

**SOUTHERN COOS HEALTH DISTRICT**  
**Board of Directors Executive Session & Regular Meeting**  
*Public Access via Southern Coos Hospital Website and Facebook Meeting Links*  
**December 16, 2021**  
**6:00 p.m.**

**AGENDA**

- I. Executive Session Under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law, including written advice from your attorney.
- II. Public Meeting 6:30 p.m. Call to Order
  1. Recognition
  2. Public Input
- III. Consent Agenda
  1. Meeting Minutes
    - i. Regular Meeting – 11/18/2021
    - ii. Executive Session – 12/8/2021
  2. Monthly Counsel Invoices
    - i. Robert S. Miller III, General Counsel ~ #2051 ~ 12/3/2021
    - ii. Robert S. Miller III, General Counsel ~ #2021 ~ 10/31/2021
- IV. Staff Reports
  1. CEO Report
  2. Clinic Report
  3. CNO Report
  4. CFO Report
  5. CIO Report
  6. SCHD Foundation Report
  7. Medical Staff Report
    - i. Credentialing Report
- V. Monthly Financial Statements
- VI. Quality & Patient Safety
  1. Monthly Report
- VII. New Business
  1. District ByLaws
  2. Board Policy
- VIII. Old Business
  1. Permanent CEO Search Update
- IX. Open Discussion
- X. Adjournment

# CONSENT AGENDA

## Minutes

Regular Meeting – 11/18/2021

Executive Session – 12/8/2021

## Monthly Counsel Invoices

Robert S. Miller, District Counsel – 10/31/2021

Robert S. Miller, District Counsel – 12/3/2021

**Southern Coos Health District  
Board of Directors  
Regular Meeting Minutes  
November 18, 2021  
6:30 p.m.**

**Members Present:** Brent Bischoff, Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Tom Bedell and Pamela Hansen, Directors. **Administration:** Deborah Ellis, Interim CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Philip Keizer, MD, Medical Staff Chief of Staff, and Kerry Vincent, covering for Kim Russell, Executive Assistant. **Others present:** Robert S. Miller III, General Counsel, Tony Andrade, Partner with Moss-Adams.

**I. Call to Order**

Mr. Bischoff, Chairman, called the meeting to order at 6:30 p.m., noting the presence of a quorum with Pamela Hanson joining via zoom.

**1. Public Input**

None

Mary Schamehorn **moved** to accept the agenda. Norbert Johnson **seconded** the motion. **None opposed. Motion passed.**

**II. Consent Agenda**

**1. Meeting Minutes**

i. Regular Meeting – 10/28/2021

Norbert Johnson **moved** to approve the Consent Agenda as presented and Mary Schamehorn **seconded** the motion. **None opposed. Motion passed.**

**2. Monthly Counsel Invoices**

None

**The following changes were made to the agenda:**

- Move item VI, New Business 2. Moss Adams Audit Report to the Consent Agenda after monthly counsel invoices.
- Move item VII. Old Business 2. Governance Institute Education, *Lindsay Laug, GI Strategic Analyst* to follow the Moss-Adams audit above.

**3. Audit Report ~ Moss Adams**

Tony present a power point highlighting key metrics and comparisons to other Oregon facilities. The current draft is close to final. One item being completed at

this point with Jeremiah's approval. The auditor report is an unmodified opinion (clean), and represents the financial position of Southern Coos Health District as of June 30, 2021. As a reminder to the newer board members, under the accounting rules, the financial statements are consolidated with the Foundation. Unique this year, due to receiving federal provider relief funds, also required to perform a uniform audit, or also referred to as a single audit. The requirement has been delayed and Moss Adams is working through that now. Slide 11 shows in 2020 the cash/investments at \$17,340M which included Medicare advance payments plus some provider relief funds. In 2021 the cash/investments balance was maintained at \$17,970M. Reminder we still owe Medicare advance payments of \$7.3M over the next couple of years. Glenn Bunting, Managing Director, addressed slides 15 and 16 via zoom, the Medicare Cost Report Settlement. Glenn thanked Jeremiah and his team for making his first year of putting the cost report together extremely smooth. The net Medicare receivable for FY 2021 is \$1,155,577. Part A is paid at 101% of the allowable cost. Southern Coos Hospital's Medicare inpatient Part A patient days comprise 69.73% of all inpatient patient days. Part B, outpatient charges, are also paid at 101% of allowable cost. Outpatient Part B is almost 40% of total outpatient charges. Tom Bedell asked how the receivables are handled in the financials report. Tom answered the net receivable of \$647,000 between Parts A and B is reflected on the books under accounts receivable for patients. On slide 20 the rate of growth key is backwards, 2021 should be 9.8% but does not affect the rest of the slides. Jeremiah requested next year we have the board appoint the auditor and take responsibility for the auditor, evaluation and selection process. Jeremiah is happy to continue working with Moss Adams but feels that should be the board's decision. Brent Bischoff, Board Chair, thanked Tony and Glenn for their presentation and hard work and Jeremiah and his staff for their great work.

#### **4. Governance Institute Education – Board's self-assessment review – *Lindsay Laug, GI Strategic Analyst***

Lindsay shared her power point via zoom and walked the board through their assessment. At the end she'd like to help the board choose 2 or 3 points to focus on for growth. She will try to help match them up with resources for success in achieving those goals. The board had 100% participation. Feedback from Board: Pamela Hanson feels the strategic plan is very important. Tom Bedell agrees the strategic plan is important but should be put on hold until the new CEO is in place. Norbert Johnson also agrees with Pamela and Tom Bedell. Pamela agrees but, as a Board, they can set some goals. Mary Schamehorn feels one important item is to enhance the hospital's image in the community. We also need to be realistic in our goals. Mary felt the timing of the self-assessment was unfortunate as there were new board members at that time. The questions were good but maybe more appropriately answered with more experience on the board. Pamela Hanson agrees with Mary but gives us a nice starting point. Pamela also pointed out the Foundation is a huge public relations source for the hospital. Norbert Johnson feels over the past 4-6 months the Board has been open and honest with each other. Mary feels testimonials from patients is very important and helpful in building our public image. Brent Bischoff feels this discussion is a part of a strategic plan and we should have the new CEO on board to help build a plan for a unified direction.

Brent also believes the board would benefit from more open discussion and education for the board. Lindsay mentioned their sister organization the National Research Corporation does a lot of studies on consumer perception. Consumers are looking for healthcare advice from their physicians in their office. Members may contact Lindsay at [lbug@nrchealth.com](mailto:lbug@nrchealth.com) or 877-712-8778. She will check back with the Board in a couple of weeks.

### **III. Staff Reports**

#### **1. CEO Report**

Deborah Ellis, Interim CEO, shared that recently Deb Backman and Christie Dressell from Medical Imaging were trying to locate a meeting room for Dr. Keizer to use. They located a space that was filled with outdated supplies. Christy called the Nursing program at SOCC and donated all the supplies to them. SOCC could not get someone down to pick them up before tonight's meeting, so Christy delivered them on her own time to the school. She also highlighted the staff comes together whenever there is an emergency or any unexpected change. Debi recognized Kerry Vincent. When Kerry was asked to fill in temporarily for Kim Russell, she said of course. Kerry continues to do her own job plus covering for Kim. Debi thanked Kerry for helping out. In January we have a new Human Resources Director starting and thanked Jeremiah and Cori Valet for their work. Our temporary Dietary Manager also starts in January. The non-clinical employee of the month is Cody Steele. He is our switchboard operator, the voice of Southern Coos and it's the second time he has been awarded this honor. The clinical employee of the month is Amanda Wallace. Amanda is a CNAII/Unit Secretary in the Emergency Department.

#### **2. Multi-Specialty Clinic Report**

Deborah Ellis, Interim CEO, asked for questions on the multi-specialty clinic report. Tom Bedell asked about the clinic specific report and Jeremiah shared they are very close to being able to provide to the Board. He would prefer provider specific reports only be presented to the Board privately. The summary reports are fine for public consumption.

#### **3. CNO Report**

Cori Valet, RN/BSN, CNO presented the CNO Report. Ms. Valet reported updates on staffing. The Lab hired a full time Lab Assistant. The Dietary Manager is working on relocating to our area from California in January, which is when a rental becomes available for him. We also hired a full time cook in the kitchen, to start immediately. Recruitment and retention bonuses are included in her report. The updates to the wage scale have only taken place in nursing and Medical Imaging. Cori went over the method for calculating the new wages, which is included in her CNO report. Mary Schamehorn asked if we know whether or not staff left for monetary reasons over the past couple of years. Cori does not know that answer to that

question. The manager should be receiving a copy of the exit interview information, which is conducted by Human Resources. The manager does not always receive a copy of the report. Jeremiah reminded the board, as a cost reimbursed facility, we can pay those more competitive wages in order to attract more staff. This is still more cost effective than paying for traveling staff. Norbert Johnson asked about the bonus percentage and what the limit is. The policy states 1% - 4% is the bonus structure. Norbert Johnson also asked if any new staff hired within the last 6-8 months have left and if so, for what reason did they leave. Debi Ellis will touch base with Norbert and try to come up with an answer to his question.

#### **4. CFO Report**

Jeremiah Dodrill, CFO, extended a thank you to Glenn and Tony with Moss Adams. No answer on the CARES Act PRF application. He expects to hear something in December. The rollup clinic report should be available for the December board report. The open enrollment was completed through ADP and was a much smoother process this year. Jeremiah thanked the finance team and Human Resources. No increase to employees this year but should be expected coming up.

#### **5. CIO Report**

Scott McEachern, CIO, provided a summary of the CIO Report based on pillars. In the process of transitioning Shawn March from his Surgical Services Manager position into his new position as the Clinical Informatics Manager. Shawn's first project is to shadow the multi-specialty clinic going over their clinical work flows, intake procedures and how the provider is working to increase productivity. As part of the annual risk assessment, SCHHC needs to have all staff and volunteers complete the district's HIPAA education. Scott included a power point for the board to review so he can report to the risk assessor that the board has reviewed the education.

#### **6. SCHD Foundation Report**

Scott McEachern, CIO & Foundation Executive Director provided a recap of the Health Foundation Report. The year-end fundraising campaign will begin and this will support the Bandon School District nurse. The foundation is well on its way to having this position fully funded through grants and community support for the next two years. Tom Bedell asked if this is the position that was held by Tamara Stambaugh, who just resigned. Scott said it is the same position and he will be posting in the next few days for the position at the school. He already has a contact that is interested in the position. The new position will be mainly at the school with a small flex to the multi-specialty clinic. Scott mentioned the Women's Health day is actually the 19<sup>th</sup> annual not the 17<sup>th</sup> and the date has been changed to February 26<sup>th</sup>. Pamela Hanson has been invited and accepted the offer to be the Board liaison to the Foundation Board.

## 7. Medical Staff Report

- i. Dr. Keizer presented the Privileging Report from the November 9<sup>th</sup> Medical Staff monthly meeting:

### New Appointment

Rebecca Samet, MD – Emergency Medicine - 2-Year Courtesy Staff

### Reappointments

Tami Marriott, MD – Emergency Medicine – 2-Year Courtesy Staff

Jennifer Bodenhamer, DO - Emergency Medicine – 2-Year Courtesy Staff

### Current Staff Changes

Richard Foutch, DO - Emergency Medicine - Courtesy Staff to Active Staff

Tamara Stambaugh, FNP - Family Medicine - Active Staff to Courtesy Staff

### Direct Radiology – Third Party Reading Radiology Group

Dhawal Goradia, MD – Courtesy – Reappointment

Samuel S'Doia, MD - Courtesy – Appointment

Rashmi Hande, MD - Courtesy - Appointment

## Discussion:

Mary Schamehorn **moved** to accept the Medical Staff Report as presented. Tom Bedell **seconded** the motion. **None were opposed. Motion passed.**

## IV. Monthly Financial Statements: Review

Jeremiah Dodrill, CFO, provided a review of the financial statements for the month of October. Gross revenues were lower than expected and net revenues were higher than expected. Cash on hand jumped significantly from 56.6 days to 128.6 days. **Discussion:** None.

## V. Quality and Patient Safety Report

Barbara Snyder, Quality and Risk Manager. Ms. Snyder went over the monthly report. We are current with all mandatory reporting items but she does feel we should re-visit the voluntary reporting items in the near future.

## VI. New Business

### 1. Proposed Revision to District Bylaws

Tom Bedell shared his concern with the District Bylaws, **Article 4, Officers**, section 5, paragraph 2. "The appointee shall serve until the next regular election at which time the vacant position will be filled by election for any remaining portion of the original term." Tom would like that sentence to read "The appointee shall serve until the next regular election for that position." Brent Bischoff, Board Chairman has asked staff to incorporate these changes into a redline document

with updates to be shared with counsel for input before presenting the updates to the board at the December meeting. Also, counsel has been asked to double check when Mary Schamehorn's position is up for election.

## **VII. Old Business**

### **1. Permanent CEO Search Update**

Brent Bischoff, Board Chair gave an update on the CEO position posting. We have received approximately 25 applications. Brent will request Human Resources email all 25 applications to all the board members for review. Each board member will choose the top 10 applicants based on a ranking process of the applicants they definitely want to pursue, second choice applicants and applicants not interested in with a 1, 2, 3 ranking. The Board will meet to discuss their top 10 candidates on December 8<sup>th</sup> at 5 pm in an Executive Session.

## **VIII. Open Discussion**

Cori Valet, CNO, asked the Board about the holiday bonus that is normally given to all SCHHC staff in the amount of \$100.00. We have approximately 160 employees and before tax the check amounts to approximately \$140.00 each. Jeremiah mentioned it should already be in the budget as this is something the Board approves each year. Tom Bedell mentioned the Budget Committee is in need of one more member.

## **IX. Adjournment**

At 8:45 p.m. the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be December 16, 2021 at 6:30 p.m.

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Brent Bischoff, Chairman 12-16-21

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Mary Schamehorn, Secretary 12-16-21



**Southern Coos Health District  
Board of Directors Meeting  
Executive Session  
Minutes  
December 8, 2021 - 5:00 pm.**

At 5:08 p.m. Brent Bischoff, Board Chair, called to order the **Executive Session Under ORS 192.660(2)(a) & (7)(d) to review and screen CEO candidate applications.**

**Members Present:** Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Pamela Hansen, Tom Bedell; Directors. **Administration:** None. **Others present:** Robert Miller, III, Counsel. **Press:** None.

