

**SOUTHERN COOS HEALTH DISTRICT**  
**Board of Directors Regular Meeting**  
*Public Access via Southern Coos Hospital Website and Facebook Meeting Links*  
**July 22, 2021**  
**6:30 p.m.**

**AGENDA**

- I. Call to Order
  - 1. Public Input
- II. Consent Agenda
  - 1. Regular Meeting with Executive Session & Budget Hearing – 6/24/2021
  - 2. Special Meeting – 7/14/2021
- III. Staff Reports
  - 1. CEO Report
  - 2. CNO Report
  - 3. CFO Report
  - 4. CIO Report
  - 5. SCHD Foundation Report
  - 6. Medical Staff Report
    - i. Monthly Credentialing Report
    - ii. Pain Medicine Privilege Set
- IV. Monthly Financial Statements: Review
- V. Compliance Report
- VI. Quality and Safety Report
- VII. New Business
  - 1. Election of Officers
  - 2. Consideration of 2021-2022 Regular Meeting Calendar
  - 3. Consideration of Bids – Hospital Roof Shingle Replacement
  - 4. Consideration of Strategic Planning Consultant
- VIII. Old Business
  - 1. Governance Institute Board Education
- IX. Open Discussion
- X. Adjournment

# CONSENT AGENDA

## Minutes

Budget Hearing, Executive Session & Regular Meeting  
June 24, 2021

Special Meeting  
July 14, 2021

*(to be added when complete; packet to be updated on website)*

**Southern Coos Health District  
Board of Directors Meeting  
Budget Hearing, Regular Meeting & Executive Session  
Minutes  
June 24, 2021**

**Members Present:** David Allen, Chairman; Brent Bischoff, Secretary; Edith Jurgenson, Treasurer (attending remotely over private audio-visual platform Zoom); Norbert Johnson, Cary McGagin, Directors. **Administration:** Eugene Suksi, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO, Scott McEachern, CIO; P.J. Keizer, Chief of Staff (attending remotely); Victoria McNeely, Risk, Quality & Compliance Officer; Kim Russell, Executive Assistant. **Others present:** Mary Schamehorn, Board Member-Elect; Robert Miller, III, Counsel.

**I. Executive Session Under ORS192.660(2)(f) to consider information or records that are exempt by law from public inspection.**

At 6:00 p.m. the Health District Board entered Executive Session. Board members, only, attended. There was no decision upon returning to Open Session at 6:30 p.m. There was a 4 minute technical delay to call the open session of the Budget Hearing and Regular Meeting to order to bring the meeting on-line for the general public.

**II. Call to Order**

At 6:34 p.m. David Allen, Board Chair, called to order the Budget Hearing and Regular meeting of the Southern Coos Health District Board of Directors, noting the following additions to the agenda:

1. Additions to the Agenda
  - i. The Consent Agenda will include Minutes from the May 27, 2021 Special/Emergency Meeting.
  - ii. A Capital Request has been added under New Business.

**III. Consent Agenda**

1. Special/Emergency Meeting – 5/27/2021
2. Regular Meeting – 5/27/2021
3. Special Meeting – 6/1/2021
4. Special Meeting – 6/9/2021

Norbert Johnson **moved** to accept the Consent Agenda as presented. Brent Bischoff **seconded** the motion. **All in favor. Motion passed.**

**IV. Close Budget Hearing**

Jeremiah Dodrill, CFO provided a review of the June 3 Budget Committee presentation included in the meeting packet, acknowledgement of the Covid-19 relief PPP loan forgiveness of \$3.6M, and conditions for consideration of the adoption of

the budget noted below, taking a prudent approach yet retaining a goal of 80 Days of Cash on Hand in 2022. The budget presents a substantially reduced total deficit of (\$370,000), from (\$684,000) and a total deficit of (\$1,954,000) for fiscal 2020 before recognition of Covid-19 funding sources. Total operating revenues improve 9% while total operating expenses increased 7% from current year projections. Board members engaged in questions and discussion regarding areas such as utilization expectations which Mr. Dodrill explained are entered conservatively following the pandemic year. Growth in budget is shown in clinic volumes as newer providers are growing their patient panels, yet this is also entered conservatively. Contractual increases are aligned with inflation, with this estimate assisted by the GPO (Group Purchasing Organization) who provides anticipated drug and supply increase projections. Current contract labor expenses are anticipated to decrease as SCHHC attempts to reach recruitment goals. Budgeting by department included staffing grids, looking at shifts rather than individuals, includes vacancy factors, inflation, and wage adjustments.

The capital budget requests \$1,000,000 in allocation to be conditionally authorized based on recognition of COVID funding. Urgent capital requests in the amount of \$550,000 is to be authorized upon confirmation of forgiveness of COVID relief PPP loans by the SBA. An additional \$450,000 of Priority capital requests are to be authorized upon reconciliation and recognition of PRF funds sufficient to maintain 80 days cash on hand.

With no further discussion, Mr. Allen called for a motion for the Budget Resolution.

### **Resolution 2021-01 Adoption of FY22 Budget**

Brent Bischoff **moved** to approve Budget Resolution 2021-01 Adoption of FY22 Budget. Norbert Johnson **seconded** the motion. **Discussion:** Mr. Bischoff commended Mr. Dodrill for the clear and easy-to-understand presentation. Mr. Dodrill recognized the efforts of the entire organization, Administration, and Management for their engagement and efforts to complete the budget. **All in favor. The resolution is adopted.**

**Budget Hearing Closed 7:02 p.m.**

## **V. Staff Reports**

### **1. CEO Report**

Mr. Suksi opened with recognition of SCHHC Employees of the Month; Kelly Hultin, PFS and Harrold Sterrenberg, Laboratory, with appreciation for their work and contributions. In summary of the full written report; **COVID-19 Update:** Coos County reported 23 cases in last 14 days with an infection rate of 35.7 per 100K down from our peak at over 200. State is approaching 68% of 70% population vaccination goal to reopen. Health facilities are to continue to follow high-risk protocols until further notice. **Clinic:** Clinic Manager on leave; volumes continue to increase slowly. Covid vaccination visits have dropped with the county at 55% vaccinated persons over age 16, to-date.

SCHHC provided 33-35 vaccinations at a recent Farmers Market in Bandon. **Facilities:** The new oxygen tank is installed and operational. One of 2 boilers has been replaced and one boiler electronic board; now the HVAC system has failed. This is not surprising with the age of the building now at 22 years. The HVAC system repair will be revisited under New Business.

## 2. CNO Report

Cori Valet provided a summary of the CNO Report. **Staffing Update:** There has been a decline in the number of applications, with one full-time RN hired in the last month, with eight full-time vacancies at present. **Quality:** Nursing has placed a focus on improved patient discharge, considering discharge to begin upon admission, with Charge RNs reviewing discharge plans with patients, as well as Pharmacist, Stephanie Lyon, rounding to perform in-hospital medication review and 2-day post-discharge follow-up calls to include identifying barriers or issues to following the discharge plan. We are currently trending at 78-80% satisfaction in this area. We are working on simplifying the charging process and initiating charge capture through provider orders to identify missed interventions. **Discussion:** In response to board inquiry about staff retention, one full-time RN has moved to per-diem due to personal reasons. There are few days when we cannot bring in new patients though transfers are infrequent, we manage census to try to keep 2 beds available for admissions, with Mr. Suksi noting that Peace Health was recently closed to new admissions.

## 3. CFO Report

Jeremiah Dodrill provided a summary of the CFO Report. The Annual Budget Committee Meeting was held June 3 with Operating and Capital budgets presented for the fiscal year ending June 30, 2022 as presented and discussed during the Budget Hearing earlier in this meeting. **Interim Cost Report:** An interim cost report was filed with our Medicare fiscal intermediary, Noridian, as of April 30, 2021, reflecting net overpayments of \$50,000. Net revenue adjustments were recorded to reflect this expected receivable from Medicare. Using this detailed analysis of the Medicare settlement, assumptions are reconciled for the new cost report estimator tool. This tool will be utilized monthly to update settlement estimates based on current cost structure and Medicare volumes in order to provide more accurate financial statements monthly. Additionally, this tool will allow better evaluation or modeling of the impact of changes in volumes revenues and costs. **2019 Cost Report Final Settlement:** The final settlement was received from Noridian for the 2019 Medicare Cost Report. Final settlement adjustments reduced reimbursement from the “as-filed” cost report by \$10,000, which will be paid back via withholds on current claims. On June 18, Southern Coos was notified of the Covid-19 relief PPP loan forgiveness of \$3.6M.

## 4. CIO Report

Scott McEachern, CIO, provided a summary of his monthly report, noting issues with phone service provider outages over the past 3 weeks.

**Information Technology:** The IT team is currently exploring other carrier options. Down time procedures for phone service include backup cell phones distributed to key departments. **Health Information Management:** The HIM Manager has accepted a new position out of the area and we wish her well. Another long time HIM employee, Nancy Caldwell, is retiring in July after 13 years with Southern Coos. Nancy is one of several in her family to serve the health district over the years and she will be missed. These positions are now posted and we view this as an opportunity to assess our Medical Records processes

## **5. SCHD Foundation Report**

Scott McEachern, CIO & Foundation Executive Director provided a summary of his report. The annual Mary Richards Scholarship application process is open with several applications received from staff. Awards range from \$500 to \$1,500, with final date to apply July 30. The Health Foundation's annual Golf for Health Classic fundraiser is scheduled to be held on September 18 at Bandon Crossings Golf Course.

## **6. Medical Staff Report**

### **i. Monthly Credentialing Report**

Dr. P.J. Keizer, Chief of Staff, delivered the June provider credentialing report. The following provider privileges were reviewed and approved by Medical Staff at their June 8 meeting for consideration by the District Board:

#### **Appointment of 2-Year Privileges**

Ann Kellogg, DO – Hospitalist – Active

Gregory Schutt, MD – Emergency Medicine – Courtesy

#### **Reappointment of 2-Year Courtesy Privileges**

Jason Bell, MD – Orthopedic Surgery

William Croson, MD – Pain Medicine

Jane Gilbert, MD – Ophthalmology

Shaun Hobson, MD – Orthopedic Surgery

George Molzen, MD – Emergency Medicine

Stephen Quinn, MD – Radiology

#### **Direct Radiology – Teleradiology Reappointments and Resignation**

John Heighway, MD – Resigned

Allen Nawrocki, MD – Reappointment

William Phillips, MD – Reappointment

Asti Pilika, MD – Reappointment

William Rusnak, MD – Reappointment

Aaron Wickley, MD – Reappointment

Brent Bischoff **moved** to approve the medical staff report as presented. Cary McGagin **seconded** the motion. **All in favor. Motion passed.**

**ii. Consideration of General Refer & Follow Privilege Set**

Dr. Keizer provided a review of the proposed privilege set reviewed and approved by Medical Staff at their June 8 meeting. This privilege set will allow a physician to follow their patients at Southern Coos, providing continuity of care.

