



723 Memorial Street
Prosser, WA 99350
(509)786-2222

Director's Report to The Board of Commissioners
January 28, 2010

CEO Julie Petersen, CPA 786-6695

New Year's Resolution – Keep Director's Report short and to the point.

We have made a number of staff changes since the December 17th meeting. Three weeks elapsed between the general layoff on December 28th and the eventual decision to close the Richland EMS station. This is longer than I would have liked and I believe it left staff unsettled, waiting for the next announcement. We are still responding to one grievance relative to the layoffs but, by and large, things are beginning to settle down.

I will provide an update on the Richland Ambulance decision at the meeting but Mike is working through the new schedules with his crews. Two fulltime EMTs and a number of per diems were eliminated as a result of the change. AMR will be providing non-emergency transfer services to Kadlec in the future. AMR indicates that they will be hiring. I have contacted the Cities of Grandview, Mabton and Prosser to let them know that the change will mean *more* resources available in the District not less. Mike is following up with the agencies (fire, police, dispatch etc) with the same message.

I am anticipating a revised Basic Health Plan contract from CHPW any day. I understand that the Yakima hospitals have both agreed to collaborate with YVFWC to maintain access to the BHP. No word on BHP and the State Budget. If you will recall the Governor's budget eliminated the program entirely.

In addition to the MASA Kaizen that is underway, I am meeting with the Emergency Department physicians, EMS crews and MASA to look at transfers and diversions. We are identifying opportunities in pre-hospital processes. Once those issues have been resolved we will tackle the Admissions from ED component.

Patient Care Services Leann Anderson 786-6604

Transitional and Long-Term Care

Effective January 6, TLTC assumed the care of the swing bed patients. This has been a collaborative effort on the part of both Acute Care and TLTC to assure a smooth transition. We are continuing to work through the challenge of assuming additional patient load and duties coupled with less staff and will be monitoring this very closely to assure safe patient care. For the month of December we had 2.4 swing beds and have had brief times of up to 4 patients.

Nursing staff will be transitioning back to 8 hour shifts effective Feb. 1. This is in response to increase in expenses related to nursing hours, impact on continuity and quality of care and the fact that 12 hour shifts are outside industry standard for long-term care units. Many of the nurses are supportive of the change; however with any change



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there remain some who are not. A meeting was arranged for January 21, 2010 at the request of the nursing staff to discuss the transition; and while only two came, we were able to share valuable information related to the change.

We continue to maintain close contact with the members of Resident Council to stay attuned to their concerns and assure they are updated on any changes.

Emergency Department

The remodel is looking beautiful. Staff is already enjoying the employee lounge, triage room, waiting and registration area and excited about moving into the patient suites. In anticipation of a full complement of providers on board Feb. 1st, we are laying the groundwork to begin strategic planning for the Emergency Department looking at standardization of protocols and admission protocols/processes. The goal is to build an emergency department practice that is consistent between providers and delivers the highest quality of care [evidence based practice] and customer service.

OB Remodel

OB remodel project is just beginning and soon you will see construction going on in that area. We will be working closely with the contractors to assure that rooms are done in phases to allow for maximum patient occupancy while this is taking place.

Nurse Staffing Committee

The Nurse Staffing Committee has identified an acuity system that seems to be a viable option for the Acute Care area. This is necessary to comply with the regulatory initiative passed in 2009. We will begin to use this system Feb. 1 for a one-month trial; then look at revising as necessary. This is a numeric system which assigns level of care to each patient based on their needs. This level then drives the total nursing hours needed to provide care for the patients on the unit. This allows for a more objective method of assigning/providing staff for patient care needs.

Patient Care Coordinator [PCC]

The 2010 budget approved the position of PCC [commonly called a nursing supervisor] to provide both administrative oversight in off hours as well as the provision of patient care as needed. We have hired one part-time person thus far and are continuing to advertise and interview candidates. This position will be critical in evaluating and adjusting human resources on a shift-by-shift basis to assure best use of clinical staff as well as assume many of the “paper” and administrative duties which take clinical staff away from the bedside. I anticipate it will not only save dollars in nursing hours, but will enhance nursing satisfaction and patient care by allowing more time at the bedside.

Financial & Statistical

Tim Cooper

786-6605

December 2009 ended on a positive note, the hospital generated \$494,533 more revenue than in November. We performed 80 surgical cases in December versus 64 in November. We also received \$ 361,000 in Medicaid Proshare payments. Medicaid contractual adjustments for the month totaled only \$145,686. Total Medicaid Contractual



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adjustments were \$578,374 less than last month. Bad Debt write-offs were low compared to previous months and will get some scrutiny next week. All of this activity produced a net revenue increase of \$1,249,003 over November.

Prosser Memorial Hospital recorded a positive net income of \$202,402 for the month of December.

Accounts Receivable did increase from \$7,444,644 in November to \$8,270,091 in December. This was due in part to the increase in revenue but an expected \$300,000 reduction did not occur. We have hired Bonnie Berg, the patient account manager at Kennewick General Hospital to come in and assist Andrea Wix with the processing of our claims to see if we can get some immediate relief to increase cash flow. Attached is a report that she sent to us after her first visit.