**I. Review and screen permanent CEO candidate applications.**

**Meeting adjourned at 6:16 pm**

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Brent Bischoff, Chairman 12-16-21

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Mary Schamehorn, Secretary 12-16-21

## CEO REPORT

## **CEO Report**

### **Service**

I will defer this topic to Scott McEachern for update in regard to School Nurse position

### **Quality**

I will defer to Barb Snyder for Quality update

### **People**

Staff was selected through nominations for the “Above and Beyond” funds donated by the foundation. Scott will be announcing the recipients.

Our Employee Wellness Initiative will be launched in January with the implementation of a program called “Headspace”. Scott will provide additional information on this program

### **Growth**

The sleephouse (across from the clinic) has been taken down and we are exploring re-zoning in order to be able to maximize use of the space.

# MULTI-SPECIALTY CLINIC REPORT

## Clinic News - November 2021

### Provider News

- Dr. Mitchell continues with the lowest no show rate at 6% and added 8 new patients to her panel.
- Shane Matsui, LCSW had a slight increase in no shows from 8% in October to 13% in November which was attributed to the start of the holiday season and illness.
- Obiri Yeboah, NP has decided not to accept our offer and position at the clinic due to family.
- Debra Guzman, NP averaged seeing 10 patients per day seeing 152 patients this month to include 30 telehealth visits.
- Dr. Adams averaged seeing 9 patients per day seeing 56 patients to include 12 telehealth
- Dr. Pense was in clinic one day this month due to vacation/hospitalist time seeing 8 patients.
- We continue to work on adding the new patients to the provider panels as we still have 100+ new patient packets to schedule.
- Dr. Webster, Dermatologist and Dr. Qadir, Nephrologist were in clinic one day each this month
- Project planning for the Pain Management Clinic is in the final phase with an anticipated soft opening occurring in January 2022.

### Clinic Report

- Telehealth visits for this month totaled 61.
- We held Covid Booster clinics 8 days in November and more in December. We administered 300 vaccines in November and anticipate 125 in December. All covid vaccines are offered and patients/the community can sign up by registering at Eventbrite or calling the clinic to schedule.
- A huge thank you to the Medical/Surgical and Surgical Service dept for lending their staff to help at our covid booster clinics!

Clinic Stats - November 2021									
Provider	Days in Clinic	Patients Scheduled	CXL'D	No Show	Total Seen	Average Seen	No Show Rate	Total Telehealth	Total New Pts
Debra Guzman, FNP	15	174	8	14	152	10	13%	30	3
Olinx Adams, DO	6	65	2	7	56	9	14%	12	2
Noel Pense, DO	1	10	2	0	8	8	20%	0	0
Christine Mitchell, DO	10	95	0	6	89	9	6%	3	8
Shane Matsui, LCSW	17	78	2	8	68	4	13%	16	3
COVID-19 Clinic	8	300	0	0	300	38	0%	0	0
Outpatient Services	21	169	6	6	157	7	7%	0	0
<b>Totals</b>	<b>13</b>	<b>891</b>	<b>20</b>	<b>41</b>	<b>830</b>	<b>64</b>	<b>7%</b>	<b>61</b>	<b>16</b>
<b>Total telehealth</b>	<b>61</b>								
Southern Coos Health Center Intraday Results - October 2021									
Type	Total								
Called - No Answer	12		*Pts Seen	305					
Phone Too Busy	2		*Cancelled	12					
Answered No TT Requested	3		*No Show	27					
Answered - Hung Up	6		*Primary Care Only						
Answered - Entire Msg	0		No show rate - 11%						
Invalid Ph # / Out of Order	1								
Answered - Repeated Msg	0								
Answering Machine	47								
Answered Yes	78								
Answered No	6								
<b>Total Calls Made</b>	<b>155</b>								

**Please Note** – No show rate based on total seen / totaled scheduled

## CNO REPORT



**CNO Report:**  
**December 17, 2021 Board of Directors Meeting**  
**Prepared by Cori Valet, CNO**

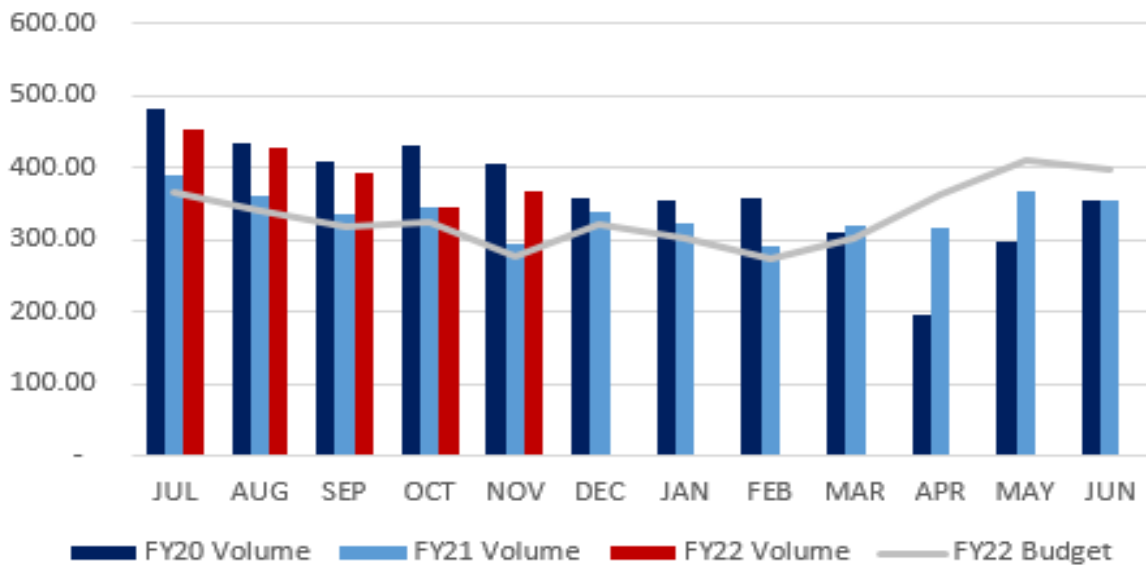
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**Growth** – Goal: Increase market share through enhancement of existing and development of new services.

**Emergency Department**

- Emergency department volumes remain consistent.
- In addition to Emergency department volumes, the Emergency Department nursing staff is responsible for administering monoclonal antibody infusions, for outpatients who meet criteria, in the tent outside of the Emergency Department.
- Monoclonal Antibody Infusion rates have increased
  - Ranges from 2-8 infusions/day.
  - 74 total infusions
- Increased nurse staffing has been required during peak patient times.

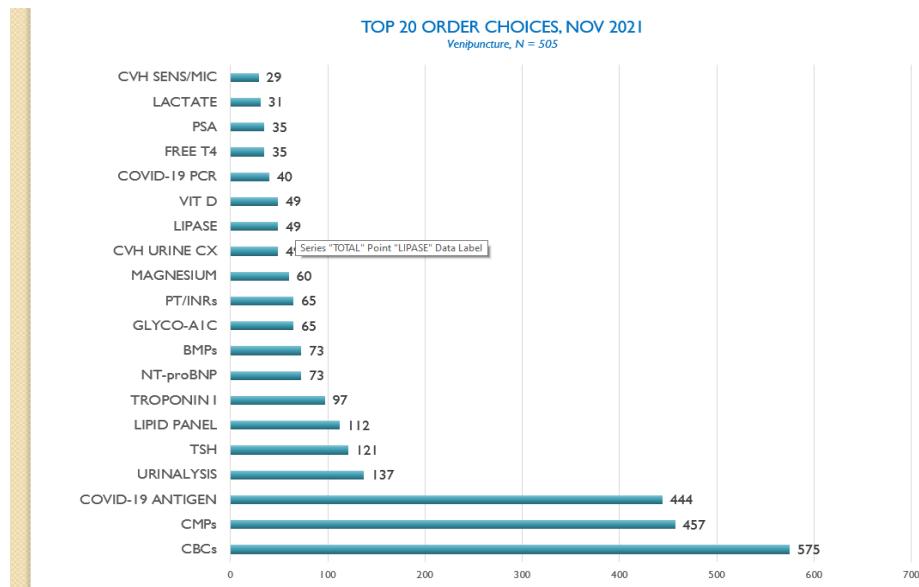
**ER Volume**





### Laboratory

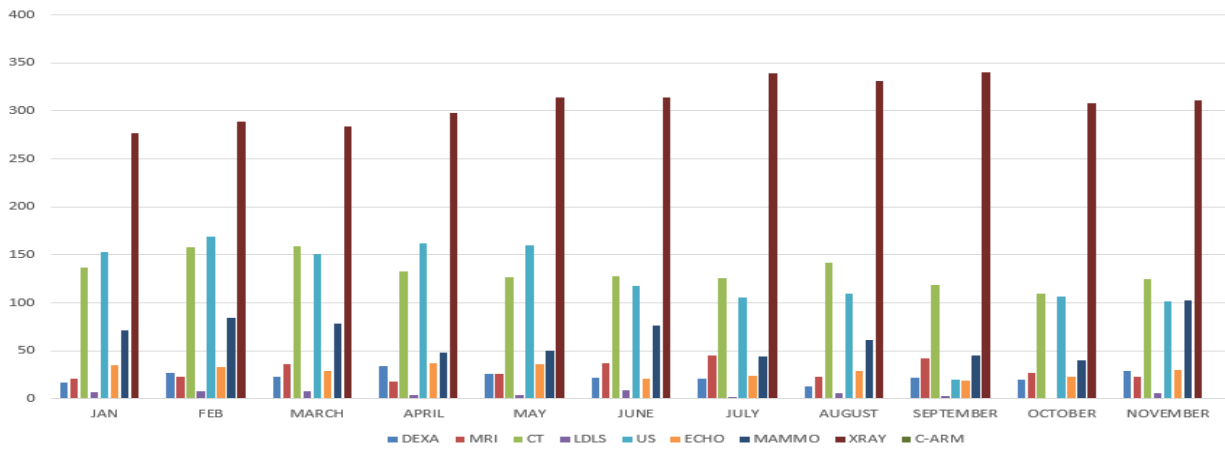
- New Instrument: Cepheid GeneXPert (Rapid PCR)
  - New in house testing will include: Influenza, COVID-19, MRSA and RSV.
  - Validation and implementation will take approximately one month. Testing to begin in January 2022.



### Medical Imaging

- Mammography – 103 exams in November 2021, highest volume of 2021. January – October range = 40-85
- Increase MRI exams noted in July and September correlating to downtime at Curry General Hospital in Gold Beach.





## CFO REPORT



**To: Board of Directors and Southern Coos Management**  
**From: Jeremiah Dodrill, CFO**  
**Re: CFO Report for Board of Directors Meeting – November 2021**

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### **2021 Audit and Cost Report Update**

Moss Adams has completed its final audit fieldwork for the financial statement audit and Moss will report its findings at the November board meeting. Additionally, Moss Adams has completed its preparation of our Medicare Cost report. As a result of the cost report, Southern Coos Hospital is due approximately \$1.1 million from Nordion, Medicare fiscal intermediary, for fiscal 2021.

Moss Adams is still in process with its Federal Single Audit to ensure the District's compliance with federal grants as a result of Provider Relief Funds and other COVID funds received. This audit is expected to be completed within a reasonable amount of time and will require the reissue of their opinion on their financial statement audit whereas their opinion will be re-dated.

### **CARES Act PRF Phase 4 Application**

In October, Finance completed an application for HRSA's COVID-19 Provider Relief Funds Phase 4 distribution which authorizes a total of \$25.5 billion in additional payments to providers of which \$8.5 billion of direct payments will go to rural health providers. We have not received any further correspondence related to this application, however we expect to sometime in December.

### **Provider Reporting and Contract Evaluation**

Finance is continuing its work to create standard reports for the Clinic to evaluate provider productivity and create standalone Clinic financial statements utilizing our Axiom budgeting and reporting software. These reports will provide rollup and individual provider productivity and profitability analysis. We expect that summary level Clinic reports will be available for the December Board report.

### **Open Enrollment**

Finance and HR worked with Gallagher, employee benefits consultants, on employee benefit renewals for the 2022 benefit year with the open enrollment period of November 8 – 19. Premiums for Medical, Vision, Life and Disability lines of service were renewed with no premium increases. Only Dental benefits had a small increase in premium for 2022. Additionally, the benefits enrollment will now use ADP's employee self service module instead of paper based enrollment processes previously utilized.

## **Southern Coos Hospital & Health Center**

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Fax: 541.347.8153

[southerncoos.org](http://southerncoos.org)

900 11<sup>th</sup> Street SE  
Bandon, Oregon 97411

# CIO REPORT



**CIO Report: Information Systems, HIM, Marketing**  
**Southern Coos Health District**  
**December 2021 Board of Directors Meeting**  
**Prepared by Scott McEachern, CIO**

**People:** *Improve employee experience and become an employer of choice.*

- On the Tuesday before Thanksgiving, the IS, HIM, and Marketing teams all had lunch at Bandon Brewing. Everyone's done a great job over the past year and I took a few minutes to celebrate their accomplishments.
- Stephanie Lyon, SCHHC Pharmacist, is leading the development of a SCHHC Health & Wellness program. The program will kick-off in January with the release of a health and wellness app called HeadSpace for Work. Over the course of 2022, we will add elements to the program, including guest speakers, seminars on relevant health topics, and onsite wellness services.

**Service:** *Build a culture of service excellence by providing a phenomenal experience for our customers. Our customers are defined as, but not limited to: patients, families, visitors, co-workers, and vendors.*

In terms of offerings to our patients, vendors, and job seekers, we have implemented or are working on the following:

- Onboarding a remote medical records request team to assist our onsite team with fielding patient requests for records; the goal is to increase turnaround time while increasing satisfaction
- Adding an electronic request for medical records form to the SCHHC website
- Adding an electronic job application form to the SCHHC website
- In collaboration with the Southern Coos Health Foundation, we are partnering with Bandon School District to continue the School Nurse Program at BSD. We are in the midst of a fundraising campaign to raise additional funds for the program. Please see the Southern Coos Health Foundation report for additional information.

