SOUTHERN COOS HEALTH DISTRICT
Board of Directors Regular Meeting
Public Access via Southern Coos Hospital Website and Facebook Meeting Links
November 18, 2021
6:30 p.m.

AGENDA

I. Public Meeting 6:30 p.m. Call to Order
   1. Public Input

II. Consent Agenda
   1. Meeting Minutes
      i. Regular Meeting – 10/28/2021

   2. Monthly Counsel Invoices
      i. None

III. Staff Reports
   1. CEO Report
   2. Clinic Report
   3. CNO Report
   4. CFO Report
   5. CIO Report
      i. HIPAA Employee Orientation
   6. SCHD Foundation Report
   7. Medical Staff Report
      i. Credentialing Report

IV. Monthly Financial Statements: Review

V. Quality & Patient Safety
   1. Monthly Report
   2. DNV Accreditation Update

VI. New Business
   1. Proposed Revision to District Bylaws
   2. Audit Report ~ Moss Adams

VII. Old Business
   1. Permanent CEO Search Update
   2. Governance Institute Education

VIII. Open Discussion

IX. Adjournment

CONSENT AGENDA

Minutes

Regular Meeting – 10/28/2021

Monthly Counsel Invoices

Robert S. Miller, District Counsel – None

Southern Coos Health District
Board of Directors
Regular Meeting Minutes
October 28, 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 Kim Russell, Executive Assistant. **Others present:** Robert S. Miller III, General Counsel.

I. Call to Order

Mr. Bischoff, Chairman, called the meeting to order at 6:30 p.m., noting the presence of a quorum by Mary Schamehorn, Secretary.

Executive session was held at 6:00 pm under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law, including written advice from your attorney, with no action being taken by the board.

The following amendments were made to the agenda:

- Removed item VI. New Business 2. General Counsel Orientation for New Directors from the agenda.
- Move item VII. Old Business 2. Governance Institute Education – 20 Minute Resource Overview by *Lindsay Laug, GI Strategic Analyst* to the beginning of the Staff Reports section.

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

1. Public Input

Dr. Greg Foutch expressed his joy at returning to Southern Coos. He plans to continue his mission to make our ER the best in “little” America.

II. Consent Agenda

1. Meeting Minutes

i. Regular Meeting – 9/23/2021

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

2. Governance Institute Education – 20 minute resource overview – *Lindsay Laug, GI Strategic Analyst*

Lindsay presented an overview PowerPoint via Zoom on how The Governance Institute helps organizations across the country to improve on governance specific to healthcare organizations. They help support the board in setting the cultural tone for the organization and ensures everyone understands their roles and responsibilities. Lindsay will be presenting the results of the Board's self-assessments at the November meeting. This will set the course of direction for 2022 with specifics to where the areas of development will be. Tom Bedell stated the assessment was a little overwhelming to new board members, due to lack of experience. Members may contact Lindsay prior to the November meeting at llaug@nrchealth.com or 877-712-8778. The Governance Institute does offer a library of templates for healthcare board policies including charters and job descriptions. Kim will help the Board members with log on information to the website, if needed.

III. Staff Reports

1. CEO Report

Deborah Ellis, Interim CEO, presented her report centered around the pillars of Southern Coos Hospital. **Service**: The annual drive-thru flu clinic will be held on November 4, 2021 at City Park. We have quite a few staff volunteering to help with set up, administering the vaccine and clean up. **Quality**: We are very excited about Barb Snyder, Risk Manager who is looking into DNV Accreditation for SCHHC. **People**: Debi wants to acknowledge the Foundation for generously providing the hospital funds to award to employees who have gone above and beyond in service to the hospital. We have contracted with a local woodworker to design and construct a bench with a brass plaque in memory of Sherry Capabianco, Dietary Manager. **Finance**: Cori Valet, CNO has been working extensively with Ginny Hall, Human Resources Director, completing a wage comparison survey with our peers in Oregon, Washington, Nevada and Idaho. This is to align our pay with the industry average. **Growth**: Departments are currently evaluating their structure of services. We are just ending breast cancer awareness month. Medical Imaging performed 11 mammographies and two dexa scans per day. The department is continuing to provide promotional activities and the entire staff is involved. **Community**: Beginning in November or school nurse program will be on hold. Tamara Stambaugh has given two weeks' notice. There are over 100 patients seeking providers locally, so the energy will be focused on serving the community. We have recently hired a Nurse Practitioner that specializes in geriatric care. Obiri Nirobah will be joining the staff at the Specialty Clinic at the end of December, 2021**. Safety**: In regards to the October 18, 2021 state mandate, we are 100% compliant, either with COVID vaccinations, religious or medical exemptions, including our vendors and volunteers. The roof repair was completed before the rains. **Discussion:** Once the staff has

completed their wage survey work the board would like an overview of the process used to evaluate and compare wages and the conclusions that were reached, to include any disparities that were discovered. Mary Schamehorn inquired as to why Tamara resigned and if an exit interview was completed. Debi did not know and suggested Human Resources would have that information. Mary asked how many religious and medical exemptions were granted. The total numbers are not available tonight but Debi will get that information from Barb Snyder for the board. Norbert Johnson expressed his thanks for the bench in Sherry's memory. Pamela Hanson asked if the staff person that Debi mentioned going above and beyond volunteering to cover a task for another employee, was qualified to perform those duties? Debi responded all duties performed by employees always fall within their scope of practice.

2. Multi-Specialty Clinic Report

Deborah Ellis, Interim CEO, presented a few highlights from this report. We have a full-time practitioner starting with us in December. We continue struggling with Evident while removing barriers for providers so they can increase their patient loads. Telehealth visits have increased. We are currently interviewing RNs for a position at the clinic assisting physicians with hospital discharge, prescriptions and chronic disease management. The Clinic Manager has offered for her staff to take mental health days, one every three months, while utilizing their PTO. She is trying to work with her staff to emphasize mental health and taking care of themselves. The Clinic Manager is implementing a "stay" interview with staff. Bringing the emphasis back to the employee in hopes of retention. **Discussion:** Mary Schamehorn asked how long Tamara Stambaugh had worked for SCHHC? She has been employed at SCHHC for one year. Tom Bedell asked if Scott is still looking into a new EHR vendor. Scott mentioned that project has been put on hold while the search for a permanent CEO continues. Tom asked about second page…"introto". Mass communication tool with a data base with all clinic patients with all contact information. We can communicate with the patients via text, email or phone. Used primarily for appointment reminders. Tom Bedell commented if the providers' patient loads are full why are they seeing so few patients in a day? Dr. Foutch asked if the community at large is aware of the services offered at the clinic to patients. Scott McEachern does not feel like the community at large is aware of all the services offered. Mary Schamehorn asked about the no-show rate? Those are patients that have an appointment but do not show up. Pamela Hansen noticed an improvement from August to September but felt like the calculations on the clinic's report was incorrect. Jeremiah stated these numbers were hand-counted, so that could account for some inaccuracies. Debi will check into those numbers for the board.

3. CNO Report

Cori Valet, RN/BSN, CNO presented the CNO Report. Ms. Valet stated her report starts out echoing what Debi was speaking to regarding employee

retention and our efforts that are going into that task. It is a challenging time now for recruitment and retention in all departments. We are currently focusing on peer recognition. These recognitions are elevated to tier-2 from tier-1 huddles. The nursing department is updating their wage matrix based off of the BAH contract, that was recently updated. This past week the Medical Imaging wage scale was adjusted. Cori shared the current vacancies in her departments along with the current contract staff. One correction is the two Lab Tech I positions posted (1 FT & 1 PD) is really one full time Lab Tech I and one per diem Lab Assistant MLT or MLS position. We are down to 4 med/surg nursing contracts, 1 ED nursing contract and 1 Medical Imaging contract. We have offered a temporary position to a gentlemen as the Dietary Manager beginning mid-November. Cori corrected the location of the drive-thru flu clinic. This takes place at Bandon City Park, not Buffington Park. Donations will be accepted by the Foundation. The Laboratory COVID 19 testing has decreased. Currently averaging less than 100 per week. Cori is working towards exceeding our previous goal of 120 mammography procedures per month. We have adjusted our staffing from one 30 hour per week Mammography employee to one full time 40 hour per week employee plus a part time 20 hour per week employee. This will allow us to increase our goal of mammography procedures to 220 exams each month. We offer 3D mammography with a quicker turn-around time. **Discussion:** Pamela asked about the GE Pristina 3D mammography machine and the design. Dr. Keizer stated all new machines are now more comfortable. The new machine increases the sensitivity in identifying lesions, etc. We were the first facility on the coast to get this machine. Pamela asked how we are letting the community know about the new machine. Scott is meeting next week with the Medical Imaging Manager to discuss advertising. Norbert Johnson asked about department recognition weeks. Cori let the board know we do not always follow the nationally celebrated week. She has let the department managers decide when they would like to celebrate their staff. Norbert asked about the administration of antibody treatment. Debi stated when we are able to staff for administering the antibodies, we will begin doing more. Norbert asked about nursing staff recruitment. Are we able to hire and retain those nurses? Cori is pleased with our current recruitment and hiring and they are staying with us.