Brent Bischoff **moved** to accept the General Refer and Follow Privilege Set as presented. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

**Discussion:** Dr. Keizer added a general statement that providers take peer review seriously and are not reluctant to participate in peer review.

**VI. Monthly Financial Statements: Review**

Jeremiah Dodrill, CFO, provided a review of financial statements for the month of May, with recognition to Marlene Rocha, Controller, for providing the report narrative. For detailed statistics please refer to the full report. Gross revenues for May of \$2,850,000 were lower than budgeted expectations of \$3,152,000. Total Operating Revenues of \$1,947,000 were favorably higher than budget of \$1,855,000 due to positive cost report settlement adjustments which offset lower overall volumes. Salaries and Benefits in May were \$1,289,000 compared to budget of \$1,172,000 due to higher clinic provider costs and nursing costs as well as higher overtime costs. Total operating expenses of \$2,300,000 for the month of May were higher than budget of \$2,111,000. Operating losses for May were (\$354,000) compared to budgeted loss of (\$256,000) due to higher than anticipated net revenues, partially offset by higher monthly expenses. Decrease in Net Assets was (\$241,000) compared to budgeted decreases of (\$184,000). Days Cash on Hand in May were 21.9 days, slightly up from April at 19.

**VII. Strategy/Priorities Update**

Mr. Suksi, CEO, reported on current priorities. **Facilities:** The Roof Shingle public bid package has been completed and published as advised by Harrang Long Gary Rudnick P.C. of Eugene, Oregon, who reviewed the schedule of meetings, public bid and invitation documents, published last week, with bids to be submitted by July 22 prior to regular Board Meeting for consideration of lowest bid. No Board action required at this meeting. A new facility priority item will be addressed under New Business.

**VIII. Compliance Report**

Victoria McNeely, Risk, Quality & Compliance Officer, provided a summary of her report included in the meeting packet. Efforts continue to prepare for anticipated state survey at any time this year related to our EMTALA (Emergency Medical Treatment and Labor Act) plan of correction, including facility contract evaluations to measure performance of service as recommended by CMS and compliance work related to

outstanding Accounts Payable checks will be complete by month end.

## **IX. Quality and Safety Report**

Victoria McNeely, Risk, Quality & Compliance Officer, continued with the Quality and Safety Report summary. Projects managed by clinical managers in the last month focus on high risk or high problem areas. The biopsy process was highlighted for all steps and documentation per regulatory requirements. Pharmacy focus was on scanned medications; Clinic focus was transitions of care, and Clinical Documentation Improvements are all related to CMS thresholds of compliance. **Discussion:** It was noted that there has been no change to biopsy procedures themselves, but a change in how to document the procedure.

## **X. New Business**

### **1. Strategic Planning Options**

Mr. Suksi has researched strategic planning consulting firms appropriate for the size of our hospital and clinic per OAHHS referrals, with two he would like to contact for proposals, Core Success, with experience working with small, non-profit hospitals and Corazio Group, a consultant for the Oregon Health Authority. Mr. Suksi was approved to request proposals for future consideration.

### **2. New PACS System - Review**

PACS is the radiology information system for storage and transmission of radiology reports. The current platform, ERAD, has been in place since 2006. Presently Coquille Valley Hospital and Lower Umpqua are looking at alternatives due to performance and liability. For continuity of care, Southern Coos has been aligned with these other local providers on the same platform and are now looking jointly to evaluate Radiology Associates' platform that includes benefits such as single sign-on and history of images for a patient. Dr. Keizer added that Dr. Quinn has requested the group add another service to review. Mr. Suksi is proposing that a move include moving all legacy images. When there is more information to share based on a collective decision, he will return to the board with detail of shared expense and proposed timetable. Dr. Keizer added that the PACS system has a large impact on workflow and a shared system will be most effective. No timeline has yet been established for a decision.

### **3. Consideration of Capital Request – New Addition to Agenda**

**HVAC Air Handler Failure:** Mr. Suksi reported that the recent city-wide power failure caused the loss of four circuit boards supporting the HVAC system, creating a heating and cooling issue in the hospital that effects critical areas such as the Laboratory and Med Room. After review of options, Administration is proposing replacement with a consolidated system at a cost of \$55,850, requesting authorization up to \$65,000 for potential related expenses. Mr. Suksi recognized Jason Cook, Plant Operations Manager, and his team for doing a good job managing under the pressure of these circumstances. Pharmacy is still estimating cost of medications lost due to rise in



temperature; insurance options are being reviewed. Chillers are in place now but without zone control. Capital allocated in FY21 has \$116,000 remaining.

Cary McGagin **moved** to approve the capital request for HVAC replacement as described up to \$65,000. Norbert Johnson **seconded** the motion. **Discussion:** Estimates are limited by available vendors, not subject to bid; recommendation is to work with current/existing vendor. **All in favor. Motion passed.**

## **XI. Old Business**

### **1. Governance Institute Board Education Updated Curriculum**

The Board Orientation section of the Governance Institute Training has been completed. Review of next topic options of Management and Governance or Strategic Planning concluded with consensus to move next to Strategic Planning in alignment with Southern Coos strategic planning timeline.

## **XII. Open Discussion**

Board members discussed next steps regarding the HR Attorney Review completed earlier this month. The report was received by the Board at 6:00 p.m. prior to the regular meeting with consensus that more time was needed to read the full report. Mr. Allen will seek guidance from legal counsel on determining next meeting date for special meeting or to add to next regular meeting. It was noted that the Annual Joint Conference was not held last year due to Covid-19 restrictions on meetings; Mr. Suksi suggested it could be included in the Strategic Planning process. Regarding Medical Staff Rules and Regulations it was noted that edits or updates are approved by Medical Staff and do not require District Board approval. Mr. Allen thanked Cary McGagin for his service to the District as appointee this year. Member-elect Mary Schamehorn will be welcomed and sworn-in in July.

## **XIII. Adjourn**

At 8:19 p.m. the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be July 22, 2021 at 6:30 p.m.

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David Allen, Chairman

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Brent Bischoff, Secretary

## CNO REPORT

## **CNO Report July 2021**

### **Recruitment & Retention**

#### **Clinical Departments who are Fully Staffed –**

- Surgical Services
- Outpatient Nursing Services
- Respiratory Therapy
  - 1 per diem Respiratory Therapist added within the last 30 days
- Pharmacy/Drug Warehouse
- Laboratory

#### **Medical Imaging Department –**

- Department Manager recruitment is active due to the resignation of the current manager. Applications have been received from both internal and external candidates.
- 1 Full-time Radiology Technologist has been hired leaving 1 Full-time vacancy on day shift. The vacancy is currently being filled by a Contract/Agency Radiology Tech.
- A part-time ultrasound tech who specializes in Echocardiograms has been hired and will perform scheduled ECHOs on Tuesdays and Thursdays beginning 07/20/2021. As needed ECHO testing is possible on an as needed basis for the inpatient unit.

#### **Medical-Surgical Department –**

- In the last 30 days, 3 new nurses have been recruited – 2 Full time and 1 per diem.
- 8 new nurses have been recruited in the last 4 months. Sign-on bonuses have been provided to those applying for Full-time positions.
- Remaining vacancies – 4 RN positions and 2 LPN positions.
- 9 Agency Nurse Contracts are in place. 2 set to expire without renewal in August. Expectation is to decrease the use of Agency Nurse Contracts by 2-3 per month as new staff are recruited and complete orientation.

#### **Emergency Department –**

- Direct care nursing positions are fully staffed.
- Department manager out on medical leave. Anticipated return before end of month.

#### **Dietary Department –**

- 1 Full-time Dietary Cook position remains vacant.

*Continued next page*

## **Quality**

### Dietary Department Monthly Food Safety Survey –

- Survey points include: Personal Hygiene, Time and Temperature Controls, Cross-contamination, Record keeping, Training, Purchasing, Receiving and multiple general food safety and security practices.
- The Dietary team has just received their 9<sup>th</sup> survey in a row of 100% compliance.

## CFO REPORT



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

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#### **Fiscal 2021 Audit – Moss Adams**

We are currently preparing for the fiscal 2021 financial statement audit with Moss Adams. Preliminary/interim audit fieldwork is scheduled for the week of August 16. This phase of the audit generally consists of evaluation of internal controls, risk assessments and certain other substantive procedures. Final audit fieldwork is scheduled to begin the week of September 7 with final audited financial statement draft target completion date by late October. Moss Adams expects continuity with its audit team under Tony Andrade as the lead engagement partner.

#### **Fiscal 2021 Medicare Cost Report – Moss Adams**

We are working with Moss Adams to transition cost report preparation within their team due to the sudden and unexpected death of Paul Holden earlier this month. Glenn Bunting, Director, is coordinating the transition plan for Moss Adams. The Finance team was actively working with Paul and CliftonLarsonAllen (CLA) on reconciling differences between our interim cost report and the CLA cost report estimation tool that we are implementing. This tool will enable a monthly Medicare revenue adjustment for cost based reimbursement and provide more accurate monthly financial statements as we move into fiscal 2022. The final fiscal 2021 cost report must be finished prior to the completion of the audit so that all cost based Medicare reimbursement adjustments can be recorded into the audited financial statements.

#### **CARES Act Provider Relief Funds Reporting**

The HRSA opened the Provider Relief Funds Reporting Portal on June 30, 2021 with detailed instructions and updated guidance relating to eligible expenses and lost revenue calculations. For PRF funds received between April 10, 2020 and June 30, 2020, the reporting deadline for the use of those funds is September 30, 2021. Finance is currently continuing to evaluate the guidance and reporting requirements with the assistance of CliftonLarsonAllen (CLA) and Moss Adams. The revenue loss calculations have been particularly difficult due to the data challenges presented with two billing systems, particularly Athena. Since Moss Adams will complete our Single Audit related to the PRF funds and other federally funded grants, we engaged CLA to advise and evaluate our PRF reporting.