**Quality:** *Enhancing quality of care, improving patient safety, and ensuring our standards align with regulatory requirements.*

SCHHC held its annual HIPAA risk assessment on November 29<sup>th</sup> and 30<sup>th</sup>. The highlights of the assessment are as follows:

- In assessing Security & Controls across the facility, SCHHC continued a multi-year trend of improvement, achieving over 90% competency in the three major areas of Administrative, Physical, and Technical Safeguards.
- The assessment of SCHHC's infrastructure scored even higher in the eight areas of review, achieving 100% on 6 of the 8 areas, and 92% and 97% on the other two areas.
- The assessment revealed several items that SCHHC will work on over the course of the year, including:
  - Continue to consistently use privacy screens in high-traffic areas
  - Perform an annual Business Associate Agreement (BAA) audit

# SCH FOUNDATION REPORT



**Southern Coos  
Health Foundation**  
Promoting Quality Healthcare

#### Officers

Joseph Bain | President  
Mary Wilson | Vice-President  
Sean Suppes | Treasurer  
Becky Armistead | Secretary

#### Directors

Roger Straus  
Dr. Henry Holmes  
Pam Hansen,  
SCHD Board Liaison

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## **Southern Coos Health Foundation Executive Director's Report December 2021**

### **SCHF Year-End Campaign 2021**

Southern Coos Health Foundation will mount a year-end fundraising campaign in support of the School Nurse Program at Bandon School District. Recent donors to the campaign include:

Mr. and Mrs. Keiser Fund of the Oregon Community Foundation, \$50,000  
Bandon's 100 Women Strong, \$2,500  
Roger & Anita Straus Fund of the Oregon Community Foundation, \$2,500  
Joseph Bain, \$1,500  
Mary Wilson, \$1,500  
Paul Michaels, \$500  
Bandon Lions Charitable Foundation, \$300  
Christine Hall, \$250  
Bandon Lodge, Oddfellows, \$100

Please consider donating to the campaign.

### **Women's Health Day**

A team comprised of myself, Amy Moss Strong, foundation board members, and SCHHC staff continue to plan for the 17<sup>th</sup> Annual Women's Health Day which takes place on February 5<sup>th</sup>, 2022. Highlights of the planning efforts include:

- The event will be held at the Bandon Community Center and the Sprague Theater.
- Programs during the event will be held at the Sprague Theater and broadcast via Zoom to the SCHHC Facebook page and SCHHC website
- In compliance with COVID restrictions, we have capped onsite attendance at 80.
- An unlimited number of people can attend virtually.
- Everyone who signs up, whether onsite or virtually, will receive a swag box.
- The theme will be around health and wellness.
- We are still recruiting speakers.

# MEDICAL STAFF REPORT



## MONTHLY FINANCIAL STATEMENTS



**To: Board of Directors and Southern Coos Management**  
**From: Jeremiah Dodrill, CFO**  
**Re: November 2021 Month End Financial Results**

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**Gross Revenue and Volumes** – Gross revenues for November of \$2,917,000 were slightly higher than budgeted expectations of \$2,838,000. OP gross revenues of \$2,029,000 were higher than a budget of \$1,928,000. Lab volumes increased in November exceeding budget expectations and there was also an increase in ED volumes in November exceeding budget. Imaging volumes were slightly above budgeted expectation, increasing over the prior month. IP and Swing Bed volumes and revenues of \$888,000 were lower than a budget of \$911,000 for the month of November.

**Deductions from Revenue** – Revenue deductions at \$975,000 or 33% of gross revenue were lower than budget of 37% due to favorable cost report settlement estimates. Year-to-date, deductions from revenue is 33% of gross revenue.

**Total Operating Revenues** of \$1,941,000 were slightly higher than budget of \$1,779,000.

**Labor Expenses** in November were \$1,431,000 compared to budget of \$1,283,000.

**Professional Fees and Purchased Services** combined were \$446,000 which is slightly below a budget of \$462,000.

**Medical Supplies, Drugs and Other Supplies** combined were \$112,000 which was lower than a budget of \$147,000.

**Operating Expenses** – Total operating expenses of \$2,154,000 for the month were marginally higher than budget of \$2,098,000.

**Operating Income** – Operating loss for November was (\$213,000) compared to budgeted loss of (\$319,000). Year to date operating loss is (\$499,000) compared to a budgeted loss of (\$775,000).

**Decrease in Net Assets** was (\$134,000) compared to a budgeted loss of (\$211,000).

**Days Cash on Hand** in November was 136.1 days, up from October at 128.6. Days cash on hand remains high due to the recognition of COVID-19 grant funds in FY2021, in particular HRSA Provider Relief Funds.

## Southern Coos Hospital & Health Center

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# Southern Coos Hospital & Health Center

Volume and Key Performance Ratios  
For The Period Ending November 30, 2021

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	89	56	53	59.8%	67.9%	502	378	360	32.7%	39.4%
	Swing Bed Days	111	142	228	-21.8%	-51.3%	542	725	775	-25.2%	-30.1%
	Total Inpatient Days	200	198	281	1.2%	-28.8%	1,044	1,103	1,135	-5.4%	-8.0%
	Avg Daily Census	6.7	6.6	9.4	1.2%	-28.8%	6.8	7.2	7.4	-5.4%	-8.0%
	Avg Length of Stay - IP	3.6	3.3	3.1	8.7%	14.2%	3.5	3.5	3.3	-0.2%	4.8%
	Avg Length of Stay - SWB	10.1	12.9	20.7	-21.8%	-51.3%	11.3	9.5	10.2	18.4%	10.7%
	ED Registrations	368	277	294	32.8%	25.2%	1,987	1,627	1,727	22.1%	15.1%
	Clinic Registrations	406	276	276	47.1%	47.1%	2,293	1,398	1,398	64.0%	64.0%
	Ancillary Registrations	1,302	1,141	1,141	14.1%	14.1%	6,613	5,316	5,316	24.4%	24.4%
	Total OP Registrations	2,076	1,694	1,711	22.5%	21.3%	10,893	8,341	8,441	30.6%	29.0%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,854	12,883	12,816	-31.3%	-30.9%	8,503	10,932	9,679	-22.2%	-12.1%
	Gross SWB Rev/SWB Day	900	1,360	1,023	-33.8%	-12.0%	859	1,366	1,198	-37.1%	-28.4%
	Gross OP Rev/Total OP Registrations	977	1,138	980	-14.1%	-0.3%	980	1,221	1,046	-19.8%	-6.3%
	Collection Rate	66.6%	62.5%	65.3%	6.4%	1.9%	66.9%	63.8%	63.7%	4.9%	5.0%
	Compensation Ratio	73.7%	72.1%	75.1%	2.2%	-1.8%	68.1%	66.5%	66.8%	2.4%	1.9%
	OP EBIDA Margin \$	(161,627)	(249,317)	(291,847)	-35.2%	-44.6%	(238,664)	(483,367)	(559,586)	-50.6%	-57.3%
	OP EBIDA Margin %	-8.3%	-14.0%	-17.2%	-40.6%	-51.7%	-2.3%	-4.9%	-6.6%	-53.1%	-65.1%
	Total Margin	-6.9%	-11.9%	-15.4%	-41.8%	-55.0%	-0.3%	-2.4%	-4.0%	-87.2%	-92.3%
Key Liquidity Ratios	Days Cash on Hand	136.1	80.0	61.6	-70.1%	-120.9%					
	AR Days Outstanding	53.4	50	55.1	-6.8%	3.1%					



# Southern Coos Hospital & Health Center

## Data Dictionary

Volume Summary	IP Days Swing Bed Days Total Bed Days Avg Daily Census Avg Length of Stay - IP Avg Length of Stay - SWB  ED Registrations Clinic Registrations Ancillary Registrations Total OP Registrations	Total Inpatient Days Per Midnight Census Total Swing Bed Days per Midnight Census Total Days per Midnight Census Total Bed Days / # of Days in period (Mo or YTD) Total Inpatient Days / # of IP Discharges Total Swing Bed Days / # of SWB Discharges  Number of ED patient visits Number of Clinic patient visits Total number of all other OP patient visits Total number of OP patient visits
Key Income Statement Ratios	Gross IP Rev/IP Day Gross SWB Rev/SWB Day Gross OP Rev/Total OP Registrations Collection Rate Compensation Ratio OP EBIDA Margin \$ OP EBIDA Margin % Total Margin (%)	Avg. gross patient charges per IP patient day Avg. gross patient charges per SWB patient day Avg. gross patient charges per OP visit Net patient revenue / total patient charges Total Labor Expenses / Total Operating Revenues Operating Margin + Depreciation + Amortization Operating EBIDA / Total Operating Revenues Total Margin / Total Operating Revenues
Key Liquidity Ratios	Days Cash on Hand  AR Days Outstanding	Total unrestricted cash / Daily OP Cash requirements  Gross AR / Avg. Daily Revenues



# Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position  
For The Period Ending November 30, 2021

	Current Month - Nov-2021					Year To Date - Nov-2021				
	Nov-2021 Actual	Nov-2021 Budget	Variance	Var %	Nov-2020 Actual	Nov-2021 Actual	Nov-2021 Budget	Variance	Var %	Nov-2020 Actual
<b>Patient Revenue</b>										
Inpatient	887,913	910,600	(22,687)	(2.5%)	912,479	4,734,067	5,125,526	(391,459)	(7.6%)	4,413,177
Outpatient	2,029,023	1,927,515	101,508	5.3%	1,677,196	10,673,115	10,185,134	487,980	4.8%	8,825,273
<b>Total Patient Revenue</b>	<b>2,916,936</b>	<b>2,838,115</b>	<b>78,821</b>	<b>2.8%</b>	<b>2,589,675</b>	<b>15,407,182</b>	<b>15,310,660</b>	<b>96,521</b>	<b>0.6%</b>	<b>13,238,450</b>
<b>Deductions From Revenue</b>										
<b>Total Deductions</b>	<b>975,457</b>	<b>1,063,375</b>	<b>87,918</b>	<b>8.3%</b>	<b>897,491</b>	<b>5,102,911</b>	<b>5,545,460</b>	<b>442,549</b>	<b>8.0%</b>	<b>4,807,651</b>
Revenue Deductions %	33.4%	37.5%			34.7%	33.1%	36.2%			36.3%
<b>Net Patient Revenue</b>	<b>1,941,479</b>	<b>1,774,740</b>	<b>166,739</b>	<b>9.4%</b>	<b>1,692,184</b>	<b>10,304,271</b>	<b>9,765,201</b>	<b>539,070</b>	<b>5.5%</b>	<b>8,430,799</b>
Other Operating Revenue	(406)	4,090	(4,497)	(109.9%)	1,615	462	20,452	(19,991)	(97.7%)	13,132
<b>Total Operating Revenue</b>	<b>1,941,073</b>	<b>1,778,831</b>	<b>162,242</b>	<b>9.1%</b>	<b>1,693,799</b>	<b>10,304,733</b>	<b>9,785,653</b>	<b>519,080</b>	<b>5.3%</b>	<b>8,443,931</b>
<b>Operating Expenses</b>										
Total Labor Expenses	1,430,613	1,282,597	(148,015)	(11.5%)	1,272,241	7,019,133	6,526,698	(492,434)	(7.5%)	5,643,407
Total Other Operating Expenses	723,614	815,198	91,584	11.2%	766,073	3,784,436	4,034,165	249,729	6.2%	3,636,434
<b>Total Operating Expenses</b>	<b>2,154,227</b>	<b>2,097,796</b>	<b>(56,431)</b>	<b>(2.7%)</b>	<b>2,038,314</b>	<b>10,803,569</b>	<b>10,560,864</b>	<b>(242,705)</b>	<b>(2.3%)</b>	<b>9,279,841</b>
<b>Operating Income / (Loss)</b>	<b>(213,154)</b>	<b>(318,965)</b>	<b>105,811</b>	<b>(33.2%)</b>	<b>(344,515)</b>	<b>(498,836)</b>	<b>(775,211)</b>	<b>276,375</b>	<b>(35.7%)</b>	<b>(835,910)</b>
<b>Net Non-Operating Revenues</b>	<b>79,050</b>	<b>107,786</b>	<b>(27,073)</b>	<b>(25.1%)</b>	<b>84,244</b>	<b>466,795</b>	<b>537,796</b>	<b>(73,187)</b>	<b>(13.6%)</b>	<b>496,932</b>
<b>Change in Net Position</b>	<b>(134,105)</b>	<b>(211,179)</b>	<b>77,074</b>	<b>(36.5%)</b>	<b>(260,271)</b>	<b>(32,041)</b>	<b>(237,415)</b>	<b>205,374</b>	<b>(86.5%)</b>	<b>(338,978)</b>
<b>Collection Rate %</b>	<b>66.6%</b>	<b>62.5%</b>	<b>6.4%</b>	<b>6.4%</b>	<b>65.3%</b>	<b>66.9%</b>	<b>63.8%</b>	<b>4.9%</b>	<b>4.9%</b>	<b>63.7%</b>
<b>Compensation Ratio %</b>	<b>73.7%</b>	<b>72.1%</b>	<b>2.2%</b>	<b>2.2%</b>	<b>75.1%</b>	<b>68.1%</b>	<b>66.7%</b>	<b>2.1%</b>	<b>2.1%</b>	<b>66.8%</b>
<b>OP EBIDA Margin \$</b>	<b>(161,627)</b>	<b>(249,317)</b>	<b>87,690</b>	<b>(35.2%)</b>	<b>(291,847)</b>	<b>(238,664)</b>	<b>(483,367)</b>	<b>244,703</b>	<b>(50.6%)</b>	<b>(559,587)</b>
<b>OP EBIDA Margin %</b>	<b>(8.3%)</b>	<b>(14.0%)</b>	<b>5.7%</b>	<b>(40.6%)</b>	<b>(17.2%)</b>	<b>(2.3%)</b>	<b>(4.9%)</b>	<b>2.6%</b>	<b>(53.1%)</b>	<b>(6.6%)</b>
<b>Total Margin (%)</b>	<b>(6.9%)</b>	<b>(11.9%)</b>	<b>5.0%</b>	<b>(41.8%)</b>	<b>(15.4%)</b>	<b>(0.3%)</b>	<b>(2.4%)</b>	<b>2.1%</b>	<b>(87.2%)</b>	<b>(4.0%)</b>



