- **STeM** offers **outpatient** clinical services and support through hospital supported, STeM staffed clinics.
- **STeM's** physicians **document directly into your EMR** to keep your patients charts up to date
- An industry first: **STeM** provides a **virtual physician group** (aka 'POD') that is focused to support the hospital on an ongoing basis, so that trust, efficiency and collegiality build from local providers and STeM physicians.
- **STeM** offers **18 inpatient and outpatient specialties** using **board-certified** physicians in their specialties with a focus and expertise in telemedicine.
- **STeM** conveniently provides **medication management** and **order writing**
- **STeM** gathers data in the form of established **metrics** that will demonstrate the impact of the services we provide focusing on quality and value.



# Specialties Provided by STeM Inpatient and/or Outpatient

- Neurology + Stroke
- Emergency Psychiatry
- Behavioral Health
- Cardiology
- Neurosurgery + Spine
- Pulmonology
- Maritime Medicine
- Nephrology
- Rheumatology
- General Surgery
- Vascular Surgery
- ENT
- Urology
- Infectious Disease
- Endocrinology
- EEG
- Ophthalmology
- Sleep Medicine
- Dermatology
- Critical Care + Tele ICU
- TeleSitting
- Wound Care



# General Description of Services

- **Inpatient Acute Care (on demand)**  
STeM provides specialist physician services on an inpatient service in the acute setting and on a routine basis.
- **Inpatient Rounding (on demand/scheduled)**  
STeM offers scheduled rounding services when covering an inpatient service line.
- **Outpatient Clinic (scheduled)**  
Working with hospital-supported clinics, we provide pre-arranged specialists to cover blocks of clinic time, with additional documentation and patient-care continuity time built-in.
- **E-Visits (on demand)**  
At sites where outpatient clinical services are offered, we offer a HIPAA compliant messaging platform for a provider to provider consult that entails a detailed review of the medical record for the purpose of answering a specific clinical question.
- **Special Services**  
Medical Directorships, EEG, Neuromonitoring services, data tracking (specialty dependent).





# The Value of STeM

## Quality Metrics Reporting

- Physician call back times, time to patient contact with or without video, consult type (eg. emergent, routine, film review)
- Diagnosis, patient disposition, patient retention
- Quarterly reporting
- Customized metric options available

## Patient Surveys

- Patient satisfaction and experience surveys, provider interaction and experience feedback

## Specialty Specific Metrics

- Door to needle time in stroke neurology, ER length of stay for psychiatry, Metrics for Critical Care such as Leapfrog, non-traumatic subarachnoid hemorrhage management with neurosurgery

## Quality Improvement

- Internal ongoing quality measures, peer review and loop closure, financial and clinical KPI's

## Structured Cost Platform

- Competitive pricing





# STeM by the Numbers

- STeM currently serves **33 States** spanning from coast to coast
- STeM provides access to **19+ Specialties**
- STeM Physician **Specialty PODs**
  - 3-8 physicians for inpatient services per POD
  - 2-4 physicians for outpatient services per POD
  - 85+ physicians and growing
  - STeM's network consists of MD's, DO's, PA's, ARNP's



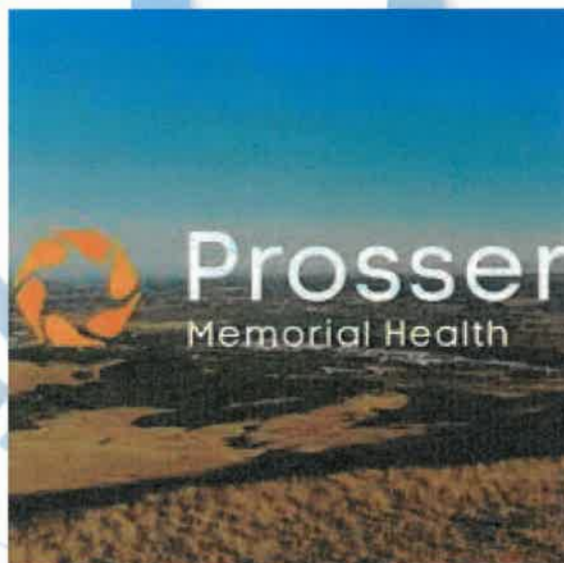


PAC – TAC PROTECTIVE SOLUTIONS



Jeremy Hasenkamp  
645 California Way  
Longview, WA 98632  
Phone: (360) 355-3131  
Fax: (866) 633 6601  
jhasenkamp@pactacprotective.com  
<http://pactacprotective.com>

General Protective Solutions Proposal For:



723 Memorial St, Prosser, WA 99350

PERSONNEL

Exceptionally Trained and Rigorously Screened Protective Solutions Professionals  
April 1,2021

The quality we bring to your environment begins long before you see our presence on site. Pac-Tac Protective Solutions (PTPS) began business in May of 2018 and, while a relatively new company, is owned

Proposal Valid For 60 Days From Date: 2/8/2021

and operated by an individual with more than 24 years of experience in law enforcement. This experience is utilized to custom tailor programs and services to fit the individual and unique needs of each client.

Pac-Tac Protective Solutions is a division of Pacific Tactical LLC and was created to provide innovative and efficient protective solutions to support the unique requirements of clients. Our current staff has decades of cumulative law enforcement and military experience that allow us to knowledgeably provide services such as security planning and recommendations, on-site security, active threat mitigation plans, event security coordination, patrol response, security consulting, surveillance operations, executive protection, and nuisance mitigation. We pride ourselves in our ability to plan and implement security mitigation and visible presence in an efficient and effective manner through knowledgeable and practical means as well as strong working relationships with local law enforcement. Additionally, we take self-sufficiency very seriously and therefore can also provide employee or resident personal protection training and training on the identification of drug influences.

PTPS' mission is to provide precise, effective, and prompt solutions to meet the security and protection needs of our clients using advanced security planning, skills, experience, training, and technology use. Our goal is to ensure that our clients can focus their attention where need be rather than worrying about the safety and security of their property, assets, personnel, or reputation.

PTPS has put together a first-class team of security professionals who are particularly suited to this proposal. We have selected prospective supervisory personnel on their ability and suitability for the type of project, and of course their availability to start right away if we are fortunate enough to be appointed.

Our uniformed Protective Officers are trained to act as a criminal deterrent by adopting the principal we call (Protection Oriented Security Tactics) methodology. Simply put, our officers are encouraged to utilize information gained and foster client and visitor interaction, environmental observation/interaction, threat, and risk trends, outside the box thinking, de-escalation and judicious actions to provide our clients

We have taken a unique approach to the business of contract security. Many of our competitors employ minimally screened and trained guards. Our approach involves a proactive theory of well-groomed, exceptionally trained, uniformed protection officers and low-vis protection officers, all of whom are held to a high expectation of qualifying skills and knowledge. Our strategy enables realistic mitigation of the possibility and opportunity for theft of property, or injury to persons within the facility.

PTPS conducts training that exceeds that of any of our competitor's programs because the current and relevant knowledge of our management team is passed on to our new employees. In addition to the State Mandated Security Courses, PAC – TAC Protective Solutions personnel also get intensive training in:



- 1) Defensive Tactics
- 2) Less Lethal Tools
- 3) Patrol Techniques & Criminal Law
- 4) Tactical Situational response
- 5) Customer Service and Advanced Communication

PTPS will provide you with certified, licensed, and insured protection professionals. Each Security Professional has been screened to exceedingly high standards and has current Oregon Department of Public Safety Standards and Training (DPSST) certification.

# PROPOSAL SCOPE

## SITE REVIEW:

PTPS visited the site of the current emergency access acute care hospital on March 16, 2021. Prosser Health is currently a 62-bed facility. The current main concern is safety for the night staff.

## PTPS PROPOSED SERVICE AND DUTIES:

1. Provide uniformed protective officers for 12 hour a day property patrol
  - i. On-Site Personnel
    1. LE qualified
      - a. Recommend armed
    2. PS qualified
      - a. Recommend armed
2. All Uniform officers outfitted with (Minimum):
  - i. Professional Class B uniform
    1. Black Polo
    2. Tan High End Class uniform pants
    3. Protection officer preference
      - a. External Ballistic Vest Carrier with identification placards and badge
      - b. Concealed Ballistic Vest with Uniform Polo over top
  - ii. Byrna Less Lethal Launcher
    1. OC/CS munitions for outdoor environments
    2. Impact munitions for indoor environments where contamination is a concern
  - iii. Two-Way communication to be able to reach all on-duty protection officers
    1. Channels specific to site location with ability to connect needed potential client personnel.
  - iv. Handcuffs
3. Minimum monthly client/ PTPS meetings to review operations, update priorities, and forecast for future needs by clients and/or PTPS.
4. Electronic Reporting and Tour System
  - a. ABILITY TO EQUIP HOSPITAL STAFF WITH PANIC BUTTONS TO SUMMON SECURITY VIA MOBILE DEVICE OR FIXED LOCATION.
    - i. Cell phone panic button- No cost
    - ii. Extra hardware may require an additional cost
  - b. PTPS uses cutting edge reporting and officer management software.
  - c. PTPS prides itself on its reporting capabilities and information gathering
  - d. PTPS software allows for real-time notification to client personal of any incident deemed necessary.
  - e. Client portal to be able to search past reports and information
  - f. Mobile based in-bound reporting of incidents, concerns or information to security in real-time.



- g. Electronic Property Tour Reporting and officer task assignments
    - i. This can be customized to client needs
    - ii. NFS buttons can be placed at key locations to ensure officers are actively and accurately touring site.
  - h. Ability to accurately track visitors on site and quickly conduct a headcount at evac points in the event of an emergency requiring an evacuation.
  - i. Schedule and automate:
    - i. Fire Extinguisher status checks
    - ii. AED checks
    - iii. Inventory
  - j. Professional reports
  - k. Searchable information to provide clients with historical data and forecast trends in security needs.
5. Testify on behalf of clients as needed for employment, civil and criminal cases.
  6. 24/7 phone and electronic means to contact PTPS and summon additional resources.
  7. Person of Interest database to assist in barring criminal elements from client property
  8. Liaison with local law enforcement
  9. Minimum 8 hours quarterly training per protection officer
  10. Protection officer's CPR and first aid certified
  11. Provide consultation with client on security upgrades or replacement technologies.
  12. Camera Monitoring and usage (If equipped)
    - i. Understand proper utilization of the system to be able to observe, search, captured, disseminate footage as required outline by client needs.
    - ii. Maintaining a proper chain of evidence for any footage deemed important by client
    - iii. Communication between any client sites to ensure proper observation is always maintained on all sites.
    - iv. Constant performance review and recommendations to ensure camera systems and placement optimize protection for the client.
  13. De-Escalation skills and training
  14. Safety and Drug influence training for clients as requested.

**ADDITIONAL RECOMMENDATIONS:**

PTPS continues to search for the most up to date technology to augment our patrol and site services.

PTPS has identified a smart camera system to augment security and safety awareness. PTPS believes utilizing this technology would assist any on-site personnel in tracking assets, observing potential property breaches, and after action review assistance in the event of an accident.

The PTPS recommended camera system utilizes a mesh network. Each camera is stand-alone therefore requires less infrastructure and can be placed in more areas of a client site. The camera system is stand alone from the client system so no potential for data breaches into the client's computer network. The Camera has AI technology with built in license plate reading and feature recognition.

The camera system can also integrate with a multitude of sensors (temperature, door, entry systems) and asset tracking tags. This allows security or client personnel to be alerted immediately if something is

not secured or a condition exists that requires immediate client notification/response. The asset tags allow personnel to know exactly where the item is on property at all times.

PTPS can integrate this camera system into our dispatch and reporting software to ensure our protective officers are responding and reporting on system alerts.

## PRICING & BILLING

PTPS will provide a forensic breakdown of our costing specifications.

PTPS maintains a philosophy that to retain the highest quality security professionals in the industry, we must compensate them commensurate to their qualifications. We have resolved to reduce our profit margin rather than decrease a security officer's salary. Our cost structure provides for a well-paid Protection Officer and a conservative rate to our client.

### PROJECT PROPOSAL

PTPS will furnish Client with licensed, bonded, and insured Protection Officers.

### HOURS OF SERVICE | RATE

Hours and Rates are as Proposed:

Refer to attached pricing agreement: Attachment A and Attachment B

# REIMBURSABLE EXPENSES

PTPS attempts to limit any unforeseen personnel expenses however, circumstances may arise that require additional staff and resources as directed by the Client. These circumstances may include:

## COURT APPEARANCES

In the event PTPS personnel are subpoenaed to court for events that occurred during the performance of their duty, related to this contract, Client agrees to compensate the officer for a minimum of three hours for the appearance. Appearances over three hours will be billed to the client's account for the actual time the officer is required to be in attendance in court. All attempts will be made to avoid individual officer overtime, however if overtime cannot be avoided, time will be billed at the overtime rate listed in the agreement.

## EVENTS | ADDITIONAL HOURS

Events or additional services scheduled 30 days or more in advance, will be billed at the normal contract rate. Events or additional services scheduled less than 30 days in advance, will be billed at the overtime rate.

## CANCELLATION:

In the event, the client wishes to end services with PTPS, a minimum 60-day notice must be given.

Exhibit A Option A(Pricing Proposal)

Location:		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Prosser Health Schedule Proposal A	Day Shift (LE Qualified) 6a-6p						\$49.50	\$49.50
	Swing Shift 6p-2a (LE qualified)	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50
	Graveyard 10p-6a (PS qualified)	\$39.50	\$39.50	\$39.50	\$39.50	\$39.50	\$39.50	\$39.50
	<30 Day notice rate/HR Surcharge	\$10.00						
	OT Rate/Holiday	1.5x Current rate						
Hours break down per day	LE Qual		8	8	8	8	8	20
	PS qual		8	8	8	8	8	8
Total Cost by Day	Supervisor	\$396.00	\$396.00	\$396.00	\$396.00	\$396.00	\$990.00	\$990.00
	PS Qualified	\$324.00	\$324.00	\$324.00	\$324.00	\$324.00	\$798.00	\$798.00
Per Day cost total (Manhours)		\$720.00	\$720.00	\$720.00	\$720.00	\$720.00	\$1,788.00	\$1,788.00
	Weekly Cost	\$7,176.00						
	Monthly Cost	\$31,096.00						
	Yearly Cost	\$373,152.00						



Exhibit A Option B (Pricing Proposal)

Location:		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Prosser Health Schedule Proposal A	Day Shift (LE Qualified) 7a-5p						\$48.25	\$48.25
	Swing Shift 4p-2a (LE qualified)	\$48.25	\$48.25	\$48.25	\$48.25	\$48.25	\$48.25	\$48.25
	Graveyard 9p-7a (PS qualified)	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00
	<30 Day notice rate/HR Surcharge	\$10.00						
	OT Rate/Holiday	1.5x Current rate						
Hours break down per day	LE Qual	10	10	10	10	10	20	20
	PS qual	10	10	10	10	10	10	10
Total Cost by Day	LE qualified	\$482.50	\$482.50	\$482.50	\$482.50	\$482.50	\$965.00	\$965.00
	PS Qualified	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$790.00	\$790.00
Per Day cost total (Manhours)		\$882.50	\$882.50	\$882.50	\$882.50	\$882.50	\$1,755.00	\$1,755.00
	Weekly Cost	\$7,922.50						
	Monthly Cost	\$34,330.83						
	Yearly Cost	\$411,970.00						

Exhibit A Option C (pricing proposal)

LE qualified Officers

Location:

Prosser Health

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
LE qualified- 12 hour shifts 6p-6a	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Le qualified- 12 hour shifts 6a-6p (Sat/Sun)						\$50.00	\$50.00

<30 Day notice rate/HR Surcharge \$10.00  
 OT Rate/Surcharge/Holiday 1.5x Rate

Hours break down per day

LE qualified hours per day	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	12	12	12	12	12	24	24

Total Cost by Day

LE qualified	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$1,200.00	\$1,200.00

Per Day cost total (Manhours)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	\$600.00	\$600.00	\$600.00	\$600.00	\$600.00	\$1,200.00	\$1,200.00

Weekly Cost \$5,400.00

Monthly Cost \$23,400.00

Yearly Cost \$280,800.00



# UNIFORM PROGRAM

2021

May 18, 2020



## **Here are six reasons for color-coded uniforms in hospitals:**

### **1. The Patient Experience**

The patient's perception of his or her caregivers is affected by the caregiver's appearance, perceived skill and the patient's ability to distinguish between his or her healthcare providers.

Patient satisfaction, which is influenced by the patient's perceptions, is one element of the entire patient experience. Hospitals routinely administer patient satisfaction surveys to outgoing patients. In these surveys, patients often comment on their caregivers' lack of professional appearance, as well as the inability to identify who was in their room. Conversely, organizations that make the change to standardized uniforms report increased patient satisfaction in these areas.

Why do patient perception and patient satisfaction matter? Healthcare is a competitive space. People who have a good experience with their caregivers and their hospital stays overall are more likely to recommend the facility that treated them. More importantly, research shows the patient experience is an indicator of quality and associated with better health outcomes.

### **2. Patient Safety**

Studies show that patients have trouble distinguishing their caregivers when there is no uniform standardization. This presents a safety concern when patients, their families and other caregivers are unable to identify the primary, licensed person responsible for providing accurate and consistent care.

Caregiver identification is of importance in pediatric and labor and delivery units. If an organization employs a clear role-based uniform standard, including embroidered logo, it is much harder for an unwelcome visitor to blend in with, or even impersonate, care providers.

### **3. Employee Satisfaction**

While organizations are discussing plans to color-code, staff commonly express dissent and anxiety over the proposed change. However, once dress codes are in place, even the most skeptical of staff members often experience a change of heart.

Employees see the enhanced atmosphere of professionalism and subsequent improvement in patient perception of the organization. And with the addition of color by discipline, staff enjoy a sense of team unity and pride with their fellow RNs, radiologists or physical therapists, along with easier identification of fellow employees.

“We actually receive comments from employees that they think it looks professional, it was a good decision to make, there’s pride in wearing the logoed uniforms and in having the patients know which caregivers are nurses versus techs.

#### **4. Magnet Status**

Many hospitals strive for Magnet status awarded by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA) which recognizes quality patient care, nursing excellence and innovation. Further, Magnet status is used as criteria in several other hospital rating systems, including Leapfrog Hospital Survey and U.S. News & World Report.

To achieve Magnet status, hospitals must demonstrate nursing best practices, the highest standards of professionalism and exemplary quality of care. Hospitals seeking the designation recognize the need for a standardized uniform program as part of their commitment to excellence. And when hospitals can boast of achieving a “Magnet culture,” studies show they excel in the areas of patient care, safety and satisfaction.

#### **5. Medicare and Medicaid Incentives**

Patient experience is officially measured by the HCAHPS survey, which includes questions about a patient’s communication with nurses and doctors, the cleanliness and quietness of the hospital environment, the patient’s overall rating of the hospital and his or her likelihood of recommending the hospital. All of the questions are tied to the patient’s perception of his or her care providers and the organization as a whole.

#### **6. Branding**

Image matters. A patient's perception of an organization and its brand becomes reality. Magnet status reflects positively on your brand. Professionally dressed staff in standardized uniforms featuring a brand’s embroidered logo present a powerful picture of expertise and authority to patients and visitors. Health care is increasingly competitive; how an organization is represented by its employees affects patient satisfaction, patient outcomes and, ultimately, the bottom line.



<b>SUBJECT:</b> Departmental Uniform & Color Coding		<b>NO:</b>			
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other:					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Supersedes #           ;		Effective Date			
<b>Author</b>	Rusti Wilson/ Wendy Clapp		<b>Date of Electronic Distribution</b>		
<b>Dept. Manager</b>			<b>Medical Director/ CAH Oversight</b>		
<b>Administrative</b>			<b>Policy Committee</b>		
<b>Committee</b>			<b>Other</b>		
<b>Audit Review:</b>	Initials:				
	Date:				

**DRAFT**

**Policy**

Designated departments will wear specific colors in order to assist with patient care delivery and identification of personnel by patients and families.

All employees must dress and maintain a personal appearance that is professionally appropriate for his/her department. Department specific policies will not supersede or contradict the Departmental Uniform & Color Coding policy. Exceptions to the dress requirements caused by individual departmental needs requiring deviation from these standards may be approved by Administration. When an exception is approved, it is put into departmental policy format and reviewed with the HR Director.

**Uniform Definition**

A **uniform** is a special set of clothes which some people, for example soldiers or the police, wear to work in and which some children wear at school. You can refer to the particular style of clothing which a group of people wear to show they belong to a group or a movement as their **uniform**.

**Goal**

Create an environment of caring and clinical excellence, making it easier for patients to differentiate one specialty or department from another.

**Implementation Timeline**

January 1, 2021 (adjustable timeline)

**Departmental Uniform & Color Coding**

Uniform & Color by Discipline guidelines will be in full compliance. Failure to comply with this policy may result in progressive disciplinary action. Occupations color selection was done by designated job function not location.

77ARC

*Example: All Laboratory employees will wear Wine colored uniforms no matter where their physical work location is.*

### **Uniform Color Coding**

- RN/LPN – Navy Blue Uniforms
- Medical Assistants & CNA's – Le Ceil Blue Uniforms
- Dietary – Teal Polo & Black Pants
- Registration/Admitting – Grey Polo & Black Pants
- Environmental Services – Light Blue Polo & Black Pants
- Maintenance – Light Grey Button Up Shirt & Dark Grey Pants
- Materials Management – Dark Grey Polo & Black Pants
- Cardiopulmonary – Hunter Green Uniforms
- Laboratory – Wine Uniforms & White Lab Coats
- Pharmacy Tech – Purple Uniforms
- Radiology – Charcoal Grey Uniforms
- Therapy Services – Ruby Polo & Black Pants
- Surgery – Black Uniforms
- Ambulance – Current Uniforms

*Note: Hospital issued uniforms will be available in designated areas for employees working in operative and procedural areas. Employees must change clothes on the premises. Hospital issued uniforms are not permitted outside of the hospital.*

When a uniform is not required, the employee will wear conservative business attire appropriate for his/her department or job designation.

### **Management**

Department Directors have the responsibility and authority to direct any noncompliant staff member to comply with this policy. The noncompliant staff member will be asked to clock out for the time taken to correct the noncompliance. Staff is mandated to follow chain of command if questions arise regarding management expectations.

Department Directors will be responsible for providing the controller and CFO an accurate employee count for their departments. That count will be provided at the annual departmental budget meetings for the following year's budget development.

### **Allowance**

- Full Time Status - \$175.00
- Part Time Status - \$130.00
- Per Diem Status - \$ 81.00

*Note: The allowance might need to be adjusted annually due to inflation.*





Upon hire or during the first year of employment. The allowance funding will be available for designated employees to purchase uniforms from the identified vendor/vendors. Newly hired

employees will need to order their assigned clothing at the beginning of their new hire process to assure they have them by their start date.

Additional uniforms may be ordered from the program vendor/vendors at the employee's expense throughout the year.

An authorized LOGO is optional and paid for by the hospital. If selected it must be embroidered on the upper left side of the top.

No alternate color, trimming, or stitching is allowed. Any color/print shirt, short or long sleeved shirt, and/or athletic sleeves, may be worn under uniform tops.

*Note: Departments must carry a supply of uniforms in their designated color for short term contracted staff to utilize. Long term contracted staff will be required to purchase their own uniforms in the contracted department designated color.*

*Per CFO request the Surgery Department, Maintenance Department and EMS weren't included in the cost analysis.*

### **Ordering**

- The selected vendor/vendors will set up an online ordering system with the selected styles and colors for each identified department employees.
- Upon initial start-up of the program, Materials Management will set up a system for employees to try on the vendor uniforms in their selected sizes and place their orders. For new employees after the initial start-up, Human Resources will incorporate this process into the onboarding of the employee to ensure that uniforms are ordered in a timely manner upon starting employment. Fit kits from vendor will be kept in the Human Resources area.

*Note: Employees purchasing their uniforms outside of the selected vendor are at risk of not being complaint with the program and policy.*

Cost Analysis

DEPARTMENT	4 SETS			3 SETS			2 SETS			TOTAL
	FT STF	AVRG \$\$	FULL TIME	PT STAFF	AVRG \$\$	PART TIME TOTAL	PD Staff	AVRG \$\$	PER DIEM TOTAL	
RN & LPN	48	\$38.96	\$7,480.32	11	38.96	\$1,285.68	32	38.96	\$2,493.44	\$11,259.44
CMA & TECHS	36	\$38.96	\$5,610.24	14	38.96	\$1,636.32	0	38.96	\$0.00	\$7,246.56
LABORATORY	14	\$38.96	\$2,181.76	5	38.96	\$584.40	6	38.96	\$467.52	\$3,233.68
RADIOLOGY	14	\$38.96	\$2,181.76	0	38.96	\$0.00	13	38.96	\$1,012.96	\$3,194.72
CARDIOPULMONARY	7	\$38.96	\$1,090.88	0	38.96	\$0.00	2	38.96	\$155.84	\$1,246.72
ENVIRO SVC / LINEN	10	\$52.96	\$2,118.40	3	52.96	\$476.64	2	52.96	\$211.84	\$2,806.88
SUPPLY CHAIN	3	\$52.96	\$635.52	0	52.96	\$0.00	2	52.96	\$211.84	\$847.36
REGISTRATION**	23	\$52.96	\$4,872.32	4	52.96	\$635.52	0	52.96	\$0.00	\$5,507.84
DIETERY	5	\$52.96	\$1,059.20	5	52.96	\$794.40	2	52.96	\$211.84	\$2,065.44
PHARMACY	2	\$38.96	\$311.68	1	38.96	\$116.88	1	38.96	\$77.92	\$506.48
THERAPY SERVICES	21	\$52.96	\$4,448.64	2	52.96	\$317.76	0	52.96	\$0.00	\$4,766.40
Average Allowance per Emp			\$175.00			\$130.00			\$81.00	\$42,681.52
									<b>Total Cost</b>	<b>\$42,681.52</b>



# Prosser

Memorial Health

UNIFORM PROGRAM  
2021

# ABOUT US

Group Uniforms Powered by SmartScrubs

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Smarter Solutions  
for Uniform Programs  
Our group programs are designed  
specifically for your organization's  
needs, implemented effectively and  
efficiently, and driven by the industry  
leader in innovative and customized  
solutions from start to finish.