4. CFO Report

Jeremiah Dodrill, CFO, reviewed highlights from his report. We are finalizing the 2020-2021 audit in the cost report. The auditor hopes to have the federal single audit finalized next week. All items have been provided to the auditor for the Provider Relief Funds and that looks good. The Cares Act Provider Relief Phase 4 released another round of Provider Relief Funds which distributes $25.5B in additional payments to providers. We have sent in our application process. $17B is awarded based on need, $8.5B is direct payments to rural health care. We do not know how much to expect. Jeremiah does not think we will qualify for the need based award. We do hope to receive some of the rural health care payment. **NOTE**: In the

CFO report this is documented as millions but was corrected during the meeting to billions. We currently have equipment leases that we are evaluating renewals and replacements. Mr. Dodrill has included an SBAR for reference as to the comparison between purchasing or leasing the hematology analyzer replacement. Based on the price comparison between lease and purchase it has been decided to lease. This cost will come off of the capital budget and move to the operating budget. Staff is currently working on creating a standalone clinic financial statement which will help provide individual provider productivity and profitability analysis. Provider bills get paid based on the intensity and acuity provided created by using the Relative Value Unit scale. This system applies to the multi-specialty clinic and the hospital. **Discussion: The** MRI truck and ultra sound machine leases are both expiring and being evaluated as to replacement. Brent Bischoff, Board Chair, agreed with Jeremiah Dodrill, CFO, there does not need to be board approval regarding the hematology analyzer replacement.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO Report based on pillars. **People:** Chris Cox returned to IS, now at full staff in Information Systems. Kaitlynn Rice, HIM Specdialist I moved on to a different job. Exploring remote request for medical information, as that is a large part of this position's job duties. **Service:** Conversion of the phone system to a VoIP system on October 5th took place seamlessly. Also converting all faxes to digital faxes. **Quality:** Tier 2 huddle takes place every week day at 11:45 am, on a zoom call to discuss the various sections of the day. This meeting is available to all management, executive team and anyone else that chooses to attend. We are gearing up for our risk assessment which will take place in early December. **Growth/Finance:** Currently the executive team has decided to focus on clinical work flows. They have shifted some personnel around and promoted a staff member to the Clinical Informatics Manager to oversee the clinic and hospital workflows within Evident. Currently exploring options for consultants to assist the Clinical Informatics Manager, providers and nursing staff to optimize their workflows. Looking for a vendor with Evident experience. This would be an 8-12 month engagement. **Discussion:** Tom Bedell has asked that staff be specific with whether they are speaking about the specialty clinic or hospital when presenting their reports. Norbert asked if the new Clinical Informatics Manager is an RN and who they will report to. Scott stated it is an RN and they will report to the CIO with the CNO as an in-direct report.

6. SCHD Foundation Report

Scott McEachern, CIO & Foundation Executive Director provided a recap of the Health Foundation Report. The Foundation Board is seeking board members. It's been very difficult to maintain engagement with the board members during COVID. If anyone has any connections or potential candidates for the Foundation board please let Scott know. Brent Bischoff mentioned that Coos-Curry Electric Cooperative's by-laws do not prohibit

employees from being on their board. Perhaps SCHF by-laws are the same. Scott will double check in their by-laws.

7. Medical Staff Report

i. Dr. Keizer presented the Privileging Report from the October 12 Medical Staff monthly meeting:

New Appointment
Eric Ory, MD – Emergency Medicine - 2-Year Courtesy Staff
John Batemen, MD – Emergency Medicine - 2-Year Courtesy Staff
Richard Foutch, MD - Emergency Medicine - 2-Year Courtesy Staff

Reappointments
None

Current Staff Changes
None

Direct Radiology – Third Party Reading Radiology Group
Frank Snyder, MD – Radiology - Resigned

Discussion:

Mary Schamehorn **moved** to accept the Medical Staff Report as presented. Norbert Johnson **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 September, including department statistics, noting that volumes were good for the month. Labor expenses increased primarily due to contract labor in nursing for Inpatient and ED. Successful hiring but that also requires time to orient those nurses. Cash on Hand at 56.6 days, down from August at 66.2, was primarily due to an increase in net Accounts Receivable. The Cash on Hand calculation excludes the CARES Act provider relief funds (PRF) and restricted investments. Year to date we are over budget $50,000 to $60,000 approximately. Despite having labor force pressures we are very close to where we anticipated we would be at year end. **Discussion:** None.

V. Quality and Patient Safety Report

Barbara Snyder, Quality and Risk Manager. Ms. Snyder plans to discuss the hand-out for quality and patient safety and also our current certification and accreditation. SCHHC is certified by CMS and must pass a certification survey approximately every three years in order to be eligible for reimbursement from CMS. Barb was directed to reach out to Wallowa County Health Care District by Stacie Rothwell with the Oregon Office of Rural Health. This CAH credits their work with DNV-GL as the primary driver for their success over the past 5 years.

Discussion: Norbert completed some investigating on his own in regards to DNV and feels this would be a good choice.
Norbert Johnson **moved** to approve the accreditation with DNV. Tom Bedell **seconded** the motion. **Discussion**: Debi Ellis asked if the cost of this program has been shared. Slide 57 does show $20,400 for survey year 1. There can be several surveyors (3-5) that come for the unannounced survey, for up to a week and then 2-3 more with travel expenses billed separately. Barb's objective today was to present the information for the board to explore and present any concerns to Barb. Pamela asked about additional fees. There are additional fees for training in addition to the certification and survey fees. Jeremiah is supportive but feels this move needs to be fully explored and investigated before making a commitment. Pamela is also in support of investigating this move but we need a cost analysis brought back to the board next month. Mary feels we should also reach out to the local facilities that are using DNV. Barb thanked Debi, Jeremiah, Cori and Scott for their support in this process. Brent Bischoff also expressed his thoughts in regards to bringing on a culture shift like this before we have our permanent CEO in place. Pamela suggested in the search for the permanent CEO we can try to find someone with experience with DNV. Brent is also in support of this move just not the timing. **No vote took place.**

Norbert Johnson **amended his motion** to explore cost and gather more information on the DNV accreditation. Tom Bedell **seconded** the motion. **None were opposed. Motion passed.**

VI. New Business

1. Review of Committees and Board Representation

Tom Bedell previously inquired as to what committees we have in place and what board representation are on those committees. Brent asked Debi Ellis to explore and bring a report back to the board. **Budget Committee**: Meets quarterly with the board liaison being Norbert Johnson. **Quality and Patient Safety Committee**: Meets monthly with the board liaison being Norbert Johnson. **Foundation Board:** We do not currently have a board liaison but Scott has already spoken with a board member in regards to taking on that role. Other committees are formed as needed. Tom Bedell asked Norbert Johnson if he'd like to continue with those committees. Norbert nominated Tom Bedell to be on the budget committee.

Mary Schamehorn **moved** to appoint Tom Bedell to the Budget Committee relieving Norbert Johnson of that responsibility. Norbert Johnson **seconded** the motion. **No discussion**. **None were opposed. Motion passed.**

2. Echo Services Review

Debi Ellis, Interim CEO, reported our Echos were previously being read in conjunction with equipment co-use with Coquille Valley Hospital. We are still exploring whether it would be a good idea for SCH to invest in equipment for reading our own Echos. We do not have that capacity right now so we will be

pushing our Echos through to Peace Health. Dr. Keizer supports keeping those Echos in house as we have a local provider that is qualified to read those for us. We would need to have the equipment in order to make that happen. Debi says they are looking at the cost for the equipment and our goal is to keep them in house. We do not have a contract with Peace Health so we can discontinue that arrangement. Debi says the initial equipment cost is $100,000. Brent Bischoff understands this decision has financial and service implications for the hospital and it sounds like something the board needs to weigh in on. He asked that staff prepare a report and a proposal on how we can move forward on this with the board's agreement. Debi will prepare that proposal.

VII. Old Business

1. CEO Job Description & Next Steps for Hiring Permanent CEO

Brent Bischoff, Board Chair and lead committee member appreciates Dr. Keizer and Pamela Hansen's help in creating the updated job description. Pamela reached out to Wallowa County Health District and obtained a copy of their CEO job description. They took that job description and morphed it into SCH job description. In the packet is a draft job description for the board to discuss and comment on. Pamela mentioned on page 2, under Skills, Knowledge and Experience Requirements she thinks we should add "preferably in ISO 9000 certified environments" at the end of bullet 3. Norbert suggested we delete home health on page 1 bullet 11 as SCH does not offer home health. Tom asked about the list of skills, knowledge, and experience requirements and Brent explained the term representative of the knowledge, etc. implies this is not a complete list. Page 1 bullet 1 under Skills, Knowledge and Experience Requirements add "or equivalent experience" at the end.

Mary Schamehorn **moved** to approve the new CEO job description with amendments noted above. Pamela Hansen **seconded** the motion. **None were opposed. Motion passed. Discussion:** The next step is to post the job posting for a permanent CEO. There has already been interest expressed in the permanent position. The board doesn't feel we need to work with a recruiting firm for now.. Advertise local and possibly Beckers to begin with. The American College of Healthcare Executive is a trade organization Jeremiah Dodrill felt would be a good place to post. We will ask Human Resources to post as open until filled and see where we are at the next board meeting.