# Southern Coos Hospital & Health Center

Volume and Key Performance Ratios  
For The Period Ending November 30, 2021

		Month				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	61.71%	69.57%	69.57%	-11.3%	-11.3%
	Medicaid	19.94%	16.06%	16.06%	24.2%	24.2%
	Commercial	10.86%	9.20%	9.20%	18.0%	18.0%
	Government	5.54%	3.56%	3.56%	55.6%	55.6%
	Other	0.28%	0.46%	0.46%	-39.1%	-39.1%
	Self Pay	1.67%	1.15%	1.15%	45.2%	45.2%
<b>Total</b>		<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>		

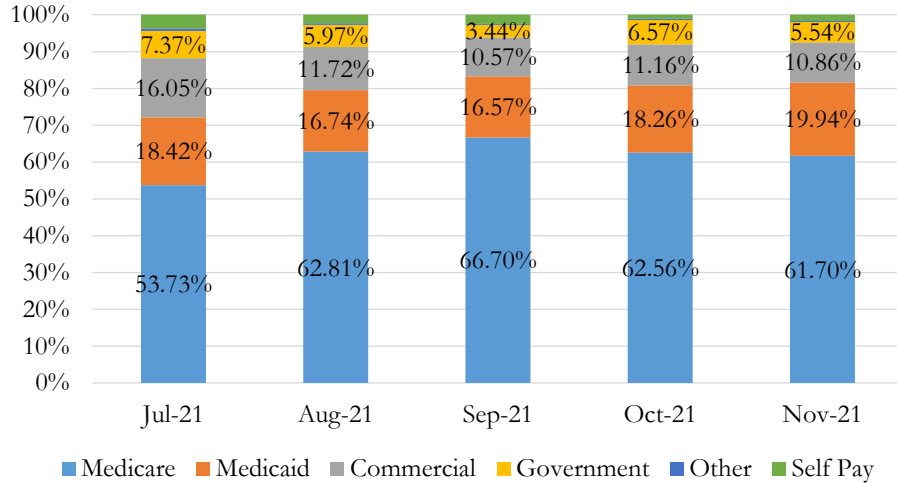
Year to Date				
Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
61.44%	66.44%	66.44%	-7.5%	-7.5%
17.94%	17.53%	17.53%	2.3%	2.3%
12.13%	9.80%	9.80%	23.8%	23.8%
5.78%	4.27%	4.27%	35.4%	35.4%
0.42%	0.72%	0.72%	-41.7%	-41.7%
2.29%	1.24%	1.24%	84.7%	84.7%
<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>		

		Month				
		FY 21 - 22	FY 21 - 22	FY 20 - 21	Variance %	
		Actual	Budget	Prior Year	Tto Bud	To Prior Year
Patient Volumes	In Patient Days	89	56	53	59.8%	67.9%
	Swing Bed Days	111	142	228	-21.8%	-51.3%
	<b>Total Patient Days</b>	<b>200</b>	<b>198</b>	<b>281</b>	<b>-1.2%</b>	<b>28.8%</b>
	Emergency Visits	368	277	294	32.8%	25.2%
	Radiology Procedures	693	646	661	7.3%	4.8%
	Laboratory Tests	3,729	3,374	3,370	10.5%	10.7%
	Respiratory Visits	604	608	558	-0.7%	8.2%
	Surgeries and Endoscopies	22	28	25	-22.6%	-12.0%
	Specialty Clinic Visits	157	222	287	-29.3%	-45.3%
	Primary Care Clinic	373	467	280	-20.1%	33.2%

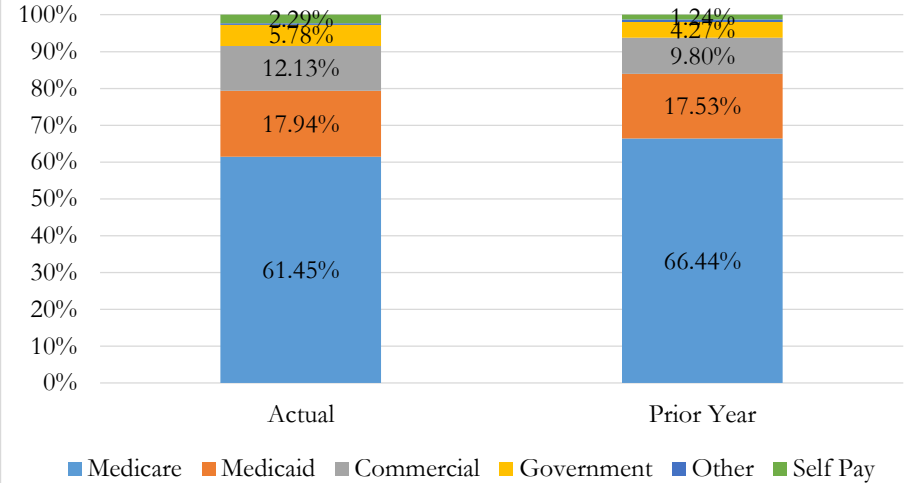
Year To Date				
FY 21 - 22	FY 21 - 22	FY 20 - 21	Variance %	
Actual	Budget	Prior Year	To Budget	To Prior Year
502	378	360	32.7%	39.4%
542	725	775	-25.2%	-30.1%
<b>1,044</b>	<b>1,103</b>	<b>1,135</b>	<b>5.4%</b>	<b>8.0%</b>
1,987	1,627	1,727	22.1%	15.1%
3,361	3,475	3,446	-3.3%	-2.5%
19,613	17,209	16,778	14.0%	16.9%
2,417	3,100	2,529	-22.0%	-4.4%
126	156	137	-19.1%	-8.0%
847	1,134	1,193	-25.3%	-29.0%
2,178	2,386	1,371	-8.7%	58.9%