SmartScrubs® specializes in group uniform programs for health care organizations across multiple industries including medical, dental, veterinary and long-term care. An industry leader and innovator, SmartScrubs implements complex uniform programs simply and efficiently using custom solutions and tools such as the Fitting Edge® mobile app. A group uniform program Powered by SmartScrubs can increase patient satisfaction, improve the patient experience and strengthen your brand.

## Assortment Cost / Most Popular Styles

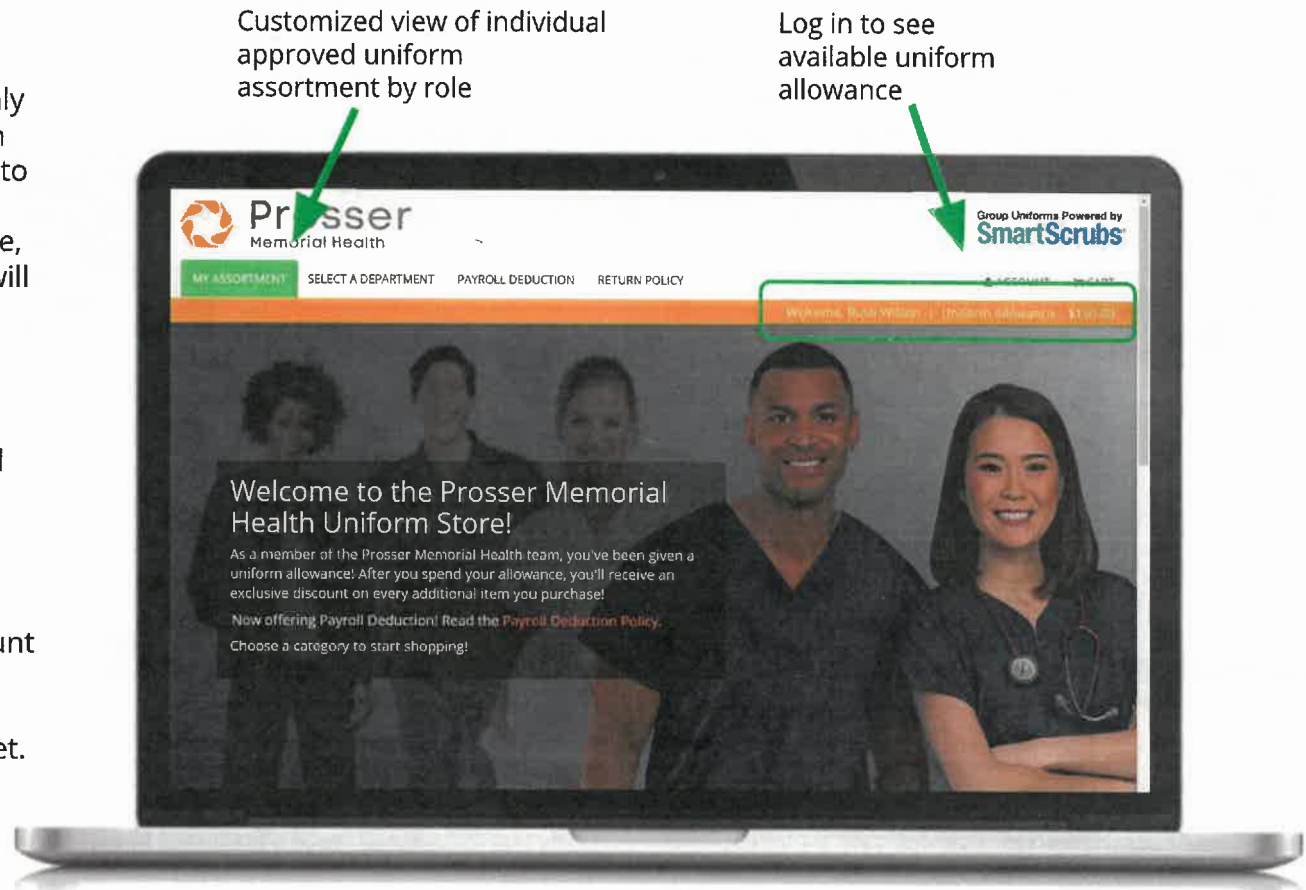


<b>1 set</b>	<b>up to XL</b>	\$30.96	\$34.96	\$49.96
	<b>2X +</b>	\$34.96	\$38.96	\$53.96
<b>2 sets</b>	<b>up to XL</b>	\$61.92	\$69.92	\$99.92
	<b>2X +</b>	\$69.92	\$77.92	\$107.92
<b>3 sets</b>	<b>up to XL</b>	\$92.88	\$104.88	\$149.88
	<b>2X +</b>	\$104.88	\$116.88	\$161.88
<b>4 sets</b>	<b>up to XL</b>	\$123.84	\$139.84	\$199.84
	<b>2X +</b>	\$139.84	\$155.84	\$215.84

Cost does not include embroidery, taxes or shipping.

# UNIFORM ALLOWANCES

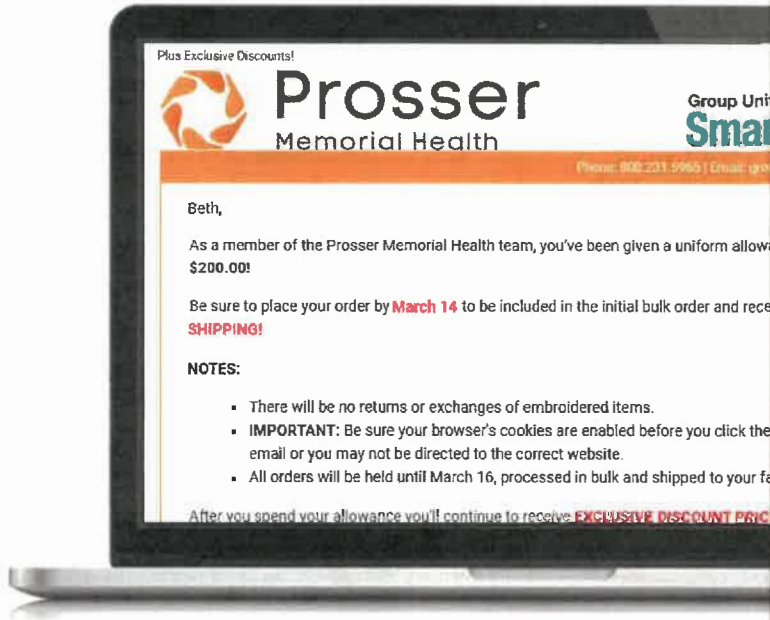
- Staff may use their allowance only on the assortment that has been assigned to their role. If they try to use their allowance on an item that is not approved for their role, an error message appears and will not allow them to proceed.
- If a staff members would like to purchase additional uniforms beyond what their allowance will cover, they will be prompted to pay for the difference out of pocket.
- Staff enjoy the negotiated discount price on all purchases placed on the site, whether using their allowance or paying out of pocket.





# PROGRAM COMMUNICATION

Customized email communications provide your employees with a summary of their available allowance amount, login instructions and customer service contact information.



Plus Exclusive Discounts!



**Prosser**  
Memorial Health

Group Uniforms Powered by  
**SmartScrubs**

Phone: 800.231.5965 | Email: [group@smartscrubs.com](mailto:group@smartscrubs.com)

Beth,

As a member of the Prosser Memorial Health team, you've been given a uniform allowance of **\$200.00!**

Be sure to place your order by **March 14** to be included in the initial bulk order and receive **FREE SHIPPING!**

**NOTES:**

- There will be no returns or exchanges of embroidered items.
- **IMPORTANT:** Be sure your browser's cookies are enabled before you click the links in this email or you may not be directed to the correct website.
- All orders will be held until March 16, processed in bulk and shipped to your facility.

After you spend your allowance you'll continue to receive **EXCLUSIVE DISCOUNT PRICING** when you purchase additional uniforms using the Prosser Memorial Health Uniform Store.

**How to Use Your Allowance:**

- 1 Sign in to your account at the Prosser Memorial Health Uniform Store:

If this is the first time you're accessing your online account, [Click Here](#) to set a new password and sign in.

If you've previously set a new password and signed in, [Click Here](#) to access the store again. If you need to set a new password, follow the prompts on the Sign In page.

- 2 See your available uniform allowance in the top right corner of the page.
- 3 Click "My Assortment" in the top menu and select from your approved uniform options.
- 4 Add your product selections to your cart. Your savings are already built into the product prices and your logo will be automatically added to your top(s).
- 5 Your allowance will be automatically added to your order total at checkout.
- 6 Enter payment information for any remaining balance after your allowance has been applied.



## ORGANIZED DELIVERY

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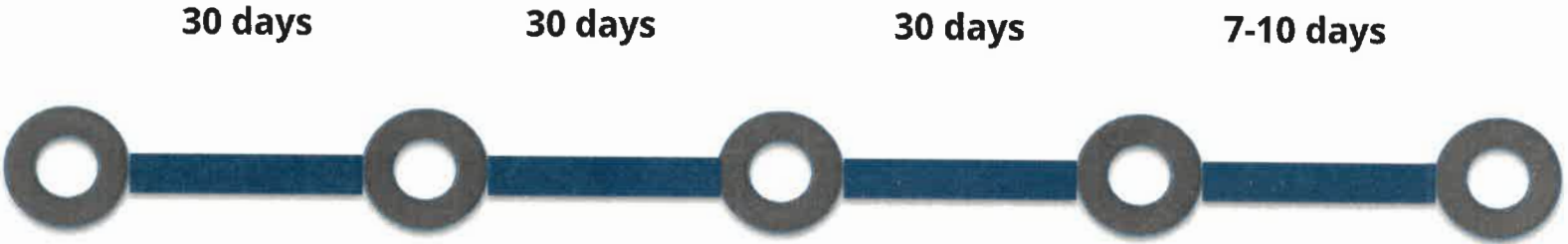
Save time and eliminate confusion with bundled shipping: SmartScrubs bundles each employee's uniforms separately and clearly labels each bundle with the employee's name.



We make it simple and efficient to distribute your orders. Employee bundles can be boxed by manager, department or custom specification.



# TIMELINE



Colors / Styles finalized  
Allowances set  
Roster data file received

Order window  
opens; launch  
emails sent

Order cutoff; all  
orders placed

Orders shipped

Employees in  
uniform

# REFERENCES

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UNITEDHEALTH GROUP®



# CASE STUDY



**University-based medical center improves brand image and patient satisfaction with custom uniform program Powered by SmartScrubs**

## Challenges

- Present a brand image more fitting of a world-renowned university
- Improve patient satisfaction
- Gain staff buy-in
- Find a vendor able to meet custom needs

## Solutions

- Initiate a color-coded uniform program with custom logo embroidery
- Share patient satisfaction survey results with staff
- Hold a fashion show and allow employees to vote on styles and colors
- Employ SmartScrubs to create a custom size, color and style
- Enable employees to order their uniforms on the SmartScrubs custom uniform portal
- Use SmartScrubs' multi-location delivery options to ship uniforms directly to employees' homes

## Results

- More than 3,000 employees in at least 20 departments wear color-coded uniforms with logo embroidery
- Nurses outfitted in custom-made brand color
- Sense of pride among medical center staff
- Higher patient satisfaction scores
- Improved staff identifiability for visiting physicians
- Independent ordering ability for staff and less time required of administrators



CHEROKEE WORKWEAR PROFESSIONALS			
SmartScrubs #	Vendor #	Description	Price
71375	WW665	Ladies V-Neck Top	\$13.98
71455	WW655	Ladies Mock Wrap Top	\$14.98
71443	WW340	Ladies Snap Front Warm-up Jacket	\$18.98
71506	WW050	Ladies Natural Rise Tapered Leg Drawstring Pant	\$15.98
71180	WW160	Ladies Mid Rise Straight Leg Drawstring Pant	\$16.98
71171	WW170	Ladies Mid Rise Straight Leg Pull-on Cargo Pant	\$15.98
71536	WW685	Ladies Maternity Mock Wrap Top	\$23.98
71535	WW220	Ladies Maternity Straight Leg Pant	\$23.98
71376	WW675	Men's 1-Pocket V-Neck Top	\$15.98
71359	WW695	Men's 3-Pocket V-Neck Top	\$16.98
71359T	WW695T	Men's 3-Pocket V-Neck Top- TALL	\$18.98
71407	WW700	Men's Underscrub Knit Top (Tee)	\$13.98
71460	WW360	Men's Snap Front Warm-up Jacket	\$19.98
71490	WW190	Men's Tapered Leg Drawstring Cargo Pant	\$19.98

CHEROKEE WORKWEAR REVOLUTION			
SmartScrubs #	Vendor #	Description	Price
71363	WW620	Ladies V-Neck Top	\$15.98
71364	WW610	Ladies Mock Wrap Top	\$16.98
71797	WW710	Ladies V-Neck Top w/ Princess Seams	\$17.98
71244	WW602	Ladies Round Neck Top	\$18.98
71365	WW310	Ladies Snap Front Warm-up Jacket	\$19.98
71367	WW110	Ladies Mid Rise Pull-on Cargo Pant	\$17.98
71368	WW120	Ladies Mid Rise Drawstring Cargo Pant	\$18.98
71405	WW105	Ladies Mid Rise Tapered Leg Drawstring Pant	\$18.98
71248	WW011	Ladies Natural Rise Tapered Leg Pull-on Pant	\$22.98
71344	WW005	Ladies Mid Rise Straight Leg Drawstring Pant	\$23.98
71366	WW690	Men's 1-Pocket V-Neck Top	\$17.98
71671	WW670	Men's 3-Pocket V-Neck Top	\$18.98
71379	WW380	Men's Snap Front Warm-Up Jacket	\$22.98
71798	WW320	Men's Zip Front Jacket	\$26.98
71369	WW140	Men's Fly Front Drawstring Cargo Pant	\$21.98
71257	WW012	Men's Natural Rise Straight Leg Pant	\$23.98

Scrubs: Add \$2 for sizes 2X-5X. Career Apparel: Add \$2 for sizes 2X-3X, \$4 for sizes 4X-5X, \$6 for 6X.  
Add \$3.50 for embroidery on all tops and jackets. Prices do not include tax or shipping.



INFINITY BY CHEROKEE - ANTIMICROBIAL			
SmartScrubs #	Vendor #	Description	Price
71006	2624A	Ladies Round Neck Top	\$22.98
71007	2625A	Ladies Mock Wrap Top	\$23.98
71151	CK623A	Ladies V-Neck Top	\$24.98
71354	CK865A	Ladies Rib-Knit Neckline V-Neck Top	\$23.98
71008	2626A	Ladies Long Sleeve Underscrub Knit Tee	\$16.98
71837	CK370A	Ladies Zip Front Warm-Up Jacket	\$29.98
71009	2391A	Ladies Rib Knit Collar Zip Front Warm-Up Jacket	\$28.98
71358	CK065A	Ladies Mid Rise Tapered Leg Pull-on Pant	\$27.98
71023	1123A	Ladies Low-Rise Drawstring Pant	\$26.98
71024	1124A	Ladies Low-Rise Pull-On Pant	\$24.98
71136A	CK110A	Ladies Mid Rise Tapered Leg Jogger Pant	\$27.98
71991	CK910A	Men's Zip Chest Pocket V-Neck Top	\$25.98
71152	CK900A	Men's V-Neck Top	\$25.98
71465	CK650A	Men's Long Sleeve Underscrub Knit Top	\$19.98
71153	CK305A	Men's Zip Front Warm-up Jacket	\$33.98
71157	CK200A	Men's Fly Front Pant	\$29.98
71674	CK004A	Men's Natural Rise Jogger Pant	\$31.98

LAB COATS			
SmartScrubs #	Vendor #	Description	Price
71346	1346	Cherokee Unisex 40"	\$17.98
71446	1446	Cherokee Unisex 40" - w/ Soil Release	\$18.98
71440	4403	Cherokee Workwear Premium Unisex Lab Coat - 38"	\$28.98
49476	15113	Meta Ladies 37" - Performance Poplin	\$17.98
49476T	15113T	Meta Ladies 37" - Performance Poplin - Tall	\$19.98
49964	1964	Meta Ladies 37" - Fine Line Twill	\$26.98
49964T	1964T	Meta Ladies 37" - Fine Line Twill - Tall	\$27.98
49593	17010	Meta Ladies 39" w/ Nano-Care	\$29.98
48004	885	Meta Pro Ladies 35" Tri-Blend Stretch Lab Coat	\$31.98
71439	4439	Cherokee Workwear Premium Ladies Lab Coat - 33"	\$26.98
71378	1401A	Infinity by Cherokee Ladies Antimicrobial Lab Coat - 40"	\$28.98
49590	17020	Meta Men's 40" w/ Nano-Care	\$30.98
49467	1963	Meta Men's 38" - Fine Line Twill	\$26.98
49467T	1963T	Meta Men's 38" - Fine Line Twill - Tall	\$30.98
49483	15112	Meta Men's 38" - Performance Poplin	\$17.98
49483T	15112T	Meta Men's 38" - Performance Poplin - Tall	\$19.98
47069	762	Meta Men's 40" Knot Button iPad Lab Coat	\$30.98

POLOS			
SmartScrubs #	Vendor #	Description	Price
74488	LST640	Sport-Tek Ladies PosiCharge RacerMesh Polo	\$11.98
74500	L500	Port Authority Ladies Silk Touch Polo	\$13.98
74767	LK600	Port Authority Ladies EZPerformance Pique Polo	\$14.98
74748	L568	Port Authority Ladies Cotton Touch Performance Polo	\$18.98
74489	ST640	Sport-Tek Men's PosiCharge RacerMesh Polo	\$11.98
74504	K500	Port Authority Men's Silk Touch Polo	\$13.98
74806	K600	Port Authority Men's EZPerformance Pique Polo	\$14.98
TBD	K568	Port Authority Men's Cotton Touch Performance Polo	\$18.98

Scrubs: Add \$2 for sizes 2X-5X. Career Apparel: Add \$2 for sizes 2X-3X, \$4 for sizes 4X-5X, \$6 for 6X.  
 Add \$3.50 for embroidery on all tops and jackets. Prices do not include tax or shipping.



BUTTON-UPS			
SmartScrubs #	Vendor #	Description	Price
74578	L612	Port Authority Ladies 3/4 Sleeve Easy Care Shirt	\$19.98
74660	LW100	Port Authority Ladies Long Sleeve Carefree Poplin Shirt	\$18.98
74676	L665	Port Authority Ladies 3/4-Sleeve SuperPro Twill Shirt	\$25.98
74587	L640	Port Authority Ladies Crosshatch Easy Care Shirt	\$28.98
74661	W100	Port Authority Men's Long Sleeve Carefree Poplin Shirt	\$18.98
74661	W100	Port Authority Men's Long Sleeve Care Free Poplin Shirt	\$18.98
74665	S663	Port Authority Men's SuperPro Twill Shirt	\$25.98

PANTS			
SmartScrubs #	Vendor #	Description	Price
74897	8280	Edwards Garment Ladies Pinnacle Pull-On Pant	\$27.98
74893	8760	Edwards Garment Ladies Repreve Stretch Microfiber Dress Pant	\$38.98
74896	2588	Edwards Garment Men's Repreve Stretch Microfiber Dress Pant	\$38.98
74886	8525	Edwards Garment Ladies Washable Dress Pant	\$48.98
74888	2525	Edwards Garment Men's Washable Dress Pant	\$48.98

EVS			
SmartScrubs #	Vendor #	Description	Price
74853	7890	Ladies Color Block Tunic	\$32.98
74867	4890	Men's Color Block Service Shirt	\$32.98
74956	8886	Ladies Pull On Pant	\$19.98
74989	2889	Unisex Housekeeping Pant with Cargo Pocket	\$17.98

CULINARY			
SmartScrubs #	Vendor #	Description	Price
49928	3301	Edwards Garment Unisex Classic 10-Button Chef Coat	\$22.98
74883	2000	Edwards Garment Unisex Basic Baggy Chef Pant	\$22.98
74933	HT04	Edwards Garment Unisex Beanie Chef Cap - Velcro Back	\$6.98
74929(BLACK)	3331	Edwards Unisex 12 Button Short Sleeve Chef Coat With Mesh	\$25.98
74929(WHITE)	3331	Edwards Unisex 12 Button Short Sleeve Chef Coat With Mesh	\$22.98
74931	9008	Edwards 1-Pocket Long Bistro Apron	\$9.98
74924	1305	Edwards Unisex Button Front Shirt with Mesh Back	\$14.98
74923(BLACK)	1302	Edwards Unisex Snap Front Shirt with Mesh Back	\$14.98
74923(WHITE)	1302	Edwards Unisex Snap Front Shirt with Mesh Back	\$12.98

MAINTENANCE			
SmartScrubs #	Vendor #	Description	Price
74524	SP24	Red Kap Men's Short Sleeve Industrial Work Shirt	\$17.98
TBD	SY60	Red Kap Short Sleeve Solid Ripstop Shirt	\$27.98
74540	PT20	Red Kap Men's Industrial Work Pant	\$22.98
74579	PT88	Red Kap Men's Industrial Cargo Pant	\$28.98

Scrubs: Add \$2 for sizes 2X-5X. Career Apparel: Add \$2 for sizes 2X-3X, \$4 for sizes 4X-5X, \$6 for 6X.  
Add \$3.50 for embroidery on all tops and jackets. Prices do not include tax or shipping.



# EMPLOYEE DONUT DAY

**JUNE 24<sup>TH</sup>**

Blissful Bites will be parked outside the Hospital's Employee Entrance. They will be serving individual donut trays 6:30am - 9:00am.

Clinic to-go orders will be ready for pick up from 9:00am - 10:00am. Blissful Bites will serve at the Benton City Clinic 11:00am - 12:00pm.



**Prosser**  
Memorial Health





Leadership  
**Car Wash**  
& BBQ Lunch

**Thursday, July 1<sup>st</sup> | 11:00am to 1:00pm**  
**ENT / Allergy Clinic Parking Lot**

Proudly wear your high school, college or favorite team colors. Enjoy AC's BBQ for lunch and cool down with Shorty's Italian Sodas! Please submit your lunch order by noon on June 22<sup>nd</sup> to Annie Tiemersma.



**Prosser**  
Memorial Health

**This is how we care.**

# THE PULSE

PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

JUNE 2021



# Last Months Events



## Facebook Live Events

Thank you, Dr. Strebel and Dr. Tieu, for providing excellent information to our community through Facebook Live. Over 700 people were reached in May's live events on Mako robotic joint replacement and thyroid nodules & goiter.



## BOTOX Party

On May 6th Grandview Clinic held a Mother's Day Botox Party.



## Prosser Thrive Virtual Opioid Town Hall Event

Dr. Wenger and Heather Morse participated in the Prosser Thrive virtual Opioid Town Hall event. Scan the QR code to watch the recorded event.

# Hospital Week

May 9th - 15th was National Hospital Week. Thank you to our incredible team and all they do for our patients and the community!





# Welcome to the Team!



Left to Right: Oscar Vela - ED Tech, Robyn Denny - Emergency Medical Services EMT, Philip Chong - Emergency Medical Services EMT, Megan Cole - Family Birthplace RN, Maria Amezcua - Medical Surgical Tech, Zaira Ruiz Campuzano - Family Birthplace Tech, Evilin Perez - Medical Surgical Tech, Zenaida Lopez - Medical Surgical RN, Shawna Hagensicker - Medical Surgical Tech, Alexia Verduzco - Grandview Clinic Certified Medical Assistant

## What was your favorite part of Hospital Week?

**Oscar Vela - ED Tech:** "The gifts!"

**Maria Amezcua - Medical Surgical Tech:** "Everything, it was really fun!"

**Zaira Ruiz Campuzano - Family Birthplace Tech:** "I work nights but I saw how well it was put together for our staff, showing you care. The food choices were great!"

**Zenaida Lopez - Medical Surgical RN:** "The food!"

**Shawna Hagensicker - Medical Surgical Tech:** "I loved that everyone came together as a family and just had fun! I love that everyone is shown appreciation!"

**Alexia Verduzco - Grandview Clinic Certified Medical Assistant:** "The food!"

## How do you like to spend your time outside of work?

**Oscar Vela - ED Tech:** "Sleeping."

**Robyn Denny - Emergency Medical Services EMT:** "With family, friends, at the fire department hanging out with other volunteers."

**Philip Chong - Emergency Medical Services EMT:** "Volunteer firefighter, paramedic school, running and listening to audiobooks."

**Megan Cole - Family Birthplace RN:** "Hiking, kayaking, cycling."

**Maria Amezquita - Medical Surgical Tech:** "Enjoying the outdoors."

**Zaira Ruiz Campuzano - Family Birthplace Tech:** "Spending the day with our family and doing activities together."

**Evilin Perez - Medical Surgical Tech:** "Hiking with family."

**Zenaida Lopez - Medical Surgical RN:** "Gardening and reading!"

**Shawna Hagensicker - Medical Surgical Tech:** "Doing anything and everything with my family!"

**Alexia Verduzco - Grandview Clinic Certified Medical Assistant:** "With family and gardening."

## Scavenger Hunt





# ASPIRE Awards



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

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



Congratulations to the 53 PMH team members who received the Platinum ASPIRE Award during hospital week last week! The Platinum Award recognizes a group who, together, went above and beyond living our mission, vision and values. The 2021 award recipients include staff, providers, and health occupation students who volunteered to work at our very first mass vaccine clinic January 22. Thank you for taking a leap of faith with us on this very first clinic and helping to make it the success it has been. We couldn't have done it without each and every one of you! #ThisIsHowWeCare



## Stephanie Honey-Morrow

Congratulations to Stephanie Honey-Morrow for receiving a Gold ASPIRE Award! Stephanie was recognized for working tirelessly, (and we mean tirelessly), nights, weekends, and days off, on our new timeclock software platform. Stephanie tailored the software to our organizational needs with complex staffing schedules and 24/7 hours of operation. This is in addition to her regular job responsibilities as a House Supervisor at PMH. The fellow employee who nominated Stephanie wrote, "Stephanie's attitude and drive scream EXCELLENCE to me!" We couldn't agree more! Thank you for taking this huge project on for PMH!