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

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## CIO REPORT

**CIO Report**  
**Information Systems, HIM, Marketing**  
**July 2021**

**Phone System**

SCHHC has had several episodes of system outage over the past few weeks with our current phone vendor, DFN. SCHHC has explored options to switch telephone vendors. We are in negotiations with CascadeTel, which offers a voice over internet protocol (VoIP) system. By switching phone systems, I expect to save \$6,156 annually over our current provider, and we will receive superior service.

**Health Information Management**

HIM has hired a new HIM Technician who started the last week of June. We recently lost two additional HIM staff members, and are in the process of advertising and recruiting to fill these positions. In the meantime, we have rotated Lori Colby, a member of our clinical informatics team who has extensive experience in medical records, to support the HIM time during this transition.

**SCHHC Marketing & Advertising**

Our marketing efforts in June focused on advertising the Bandon Farmers Market COVID vaccine clinics, the Advanced Care monthly seminar held before every SCHD board meeting, and the upcoming quarterly art show, Blossoms & Blooms.



## SCH FOUNDATION REPORT



**Officers**

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

**Directors**

David Allen  
John Ohanesian  
Roger Straus  
Dr. Henry Holmes

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**Southern Coos Health Foundation  
Executive Director's Report  
July 2021**

**Gift Shop**

The SCHF Gift Shop has been capably led by Karen Reber. She and the volunteer staff have been ordering products for summer. In June, net revenue was \$1,380, a drop from May, when we re-opened after a long closure. However, we expect that as COVID restrictions loosen, and public is allowed to enter the hospital, revenue will increase.

**Quarterly Art Show**

The new art show is called "Blossoms & Blooms" and is on view now. We have set up an online gallery at <https://southerncoos.org/art/blossoms-blooms-2021/>.

**Mary Richards Scholarships**

Southern Coos Health Foundation offers annual scholarships to staff members and/or relatives of staff members who are pursuing degrees in a healthcare-related field. We will begin promoting the scholarships and make decisions in June. We have convened a committee of volunteers and board members to review the applications. Applications are available on our website and at the front desk of the hospital. Applications and reference materials are due July 30, 2021, by 5pm.

**Golf for Health Classic**

The 13<sup>th</sup> Golf for Health Classic, a fundraiser to benefit the hospital, will take place on September 18, 2021. We have secured several sponsors to date, including Bain Insurance Agency, Banner Bank, and Chivaroli & Associates.

**Board Member Recruiting**

We are still on the search for two additional board members for the Southern Coos Health Foundation. Interested parties may contact me at 541-329-1040 or [foundation@southerncoos.org](mailto:foundation@southerncoos.org).

## MEDICAL STAFF REPORT

## SOUTHERN COOS HOSPITAL CREDENTIALING REPORT

July 13, 2021

*Appointment and Privileges – MEDICAL STAFF*

Name	Category	Area of Practice
Phelps, Brian MD	Courtesy	Emergency Med

*Appointment and Privileges – Licensed Independent and Dependent Practitioners*

Name	Category	Area of Practice
None		

*Reappointment and Privileges – MEDICAL STAFF*

Name	Category	Area of Practice
Jones, Nikolas MD	Courtesy	Emergency Med
Hardage, Judy MD	Courtesy	Emergency Med
Holmes, Henry MD	Courtesy	No Privileges Requested
Keizer, Philip MD	Active	Radiology
Matsui, Shane LCSW	Active	LCSW
Shimotakahara, Steven MD	Courtesy	Otolaryngology

*Appointments, Reappointments, Changes – Direct Radiology*

Name	Category	Area of Practice	Change
Izgur, Vitaly MD	Courtesy	Radiology	Appointment
Kuroiwa, Joshua DO	Courtesy	Radiology	Reappointment
Edgar, Kenneth MD	Courtesy	Radiology	Reappointment

*Staff Changes – MEDICAL STAFF*

Name	From Status	To Status	Area of Practice
None			

## Delineation Of Privileges

### Pain Medicine

Provider Name:

Privilege	Requested	Approved
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#### CRITERIA FOR REQUESTING:

- A. REQUIRED LICENSURE: Must be licensed by the Oregon Board of Medical Examiners or Oregon State Board of Nursing, in good standing.
- B. EDUCATION: M.D. or D.O. or CRNA
- C. MINIMAL FORMAL TRAINING AND EXPERIENCE:
- 1 Completion of an ACGME or AO accredited residency/fellowship in patient management or equivalent training  
OR
  - 2 Completion of an accredited program for nurse anesthesia with certification or certification eligible National Board of Certification and Recertification for Nurse Anesthetists;  
AND  
Completion of a fellowship certified by the American Association of Nurse Anesthetists with certification or active participation in the examination process leading to certification in Pain Medicine.  
AND  
Documentation of the performance of pain management procedures for at least 50 inpatients or outpatients as the attending practitioner in the past two years.

Three favorable references from providers acquainted with the applicant's current professional status, medical practice and interdisciplinary work in the requested area.

D. FPPE

First five (5) cases to be sent for external case review by a reviewer in the same specialty.

E. REQUEST FOR PRIVILEGES – CORE PRIVILEGES

Non-Invasive Pain Medicine

- Perform History and Physical Exam
- Evaluation and Management of Patients Requiring Pain Intervention
- Admission and Treatment of Patients Requiring Pain Intervention
- Behavioral Modification and Feedback Techniques
- Diagnosis and Treatment of Chronic and Cancer Related Pain
- Recognition and Management of Therapies, Side Effects, Complications of Pharmacologic Agents  
Used in Management of Pain
- Rehabilitative and Restorative Therapy
- Stress Management and Relaxation Techniques
- Superficial Electrical Stimulation Techniques (e.g. TENS)

## Delineation Of Privileges

### Pain Medicine

#### F. Special Request Procedural Privileges (must have core privileges) \_\_\_\_\_

- ☐ Somatic Nerve Blocks
- ☐ Sympathetic Nerve Blocks
- ☐ Spinal Injection (Intrathecal and Epidural)
- ☐ Steroid Injections
- ☐ Cryoblation
- ☐ Peripheral Nerve Blocks
- ☐ Neurolytic Blocks Central, Peripherhal, Chemical, Radio Frequency
- ☐ Facet Blocks
- ☐ Intravenous Infusions
- ☐ Trigger Point
- ☐ Botox Injections
- ☐ Joint Injections
- ☐ Supervision only of fluoroscopy of staff using the equipment unless certified.
- ☐ Use of ultrasound equipment

#### RECREDENTIALING STANDARDS

Recredentialing requires maintenance of A, B, C above and a successful re-applicant must be able to demonstrate current competency in clinical privileges requested. Current competency may generally be demonstrated with a log of clinical activity of 22 cases or more.

#### ACKNOWLEDGMENT OF PRACTITIONER:

*I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Southern Coos Hospital and Health Center. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.*

*I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.*

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Applicant Signature / Date

# MONTHLY FINANCIAL REPORT



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

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**Gross Revenue and Volumes** – Gross revenues for June of \$3,049,000 were slightly lower than budgeted expectations of \$3,070,000. OP gross revenues of \$2,165,000 were lower than a budget of \$2,209,000. Lab volumes continued to be strong, but were offset by continued lower ED volumes as well as the discontinuation of the Podiatry program. Imaging volumes met budgeted expectations. IP and Swing Bed volumes and revenues of \$884,000 were higher than a budget of \$861,000 during the month.

**Deductions from Revenue** – Revenue deductions at \$1,050,000 or 34% of gross revenue were favorably lower than budget of 41%. Year-to-date, deductions from revenue is 34% of gross revenue. Revenue deductions were favorably lower due to cost report settlement adjustments.

**Total Operating Revenues** of \$1,999,000 were favorably higher than budget of \$1,803,000 due to positive cost report settlement adjustments which offset lower overall volumes.

**Salaries and Benefits** in June were \$1,191,000 compared to budget of \$1,172,000 due to higher clinic provider costs and nursing costs as well as higher overtime costs.

**Professional Fees and Purchased Services** combined were \$804,000 and were significantly higher than budget of \$550,000 due to the continuation of high utilization of high cost registry nurses as well as consulting fees for new budgeting software and Medicare cost settlement tools.

**Medical Supplies and Drugs** of \$205,000 were lower than budget of \$217,000 due to the discontinuation of Podiatry program, lower drug costs and lab supply costs.

**Operating Expenses** – Total operating expenses of \$2,355,000 for the month were higher than budget of \$2,111,000.

**Operating Loss** – Operating losses for June were (\$356,000) compared to budgeted loss of (\$308,000) due to higher than anticipated net revenues, partially offset by higher monthly expenses.

**Increase in Net Assets** was \$3,306,000 compared to budgeted decreases of (\$235,000). This is a result of recognizing the full forgiveness of the PPP loan, \$3,639,000. Removing the PPP funding, there would be a decrease in net assets of (\$333,000)

**Days Cash on Hand** in June was 70.8 days, up from May at 21.9. Days cash calculations exclude CARES Act COVID-19 funds, except the PPP funds fully forgiven, and restricted investments.