VIII. Open Discussion

Mary Schamehorn received an email from a community member looking for a Moderna booster. He learned from our message system the only booster being offered is the Pfizer and he would like Moderna. Scott suggested he should reach out to the clinic as we are in the process of coming up with a plan for suppling the booster to the public. Norbert let the board know the Budget Committee has one resignation so they have one opening on the board. The invoice for the Board's attorney is in a folder for the Board to look at if they choose. The interim CEO can

sign the invoice for payment.

IX. Adjournment

At 8:50 p.m. the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be November 18, 2021 at 6:30 p.m.

Brent Bischoff, Chairman *11-18-21*

Mary Schamehorn, Secretary *11-18-21*

CEO REPORT

CEO Report

Service

Our School Nurse position is in the process of being restructured in order to allow for a BSN educated nurse to fill. This will be a 30 hr position dedicated to the schools as well as being assigned to the outpatient clinic during summer and off days. With inclusion of grants and donations the salary for 2022 will be covered.

Quality

We are continuing to explore DNV Certification for Southern Coos Hospital and Health Center. This is a contracted Hospital Accreditation service. She will be providing ongoing information under her Quality and Patient Safety Presentation

People

The foundation very generously provided us with funds to reward employees who have gone above and beyond in their service to this hospital. Nominations for this recognition have gone out to staff.

Surgery-During low volume periods the Surgical Dept continues to staff the Vaccine Booster Clinic. Techs continue to provide support to other departments as needed.

Stephanie Lyons, our Pharmacist also has a degree in Integrative Wellness. She has volunteered to drive an employee wellness initiative that spotlights the importance of taking care of ourselves in all areas of life. This has been received enthusiastically by the staff, leading to others who would like to help coordinate efforts.

Growth

Lab -has ordered new hematology equipment that has a sepsis indicator specific for ED. They received the Ship Arpa grant which allows for molecular testing expansion ie: Covid PCR.

Imaging-Is currently investigating increasing our MRI capacity to accommodate larger shoulder scanning as well as a means to accommodate patients limited to gurney access in utilizing the MRI trailer.

Engineering-We are in the process of having the manufactured home opposite the clinic removed. Years ago this was used as a “sleephouse” and then used to store anything anyone wanted to get rid of. It has been cleaned out, Electrical removed and then will be taken down. Utilization of the property has not been determined.

Community

Utilizing Event Brite we have had the capacity to schedule 540 covid booster shots to date.

MULTI-SPECIALTY CLINIC REPORT

Clinic News - October 2021

Provider News

- Dr. Mitchell averaged 9 patients per day and had the lowest no show rate at 8%.
- Shane Matsui, LCSW had a sharp decrease in his no show rate - from 18% in September to 8% in October. He continues to remain at an average of 4 patients per day
- Obiri Yeboah, NP has accepted the full time position as nurse practitioner to the clinic! We anticipate him to start in January 2022. We held a meet and greet for the executive team and providers to meet with him. Obiri expressed his appreciation and how impressed he was at not only the services we offer to our community but the caliber of staff as well.
- Tamara Stambaugh resigned from her position of School and Clinic Nurse Practitioner. Her last day was Friday, October 29.
- Debra Guzman, NP has been working with the lab on streamlining and enhancing female gynecology Pap orders. Her efforts are greatly appreciated.
- Dr. Adams and Dr. Pense continue to split their time between their hospitalist role and clinic days. In an effort to provide outstanding patient care, increase their overall number of patients seen and gross revenue, they have been seeing anywhere from 1-5 patients during their hospitalist week.
- We currently have 107 new patient packets we are in the process of trying to schedule appointments to establish care. This will decrease dramatically with the start of the new nurse practitioner in January.
- Dr. Webster, Dermatologist, cancelled his clinic on October 16
- Dr. Qadir, Nephrologist comes for a ½ day, twice a month, He was in clinic October 12 only.
- Project planning for the Pain Management Clinic continues to progress. We are very excited to provide this service to our community.

Clinic Report

- Telehealth visits declined for October for a total of 66.
- We are pleased to announce the rehire of Natalie Vincent, MA to the clinic! She is replacing Meadow Hammon, who resigned from her position due to health issues. She will be joining us on November 23.
- Our recent new hire, Bobbi Rangel, completed her CPR/BLS certification which only lends to our patient safety and care.
- Congratuations to Catherine Longspinner, RN for her outstanding 20 years of dedicated service!!
- We are beginning our Covid Booster days in clinic. With the help of the Medical/Surgical department, Surgical services and the clinic staff we will be offering Covid boosters to the community throughout the month of November. Registration can be done through Eventbrite or calling the clinic. All covid vaccines will be offered.
- October is Breast Cancer Awareness month. We displayed banners, and the staff promoted awareness by wearing pins. In coordination with the Foundation, we promoted to patients the importance of mammograms and scheduling patients with our radiology dept.

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

Clinic Stats - October 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	16	166	6	14	146	9	12%	42	1
Olixn Adams, DO	3.5	31	1	2	28	8	10%	4	2
Noel Pense, DO	2.5	26	0	4	22	9	15%	2	1
Christine Mitchell, DO	11	114	5	4	105	10	8%	5	11
Tamara Stambaugh, FNP	7.5	51	3	4	44	6	14%	5	9
Shane Matsui, LCSW	16	71	5	1	65	4	8%	8	3
COVID-19 Clinic	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0
Outpatient Services	20	147	5	9	133	7	10%	0	0
Totals	**13**	**606**	**25**	**38**	**543**	**42**	**10%**	**66**	**27**

Total telehealth	**66**

Southern Coos Health Center Intrado Results - October 2021

Type	Total
Called - No Answer	13
Phone Too Busy	2
Answered No TT Requested	12
Answered - Hung Up	12
Answered - Entire Msg	0
Invalid Ph # / Out of Order	0
Answered - Repeated Msg	2
Answering Machine	80
Answered Yes	83
Answered No	6
Total Calls Made	**210**

*Pts Seen	345
*Cancelled	15
*No Show	28

*Primary Care Only

No show rate - 11%

CNO REPORT

CNO Report

Clinical Department Staffing Update –

- Laboratory – 2 Vacancies - 1 Full Time Lab assistant I, 1 Part time MLT/MLS.
- Respiratory Therapy – All positions filled!
- Emergency Department – 2 Vacancies – 2 Full Time Registered Nurses.
    - 2 Agency Nurse Contracts in place
- Medical Imaging – 3 Vacancies – 2 Full Time Radiology Technologists, 1 Part time Mammography Technologist.
    - 1 Agency Radiology technologist contract in place
- Med-Surg Inpatient Department – 9 Vacancies – 4 Registered Nurses, 5 Certified Nurse Assistants.
    - 4 Agency Nurse Contracts in place
- Surgical Services – 1 Vacancy – 1 Surgical Services manager
- Dietary Department – 2 Vacancies – 1 Dietary manager, 1 Full time Dietary Cook
- Recruitment Bonuses provided – 12 total (6 Med-Surg, 2 Emergency Department, 3 Medical Imaging, 1 Respiratory Therapy)
- Retention Bonuses provided – 5 total (2 Med-Surg, 2 Medical Imaging, 1 Laboratory)

Wage Scale Adjustments – Goal: To reduce staff turnover and attract new applicants by providing competitive salaries consistent with other regional hospitals.

Nursing – Bay Area Hospital's union contract utilized to set base salaries for RNs.

- CNA wages were not included in the BAH union contract. This prompted the comparison of the roles on the SCH&HC wage matrix to determine the % difference between each role to determine CNA base wages compared to LPN and RN wages.
- BAH union contract did not reflect the competitive wage to attract LPN candidates. A wage study of 11 other hospitals in Oregon was performed using Wage Watch. Pay range starting, mid-point and maximum wage were considered and decision was made to set the wage between the 75^{th} and 90^{th} percentile for starting wage.
- Each year of experience will yield a 3% wage increase across the board, all positions.
- Nurses who possess a BSN qualify for an additional $0.85/hr. Nurses who possess certification in the area in which they work qualify for an additional $0.85/hr. Charge nurses qualify for an additional $2.00/hr.

Medical Imaging – A healthcare salary survey was performed utilizing Wage watch to set the wages for the various positions within the MI department.

- 15 Hospitals in Oregon provided wage information that was utilized in this salary survey, including: Bay Area Hospital, Coquille Valley Hospital, and Curry Health District.

- Starting wage data at the 90 percentile was utilized to set the starting wage each modality, i.e. Mammography, Ultrasound, Computerized Tomography (CT), etc. The 90th percentile was selected to attract newly certified technologists with an attractive starting wage for their experience level.
- To offset the decision to provide a higher than average starting wage, the wage scale increases at a rate of 2.5% for each year of experience rather than 3%. A slight decline is seen as years of experience increase.
- Radiology Technologists that possess more than 2 modalities, an additional $2.00/hr will be provided for each modality over the minimum 2 required.

CFO REPORT

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

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 Nordian, 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.