## LONG-TERM INVESTING 101

Investing for retirement can be intimidating for many people. Keeping these basic principles in mind can help you pursue your long-term goals.

### Have Realistic Expectations

Be realistic about how well your investments will perform. If you are too optimistic, you could underestimate how much you should be contributing to your retirement account to reach your savings target. Instead of counting on big stock gains, it's generally smarter in the long run to diversify\* your investments. And always contribute an adequate amount, regardless of how the investment markets are performing.

### Avoid Hot Trends

Hot investing trends can catch the attention of inexperienced investors. However, trends tend to fizzle out as quickly as they started, leaving inexperienced investors with losses. Rather than chasing trends, choose investments that are an appropriate match for your risk tolerance, the amount of time you have to invest, and your investing objectives.

### Learn to Live With Volatility

The stock market rises on some days and falls on others -- sometimes by a lot. When the market tumbles, you might be tempted to sell your stock funds or portfolios and buy less risky investments. However, periods of poor market performance are to be expected when you're investing to reach long-term goals. While downturns are discouraging, the stock market historically has recovered from every downturn.\*\* Over time, periodic setbacks may be followed by periods of strong growth. Unless you'll need your money soon, it may be better to look beyond short-term volatility and stick with your investment strategy.

<b>Staying Invested Through Up and Down Years</b>	
Investors earned a 6% average annual return from stocks as measured by the S&P 500 stock index over 20 years despite significant market volatility during this time period.	
<b>S&amp;P 500: January 1, 2000-December 31, 2019</b>	
Highest Average Annual Total Return	32.39% (2013)
Lowest Average Annual Total Return	-36.99% (2008)
20-Year Average Annual Return	6.06%
Source: DST Retirement Solutions, LLC, an SS&C company	

**Source/Disclaimer:**

\*Diversification does not ensure a profit or protect against loss in a declining market.  
 \*\*Past performance does not guarantee future results.

*This content is for general informational and educational purposes only and should not be relied upon as the only source of information. Prior to acting on this information, we recommend that you seek independent advice specific to your situation from a qualified investment/legal/tax professional. Neither USI nor its affiliates and/or employees/agents offer investment, legal or tax advice.*



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H

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

# Anniversaries

## Happy 1 Year

- **Wyatt Johnson**  
Emergency Medical Services EMT
- **Melissa Jensen**  
Supply Chain Courier
- **Hollie Wood**  
Emergency Medical Services EMT

## Happy 2 Years

- **Robert Roy**  
Cardiopulmonary  
Respiratory Therapist
- **Andrew Wickwire**  
Cardiopulmonary  
Respiratory Therapist

## Happy 3 Years

- **Kristi Mellema**  
Chief Compliance & Quality Officer
- **Bailey Padilla**  
Prosser Women's Health Center  
Certified Nurse Midwife

## Happy 4 Years

- **Sergio Merino**  
Surgical Services RN
- **Carolina Pineda-Perez**  
Patient Registration  
Patient Registrar

## Happy 5 Years

- **Tricia Hawley**  
Prosser Specialty Clinic Manager
- **Dr. Whitakerhill**  
Emergency Department
- **Maria Flores**  
Surgical Services RN

## Happy 6 Years

- **Tasha Sears**  
Supply Chain Inventory  
Control Specialist
- **Dr. Murphy**  
Emergency Department
- **Bailey Dibbert**  
Family Birthplace RN
- **Maria Castro**  
Grandview Clinic Certified  
Medical Assistant

## Happy 8 Years

- **Barbara Musselman**  
Family Birthplace RN

## Happy 9 Years

- **Felicia Flores**  
Community Relations Busy Bean/  
Gift Shop Coordinator

## Happy 10 Years

- **Cassandra Cazares**  
Medical/Surgical Technician

## Happy 11 Years

- **Gloria Zuniga**  
Prosser Clinic Certified  
Medical Assistant

## Happy 12 Years

- **Deanna Bridger**  
Laundry Worker

## Happy 14 Years

- **Crystal Blanco**  
Human Resources Assistant
- **Cecilia Garcia**  
Diagnostic Imaging  
Radiologic Technologist



## Happy 19 Years

- **Gaudencio Pedroza**  
Environmental Services  
Housekeeper
- **Gaylin Griffiths**  
Emergency Medical  
Service Paramedic

## Happy 20 Years

- **Andrea Valle**  
Director of Health  
Information Management
- **Dr. Clifford**  
Prosser Orthopedic Center

## Happy 30 Years

- **Karen Legerski**  
Emergency Services RN

# Birthdays

- **Ann Brunner**  
OR Technician Surgical Services
- **Brianda Galarza**  
Laboratory Assistant
- **Evilin Perez**  
Medical Surgical Technician
- **Bailey Dibbert**  
RN Family Birthplace
- **Nancy Sanchez**  
Patient Registrar Patient Registration
- **Gaylyn Concienne**  
Certified Coder Health Information Management
- **Jason Strickland**  
Help Desk Technician Information Services
- **Ana Medina**  
Patient Registrar Patient Registration
- **Nieva Glenn Pelobello**  
Medical Technologist Laboratory
- **Neil Taylor**  
Paramedic Emergency Medical Services
- **Jennifer Trevino**  
Certified Medical Assistant Grandview Clinic
- **Julieta Martinez**  
Patient Services Representative Benton City Clinic
- **Miriah Webb**  
Registered Echo Tech Diagnostic Imaging
- **Brian Fischer**  
Director Supply Chain
- **Wesley Kessinger**  
RN Emergency Department
- **Angela Carey**  
Pharmacy Technician II
- **Kayla Gleason**  
Registered CT Technologist Diagnostic Imaging
- **Ricardo Gonzalez**  
Registered CT Technologist Diagnostic Imaging
- **Eric Heinlein**  
RN Surgical Services
- **Trudy Lewis**  
Cook Food Services
- **Judy McCormick**  
Mammographer Diagnostic Imaging
- **Amanda Benton**  
RN Emergency Department
- **Christi Doornink-Osborn**  
Nurse Director Emergency Department
- **Jessica Luther**  
ARNP Benton City Clinic
- **Katie Grow**  
RN Medical/Surgical
- **Summer Landa**  
Respiratory Therapist Cardiopulmonary
- **Rosa Lopez-Barboza**  
OB Tech Family Birthplace
- **Leandra Ramirez**  
Patient Services Representative Prosser Clinic
- **Maira Cabanillas**  
Patient Services Representative Prosser Women's Health Center
- **Stephanie Honey-Morrow**  
RN Emergency Department
- **Annabelle Hansen**  
RN Medical/Surgical
- **Barbara Musselman**  
RN Family Birthplace
- **Peter Park**  
ARNP Grandview Clinic
- **Kevin Hardiek**  
Chief Information Officer
- **Perla Salmeron**  
RN Medical/Surgical
- **Hanna Wheeler**  
RN Family Birthplace
- **Blanca Galvan**  
RN Prosser Women's Health Center

Free 20oz  
Busy Bean Coffee  
on your birthday!



# Upcoming Events



## Summer Safety Event June 17th

Prosser Clinic 4:00pm - 7:00 pm. Free event. Bring the family! Join us for water safety, arts & crafts, tacos, refreshments, and Otter Pops! Free life jackets for children while supplies last.



## Men's Health Facebook Live June 23rd

Join us on Facebook, live Wednesday, June 23rd, for an interactive conversation on men's health with Dr. Tom Tieu and Dr. Jose Santa-Cruz.

If you have specific questions regarding this topic, you can email them to [connect@prosserhealth.org](mailto:connect@prosserhealth.org) prior to the event or submit your questions live.



## **National Donut Day June 24th**

Blissful Bites will be parked outside the Hospital's Employee Entrance. They will be serving individual donut trays 6:30am - 9:00am.

Clinic to-go orders will be ready for pick up from 9:00am - 10:00am. Blissful Bites will serve at the Benton City Clinic 11:00am - 12:00pm.



## **Leadership Carwash & BBQ July 1st**

Drive your car through the ENT / Allergy Clinic parking lot to be washed! The Leadership Team will be washing vehicles all day from 7:30 am - 4:00pm. Enjoy AC's BBQ for lunch and cool down with Shorty's Italian Sodas! Please submit your lunch order to Annie Tiemersma by June 22nd.

# PMH Foundation Scholarship Recipients



Left to Right: Aspen Peters , Grace Bestebreuer, Jari Tavira

Meet the future healthcare heroes, our 2021 Prosser Memorial Health Foundation scholarship winners! Prosser High School students: Aspen Peters and Grace Bestebreuer. Grandview High School student: Jari Tavira. You made this happen! The proceeds from our gift shop fund these scholarships. So a big thank you to each and every one of you that supports our gift shop!

## COVID-19 Vaccine



The COVID Vaccine is available at all of our primary care clinics.



# Thai Chicken Salad



## Ingredients

- 1 (8-ounce) package raw coleslaw mix
- 3 cups shredded cooked chicken
- 5 scallions, thinly sliced
- 1 red bell pepper, cored, very thinly sliced lengthwise then cut in half widthwise
- 1 jalapeño, very thinly sliced widthwise or diced
- 1/2 cup roasted peanuts, roughly chopped

## Peanut Dressing:

- 1/2 cup creamy peanut butter
- 1/4 cup toasted sesame oil
- 1/4 cup rice vinegar
- 1/4 cup water
- 1 tablespoon siracha
- 1 teaspoon table salt

## Instructions:

1. **Prep Ingredients:** Add all salad fixings to large bowl, big enough for tossing them. Set aside.
2. **Make Dressing:** In medium microwave-safe bowl or measuring glass, add all peanut dressing ingredients except for sesame oil. Microwave uncovered until peanut butter is just softened, about 15 seconds at high power. Whisk in sesame oil until very smooth and fully combined, about a minute.
3. **Toss Salad:** Pour peanut dressing over salad fixings, tossing salad until well-mixed. Serve.

Prep: 20 mins | Yield: 5 servings | Calories: 460 | Net Carbs: 8.5g



**Prosser**  
Memorial Health

# Summer Social

Friday, July 16

6:00pm to 9:00pm  
Desert Wind Winery

Enjoy dinner, music, and drinks.  
Medical Staff, Leadership Team, and Board  
Members invited. RSVP to Shannon Hitchcock  
or Annie Tiemersma in Community Relations.



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Memorial Health

- **Number of responses** to a survey question, section, or overall.
- Press Ganey **recommends a minimum of 30 responses to influence decision-making and report data.**



# Foundations of Data



These are the basic patient experience data elements.



- **Facilities sharing similar characteristics and that are grouped together for benchmarking.**
- Most common is the All Press Ganey (PG) Database.

- **Average:** add scores and divide by the number of responses.
- There are question, section, and overall mean scores for Press Ganey surveys.



- **The percentage of scores in the peer group that fall below your score.**
- **Example:** 63rd percentile:
  - We are scoring better than 63% of those in our Peer Group.
  - 37% in our Peer Group are scoring higher than we are.

- **Most favorable response that can be selected on the survey response scale.**
- Reported as a **percentage** of top box responses out of the total number of responses.
- Top box score are available for Press Ganey surveys and **CAHPS** reporting.



- **Narrow your focus to key measures that will impact your overall performance.**
- Calculated by combining your performance (score or percentile rank) and correlation coefficient.

- **Confidence the score change was caused by an actual change** to process or behavior rather than natural variation of data.
- The calculation uses n size and standard deviation.



- **Measure of variability of scores around the mean.**
- Higher standard deviation = **less consistency** in your patients' experiences.
- Lower standard deviation = **more consistency** in your patients' experiences.





# Prosser

Memorial Health

Balance Sheet

May 31, 2021

	Assets				Liabilities & Fund Balance				
	5/31/2021	4/30/2021	5/31/2020	12/31/2020	5/31/2021	4/30/2021	5/31/2020	12/31/2020	
Cash & Temporary Investments	4,776,752	5,021,988	5,171,919	5,666,965	Current Portion of Bonds Payable	842,429	700,352	812,005	927,492
COVID Cash Holding	2,862,594	2,880,715	13,049,246	3,166,415	Current Portion Capital Leases	245,256	162,432	556,872	242,588
Gross Patient Accounts Receivable	34,107,637	33,444,324	23,421,572	27,102,308	Accounts Payable	1,824,054	1,643,068	1,116,804	1,390,403
Less Allowances for Uncollectible	(20,907,000)	(20,357,000)	(14,832,000)	(16,699,000)	Payroll & Related Liabilities	2,813,487	3,269,022	3,091,916	2,463,441
Net Patient Receivables	13,200,637	13,087,324	8,589,572	10,403,308	Cost Report Payable	1,050,690	933,013	9,014,242	521,596
Taxes Receivable	410,337	558,665	402,930	31,706	Other Payables to 3rd Parties	894,913	882,899	465,709	777,000
Receivable from 3rd Party Payor	288,268	288,268	1,798,244	397,478	Deferred Tax Revenue	502,817	574,648	486,260	-
Inventory	417,149	380,236	416,904	484,142	Deferred EHR Medicare Revenue	-	-	192,617	-
Prepaid Expenses	1,029,854	1,043,353	1,194,144	1,208,748	Deferred COVID Revenue	9,212,829	9,230,950	6,457,266	9,516,650
Other Current Assets	56,925	59,512	464,504	118,401	Accrued Interest Payable	114,644	95,649	118,019	19,670
Total Current Assets	23,042,516	23,320,061	31,087,463	21,477,163	Other Current Liabilities	-	-	-	-
Whitehead Fund - LGIP	1,214,152	1,214,073	1,211,914	1,213,585	Total Current Liabilities	17,501,119	17,492,033	22,311,710	15,858,840
Funded Depreciation - Cash	1,961,296	1,731,830	812,868	1,020,257	Non Current Liabilities				
Funded Depreciation - TVI	15,377,396	15,377,396	13,728,889	15,448,177	Bonds Payable net of CP	10,121,552	10,309,892	10,968,037	10,311,216
Bond Obligation Cash Reserve	762,944	767,495	-	767,478	Capital Leases net of CP	730,888	833,861	1,096,379	833,861
Tax Exempt Lease Funds	26,021	26,021	854,216	893,149	Total Non Current Liabilities	10,852,440	11,143,753	12,064,416	11,145,077
Board Designated Assets	19,341,809	19,116,815	16,607,887	19,342,646	Total Liabilities	28,353,559	28,635,786	34,376,126	27,003,917
Land	478,396	478,396	478,396	478,396	Fund Balance				
Property Plant & Equipment	43,394,469	43,270,729	41,606,529	42,040,809	Current YR Unrestricted Fund Balance	2,407,311	1,855,671	2,027,704	3,290,127
Construction In Progress	3,636,851	3,260,119	487,578	1,906,093	Prior YR Unrestricted Fund Balance	32,577,984	32,577,984	29,626,958	27,293,932
Accumulated Depreciation	(29,335,567)	(29,158,650)	(27,036,533)	(28,455,218)	Restricted Fund Balance	-	-	-	-
Net Property Plant & Equipment	18,174,149	17,850,594	15,535,970	15,970,079	Total Fund Balance	34,985,295	34,433,655	31,654,662	32,574,304
Investment & Other Non Current Assets	1,034,940	1,036,531	1,054,028	1,042,893	Total Liabilities & Fund Balance	\$ 63,338,854	\$ 63,069,441	\$ 66,030,788	\$ 59,578,221
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Asset:	2,780,380	2,781,971	2,799,468	2,788,333					
<b>Total Assets</b>	<b>\$ 63,338,854</b>	<b>\$ 63,069,441</b>	<b>\$ 66,030,788</b>	<b>\$ 59,578,221</b>					



**Statement of Operations**  
May 31, 2021

Actual		Month Ending		Prior		Year to Date		Prior			
	Budget	Variance	%	Year	%	Actual	Budget	Variance	%	Year	%
<b>Gross Patient Services Revenue</b>											
\$ 3,315,688	\$ 3,149,996	\$ 165,692	5%	\$ 2,520,235	32%	\$ 16,438,666	\$ 14,573,650	\$ 1,865,016	13%	\$ 13,236,971	24%
13,427,053	11,547,960	1,879,093	16%	6,692,398	101%	60,199,528	53,427,338	6,772,190	13%	40,448,362	49%
16,742,741	14,697,956	2,044,785	14%	9,212,633	82%	76,638,194	68,000,988	8,637,206	13%	53,685,333	43%
<b>Deductions from Revenue</b>											
<b>Contractual Allowances</b>											
3,752,035	2,732,129	(1,019,906)	-37%	1,611,449	133%	16,704,063	12,640,362	(4,063,701)	-32%	9,732,099	72%
3,713,132	3,114,172	(598,960)	-19%	1,938,730	92%	16,577,645	14,407,904	(2,169,741)	-15%	11,735,112	41%
2,106,461	1,805,889	(300,572)	-17%	1,146,693	84%	9,406,043	8,355,054	(1,050,989)	-13%	6,576,949	43%
222,032	189,580	(32,452)	-17%	(68,462)	-424%	1,199,749	877,105	(322,644)	-37%	781,824	53%
9,793,660	7,841,770	(1,951,890)	-25%	4,628,410	112%	43,887,500	36,280,425	(7,607,075)	-21%	28,825,984	52%
129,428	176,318	46,890	27%	49,448	162%	795,071	815,747	20,676	3%	516,251	54%
712,965	343,790	(369,175)	-107%	255,700	179%	1,557,461	1,590,563	33,102	2%	1,370,726	14%
10,636,053	8,361,878	(2,274,175)	-27%	4,933,558	116%	46,240,032	38,686,735	(7,553,297)	-20%	30,712,961	51%
6,106,688	6,336,078	(229,390)	-4%	4,279,075	43%	30,398,162	29,314,253	1,083,909	4%	22,972,372	32%
18,120	-	18,120	0%	1,325,149	-99%	316,770	-	316,770	0%	3,535,533	-91%
18,565	28,611	(10,046)	-35%	64,385	-71%	92,041	143,057	(51,016)	-36%	294,360	-69%
<b>6,143,373</b>	<b>6,364,689</b>	<b>(221,316)</b>	<b>-3%</b>	<b>5,668,609</b>	<b>8%</b>	<b>30,806,973</b>	<b>29,457,310</b>	<b>1,349,663</b>	<b>5%</b>	<b>26,802,265</b>	<b>15%</b>
<b>Net Patient Services Revenue</b>											
2,683,225	2,643,802	(39,423)	-1%	2,292,652	17%	12,977,638	12,663,445	(314,193)	-2%	11,680,612	11%
539,945	635,046	95,101	15%	604,325	-11%	3,415,445	2,982,261	(433,184)	-15%	2,919,703	17%
315,380	220,640	(94,740)	-43%	135,882	132%	1,321,719	1,020,806	(300,913)	-29%	1,259,941	5%
3,538,550	3,499,488	(39,062)	-1%	3,032,859	17%	17,714,802	16,666,512	(1,048,290)	-6%	15,859,956	12%
383,187	368,985	(14,202)	-4%	288,245	33%	1,839,494	1,713,357	(126,137)	-7%	1,645,190	12%
50,694	41,867	(8,827)	-21%	49,659	2%	338,512	209,333	(129,179)	-62%	264,893	28%
1,024,690	965,705	(58,985)	-6%	481,223	113%	4,685,382	4,397,754	(287,628)	-7%	2,658,373	76%
70,281	46,458	(23,823)	-51%	46,337	52%	232,243	219,913	(12,330)	-6%	205,626	13%
121,196	325,315	204,119	63%	228,231	-47%	1,361,302	1,626,574	265,272	16%	1,302,104	5%
143,671	176,630	32,959	19%	153,829	-7%	854,286	883,150	28,864	3%	839,618	2%
84,950	85,533	583	1%	58,860	44%	405,276	427,667	22,391	5%	380,540	7%
178,508	246,996	68,488	28%	229,348	-22%	888,303	1,234,978	346,675	28%	1,131,840	-22%
77,368	131,711	54,343	41%	92,182	-16%	252,395	658,560	406,165	62%	798,231	-68%
2,134,545	2,389,200	254,655	11%	1,627,914	31%	10,857,193	11,371,286	514,093	5%	9,226,415	18%
<b>5,673,095</b>	<b>5,888,688</b>	<b>215,593</b>	<b>4%</b>	<b>4,660,773</b>	<b>22%</b>	<b>28,571,995</b>	<b>28,037,798</b>	<b>(534,197)</b>	<b>-2%</b>	<b>25,086,371</b>	<b>14%</b>
<b>470,278</b>	<b>476,001</b>	<b>(5,723)</b>	<b>-1%</b>	<b>1,007,836</b>	<b>-53%</b>	<b>2,234,978</b>	<b>1,419,512</b>	<b>815,466</b>	<b>57%</b>	<b>1,715,894</b>	<b>30%</b>
<b>Operating Expenses</b>											
<b>Sub-Total Labor Costs</b>											
74,481	71,831	2,650	4%	69,589	7%	365,382	359,155	6,227	2%	357,871	2%
51,445	2,935	48,510	1653%	12,391	315%	(15,373)	14,673	(30,046)	-205%	94,730	-116%
(44,564)	(44,920)	356	-1%	(32,897)	35%	(190,763)	(224,598)	33,835	-15%	(154,975)	23%
-	347	(347)	-100%	13,684	-100%	13,087	1,736	11,351	654%	14,184	-8%
<b>81,362</b>	<b>30,193</b>	<b>51,169</b>	<b>169%</b>	<b>62,767</b>	<b>30%</b>	<b>172,333</b>	<b>150,966</b>	<b>21,367</b>	<b>14%</b>	<b>311,810</b>	<b>-45%</b>
<b>\$ 551,640</b>	<b>\$ 506,194</b>	<b>\$ 45,446</b>	<b>9%</b>	<b>\$ 1,070,603</b>	<b>-48%</b>	<b>\$ 2,407,311</b>	<b>\$ 1,570,478</b>	<b>\$ 836,833</b>	<b>53%</b>	<b>\$ 2,027,704</b>	<b>19%</b>
<b>Net Income (Loss)</b>											
<b>Non Operating Income</b>											
<b>Tax Revenue</b>											
<b>Investment Income</b>											
<b>Interest Expense</b>											
<b>Other Non Operating Income (Expense)</b>											
<b>Total Non Operating Income</b>											
<b>Net Income (Loss)</b>											