## Southern Coos Hospital & Health Center

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# Southern Coos Hospital and Health Center

## Summary Income Statement

### For Month Ending June 2021

	Current Month		
	Actual	Budget	Variance
<b>Gross Patient Revenue</b>	\$ 3,049,042	\$ 3,070,226	\$ (21,184)
<b>Contractual Adjustments</b>	(1,050,237)	(1,273,325)	223,088
<b>Net Patient Revenue</b>	1,998,805	1,796,901	201,904
<b>Other Operating Revenue</b>	40	6,500	(6,460)
<b>Net Operating Revenue</b>	1,998,845	1,803,401	195,444
<b>Operating Expenses</b>	2,355,288	2,111,243	(244,044)
<b>Operating Income (Loss)</b>	(356,442)	(307,842)	(48,600)
<b>Non-Operating Inc./(Exp)</b>	3,662,562	72,647	3,589,915
<b>Donations and Grants</b>	-	-	-
<b>Net Assets Increase (Decrease)</b>	\$ 3,306,119	\$ (235,195)	\$ 3,541,315

	Fiscal Year-To-Date		
	Actual	Budget	Variance
<b>\$ 33,350,206</b>	\$35,208,791	\$ (1,858,585)	
<b>(11,417,212)</b>	(14,675,376)	3,258,164	
<b>21,932,994</b>	20,533,415	1,399,579	
<b>37,008</b>	78,000	(40,992)	
<b>21,970,002</b>	20,611,415	1,358,587	
<b>24,331,323</b>	25,334,919	1,003,595	
<b>(2,361,321)</b>	(4,723,503)	2,362,182	
<b>4,799,223</b>	871,761	3,927,462	
<b>36,484</b>	-	36,484	
<b>\$ 2,474,387</b>	\$ (3,851,743)	\$ 6,326,128	



**Southern Coos Hospital and Health Center**  
**Balance Sheet**  
**As of 6/30/2021, 6/30/2020, and 6/30/2019**

	6/30/2021	6/30/2020	6/30/2019
<b>Assets</b>			
Cash - Operating	\$ 2,202,391	\$ (781,040)	\$ 603,532
COVID-19 RELIEF FUNDS	5,229,061	8,016,556	-
ACCELERATED FUNDS-MEDICARE	7,140,780	7,352,042	-
Investment - Unrestricted	452,620	375,577	647,097
Investment - Restricted	9,488	9,488	9,488
Investment - USDA Restricted	233,705	233,705	233,705
Investment - Board Designated Funds	1,972,783	1,972,783	1,972,783
Cash and Cash Equivalents	17,240,828	17,179,110	3,466,605
 Patient Accounts Receivable	5,045,332	5,864,799	5,278,931
Less: Reserve for Uncollectable	(2,319,557) <span style="color: green;">▼</span>	(2,443,181) <span style="color: green;">▼</span>	(1,642,211) <span style="color: green;">▼</span>
Net Patient Accounts Receivable	2,725,774	3,421,619	3,636,720
 Other Receivables	704,293	621	29,984
Inventory	239,072	300,563	217,968
Prepaid Expense	399,757	128,607	124,229
Property Tax Receivable - Current	61,947	36,198	36,448
Total Current Assets	21,371,671	21,066,717	7,511,953
 Property Tax Receivable - Prior Years	7,305	44,623	43,217
Plant & Equip (Net of Depreciation)	4,999,345	5,431,254	5,984,367
 Total Assets	<u>\$ 26,378,322</u>	<u>\$ 26,542,594</u>	<u>\$ 13,539,538</u>



**Southern Coos Hospital and Health Center**  
**Balance Sheet**  
**As of 6/30/2021, 6/30/2020, and 6/30/2019**

	6/30/2021	6/30/2020	6/30/2019
<b>Liabilities and Fund Balance</b>			
Accounts Payable	\$ 929,752	\$ 1,072,148	\$ 1,072,763
Accrued Salaries & Employee Benefits	1,118,390	938,690	887,694
Interest and Other Payable	583,892	33,306	245,205
Current Portion of Long Term Debt	1,831,112	1,831,112	218,793
Accelerated Funds-Medicare	7,140,780	7,352,042	-
Provider Relief Funds	4,308,836	4,308,836	-
OR Association of HHS Funding	11,150	11,150	-
OR Health Authority Funding	57,813	57,813	-
COVID-19 RELIEF FUNDS	851,262	3,638,757	-
Total Current Liabilities	<u>16,832,986</u>	<u>19,243,854</u>	<u>2,424,455</u>
Facility Loans Payable	3,038,697	3,131,488	3,220,280
HIS SDAO Loan Payable	1,330,000	1,465,000	1,595,000
Less Current Portion of Long Term Debt	(1,831,112)	(1,831,112)	(218,793)
Total Non-Current Liabilities	2,537,585	2,765,376	4,596,487
Total Liabilities	19,370,571	22,009,229	7,020,942
<b>Deferred Tax/Grant Revenue</b>			
Fund Balance	7,007,750	4,533,364	6,518,595
Total Net Equity	7,007,750	4,533,364	6,518,595
Total Liabilities and Fund Balance	<u>\$ 26,378,322</u>	<u>\$ 26,542,594</u>	<u>\$ 13,539,538</u>



## Southern Coos Hospital and Health Center For Month Ending June 2021

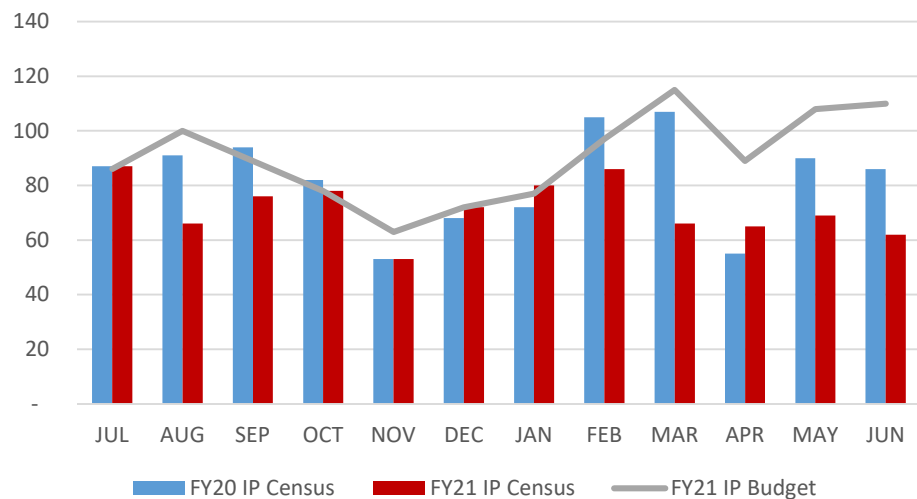
### Utilization

	Month				
	FY 20 - 21	FY 20 - 21	FY 19 - 20	% Variance	% Variance
	Actual	Budget	Prior Year	To Budget	To Prior Year
<b>Hospital</b>					
In Patient Days	62	110	86	-43.6%	-27.9%
Swing Bed Days	207	121	100	71.1%	107.0%
<b>Major Departments</b>					
Emergency Visits	356	422	355	-15.6%	0.3%
Radiology Procedures	725	725	728	0.0%	-0.4%
Laboratory Tests	3,428	2,500	3,442	37.1%	-0.4%
Respiratory Visits	557	315	353	76.8%	57.7%
Surgeries and Endoscopies	38	14	50	171.4%	-24.0%
LCSW	86	52	68	65.4%	26.5%
Specialty Clinic Visits	243	316	331	-23.1%	-26.6%
Primary Care Clinic	388	338	266	14.8%	45.9%

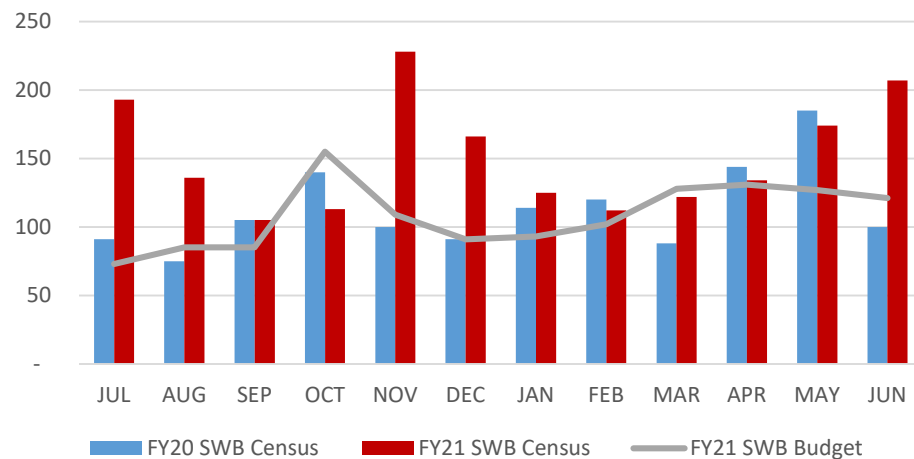
	Year To Date				
	FY 20 - 21	FY 20 - 21	FY 19 - 20	% Variance	% Variance
	Actual	Budget	Prior Year	To Budget	To Prior Year
	860	866	828	-0.7%	3.9%
	1,815	1,052	1,055	72.5%	72.0%
	4,037	4,043	3,742	-0.1%	7.9%
	8,630	5,900	6,337	46.3%	36.2%
	40,928	28,250	28,728	44.9%	42.5%
	7,079	4,092	3,848	73.0%	84.0%
	355	249	286	42.6%	24.1%
	825	446	360	85.0%	129.2%
	3,157	2,862	2,830	10.3%	11.6%
	3,145	2,914	3,201	7.9%	-1.7%