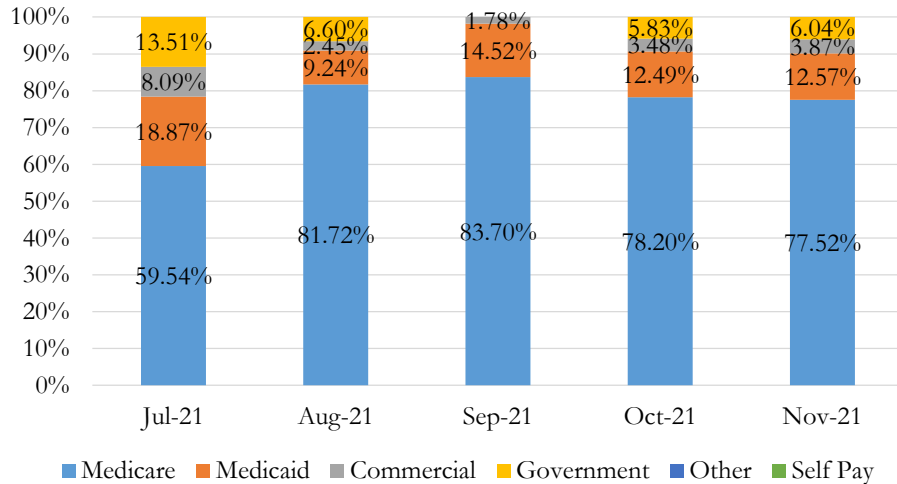
## All Patients Payor Mix



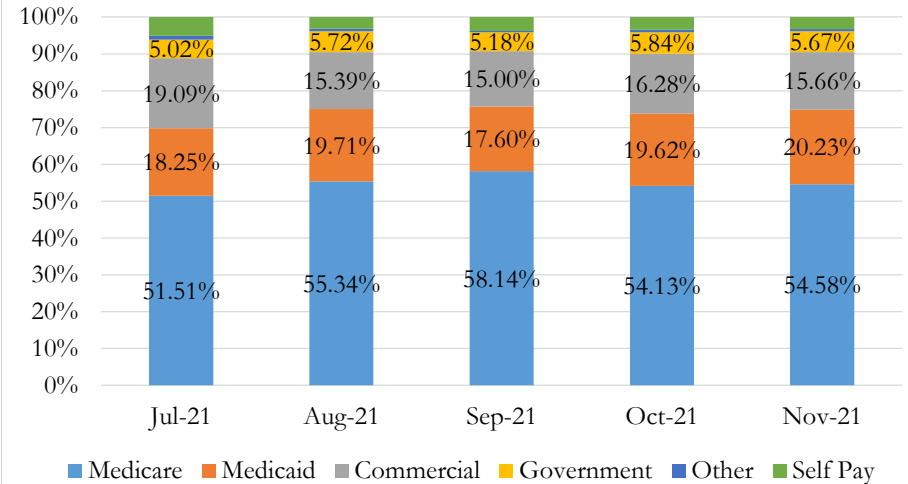
## Year to Date Payor Mix



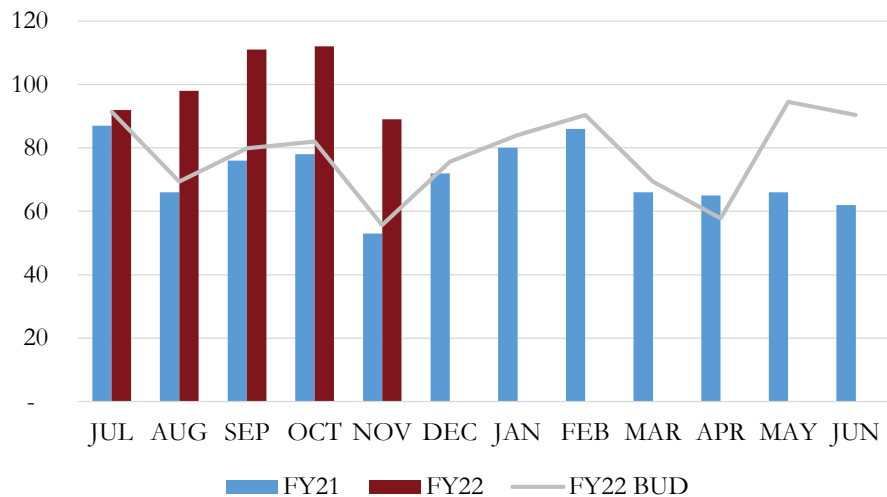
## IP Payor Mix



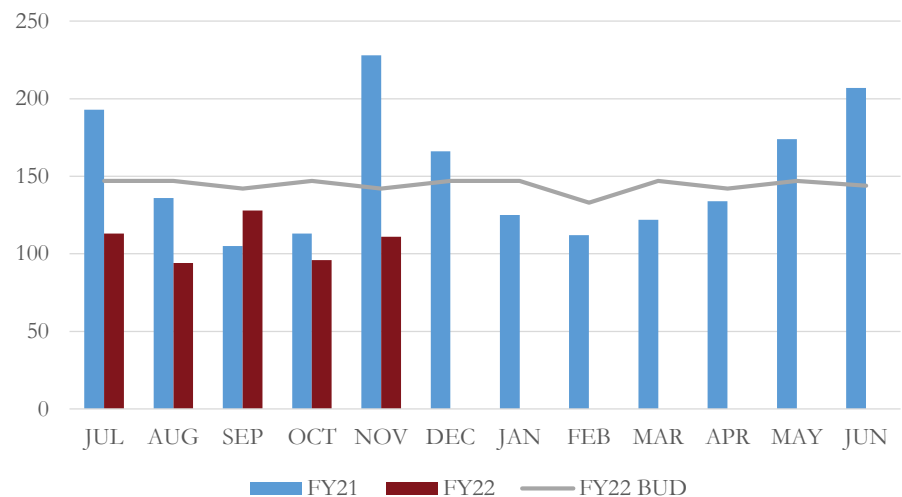
## OP Payor Mix



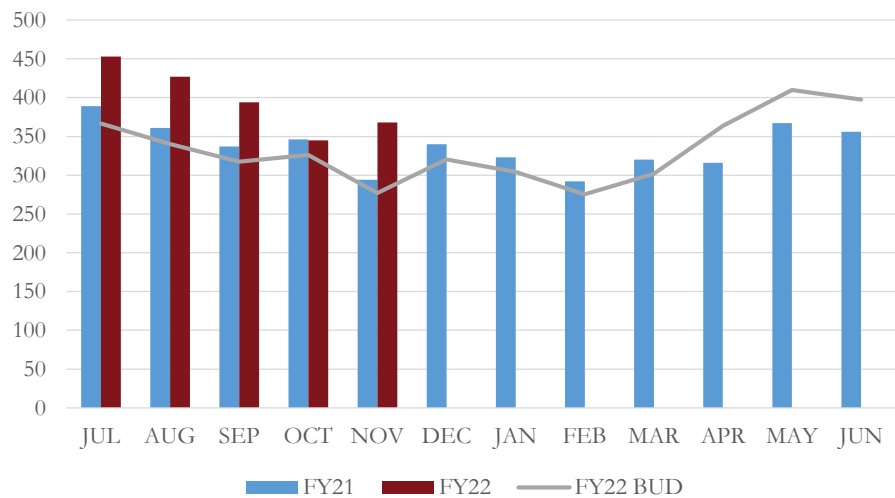
### IP Days



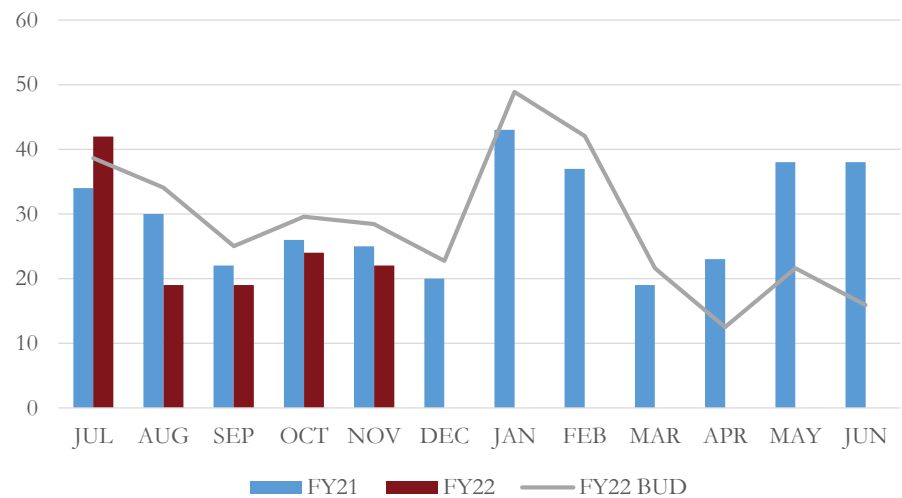
### Swing Bed Days



### ER Visits

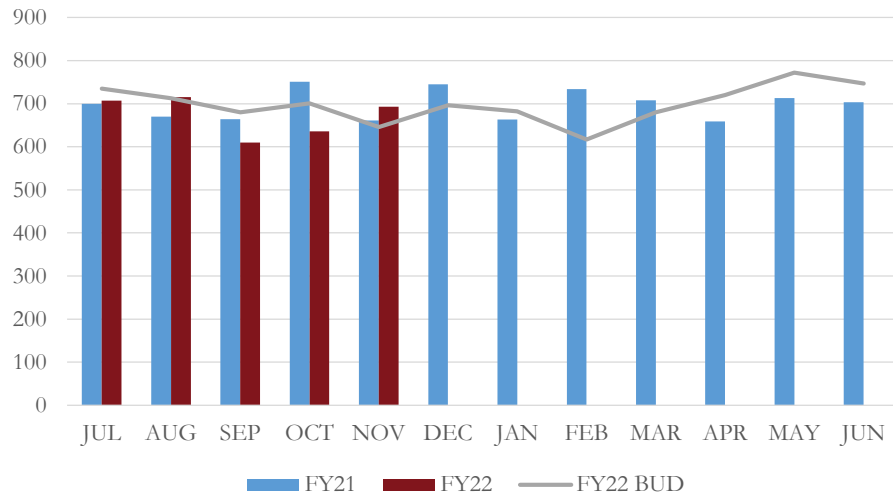


### Surgery Patients

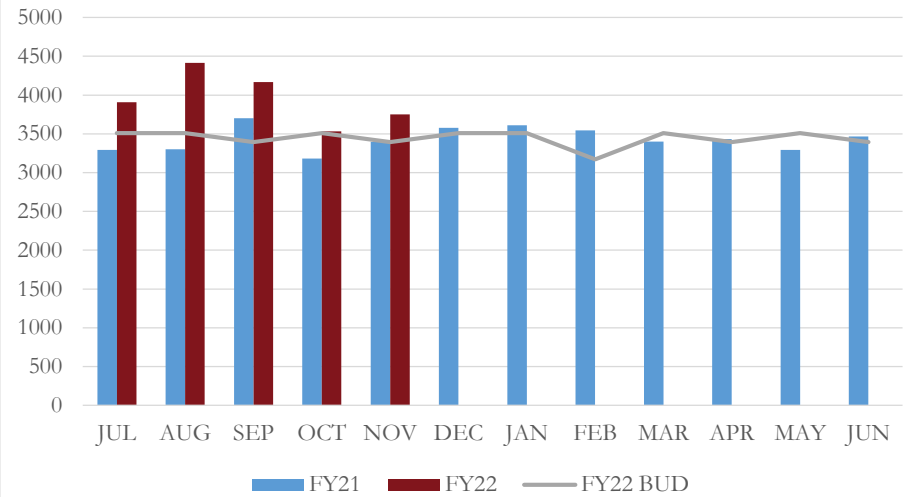




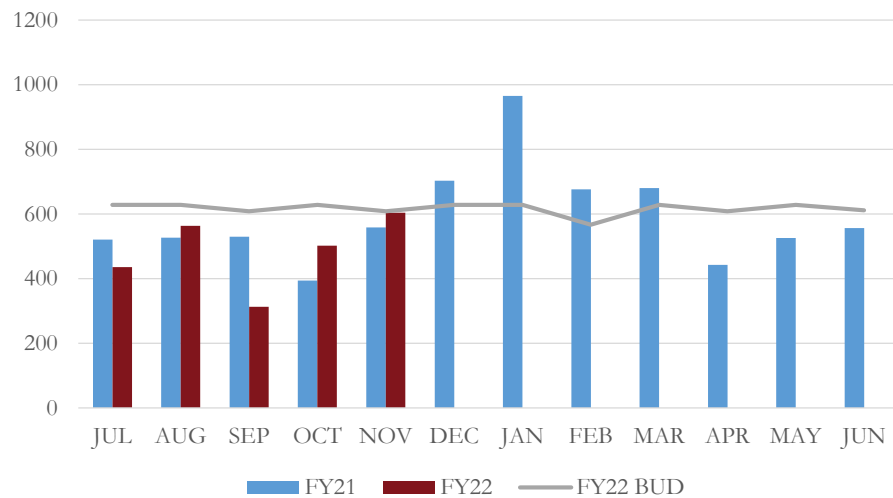
### Imaging Visits



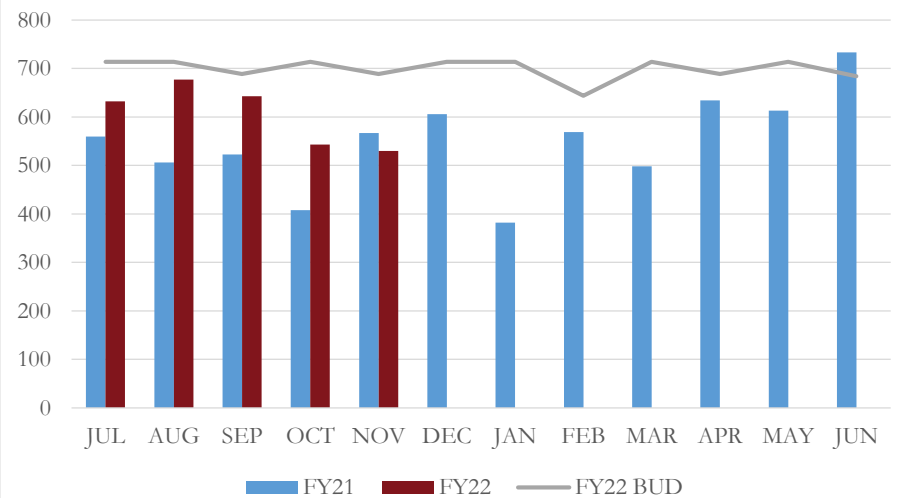
### Lab Tests



### RT Procedures



### Clinic Visits



# Southern Coos Hospital & Health Center

## Balance Sheet

For The Period Ending November 30, 2021

	Balance as of Nov-2021	Balance as of Jun-2021	Change	Balance as of Jun-2020
<b>Assets</b>				
<b>Current Assets</b>				
Cash - Operating	7,002,146	7,754,374	(794,557)	(781,040)
Covid-19 Relief Funds	925,716	0	0	8,016,556
Medicare Accelerated Payments	5,816,809	7,028,524	(1,048,032)	7,352,042
Investments - Unrestricted	474,189	452,620	17,955	375,577
Investments - Restricted	9,488	9,488	0	9,488
Investment - USDA Restricted	233,705	233,705	(0)	233,705
Investment - Board Designated	1,972,783	1,972,783	0	1,972,783
Cash and Cash Equivalents	16,434,836	17,451,494	(1,824,634)	17,179,111
Patient Accounts Receivable	5,564,057	4,845,025	720,419	5,758,157
Allowance for Uncollectibles	(2,741,133)	(2,456,334)	(329,549)	(2,336,539)
Net Patient Accounts Receivable	2,822,924	2,388,691	390,870	3,421,618
Other Receivables	1,412,308	940,233	(57,427)	81,441
Inventory	243,854	239,072	9,624	300,563
Prepaid Expense	272,975	402,507	(84,310)	128,607
Property Tax Receivable	0	0	0	0
Total Current Assets	21,186,897	21,421,997	(1,565,877)	21,111,340
<b>Property, Plant and Equipment</b>				
Land	461,527	461,527	0	461,527
Property and Equipment:	16,236,889	16,154,324	225,651	15,980,096
Less: Accumulated Depreciation	(11,769,041)	(11,651,955)	(208,645)	(11,010,369)
Construction In Progress	0	31,125	(31,125)	0
Net PP&E	4,929,375	4,995,021	(14,119)	5,431,254
Total Assets	26,116,273	26,417,018	(1,579,996)	26,542,594



# Southern Coos Hospital & Health Center

## Balance Sheet

For The Period Ending November 30, 2021

	Balance as of Nov-2021	Balance as of Jun-2021	Change	Balance as of Jun-2020
<b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Accounts Payable	847,591	924,534	(21,141)	1,072,148
Accrued Payroll and Benefits	1,020,377	1,054,435	(144,277)	938,690
Interest and Other Payable	601,447	310,866	(447,953)	33,306
Current Portion of Long Term Debt	231,964	231,964	0	227,789
Medicare Accelerated Fund	5,810,179	6,952,217	(971,725)	7,352,042
Provider Relief Funds	925,716	0	0	4,308,836
Oregon Provider Relief Funds	0	0	0	68,963
Covid-19 Relief Funds	0	0	0	3,638,757
<b>Current Liabilities</b>	<b>9,437,275</b>	<b>9,474,016</b>	<b>(1,585,096)</b>	<b>17,640,531</b>
Long-Term Debt	4,136,733	4,368,697	(96,964)	4,596,488
Less Current Portion of Long-Term D	(231,964)	(231,964)	0	(227,789)
<b>Total Long-Term Debt, net</b>	<b>3,904,769</b>	<b>4,136,733</b>	<b>(96,964)</b>	<b>4,368,699</b>
<b>Total Liabilities</b>	<b>13,342,043</b>	<b>13,610,749</b>	<b>(1,682,060)</b>	<b>22,009,230</b>
<b>Net Assets:</b>				
Fund Balance	12,806,270	4,533,364	8,272,906	6,518,595
Change in Net Position	(32,041)	8,272,906	(8,170,842)	(1,985,231)
<b>Total Net Assets</b>	<b>12,774,229</b>	<b>12,806,270</b>	<b>102,064</b>	<b>4,533,364</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>26,116,273</b>	<b>26,417,019</b>	<b>(1,579,996)</b>	<b>26,542,594</b>



# Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position  
For The Period Ending November 30, 2021

	Current Month - Nov-2021					Year To Date - Nov-2021				
	Nov-2021 Actual	Nov-2021 Budget	Variance	Var %	Nov-2020 Actual	Nov-2021 Actual	Nov-2021 Budget	Variance	Var %	Nov-2020 Actual
<b>Patient Revenue</b>										
Inpatient	887,913	910,600	(22,687)	(2.5%)	912,479	4,734,067	5,125,526	(391,459)	(7.6%)	4,413,177
Outpatient	2,029,023	1,927,515	101,508	5.3%	1,677,196	10,673,115	10,185,134	487,980	4.8%	8,825,273
<b>Total Patient Revenue</b>	<b>2,916,936</b>	<b>2,838,115</b>	<b>78,821</b>	<b>2.8%</b>	<b>2,589,675</b>	<b>15,407,182</b>	<b>15,310,660</b>	<b>96,521</b>	<b>0.6%</b>	<b>13,238,450</b>
<b>Deductions From Revenue</b>										
<b>Total Deductions</b>	<b>975,457</b>	<b>1,063,375</b>	<b>87,918</b>	<b>8.3%</b>	<b>897,491</b>	<b>5,102,911</b>	<b>5,545,460</b>	<b>442,549</b>	<b>8.0%</b>	<b>4,807,651</b>
<i>Revenue Deductions %</i>	<i>33.4%</i>	<i>37.5%</i>			<i>34.7%</i>	<i>33.1%</i>	<i>36.2%</i>			<i>36.3%</i>
<b>Net Patient Revenue</b>	<b>1,941,479</b>	<b>1,774,740</b>	<b>166,739</b>	<b>9.4%</b>	<b>1,692,184</b>	<b>10,304,271</b>	<b>9,765,201</b>	<b>539,070</b>	<b>5.5%</b>	<b>8,430,799</b>
Other Operating Revenue	(406)	4,090	(4,497)	(109.9%)	1,615	462	20,452	(19,991)	(97.7%)	13,132
<b>Total Operating Revenue</b>	<b>1,941,073</b>	<b>1,778,831</b>	<b>162,242</b>	<b>9.1%</b>	<b>1,693,799</b>	<b>10,304,733</b>	<b>9,785,653</b>	<b>519,080</b>	<b>5.3%</b>	<b>8,443,931</b>
<b>Operating Expenses</b>										
Salaries & Wages	1,001,981	967,417	(34,565)	(3.6%)	913,350	4,813,334	4,831,666	18,333	0.4%	4,137,339
Contract Labor	147,348	53,891	(93,457)	(173.4%)	63,945	1,031,343	375,315	(656,028)	(174.8%)	300,831
Benefits	281,283	261,289	(19,994)	(7.7%)	294,945	1,174,456	1,319,717	145,261	11.0%	1,205,237
<b>Total Labor Expenses</b>	<b>1,430,613</b>	<b>1,282,597</b>	<b>(148,015)</b>	<b>(11.5%)</b>	<b>1,272,241</b>	<b>7,019,133</b>	<b>6,526,698</b>	<b>(492,434)</b>	<b>(7.5%)</b>	<b>5,643,407</b>
Professional Fees	242,511	213,999	(28,512)	(13.3%)	247,747	1,057,601	1,070,325	12,724	1.2%	1,075,673
Purchased Services	203,933	247,881	43,948	17.7%	269,075	1,114,987	1,239,405	124,418	10.0%	1,159,585
Drugs & Pharmaceuticals	25,740	47,373	21,632	45.7%	67,503	290,236	241,601	(48,635)	(20.1%)	211,027
Medical Supplies	15,069	15,549	479	3.1%	14,369	67,079	86,968	19,888	22.9%	79,509
Other Supplies	71,303	84,196	12,893	15.3%	86,151	417,304	420,982	3,677	0.9%	362,962
Lease and Rental	23,244	25,687	2,443	9.5%	12,287	130,448	128,660	(1,789)	(1.4%)	117,009
Maintenance & Repairs	17,117	24,410	7,293	29.9%	4,710	78,773	122,051	43,277	35.5%	105,574
Other Expenses	33,020	54,344	21,324	39.2%	(11,534)	170,982	271,770	100,788	37.1%	103,253
Utilities	22,493	20,009	(2,483)	(12.4%)	18,290	108,575	100,046	(8,529)	(8.5%)	96,350
Insurance	17,655	12,103	(5,553)	(45.9%)	4,807	88,277	60,514	(27,763)	(45.9%)	49,168
Depreciation & Amortization	51,527	69,648	18,120	26.0%	52,668	260,172	291,844	31,672	10.9%	276,324
<b>Total Operating Expenses</b>	<b>2,154,227</b>	<b>2,097,796</b>	<b>(56,431)</b>	<b>(2.7%)</b>	<b>2,038,314</b>	<b>10,803,569</b>	<b>10,560,864</b>	<b>(242,705)</b>	<b>(2.3%)</b>	<b>9,279,841</b>
<b>Operating Income / (Loss)</b>	<b>(213,154)</b>	<b>(318,965)</b>	<b>105,811</b>	<b>(33.2%)</b>	<b>(344,515)</b>	<b>(498,836)</b>	<b>(775,211)</b>	<b>276,375</b>	<b>(35.7%)</b>	<b>(835,910)</b>
<b>Non-Operating</b>										
Property Taxes	85,155	86,497	(1,342)	(1.6%)	83,924	422,081	432,485	(10,404)	(2.4%)	419,618
Non-Operating Revenue	15,546	30,344	(14,798)	(48.8%)	13,037	110,029	151,720	(41,691)	(27.5%)	121,166
Interest Expense	(17,795)	(16,132)	(1,663)	10.3%	(18,758)	(79,610)	(81,797)	2,187	(2.7%)	(83,580)
Investment Income	4,145	7,078	(2,933)	(41.4%)	6,042	22,295	35,388	(13,093)	(37.0%)	39,752
Gain(Loss) on Sale of Assets	(8,000)	-	(8,000)	0.0%	-	(8,000)	-	(8,000)	0.0%	-
<b>Total Non-Operating</b>	<b>79,050</b>	<b>107,786</b>	<b>(28,737)</b>	<b>(26.7%)</b>	<b>84,244</b>	<b>466,795</b>	<b>537,796</b>	<b>(71,001)</b>	<b>(13.2%)</b>	<b>496,956</b>
<b>Change in Net Position</b>	<b>(134,105)</b>	<b>(211,179)</b>	<b>77,074</b>	<b>(36.5%)</b>	<b>(260,271)</b>	<b>(32,041)</b>	<b>(237,415)</b>	<b>205,374</b>	<b>(86.5%)</b>	<b>(338,954)</b>