# Prosser Memorial Health

## Statement of Operations 13-month Trend

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
<b>Gross Patient Services Revenue</b>													
Inpatient	\$ 2,520,235	\$ 3,042,365	\$ 3,178,603	\$ 2,759,767	\$ 2,669,699	\$ 2,710,596	\$ 3,168,278	\$ 3,151,704	\$ 3,824,595	\$ 3,004,543	\$ 3,035,495	\$ 3,258,345	\$ 3,315,688
Outpatient	6,692,398	9,162,181	9,501,319	10,082,833	9,721,811	10,633,377	10,188,162	10,468,554	10,210,773	9,951,505	13,253,052	13,357,145	13,427,053
<b>Total Gross Patient Services Revenue</b>	<b>9,212,633</b>	<b>12,204,546</b>	<b>12,679,922</b>	<b>12,842,600</b>	<b>12,391,510</b>	<b>13,343,973</b>	<b>13,356,440</b>	<b>13,620,258</b>	<b>14,035,368</b>	<b>12,956,048</b>	<b>16,288,547</b>	<b>16,615,490</b>	<b>16,742,741</b>
<b>Deductions from Revenue Contractual Allowances</b>													
	54%	57%	60%	62%	54%	57%	63%	65%	58%	59%	60%	61%	64%
Medicare	1,611,449	2,019,352	2,123,486	2,764,334	1,817,288	2,609,904	2,496,898	3,258,811	3,197,084	2,335,434	3,487,655	3,931,855	3,752,035
Medicaid	1,938,730	2,427,413	3,115,446	2,843,908	2,528,387	3,138,526	3,231,634	3,277,382	2,895,026	2,792,711	3,362,537	3,814,239	3,713,132
Negotiated Rates	1,146,693	1,738,176	1,625,968	1,471,853	1,799,267	1,722,466	1,865,577	1,944,477	1,423,179	1,865,728	2,089,835	1,920,840	2,106,461
Other Adjustments	(68,462)	265,524	291,657	496,025	(362,398)	161,413	109,178	(2,652)	274,835	116,649	312,747	273,486	222,032
<b>Gross Contractual Allowances</b>	<b>4,628,410</b>	<b>6,450,465</b>	<b>7,156,557</b>	<b>7,576,120</b>	<b>5,782,544</b>	<b>7,632,309</b>	<b>7,703,287</b>	<b>8,478,018</b>	<b>7,790,124</b>	<b>7,110,522</b>	<b>9,252,774</b>	<b>9,940,420</b>	<b>9,793,660</b>
Charity Care	49,448	149,222	337,712	77,110	79,533	208,648	141,999	271,526	190,576	141,077	219,351	114,639	129,428
Bad Debt	255,700	326,276	138,652	256,521	836,019	(270,517)	537,735	128,519	185,454	340,068	219,607	99,368	712,965
<b>Total Deductions From Revenue</b>	<b>4,933,558</b>	<b>6,925,963</b>	<b>7,632,921</b>	<b>7,909,751</b>	<b>6,698,096</b>	<b>7,570,440</b>	<b>8,383,021</b>	<b>8,878,063</b>	<b>8,166,154</b>	<b>7,591,667</b>	<b>9,691,732</b>	<b>10,154,427</b>	<b>10,636,053</b>
<b>Net Patient Services Revenue</b>	<b>4,279,075</b>	<b>5,278,583</b>	<b>5,047,001</b>	<b>4,932,849</b>	<b>5,693,414</b>	<b>5,773,533</b>	<b>4,973,419</b>	<b>4,742,195</b>	<b>5,869,214</b>	<b>5,364,381</b>	<b>6,596,815</b>	<b>6,461,063</b>	<b>6,106,688</b>
COVID Grant Revenue	1,325,149	1,481,428	205,582	(1,407,088)	1,300,000	-	(3,369,462)	2,373,621	-	108,620	89,084	47,730	18,120
Other Operating Revenue	64,385	58,859	61,424	125,401	132,732	55,526	124,915	436,245	21,974	66,888	18,640	19,190	18,565
<b>Net Revenue</b>	<b>5,668,609</b>	<b>6,818,870</b>	<b>5,314,007</b>	<b>3,651,162</b>	<b>3,651,162</b>	<b>5,829,059</b>	<b>1,728,872</b>	<b>7,552,061</b>	<b>5,891,188</b>	<b>5,539,889</b>	<b>6,704,539</b>	<b>6,527,983</b>	<b>6,143,373</b>
<b>Operating Expenses</b>													
Salaries	2,292,652	2,362,460	2,472,695	2,378,145	2,802,563	2,470,293	2,438,217	2,629,758	2,896,868	2,392,952	2,664,559	2,585,420	2,683,225
Benefits	604,325	419,678	578,549	396,087	632,020	426,890	653,867	453,990	490,325	507,964	718,586	913,241	539,945
Purchased Labor	135,882	166,436	169,347	176,412	277,138	208,521	221,005	235,353	212,649	230,916	247,831	314,944	315,380
<b>Sub-Total Labor Costs</b>	<b>3,032,859</b>	<b>2,948,574</b>	<b>3,220,591</b>	<b>2,950,644</b>	<b>3,711,721</b>	<b>3,105,704</b>	<b>3,313,089</b>	<b>3,319,101</b>	<b>3,599,842</b>	<b>3,131,832</b>	<b>3,630,976</b>	<b>3,813,605</b>	<b>3,538,550</b>
Professional Fees - Physicians	288,245	326,140	320,182	393,900	356,882	299,010	371,858	501,285	273,508	495,322	355,103	332,374	383,187
Professional Fees - Other	49,659	64,682	37,919	(112,693)	17,314	32,791	49,263	(81,612)	51,994	94,774	68,280	72,770	50,694
Supplies	481,223	516,166	689,329	720,675	901,242	774,372	689,856	1,364,029	716,484	952,455	1,115,149	876,603	1,024,690
Purchased Services - Utilities	46,337	46,325	59,031	52,110	57,118	42,281	36,935	46,473	46,429	34,826	56,996	23,711	70,281
Purchased Services - Other	228,231	255,449	279,915	352,210	166,143	347,336	375,342	405,316	227,910	354,939	345,552	311,705	121,196
Rentals & Leases	153,829	180,783	176,162	168,937	172,722	180,140	154,333	202,520	173,355	159,750	174,470	203,040	143,671
Insurance License & Taxes	58,860	36,853	39,883	91,582	77,705	116,220	74,031	75,758	79,892	78,355	82,687	95,752	84,950
Depreciation & Amortization	229,348	231,347	232,391	232,273	232,977	232,435	232,571	229,038	176,902	176,683	178,204	178,006	178,500
Other Operating Expenses	92,182	(21,863)	114,301	56,152	128,247	38,681	212,650	76,335	(98,093)	73,014	97,152	86,594	77,368
<b>Sub-Total Non-Labor Expenses</b>	<b>1,627,914</b>	<b>1,635,882</b>	<b>1,949,113</b>	<b>1,955,146</b>	<b>2,110,350</b>	<b>2,063,266</b>	<b>2,196,839</b>	<b>2,968,605</b>	<b>1,648,380</b>	<b>2,420,118</b>	<b>2,473,593</b>	<b>2,180,555</b>	<b>2,134,545</b>
<b>Total Operating Expenses</b>	<b>4,660,773</b>	<b>4,584,456</b>	<b>5,169,704</b>	<b>4,905,790</b>	<b>5,822,071</b>	<b>5,168,970</b>	<b>5,509,928</b>	<b>6,287,706</b>	<b>5,248,223</b>	<b>5,551,950</b>	<b>6,104,569</b>	<b>5,994,160</b>	<b>5,673,095</b>
<b>Operating Income (Loss)</b>	<b>1,007,836</b>	<b>2,234,414</b>	<b>144,303</b>	<b>(1,254,628)</b>	<b>1,304,075</b>	<b>660,089</b>	<b>(3,781,056)</b>	<b>1,264,355</b>	<b>642,965</b>	<b>(12,061)</b>	<b>599,970</b>	<b>533,823</b>	<b>470,278</b>
<b>Non Operating Income</b>													
Tax Revenue	69,589	70,784	72,711	71,007	69,246	68,109	75,013	71,484	73,234	70,460	72,128	75,078	74,481
Investment Income	12,391	12,242	3,385	2,600	2,542	55,157	687	54,825	365	516	(68,403)	483	51,445
Interest Expense	(32,897)	(35,496)	(37,969)	(42,518)	(22,420)	(43,094)	(32,052)	(22,203)	(45,683)	(33,588)	(33,419)	(33,288)	(44,564)
Other Non Operating Income (Expense)	13,684	(57,915)	-	4,200	-	-	-	10,831	-	-	13,087	-	-
<b>Total Non Operating Income</b>	<b>62,767</b>	<b>(10,385)</b>	<b>38,127</b>	<b>35,289</b>	<b>49,368</b>	<b>80,172</b>	<b>43,648</b>	<b>114,937</b>	<b>27,916</b>	<b>37,388</b>	<b>(16,607)</b>	<b>42,273</b>	<b>81,362</b>
<b>Net Income (Loss)</b>	<b>\$ 1,070,603</b>	<b>\$ 2,224,029</b>	<b>\$ 182,430</b>	<b>\$ (1,219,339)</b>	<b>\$ 1,353,443</b>	<b>\$ 740,261</b>	<b>\$ (3,737,408)</b>	<b>\$ 1,379,292</b>	<b>\$ 670,881</b>	<b>\$ 25,327</b>	<b>\$ 583,363</b>	<b>\$ 576,096</b>	<b>\$ 551,640</b>
<b>Total Margin</b>													
Total Margin	18.7%	32.7%	3.4%	-33.1%	36.6%	12.5%	-210.9%	18.0%	11.3%	0.5%	8.7%	8.8%	8.9%
Margin (Non Operating Income)	17.8%	32.8%	2.7%	-34.4%	35.7%	11.3%	-218.7%	16.7%	10.9%	-0.2%	8.9%	8.2%	7.7%
Salaries as a % of Net Revenue	40.4%	34.6%	46.5%	65.1%	76.8%	42.4%	141.0%	34.8%	49.2%	43.2%	39.7%	39.6%	43.7%
Labor as a % of Net Revenue	53.5%	43.2%	60.6%	80.8%	101.7%	53.3%	191.6%	43.9%	61.1%	56.5%	54.2%	58.4%	57.6%
Operating Expense change from prior month	-9%	-2%	13%	-5%	13%	0%	7%	22%	2%	7%	18%	16%	16%
Gross Revenue change from prior month	22%	32%	4%	1%	-2%	5%	5%	7%	11%	2%	28%	31%	30%
Net Revenue change from prior month	-6%	20%	-22%	-31%	-3%	10%	-67%	42%	11%	4%	26%	23%	68%





**Prosser**  
Memorial Health  
Statement of Cash Flows  
May 31, 2021

<b>CURRENT MONTH</b> <b>Actual</b>		<b>YEAR TO DATE</b> <b>Actual</b>
	<b>NET INCOME TO NET CASH BY OPERATIONS</b>	
551,640	<b>NET INCOME (LOSS)</b>	<b>2,407,311</b>
178,508	Depreciation Expense	888,303
-	Amortization	-
-	Loss (Gain) on Sale of Assets	(13,087)
<b>730,148</b>	<b>TOTAL</b>	<b>3,282,527</b>
	<b>WORKING CAPITAL</b>	
14,188	Decrease (Increase) in Assets	(2,420,775)
9,086	Increase (Decrease) in Liabilities	1,385,802
<b>753,422</b>	<b>NET CASH PROVIDED BY OPERATIONS</b>	<b>2,247,554</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
(500,472)	Capital Purchasing	(3,084,418)
-	Proceeds on Capital Assets Sold	-
(291,313)	Investment Activity	(358,007)
<b>(791,785)</b>	<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(3,442,425)</b>
<b>(38,363)</b>	<b>NET CHANGE IN CASH</b>	<b>(1,194,871)</b>
	<b>CASH BALANCE</b>	
27,019,518	<b>BEGINNING</b>	<b>28,176,026</b>
26,981,155	<b>ENDING</b>	<b>26,981,155</b>
<b>(38,363)</b>	<b>NET CASH FLOW</b>	<b>(1,194,871)</b>



**Prosser**  
Memorial Health  
Direct Cash Flow Statement  
May 31, 2021

	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021
<b>CASH FLOWS FROM OPERATING</b>													
<b>PAYMENTS RECEIVED</b>													
Commercial	1,479,262	1,568,932	1,966,089	2,328,603	1,932,284	2,057,192	2,121,099	2,414,554	2,296,225	1,984,410	2,593,354	2,421,069	2,349,146
Medicaid	1,130,387	1,262,461	1,296,508	1,371,106	1,358,423	1,429,474	1,434,182	1,675,687	1,265,054	1,229,965	1,440,320	1,547,715	1,640,050
Medicare	808,729	1,045,301	949,542	1,178,489	1,325,118	1,344,604	1,130,711	1,403,483	1,171,942	1,387,433	1,668,819	1,764,868	1,802,039
VA	45,965	70,641	70,064	118,354	85,351	70,487	42,931	56,106	65,677	22,295	31,789	20,376	57,256
Worker's Comp	95,669	83,546	248,425	126,561	155,717	206,217	132,385	111,946	88,129	114,184	160,025	137,947	128,164
Self Pay	131,139	128,649	132,739	107,395	191,284	89,981	143,017	92,175	123,234	97,626	140,201	120,912	141,867
Other Non Patient Payments	10,681,077	971,815	1,655,778	246,772	169,631	273,224	1,081,347	260,618	677,789	233,837	252,420	520,727	465,324
Cash Received (Patients, Insurance, Other)	14,372,228	5,131,345	6,319,145	5,477,280	5,217,808	5,471,179	6,085,672	6,014,569	5,688,050	5,069,750	6,286,928	6,533,612	6,583,846
Patient Refunds	(4,541)	(27,317)	(5,139)	(249,345)	(2,394)	(10,779)	(1,149)	(2,846)	(523)	(3,050)	(2,783)	(20,303)	(10,582)
AP Expenses	(1,622,076)	(1,936,338)	(1,949,460)	(2,539,456)	(2,647,582)	(2,919,906)	(2,227,757)	(4,074,458)	(2,879,560)	(2,739,020)	(2,527,393)	(3,158,797)	(3,554,584)
Settlement LumpSum Payments	-	-	-	(195,696)	-	-	(6,591,980)	-	(149,326)	-	-	-	-
Payroll Expenses	(2,148,321)	(2,270,065)	(3,645,038)	(2,374,466)	(2,751,586)	(2,434,147)	(2,327,668)	(2,327,668)	(2,606,229)	(2,505,688)	(2,702,199)	(2,526,957)	(2,499,104)
Loan/Interest Expense	(114,934)	(118,019)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(388,019)	(114,934)	(57,467)	(57,467)	(57,467)	(57,467)
<b>NET CASH PROVIDED BY OPERATING</b>	<b>10,482,357</b>	<b>779,607</b>	<b>662,041</b>	<b>256,546</b>	<b>(436,917)</b>	<b>48,880</b>	<b>(5,120,349)</b>	<b>(778,422)</b>	<b>(62,522)</b>	<b>(235,475)</b>	<b>997,086</b>	<b>770,088</b>	<b>462,109</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>													
Capital Purchases	(231,586)	(44,273)	(438,167)	(95,029)	(170,231)	(441,591)	(416,382)	(458,739)	(436,683)	(457,012)	(1,404,848)	(272,317)	(500,472)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>(231,586)</b>	<b>(44,273)</b>	<b>(438,167)</b>	<b>(95,029)</b>	<b>(170,231)</b>	<b>(441,591)</b>	<b>(416,382)</b>	<b>(458,739)</b>	<b>(436,683)</b>	<b>(457,012)</b>	<b>(1,404,848)</b>	<b>(272,317)</b>	<b>(500,472)</b>
<b>NET CHANGE IN CASH</b>	<b>10,250,771</b>	<b>735,334</b>	<b>223,874</b>	<b>161,517</b>	<b>(607,148)</b>	<b>(392,711)</b>	<b>(5,536,731)</b>	<b>(1,237,161)</b>	<b>(499,205)</b>	<b>(692,487)</b>	<b>(407,762)</b>	<b>497,771</b>	<b>(38,363)</b>
<b>CASH BALANCE</b>													
<b>BEGINNING</b>	<b>24,578,281</b>	<b>34,829,052</b>	<b>35,564,386</b>	<b>35,788,260</b>	<b>35,949,777</b>	<b>35,342,629</b>	<b>34,949,918</b>	<b>29,413,187</b>	<b>28,121,201</b>	<b>27,621,996</b>	<b>26,929,509</b>	<b>26,521,747</b>	<b>27,019,518</b>
<b>ENDING</b>	<b>34,829,052</b>	<b>35,564,386</b>	<b>35,788,260</b>	<b>35,949,777</b>	<b>35,342,629</b>	<b>34,949,918</b>	<b>29,413,187</b>	<b>28,176,026</b>	<b>27,621,996</b>	<b>26,929,509</b>	<b>26,521,747</b>	<b>27,019,518</b>	<b>26,981,155</b>
<b>NET CASH FLOW</b>	<b>10,250,771</b>	<b>735,334</b>	<b>223,874</b>	<b>161,517</b>	<b>(607,148)</b>	<b>(392,711)</b>	<b>(5,536,731)</b>	<b>(1,237,161)</b>	<b>(499,205)</b>	<b>(692,487)</b>	<b>(407,762)</b>	<b>497,771</b>	<b>(38,363)</b>



# Prosser Memorial Health

## Key Operating Statistics May 31, 2021

Month Ending				Key Volumes	Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
274	188	86	45%	Inpatient Acute Days	1,318	918	400	44%	956	38%
67	178	(111)	-62%	Inpatient Swing Days	481	866	(385)	-44%	665	-28%
341	366	(25)	-7%	<b>Total Inpatient Days</b>	1,799	1,784	15	1%	1,621	11%
118	87	31	35%	Inpatient Admissions	411	426	(15)	-3%	381	8%
121	87	34	38%	Inpatient Discharges	408	426	(18)	-4%	381	7%
4	13	(9)	-70%	Swing Bed Discharges	38	65	(27)	-42%	49	-22%
1,722	1,709	13	1%	Adjusted Patient Days	8,387	8,324	63	1%	6,574	28%
11.00	11.81	(0.81)	-7%	Average Daily Census	11.91	11.81	0.10	1%	10.74	11%
611	408	203	50%	Adjusted Discharges	1,902	1,986	(84)	-4%	1,545	23%
2.26	2.16	0.11	5%	Average Length of Stay - Hospital	3.23	2.16	1.07	50%	2.51	29%
16.75	13.25	3.50	26%	Average Length of Stay - Swing Bed	12.66	13.25	(0.59)	-4%	13.57	-7%
44%	47%	-3%	-7%	Acute Care Occupancy (25)	48%	47%	0%	1%	43%	11%
52	46	6	13%	Deliveries	226	223	3	1%	177	28%
183	140	43	31%	Surgical Procedures	783	681	102	15%	375	109%
1,133	933	200	21%	Emergency Dept Visits	4,574	4,546	28	1%	4,231	8%
14,902	12,611	2,291	18%	Laboratory Tests	71,557	61,427	10,130	16%	51,952	38%
3,156	2,087	1,069	51%	Radiology Exams	14,671	10,167	4,504	44%	9,994	47%
1,281	1,082	199	18%	PMH Specialty Clinic	6,057	5,272	785	15%	4,593	32%
742	1,024	(282)	-28%	PMH - Benton City Clinic Visits	4,005	4,990	(985)	-20%	4,418	-9%
1,398	1,072	326	30%	PMH - Prosser Clinic Visits	6,813	5,223	1,590	30%	4,773	43%
670	756	(86)	-11%	PMH - Grandview Clinic Visits	3,049	3,682	(633)	-17%	3,120	-2%
653	641	12	2%	PMH - Women's Health Clinic Visits	3,247	3,123	124	4%	2,808	16%
<b>LABOR FULL-TIME EQUIVALENT</b>										
274.83	306.25	31.42	10%	Employed Staff FTE's	291.42	306.25	14.83	5%	262.56	11%
32.06	30.50	(1.56)	-5%	Employed Provider FTE	30.23	30.50	0.27	1%	29.49	3%
306.89	336.75	29.86	9%	All Employee FTE's	321.65	336.75	15.10	4%	292.05	10%
282.00	252.56	(29.44)	-12%	Productive FTE's	291.84	252.56	(39.28)	-16%	256.81	14%
14.93	20.00	5.07	25%	Outsourced Therapy FTE's	15.13	20.00	4.87	24%	14.53	4%
7.83	2.81	(5.02)	-179%	Contracted Staff FTE's	6.58	2.81	(3.77)	-134%	5.26	25%
22.76	22.81	0.05		All Purchased Staff FTE's	21.71	22.81	1.10	5%	19.79	10%
9.49	5.00	(4.49)	-90%	Contracted Provider FTE's	8.93	5.00	(3.93)	-79%	6.67	34%
339.14	364.56	25.42	7%	All Labor FTE's	352.29	364.56	12.27	3%	318.51	11%



# Prosser

Memorial Health  
Financial Operations  
May 31, 2021

	YTD 2020	YTD 2021	YTD Budget 2021
<b>Utilization</b>			
Admissions	381	411	426
Adjusted Admissions	1,545	1,916	1,986
Average Daily Census	6.3	8.7	6.1
Adjusted Occupied Beds	25.7	40.7	28.4
Average Length of Stay (days)	2.5	3.2	2.2
Outpatient Revenue %	75.3%	78.6%	78.6%
Total Yield (net patient revenue)	-15.3%	-11.9%	-6.9%
Hospital Case Mix Index	0.99	0.99	1.00
Average Charge Per Patient Day	8,166	9,138	8,170
<b>Financial Performance (\$000)</b>			
Net Patient Revenue	22,972	30,398	29,314
Total Operating Revenue	26,802	30,807	29,457
Total Operating Expense	25,086	28,572	28,038
Income (Loss) from Operations	1,716	2,235	1,420
Excess of Revenue Over Expenses	2,028	2,407	1,570
EBIDA (Operating Cash Flow)	2,848	3,123	2,654
Additions to Property, Plant, and Equipment	803	3,084	308
<b>Balance Sheet (\$000)</b>			
Unrestricted Cash and Investments	18,221	7,639	7,445
Accounts Receivable (gross)	23,422	34,108	26,121
Net Fixed Assets	15,536	18,174	14,590
Current and Long-Term Liabilities (excluding LT debt)	22,312	17,501	6,863
Long-Term Debt	10,968	10,122	10,113
Total Liabilities	33,280	27,623	16,976
Net Worth	31,655	34,985	41,965

	YTD 2020	YTD 2021	YTD Budget 2021
<b>Key Ratios</b>			
Operating Margin (%)	6.4%	7.3%	4.8%
Excess Margin (%)	8.7%	7.9%	5.3%
Operating EBIDA Margin (Operating Cash Flow)	10.6%	10.1%	9.0%
Average Expense per Adjusted Patient Days	3,816	3,407	3,368
Average Net Revenue per Adjusted Patient Days	3,494	3,624	3,522
Net Accounts Receivable (days)	56.46	65.57	44.25
Current Ratio (x)	1.39	1.32	2.93
Cash on Hand (days)	220	147	156
Cushion Ratio (x)	224.74	141.44	53.64
Return on Equity (%)	6.41%	6.88%	25.52%
Capital Spending Ratio	2.28	1.07	7.58
Average Age of Plant (Years)	9.95	13.76	10.52
Debt Service	1.48	2.21	11.83
Debt-to-Capitalization (%)	30%	25%	20.75%
<b>Patient Revenue Sources by Gross Revenue (%)</b>			
Medicare	29.8%	33.8%	29.8%
Medicaid	31.9%	29.7%	31.9%
Commercial Insurance	29.4%	28.1%	29.4%
Self-pay and Other	8.9%	8.4%	8.9%
<b>Labor Metrics</b>			
Productive FTE's (incl contract labor)	283.27	322.48	280.37
Total FTE's (incl contract labor)	318.51	352.29	364.56
Labor Cost (incl benefits) per FTE - Annualized	49,794.22	50,284.71	45,716.79
Labor Cost (incl benefits) as a % of Net Operating Revenue	59.2%	57.5%	56.6%
Net Operating Revenue per FTE	84,148.90	87,447.76	80,802.36
Operating Expense per FTE	78,761.64	81,103.62	76,908.60

<b>Contacts:</b>			
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Stephanie Titus	Director of Finance	(509) 786-5530	<a href="mailto:stitus@prosserhealth.org">stitus@prosserhealth.org</a>



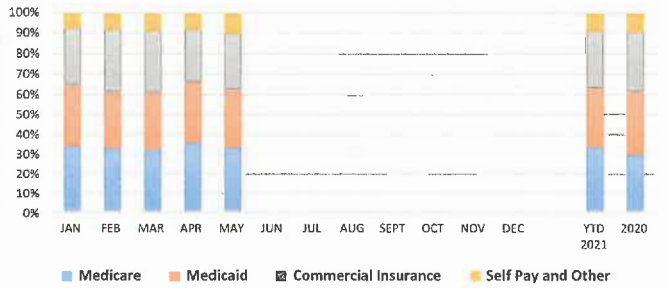
**Revenue by Financial Class  
May 31, 2021**

Month	Commercial		Self Pay and		Total
	Medicare	Medicaid	Insurance	Other	
JAN	34.2%	31.1%	27.4%	7.2%	100.0%
FEB	33.2%	28.4%	30.6%	7.8%	100.0%
MAR	32.2%	29.0%	29.8%	9.0%	100.0%
APR	36.0%	30.3%	25.9%	7.8%	100.0%
MAY	33.3%	29.6%	27.1%	9.9%	100.0%
JUN					
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	33.8%	29.7%	28.1%	8.4%	100.0%
2020	29.8%	31.9%	29.4%	8.9%	100.0%

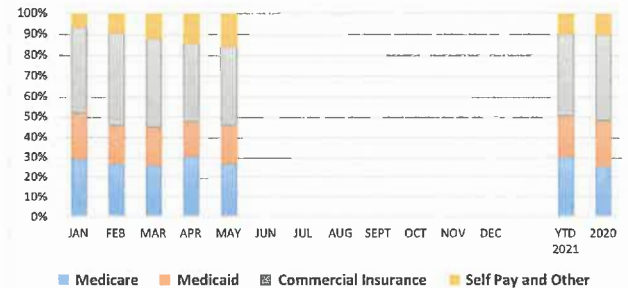
**Net Revenue by Financial Class  
May 31, 2021**