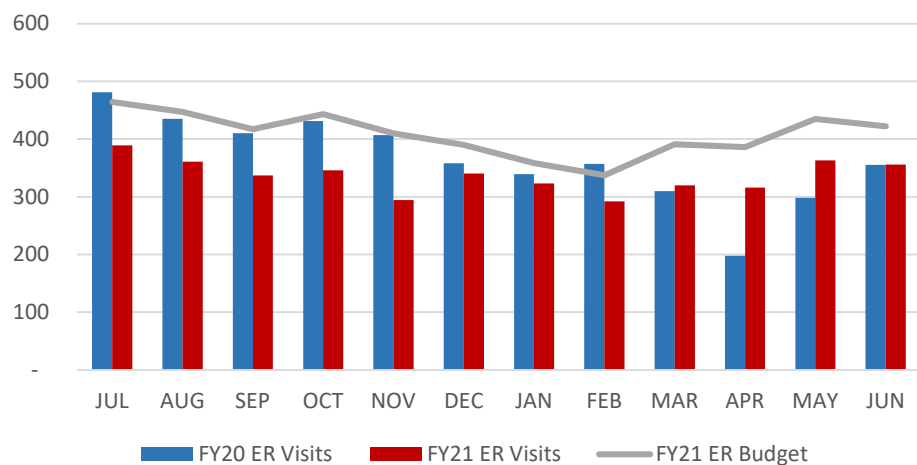
### IP Days



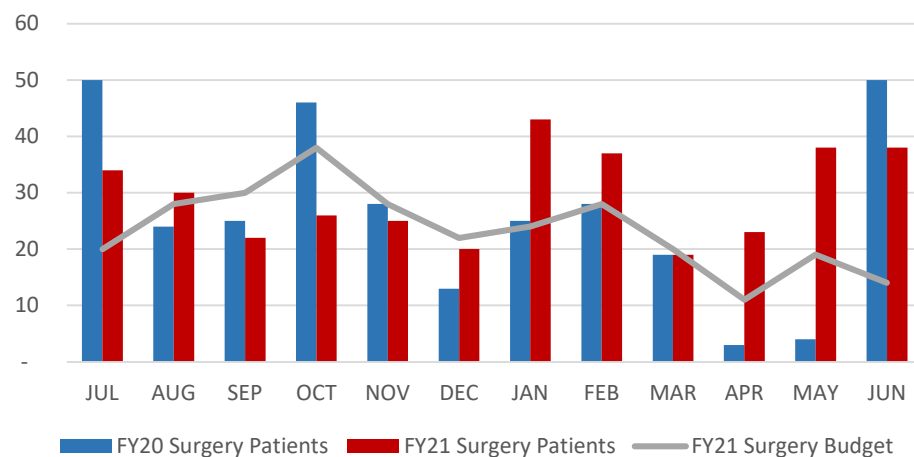
### Swing Bed Days



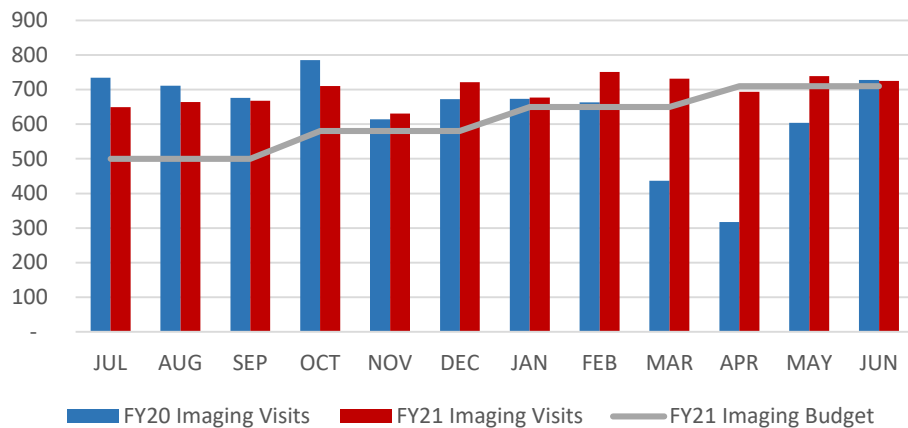
### ER Visits



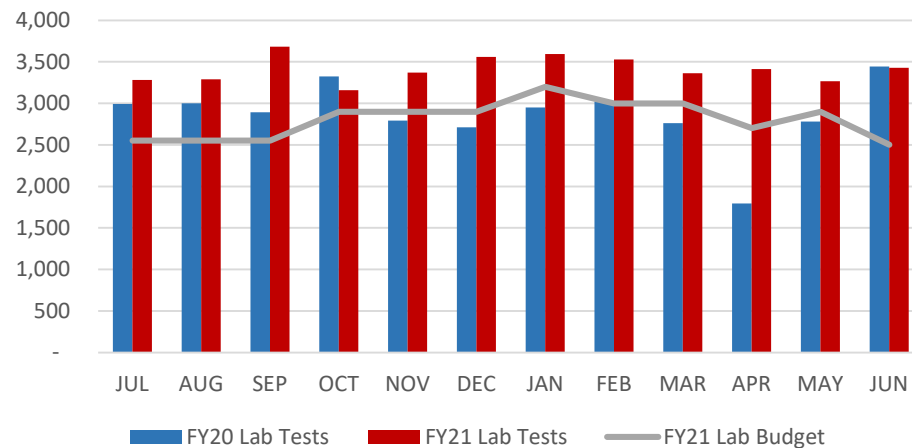
### Surgery Patients



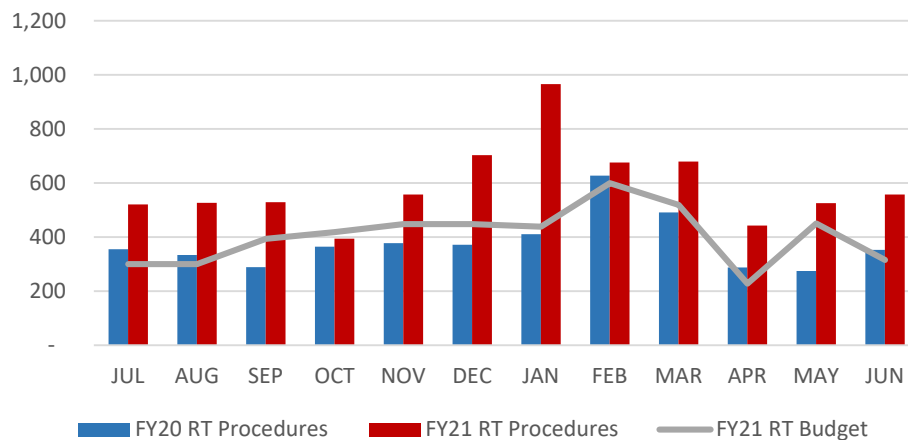
### Imaging Visits



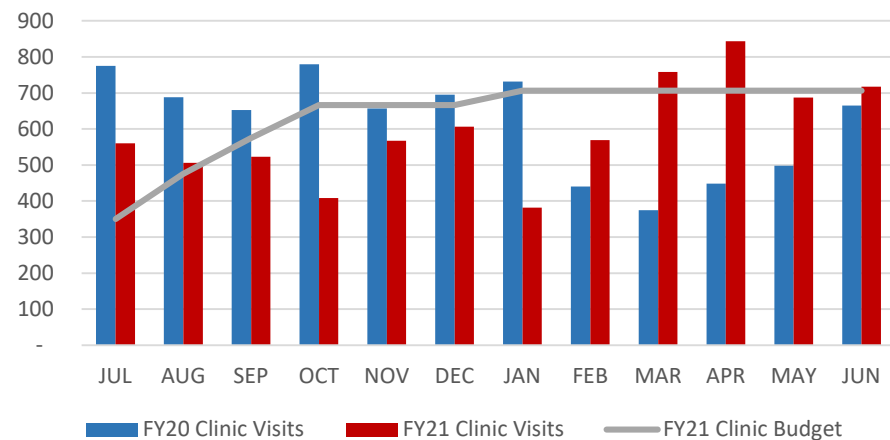
### Lab Tests



### RT Procedures



### Clinic Visits



Note: Podiatry removed from FY20 Clinic comparisons  
Mar-May Clinic visits includes Covid Vaccine Clinics



**Southern Coos Hospital and Health Center**  
**Income Statement**  
**For the Period Ending 6/30/2021 and 6/30/2020**

	Current Month					Year to Date				
	Actual	Budget	Prior Year	Variance to Budget	Variance to Prior Year	Actual	Budget	Prior Year	Variance to Budget	Variance to Prior Year
Revenue										
Inpatient	\$ 884,112	\$ 861,126	\$ 748,576	\$ 22,985	\$ 135,536	\$ 10,433,937	\$ 9,790,196	\$ 8,861,248	\$ 643,741	\$ 1,572,689
Outpatient	2,164,931	2,209,100	1,878,580	(44,169)	286,350	22,916,269	25,418,595	24,082,930	(2,502,326)	(1,166,660)
Total Patient Revenue	3,049,042	3,070,226	2,627,156	(21,184)	421,886	33,350,206	35,208,791	32,944,177	(1,858,585)	406,029
Less Contractual	(1,033,348)	(1,164,992)	(1,061,447)	131,643	28,098	(11,018,740)	(13,375,376)	(12,306,898)	2,356,636	1,288,158
Less Charity Care	(7,989)	(50,000)	(10,249)	42,011	2,260	(362,782)	(600,000)	(139,999)	237,218	(222,783)
Less Bad Debt Expense	(8,900)	(58,333)	5,981	49,434	(14,881)	(35,690)	(700,000)	(73,872)	664,310	38,182
Total Deductions	(1,050,237) <sup>-34.4%</sup>	(1,273,325) <sup>-41.47%</sup>	(1,065,715) <sup>-40.57%</sup>	223,088	15,478	(11,417,212) <sup>-34.23%</sup>	(14,675,376) <sup>-41.68%</sup>	(12,520,769) <sup>-38.0%</sup>	3,258,164	1,103,557
Net Patient Revenue	1,998,805	1,796,901	1,561,441	201,904	437,364	21,932,994	20,533,415	20,423,408	1,399,579	1,509,586
Other Operating Revenue	40	6,500	(5,733)	(6,460)	5,773	37,008	78,000	201,018	(40,992)	(164,010)
Total Operating Revenue	1,998,845	1,803,401	1,555,708	195,444	443,137	21,970,002	20,611,415	20,624,426	1,358,587	1,345,576
Expenses										
Salaries and Benefits	1,191,485	\$ 1,171,809	1,096,331	(19,676)	(95,154)	13,602,467	14,061,706	12,756,766	459,239	(845,700)
Professional Fees	399,499	229,068	241,397	(170,431)	(158,102)	3,855,584	2,748,813	2,803,858	(1,106,771)	(1,051,726)
Purchased Services	405,008	321,046	272,000	(83,962)	(133,007)	3,072,805	3,852,553	2,986,825	779,748	(85,980)
Medical Supplies	182,151	202,840	190,788	20,688	8,636	1,578,983	2,434,077	2,289,383	855,094	710,400
Supplies	22,654	14,476	24,849	(8,177)	2,196	167,790	173,716	259,617	5,926	91,827
Other Operating Expense	60,369	94,591	123,959	34,222	63,590	1,009,490	1,135,092	1,160,145	125,603	150,655
Utilities and Insurance	39,805	22,631	30,827	(17,174)	(8,977)	378,664	271,567	389,881	(107,096)	11,217
Depreciation	54,318	54,783	49,146	465	(5,172)	665,541	657,393	694,189	(8,148)	28,647
Total Operating Expense	2,355,288	2,111,243	2,029,297	(244,044)	(325,991)	24,331,323	25,334,919	23,340,664	1,003,595	(990,659)
Operating Income	(356,442)	(307,842)	(473,589)	(48,600)	117,147	(2,361,321)	(4,723,503)	(2,716,238)	2,362,182	354,917