# Southern Coos Hospital & Health Center

## Income Statement

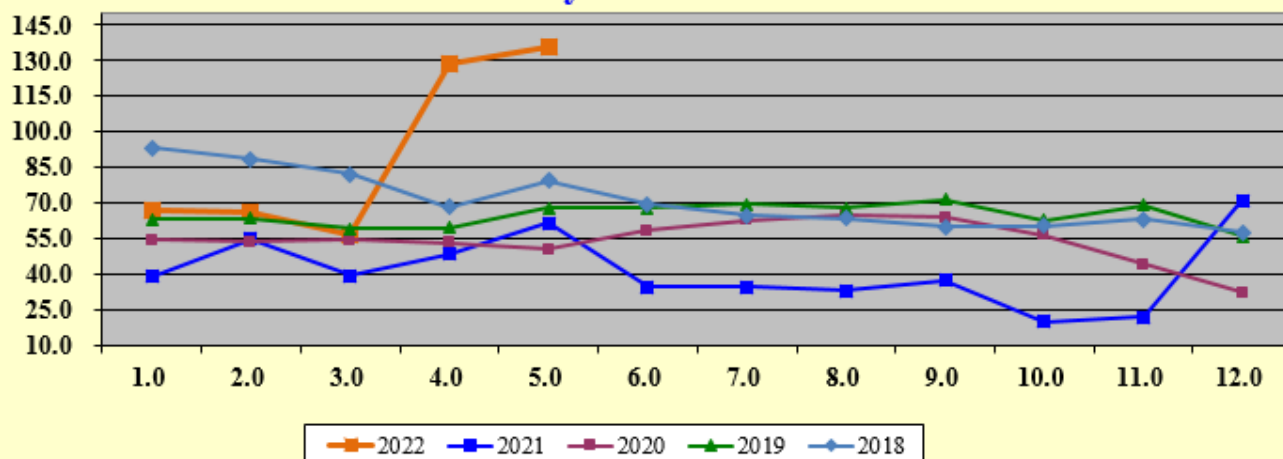
For The Period Ending November 2021

Comparison to Prior Months

	Current FY 2022					
	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021
<b>Patient Revenue</b>						
Inpatient	884,112	885,397	985,833	1,048,102	926,822	887,913
Outpatient	2,164,931	2,327,649	2,310,828	2,074,562	1,931,052	2,029,023
<b>Total Patient Revenue</b>	<b>3,049,042</b>	<b>3,213,046</b>	<b>3,296,661</b>	<b>3,122,665</b>	<b>2,857,874</b>	<b>2,916,936</b>
<b>Deductions From Revenue</b>						
Charity Services	7,989	4,838	3,555	8,495	7,799	12,278
Contractual Allowances	29,390	1,022,308	1,151,916	929,345	759,761	913,152
Other Discounts	98,018	74,261	79,831	112,511	80,194	67,248
Bad Debt	145,677	8,853	32,210	(33,357)	(115,066)	(17,221)
<b>Total Deductions</b>	<b>281,074</b>	<b>1,110,260</b>	<b>1,267,512</b>	<b>1,016,994</b>	<b>732,688</b>	<b>975,457</b>
<b>Net Patient Revenue</b>	<b>2,767,968</b>	<b>2,102,786</b>	<b>2,029,149</b>	<b>2,105,671</b>	<b>2,125,186</b>	<b>1,941,479</b>
Other Operating Revenue	40	748	35	10	75	(406)
<b>Total Operating Revenue</b>	<b>2,768,008</b>	<b>2,103,534</b>	<b>2,029,184</b>	<b>2,105,681</b>	<b>2,125,261</b>	<b>1,941,073</b>
<b>Operating Expenses</b>						
Salaries & Wages	814,787	918,275	897,028	1,025,159	970,890	1,001,981
Benefits	348,611	250,203	248,929	281,139	112,902	281,283
Contract Labor	200,772	260,872	221,928	219,346	181,849	147,348
Professional Fees	233,840	237,525	182,244	200,272	195,049	242,511
Purchased Services	418,358	212,015	201,863	227,573	269,603	203,933
Medical Supplies	24,060	12,476	12,908	13,327	13,298	15,069
Drugs & Pharmaceuticals	90,360	63,253	56,164	68,418	76,661	25,740
Other Supplies	81,351	75,885	93,354	93,759	83,004	71,303
Depreciation & Amortization	54,318	52,662	51,275	51,275	53,432	51,527
Lease and Rental	20,750	13,453	43,308	24,529	25,914	23,244
Maintenance & Repairs	38,983	37,062	22,649	15,183	(13,238)	17,117
Utilities	23,598	17,621	17,122	24,264	27,075	22,493
Insurance	18,563	18,639	17,655	17,655	16,672	17,655
Other Expenses	201,040	43,459	19,007	34,324	41,172	33,020
<b>Total Operating Expenses</b>	<b>2,569,391</b>	<b>2,213,401</b>	<b>2,085,434</b>	<b>2,296,223</b>	<b>2,054,283</b>	<b>2,154,227</b>
<b>Excess of Revenue Over Expenses</b>	<b>198,617</b>	<b>(109,866)</b>	<b>(56,251)</b>	<b>(190,543)</b>	<b>70,978</b>	<b>(213,154)</b>
<b>Non-Operating</b>						
Unrestricted Contributions	97,958	83,924	83,924	83,924	85,155	85,155
Other Non-Operating Revenue\Expen	8,819,085	45,632	19,489	17,599	11,763	15,546
Investment Income	4,807	4,964	4,632	4,464	4,090	4,145
Gain(Loss) on Sale of Assets	-	-	-	-	-	(8,000)
<b>Total Non-Operating</b>	<b>8,921,851</b>	<b>134,520</b>	<b>108,045</b>	<b>105,987</b>	<b>101,008</b>	<b>96,845</b>
Interest Expense	(15,828)	(15,499)	(15,499)	(15,499)	(15,317)	(17,795)
<b>Excess of Revenue Over Expenses</b>	<b>9,104,640</b>	<b>9,154</b>	<b>36,296</b>	<b>(100,055)</b>	<b>156,668</b>	<b>(134,105)</b>



## November 2021 Days Cash on Hand



**Calculation:**

$$\frac{\text{Total Unrestricted Cash on Hand}}{\text{Daily Operating Cash Needs}}$$

**Definition:**

This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

**Desired Position:**

Upward trend, above the median

**Benchmark**

**80 Days**

**How ratio is used:**

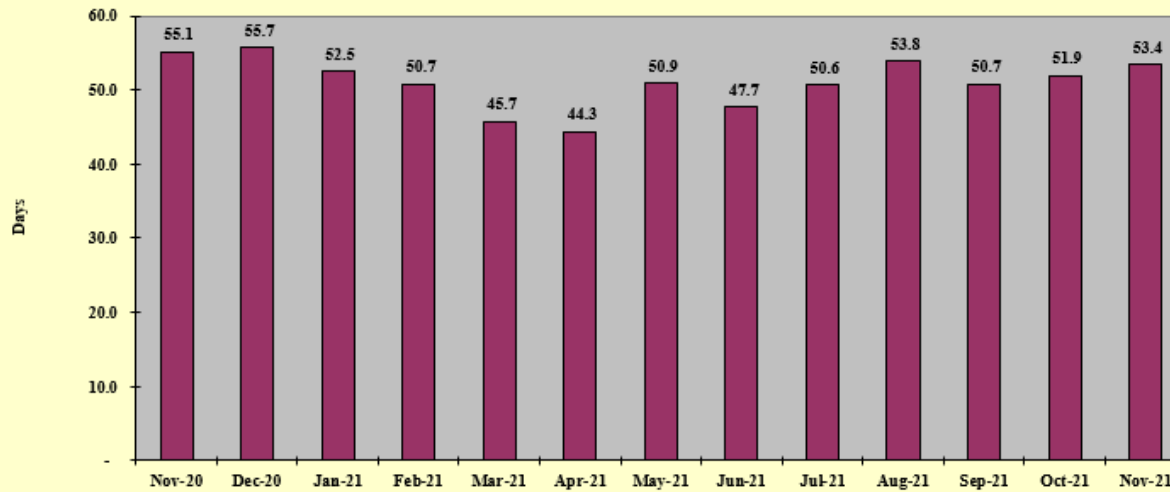
This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

Year	Average
2022	90.9
2021	41.2
2020	54.0
2019	64.7
2018	70.7
2017	96.1
2016	83.6
2015	67.3

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2022	67.2	66.2	56.6	128.6	136.1							
2021	38.7	54.6	39.1	48.2	61.6	34.4	34.6	33.0	37.2	19.9	21.9	70.8
2020	54.3	53.4	54.2	53.3	50.3	58.3	62.6	64.9	63.8	56.4	44.0	32.0
2019	63.0	63.5	59.0	59.6	67.6	67.6	69.3	67.8	71.2	62.8	69.0	55.7
2018	93.3	88.3	82.1	68.2	79.4	69.4	64.5	63.4	59.8	60.1	63.0	57.5



**Days in A/R as of November 30, 2021**



**Calculation:**  $\frac{\text{Gross Accounts Receivable}}{\text{Average Daily Revenue}}$

**Definition:** Considered a key "liquidity ratio" that calculates how quickly accounts are being paid.

**Desired Position:** Downward trend below the median, and below average. **Benchmark** 50

**How ratio is used:** Used to determine timing required to collect accounts. Usually, organizations below the average Days in AR are likely to have higher levels of Days Cash on Hand.