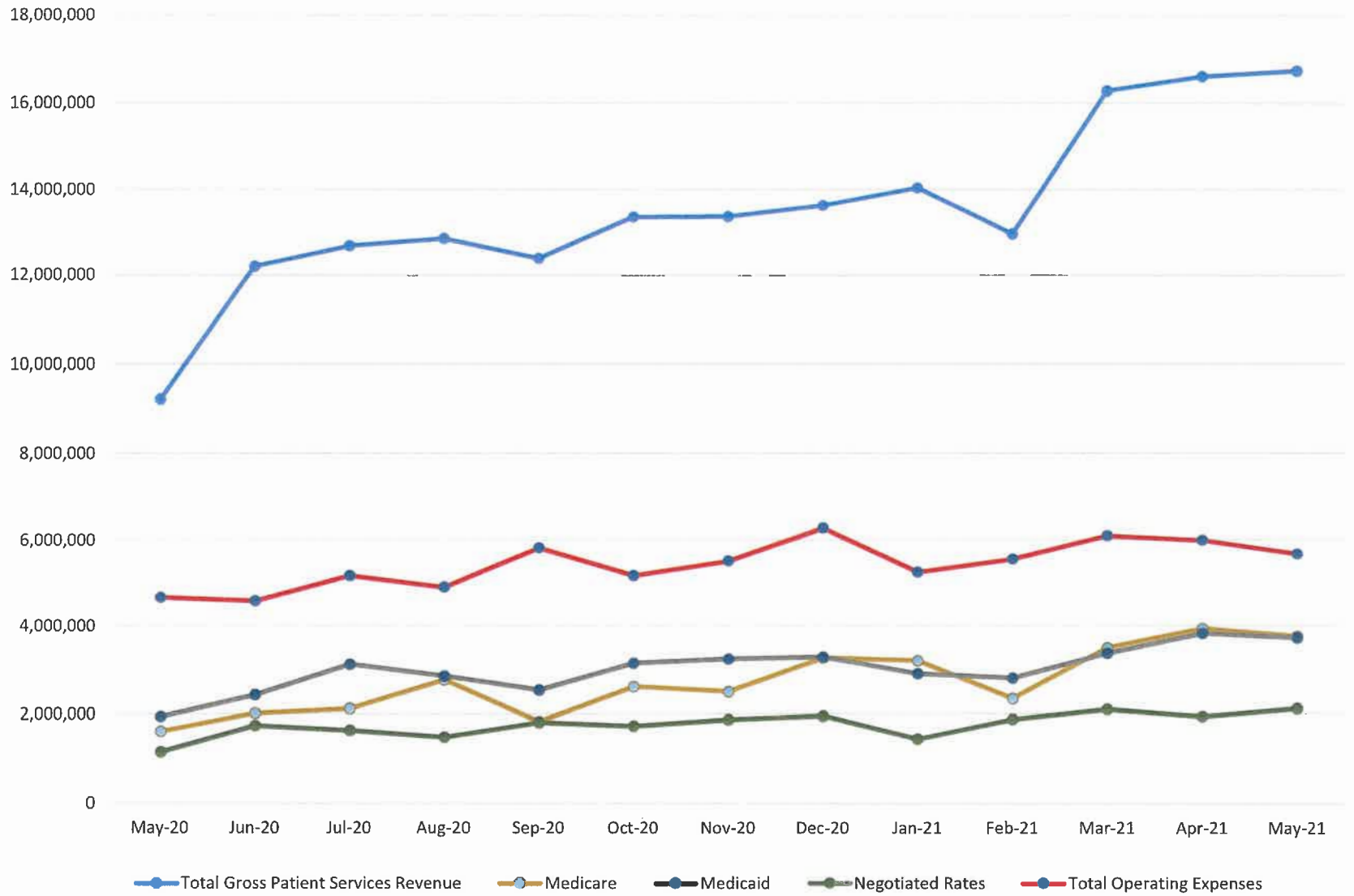
Month	Commercial		Self Pay and		Total
	Medicare	Medicaid	Insurance	Other	
JAN	29.3%	22.8%	41.6%	6.3%	100.0%
FEB	27.0%	19.0%	45.0%	9.1%	100.0%
MAR	26.2%	18.9%	43.2%	11.7%	100.0%
APR	30.8%	16.8%	38.5%	14.0%	100.0%
MAY	26.7%	19.1%	38.8%	15.3%	100.0%
JUN					
JUL					
AUG					
SEPT					
OCT					
NOV					
DEC					
YTD 2021	30.3%	20.3%	39.9%	9.6%	100.0%
2020	25.6%	22.6%	41.9%	9.9%	100.0%

**2021 Gross Revenue by Financial Class**

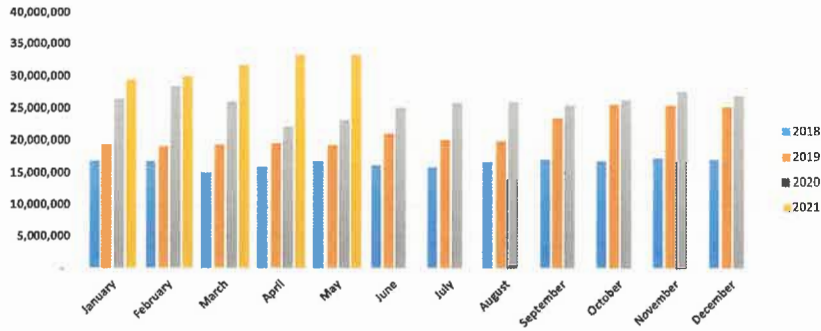


**2021 Net Revenue by Financial Class**

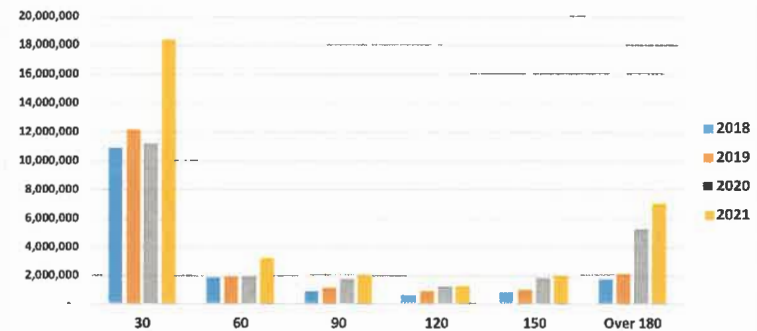




AR Balance Trend - 2018-2021



AR Age Comparative 2018-2021



AR Balance Trend

	2016	2017	2018	2019	2020	2021	% Change
January	12,362,446	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	11%
February	14,494,028	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	5%
March	20,600,695	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	22%
April	20,487,742	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	50%
May	19,464,558	15,131,907	16,812,980	19,455,887	23,319,876	33,444,325	43%
June	17,028,895	15,446,995	16,291,895	21,223,053	25,197,275		
July	16,275,033	15,918,959	15,979,415	20,206,074	25,943,825		
August	15,812,556	17,412,422	16,633,907	20,028,246	26,144,421		
September	14,455,924	17,547,651	17,129,789	23,681,156	25,640,562		
October	13,571,867	15,948,473	16,950,256	25,724,222	26,432,788		
November	13,789,248	16,292,336	17,374,013	25,655,024	27,862,474		
December	13,844,649	16,777,361	17,137,550	25,486,600	27,102,309		

AR Age Balance Comparative

	30	60	90	120	150	Over 180	
2016	6,891,995	3,540,611	3,188,480	2,829,303	1,153,180	1,860,990	19,464,558
2017	7,236,284	2,323,456	946,766	796,004	1,012,074	2,817,324	15,131,907
2018	10,925,376	1,906,532	910,276	583,212	727,238	1,760,346	16,812,980
2019	12,210,896	1,941,191	1,165,992	919,475	1,047,103	2,171,230	19,455,887
2020	11,219,622	1,946,619	1,766,248	1,251,156	1,835,727	5,300,503	23,319,876
2021	18,392,733	3,263,259	2,077,771	1,265,758	2,028,850	7,079,266	34,107,637

AR Percentage of Total Balance

Year	30	60	90	120	150	Over 180	Total
2016	35%	18%	16%	15%	6%	10%	100%
2017	48%	15%	6%	5%	7%	19%	100%
2018	65%	11%	5%	3%	4%	10%	100%
2019	63%	10%	6%	5%	5%	11%	100%
2020	48%	8%	8%	5%	8%	23%	100%
2021	54%	10%	6%	4%	6%	21%	100%





# Prosser Memorial Health

Lease Schedule  
As of:  
May 31, 2021

Building Rentals			Effective Date	Term Date	Auto Renew	Payment Amount	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total	
Prosser Professional Center	May-17	April-32				20,687.55	RHC	245,865	248,251	253,240	255,698	260,838	263,369	263,369	266,663	271,270	276,722	282,174	287,790	45,020	3,463,290	
Prosser Professional Center	May-17	April-32				9,583.00	Therapy	115,000	115,000	115,000	116,650	120,000	121,188	123,600	124,824	127,308	128,568	131,127	132,425	95,930	1,681,620	
Prosser Family Fitness Pool	Jul-15	Jul-22				32,812.50	Therapy	131,250	131,250	73,625	16,000	16,000	16,000	16,000	8,000						539,375	
Benton City Professional Center	May '12	2027				14,000.00	Family Med	168,000	168,000	168,000	168,000	168,000	168,000	168,000	56,000						1,400,000	
Benton City Professional Center						4,775.00	Pain Clinic	57,300	57,300	57,300	57,300	57,300	57,300	57,300	19,100						477,500	
Yakima Valley Farmworkers	Oct-06	Oct-21				16,539.93	Spec Clinic	198,479	198,479												595,437	
Chardonney Building with Builder	Jun-13	Jun-28				9,082.00	OB/GYN	108,984	108,984	108,984	108,984	108,984	108,984	108,984	49,951						1,030,808	
Total Building Leases								1,024,878	1,027,264	776,149	722,632	731,122	734,841	737,253	585,571	448,529	405,291	413,301	420,215	140,951	-	9,188,031

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

Leased Equipment			Effective Date	Term Date	Payment Amount	Total															
Biomerieux - Vitek Compact	Aug-16	Aug-21			1,811.14	21,734	12,678	56,145													
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased		1,091.00	12,001	8,728	38,918													
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased		2,150.00		17,200														
Labsco - Lab Equipment	Nov-15	Aug-21	New Equip Purchased		645.00		5,160														
Pyxis, CareFusion	Feb-11	Jan-21	Renewed		6,186.00	67,232	74,232	134,464													
Echo Reagent, Immucor	Oct-15	Sep-20			1,963.70		17,673	41,238													
Bact/Alert 3D Blood Culture Read, Biomerieux	Jun-15	May-20			608.37		3,042	10,342													
GE Optima CT660 64-Slice CT	Apr-15	Mar-20	Buy Out		8,850.91		26,553	132,764													
GE Fuji C351 Wireless Detector w FDX Console	Jun-15	Jun-20	Buy Out		3,490.22		17,451	59,334													
GE Logiq E9 XDCLLEAR 2.0	Mar-16	Mar-21	Buy Out		2,451.08		29,413	66,179													
Stryker - Fee per Case agreement	Mar-18	Mar-23			7,739.16	92,870	92,870	394,697													
Biomerieux	Dec-19	Dec-24			798.70	9,584	9,584	47,922													
Johnston Sales - Billboard Lease	Oct-19	Oct-20	Renewed		400.00	3,600	4,800	4,800													
Flex Financial (MAKO)	Oct-19	Oct-24			21,157.04	233,779	233,779	1,168,897													
Karl Storz	Mar-21	Aug-23			5,838.37	58,384	70,060	175,151													
Leaf	Sep-16	Sep-20	Renewed		7,807.00	93,684	93,684	336,000													
Baxter - Infusion Pumps	Aug-17	Aug-22			193.80	2,326	2,326	6,202													
Baxter - Spectrum SW	Aug-17	Aug-22			60.00	720	720	1,920													
GE - Mindray	May-15	May-20			1,764.22	8,821	480	8,821													
Quadient	Apr-20	Jul-25			282.00	2,256	3,384	17,766													
Total Equipment Leases							555,667	505,078	495,709	400,672	271,504	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases							1,580,545	1,532,342	1,271,858	1,123,304	1,002,626	736,815	737,253	585,571	448,529	405,291	413,301	420,215	140,951	-	11,889,591



# Prosser

Memorial Health

Capital Budget 2021							
Department	Description	2020 Approved Cost	2021 Approved Cost	Actual Spend	Purchase Date	Funding Source	
60700	Med/Surg	Hospital Bed Upgrade	94,500	30,000	101,212	5/1/21	Cash
		Vein Finder		6,500			Cash
		Bladder Scanner		11,316			Cash
70100	Family Birthplace	Infant Warmer		11,714			Cash
70200	Surgical Services	Stretchers (3)		49,722			Cash
		Colonoscope Sterilizer		37,057			Cash
		Aquamantis Device		34,479	31,578	1/29/21	Cash
		Pre/Post Op Floor Replacement		45,000			Cash
70700	Laboratory	Sysmex XN1000		12,011	11,060	4/1/21	Cash
		Nova Biomedical Stat Profile		13,227			Cash
		Coagulation Instrument		57,387	24,978	1/1/21	Lease
		Immunochemistry Unit		96,000	104,256	3/1/21	Cash
71400	Diagnostic Imaging	TEE Service Line*		132,234	2,603	Various	Lease
		GE Convex Array Probe		8,895	7,735	2/1/21	Cash
		GE Logic E10 (2)		251,256			Lease
		Nuclear Medicine Project*	797,612		513,709	Various	Cash
71800	Cardiopulmonary	GE EKG (2)		40,039			Cash
		PFT Interface		15,000			Cash
		Cardiac Stretcher		12,000			Cash
		Easy Pro Lab Pulmonary Function Equipment		45,515			Cash
72000	Physical Therapy	New Carpeting	30,101		40,305	2/9/21	Cash
72700	Specialty Clinic	Tropon Ultrasound Sterilizer		12,111			Cash
		Bovie Cauterization Tool (ENT)		7,004			Cash
		Clinic Lobby Flooring		33,422			Cash
76200	Benton City	Security Cameras		12,000			Cash
72300	Emergency Dept	GlideScope		15,371			Cash
		Stryker Stretchers (5)		89,595			Cash
		ED EHR Module		125,000			Cash
		Slit Lamp		21,720			Cash
72500	OSP	Exam Chair		11,000			Cash
		Blanket Warmer		6,500			Cash
84600	EVS	Carpet Shampooer		7,500			Cash
		Floor Scrubber		12,000			Cash
72710	Pain Clinic	EMG Machine		25,000			Cash
73000	EMS	E-Series Zoll (2)		102,273			Cash
85100	PFS	Cubicles (PFS)		28,877			Cash
85400	Info Technology	Virtual Desktop Infrastructure		350,000	325,794	Various	Cash
85200	Patient Registration	Call Center*		35,328	32,672	Various	Cash
86000	Administration	Hospital Flooring*	100,000		7,183	Various	Cash
		Patient Monitoring System*	1,122,456		844,509	Various	Lease
		<b>TOTAL</b>	<b>\$ 2,144,669</b>	<b>\$ 1,804,052</b>	<b>\$ 2,047,594</b>		
				\$ 440,877	\$ 872,090		Lease
				\$ 1,216,866	\$ 1,074,292		Cash
70200	Surgery	Orthopedic Extension Unit			41,317.00	1/11/21	Cash
70200	Surgery	LogiQ P9 Ultrasound			41,795.00	1/17/21	Cash
84300	Maintenance	Top of Elevator Car Guardrail			12,923.36	2/1/21	Cash
71800	Cardiopulmonary	Echotable w/ Pediatric Adapter			8,866	4/1/21	Cash
		<b>TOTAL</b>	<b>12 \$ -</b>	<b>\$ -</b>	<b>\$ 104,901</b>		

\*Italized indicates CIP ongoing



# Prosser

## Memorial Health

As of:

May 31, 2021

### Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Apr-21</u>	<u>May-21</u>
CIP - New Prosser Hospital		1,742,607	2,002,580
CIP - Gap Rd Land Improvement		3,398	110,058
	78,400,000	1,746,005	2,112,638
CIP - Call Center	35,328	6,406	32,672
CIP - Kronos	60,000	-	-
CIP - Nuclear Medicine	797,612	-	-
CIP - Public Traffic Floor Repl	100,000	7,183	7,183
CIP - DI TEE Project	132,234	23,010	2,603
CIP - Pt Monitoring	1,122,456	844,509	844,509
CIP - Acute Care Remodel	25,000	-	-
Asset Clearing:			
Compunet (Virtual Desktop)	350,000	325,794	325,794
<i>Karl Storz Instruments &amp; Stryker</i>			
<i>Equip</i>		186,665	287,354
<i>Headsets &amp; Monitors</i>		7,218	-
<i>Desks</i>		3,495	-
<i>Med/Surg Hospital Bed</i>		76,019	24,098
	81,022,630	3,226,303	3,636,851



# WINE COUNTRY Classic

presented by  
 Prosser Memorial Health Foundation

**September 10, 2021**  
**Black Rock Creek Golf Course**



**SPONSORSHIP LEVELS - Please check mark your participation level**

- |  |   |
|--|---|
| <p><input type="checkbox"/> <b>PLATINUM LEVEL   \$5,000</b></p> <ul style="list-style-type: none"> <li>• Two golf foursomes (Lunch included)</li> <li>• Mentioned in event marketing ads</li> <li>• Business banner displayed at event</li> <li>• Exclusive tee signage at the course</li> <li>• Company logo on tournament marketing materials</li> </ul> <p><input type="checkbox"/> <b>GOLD LEVEL   \$2,500</b></p> <ul style="list-style-type: none"> <li>• One golf foursome (Lunch included)</li> <li>• Mentioned in event marketing ads</li> <li>• Tee signage at the course</li> </ul> <p><input type="checkbox"/> <b>SILVER LEVEL   \$1,000</b></p> <ul style="list-style-type: none"> <li>• One golf foursome (Lunch included)</li> <li>• Mentioned in limited event marketing ads</li> </ul> <p><input type="checkbox"/> <b>BRONZE LEVEL   \$500</b></p> <ul style="list-style-type: none"> <li>• One golf foursome (Lunch included)</li> </ul> | <p><input type="checkbox"/> <b>HOLE-IN-ONE SPONSOR   \$1,500</b><br/>Company or individual recognition at hole-in-one location</p> <p><input type="checkbox"/> <b>PUTTING GREEN CHALLENGE SPONSOR   \$1,000</b><br/>Company or individual recognition at putting green</p> <p><input type="checkbox"/> <b>BEVERAGE CART SPONSOR   \$1,000</b><br/>Company or individual signage on beverage carts</p> <p><input type="checkbox"/> <b>CHECK SWING SPEED SPONSOR   \$650</b><br/>Company or individual recognition at swing speed location</p> <p><input type="checkbox"/> <b>CLOSEST TO THE PIN SPONSOR   \$350</b><br/>Company or individual recognition displayed at the course</p> <p><input type="checkbox"/> <b>LONGEST DRIVE SPONSOR   \$350</b><br/>Company or individual recognition displayed at the course</p> <p><input type="checkbox"/> <b>TEE SPONSOR   \$100</b><br/>Company or individual recognition displayed at one tee</p> <p><input type="checkbox"/> <b>MULLIGANS   (\$10 each) _____ x \$10 = _____</b></p> |
|--|---|
- ENTRY FEES**
- |   |   |
|---|---|
| <input type="checkbox"/> <b>TEAM OF 2 GOLFERS   \$250</b> | <input type="checkbox"/> <b>SINGLE GOLFER   \$200</b> |
| Golf and Lunch  | Golf and Lunch  |

**TEAM INFORMATION**

_____	_____	_____
Contact Person	Handicap	Telephone
_____	_____	_____
Contact Person	Handicap	Telephone
_____	_____	_____
Contact Person	Handicap	Telephone
_____	_____	_____
Contact Person	Handicap	Telephone



**BILLING INFORMATION**

\_\_\_\_\_

Name Telephone

\_\_\_\_\_

Address City/State Zip Code

\_\_\_\_\_

Email

**PAYMENT TOTAL** \_\_\_\_\_

Send a Bill    Pay by CHECK    Pay by CREDIT CARD

VISA    MASTERCARD    DISCOVER

\_\_\_\_\_

Card Number Exp. Date

\_\_\_\_\_

SEC Signature

Please return registration form and payment to: **Prosser Memorial Health Foundation**

723 Memorial St., Prosser, WA 99350 | Phone: (509) 786-6601 | Email: foundation@prosserhealth.org

Tax information: 501(c)(3): 82-2720773 | Proceeds from Wine Country Classic directly benefit Prosser Memorial Health Programs



PLEASE JOIN US

# STAFF APPRECIATION EVENT

September 15, 4:00 - 7:00 PM  
New Hospital Property  
Employee & Guest

Food trucks, adult beverages, and other refreshments provided at no charge. Live music by The Knutzen Brothers. This is a private event for all staff members who have donated to the new hospital capital campaign.

This is how we grow.



**Prosser**  
Memorial Health Foundation

***Thank You For Your Donation!***



This is how we grow.

## Investor Honor Roll

### **Diamond Investors (\$1,000,000+)**

### **Platinum Investors (\$500,000 - \$999,999)**

### **Gold Investors (\$250,000 - \$499,999)**

### **Titanium Investors (\$100,000 - \$249,999)**

### **Silver Investors (\$50,000 - \$99,999)**

### **Bronze Investors (\$25,000 - \$49,999)**

Shannon Hitchcock & Brian Fischer  
Keith & Molly Sattler

### **Patrons of PMHF Investors (\$10,000 - \$24,999)**

Merry Fuller

### **Friends of PMHF Investors (\$5,000 - \$9,999)**

Ben & Elisa Riley  
Heartlinks Hospice  
Frank & Stephanie Titus  
Steve Kenny

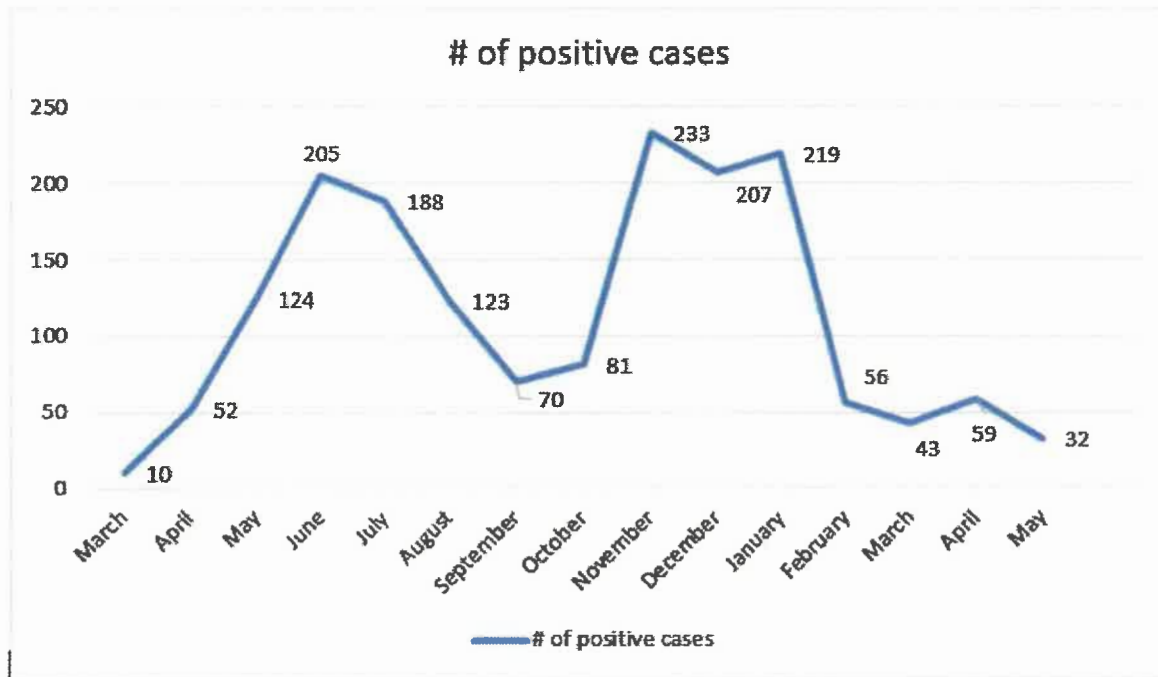
### **Prosser Community Investors (\$1,000 - \$4,999)**

Shelby & Dalton Moore  
Neal & Mara Ripplinger

**Craig Marks**

**From:** Kristi Mellema  
**Sent:** Monday, June 7, 2021 11:41 AM  
**To:** !All Staff  
**Subject:** Covid # graph

Good morning – As an FYI -- below is the most recent line graph from March 2020 through May 2021 based on the number of positive covid cases tested here at PMH. Testing has not slowed down with 669 total tests done in March, 778 in April and 714 in May. So testing is still happening with a downward trend in positive cases...which is great news!!!



**Kristi Mellema, BSN, RN, CPHQ, Chief Compliance & Quality Officer**  
*Chief Compliance & Quality Officer | Administration*  
**PROSSER MEMORIAL HEALTH**  
**723 MEMORIAL ST | PROSSER, WA 99350**  
o: (509) 786 6646  
[kmellema@prosserhealth.org](mailto:kmellema@prosserhealth.org) | [www.prosserhealth.org](http://www.prosserhealth.org)



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Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Amount Recognized in FY2021	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of HHS	Telehealth Application Funding for relief Provider Relief Payment	\$ 6,000 \$ 760,801	4/3/2020 4/10/2020	\$ 6,000 \$ 760,801		\$ - \$ -	\$ - \$ -	Received for initial telehealth expenditures CARES Act: Stimulus for highly effected areas
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -		\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to PMH. REPAID 11/30/2020
HHS	Provider Relief Payment	\$ 271,197	4/24/2020	\$ 271,197		\$ -	\$ -	CARES Act: Stimulus for highly effected areas
US Bank SBA Economic Injury Disaster Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000		\$ -	\$ -	US Bank SBA grant deposited into our account
	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -		\$ 6,350,235	\$ -	SBA PPP - To be forgiven and recognized in 2021.
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 1,004,317	\$ 316,770	\$ 2,849,645	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. NARHC.ORG (National Association of Rural Health Clinics)
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461		\$ -	\$ -	HHS - RHC COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000		\$ -	\$ -	Grant funds thru WSHA for Staff PPE
Medicaid SRDSH	SRDSH reallocation of addtl funds	\$ 29,382	5/22/2020	\$ 29,382		\$ -		The SRDSH amount that is funded by the HSNA fund, is set by RCW at \$1,909,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020.
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461		\$ -	\$ -	HHS - RHC COVID-19 Testing Program
HHS	RHC COVID-19 Testing Program	\$ 150,680	6/16/2020	\$ 150,680		\$ -	\$ -	HHS - CAH COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253		\$ -	\$ -	CARES Act: Stimulus for highly effected areas
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ 1,300,000		\$ -	\$ -	CARES Act: (\$300,000 per RHC; \$1,000,000 for CAH)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136		\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434		\$ -	\$ -	Molina Healthcare provided COVID pmt to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ 49,461		\$ -	\$ -	HHS - RHC COVID-19 Testing Program
WSHA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$ 370,982		\$ -	\$ -	WSHA - CARES funding distributed to hospitals
WSHA	HCA CARES COVID Funding	\$ 7,913	1/25/2021		\$ 7,913	\$ -	\$ -	WSHA - CARES funding distributed to hospitals.
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$ -		\$ 9,439	\$ -	HCA - CARES funding distributed to RHC
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$ -		\$ 3,511	\$ -	HCA - CARES funding distributed to RHCs
Totals		\$ 20,413,060		\$ 4,283,567	\$ 324,683	\$ 9,212,830	\$ 6,591,980	

Attachment U



## Our Mission

To improve the health of our community.