**Southern Coos Hospital and Health Center**  
**Income Statement**  
**For the Period Ending 6/30/2021 and 6/30/2020**

	Current Month					Year to Date				
	Actual	Budget	Prior Year	Variance to Budget	Variance to Prior Year	Actual	Budget	Prior Year	Variance to Budget	Variance to Prior Year
Operating Income	(356,442)	(307,842)	(473,589)	(48,600)	117,147	(2,361,321)	(4,723,503)	(2,716,238)	2,362,182	354,917
Non-Operating Income										
Property Taxes	83,924	75,000	12,878	8,924	71,046	1,007,084	900,000	909,549	107,084	97,535
Other	3,594,466	13,658	24,552	3,580,808	3,569,914	3,986,536	163,900	214,938	3,822,637	3,771,598
Total Non-Operating Revenue	3,678,390	88,658	37,430	3,589,731	3,640,959	4,993,621	1,063,900	1,124,487	3,929,721	3,869,133
Non-Operating Expense										
Interest Expense	15,828	16,012	16,466	184	638	194,398	192,139	204,922	(2,259)	10,525
Other	-	-	-	-	-	-	-	(16)	-	(16)
Total Non-Operating Expense	15,828	16,012	16,466	184	638	194,398	192,139	204,906	(2,259)	10,509
Excess Revenue	3,306,119	(235,195)	(452,624)	3,541,315	3,758,744	2,437,902	(3,851,743)	(1,796,657)	6,289,644	4,234,559
Donations	-	-	-	-	-	1,970	-	1,645	1,970	325
Grant Income	-	-	-	-	-	34,514	-	-	34,514	34,514
Increase in Net Assets	<u>\$ 3,306,119</u>	<u>\$ (235,195)</u>	<u>\$ (452,624)</u>	<u>\$ 3,541,315</u>	<u>\$ 3,758,744</u>	<u>\$ 2,474,386</u>	<u>\$ (3,851,743)</u>	<u>\$ (1,795,012)</u>	<u>\$ 6,326,127</u>	<u>\$ 4,269,398</u>





**Southern Coos Hospital and Health Center**

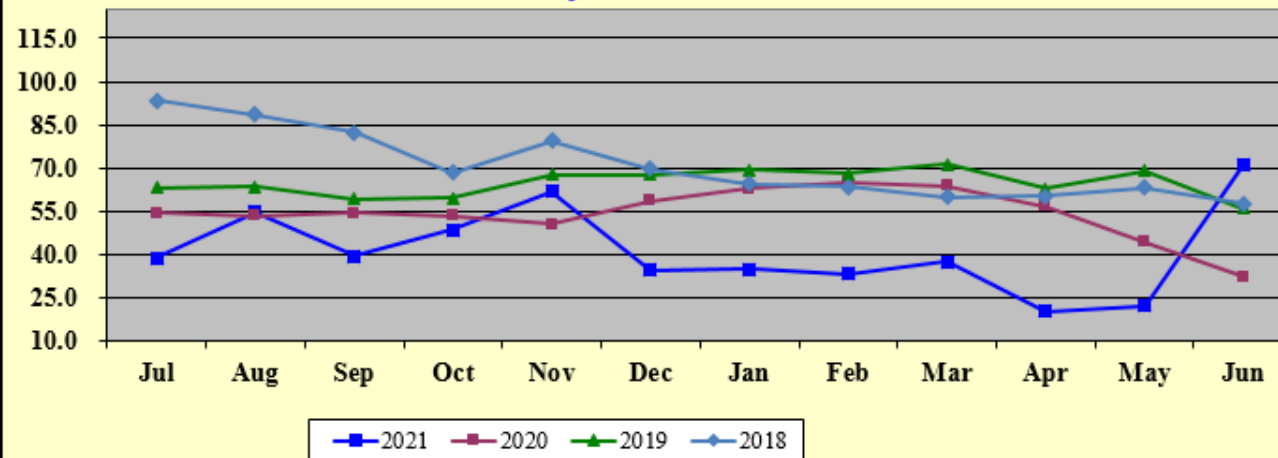
***Income Statement***

**Monthly Comparison FY2021**

	January-21	February-21	March-21	April-21	May-21	June-21
Revenue						
Inpatient	\$ 1,016,734	\$ 827,818	\$ 770,755	\$ 728,381	\$ 849,326	\$ 884,112
Outpatient	1,898,442	2,014,590	2,112,993	1,882,129	2,000,156	2,164,931
Total Patient Revenue	2,915,176	2,842,408	2,883,748	2,610,510	2,849,482	3,049,042
Less Contractual	(926,724)	(931,243)	(1,315,331)	(541,781)	(873,407)	(1,033,348)
Less Charity Care	(6,637)	(28,897)	(7,542)	910	(12,337)	(7,989)
Less Bad Debt Expense	(6,732)	(9,531)	(8,834)	(19,577)	(17,272)	(8,900)
Total Deductions	(940,093)	(969,670)	(1,331,707)	(560,447)	(903,016)	(1,050,237)
Net Patient Revenue	1,975,083	1,872,737	1,552,041	2,050,063	1,946,466	1,998,805
Other Operating Revenue	(2,591)	330	24,522	45	75	40
Total Operating Revenue	1,972,492	1,873,067	1,576,563	2,050,108	1,946,541	1,998,845
Expenses						
Salaries and Benefits	1,220,012	1,056,753	1,005,315	1,325,609	1,289,369	1,191,485
Professional Fees	227,486	328,870	366,092	509,038	391,931	399,499
Purchased Services	216,756	277,549	196,294	203,332	242,204	405,008
Medical Supplies	129,553	107,450	150,246	68,402	168,486	182,151
Supplies	9,237	21,500	23,307	20,490	18,422	22,654
Other Operating Expense	115,965	87,643	120,323	60,629	117,330	60,369
Insurance and Utilities	38,677	46,490	13,528	40,409	19,219	39,805
Depreciation	57,838	60,368	56,703	56,703	53,497	54,318
Total Operating Expense	2,015,523	1,986,622	1,931,808	2,284,613	2,300,458	2,355,288
Operating Income	(43,031)	(113,555)	(355,245)	(234,505)	(353,917)	(356,442)
Non-Operating Income						
Property Taxes	83,924	83,924	83,924	83,924	83,924	83,924
Other	33,641	19,672	101,355	40,662	44,740	3,594,466
Total Non-Operating Revenue	117,564	103,596	185,279	124,586	128,664	3,678,390
Non-Operating Expense						
Interest Expense	15,828	15,828	15,828	15,828	15,828	15,828
Other						-
Total Non-Operating Expense	15,828	15,828	15,828	15,828	15,828	15,828
Excess Revenue	58,706	(25,787)	(185,794)	(125,747)	(241,081)	3,306,119
Donations		1,470	500		-	-
Grant Income				4,080	-	-
Increase in Net Assets	\$ 58,706	\$ (24,317)	\$ (185,294)	\$ (121,667)	\$ (241,081)	\$ 3,306,119



## June 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:**

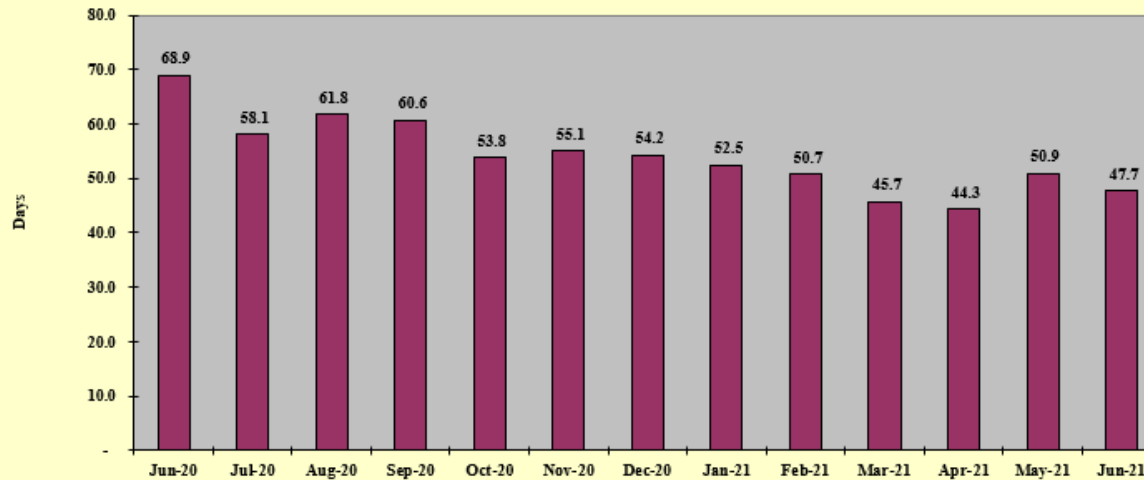
This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

Year	Average
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
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 June 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.

	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
A/R (Gross)	5,266,545	4,995,370	5,384,407	5,302,025	4,633,152	4,754,578	4,805,300	4,827,674	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196
Days in AR	68.9	58.1	61.8	60.6	53.8	55.1	54.2	52.5	50.7	45.7	44.3	50.9	47.7
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
A/R (Gross)	5,266,545	4,995,370	5,384,407	5,302,025	4,633,152	4,754,578	4,805,300	4,827,674	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196
Days in Month	30	31	31	30	31	30	31	31	28	31	30	31	30
Monthly Revenue	2,627,156	2,721,977	2,664,445	2,658,849	2,603,504	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 Mo Avg Daily Revenue	76,411	85,926	87,104	87,449	86,161	86,286	88,637	92,024	96,877	96,015	93,670	90,693	93,506
Days in AR	68.9	58.1	61.8	60.6	53.8	55.1	54.2	52.5	50.7	45.7	44.3	50.9	47.7



# SOUTHERN COOS HOSPITAL & HEALTH CENTER

## CAPTIAL PURCHASES

FY2020	VENDOR	DESCRIPTION	COST	DATE	GRANT FUNDING SOURCE
	Bay Area Copier	Copy Machine	6,000.00	7/29/2019	
	CDW Government Inc	Disaster Recover Server Data Base	6,162.20	8/19/2019	
	VERATHON INC	GLIDE SCOPE CORE	18,155.00	9/1/2019	
	CURTIS RESTAURANT EQUIPMENT	COOKING STOVE	6,245.00	10/24/2019	
	MEDLINE INDUSTRIES	BLADDER SCANNER BIOCON 750 W/ PRINTER	9,500.00	12/24/2019	
	Fukuda Denshi	Bedside EKG monitor / Transmitter	8,920.90	3/1/2020	
	STRYKER	Hospital Beds	96,733.62	3/23/2020	
	GE HEALTHCARE	GE LE9 TEEprobe DL Connector	16,277.25	5/15/2020	
	Philips Healthcare	TC70 Cardiograph	10,704.00	8/4/2020	
	Philips Healthcare	Cardiograph Machine	10,704.00	11/1/2020	
	Total		<u>189,401.97</u>		