CIO REPORT

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

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

In Information Systems, we have a full complement of staff. A special shout out to the IS team members, including Trevor Jurgenson, IS Manager, Jeff Weymouth, IS Analyst, Christopher Cox, IS Analyst, and Donna Young, Clinical Informatics Specialist.

In Medical Records, last month I reported that one of our HIM Specialists, Kaitlynn Rice, had moved on to a new position outside of the organization. After some lengthy consideration, Kaitlynn has decided to return to SCHHC in her former position and we were happy to welcome her back with open arms.

In Marketing, Amy Moss Strong continues to shine in her role as marketing and development coordinator. She has been instrumental in revamping the weekly e-newsletters that go out to the community as well as identifying methods by which we highlight the experience, credentials, and hard work of the SCHHC Staff.

We are in process of transitioning Shawn March, RN, formerly the SCHHC Surgical Services manager, to Clinical Informatics Manager. As Surgical Services Manager for the past four years, Shawn raised the standard around organization and understanding the nuances of Evident, our electronic health record. Clinical Informatics is a growing subspecialty within the healthcare industry in which specialists analyze, design, implement, and evaluate information and communication systems to improve patient care and strengthen the relationship between provider and patient.

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.*

We have developed scripting for the main entry points for the public: the switchboard, hospital front desk, emergency department, and the Multi-Specialty Clinic front desk. Each week, we send out a script to the employees in these areas with updated information about relevant topics. In addition, we are also reviewing the organization's phone trees on a weekly cadence in order to standardize communication to the public. For example, we recently implemented COVID booster shot appointments through the Multi-Specialty Clinic and subsequently updated the scripts and phone trees to ensure consistency in communication to the public.

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

SCHHC is planning for our annual risk assessment, scheduled for the November 29th and 30th. This year, as was the case last year, the assessment will be virtual. The annual assessment is required by law to

ensure that covered entities (such as SCHHC) are compliant with HIPAA (Healthcare Insurance Portability and Accountability Act) law and helps reveal areas where protected health information (PHI) could be at risk.

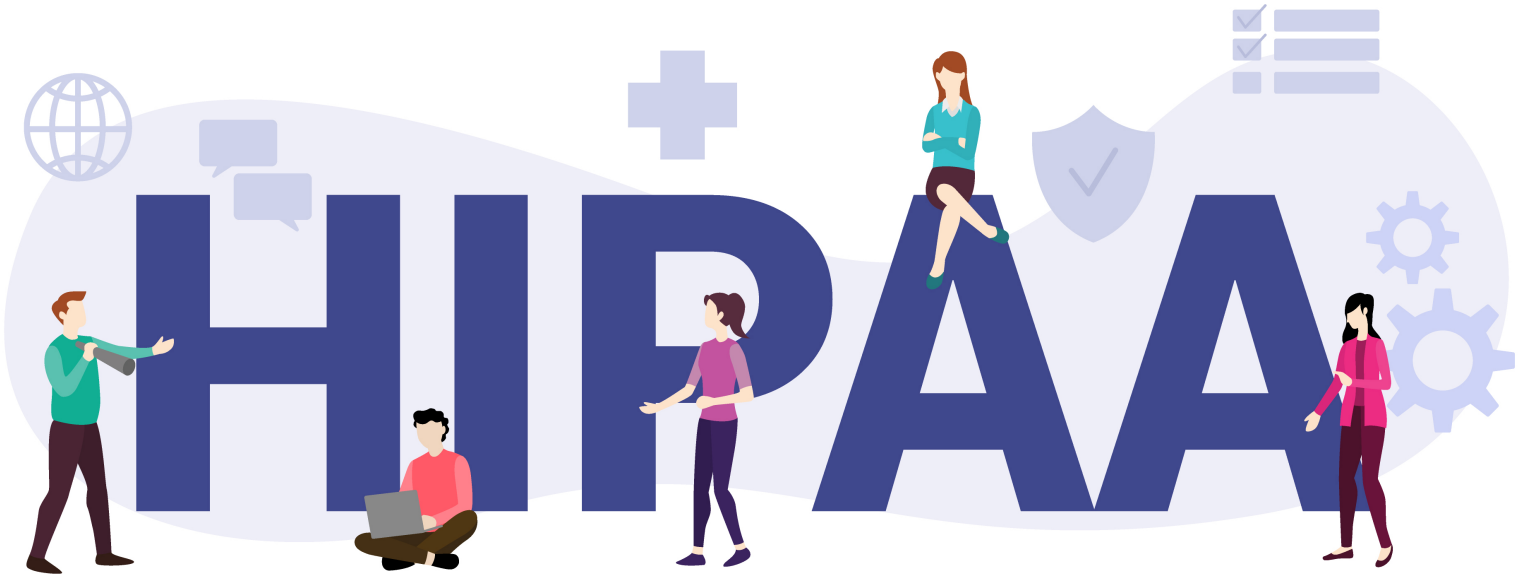
As part of the annual risk assessment, SCHHC needs to give all staff and volunteers of the district HIPAA education. As the current membership of the district board is relatively new, it is time for your annual HIPAA Security Awareness Training. See attached presentation—we will hit the highlights and if you have any questions, please ask.

Growth/Finance: *Increase market share through enhancement of existing and development of new services.*

As mentioned above, the creation of a dedicated Clinical Informatics Manager is intended to enhance the deployment of our existing services and thereby increasing provider productivity.

Since the last district board meeting, I explored several options to contract with a company that has specific experience with optimizing the Evident Thrive EMR. After interviewing several candidates, I determined that the expense was too high to make sense at the moment. However, the need for meeting the challenges of the Thrive EMR head on remains so we have established a more frequent check-in with our CPSI (the parent company for our EMR, Evident/Thrive) customer service manager, who will help connect us to clinical informatics support as we identify pinch points in the system.

The first project that we are working on with CPSI is to assess the ongoing latency and connectivity issues in the Multi-Specialty Clinic. The providers in the MSC have system freezes on a regular basis – and while these freezes have become less frequent than they were at the beginning of the year, the issues occur often enough to serve as a major barrier to increased productivity.



Health Insurance Portability and Accountability Act

HIPAA Privacy

- Health Insurance Portability & Accountability Act of 1996
- HIPAA is a Federal law
- HIPAA establishes uniform rules for protecting health information and privacy
- An Oregon law that is stricter than HIPAA and is more protective of health information privacy than HIPAA still applies
- The purpose of HIPAA is to protect the confidentiality and security of Protected Health Information (PHI) that is held or transmitted by a facility

Basics of the HIPAA Privacy Law

- Hospital personnel cannot see or use Protected Health Information unless it is required for the job
- Hospital personnel can only see or use the minimum amount of Protected Health Information that is necessary for a task
- Hospital personnel who see or use Protected Health Information in violation of HIPAA have violated federal law. Penalties include fines, jail, and hospital disciplinary action which may include termination or expulsion

HIPAA Fines

- $100 fine per day for each standard violation. (Up to $25,000 per person, per year, per standard.)
- $50,000 fine + up to one year in prison for improperly obtaining or disclosing health information.
- $100,000 fine + up to five years in prison for obtaining or disclosing health information under false pretenses.
- $250,000 fine + up to ten years in prison for obtaining health information with the intent to sell, transfer or use for commercial advantage, personal gain or harm.
- Penalties by the hospital can include disciplinary action or termination.

Who Must Comply with the Privacy Rules?

- All Southern Coos Hospital & Health Center employees, volunteers, district board members, and vendors who see or use Protected Health Information

- Everyone is responsible for information privacy and security

What is Protected Health Information?

- Comes from a health care provider or a health plan
- Identifies an individual, or could be used to identify an individual
- Describes the health care, condition, or payments of an individual
- Describes the demographics of an individual

Examples of Demographics

- Name
- Zip Code
- Address
- Name of Employer
- Birth date
- Telephone number
- Fax number
- E-mail address
- Social Security number
- Medical record number

- Health plan beneficiary number
- Account number
- Driver’s license number
- Vehicle serial number
- URL
- IP address
- Biometric identifiers
- Full-face photo
- Any other unique identifying characteristic

Protected Health Information Describes a Patient's Health Condition

Information from a health care provider or health plan about an individual's physical or mental condition, including:

- Past history of a condition
- Present condition
- Plans or predictions about the future of a condition

Protected Health Information Describes Health Care

Information from a health care provider or health plan about an individual's health care, including:

- Who provided care
- What type of care was given
- Where care was given
- Why care was given

Protected Health Information Describes Health Care Payments

Information from a health care provider or health plan about an individual's health care payments, including:

- Who was paid
- What services were covered by the payment
- Where payment was made
- When payment was made
- How payment was made

Protected Health Information Must Be Secured in All Forms

- Written information
  (reports, charts, x-rays, letters, messages, etc.)
- Oral communication
  (phone calls, meetings, informal conversations, etc.)
- E-mail, computerized and electronic information
  (computer records, faxes, voicemail, PDA entries, etc.)

When Can Southern Coos Hospital & Health Center Personnel Use Protected Health Information?