Accounts Receivable Days outstanding for the hospital were 77 as of 12/31/2009 and were 64 Days at the end of 2008. This was an increase of \$637,651. As of December 2009 there is \$2,211,089 in Medicare receivables. Bonnie has contacted Karen Newton with CMS Noridian in Portland to be here the last week in January to show us how we can get those accounts processed right away. The Medicare balances should be about \$1.2 million (about 60 days in age). At an RCC of 47% we should see a cash inflow of about \$560,000 from this effort.

Swing Beds

The October Kaizen event has produced swing beds days of 37, 39, 63, and 77 respectively for the months of September, October, November, and December. Each day has a Medicare daily value of \$1,249.

MASA Process Improvement Kaizen Event

Last week we concluded the Kaizen event for process improvement for Mount Adams Surgical Associates. This was one of the most exhausting and in-depth reviews I have ever been a part of.

On the last day, we traveled to the Yakima Valley Farm Worker's Clinic in Grandview and presented the new MASA Value Stream Map. There was tremendous cooperation from both entities. I would like to thank Cathy Murphy-Thomas and Michael Young, along with the physicians from MASA, Valley Vista and Grandview for their time and candid opinions. They were honest, direct and very helpful. In my opinion this five day session will breathe new life and efficiencies into MASA and will begin to produce the surgical volumes that Prosser Memorial Hospital has spent so much time and capital preparing for.

Drs Rankin, Young, Clifford, and Chaugle are tremendously talented physicians and we need to keep in mind how fortunate we are to have such medical talent associated with our hospital.



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I will leave the details to Susan Flory, our facilitator, and Julie Petersen to comment on the detailed findings. I was proud to be a part of such a significant growth event in the life of Prosser Memorial Hospital.

Community Relations/Foundation Fred Lamb

788-6030

Community Relations

The transition process of the Community Relations department went very smoothly. Mr. Jones was extremely professional in all aspects during the 2 days of transition we had and I would like to publicly acknowledge and thank him for that. Jason has continued to make himself available for follow up questions since his departure. I would also like to acknowledge Megan Ransom as she has really stepped up in accepting additional responsibilities of the CR department as I learn. Having only been in the department for just over a week I have spent a lot of time meeting with staff, providers, partners and our marketing contacts getting my arms around the most urgent needs and reviewing the numerous opportunities PMH has going forward. We have been working on our employee awards banquet, coaches vs. cancer, community awards banquet, Benton REA health fair, Go Red for Women, transition of the ED department, The Hogue Emergency Care Center grand opening & the dedication piece, a new website, in-house AV project, Health Matters Newsletter and our marketing focus is on Surgery and OB.

PMH Foundation

The PMH Foundation Board of Directors would like to thank you for confirming Pam Rankin & Mike Hogue as new Foundation Board Members.

On the Capital Campaign we are continuing our personal and business requests. And have had an outstanding amount of positive progress. I continue to have a number of presentations that we are still waiting on their responses.

We received a very nice pledge this week for \$100,000 from an anonymous donor. The Prosser Record Bulletin continues to print information about the campaign each week with pictures as needed.

Through Jan 21st we have received pledges and commitments totaling 2,033,702.53 or 95% of the goal of 2,150,808.

We need \$117,105.47 by Jan. 30th to complete our goal.

The PMH Foundation Board said at their last board meeting, that the PMH Foundation would stand for the balance of support needed to complete the capital campaign, allowing us to end our official campaign at the end of this month. This means we will meet our Challenge Grant deadline and requirements to receive the Kresge Foundation's grant of \$550,000. The Foundation will continue to seek their final pledge of support amount from additional donors thereby reducing the foundation final pledge allowing those dollars to be used in other future areas of need.



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Information Technology

Dan Harter

788-6032

Lab Interface Changes

The Performance Expectation document created by CPSI is out for signature with YVFWC. This document details the interface between YVFWC and CPSI. Once the document is finalized we will be rebuilding an interface we have with PAML and also the interface with YVFWC. Our current interface with YVFWC is uni-directional and sends lab results. The new interface will be bi-directional and will receive the order from YVFWC and return the order status and lab results.

Home Health Point of Care

No progress has been made.

Picture Archive Communication System (PACS)

The install has been progressing on schedule and our Go Live is currently scheduled for February 8, 2010. The interface is built between CPSI and our live PACS server. We will now begin sending test patients across the interface to confirm it is operating as expected. We will also verify the modality work list is populating each modality and once that is confirmed, we will have each modality vendor point their work list to our live PACS server. This function will allow us to enter an order in CPSI and the patient data will be visible on the modality, thereby eliminating data entry errors.

Emergency Medical Services / Home Health Move

The move was completed successfully although we are now two for two in regards to having the copier needing service following the move. We had the same problem when moving Physical Therapy.

Patient Registration Move

We completed the move of Patient Registration into their new work space and everything was completed without incident.