FY2021	VENDOR	DESCRIPTION	COST	DATE	GRANT FUNDING SOURCE
	<b>Non-Threshold Capital Purchases (&lt;\$25,000)</b>				
	CDW Government	Computer ThinkCenters & Monitors (Covid)	16,246.72	9/29/2020	CARES Grant Funded
	Steris Corporation	Endo Cabinet, Seismic Anchor-	7,656.00	10/1/2020	
	CDW Government	Ergotron Sit-Stand Vertical Lift	5,548.64	11/1/2020	
	CDW Government	Computer ThinkCenters & Monitors (Covid)	11,487.75	11/30/2020	CARES Grant Funded
	Helmer Scientific	Blood Bank Refrigerator	12,469.76	12/1/2020	
	Para Healthcare Financial	Price Transparency Tool	15,000.00	12/31/2020	
	Emergency Genrator Repairs		17,521.59	12/31/2020	CARES Grant Funded
	Stryker Instruments	Two Neptune Surgical Waste Management Systems	29,644.76	1/1/2021	
	Zoho Corporation	OpManager Plus	7,595.00	2/28/2021	
	Walk-In Refrigeration	Refrigerator & Electric Hook Up	39,264.85	3/1/2021	
	Medline	COVID Vaccination Freezers	15,226.00	4/21/2021	CARES Grant Funded
	Fukuda Denshi	Ds-8100 Patient Monitor	16,373.40	5/1/2021	
	<b>Board Approved Threshold Projects (&gt;\$25,000) in Process</b>				
	Oxygen Tanks	Work is still in process - expected to complete July	35,449.00	6/30/2021	CARES Grant Funded

Total 229,483.47

Total CARES Grant Funded Equipment 95,931.06

Capital Purchases Under Budget Authority 133,552.41

FY2021 Budget Authority 250,000.00

Remaining Budget 116,447.59





**To: Board of Directors and Southern Coos Management**  
**From: Jeremiah Dodrill, CFO**  
**Re: CARES Act Funds Update – July 15, 2021**

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The various CARES Act funding sources are currently in different stages of uncertainty and resolution. Since inception, the various programs and funding sources have undergone many modifications which have impacted our ability to plan. SCHHC has engaged CliftonLarsonAllen LLP (CLA) to provide independent advisory and review services associated with these various programs and ensure that SCHHC is compliant with these programs.

**Medicare Advanced Payments – \$7,352,042**

These funds are essentially an interest free loan extended by Medicare to providers. These funds are set to begin repayment under the program one year after the receipt of funding. Repayment may occur via reductions in payment on Medicare reimbursements or via bi-weekly periodic interim payments. Under the program, repayments began in April 2020 with approximately \$457,000 of reductions on claim payments from Noridian through June 30, 2021.

**Paycheck Protection Program (PPP) – \$3,638,757**

PPP is a forgivable loan which bears an interest rate of 1%. On Thursday, April 8, 2021, Southern Coos submitted its application for forgiveness to its lender, Banner Bank and has provided all requested supplemental information and documentation to support its application. On June 16, 2021, we received a confirmation letter from Banner Bank confirming that the full amount of the Paycheck Protection Program loans have been forgiven by the SBA. We have recognized this as other non-operating revenue in the June 2021 financial statements. As a result, Days Cash on Hand has increased to 70.8 days.

**CARES Provider Relief Funds (PRF) – \$4,308,836**

PRF payments are for healthcare-related expenses or lost revenue due to COVID-19. Under the program, providers are required to report its use of the funds for applicable costs and lost revenues incurred through June 30, 2021. The HRSA has recently opened the reporting portal and issued updated guidance and instructions for reporting the use of these funds. The reporting deadline is September 30, 2021. We are working with CLA to advise and evaluate our PRF reporting of eligible expenses and revenue loss calculations. The revenue loss calculations have been particularly difficult due to the data challenges presented with two billing systems, particularly Athena. These funds are subject to the federal Single Audit requirements and thus will be audited by Moss Adams at a later date.

**Southern Coos Hospital & Health Center**

Phone: 541.347.2426  
Fax: 541.347.8153

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

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

# COMPLIANCE REPORT

## **Risk and Compliance Report**

### **July 2021**

Education for staff on the restraint process for violent and non-violent patients is under development. Documentation tools and education has been developed in the past but additional education on identifying when this documentation needs to occur and what it should entail will help us perform better against regulatory standards.

Education for staff on civil commitments and holds, as well as at risk patients for self-harm, is under review and will be provided again in response to some education deficits. The last training on this topic was early 2020 and there has been a change in staffing since this was last reviewed.

The regulatory compliance for organ procurement and for transfusions of blood and blood products are being evaluated and staff education is to be developed where deficits are found. Data on compliance is being collected now.

We continue to do records audits, daily clean sweep rounding and education on surveyor communications with staff in preparation for our triennial CMS survey to be conducted this year.

## QUALITY AND SAFETY REPORT

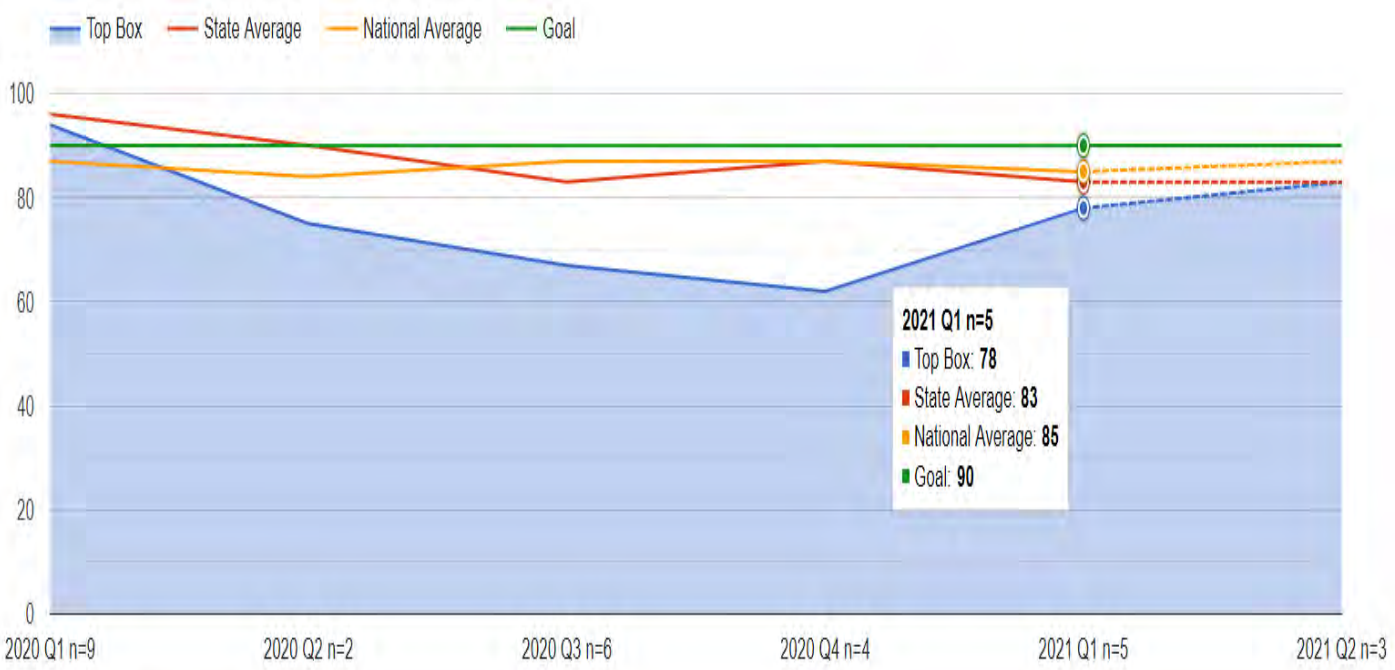


## Quality and Patient Safety Report – July 2021 -

This month the Quality and Patient Safety Committee received updates and clinical improvement projects on the following:

Service Area and Project Scope	Metrics																																																							
<p><b><i>The Swing Bed program CMS compliance requires activities are offered to swing bed patients.</i></b></p> <p>Staff changes have resulted in poor performance in this area.</p> <p><b>REMEDY:</b> Education has been provided and data collection has been moved from monthly to weekly with huddle board display to ensure timely accountability.</p> <p><b><i>Inpatient and swingbed patient CMS compliance requires a final discharge recapitulation of stay be documented in the health record.</i></b></p>	<div><h3>Swingbed Documentation Compliance</h3><table><thead><tr><th>Month</th><th>Weekly Summary (%)</th><th>Assessments (%)</th><th>Patient Activities (%)</th><th>Recapitulation of Stay (%)</th></tr></thead><tbody><tr><td>Jun-20</td><td>100</td><td>100</td><td>0</td><td>75</td></tr><tr><td>Jul-20</td><td>100</td><td>100</td><td>0</td><td>45</td></tr><tr><td>Aug-20</td><td>100</td><td>100</td><td>0</td><td>55</td></tr><tr><td>Sep-20</td><td>100</td><td>100</td><td>0</td><td>60</td></tr><tr><td>Oct-20</td><td>100</td><td>100</td><td>0</td><td>50</td></tr><tr><td>Nov-20</td><td>100</td><td>100</td><td>15</td><td>85</td></tr><tr><td>Dec-20</td><td>100</td><td>100</td><td>20</td><td>95</td></tr><tr><td>Jan-21</td><td>100</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Feb-21</td><td>100</td><td>100</td><td>100</td><td>100</td></tr><tr><td>Mar-21</td><td>100</td><td>100</td><td>100</td><td>90</td></tr></tbody></table></div> <div><p><b>ACTIVITIES:</b> Population: all swingbed patients Exclusions; None Baseline: 15% -Threshold 80% Total activities documented/Total records reviewed</p></div> <div><p><b>RECAPITULATION OF STAY:</b> Population: All discharges Exclusions: None Baseline: 50% - Threshold 100% Total d/c patients with completed recapitulation of stay/Total d/c patients</p></div>	Month	Weekly Summary (%)	Assessments (%)	Patient Activities (%)	Recapitulation of Stay (%)	Jun-20	100	100	0	75	Jul-20	100	100	0	45	Aug-20	100	100	0	55	Sep-20	100	100	0	60	Oct-20	100	100	0	50	Nov-20	100	100	15	85	Dec-20	100	100	20	95	Jan-21	100	100	100	100	Feb-21	100	100	100	100	Mar-21	100	100	100	90
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Service Area and Project Scope	Metrics																																																							
<p><b><i>Surgical Services – Improvement of accuracy, compliance and completeness of scheduling documentation received from providers and scheduling staff.</i></b></p> <p>Audits of scheduling packets received from provider offices are evaluated for adherence to current regulations and facility policy.</p>	<div><table><caption>Estimated Data from Line Chart</caption><thead><tr><th>Month</th><th>Turnover Time (%)</th><th>Scheduling Documentation (%)</th><th>Case Start (%)</th><th>Cancellations (%)</th></tr></thead><tbody><tr><td>Sep-20</td><td>80</td><td>72</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>92</td><td>62</td><td>0</td><td>12</td></tr><tr><td>Nov-20</td><td>88</td><td>72</td><td>0</td><td>10</td></tr><tr><td>Dec-20</td><td>100</td><td>75</td><td>0</td><td>28</td></tr><tr><td>Jan-21</td><td>95</td><td>68</td><td>60</td><td>8</td></tr><tr><td>Feb-21</td><td>92</td><td>78</td><td>100</td><td>18</td></tr><tr><td>Mar-21</td><td>85</td><td>72</td><td>80</td><td>38</td></tr><tr><td>Apr-21</td><td>90</td><td>82</td><td>100</td><td>4</td></tr><tr><td>May-21</td><td>98</td><td>82</td><td>100</td><td>16</td></tr><tr><td>Jun-21</td><td>90</td><td>84</td><td>80</td><td>14</td></tr></tbody></table></div> <div><p>Baseline - 62% Threshold – 90%</p><p>Population: All patients scheduled</p><p>Exclusions: None</p><p>Number of audits meeting compliance in all areas/Number of audits performed</p></div>	Month	Turnover Time (%)	Scheduling Documentation (%)	Case Start (%)	Cancellations (%)	Sep-20	80	72	0	0	Oct-20	92	62	0	12	Nov-20	88	72	0	10	Dec-20	100	75	0	28	Jan-21	95	68	60	8	Feb-21	92	78	100	18	Mar-21	85	72	80	38	Apr-21	90	82	100	4	May-21	98	82	100	16	Jun-21	90	84	80	14
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Service Area and Project Scope	Metrics																																			
<p><b>Medical/Surgical Unit – HCAHPS (Hospital Consumers Assessment of Healthcare Providers and Systems) improvement in two performance areas.</b></p> <p>Improve Patient Satisfaction Score for Discharge Information</p> <p>Trending poor performance in this area</p> <p>REMEDY: New interventions – Movement of discharge education to charge nurse. Audit of discharge checklist. This is a new measure. Addition of pharmacist and family to process.</p>	<p>Discharge Information <a href="#">↓</a></p>  <table><caption>Discharge Information Performance Data (Estimated from Chart)</caption><thead><tr><th>Quarter</th><th>Top Box</th><th>State Average</th><th>National Average</th><th>Goal</th></tr></thead><tbody><tr><td>2020 Q1 n=9</td><td>~95</td><td>~95</td><td>~88</td><td>90</td></tr><tr><td>2020 Q2 n=2</td><td>~75</td><td>~90</td><td>~85</td><td>90</td></tr><tr><td>2020 Q3 n=6</td><td>~68</td><td>~85</td><td>~88</td><td>90</td></tr><tr><td>2020 Q4 n=4</td><td>~62</td><td>~88</td><td>~88</td><td>90</td></tr><tr><td>2021 Q1 n=5</td><td>78</td><td>83</td><td>85</td><td>90</td></tr><tr><td>2021 Q2 n=3</td><td>~80</td><td>~85</td><td>~88</td><td>90</td></tr></tbody></table> <div data-bbox="459 997 1163 1424"><p>Interim performance measurement development</p><p>Discharge checklist development and use.</p><p>Population: All patients admitted to M/S unit</p><p>Exclusions: All transferred patients</p><p>Baseline: 95.5%</p><p>Threshold: 100%</p></div> <div data-bbox="1241 997 1911 1424"><p>Population: All inpatients that return an HCAHPS survey</p><p>Exclusions: Any surveyed patient not responsive to the d/c information questions</p><p>Baseline 86% Threshold: 90% National Avg – 85%</p><p>State Avg. 81%</p><p>Current Performance 62%</p></div>	Quarter	Top Box	State Average	National Average	Goal	2020 Q1 n=9	~95	~95	~88	90	2020 Q2 n=2	~75	~90	~85	90	2020 Q3 n=6	~68	~85	~88	90	2020 Q4 n=4	~62	~88	~88	90	2021 Q1 n=5	78	83	85	90	2021 Q2 n=3	~80	~85	~88	90
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<p><b>EVS -Improve utilization of bio-medical and hazardous waste disposal.</b></p> <p>Identification and appropriate disposal of bio medical waste and hazardous waste.</p> <p>These interventions included education and surveillance interventions and monitoring. This project is moving into the hardwiring and monitoring phase by developing initial and ongoing education plans coupled with monitoring of volumes and charges.</p>	<div><div><div><h3>Bio-Waste Volumes and Charges</h3><table border="1"><thead><tr><th>Month</th><th>Bio-Waste Volume Small</th><th>Bio-Waste Volume Large</th><th>Bio-Waste Charges</th></tr></thead><tbody><tr><td>Jul-19</td><td>28</td><td>1</td><td>2,800.00</td></tr><tr><td>Aug-19</td><td>38</td><td>1</td><td>3,800.00</td></tr><tr><td>Sep-19</td><td>60</td><td>1</td><td>5,800.00</td></tr><tr><td>Oct-19</td><td>62</td><td>3</td><td>6,000.00</td></tr><tr><td>Nov-19</td><td>28</td><td>5</td><td>3,000.00</td></tr><tr><td>Dec-19</td><td>30</td><td>3</td><td>3,200.00</td></tr><tr><td>Jan-20</td><td>36</td><td>2</td><td>3,800.00</td></tr><tr><td>Feb-20</td><td>0</td><td>0</td><td>0.00</td></tr><tr><td>Mar-20</td><td>17</td><td>1</td><td>1,700.00</td></tr><tr><td>Apr-20</td><td>47</td><td>10</td><td>5,800.00</td></tr><tr><td>May-20</td><td>53</td><td>8</td><td>6,200.00</td></tr><tr><td>Jun-20</td><td>32</td><td>2</td><td>3,500.00</td></tr><tr><td>Jul-20</td><td>24</td><td>4</td><td>2,800.00</td></tr><tr><td>Aug-20</td><td>11</td><td>4</td><td>1,500.00</td></tr><tr><td>Sep-20</td><td>24</td><td>4</td><td>2,800.00</td></tr><tr><td>Oct-20</td><td>37</td><td>5</td><td>4,200.00</td></tr><tr><td>Nov-20</td><td>22</td><td>6</td><td>2,800.00</td></tr><tr><td>Dec-20</td><td>8</td><td>1</td><td>1,000.00</td></tr><tr><td>Jan-21</td><td>11</td><td>1</td><td>1,200.00</td></tr><tr><td>Feb-21</td><td>16</td><td>2</td><td>2,200.00</td></tr><tr><td>Mar-21</td><td>17</td><td>1</td><td>1,800.00</td></tr><tr><td>Apr-21</td><td>40</td><td>2</td><td>4,200.00</td></tr><tr><td>May-21</td><td>8</td><td>1</td><td>1,000.00</td></tr><tr><td>Jun-21</td><td>10</td><td>2</td><td>1,200.00</td></tr></tbody></table></div><div><p>Measure population: Cost of disposal and volume units of waste Exclusions: None Baseline: \$6000 &amp; &gt;60 units Threshold \$2000 and &lt;20 units Current performance: \$924.48 &amp; 9 units</p></div></div></div>	Month	Bio-Waste Volume Small	Bio-Waste Volume Large	Bio-Waste Charges	Jul-19	28	1	2,800.00	Aug-19	38	1	3,800.00	Sep-19	60	1	5,800.00	Oct-19	62	3	6,000.00	Nov-19	28	5	3,000.00	Dec-19	30	3	3,200.00	Jan-20	36	2	3,800.00	Feb-20	0	0	0.00	Mar-20	17	1	1,700.00	Apr-20	47	10	5,800.00	May-20	53	8	6,200.00	Jun-20	32	2	3,500.00	Jul-20	24	4	2,800.00	Aug-20	11	4	1,500.00	Sep-20	24	4	2,800.00	Oct-20	37	5	4,200.00	Nov-20	22	6	2,800.00	Dec-20	8	1	1,000.00	Jan-21	11	1	1,200.00	Feb-21	16	2	2,200.00	Mar-21	17	1	1,800.00	Apr-21	40	2	4,200.00	May-21	8	1	1,000.00	Jun-21	10	2	1,200.00
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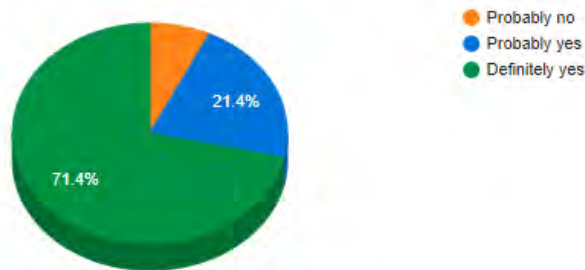
We continue to review our patient satisfaction statistics in the performance areas we monitor including:

- Inpatients
- Imaging and Laboratory outpatients
- ED patients
- Swing Bed

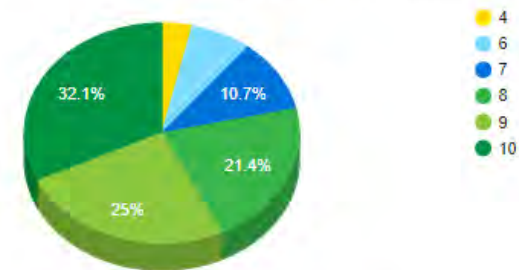
2020 Q1 - 2021 Q2

**Inpatient HCAHPS** (Hospital Consumer Assessment of Healthcare Providers and Systems)

Recommend



Quality of Care



Return Rates

	Total Sent	Surveys Received		Return Rate	Sample Survey
		Round #1	Round #2		
2021 Q2	27	4	0	14.8%	
2021 Q1	15	5	0	33.3%	
2020 Q4	23	4	0	17.4%	
2020 Q3	20	5	1	30.0%	
2020 Q2	23	2	0	8.7%	
2020 Q1	60	8	1	15.0%	

Top Performing Domains  
(2021 Q2)

Cleanliness of Hospital Env.	100%
Recommend the Hospital	75%
Discharge Information	62%
Communication with Doctors	50%