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
A/R (Gross)	4,754,578	4,805,300	4,827,674	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942
Days in AR	55.1	55.7	52.5	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
A/R (Gross)	4,754,578	4,805,300	4,827,674	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942
Days in Month	30	31	31	28	31	30	31	30	31	31	30	31	30
Monthly Revenue	2,589,675	2,961,390	2,915,176	2,842,408	2,883,748	2,610,510	2,849,482	3,049,042	3,213,046	3,296,661	3,122,665	2,857,874	2,916,936
3 Mo Avg Daily Revenue	86,286	86,286	92,024	96,877	96,015	93,670	90,693	93,506	99,039	103,899	104,700	100,839	97,774
Days in AR	55.1	55.7	52.5	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4



**SOUTHERN COOS HOSPITAL & HEALTH CENTER**  
**CAPTIAL PURCHASES SUMMARY**

<b>FY2021</b>	<b>VENDOR</b>	<b>DESCRIPTION</b>	<b>COST</b>	<b>DATE</b>	<b>GRANT FUNDING SOURCE</b>
	<b>Non-Threshold Capital Purchases (&lt;\$25,000)</b>				
	CDW Government	Computer ThinkCenters & Monitors (Covid)	16,247	9/29/2020	CARES Grant Funded
	Steris Corporation	Endo Cabinet, Seismic Anchor-	7,656	10/1/2020	
	CDW Government	Ergotron Sit-Stand Vertical Lift	5,549	11/1/2020	
	CDW Government	Computer ThinkCenters & Monitors (Covid)	11,488	11/30/2020	CARES Grant Funded
	Helmer Scientific	Blood Bank Refrigerator	12,470	12/1/2020	
	Para Healthcare Financial	Price Transparency Tool	15,000	12/31/2020	
	Emergency Genrator Repairs	Repairs to Hospital Generator	17,522	12/31/2020	CARES Grant Funded
	Zoho Corporation	OpManager Plus	7,595	2/28/2021	
	Medline	COVID Vaccination Freezers	15,226	4/21/2021	CARES Grant Funded
	Fukuda Denshi	Ds-8100 Patient Monitor	16,373	5/1/2021	
	<b>Threshold Projects (&gt;\$25,000)</b>				
	Stryker Instruments	Two Neptune Surgical Waste Management Systems	29,645	1/1/2021	
	Walk-In Refrigeration	Refrigerator & Electric Hook Up	39,265	3/1/2021	
	Oxygen Tanks	Bulk storage tanks	92,766	6/30/2021	CARES Grant Funded
	<b>Total</b>		<b>286,800</b>		
	Total Grant Funded Equipment		153,248		
	Capital Purchases Under Budget Authority		133,552		
	FY2021 Budget Authority		250,000		
	Remaining Budget		116,448		

<b>FY2022</b>	<b>VENDOR</b>	<b>DESCRIPTION</b>	<b>COST</b>	<b>Approved Budget Amount</b>	<b>DATE</b>	<b>GRANT FUNDING SOURCE</b>
	<b>Non-Threshold Capital Purchases (&lt;\$25,000)</b>					
	<b>Threshold Projects (&gt;\$25,000)</b>					
	C&R Homes & Construction	New Roof	76,800	150,000	9/30/2021	
	Stryker	New Patient Beds	90,000	120,000	11/30/2021	
	Cepheid	PCR Testing Machine - Lab	61,731	-	In Process	SHIP ARPA
	<b>Total</b>		<b>228,531</b>			
	Total Grant Funded Equipment		61,731			
	Capital Purchases Under Budget Authority		166,800			
	FY2021 Budget Authority		1,000,000			
	Remaining Budget		833,200			





# Clinic Budget Income Summary

For The Budget Year 2022

All Providers													Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT YTD		FY22 Budget	Variance
<b>Provider Productivity Metrics</b>														
Clinic Days	71	73	68	72	60	73	57	74	49	69	304		361	(57)
Total Visits	431	484	488	484	476	467	410	484	373	467	2178		2386	(208)
Visits/Day	6.1	6.6	7.2	6.7	8.0	6.4	7.3	6.5	7.6	6.8	7.2		6.6	0.6
Total RVU	778.03	882.40	881.42	882.40	882.43	855.80	708.92	882.40	691.78	855.80	3942.58		4358.80	(416.22)
RVU/Visit	1.81	1.82	1.81	1.82	1.85	1.83	1.73	1.82	1.85	1.83	1.81		1.83	(0.02)
RVU/Clinic Day	10.96	12.09	12.96	12.26	14.83	11.72	12.55	11.92	14.12	12.40	12.97		12.07	0.89
Gross Revenue/Visit	331.74	353.24	282.73	353.24	345.56	353.26	351.14	353.24	334.94	353.26	327.98		353.25	(25.27)
Gross Revenue/RVU	183.77	193.75	156.54	193.75	186.40	192.77	203.08	193.75	180.60	192.77	181.19		193.37	(12.18)
<b>Patient Revenue</b>														
Outpatient														
Total Patient Revenue	142,978	170,968	137,973	170,968	164,485	164,972	143,968	170,968	124,932	164,972	714,337		842,848	(128,511)
<b>Deductions From Revenue</b>														
Total Deductions From Revenue (Note A)	76,613	91,204	73,161	91,204	87,652	88,012	77,061	91,204	66,540	88,012	381,026		449,637	(70,681)
<b>Net Patient Revenue</b>	66,365	79,763	64,813	79,763	76,834	76,961	66,907	79,763	58,392	76,961	333,311		393,211	(57,830)
<b>Total Operating Revenue</b>	66,365	79,763	64,813	79,763	76,834	76,961	66,907	79,763	58,392	76,961	333,311		393,211	(57,830)
<b>Operating Expenses</b>														
Salaries & Wages	65,195	64,890	65,893	64,890	61,655	63,389	65,341	65,133	48,479	63,353	306,562		321,299	(14,737)
Benefits	8,805	14,973	8,782	14,914	8,606	14,524	6,989	14,933	7,112	13,804	40,294		73,076	(32,782)
Purchased Services	7,421	5,465	7,226	5,465	4,561	5,465	8,735	5,465	4,244	5,465	32,188		27,324	4,864
Medical Supplies	0	507	0	507	0	491	0	507	0	490	0		2,502	(2,502)
Other Supplies	0	455	0	455	0	455	0	455	0	455	0		2,275	(2,275)
Maintenance and Repairs	0	316	0	316	0	316	0	316	0	316	0		1,578	(1,578)
Other Expenses	1,517	1,251	1,517	1,251	2,405	1,251	3,684	1,251	(650)	1,251	8,473		6,257	2,216
Allocation Expense	18,223	31,488	18,782	31,488	33,375	30,682	31,695	31,488	32,144	30,682	134,220		155,829	(21,609)
Total Operating Expenses	101,161	119,346	102,200	119,286	110,602	116,573	116,444	119,549	91,329	115,816	521,737		590,140	(68,403)
<b>Excess of Operating Revenue Over Expenses</b>	(34,797)	(39,583)	(37,388)	(39,523)	(33,768)	(39,612)	(49,537)	(39,785)	(32,937)	(38,856)	(188,426)		(196,929)	10,573
<b>Total Non-Operating Income</b>	0	0	0	0	0	0	0	0	0	0	0		0	0
<b>Excess of Revenue Over Expenses</b>	(34,797)	(39,583)	(37,388)	(39,523)	(33,768)	(39,612)	(49,537)	(39,785)	(32,937)	(38,856)	(188,426)		(196,929)	10,573

Note A - Average Collection Rate =45% of Gross Charges. therefore the Deduction Rate is 55% of Gross Charges



# QUALITY & PATIENT SAFETY REPORT

## Quality Board Report December 2021

Report by Barbara Snyder, RN Quality and Risk Manager

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### Data Reporting

Emergency Department Transfers have been at 100% from some time now, and this indicates that the receiving facility has all of the needed patient information for continuity of care.

Healthcare Worker Influenza Vaccinations are reported annually, and Denise Ebenal, Infection Control RN has a system for reviewing and reporting this (along with a system for maintaining compliance with mandated employee COVID-19 vaccination/exemptions).

Hospital Acquired Infections are at 0%. There has been 1 within the past year, and none since the beginning of this fiscal year. This means that patients are not experiencing new infections from their in-patient stay.

Antimicrobial Stewardship is not yet operationalized in our hospital. Though this is not yet in place, Denise Ebenal, Infection Control RN, and Stephanie Lyon, Pharmacist are working together with the University of Washington Telehealth Antimicrobial Stewardship Program (nationally recognized technical assistance program) in order to develop enough data systems and processes so that the hospital physicians can participate in antimicrobial stewardship. Our timeline is quite late compared to our high performing peers. This program must have leadership from the hospital board, CEO, and medical staff in order to operationalize and succeed. The handout on antimicrobial resistance shows the challenges that our community is facing regarding infections that no longer respond to classes of antibiotics. I am requesting that, in a future board meeting, the pharmacist and the infection control RN provide a 15 minute presentation to the board regarding the leadership that is required to succeed in this initiative.

Hospital Consumer Assessment of Healthcare Providers and Systems is a mandatory satisfaction survey that is mailed to every discharged in-patient by a third party. Currently, it does not capture reliable data for our hospital since we do not have enough returned surveys to have confidence in the data. Consequently we are unable to understand the general experiences of our discharged patients.

Patient Satisfaction Tablets (not mandatory) provide surveys on an electronic tablet so that patients can anonymously complete a survey before the patient leaves our facility. We have tablets available and pay for this service for the emergency department, swing bed program, medical imaging, and laboratory. We currently do not have a hospital-wide effort to capture this information – tablet service is through the Illinois Critical Access Hospital Network.

72 hour Return to ED – this has increased and we review this each month. Generally, we report on 48 hour return to the ED. Sometimes returns are for something different than the original visit. We are now sorting these and providing information to the Medical Staff Committee so that the Medical Staff can review and advise us on what type of data will be helpful to them.

Total Number of Left Without Being Seen – this fluctuates and we are monitoring to see if this is a trend or if this is because of our recent surges in ED volume.

Worker Injuries – these have increased, and we have 8 worker injuries since the beginning of the fiscal year. The most common worker injury is due to improper lifting, unsafe lifting, and unsafe patient transfers. There is a training need to provide competency check-offs (hands on training instead of reading about the skill/watching a video) – we do not currently have education plans in place. We have tools for healthcare providers, such as Hoyer lifts, but the rooms do not accommodate the space for these tools very easily.

Falls – Falls tend to trend on certain months, and then training and emphasis is put on fall prevention, so that the falls drop off again. Falls tend to occur in relation to toileting, since the patient may get up on his/her own to go to the bathroom.

Patient Safety Reporting – Reporting through our Clarity system is trending up and this is positive – indicating that employees may be less reluctant to report concerns or “out-of-the ordinary” events that are occurring

Recall alert System Class 1 Compliance is a data indicator that reflects the hospital’s compliance with recalls. The materials management department has done significant work to improve compliance to 100% for November, but the trend line is significant from the beginning of the fiscal year.

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## **Grievances/Complaints Trends & Learning**

Our current benchmark is 4 or fewer complaints per month and 0 grievances. Total complaints equal 12 for this fiscal year, and 2 grievances to date. Below are the areas for learning that are identified because of complaints, grievances, and patient safety reporting:

1. Availability of medical imaging personnel for emergent diagnostics. The open position for ultrasound tech took time to fill, and the after hour arrival times for on-call CT medical imaging personnel at night can be up to 45 minutes depending on where personnel live. This is an area of current discussion within the hospital.
2. Clinical Documentation. This is an area for continuous effort. Our clinical documentation in many cases is weak compared to the standard. We do have medical providers and RNs who have the highest standard in documentation, but this will need

to be an enterprise-wide area of focus in order to improve documentation to the standard across all of the clinical team for our patient care and risk reduction.

3. Lack of clarity regarding hospitalist after hours duty vs. emergency provider after hours duty. This is currently being discussed with the CEO, CNO, CFO. The provider contracts and Western Healthcare contracts have been pulled and reviewed so that the expectations can be clearly communicated to the providers and the RNs.
4. Patient rights and disability rights are needing improvement for the hospital. There are discrepancies between the policy, HR training for employees, and the handouts to patients. This was presented in the November Quality meeting, and the Patient Rights and Responsibilities policy is being adjusted (Massachusetts General is a model), and next will be the employee training, website changes, and patient collateral. We have opened up the visitor policy to adhere to higher standard for patient rights, particularly for patients who have one or more more disabilities.
5. Variability in DNR interpretation is being examined. DNR has a very explicit legal definition that is very specific to not doing CPR. There needs to be education across the hospital medical and nursing teams to discuss this. The CNO is currently exploring the educational options for nursing staff, and this topic will be introduced in the December Medical Staff meeting.

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### **COVID-19 Vaccine Survey**

We had a planned COVID-19 Management Survey the week before Thanksgiving. The Pharmacy (Stephanie Lyon, RPh; Jeff Turner, RN) and Infection Control (Denise Ebenal, RN) handled this very well. The reviewers commented on their open and honest answers along with their willingness to learn. For the most part, the Oregon COVID-19 Vaccine Management Guide had been implemented. There were a few deficiencies with one of the deficiencies requiring a 3 day deadline for compliance. All items were compliant within 3 days, and the surveyors commented on their appreciation for our thorough response. Cori Valet, Barbara Snyder, and Denise Ebenal played integral roles in the response.

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### **Medical Staffing**

#### Credentialing

Credentialing process is becoming consistent with bylaws and standards due to a tremendous effort from Michele Winchell and the medical providers. The Medical Staff Credentialing Subcommittee provides in-depth review and recommendations to the Medical Staff committee. The Medical Staff committee reviews the subcommittee's recommendations and votes on whether to recommend medical provider to the Southern Coos Board of Directors. Finally, the Board of Directors considers the Medical Staff Committee's recommendation, and decides whether to accept these.

#### Ongoing Professional Practice Evaluation

Ongoing Professional Practice Evaluation (OPPE) is the routine monitoring and evaluation of competency for current members of the Medical Staff. This is not being done at our hospital at this time and needs to be operationalized. CMS requires the hospital to have mechanisms in place that assure medical staff accountability for the quality of care provided to patients. We are currently looking at models and are introducing these to the Med Staff committee for their consideration and discussion in the January 2022 meeting.