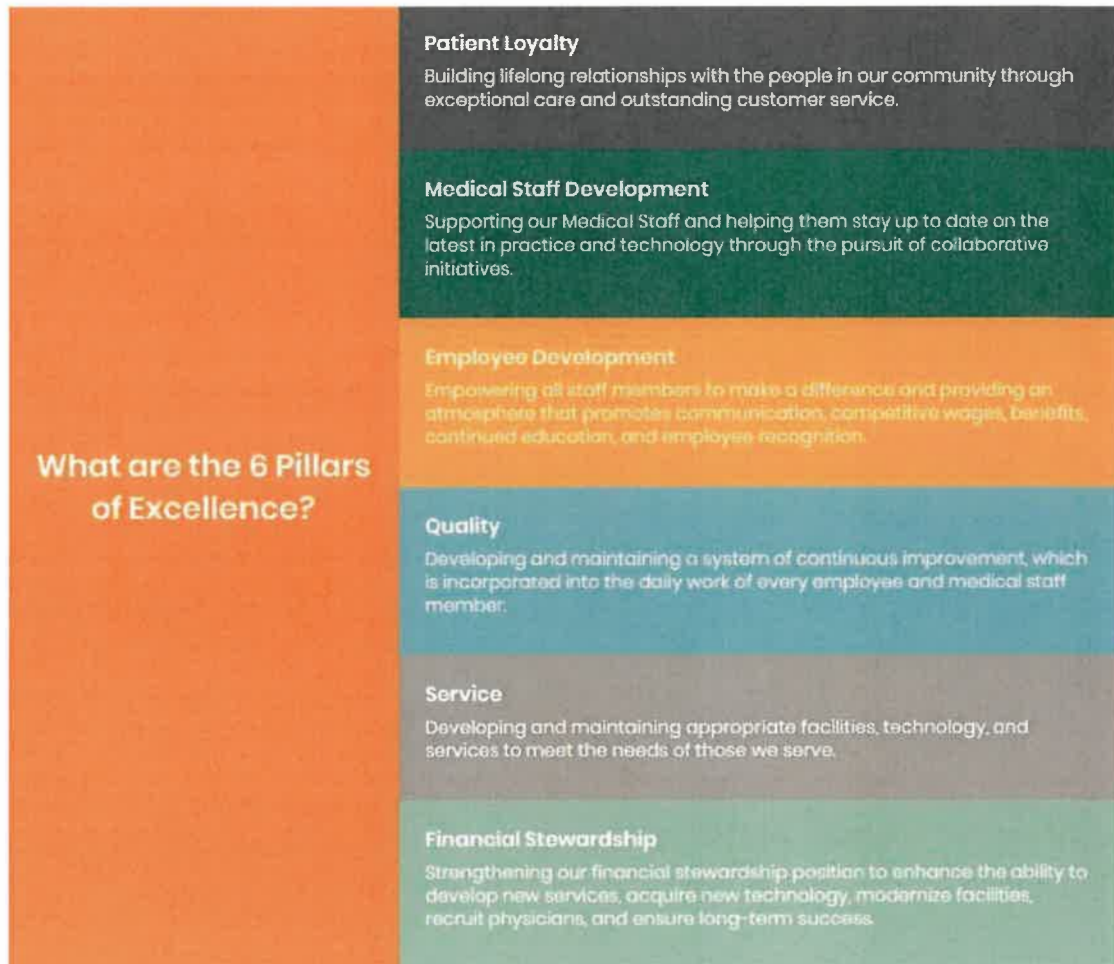
## Our Vision

Become one of the top 100 Critical Access Hospitals in the country through the achievement of the six (6) Pillars of Excellence.

## Our Values

- Acountability
- Services
- Promote Teamwork
- Integrity
- Respect
- Excellence

## Pillars of Excellence



**Purpose:**

This review is to document Prosser Memorial Health's (PMH) compliance with Federal regulations and Critical Access Hospital (CAH) Condition of Participation for CAH (CFR 485.641): *The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of the following:*

1. The utilization of CAH services, including at least the number of patients served and the volume of services.
2. A representative sample of both active and closed clinical records.
3. The CAH's health care policies.

**Data Sources:**

Information used for this Annual Report was obtained through the following mechanisms:

1. Utilization review
2. Peer review
3. Committee, department, and/or team minutes
4. Incident reports
5. Patient satisfaction and complaint data
6. EPIC reports and other sources as applicable

**Purpose of Review:**

- To determine if utilization of services were appropriate to meet the community needs
- To determine compliance with established policies and procedures
- Identify changes, if needed, in the program services and/or policies

**2020 Utilization of Hospital Services**

PMH is licensed for 25 hospital beds. Ten of those beds are licensed as swing beds and six as nursery beds. During no time in 2020 did the number of patients exceed the limits the facility is licensed to serve.

A total of 1,024 inpatients were admitted into the acute care setting and 110 swing bed patients, which accounted for a combined total of 3,918 patient days in 2020. Outpatient surgical productivity significantly decreased by 23%. There was an increase of inpatient surgical procedures by 24%. There was a 21% decrease in the number of patients seen by the Emergency Department. Outpatient special procedures increased by approximately 10% during this reporting period. Finally, Inpatient Billed Lab Tests increased by 16% and Outpatient Billed Lab Tests increased by 4%.

## Volume of Services

Inpatient/Outpatient Services	2019	2020	% Change 2019 to 2020
Average Length of Stay	2.43	2.35	-3%
Hospital Admits	992	1,024	3%
Swing Bed Admits	141	110	-22%
Medicare Admits	321	274	-15%
Medicaid Admits	352	418	19%
ED Visits	12,190	9,662	-21%
Births	439	489	11%
Observation Admits	576	586	2%
OSP Procedures	2,688	2,966	10%
IP Surgery Procedures	226	281	24%
OP Surgery Procedures	1,192	915	-23%
IP Billed Lab Tests	25,170	29,217	16%
OP Billed Lab Tests	107,440	111,999	4%
IP Diagnostic Imaging Exams	912	1,116	22%
OP Diagnostic Imaging Exams	22,572	26,242	16%
IP Physical Therapy Patients	142	122	-14%
OP Physical Therapy Patients	5,261	7,818	49%
Swing Bed Physical Therapy Patients	364	293	-20%
IP Speech Therapy Patients	57	44	-23%
OP Speech Therapy Patients	1,322	1,762	33%
Swing Bed Speech Patients	162	89	-45%
IP Occupational Therapy Patients	118	91	-23%
OP Occupational Therapy Patients	635	747	18%
Swing Bed Occupational Therapy Patients	260	223	-14%
Prosser Surgical Group Visits	11,404	11,604	2%
Benton City Clinic Visits	11,493	10,081	-12%
Prosser Clinic Visits	11,522	14,855	29%
Grandview Clinic Visits	6,812	7,084	4%
Women's Health Center Visits	5,627	7,232	29%



### **Average Length of Stay**

The average length of stay for the inpatient unit was 2.35 days for 2020, compared to 2.43 days in 2019. This is a 3% decrease. The average length of stay for the swing bed unit was 14.30 days for 2020, compared to 15.18 days in 2019. This is a 6% decrease.

### **Bed Limitation Compliance**

PMH has been consistently compliant with the 25-bed limitation. Our capacity meets the community need. Due to the COVID-19 pandemic, our length of inpatient stay decreased in 2020 to 2.35 days and our swing bed stay also decreased to 14.30 days. However, our mission to treat our local patients without a need for transfers is being fulfilled.

We monitor our total bed capacity and length of stay at each midnight, as well as at a daily interdisciplinary team meeting to assure we are meeting the needs of our patients in a timely and efficient manner.

Weekly interdepartmental team meetings are held, and comprehensive assessments are completed per regulations on all swing bed patients. PMH utilizes the InterQual Criteria set to monitor admissions and continued stays to meet Medicare guidelines on all admitted patients.

### **On-Call Staffing**

The Emergency Department continues to be staffed with in-house providers 24 hours a day, seven days a week. A schedule for on call modalities is maintained by Medical Staff Services and made available online for easy access. The surgical staff services call schedule is up to date and available in the Emergency Department for after hour needs.

### **Appropriate Patient Transfers**

Records of patient transfers are continuously reviewed by nurse auditors, the Emergency Department Medical Director, the Emergency Department Committee, and/or Hospitalist. Selected records are reviewed by the Medical Staff Quality Improvement Committee (MSQIC) and a physician consultant.

### **Inpatient & Emergency Department Record Review**

Trauma, stroke, STEMI, rapid response, code blue, chest pain, sepsis, and pneumonia records are reviewed by the appropriate specialty committees. Audits of 10% of Emergency Department records are performed. Contracted providers are also included in the record reviews by the MSQIC. The Emergency Department Medical Director monitors quality of care to ensure that admission, diagnosis, and treatment meet the standard of care.



### **Nosocomial Infection Rate**

The nosocomial incident/infection rate remains less than 2%. Infection rates are tracked and reported through the Medicine Committee. No trends or infection problems were noted in the past year (**Attachment A**). Emphasis continues to be finding an effective way to monitor hand washing compliance.

### **Appropriate Use of Medications**

PMH's pharmacist reviews patient records receiving multiple medications and the administration process to prevent adverse drug reactions. The pharmacist also reviews patient care records for proper medication administration as well as the tracking and trending of medication errors for immediate process improvement. (**Attachment B**). Any changes made to the drug formulary are reviewed and approved by the Pharmacy & Therapeutics Committee.

### **Provider Evaluation**

The quality and appropriateness of the diagnosis and treatment furnished by all providers (MD, DO, ARNP, PA) is reviewed and evaluated by the Medical Staff Quality Improvement Committee (MSQIC), a physician consultant, and the standard quality of care reviews by the Medical Staff. All findings and/or recommendations of the evaluations are taken into consideration and appropriate remedial or corrective actions are taken to address any deficiencies if needed. Outcomes for all remedial or corrective actions are documented.

### **Year in Review – A Summary**

CY-2020 was quite an eventful year for PMH and our world due to the COVID-19 pandemic, as reflected in the excerpts from the January 2021 CEO Report to the Board of Commissioners (BOC):

#### **2020 Strategic Plan Annual Report**

I have been a CEO of community hospitals for over 30 years, and 2020 was the most challenging year I have ever faced. We started the year very strong, exceeding our budgeted volumes, financial performance, patient satisfaction, etc., and then our world was turned upside down by the worldwide COVID-19 pandemic. Prosser Memorial Health responded to this challenge exceptionally well and made the most out of a very difficult time. However, as we analyze our Pillars of Excellence, you will see that we were not able to meet most of our Pillar Excellence goals in 2020 (red and yellow). While the pandemic explains some of the variances, we have also learned that maintaining excellence every day (as measured through our Pillar Goals) is very challenging. Our 2020 scores are not bad, but they are not at the level of excellence for which we were striving. Most hospitals in the country would be satisfied with our Pillar scores, especially our employee, Medical Staff and patient

satisfaction scores, and our financial performance. While not achieving our goals is very disappointing, we will use 2020 to motivate us to improve and to continue our journey toward excellence and greatness with even more passion. We have an extremely dedicated team that performed well in 2020 and will perform better even in 2021 as we strive to become a top 100 Critical Access Hospital in the country!

### **Employee Engagement Survey**

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

This year our engagement survey was once again conducted by People Element during the months of October/November. Our participation level was 75.6% which was better than the participation level last year at 74.5%. The full results of the survey, including comments will be shared with everyone at PMH on January 26<sup>th</sup>. One of the key metrics in the survey and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Our performance on this question has improved each of the last five years, from 83.0% in 2016, 83.2% in 2017, 85.0% in 2018, 85.6% in 2019 and 89.2% in 2020. This is significant improvement and something with which we can be very proud.

### **Medical Staff Engagement Survey**

Like the Employee Engagement Survey, the Medical Staff Engagement Survey was also conducted in October/November. However, unlike the Employee Survey, the MS Survey had to be reponed in January because People Element, the organization conducting the survey, left 14 questions off the survey. If that wasn't bad enough, one of the questions left off was our Pillar Goal question. While we encouraged all Medical Staff members to take the 14-question survey, our participation level dropped from 77.6% on the original survey to 55.1% on the additional survey. However, the 77.6% was an improvement from the 75.0% last year and is very strong participation. The key metric (Pillar Goal) in the survey used to measure Medical Staff satisfaction with PMH showed a small decline from 89.0% in 2019 to 85.8% in 2020.

## Review of Services

### *Emergency Medical Services*

- Trauma Verified, Advanced Life Support (ALS) Ambulance that provides 24-hour service to the communities of Prosser, Grandview, Mabton, Patterson, Bickleton and Sunnyside and the surrounding areas.
- Provide pre-hospital care in accordance with Benton/Franklin and Yakima County's Pre-Hospital Care Protocols.
- Ensure that there is a smooth transition of continuum of patient care at receiving medical facility.
- Community Paramedic Program - this program offers a no-charge, post discharge visit to patients whose care was affiliated with PMH. This visit includes:
  - Discharge instruction reinforcement,
  - Medication reviews,
  - Physical evaluations, and
  - Referrals to appropriate facilities for further care.

### *Pharmacy Services*

- Preparation and distribution of medications to Pyxis machines.
- Protocol prescribing of medications, laboratory studies, and nursing care.
- Storage, distribution, and control of medications.
- Clinical and drug utilization monitoring, general.
- Clinical and drug utilization monitoring, specific.
- Appropriateness of drug therapy.
- Drug information service.

### *Diagnostic Imaging Department*

- 3D/4D Ultrasound
- Computerized Tomography (CT)
- 3D Mammography
- MRI
- Digital X-Ray
- Echocardiograms
- Bone Density
- Fluoroscopy
- Nuclear Medicine

- MILD Procedure

### *Nuclear Medicine*

- Bone
  - 3-Phase Bone
  - Bone SPECT
  - Whole Body Bone
- Cardiac
  - MUGA
  - Nuclear Stress Test (MPI)
  - Thallium Viability
- Central Nervous System
  - Brain Perfusion Study
- Endocrine
  - I 131 Thyroid Cancer Whole Body
  - I 131 Thyroid Therapy
  - Parathyroid
  - Thyroid Uptake and Scan
- Gastrointestinal
  - Gastric Empty
  - GI Bleed
  - H Pylori Breath Test
  - Hemangioma
  - HIDA
  - HIDA with EF
  - Liver/Spleen
- Lung
  - Lung Ventilation/Perfusion
  - Lung Quant
- Oncology
  - MIBG 123 (AdreView)
  - Octreotide
  - Sentinel Node Injection Only
  - Sentinel Node with Imaging
- Renal
  - Renal
  - Renal with Lasix

### *Laboratory*

- Chemistry
- Hematology
- Blood Bank
- Urinalysis Coagulation
- Serology
- Microbiology
- Semen Analysis
- On-site CLIA waived laboratory services provided at Grandview, Prosser and Benton City clinics.

### *Accounting Office*

- Plan and carry out policies relating to all phases of accounting.
- Maintain work practices in accordance with the established standards and criteria and with developing corrective plans, as needed.
- Assume the responsibility for all fiscal related tasks within the hospital. This includes all aspects of payroll preparation, accounts payable, and general ledger accounting.
- Work closely with management and staff to resolve hospital financial related problems, to ensure proper coding of expenses, and to correct any financial inconsistencies.
- Education of hospital personnel on payroll preparation, accounts payable submittal and tracking, budgeting and variance reporting, and how to read/use the reports distributed to management from the Accounting Department.
- Provide accurate preparation and timely distribution of payroll, accounts payable, and the month-end general ledger processing.
- Provide accurate and relevant reports to the CFO for presentation to the Board of Commissioners in advance of monthly Board meetings.
- Provide accurate accounting of all hospital financial data and assistance in correcting financial inconsistencies.
- Provide timely and accurate preparation and submission of all financial related reporting in accordance with hospital reporting requirements and state and federal requirements.

### *Health Information Management*

- Collect, maintain, and make available to authorized users, timely, accurate, and complete patient health information.
- Manage, analyze, and utilize data vital for patient care.

- Ensure consumer health information is readily available only to those who need it, when they need it.
- Ensure the appropriate and rightful access to health information only to those legally authorized to do so.
- Ensure the quality, security, and availability of health information as it follows the patient through the health system.
- Monitor the quality of patient information, ensuring that the information is maintained and protected in accordance with federal, state, and local regulations.
- Manage records processing, monitoring of record completion, release of patient information, clinical coding of diagnoses and procedures, birth defects monitoring, and birth registration completion.
- Protect the confidentiality of health records as mandated by law, HIPPA regulations, professional standards, and the employer's policies.
- Provide accurate and timely information to our PMH physician's, employees, medical clinics, internal and external customers.
- Ensure accurate coding for reimbursement and clinical care.
- Ensure accuracy of coded data by keeping abreast of coding guidelines and reimbursement reporting requirements.
- Ensure that providers have access to charts and answer any questions they may have when completing them.
- Track physicians' deficiencies to ensure that charts are being completed within the time period specified by the medical staff in their rules and regulations.

#### *Patient Registration Department*

- Responsible for obtaining accurate and complete information on the patients we serve including, demographic, insurance, and payment information.
- Obtain appropriate signatures on all required paperwork at the time of registration.
- Direct incoming calls to the appropriate hospital department/representative.
- Monitor and evaluate the quality of the registration process, with a benchmark of 95% registration accuracy.
- Assessment of the registration data through auditing.
- Implement corrective measures to assure improvement/resolution of registration issues.
- Document quality assurance activities and report findings, actions, and results to the PMH Quality Committee.
- Annual review of the effectiveness of the Departmental Quality Improvement Plan.
- Collect all copays and or past due balances.
- Review and provide documents to patients regarding Rights & Responsibility, Consents to Treat and HIPPA.

#### *Information Technology (IT) Services*



- Provide network, hardware and software support including upgrades and installations.
- Troubleshoots computer related problems for users.
- Consults, recommends, engineers, and builds selections of new equipment and software packages.
- Ensure efficient functioning of the financial systems applications computer system, including updates of both the operating and application systems.
- Ensures HIS HIPAA Compliance.
- Ensures LAN/WAN is within industry standards.
- Reads and complies with hospital and departmental policies and procedures.
- Maintains confidentiality of all departmental and hospital information according to procedures.

### *Care Transitions*

- Discharge Planning and Social Work intervention.
- Complete the IDT (Interdisciplinary Team) CM Portion of inter-disciplinary care plan.
- Complete discharge phone calls on swing bed patients.
- Complete quarterly Time Studies and submit to controller.
- Participate in the Total Joint Program for pre-op education and discharge planning needs.
- Medicare compliance with notices as needed: Medicare Important Messages, Notices of Medicare Non-Coverage, DSHS Appeal notifications for swing beds, Leave of Absence forms completion and policy compliance.
- Assist the CPP program when Care Management needs are identified in the community.
- EPIC support regarding Care Transitions workflows.
- Coordinator and Lead for the Care Transformations Grant.
- EDIE (Emergency Department Information Exchange) program oversight and case management.
- Complete Swing Bed in person admission evaluations at Tri-City Hospitals PRN.
- Monitor the EPIC EMR for appropriate accommodation codes.
- Complete inpatient and observation insurance notifications and clinical submissions.
- Assist PMH in Medicare compliance with Medicare Outpatient Observation Notifications.
- Participate in the Total Joint Replacement program as a nurse liaison for the Recovery Coach App.
- Maintain UR and Swing Bed Policies.
- Swing Bed Admissions facilitator including completion of Comprehensive Assessments.
- Swing Bed authorizations and complete insurance clinical submissions.

- Medicare compliance with Swing Bed Certifications, and PASRR's.
- Handle any Medicare Discharge Appeals and the administering of HINN's.
- Insurance Appeals and Denials as needed.
- Maintain UR scorecard and refer charts to MSQI as needed.

#### *Dietary*

- Offers appetizing nutritious foods prepared and served under sanitary conditions and at appropriate temperatures. Patient likes and dislikes are considered along with special dietary concerns.
- Tele-dietician consults are available upon request.

#### *Emergency Department Services*

- Level IV Trauma Center, Level III Stroke Center and Cardiac Level II.
- Staffed 24 hours a day, 7 days a week, 365 days a year with a physician trained in Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), 2 registered nurses certified in Advanced Cardiac Life Support, Pediatric Advanced Life Support and/or Emergency Nurse Pediatric Course and Trauma Nursing Core Course as well as an ED Technician/Interpreter who is specially trained to assist with procedures in the department that work 24 hours a day, 7 days a week.
- Prepared to meet the medical needs of any patient that presents to the emergency room. The department sees patients through all phases of acuity from the clinic patient to the acutely ill and the patient with multiple traumas.
- Multiple transfer agreements are in place to assure that patients who present to PMH and need additional services are transferred to a tertiary center for appropriate care.

#### *Perinatal Services*

- Four LDRP suites, three post-partum beds, and nursery beds, staffed 24 hours a day within the Family Birthplace.
- High volume – Term vaginal births.
- High risk – cesarean sections, preterm labors who present in active labor.
- Births  $\geq$  36 weeks gestation precipitous births, inductions, and augmentation of labor.
- Total care management of the woman in labor.
- Ante partum testing and screening for labor management.
- Monitoring and evaluation of the fetus during pregnancy.
- Evaluation and resuscitation of the newborn at birth and during the transitional period.
- Management of postpartum care to all delivered women.
- Management of care to well newborns.

- Emergency preparedness to handle obstetrical and neonatal emergencies.
- Credentialing and Competence Validation.
- Advocate for breastfeeding and lactation support.
- Childbirth education classes.
- Little Wings Program for pregnancy losses under 19.6/7 weeks.
- High risk- Cesarean Sections, GDM, PIH, Absent/Minimal Prenatal Care, Preterm Labors to unstable to transfer (Deliver and Stabilize).
- Gynecologic/Women Health Surgery.
- Total care Management of Antenatal and Laboring patients.
- Pain Medication Options- Nitrous Oxide, IV, Labor Epidurals.

### *Surgical Services*

#### Pre-op

- Coordinate with physician/clinic to schedule cases
- Pre-op phone call
- Prepare for the case utilizing preference card and communication
- Patient assessment, teaching, discharge planning

#### Intra-op

- Surgical procedures
- Aseptic technique for infection prevention
- Safety – positioning, cautery, fire, sharps, etc.
- Availability of necessary instrumentation, equipment, and in good working condition
- Staff competence
- Good relationship with physicians
- Documentation

#### Post-op

- Airway management
- Patient assessment
- Pain management
- Discharge criteria
- Discharge instructions with a focus on infection prevention and prevention of re-admission
- Patient education
- Follow-up phone calls
- Accuracy in patient charges

### *Outpatient Special Procedures*

- Blood Product Transfusions
- IV Medication Therapy
- Certified Wound Care Nurse Evaluation
- Antibiotics, Iron Infusion Therapy
- Infection Services
- IV Hydration Therapy
- PICC Line Placement
- NPWT Wound Vac Therapy
- Therapeutic Phlebotomy
- Nail Care

### *Employee Health*

- Meet with new hires to ensure immunization.
- Generate lab titers to assess immunity to TB, Hepatitis B, MMR, varicella.
- Administer vaccine(s) as indicated.
- Education and follow up with employees on exposures.
- Annual TB evaluation.
- Annual influenza vaccination.
- Annual respiratory protection training.
- Maintain employee health files.
- Provide education to staff as needed.
- Assist Cardiopulmonary and Safety Committee with the Respiratory Protection Plan.
- Monitor employees with COVID-19 and manage their release back to work.

### *Environmental Services Department*

- Provides clean, infection free, and visually pleasing patient care and work environments.  
The department currently provides these services to the following facilities:
  - PMH Hospital
  - Edgar E. Whitehead Center (Annex Building)
  - Stephen Kenny Center (Annex Building)
  - ENT & Allergy Clinic
  - Emergency Medical Services Building
  - Specialty Clinic (Suite @ Valley Vista Medical Group)

### *Laundry Services Department*

- Provide adequate supply of clean, infection and defect free linen, scrubs, towels and blankets.
- Gather soiled linen from hospital areas daily

- Weigh, sort, and launder soiled linen.
- Dry, fold and distribute processed laundry to appropriate departments.
- Inventory and maintain adequate supply levels.
- Provide laundry services to PMH Hospital eight (8) hours per day seven (7) days per week, including holidays.
- Provides laundry services within the hospital and to the Specialty Clinic, Benton City Clinic, EMS Services, Prosser Physical Therapy & Rehab, Women’s Health Clinic, Prosser Clinic, ENT/Allergy Clinic, and Grandview Clinic.
- A total of 208,593 pounds of laundry was done in 2020. This indicates a decrease of - 4.22% from 2019, where a total of 217,788 pounds of laundry was done.

### *Maintenance Department*

- Physical plant facilities, operating systems and equipment preventive maintenance and repairs.
- Hospital and clinic department specific equipment inspection, preventive maintenance, and repairs.
- Limited hospital and clinic biomedical equipment inspection, preventive maintenance, and repairs.
- Regulatory compliance activities such as inspection, testing, maintenance and repairs to life safety and critical systems and equipment.
- 24-7 availability for facility emergencies, emergency courier services; including transport for patients meeting specific criteria.
- Electrical safety testing and inspection of electrical systems and equipment.
- Internal communication systems and equipment troubleshooting, repairs and installations.
- Plumbing and water delivery systems maintenance and minor repairs.
- Light carpentry and wall repairs.
- Building interior and exterior painting and repairs.
- Grounds, roads and parking lot maintenance and repairs, including ice and snow control for PMH and Valley Vista Medical Center campuses and other District facilities.
- General building maintenance and repairs.
- Other services as required.