- When authorized by Southern Coos Hospital & Health Center as the minimum necessary to do your job
- When the individual has signed a valid authorization form
- As specifically permitted or required by law
- In all cases, use reasonable security measures to safeguard Protected Health Information
- If unsure about the use of information contact the HIM Supervisor or Privacy Officer

Reasonable Security Measures for Protected Health Information

- Use and do not share computer passwords
- Lock doors, lock file cabinets, and limit access to workspace where health information is used or stored.
- Limit access to printers and faxes where health information is printed
- Limit access to health information to only those who need it for a specific task
- Use de-identified health information whenever possible
- Shred or otherwise properly dispose of health information
- Use and keep only the minimum health information necessary for a specific task
- Follow privacy policies and procedures

HIPAA Privacy - In Summary

- Keep Protected Health Information private and secure at all times
- Make sure only Southern Coos Hospital & Health Center personnel who need to use Protected Health Information see it or use it
- Use only minimum amount of Protected Health Information necessary to accomplish the task
- Read and understand Southern Coos Hospital & Health Center Privacy policies and procedures
- Know your Privacy Officer
- Consult your Privacy Official with any questions you have about privacy or Protected Health Information

Test Your Knowledge of the HIPAA Privacy Rules!

1. HIPAA has replaced all Oregon State laws about privacy of health information?

   True / False

2. When are Hospital personnel authorized to use Protected Health Information?

   A. Anytime it is provided directly by someone who is a Hospital Employee

   B. When it is stored in the files of a person's school or department

   C. Only when it is required for a specific job

Test (cont.)

3. Violation of HIPAA privacy rules can result in the following penalty:

   A. A fine
   B. A jail sentence
   C. Hospital discipline, which may include termination
   D. All of the above

4. “Protected Health Information” comes from a health care provider or a health plan and includes:

   A. Information about a patient’s condition
   B. Information about a patient’s payment for health care
   C. Patient demographic information
   D. All of the above

And the Answers Are:

1. **False**. Follow Oregon State law in cases where Oregon law is stricter and more protective of privacy than HIPAA.
2. **C.** Hospital personnel may only see or use Protected Health Information when it is required for a specific job.
3. **D.** All of the above. Violation of HIPAA privacy rules can result in a fine, a jail sentence, and Hospital discipline, including termination.
4. **D.** All of the above. "Protected Health Information" comes from a health care provider or a health plan and includes all of the items listed, including:

   - information about a patient's condition

   -information about a patient's payment for health care

   -a patient's demographic information

And finally...

Thank You
and
Welcome to SCHHC!

SOUTHERN COOS
HOSPITAL
& HEALTH CENTER

SCH FOUNDATION REPORT

Southern Coos Health Foundation
Executive Director's Report
November 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. This program is an important piece of community outreach for the foundation and the hospital. With grants, year-end fundraising, and donations from organizations, the program will be fully funded for two years. A special shout out goes to Bandon's 100 Women Strong and to the Roger & Anita Straus Fund of the Oregon Community Foundation, which each gave $2,500 to the cause.

Women's Health Day

We have started planning for the 17th Annual Women's Health Day which takes place on February 5th, 2022. Last year's format was completely remote and it was successful as it could have been during the COVID pandemic. This year, we are considering a hybrid format, with a portion onsite at the Bandon Community Center and a portion of the event broadcast over Zoom, the SCHHC website, and on YouTube.

Board Recruitment

I have invited Pamela Hansen to be the Southern Coos Health District liaison to the foundation board, as mandated by the foundation's by-laws. We welcomed Pam to the group this morning at the foundation's November meeting.

MEDICAL STAFF REPORT

MONTHLY FINANCIAL STATEMENTS

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

Gross Revenue and Volumes – Gross revenues for September of $3,123,000 were higher than budgeted expectations of $3,014,000. OP gross revenues of $2,075,000 were higher than a budget of $1,981,000. Lab volumes continued to be strong and there was also an increase in ED volumes in September. Imaging volumes were slightly below budgeted expectations. IP and Swing Bed volumes and revenues of $1,048,000 were higher than a budget of $1,033,000 for the month of September.

Deductions from Revenue – Revenue deductions at $1,017,000 or 33% of gross revenue were slightly lower than budget of 36%. Year-to-date, deductions from revenue is 35% of gross revenue.

Total Operating Revenues of $2,106,000 were slightly higher than budget of $1,925,000.

Labor Expenses in September were $1,526,000 compared to budget of $1,281,000 due primarily to high utilization of contract labor primarily in nursing positions for inpatient and ED positions.

Professional Fees and **Purchased Services** combined were $428,000 was lower than budget of $462,000.

Medical Supplies, Drugs and Other Supplies combined were $175,000 which was slightly higher than budget of $148,000.

Operating Expenses – Total operating expenses of $2,296,000 for the month were higher than budget of $2,078,000.

Operating Loss – Operating losses for September were ($191,000) compared to budgeted loss of ($152,000) due to higher than expected expenses in registry nursing.

Decrease in Net Assets was $(100,000) compared to a budgeted loss of ($45,000). This difference is mostly driven by an increase in forecasted operating expenses.

Days Cash on Hand in September was 56.6 days, down from August at 66.2. This reduction in days cash on hand is primarily due to the increase in net A/R. The calculation of Days Cash on Hand specifically exclude CARES Act provider relief funds (PRF) and restricted investments.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending September 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	111	80	76	39.0%	46.1%		301	241	229	25.1%	31.4%
	Swing Bed Days	128	142	105	-9.9%	21.9%		335	436	434	-23.2%	-22.8%
	Total Inpatient Days	239	222	181	7.7%	32.0%		636	677	663	-6.0%	-4.1%
	Avg Daily Census	8.0	7.4	6.0	7.7%	32.0%		6.9	7.4	7.2	-6.0%	-4.1%
	Avg Length of Stay - IP	4.1	3.6	3.5	13.3%	19.0%		3.5	3.4	3.3	3.0%	8.2%
	Avg Length of Stay - SWB	12.8	7.5	5.5	71.3%	131.6%		12.0	8.2	8.2	45.4%	46.1%
	ED Registrations	394	318	337	24.1%	16.9%		1,274	1,024	1,087	24.4%	17.2%
	Clinic Registrations	517	424	310	21.9%	66.8%		1,395	1,300	934	7.3%	49.4%
	Ancillary Registrations	1,295	937	937	38.2%	38.2%		4,168	2,995	2,995	39.2%	39.2%
	Total OP Registrations	2,206	1,679	1,584	31.4%	39.3%		6,837	5,319	5,016	28.5%	36.3%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,434	10,503	8,999	-19.7%	-6.3%		8,683	10,611	9,383	-18.2%	-7.5%
	Gross SWB Rev/SWB Day	874	1,369	1,626	-36.1%	-46.2%		913	1,367	1,132	-33.2%	-19.4%
	Gross OP Rev/Total OP Registrations	940	1,180	1,139	-20.3%	-17.4%		982	1,166	1,078	-15.8%	-8.9%
	Collection Rate	67.4%	63.7%	62.5%	5.8%	7.9%		64.8%	64.0%	63.5%	1.1%	2.0%
	Compensation Ratio	72.5%	66.5%	63.1%	8.9%	14.9%		69.3%	65.3%	65.4%	6.1%	6.0%
	OP EBIDA Margin $	(139,268)	(102,040)	(46,815)	36.5%	197.5%		(201,446)	(164,373)	(247,070)	22.6%	-18.5%
	OP EBIDA Margin %	-6.6%	-5.3%	-2.8%	24.8%	136.1%		-3.2%	-2.7%	-4.8%	17.9%	-33.1%
	Total Margin	-4.8%	-2.3%	-0.3%	105.1%	1621.4%		-0.9%	0.1%	-2.3%	-947.2%	-62.7%
Key Liquidity Ratios	Days Cash on Hand	56.6	80.0	39.1	29.3%	-44.8%						
	AR Days Outstanding	50.7	50.0	60.6	-1.4%	16.3%						

Southern Coos Hospital & Health Center

Data Dictionary

Volume Summary	IP Days	Total Inpatient Days Per Midnight Census
	Swing Bed Days	Total Swing Bed Days per Midnight Census
	Total Bed Days	Total Days per Midnight Census
	Avg Daily Census	Total Bed Days / # of Days in period (Mo or YTD)
	Avg Length of Stay - IP	Total Inpatient Days / # of IP Discharges
	Avg Length of Stay - SWB	Total Swing Bed Days / # of SWB Discharges
	ED Registrations	Number of ED patient visits
	Clinic Registrations	Number of Clinic patient visits
	Ancillary Registrations	Total number of all other OP patient visits
	Total OP Registrations	Total number of OP patient visits

Key Income Statement Ratios	Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
	Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
	Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
	Collection Rate	Net patient revenue / total patient charges
	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
	OP EBIDA Margin $	Operating Margin + Depreciation + Amortization
	OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
	Total Margin (%)	Total Margin / Total Operating Revenues

Key Liquidity Ratios	Days Cash on Hand	Total unrestricted cash / Daily OP Cash requirements
	AR Days Outstanding	Gross AR / Avg. Daily Revenues