Ancillary Services

Liz MacIntosh

786-6621

Cardiopulmonary:

In the past a patient that used a CPAP unit at home to treat sleep apnea or other ailments was allowed to bring their unit with them to continue treatment while hospitalized. This practice did not take into account potential liability or infection control issues. To remedy this, CPAP units with alarm systems have been ordered. Once staff is trained and policies are completed, this new equipment will be used to replace any patient owned home CPAP unit currently in use. The monitoring of patients on CPAP units of this type will create new revenue for the department.

A new marketing strategy has been discussed with Fred Lamb in an effort to capture more outpatient services. The focus will be providing information in a consistent format and on a continual basis to both the providers and the public on the range of studies performed by the department.

Diagnostic Imaging:



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The "Go Live" date for the PACS is set for February 8th. Fuji support personnel will be on site for the entire week setting up the equipment, training providers and technologists, and addressing any issues that come up during the transition. Aurora is attending the basic PACS Administrator course the week of the 25th in order to be prepared for the big event. Staff is very excited and eager for the change.

The Radiologists at TriCities Radiology installed a complete Fuji system in the fall of 2009. It included a Fuji Radiology Information System (RIS) with dictation system, CR, and digital Mammography as well as a PACS. They have encountered issues primarily with the dictation piece and connectivity to Chart Connect, the web based product similar to the CPSI Chart Link. Although Fuji addressed the issue with Chart Connect, the dictation problem was insurmountable and therefore TCR requested Fuji remove the RIS and PACS from their location. The problems they are having with Fuji will not be repeated at PMH. We do not use and do not plan to use the problematic systems. The Radiologists have not requested we change our plans regarding Fuji PACS.

Two Ultrasound candidates are in the final stages of the interview process. Both are new graduates, but they have had good training. They are spending two days performing studies in order for us to better assess their capabilities. Hopefully, in February we will be at the hiring stage.

Laboratory:

January is always a busy month for laboratory staff and supervisor; it is the annual time for "spring cleaning". All areas must close out the old year's records and start new ones. The records must be organized and stored for two years in a fashion that will allow the supervisor instant access to all documentation during a DOH inspection. The project is almost completed.

Patients have discovered that blood draws are being performed at the PMH Laboratory location at VVMC. It is a service we started to provide early in 2009, but recently the patient volume has increased significantly. The impact of ED construction on permanent patient flow is still unknown. A staffing transition from the main lab to the VVMC lab may be needed, but for now staffing needs are being addressed as they come up.

One more site visit is scheduled for early February before a decision will be made on a new Hematology analyzer. Bad weather postponed the visit and the year end decision.

Support Services

Steve Broussard

786-6659

ED/PR Addition and Renovation Project

There has been lots of activity since the last report. Patient Registration has moved into their new home and the Emergency Department is now utilizing the new Triage, Medication, Waiting and Break Rooms in the addition. Summary of work completed this period:

- Conversion of old women's restroom into two new unisex restrooms
- Ceiling grid and tile replacement in Corridor 105

- Removal and replacement of main lobby mortar bed and ceramic tile
- Carpet replacement in Gift Shop
- Flooring replacement in temporary Triage Room (soon to be Vending Room)
- Planning and design of new espresso bar
- Architectural, mechanical and electrical punch lists created for completed areas of project

Work currently underway and soon to come:

- Conversion of former men's restroom into new clean utility room for ED
- Conversion of former ED Med Room into new Physician's Dictation Room
- New medical gas valve manifold rough in
- Carpet replacement and painting in corridors 104 & 105 (near main lobby)
- Entry walk off mat replacement in hospital main entrance vestibule

Work still to do:

- Replace medical gas alarm system
- Final installation and testing of piped medical gas system
- ED Nurse Station renovation
- Renovation of existing ED Trauma and Treatment Rooms
- Renovation of existing ED corridors
- HVAC systems balancing and commissioning
- Final punch lists
- Project closeout

Estimated project completion is late February at this point. I would be more than happy to give guided tours of the areas completed to date – just give me a call!

OB Department Renovation Project

Construction contracts have been signed for this project and the Notice to Proceed date was established to be January 18, 2010. Duration of this project has been set at 120 calendar days with estimated completion in mid-May. Contractors are currently in the submittal and material acquisition stage of the work, so we have not seen any activity inside at this point. We are all eager to get started and excited about the new look we will be offering our patients and families soon.

Environmental Services:

The Environmental Services (ES) Department has now assumed responsibility for providing housekeeping services in locations previously done under contract by American Building Maintenance Co. These locations include MASA, Physical Therapy & Rehab and Patient Financial Services building. In addition to these new responsibilities, 2,000 square feet of new ED addition and the PMH Annex building has been added to their daily workload. In order to provide these expanded services without adding staff, cleaning schedules and services have been modified and reduced in several departments and facilities. This has been a team effort and everyone involved seems to be adapting well to the new way of doing things. Under the guidance of Genny Judkins, ES



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Manager, the ES department continues to take pride in providing the best possible service and is committed to keeping our facilities looking great.