### *Cardiopulmonary Department*

- |                                    |                             |
|------------------------------------|-----------------------------|
| • Electrocardiograms (ECG/EKG)     | • Multiple Pulse Oximetry   |
| • 48 plus Holter Monitor           | • Spot Check Pulse Oximetry |
| • Cardiac Stress Test with Echo    | • Aerosol Treatments        |
| • Cardiac Stress Test without Echo | • Sputum Induction          |
| • Chemical Stress Test             | • IPV Therapy               |

- Nuclear Stress Test
- Cardioversion Assistance
- Arterial Blood Gases
- Pulmonary Function Test
- Pulmonary Function Test Pre and Post
- Pulmonary Function Test with DLCO Single Breath
- Overnight Pulse Oximetry Studies
- Home Oxygen Qualification Testing
- High Risk Newborn Delivery Assistance
- C-Section Assistance
- Bi-Level/CPAP Therapy and Trending
- High Flow Oxygen Therapy
- Respiratory Therapy Protocols
- Respiratory Protection N95 Mask Fitting
- MetaNeb Therapy
- Lung Expansion Therapy
- Chest Physiotherapy
- Out-of-Facility Transports
- Mechanical Ventilation
- Nitrous Oxide Therapy
- Respiratory Assessment
- Respiratory Education
- Intubation Assistance
- Newborn Hearing Screenings
- Oxygen Therapy and Trending
- Airway Maintenance Suctioning
- Smoking Cessation Education

#### *Acute Care-Swing Bed Services*

- Staffed 24 hours/day, 7 days a week, 365 days a year with a mix of Registered Nurses, Licensed Practical Nurse, and Certified Nursing Assistants according to the needs of the current patient type and the census. Cardiac arrhythmias with or without telemetry monitoring.
- Multi-system diseases such as respiratory disorders, gastrointestinal disorders, genitourinary disorders, gynecological disorders, neurological disorders, endocrine disorders, hematological disturbances, oncology complications, and infectious diseases.
- Management of the post-surgical patient.
- Extended care for those patients not well enough to be discharged to community, yet not ill enough to qualify for acute care services that may benefit from Swing Bed:
  - Rehabilitation Services (PT, OT, &/or ST)
  - Wound care that may be difficult to manage at home
  - IV antibiotics
  - Strengthening
  - Caregiver training
  - Respiratory Adjunct Therapy
  - Automated External Cardiac Defibrillators

#### *Women's Health Center*

- Gynecology Care & Surgery
- Contraception Management
- Pregnancy Management
- Infertility Treatment
- Preventative Medicine
- Electronic Fetal Monitoring
- Newborn Assessments
- Labor & Delivery Management
- Prenatal & Postnatal Care
- IUD Insertion/Removal

- Prolapse & Incontinence Treatment
- Minimally Invasive Surgery
- Routine & High-Risk Pregnancy Management
- Management of Menstrual Irregularities, Abnormal Pap Smears, STD's, and Menopause
- Annual Well Woman Exams
- Novasure Endometrial Ablation
- Family Planning

### *Specialty Clinics*

The Specialty Clinics are comprised of the ENT & Allergy Center, General Surgery Center, Orthopedic Center, and Cardiology Center. Services provided per Center are as follows:

- ENT & Allergy
  - Sinus Infections
  - Allergy Testing (Environmental & Food)
  - Allergy Immunotherapy
  - Snoring & Sleep Apnea
  - Dizziness
  - Speech Problems
  - Larynx Disorders
  - Recurrent Ear Infections
  - Hearing Diagnostics (adult and peds)
  - Tympanometry
  - Custom Sporting and Recreational Ear Protection
  - Occupational Hearing Protection
  - Tinnitus Evaluation
  - Hearing Device Evaluations
  - Hearing Devices
- General Surgery
  - Varicose Veins
  - Removal & Biopsy of Lumps
  - Thyroid Surgery
  - Breast Surgery
  - Hernia Repair
  - Gallbladder Removal
  - Colonoscopies
  - Laparoscopy Cholecystectomy
  - Polyp removals
  - Appendectomy
  - Splenectomy
  - Bowel Surgery (resection, and obstructions)
  - Hemorrhoids, Fissures & Fistulas



- Endoscopy of the Colon, Esophagus & Lungs
- EMG diagnostics
- Wound Care
- Orthopedic Surgery
  - Arthroscopic surgery of the elbow, shoulder, knee and ankle
  - Arthroscopic rotator cuff and reconstructive shoulder stabilization
  - Ligament reconstruction and meniscus repair of the knee
  - General Fracture Care
  - Total Joint Replacement, including knee, hip
  - Fracture, tendon, nerve, and ligament treatment of the hand
  - Splinting
  - Casting
  - Joint Injections
- Podiatry/Foot & Ankle
  - Arthroscopic Ankle Surgery
  - Foot & Ankle Fractures
  - Bunions & Hammertoes
  - Amputations
  - Ankle Instability
  - Tendon and Ligament Repairs (Achilles)
  - Tendon Injections
  - Joint Injections
  - Implant removals
  - Planter Fautitis
  - Debridement
  - Adult & Pediatric Flatfoot
  - Non-Healing Wounds of the Foot & Ankle
  - Allograft Treatment (none healing dm ulcers)
  - Ingrown Toenail Procedures
  - Plantar Wart Excision
  - Custom-Molded Foot Orthotics
  - Diabetic Foot and Nail Care
  - Heel Pain
  - Splints
  - Casting
  - Wound care
- Cardiology
  - ECG Diagnostic / Interpretations

- Holter Monitor Diagnostic / Interpretations
- Echo Stress Test
- Dobutamine Stress Test
- Management of Valvular Heart Disease
- Heart Failure Tx and Management
- Preventative Cardiology
- Coronary Artery Disease
- Cardiac Oncology
- Venous Thromboembolic Disease
- Echocardiography and Transesophageal Echo
- Cardioversion
- Pericardial Diseases
- Hypertension Management
- Hyperlipidemia Management
- Urology
  - Kidney Stone Removal
  - Prostate Surgery
  - Minimally Invasive Surgery
  - Vasectomy
  - Urethral Reconstruction
  - Bladder Botox
  - Circumcision
  - Endoscopy

#### *Quality Assurance*

- Engaged with iVantage Health Analytics which provides comprehensive advisory services and analytics to the healthcare industry. They use a methodology called the Hospital Strength INDEX which is the industry standard for assessing and benchmarking rural and Critical Access Hospital performance. iVantage publishes the annual Top 100 Critical Access Hospital list.
- Continued collaboration with Washington State Hospital Association (WSHA) in MBQIP, which includes inpatient and outpatient reporting to CMS, Emergency Transfers, HCAHPS surveys and reporting of predefined data through the Quality Benchmarking System (QBS) which allows for comparison of like facilities in Alaska, Washington, and Oregon.
- Strategic Plan and Patient Care Scorecards are populated monthly with quality metric data and presented to the Board on a quarterly basis. The Strategic Plan Scorecard

contains 47 metrics under six (6) pillars. The Patient Care Scorecard contains 15 metrics **(Attachment C)**.

- Quality boards are used as a tool to display metrics, highlight superior patient care, and generally standardize the cultural transformation of quality improvement at PMH.
  - Examples of content to display include:
    - HCAHPS scores (if applicable)
    - Quality/Process Improvement goal updates
    - Any interdepartmental quality measures that pertain to the department specifically
    - Inspirational messages or pictures
    - Completed and/or in progress quality or process improvement projects

*Benton City Clinic*

- |                            |                               |
|----------------------------|-------------------------------|
| • Routine Preventive Care  | • Pain Management             |
| • Pediatric Care           | • DOT Physicals               |
| • Women’s Health           | • Cold & Flu                  |
| • L&I Care                 | • Cuts & Rashes               |
| • Workers Compensation     | • Sinus Infections & Earaches |
| • Lab Tests                | • Bumps & Bruises             |
| • Immunizations            | • Urinary Tract Infection     |
| • Return to Work           | • Mental Health               |
| • Vision Tests             | • Internal Medicine           |
| • Sport Physicals          | • After Hours Care            |
| • Adult Disease Management | • Chronic Care Management     |

*Grandview Clinic*

- |   |                               |
|---|-------------------------------|
| • Routine Preventive Care                     | • Pain Management             |
| • Pediatric Care                              | • DOT Physicals               |
| • Women’s Health                              | • Cold & Flu                  |
| • L&I Care                                    | • Cuts & Rashes               |
| • Workers Compensation                        | • Sinus Infections & Earaches |
| • Lab Tests                                   | • Bumps & Bruises             |
| • Immunizations                               | • Urinary Tract Infection     |
| • Return to Work                              | • Mental Health               |
| • Vision Tests                                | • Internal Medicine           |
| • Sport Physicals                             | • After Hours Care            |
| • Adult Disease Management                    | • Chronic Care Management     |
| • Cancer Screenings (including colonoscopies) |                               |

- Cardiovascular Disease Prevention

*Prosser Clinic*

- Occupational Health
- Pre-Employment Drug Screenings
- Post-Accident Drug Testing
- L&I Care
- Workers Compensation
- Lab Tests
- Immunizations
- Return to Work
- Vision Tests
- Nutritional Counseling- via our providers
- Mask Fitting- the machine is currently broken
- COVID-19 Testing
- Cuts & Rashes
- Sinus Infection & Earaches
- Bumps & Bruises
- Urinary Tract Infections
- Mental Health
- After Hours Care
- Pediatric Care
- Women's Health
- Cold & Flu
- Pulmonary Tests

*Prosser Physical Therapy and Rehab Center*

- Women's Health provides one-on-one, private sessions with a women's health physical therapist to provide women's health and pelvic rehab for women struggling with pelvic issues and concerns.
- Physical Therapy helps to relieve pain and dysfunction for people with:
  - Sports Injuries
  - Neurological Conditions
  - Muscle & Joint Pain
  - Surgery Recovery
  - Repetitive Motion Injuries
  - Lymphedema
  - General Weakness and Risk of Falling
  - Upper Lower Extremity
  - Facial Strain
  - Vestibular Rehab
  - Concussion
  - Orthopedic Therapy
- Speech Therapy helps patients achieve the highest possible functional levels when living with a chronic condition or following injury or illness, such as stroke, brain injury, Parkinson's disease, dementia, or neurological disorders. Some services provided include:
  - Video Swallow Function Test
  - Speech Sound Production
  - Augmentative and Alternative Communication Modalities
- Occupational Therapy is committed to help restore function and/or mitigate disability in an effort to maximize independence and ability to participate in the activities of daily living, leisure and social pursuits, job functions and school.
- Aquatic Therapy helps patients improve their strength and increase flexibility through resistance and cardio-based activities.

### *Community Relations Department*

- Facilitation of marketing efforts for appropriate departments within the Prosser Public Hospital District.
- Communicates efficiently and effectively with CEO, Administrative Team, Leadership Team, Hospital employees, Board of Commissioners, community leaders, patients, and the public at large.
- Observes and conforms to hospital policies, programs, mission, and goals. Works through appropriate channels to update or change any of the above.
- Consistently strives to enhance PMH image in all dealings with employees, external customers, physicians, Board members and the public.
- Prioritizes work to produce high quality results in a timely, reliable manner about meeting deadlines, communicating effectively, assisting departmental communication, and enhancing PMH image.
- Practices and demonstrates good judgment, tact, and diplomacy in all written and interpersonal communication.
- Demonstrates enthusiasm, integrity, and loyalty in dealings with public, employees and patients as described in PMH's Expectations for Customer Service.
- Demonstrates an understanding of inter-departmental hospital organization and assists department managers in communication efforts.
- Manage a capital campaign to raise \$2 million for the new hospital project.
- Manage all PMH Foundation business, events, donations, board activity and day to day operations of the gift shop.

### *Community Outreach/Benefit*

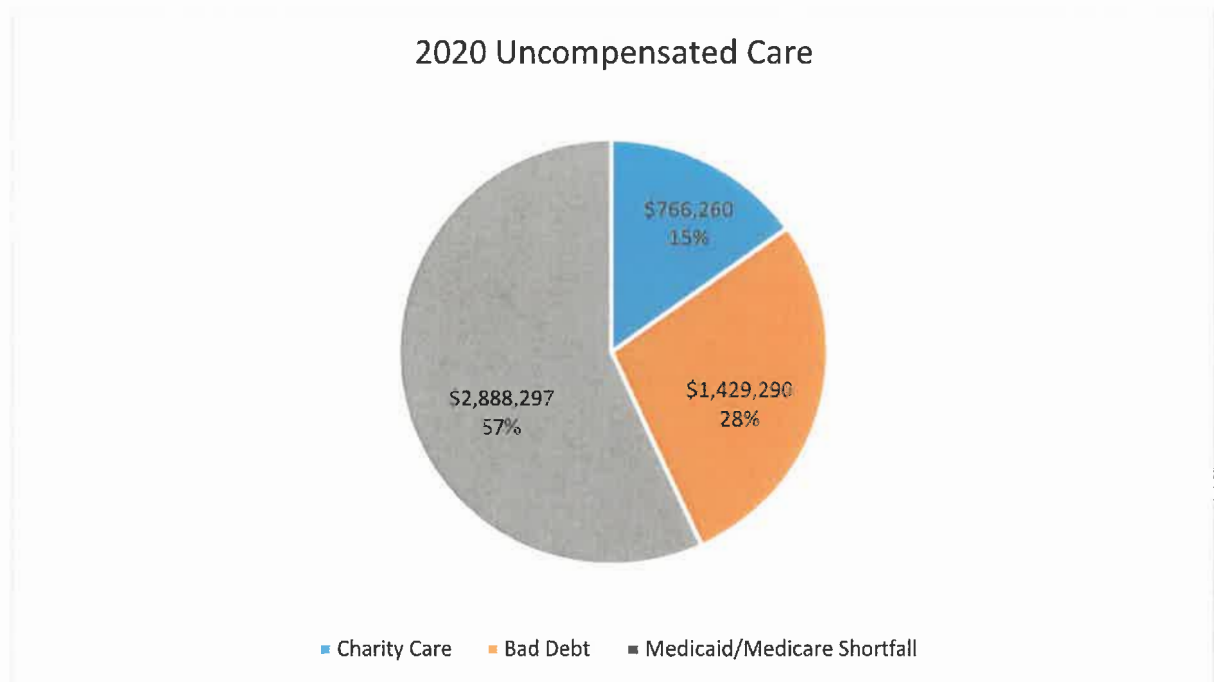
At Prosser Memorial Health (PMH), we believe that a healthy and safe community is a strong community. Our commitment to healthier families comes to life in the programs and activities that we provide to the community. The following events were conducted in 2020 as a benefit to our community:

- January 28, 2020: Joint Replacement Lunch & Learn with Dr. Strebel at Black Rock Creek Golf Course in Sunnyside
- February 7, 2020: Go Red for Women Luncheon
- February 20, 2020: Women's Heart Disease Facebook Live Stream with Dr. Bhatti
- March 10, 2020: Joint Replacement Lunch & Learn with Dr. Strebel at Yakima Apple Tree
- March 18, 2020: Prenatal Education Seminar
- March 2020: COVID-19 Respiratory Care Clinic Opened
- April 9, 2020: Blood Drive
- April 16, 2020: Mental & Physical Health Facebook Live Stream with Pam Morris and Heather Morse

- May 7, 2020: Prosser Clinic Botox Party
- July 2020: Free Meet & Greet our Pediatricians
- July 15, 2020: Prenatal Education Seminar
- July 17, 2020: Mustangs Matter Youth Mental Health Video Series Launch
- August 29, 2020: Mustangs Matter Youth Mental Health Video Series Launch
- September 10, 2020: Mustangs Matter Break the Stigma Mental Health Awareness Virtual Walk
- September 11, 2020: Blood Drive
- September 16, 2020: Prenatal Education Seminar
- October 10, 2020: Mustangs Matter Youth Mental Health Video Series Launch
- October 2020: Mammography Launches Extended and Weekend Appointments Available
- November 11, 2020: Veteran’s Day Breakfast

**Community Benefit**

In 2020, PMH provided the following patient financial assistance:



Charity Care Program	\$ 766,260
Bad Debt	\$1,429,290
Medicaid/Medicare Shortfall	\$2,888,297
<b>Total 2020 Uncompensated Care</b>	<b>\$5,083,847</b>

**Review of Closed/Active Records**

The following summarizes the number of records reviewed in 2020.

All charts, that triggered according to pre-defined criteria (IP & OP General Screening, Emergency Services, Obstetrical Screening, Surgical Screening, Other [new physician proctoring, focused review]), were reviewed by the Medical Staff Quality Improvement Committee.

- Acute Care - 9
- Emergency Department – 88
- Obstetrics – 51
- Surgical Cases – 10
- Diagnostic Imaging - 3

**Health Care Policies – Reviewed and New in 2020**

Per policy #860-0062 *Policy/Procedure/Pre-Printed Orders Development*, on an annual basis the author, department manager/supervisor, or committee chairperson will review policies, procedures and pre-printed orders. An electronic signature and date of review will be entered as per policy #860-0066 *Policies and Procedures Usage* on Sharepoint.

Department	# of Policies Reviewed	Department	# of Policies Reviewed
Medical Staff Services	1	Acute Care Services	5
Family Birthplace	8	Anesthesia	1
Laboratory	32	Diagnostic Imaging	74
Pharmacy	11	Cardiopulmonary	45
Emergency Services	1	Grandview Clinic	0
Emergency Medical Services	0	Laundry Services	18
Social Services – UR	14	Materials Management	5
Environmental Services	74	Patient Registration	0
Administration & Compliance	5	Human Resources	7
HIM	0	Infection Control	3
Nursing Administration	2	Employee Health	1
Privacy	0		

Per policy #860-0062 *Policy/Procedure/Pre-Printed Orders Development*, when creating new policies, the author will review similar policies and/or procedures for duplication, contradictions or consolidations, content will contain pre-defined elements, and the author will present the new policy to the Policy & Procedure Committee for approval.



Department	# of New Policies	Department	# of New Policies
Medical Staff Services	1	Acute Care Services	3
Family Birthplace	3	Anesthesia	0
Laboratory	23	Diagnostic Imaging	39
Pharmacy	7	Cardiopulmonary	8
Emergency Services	1	Grandview Clinic	0
Emergency Medical Services	0	Laundry Services	0
Social Services – UR	1	Materials Management	0
Environmental Services	0	Administration & Compliance	7
Human Resources	5	HIM	0
Infection Control	3	Nursing Administration	2
Employee Health	1	Privacy	0



Major Goal Areas & Indicators	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019	Goal
Catheter Associated Urinary Tract Infections - # of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Central Line Associated Bloodstream Infections - # of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Bacteremia - # of events	0	0	0	1	1	0	0	0	0	0	0	0	2	4	0
Hospital Onset C. Difficile - # of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Onset Inpatient C. Difficile - # of Events	1	2	0	0	2	0	3	1	3	0	0	1	13	13	0
Community Onset-Healthcare Associated C. Difficile - # of	0	0	0	0	0	1	0	1	0	0	0	0	2	1	0
NHSN Reportable Surgical Site Infections - # of Events	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0
Overall Surgical Site Infection Rate	0.00%	1.00%	0.00%	0.00%	2.27%	1.81%	0.00%	0.00%	1.90%	0.77%	0.00%	0.90%	0.70%	0.28%	<2%
Healthcare Associated Infection Rate per 100 Inpatient Days	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.30%	0.35%	0.00%	0.00%	0.00%	0.0094	0.05%	<1%
Hand Hygiene/PPE Compliance Rate	67.0%	85.0%	75.00%	83.00%	82.00%	94.00%	86.00%	83.00%	93.00%	92.00%	93.00%	71.00%	84%	98.00%	90.00%
Employee Exposures - # of Events	1	0	0	0	0	0	0	0	1	0	0	0	2	1	0
Employee Influenza Vaccination Rate			98%										98%	94%	>95%
Overall COVID-19 Testing Done			33	229	504	735	977	931	751	719	1262	957	7218		
Total Negative Results			68	175	378	490	783	858	691	652	1029	749	5879		
Total Positive Results			10	52	124	194	188	123	70	66	233	207	1267		
Indeterminate/QNS/Lost Test			15	2	2	4	0	0	0	0	0	1	24		
Employees that tested Positive			0	5	4	3	4	5	1	7	11	16	56		
Total Number of Employees Tested			27	17	38	34	73	51	25	41	66	65	437		
Employee COVID-19 exposures either to patient or coworker			25	7	1	1	1	0	0	10	4	2	51		

**Measure Definitions**

- Catheter Associated Urinary Tract Infections** - UTI occurring as a result of an indwelling urinary catheter in place for >2 calendar days prior to the UTI diagnosis. Does not include straight catheterization consecutive calendar days. Eligible lines: Permanent central lines include tunneled catheters and implanted catheters, i.e. ports. Temporary central lines and umbilical catheters are also included. See NHSN Organism List.
- MRSA Bacteremia** - Positive blood culture growth of Methicillin-Resistant Staphylococcus Aureus. Monitored in inpatient areas and Emergency Department.
- Hospital Onset C. Difficile** - C. Difficile positive stool specimen collected greater than 3 days after admission to the hospital (on or after day 4).
- Community Onset Inpatient C. Difficile** - C. Difficile positive stool specimen collected as an outpatient (ED patient) or an inpatient less than or equal to 3 days after admission to the facility (days 1, 2 or 3).
- Community Onset-Healthcare Associated C. Difficile** - C. Difficile positive stool specimen collected in a patient discharged from a facility < 4 weeks prior to current date of stool specimen collection.
- NHSN Reportable Surgical Site infections** - Hip arthroplasty, knee arthroplasty, abdominal hysterectomy and colon surgeries with infection occurring 30 days after procedure date or up to 1 year for procedures in which an implant is used.
- Overall Surgical Site Infection Rate** - # of infections occurring within 30 days after procedure/total procedures.
- Healthcare Associated Infection Rate per 100 Inpatient Days** - Any infection occurring as a result of inpatient hospitalization (inpatient surgeries, CAUTI, CLABSI, C. Diff) calculated as a rate per 100.
- Hand Hygiene/PPE Compliance Rate** - 13 x 30 = 390 observations/month in which proper hand hygiene and PPE is used.
- Employee Exposures** - Any event in which an employee is exposed to a communicable disease, blood, bodily fluid or needlestick injury.
- Employee Flu Vaccination Rate** - Number of employees who provide documentation of or receive the current season Influenza vaccine/total number of employees. 380/404=94% 12 declinations

Definitions reviewed and updated per CDC/NHSN Surveillance Definitions 2019 - 9/28/2019 S. HGL

2020 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

Ref	Metric	Goal	2019	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD		
<b>QUALITY/SAFETY</b>																		
CMS	Medication Events by Type (Data Source: UHC Reports) <span style="float: right;">*more than one contributing cause</span>																	
	Ordering	0	11*	2													2	
	Transcription	0	3*			1*											1*	
	Dispensing	0	11*					1			2			2			5	
	Administration	0	28*	1		2*		2	2	3	2	1*	2*	2			15*	
	Documentation	0	2*	1	1	1					1		1*				5*	
	No Error/ADR		1			1			1			1*					3*	
	Narcotic Waste Documented	95%	93.31	96.07	97.64	95.94	94.12	96.63	95.05	92.90	93.61	92.38	94.75	97.46	93.30	95.41		
	Medication Events by Harm (Data Source: UHC Reports) <span style="float: right;">^same event reported twice</span>																	
	Unsafe Condition	0	6			2												2
	Near Miss	0	7		1	1		1		1	2			2				8
	No Harm	0	28	4		1		2	2	2	2		1	2				16
	Emotional Distress	0	1								1	1						2
	Additional Treatment	0	3										1					1
Temporary Harm	0	1																
Permanent Harm	0	0						1									1	
Severe Permanent Harm	0	1																
Total # Med Errors	Raw #	47	4	1	4	0	3	3	3	5	1	2	4	0			30	
Medication Trend/RCA*	Raw #	0	1	1													1	
NPSG WSHA	Washington State Hospital Association Medication Safety Initiatives (Data Source: EPIC Reports)																	
	Inpatients receiving warfarin	Raw #	28	2	0	0	2	2	2	2	1	1	0	2	5		19	
	Patients with INR >5	Raw #	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
	Inpatients on hypoglycemic agents	Raw #	304	16	23	12	14	18	22	23	25	24	20	25	34		256	
	BG <50 after agent admin	Raw #	9	0	0	0	0	0	0	0	0	0	1	3	0		4	
Inpatients receiving opioids		859	67	73	54	49	59	61	74	73	64	67	76	66		783		

2020 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

Ref.	Metric	Goal	2019	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
	Patients receiving naloxone due to over sedation		4	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anticoagulant Safety	Goal: To reduce the incidence of ADE related to anticoagulants ( $\leq 0.56/100$ admissions). N= # of patients INR >5 after any warfarin administration. D = # of patients on warfarin														
	Hypoglycemic Agent Safety	Goal: To reduce the incidence of ADE related to hypoglycemic agents ( $\leq 0.56/100$ admissions). N= # of patients with a BG level <50 after hypoglycemic agent. D = # of patients on hypoglycemic agents.														
	Opioid Safety	Goal: To reduce the incidence of ADE related to hypoglycemic agents ( $\leq 0.56/100$ admissions). N= # of inpatients receiving naloxone <24 hrs after opioid administration related to over sedation. D= # patients receiving opioids.														
NPSG	Medication Reconciliation (Data Source: Manual Chart Abstraction)															
	Meds reconciled in 24hr	Raw#		374	484	500	408	523	495	649	556	509				4498
	# of meds reviewed	Raw#		419	487	1118	454	938	1170	1487	1596	1382				9051
	Hospital Roll Up	90%		89.6	99.38	44.72	89.90	55.76	42.31	43.64	34.84	36.83				49.70
	Med Errors related to Med Reconciliation	0		1	0	0	0	0	0	0	0	0				
CMS C276	Infection Control/EOC Rounds															
	Remote Storage Outdates	90%	93.7%	82	84	100	100	98	100	98	98	100	100	100	100	96.67
C278	Proper Medication Storage	90%	93.7%	82	84	100	100	98	100	98	98	100	100	100	100	96.67
	Safe Medication Administration Scanning Compliance															
	Hospital Roll Up	90%	87.89	88.85	91.33	93.88	92.52	94.26	93.48	92.98	93.67	92.28	94.17	95.28	93.75	93.04
	Emergency Department	90%	75.13	72.78	83.13	93.06	86.69	87.22	88.19	85.82	88.08	84.38	83.65	88.47	87.43	85.37
	Labor and Delivery	90%	84.92	89.17	90.15	92.15	90.14	86.93	88.25	93.13	89.07	92.92	92.92	92.86	95.05	91.26
	Nursery	90%	80.16	95.61	98.70	86.30	99.09	94.87	92.59	90.85	85.03	83.45	93.64	95.74	88.55	91.39
	OSP	90%	89.35	92.64	92.31	95.53	90.35	96.88	95.10	95.15	96.88	90.80	99.16	96.86	97.97	95.28
	Acute Care/Swing	90%	92.60	94.20	93.32	94.48	94.04	96.65	95.33	95.16	96.05	95.11	97.26	97.15	95.13	95.34
	Intra-OP	90%	83.53	50.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Post-OP	90%	84.32	100.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	PATIENT LOYALTY (Data Source: PRC Dashboard for HCAHPS)															
HCAPS	Communication about Medications-ALL	>75														74.43
	Medication Explanation	>75														83.33