Southern Coos Hospital & Health Center

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

	Current Month - Sep-2021					Year To Date - Sep-2021				
	Sep-2021 Actual	Sep-2021 Budget	Variance	Var %	Sep-2020 Actual	Sep-2021 Actual	Sep-2021 Budget	Variance	Var %	Sep-2020 Actual
Patient Revenue										
Inpatient	1,048,102	1,033,181	14,921	1.4%	854,605	2,919,332	3,149,516	(230,184)	(7.3%)	2,640,163
Outpatient	2,074,562	1,980,898	93,665	4.7%	1,804,244	6,713,039	6,201,685	511,355	8.2%	5,405,108
Total Patient Revenue	**3,122,665**	**3,014,079**	**108,586**	**3.6%**	**2,658,849**	**9,632,372**	**9,351,201**	**281,171**	**3.0%**	**8,045,270**
Deductions From Revenue										
Total Deductions	**1,016,994**	**1,092,913**	**75,919**	**6.9%**	**996,622**	**3,394,766**	**3,361,800**	**(32,966)**	**(1.0%)**	**2,936,612**
Revenue Deductions %	*32.6%*	*36.3%*			*37.5%*	*35.2%*	*36.0%*			*36.5%*
Net Patient Revenue	**2,105,671**	**1,921,166**	**184,505**	**9.6%**	**1,662,227**	**6,237,606**	**5,989,401**	**248,205**	**4.1%**	**5,108,658**
Other Operating Revenue	10	4,090	(4,080)	(99.8%)	8,911	793	12,271	(11,478)	(93.5%)	9,376
Total Operating Revenue	**2,105,681**	**1,925,256**	**180,425**	**9.4%**	**1,671,138**	**6,238,399**	**6,001,672**	**236,727**	**3.9%**	**5,118,034**
Operating Expenses										
Total Labor Expenses	1,525,644	1,280,722	(244,922)	(19.1%)	1,054,168	4,322,879	3,917,667	(405,213)	(10.3%)	3,345,219
Total Other Operating Expenses	770,579	796,918	26,339	3.3%	718,915	2,272,179	2,399,356	127,177	5.3%	2,181,645
Total Operating Expenses	**2,296,223**	**2,077,640**	**(218,583)**	**(10.5%)**	**1,773,083**	**6,595,058**	**6,317,023**	**(278,036)**	**(4.4%)**	**5,526,864**
Operating Income / (Loss)	**(190,543)**	**(152,384)**	**(38,159)**	**25.0%**	**(101,945)**	**(356,659)**	**(315,350)**	**(41,309)**	**13.1%**	**(408,830)**
Net Non-Operating Revenues	**90,488**	**107,786**	**(17,931)**	**(16.6%)**	**97,332**	**302,055**	**322,602**	**(23,204)**	**(7.2%)**	**288,721**
Change in Net Position	**(100,055)**	**(44,597)**	**(55,457)**	**124.4%**	**(4,613)**	**(54,605)**	**7,251**	**(61,856)**	**(853.0%)**	**(120,109)**
Collection Rate %	**67.4%**	**63.7%**	**5.8%**	**5.8%**	**62.5%**	**64.8%**	**64.0%**	**1.1%**	**1.1%**	**63.5%**
Compensation Ratio %	**72.5%**	**66.5%**	**8.9%**	**8.9%**	**63.1%**	**69.3%**	**65.3%**	**6.2%**	**6.2%**	**65.4%**
OP EBIDA Margin $	**(139,267)**	**(102,040)**	**(37,227)**	**36.5%**	**(46,815)**	**(201,447)**	**(163,323)**	**(38,123)**	**23.3%**	**(247,070)**
OP EBIDA Margin %	**(6.6%)**	**(5.3%)**	**(1.3%)**	**24.8%**	**(2.8%)**	**(3.2%)**	**(2.7%)**	**(0.5%)**	**18.7%**	**(4.8%)**
Total Margin (%)	**(4.8%)**	**(2.3%)**	**(2.4%)**	**105.1%**	**(0.3%)**	**(0.9%)**	**0.1%**	**(1.0%)**	**(824.4%)**	**(2.3%)**

Southern Coos Hospital & Health Center

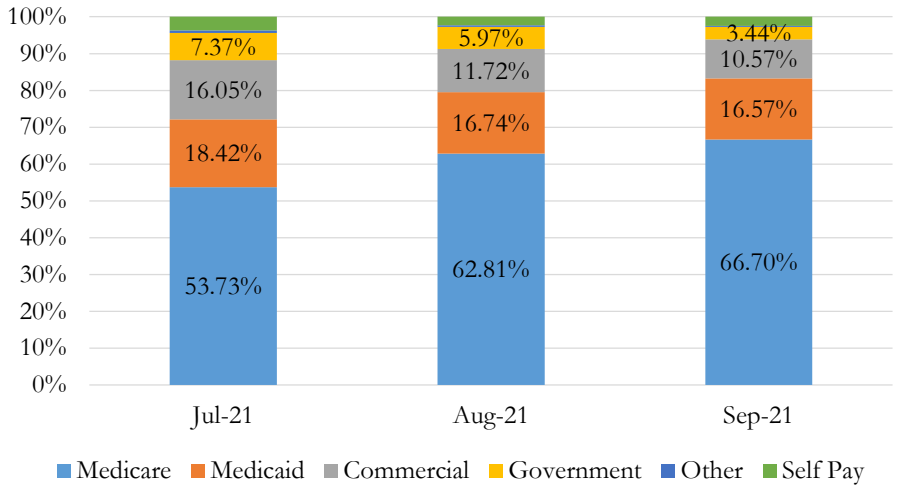
Patient Payer Mix and Volumes

For The Period Ending September 30, 2021

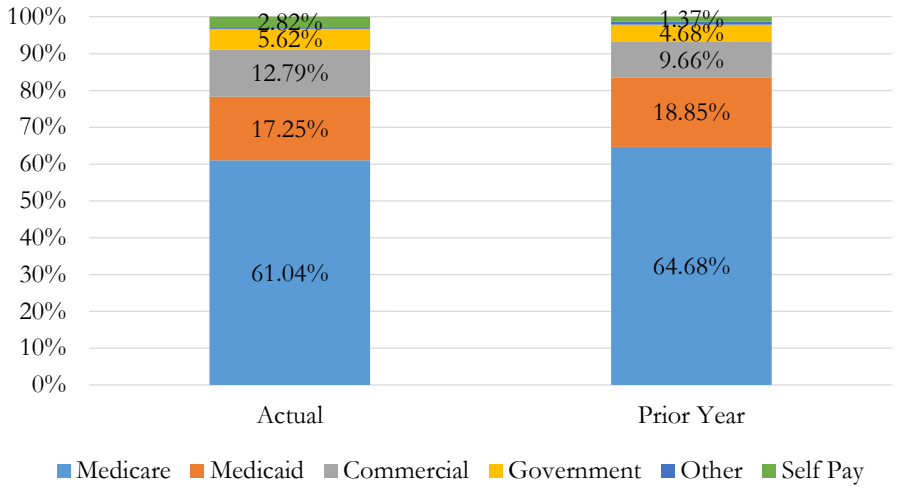
		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	66.70%	62.78%	62.78%	6.2%	6.2%	61.04%	64.68%	64.68%	-5.6%	-5.6%
	Medicaid	16.57%	21.57%	21.57%	-23.2%	-23.2%	17.25%	18.85%	18.85%	-8.5%	-8.5%
	Commercial	10.57%	7.87%	7.87%	34.3%	34.3%	12.79%	9.66%	9.66%	32.4%	32.4%
	Government	3.44%	6.32%	6.32%	-45.6%	-45.6%	5.62%	4.68%	4.68%	20.1%	20.1%
	Other	0.20%	0.51%	0.51%	-60.8%	-60.8%	0.48%	0.76%	0.76%	-36.8%	-36.8%
	Self Pay	2.52%	0.95%	0.95%	165.3%	165.3%	2.82%	1.37%	1.37%	105.8%	105.8%
	Total	100.00%	100.00%	100.00%			100.00%	100.00%	100.00%		

		Month					Year To Date				
		FY 21 - 22	FY 21 - 22	FY 20 - 21	Variance %		FY 21 - 22	FY 21 - 22	FY 20 - 21	Variance %	
		Actual	Budget	Prior Year	Tto Bud	To Prior Year	Actual	Budget	Prior Year	To Budget	To Prior Year
Patient Volumes	In Patient Days	111	80	76	39.0%	46.1%	301	241	229	25.1%	31.4%
	Swing Bed Days	128	142	105	-9.9%	21.9%	335	436	434	-23.2%	-22.8%
	Total Patient Days	**239**	**222**	**181**	**-7.7%**	**-32.0%**	**636**	**677**	**663**	**6.0%**	**4.1%**
	Emergency Visits	394	318	337	24.1%	16.9%	1,274	1,024	1,087	24.4%	17.2%
	Radiology Procedures	610	680	664	-10.3%	-8.1%	2,032	2,128	2,034	-4.5%	-0.1%
	Laboratory Tests	4,125	3,374	3,683	22.3%	12.0%	12,379	10,348	10,251	19.6%	20.8%
	Respiratory Visits	313	608	530	-48.6%	-40.9%	1,312	1,864	1,577	-29.6%	-16.8%
	Surgeries and Endoscopies	19	25	22	-24.0%	-13.6%	80	98	86	-18.2%	-7.0%
	Specialty Clinic Visits	167	222	213	-24.8%	-21.6%	557	682	655	-18.3%	-15.0%
	Primary Care Clinic	476	424	310	12.3%	53.5%	1,395	1,300	934	7.3%	49.4%