Urine Culture Organisms	January	Feb.	March	April	May	June	July	August	September	October	Number Resistant/ Total	% Resistant
<i>Citrobacter freundii</i>		0 NR 1 (R4)			0 NR 1 (R1)						2/2=	100%
<i>Citrobacter koseri</i>		0 NR 1 (R1)									1/1=	100%
<i>Citrobacter murlinae</i>										0 NR 1 (R1)	1/1=	100%
<i>Citrobacter youngae</i>		0 NR 1 (R4)									1/1=	100%
<i>Escheria Coli</i>	4 NR 1 (R1) 1 (R 2) 1 ( R3) 1 (R 1)	9 NR 1 (R2) 1(R1) 1(R3) 1(R2) 1 (R2)	10 NR 1 (R2) 1 (R1) 1 (R6) 1 (R1) 1 (R1)	9 NR 1 (R2) 1 (R3) 1 (R 1) 1(R3) 1 (R3) 1 (R3) 1 (R3) 1 (R6)	6 NR 1 (R4) 1 (R6) 1 (R2) 1 (R1) 1 (R3) 1 (R1) 1 (R2) 1 (R2)	9 NR 1 (R3) 1 (R2) 1 (R3) 1(R1) 1 (R4) 1(R2) 1 (R5)	17 NR 1 (R1) 1 (R10) 1 (R2) 1 ( R3) 1 (R11)	11 NR 1 (R1) 1 (R5) 1 R4) 1 R(3) 1 (R2) 1 (R4)	7 NR 1 (R2) 1 (R1) 1 (R2) 1 (R4) 1 (R3) 1 (R1)	10 NR 1(R5) 1(R2) 1 (R1) 1 (R1)	60/162=	37%
<i>Escheria Coli ESBL</i>			0 NR 1 (R7)			0 NR 1 (R5, BL2)				0 NR 1 (R7, BL3)	3/3=	100%
<i>Enterobacter aerogenes</i>				0 NR 1 (R1)					0 N 1 (R1)		2/2=	100%
<i>Enterobacter cloacae</i>				0 NR 1 (R6)					0 NR 1 (R1)		2/2=	100%
<i>Enterococcus faecalis</i>	1 NR			1 NR 1(R1)	1 NR	1 NR	0 NR 1 (R2) 1 (R1)			1 NR	3/8=	38%

Page 1

# **KEY**

**NR= Cultures with No Resistance**

**R = Number of Antibiotics that the Culture is Resistant to**

**Blank Square = No Cultures that month**

**BL= Beta Lactam Resistant**

**(2<sup>nd</sup> Generation Penicillin Antibiotics)**

Urine Culture Organisms	January	Feb.	March	April	May	June	July	August	September	October	Number Resistant/ Total	% Resistant
<i>Enterococcus faecium</i>					0 NR 1 (R1)						1/1=	100%
<i>Klebsiella oxytoca</i>	1 NR		1 NR 1 (R2) 1 (R2)	0 NR 1 (R1)	0 NR 1 (R1)				0 NR 1 (R7) 1 (R4)		6/8=	75%
<i>Klebsiella pneumoniae</i>	3 NR	0 NR 1 (R1) 1(R1) 1 (R2)	0 NR 1(R1)	0NR 1 (R1) 1 (R1)	0 NR 1 (R1) 1 (R2) 1 (R2)	0 NR 1 (R1) 1(R1)	0 NR 1 (R1) 1 (R1)	0 NR 1 (R1) 1 (R1)			15/18=	83%
<i>Kluyvera ascorbata</i>						0 NR 1 (R1)					1/1=	100%
<i>Morganella morganii</i>						2 NR					0/2=	0%
<i>Proteus Mira</i>	0NR 1(R1) 1 (R1)	1 NR 1 (R1) 1 (R2) 1 (R1)	0 NR 1 (R2) 1(R1)	0 NR 1 (R2) 1 (R1) 1 (R4)	0 NR 1(R1) 1 (R1) 1 (R2)	0 NR 1(R1) 1 (R1)	0 NR 1 (R2, BL1) 1 (R1)	0 NR 1 (R1) 1 (R2) 1 (R1)	0 NR 1 (R1) 1 (R1)	0 NR 1 (R2)	26/27=	96%
<i>Pseudomonas aeruginosa</i>	2 NR		1 NR		0 NR 1 (R1)		2 NR	1 NR	1 NR	1 NR	1/11=	0%
<i>Pseudomonas fluorescens</i>						1 NR			1 NR		0/2=	0%
<i>Shigella sonnei</i>							1 NR				0/1=	0%
<i>Staphylococcus aureus</i>		1 NR 1 R (1, BL2)									1/2=	50%
<i>Staphylococcus capitis</i>	1 NR			1 NR							1/2=	50%
<i>Staphylococcus haemolyticus</i>							1 NR	1 NR			0/2=	0%
<i>Staphylococcus hominis</i>				0 NR 1 (R5,BL1)				0 NR 1 (R10)			2/2=	100%
<i>Staphylococcus saprophyticus</i>	1 NR	1 NR					1 NR				0/3=	0%
<i>Streptococcus pneumoniae</i>					1 NR						0/1	0%

NR= Cultures with No Resistance

R = Number of Antibiotics that the Culture is Resistant to

Blank Square = No Cultures that month

BL= Beta Lactam Resistant (Penicillin 2<sup>nd</sup>

Generation Antibiotics)



## NEW BUSINESS

Board ByLaws

Board Policies



# Southern Coos Health District Bylaws

Amended August 27, 2020

## **Article 1 Preamble**

1. Southern Coos Health District is a municipal corporation of the State of Oregon which is organized, existing and exercising the powers and functions of a health district under Oregon laws relating to municipal corporations, special districts and health districts. These bylaws are subject to applicable provisions of Oregon Revised Statutes relating to units of local government and health care facilities, including government ethics, public records and meetings, local budgets, public purchasing and contracting, and district elections, as they now exist or may hereafter be amended.
2. Southern Coos Health District's purpose is to provide quality health care to members of the community.

## **Article 2 District Board**

1. Composition  
The business and affairs of the District shall be managed by a Board of five (5) members.
2. Election and Terms of Office  
Board members shall be registered voters within the health district elected as provided by the applicable provisions of Oregon Revised Statutes relating to health care facilities. The term of office shall be 4 years.

Each new Board member shall take an Oath of Office at the Board meeting in July. The oath declares that the Board member will faithfully perform the duties of his or her office as required by law and will support the Constitution of the United States, the Constitution of the State of Oregon, and the laws made pursuant thereto. Each new Board member shall execute a Conflict of Interest Statement and a Confidentiality Statement.

## **Article 3 Meetings of the Board**

1. Quorum  
District Boards must have a quorum in order to have an official meeting. A quorum shall consist of three members and shall be sufficient to transact business. In Oregon, it takes a majority of the entire membership of the board to adopt a motion, resolution or ordinance or take any other action. A majority of a quorum is insufficient. This means that three affirmative votes on a five person board are required to pass a motion, even if there is a quorum. All official business of the board shall be conducted only during said regular or special meetings at which a quorum is present and all said meetings shall be open to the public.

## 2. Regular Meetings

The District Board shall hold at least one regular meeting each month at the Hospital or at such other location as determined by the Board. Notice of time and place designated for all regular meetings shall be posted in a public place and in the newspaper at least 48 hours before the meeting. Notice of changes of date or time or place of regular meetings shall be posted as above providing at least three (3) days prior to such meeting if possible.

## 3. Special Meetings

Special meetings of the Board may be called by or at the direction of the Chair, and shall be called upon the written request of any two members of the Board, or upon the request of the Chief Executive Officer. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and in the newspaper at least 24 hours in advance of the meeting date, time and place.

## 4. Emergency Meetings

An emergency meeting may be called and held in the same manner as a special meeting, except that the notice may be given less than 24 hours prior to the meeting and the Board shall place in the minutes the reason for the emergency.

Any member of the Board or any committee established by the Board may participate in a meeting by means of a conference telephone or similar communications equipment by which all persons participating in the meeting can hear each other at the same time. Such participation shall constitute presence in person at the meeting.

## **Article 4 Officers**

1. The officers of the District Board shall be a Chair, Secretary and Treasurer, all of whom shall be elected by the Board at the July meeting each year and shall hold office for a period of one year or until their successors have been elected.
2. The Chair shall preside at all meetings of the Board, shall execute documents which are official acts of the District or its Board and shall make committee appointments. During the absence of the Chair, any other Board member may perform the duties of the Chair.
3. The Secretary shall attest to documents executed by the Board, shall review correspondence to and from the Board and shall review and sign minutes of Board meetings. The Secretary shall perform such other duties as usually pertain to this office.

4. The Treasurer shall execute financial and banking documents when appropriate or authorized by the District Board.
5. Any member may resign from the Board at any time by giving written notice to the Chair or Secretary of the Board, and the acceptance of such resignation shall not be necessary to make it effective.

Board vacancies shall occur if a duly elected Board member cannot fulfill the duties of office. A vacancy shall be filled by vote of a majority of the remaining Board members. ~~The appointee shall serve until the next regular election at which time the vacant position will be filled by election for any remaining portion of the original term.~~ **The appointee shall serve until the next regular election for that position.** If the remaining Board members cannot agree on a majority vote, the selection of appointee shall be turned over to County Commission, who will make the selection.

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6. Authority  
Duties and fiduciary responsibilities of the District Board include the following:
  - a. Bear ultimate responsibility for the quality of care rendered to patients by both the medical and professional staff.
  - b. Bear ultimate responsibility for the financial soundness and success of the organization, and for strategically planning its future. It shall, upon recommendation of the Finance Committee, review the annual operating budget and capital expenditures, evaluate and approve financial statements and all financial matters of the hospital.
  - c. Hire the Chief Executive Officer and approve the plans and budgets by which the CEO will accomplish the quality, financial and strategic goals of the Board.
  - d. Act as trustee for District assets.
  - e. Plan and establish the Chief Executive Officer's compensation.
  - f. Grant physician staff clinical privileges.
  - g. Identify health needs of the community and establish the Hospital's role in meeting those needs.
  - h. Review and approve the Hospital's Quality Assurance Program.
  - i. Establish programs and services of the Hospital, periodically review and evaluate their effectiveness.
  - j. Establish an appropriate orientation program for new Board members.

#### **Article 5 Committees**

1. Committees and Powers
  - a. Committees of the Hospital Board shall be standing and special. Standing Committees shall be the Budget Committee and such other standing committees as the District Board may authorize.

- b. The Chair and all members of each committee shall be appointed following the July Meeting. Members of each committee shall hold office for one year or until their successors are appointed. The committee chair may fill any vacancies that occur on committees for the remainder of the year.
- c. Committees shall have power to act only as stated in these By Laws or as conferred by the District Board in specific matters.
- d. Committee members may include persons in an advisory or consulting capacity, who are not members of the District Board. In all committees, however, the chair of the committee shall be a District Board member.
- e. Minutes shall be recorded for all committee meetings and filed with the Secretary of the Board for review. The District Board must ratify the actions of all committees.

## 2. Annual Joint Conference of Hospital Board and Medical Staff

The joint conference shall include all members of the Board, CEO and Leadership staff, and all the Medical Staff of the Hospital. The District Board Chair shall act as chair of the Joint Conference.

- a. The purpose of the Joint Conference is to discuss matters of a medico-administrative nature that need to be brought to its attention, and
- b. make such recommendations as it may deem in the best interest of the District.

The Joint Conference is not empowered to make final decisions. Its purpose is one of communication between these two bodies.

## 3. Budget Committee

The budget committee shall consist of the CFO, the CEO, at least two members of the community and one board member liaison who shall be appointed by the Chair of the District Board following the July meeting and act as committee chair. The Budget Committee shall meet quarterly including the annual operating budget review and approval for adoption by the district board and submission to Coos County. The Budget Committee shall perform the following functions:

- a. Meet quarterly to receive a detailed periodic review of the annual operating budget and to participate in the preparation of the annual operating budget prior to, and as a condition precedent to, its review by the District Board.
- b. Recommend to the Board an amount to be budgeted for any Board orientation or education.

## 4. Special Committees

Special committees or task force groups shall be appointed from time to time as occasion demands. These committees shall limit their activities to the purpose for which they are appointed and they shall have no power to act unless such is

specifically conferred by action of the District Board. All special committees shall have a date of termination of activities.

#### **Article 6 Administrator**

The District Board shall employ a competent and qualified person to act as Administrator of the Health District, and the Board shall evaluate the performance of such Administrator yearly. Such Administrator shall be Chief Executive Officer of the District and shall have the general supervision and control of the Administrative functions of the District. The Administrator shall have the following powers, duties, functions and responsibilities.

1. Responsible for carrying out the policies and programs adopted by the Board and the regulations provided by law or by the District Board.
2. Develop a plan of organization for the personnel involved in the operation of the District facilities and programs, have responsibility for the selection, employment, control and discharge of employees and the development and maintenance of personnel policies and practices, shall establish means for accountability on the part of subordinates and shall provide for the lines of authority and communication within and between District facilities, medical staff, auxiliary and other personnel.
3. Shall insure that the established mechanisms relating to the functions of the Medical Staff organization are carried out and to act as the official channel of contact between the District Board and the Medical Staff. The Administrator shall have the following specific powers:
  - a. to grant temporary privileges to Medical staff applicants and to terminate such privileges whenever such action is in the best interest of patient care or safety in the District, or to prevent disruption of its operation.
  - b. to summarily suspend all or any portion of the clinical privileges of a member of the medical staff whenever such action must be taken immediately in the best interest of patient care or safety in the hospital or to prevent disruption of its operation.
4. Shall attend meetings of the District Board and shall serve as liaison officer for official communications between the District Board, its committees, medical staff and the auxiliary.
5. Shall prepare a proposed strategic plan for approval and adoption by the District Board and shall annually recommend appropriate modifications to such plan.
6. Shall be responsible for preparation of a proposed annual budget and for carrying out the fiscal policies of the District.
7. Shall pursue a continuing program of education in health care, administrative and management systems and procedures and may participate in community, state and national hospital associations and other professional activities.
8. Shall be employed by the District Board and, after receiving and reviewing the annual evaluation, the administrator's compensation shall be determined by the

Board in conjunction with the recommendations of the Budget Committee.

#### **Article 7 Medical Staff**

1. The District Board shall organize the appropriate Medical Professionals into a Medical Staff as provided in the Medical Staff Bylaws which have been adopted by the District Board.
2. The Medical Staff shall conduct continuing review and appraisal of the quality of professional care provided in District facilities, and shall, at least annually report such activities and their results to the District Board. It shall also make recommendations to the District Board concerning appointments, reappointments and alterations of staff status, the granting of clinical privileges, disciplinary actions, other matters relating to professional competency, and such other related matters as may be referred to it by the District Board.
3. Medical Staff Bylaws and related rules and regulations for the government and operation of the Medical Staff may be proposed and recommended by the Medical Staff to the District Board, but only those bylaws, rules and regulations which are adopted by the District Board shall become effective. In the exercise of the powers and functions delegated to it by the laws of the State of Oregon, the District Board shall adopt, amend, carry out and enforce rules and regulations for the government and operation of the Medical Staff and any of its functions and services.

#### **Article 8 Foundation**

The District Foundation shall develop and adopt Bylaws to delineate the purpose and function of the organization, form its own Board of Directors to include one board member liaison, and establish a means of accountability to the District Board. Such bylaws shall be in conformity with the policy of the Board and shall become effective upon approval of the Board.

#### **Article 9 Amendments**

These Bylaws may be amended by a majority of the entire Board at any regular or special meeting of the District Board called for that purpose. Such proposed amendment shall be published in full in the calling of the meeting.

The foregoing Bylaws have been amended and enacted by the District Board at a regular meeting held on the 27<sup>th</sup> of August, 2020.

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Board Chair

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Secretary



## OLD BUSINESS

Permanent CEO Search Update