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2020 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

Ref.	Metric	Goal	2019	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
	Side Effects Explained	>75														65.52
<b>EMPLOYEE DEVELOPMENT</b>																
SP	# Evaluations Due		2	0	0	0	0	0	0	0	2p, 1a	0	0	0	0	2p, 1a
	Timely Evaluation		2	0	0	0	0	0	0	0	2p, 1a	0	0	0	0	2p, 1a
Studer	Employee Rounding			2	2	2	2	2	2	2	2					
	Aspire Board Updated			1	1											

CMS= Center for Medicare and Medicaid Condition of Participation; NPSG= National Patient Safety Goal; WSHA= Washington State Hospital Association Patient Safety Initiatives; HCAPS= Patient Satisfaction Survey results; SP=2018 Strategic Plan; Studer= PMH Cultural transformation [initiative](#); \* See Action log





## 2020 - Patient Care Scorecard

Major Goal Areas & Indicators	2019 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019	2018
<b>Quality</b>																
Left Without Being Seen (ED & iVantage)	<1.0%	1.24%	0.90%	1.03%	0.19%	0.86%	0.41%	0.61%	0.13%	0.78%	1.41%	0.65%	0.89%	0.80%	1.11%	1.00%
All-Cause Unplanned 30 Day Inpatient Readmissions (AC & iVantage)	<2.7%	2.33%	6.67%	9.30%	7.83%	2.94%	0.00%	4.70%	1.82%	0.00%	2.63%	0.00%	6.25%	3.80%	5.4%	2.7%
Sepsis - Early Management Bundle (AC)	>84.6%	33.33%	50.00%	N/A	66.67%	100.00%	100.00%	66.67%	100.00%	N/A	100.00%	0.00%	100.00%	72.73%	80.0%	84.6%
Head CT Interpretation within 45 minutes - Stroke (DI)	>90%	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	93.10%	62.16%	N/A
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.29%	0.07%	0.10%
Diabetes Management - Outpatient A1C>9 or missing result (PT)	<30.25%	37.43%	30.27%	32.62%	28.30%	32.09%	33.33%	21.71%	25.00%	24.36%	20.54%	22.29%	23.74%	27.62%	30.25%	34.50%
Medication Reconciliation Completed	>90%	89.26%	93.38%	44.71%	89.90%	55.76%	42.31%	43.64%	34.84%	36.33%	36.85%	41.43%	47.66%	47.15%	90.00%	2019 value is 85.16%
Turnaround time of 30 minutes or less for STAT testing (LAB)	<30 Minutes	34	31	34	33	39	37	36	36	38	53	34	40	37.5	30	30
Median Time to ECG (CP & iVantage)	<7 Minutes	6	4	6	3.5	7	7	6	11	12	7	7	8	7	7	NA
Surgical Site Infection (OR)	<2.0%	0.00%	0.00%	0.00%	0.00%	2.27%	1.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.25%	0.3%	0.3%
Colonoscopy Follow-up (OR/Clinic & iVantage)	>90%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	83.33%	87.50%	100.00%	100.00%	100.00%	100.00%	95.92%	90.0%	NA
Safe Medication Scanning	>90%	88.80%	91.30%	91.82%	90.55%	94.48%	93.70%	92.89%	93.68%	92.15%	94.16%	95.27%	95.83%	92.88%	90.0%	NA
*Overall Quality Performance Benchmark (iVantage)	>48	60	60	60	49	49	49	44	44	44	41	41	41	41	41	0
*Inductions <39 Weeks without Clinical Indications (OB & iVantage)	<1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3
*Falls with Injury	<3	0	1	0	0	0	0	1	0	0	0	0	0	2	3	3

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



### 2020 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2020 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 YTD	2019 Avg	2018 Avg
<b>Patient Loyalty</b>																
IP - "Would Recommend"	> 85.1%	84.4%	85.7%	97.2%	95.7%	84.4%	88.9%	90.7%	95.5%	88.9%	87.0%	85.3%	84.4%	87.9%	85.1%	83.8%
ED - "Would Recommend"	> 80.7%	73.8%	80.0%	85.0%	77.4%	83.3%	91.3%	72.7%	80.0%	22.0%	80.0%	75.0%	79.6%	81.4%	80.3%	80.7%
Acute Care - "Would Recommend"	> 79.7%	80.9%	80.0%	94.4%	90.0%	82.6%	81.3%	86.2%	92.3%	75.0%	84.4%	85.7%	82.4%	84.1%	78.6%	79.7%
OB - "Would Recommend"	> 92.2%	93.3%	92.3%	100.0%	100.0%	86.4%	92.9%	90.7%	100.0%	100.0%	100.0%	95.0%	86.7%	92.3%	92.2%	88.6%
Outpatient Surgery - "Would Recommend"	> 91%	86.4%	83.3%	94.3%	85.0%	96.3%	95.2%	95.2%	87.5%	100.0%	70.0%	100.0%	89.8%	91.0%	84.3%	
Swing Bed - "Would Recommend"	> 94.1%	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	50.0%	100.0%	N/A	50.0%	100.0%	73.9%	85.3%	94.1%
Clinic - "Would Recommend"	> 87.1%	92.9%	91.1%	87.9%	85.2%	87.0%	83.3%	86.0%	83.1%	92.3%	91.5%	75.4%	91.6%	87.3%	87.1%	85.2%
Outpatient - "Would Recommend"	> 88.4%	88.5%	88.5%	85.0%	85.0%	97.3%	91.7%	94.0%	88.6%	88.0%	85.2%	89.7%	88.4%	88.1%	88.4%	84.7%
<b>Medical Staff Development</b>																
Medical Staff Turnover	< 0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	0.2%	0.2%	0.6%
Specialty Clinic Visits	> 1063	1,197	1,101	1,021	588	686	907	391	939	1,027	1,192	975	983	954	950	872
Benton City Clinic Visits	> 1005	1,118	950	984	840	723	956	930	740	897	893	767	547	837	958	857
Prosser RHC Clinic Visits	> 1052	1,030	1,011	998	842	903	1,152	1,158	1,398	1,562	1,732	1,558	1,401	1,226	960	821
Grandview Clinic Visits	> 618	702	724	650	474	570	564	643	585	578	589	514	473	589	568	N/A
Women's Health Center	> 709	673	605	633	455	442	583	646	603	629	627	593	722	601	469	N/A
Comprehensive Pain Clinic	> 91	86	83	81	28	58	68	35	42	60	30	56	48	56	80	55
*# of Active Medical Staff	> 51	43	43	43	43	43	43	44	47	48	47	47	48	45	41	40
<b>Employee Development</b>																
Average Recruitment Time (days)	< 28	19	28	50	41	23	37	39	31	38	25	43	14	32	28	N/A
# of Open Positions (Vacancies)	< 23	35.0	27.0	27.0	24.0	22.0	21.0	20.0	43.0	38.0	43.0	28.0	24.0	29.4	23	8.8
Hours of Overtime - Overtime/Total Hours Worked	< 4.5%	7.9%	5.4%	5.0%	4.0%	4.2%	5.5%	6.1%	5.1%	6.2%	5.7%	5.4%	7.8%	5.9%	5.7%	4.5%
Agency - Cost/Total Labor	< 8.7%	7.7%	9.0%	10.3%	8.1%	4.5%	5.6%	5.3%	9.0%	7.5%	6.7%	6.7%	7.4%	7.6%	14.5%	10.6%
Turnover Rate	< 0.7%	0.4%	0.4%	0.7%	1.1%	0.4%	0.0%	0.0%	1.0%	0.7%	1.4%	1.0%	0.3%	0.6%	0.7%	0.7%
Timely Evaluations	> 79.6%	89.0%	54.0%	91.0%	91.0%	54.0%	78.0%	85.7%	74.2%	69.8%	48.0%	63.6%	54.8%	70.2%	79.6%	60.5%
Education Hours/FTE	> 2.15	1.67	0.01	1.83	0.98	0.55	0.85	0.93	1.71	1.43	1.43	1.81	1.38	1.22	1.55	2.15
New Hire (Tenure) < 1 year	< 10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	N/A
* Lost Workdays due to On-the-Job Injuries	< 167	8.00	8.00	8.00	16.00	8.00	15.00	1.00	0	2.00	13.00	20.00	24.00	10.25	167	163
<b>Quality</b>																
ED Encounters - Left Without Being Seen	< 1.0%	1.2%	0.9%	1.0%	0.2%	0.9%	0.4%	0.6%	0.1%	0.6%	1.4%	0.7%	0.8%	0.8%	1%	1.0%
* Falls with Injury	< 3	0	1	0	0	0	0	1	0	0	0	0	0	2	3	3
Healthcare Associated Infection Rate per 100 Inpatient Days	< 0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
All-Cause Unplanned Readmissions within 30 Days	< 2.7%	2.3%	6.7%	3.3%	7.9%	2.9%	0.0%	4.8%	1.8%	0.0%	2.6%	0.0%	5.2%	3.7%	5.4%	2.7%
Diabetes Management - Outpatient A1C > 9 or missing result	< 30.3%	37%	30%	33%	28%	32%	33%	22%	26%	25%	21%	22%	24%	28%	30.3%	34.50%
<b>Services</b>																
ED Visits	> 1,023	1,131	1,000	874	526	700	723	819	799	767	763	769	785	805	1,016	930
Inpatient Admissions	> 86	83	77	72	70	79	91	79	93	87	69	98	96	83	83	75
OB Deliveries	> 38	38	36	38	36	39	38	57	48	45	35	45	44	41	37	31
Surgeries and Endoscopies	> 126	199	100	90	32	44	110	128	132	101	129	123	110	118	117	
Diagnostic Imaging Procedures	> 2,116	2,466	2,308	2,078	1,358	1,734	2,159	2,225	2,334	2,348	2,667	2,622	3,009	2,280	1,957	1,649
Lab Procedures	> 12,262	12,098	11,587	9,776	7,900	10,591	12,119	12,249	13,003	12,306	12,996	12,830	12,761	11,768	11,051	9,671
Adjusted Patient Days	> 1,769	1,603	1,490	1,355	871	1,250	1,376	1,384	1,568	1,337	1,634	1,332	1,530	1,333	1,624	1,373
Therapy Visits	> 1,706	1,692	1,792	1,374	324	959	1,191	1,247	1,399	1,454	1,462	1,500	1,632	1,314	1,145	1,084
Outpatient Special Procedures Visits	> 225	268	226	319	222	211	188	198	236	265	306	267	260	247	224	225
<b>Financial Performance</b>																
Net Days in Accounts Receivable	< 48.62	60	64	62	48	48	52	54	57	57	60	63	64	59	63.79	50.96
* Total Margin	> 7.06%	4.50%	1.29%	-0.20%	16.40%	18.90%	32.62%	11.40%	-33.40%	19.00%	12.70%	-216.20%	4.50%	4.60%	5.30%	1.8%
Net Operating Revenue/FTE	> \$16,753	\$ 16,075	\$ 14,867	\$ 15,320	\$ 19,583	\$ 19,245	\$ 22,112	\$ 16,939	\$ 15,719	#####	\$ 16,696	\$ 8,332	\$ 22,177	\$ 17,191	\$ 15,794	\$ 16,094
Labor as % of net Revenue	< 60.2%	60.3%	65.0%	63.8%	53.8%	53.5%	43.2%	60.6%	80.8%	52.1%	53.3%	191.6%	42.8%	59.2%	59.6%	62.6%
Operating Expense/FTE	< \$15,760	\$ 15,534	\$ 15,443	\$ 15,969	\$ 15,562	\$ 15,823	\$ 14,866	\$ 16,479	\$ 11,599	\$ 18,165	\$ 14,796	\$ 16,994	\$ 18,368	\$ 15,891	\$ 15,190	\$ 16,190
* Days Cash on Hand	> 120.39	96	93	98	152	221	229	229	231	223	220	183	173	173	120.39	108.23
Commercial %	> 28.7%	27.1%	27.7%	31.7%	29.7%	28.1%	30.0%	31.3%	27.4%	27.8%	28.4%	30.1%	29.4%	29.4%	28.7%	28.2%
Total Labor Expense/Total Expense	< 62%	62.4%	62.6%	61.2%	63.7%	65.1%	64.3%	82.3%	60.2%	63.8%	60.1%	60.1%	51.7%	61.3%	62%	63%

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



**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT:	BOARD OF COMMISSIONERS	PAGE 1 OF 1 PAGE
REGARDING:	BOARD OPERATIONS POLICY-NEW BOARD POLICIES	NUMBER: 100.0013
DEPARTMENT AFFECTED:	BOARD OF COMMISSIONERS	AMENDED:
EFFECTIVE DATE:	3-30-17	REVIEWED: 12-20-18

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**POLICY**

When presenting a new proposed Board policy to the Board of Commissioners, Administration will first introduce the policy to the appropriate Board Committee, when applicable. The appropriate Board Committee will then include the proposed policy in the minutes of the meeting which will then be distributed to the full Board at its next regular meeting. Prior to the next meeting of the Committee which introduced the policy, all Board members will have the opportunity to provide input regarding the policy either to members of the introducing Committee or directly to Administration.

At the next meeting of the Committee which introduced the policy, all input will be considered, and, if appropriate, integrated into the policy. The Committee may then recommend the policy to the full Board in the form of an action item. This action item will then be considered at the next meeting of the full Board. If approved, the policy will then be added to the Board policy manual.

All Board policies shall be reviewed at a minimum of every three years.

**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 2 PAGE(S)  
REGARDING: EMPLOYEE COMPENSATION NUMBER: 100.0014  
DEPARTMENT AMENDED:  
AFFECTIVE: ALL  
EFFECTIVE DATE: 5-25-17 REVIEWED: 12-20-18

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**POLICY**

It is the intention of Prosser Memorial Health (PMH) to ensure that compensation for all non-contract employees is established and administered according to fair, equitable, and uniform principles. PMH will provide competitive and fair compensation that rewards excellence and performance based on:

- Individual performance;
- Contribution to the organization; and
- Overall PMH performance.

In those cases where there is a separate written contract document, the compensation policy and procedure for the particular employee or group of employees covered shall be governed by that contract document. Such employees are not covered by this policy.

**GUIDELINES**

**A. ANNUAL COMPENSATION REVIEW**

A review of employee compensation will be processed for all eligible employees covered by this policy on an annual basis. Recommendations for salary adjustments are to be supported by a current competency based performance evaluation submitted by the employee's Department Director or Manager. Any increase or adjustment will be based on the individual employee's rating on the competency-based performance evaluation taking into consideration the rating of all employees within the same department or departments.

For the purpose of this policy, an eligible employee is defined as an employee who:

1. Has completed the new employee period;

2. Is actively working and not on a leave of absence. If an employee is on a leave of absence he/she will be eligible when he/she returns to work; and
3. Is not in the required resignation notice period per Human Resources Policy.

The final amount of any increase or adjustment is also on the overall performance during the previous fiscal year, current Board – approved budget and an annual salary survey review.

## B. MERIT BONUS

In addition to the annual compensation review set forth above, PMH may award a merit bonus to eligible employees covered by this policy on an annual basis, within a reasonable period of time following the end of the fiscal year on December 31.

For the purpose of this policy, an eligible employee is defined as an employee who:

1. Is on payroll effective July 1;
2. Is actively working and not on a leave of absence. If an employee is on a leave of absence he/she will be eligible when he/she returns to work;
3. Is working not on probation as an existing established employee; and
4. Is on payroll and actively working when the merit bonus is awarded.

PMH, with the Board of Commissioners approval, retains complete discretion regarding all aspects of the Merit Bonus Award Program including whether an award will be distributed for any given fiscal year.

**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 4 PAGE(S)  
REGARDING: CEO SELECTION NUMBER: 100.0015  
AND RESPONSIBILITIES  
DEPARTMENTS  
AFFECTED: BOARD OF COMMISSIONERS AMENDED:  
EFFECTIVE DATE: 5-25-17 REVIEWED: 12-20-18

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**POLICY**

The Board of Commissioners shall select a CEO of Prosser Memorial Health (PMH). The individual shall be the Chief Executive Officer (CEO) of PMH with all the authority common to the office of the CEO of a business corporation. The CEO shall have all authority and responsibility necessary to operate PMH in all of its activities and departments, subject only to such policies as may be issued by the Board of Commissioners. He or she shall act as the duly authorized representative of the Board of Commissioners and PMH in all matters in which the Board has not formally designated some other person to act.

The responsibility for overseeing the Chief Executive Officer (CEO) position description is assigned to the Board of Commissioners.

**CEO**

The CEO provides overall leadership and coordinates activities of all aspects of PMH, with the objective that all of PMH will function as an effective unit, providing the highest quality patient care and support services consistent with available resources.

The CEO maintains contemporary knowledge on ideas and developments in all phases of PMH Administration. The CEO shall provide leadership for all personnel of PMH, the Board of Commissioners, and the Medical Staff.

The CEO promulgates and enforces rules and regulations for the proper conduct of PMH and its purposes, made by and under the authority of the Board of Commissioners. The CEO formulates, establishes, and enforces such additional procedures, rules, and regulations as may be necessary to provide for the proper admission, care, safety, and discharge of patients.

## STRATEGIC PLANNING LEADERSHIP

- Participates with the Board in charting the course of PMH in response to the needs of the community;
- Evaluates the effects of external forces on PMH and integrates appropriate responses into PMH's short and long range plans;
- Recommends long-range plans to the Board that support PMH's Statement of Mission, Vision, Values and Standards of Behavior.
- Completes an annual Strategic Plan to facilitate achievement of goals established in PMH's long-range plan/vision.

## GENERAL/HUMAN RESOURCES MANAGEMENT

- Ensures the attainment of PMH's goals through the selection, development, motivation, and evaluation of all PMH management and professional staff employed by PMH;
- Develops and implements an organization chart to meet the needs of PMH;
- Selects, employs and discharges all leadership and professional staff members of PMH;
- Establishes formal responsibilities and accountabilities of members of the management and professional staff, and evaluates their performance at least annually;
- Establishes compensation and benefits for all members of the management team within Board approved ranges;
- Negotiates professional contracts and ensures that appropriate salary or contractual rates are developed and maintained within Board approved guidelines;
- Ensures that patient care and operational needs of PMH are attained through the selection, training, motivation, and evaluation of all employees of PMH;
- Implements appropriate staffing levels and a plan of departmentalization to facilitate effective delivery of patient care and support services;
- Specifies personnel accountability and ensures that performance is evaluated regularly;
- Establishes compensation and benefits consistent with Board approved limitations;
- Encourages the integration of PMH into the community by implementing effective communications and community relations programs; represents the Board of Commissioners to the community;
- Initiates, develops, and maintains cooperative relationships with the business community and other area health care providers, generates community involvement through auxiliary volunteer, and staff programs; and
- Speaks before community and business groups on health care needs.

## MEDICAL STAFF RELATIONS

- Monitors the adequacy of PMH's medical activities through coordination with the Board, the Medical Staff, and the patient care staff and implements the policies needed to ensure high quality healthcare services;

- Creates an operating environment that facilitates the effective practice of medicine by the health care providers of the Medical Staff; consults with the Medical Staff concerning patient care needs and allocation of resources effectively to meet those needs; represents the Board of Commissioners before the Medical Staff of PMH; and
- Coordinates the recruitment and retention of members of the Medical Staff of PMH.

#### FINANCIAL MANAGEMENT/ALLOCATION OF RESOURCES

- Promotes delivery of health care services in a cost-effective manner, consistent with maintaining an acceptable level of quality;
- Ensures the sound fiscal operation of PMH, including development of a comprehensive annual operating budget and implementation of that budget following Board approval;
- Develops an annual capital equipment budget and implements that budget following Board approval;
- Plans the use and maintenance of the physical resources of PMH;
- Arranges that PMH property is insured against damage; supervises business affairs of PMH and ensures that funds are collected and expanded to maximize the operating effectiveness of PMH;
- Arranges contractual relationships with consultants, contractors, architects, and similar professionals in planning and developing facilities, finances, and personnel programs within Board approved guidelines; and
- Signs contracts or other instruments as the authorized representative of PMH, except in cases where execution shall have been expressly delegated by law or the Board of Commissioners to some other officer or agent of PMH.

#### PERFORMANCE IMPROVEMENT/ASSURANCE OF QUALITY

- Ensures compliance with regulations governing PMH and rules of accrediting bodies (e.g. CMS, Washington Department of Health) by continually monitoring PMH's activities and initiating changes as required;
- Monitors and maintains satisfactory levels of patient satisfaction;
- Maintains a system of continuous improvement that will focus on meeting the expectations of PMH customers and is incorporated into the daily work of every employee and staff member;
- Participates in litigation against PMH as the Board's delegated representative;
- Recommends to the Board of Commissioners the need to institute litigation; and
- Approves final settlements of lawsuits against PMH within Board approved guidelines.

**PROSSER MEMORIAL HEALTH  
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGES 1 OF 3 PAGE(S)

REGARDING: CEO EVALUATION NUMBER: 100.0016

DEPARTMENTS

AFFECTED: BOARD OF COMMISSIONERS AMENDED:

EFFECTIVE DATE: 5-25-17 REVIEWED: 12-20-18

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**POLICY**

It is the policy of Prosser Memorial Health (PMH) to utilize a formal performance program for the Chief Executive Officer (CEO). The purpose of this program is to maximize the effectiveness of the CEO and promote an effective working relationship between the Board of Commissioners and the CEO. Additionally, the program is intended to enhance the professional development of the CEO so that he/she can maximize his/her contribution to the organization. The overall purpose of the compensation and benefit program shall be to maximize the motivation and performance of the CEO.

**IMPLEMENTATION**

- A. Performance Evaluation Period: The Evaluation period shall be 12 months, commencing at the beginning of the fiscal year, January of each year. The formal annual performance review shall take place in March of each year. A midyear informal evaluation may take place between June and August of each year.
- B. At a minimum, the Board shall meet prior to the beginning of the evaluation period to establish, in conjunction with the CEO mutually agreed-upon performance Strategic Plan goals for the evaluation period. Additionally, the Board may meet in the middle of the evaluation period to apprise the CEO on his/her performance and at the end of the evaluation period to administer the formal performance evaluation.
- C. Performance Evaluation Criteria: The format of the evaluation form may vary; however, the following criteria areas will be included:
  - 1. Effectiveness in ensuring that the organization delivers high-quality medical care;
  - 2. Effectiveness in providing strategic planning leadership;
  - 3. Effectiveness in financial management and the allocation of PMH resources;
  - 4. Effectiveness in general management and crisis resolution; and
  - 5. Effectiveness in Board, Medical Staff, employee, volunteer, and community relations.



- D. Evaluation Procedure: The procedure to be used in evaluating the performance of the CEO is as follows:
1. Goal Establishment: In November, the CEO shall draft overall performance goals (Strategic Plan) for PMH for the upcoming year. The goals shall be definitive in nature and shall be the overall priorities of the CEO during the evaluation period. These goals will be reviewed and approved by the Board in December.
  2. Informal Review: The Board may meet informally with the CEO between June and August to provide informal feedback. Additionally, the Chairman shall regularly provide the CEO with informal feedback concerning his/her performance during the year.
  3. Formal Performance Evaluation: The Formal Performance Evaluation shall take place in March following the end of PMH's fiscal year on December 31 and receipt of the independent auditor's report. The Chairman of the Board shall seek input of all Commissioners while formulating the CEO's evaluation. Preceding the meeting, the CEO shall prepare for the Board a summary of progress on the performance goals and a summary of the significant accomplishments during the evaluation period. Also preceding the performance review meeting, the Chairman shall provide the CEO with a copy of the written performance evaluation for review and comment. The Board shall meet personally with the CEO to discuss the formal performance review. This review shall include evaluation of the accomplishment of performance goals, performance of job responsibilities, and a summary of overall performance.
  4. Maintenance of Files: The Chairman of the Board and Human Resources (HR) Director are responsible for maintaining, in a confidential manner, all CEO performance evaluations. Any Commissioner may have access to these files upon request of the Chairman or HR Director.
- E. Compensation and Benefits: The Board is responsible for establishing the salary and fringe benefits for the CEO. The compensation and benefits program shall be structured to encourage the retention of the qualified CEO who is meeting the expectations of the Board of Commissioners. The Board shall consult whatever resources it deems necessary to establish the compensation and benefits program for the CEO. An evaluation of the CEO's compensation and benefits program shall take place at least annually or, more frequently as determined by the Board.

## RESPONSIBILITY

The responsibility to oversee the CEO Evaluation Policy is assigned to the Chairman of the Board of Commissioners.