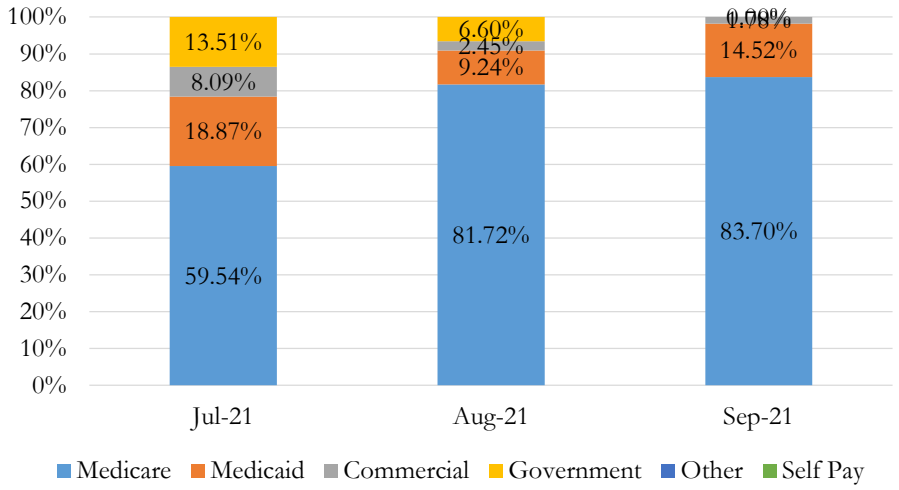
All Patients Payor Mix



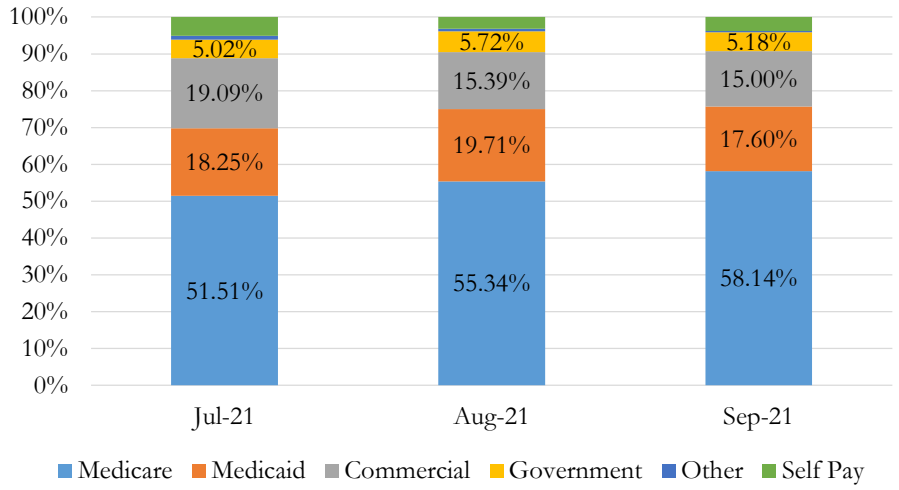
Year to Date Payor Mix



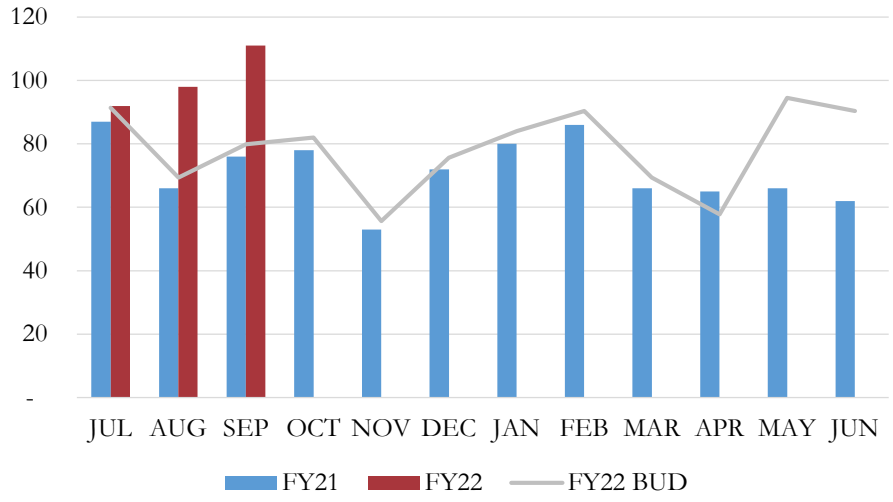
IP Payor Mix



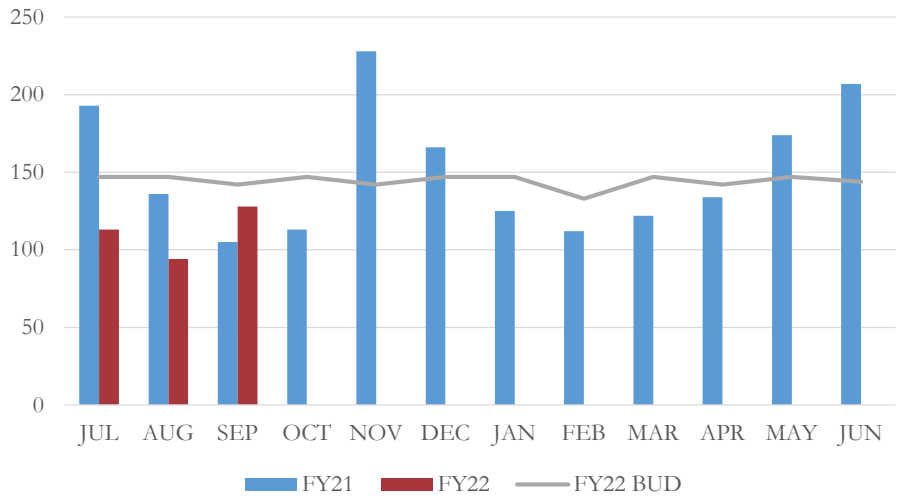
OP Payor Mix



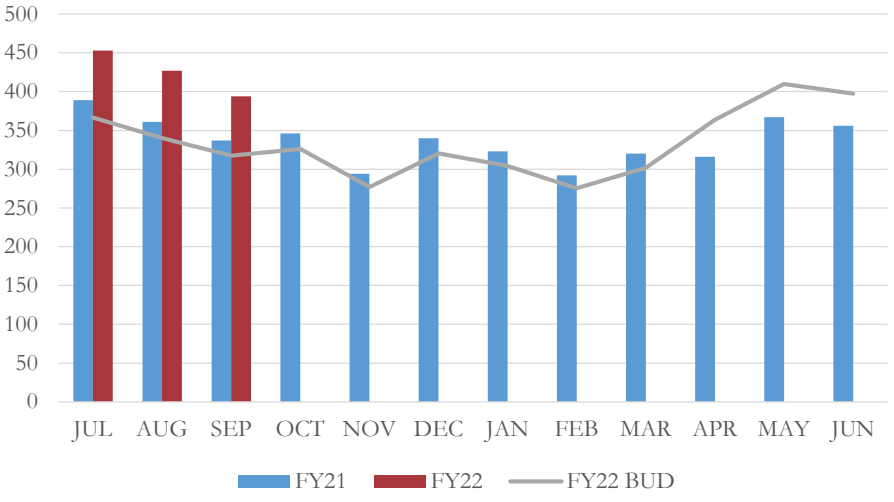
IP Days



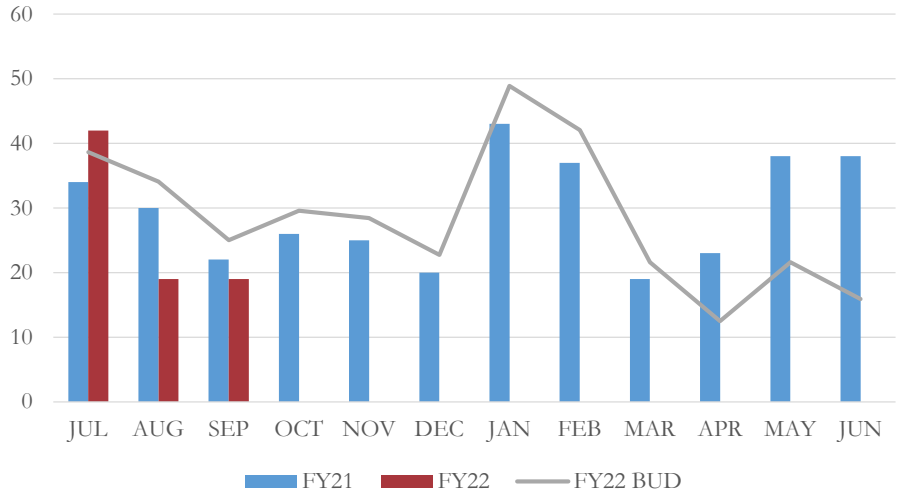
Swing Bed Days



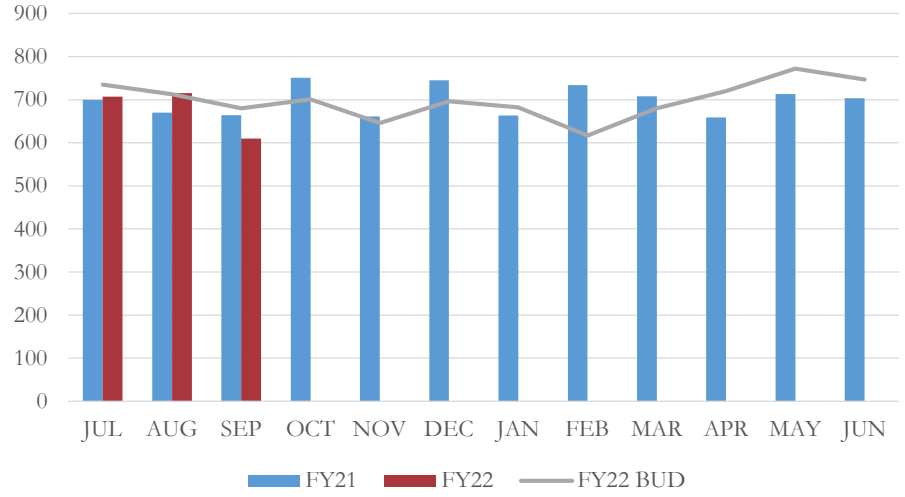
ER Visits



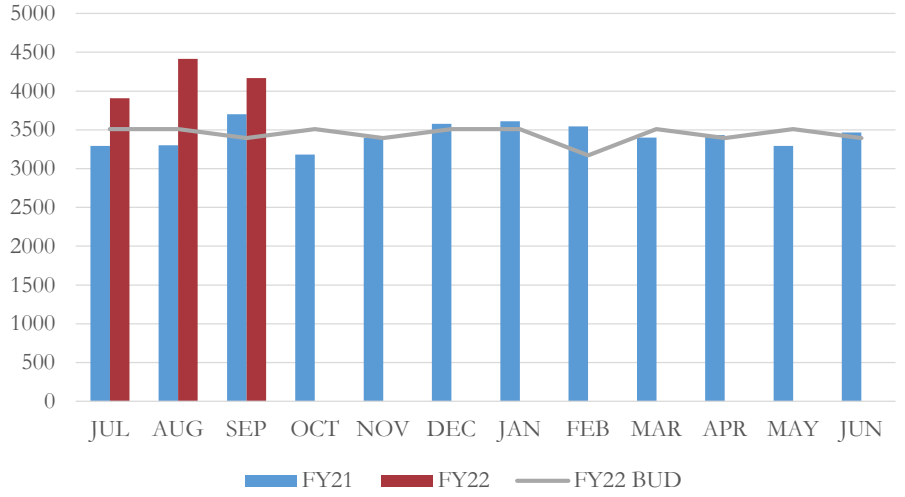
Surgery Patients



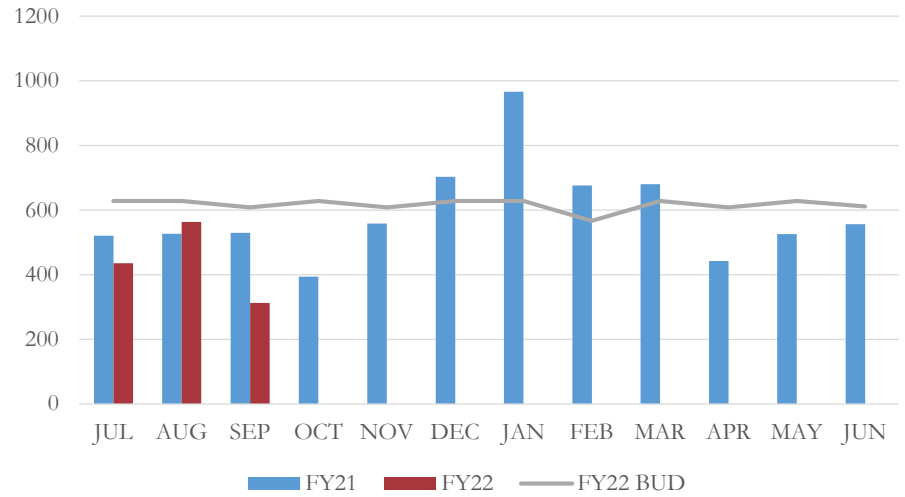
Imaging Visits



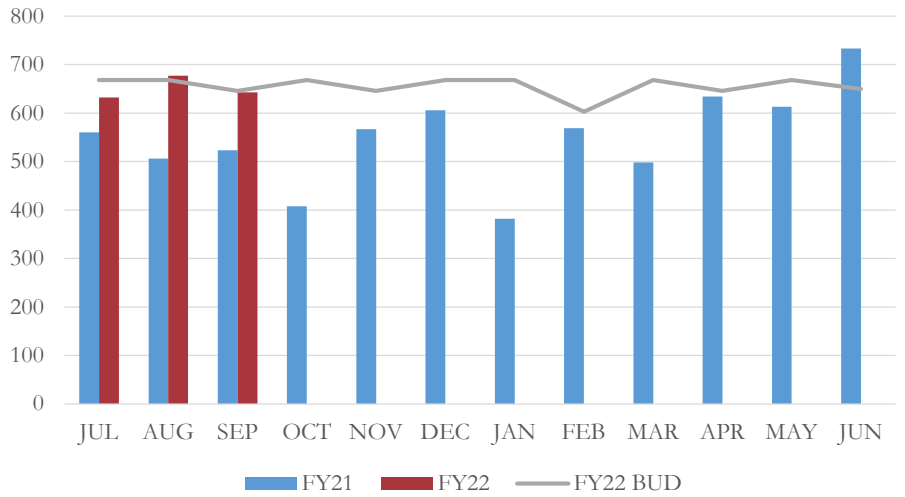
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending September 30, 2021

	Balance as of Sep-2021	Balance as of Jun-2021	Change	Balance as of Jun-2020
Assets				
Current Assets				
Cash - Operating	2,017,158	2,023,966	(6,808)	(781,040)
Covid-19 Relief Funds	5,229,061	5,229,061	0	8,016,556
Medicare Accelerated Payments	6,177,603	7,028,524	(850,921)	7,352,042
Investments - Unrestricted	466,521	452,620	13,901	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	16,106,319	16,950,147	(843,828)	17,179,111
Patient Accounts Receivable	5,665,902	4,845,025	820,877	5,758,157
Allowance for Uncollectibles	(2,649,402)	(2,319,557)	(329,845)	(2,336,539)
Net Patient Accounts Receivable	**3,016,500**	**2,525,468**	**491,032**	**3,421,618**
Other Receivables	373,597	770,633	(397,036)	81,441
Inventory	246,929	239,072	7,857	300,563
Prepaid Expense	350,572	402,507	(51,935)	128,607
Property Tax Receivable	0	0	0	0
Total Current Assets	**20,093,917**	**20,887,827**	**(793,910)**	**21,111,340**
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment:	16,297,169	16,154,324	142,845	15,980,096
Less: Accumulated Depreciation	(11,807,168)	(11,651,955)	(155,213)	(11,010,369)
Construction In Progress	0	35,449	(35,449)	0
Net PP&E	**4,951,529**	**4,999,345**	**(47,816)**	**5,431,254**
Total Assets	25,045,446	25,887,172	(841,726)	26,542,594

Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending September 30, 2021

	Balance as of Sep-2021	Balance as of Jun-2021	Change	Balance as of Jun-2020
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	961,551	949,885	11,666	1,072,148
Accrued Payroll and Benefits	1,396,784	1,094,428	302,356	938,690
Interest and Other Payable	149,773	476,302	(326,529)	33,306
Current Portion of Long Term Debt	231,964	231,964	0	227,789
Medicare Accelerated Fund	6,177,603	6,952,217	(774,614)	7,352,042
Provider Relief Funds	4,308,836	4,308,836	0	4,308,836
Oregon Provider Relief Funds	68,963	68,963	0	68,963
Covid-19 Relief Funds	851,262	851,262	(0)	3,638,757
Current Liabilities	**14,146,736**	**14,933,857**	**(787,121)**	**17,640,531**
Long-Term Debt	4,368,697	4,368,697	0	4,596,488
Less Current Portion of Long-Term Debt	(231,964)	(231,964)	0	(227,789)
Total Long-Term Debt, net	4,136,733	4,136,733	0	4,368,699
Total Liabilities	18,283,469	19,070,590	(787,121)	22,009,230
Net Assets:				
Fund Balance	6,816,582	4,533,364	2,283,218	6,518,595
Change in Net Position	(54,605)	2,283,218	(2,337,823)	(1,985,231)
Total Net Assets	**6,761,977**	**6,816,582**	**(54,605)**	**4,533,364**
Total Liabilities & Net Assets	25,045,446	25,887,172	(841,726)	26,542,594

Southern Coos Hospital & Health Center

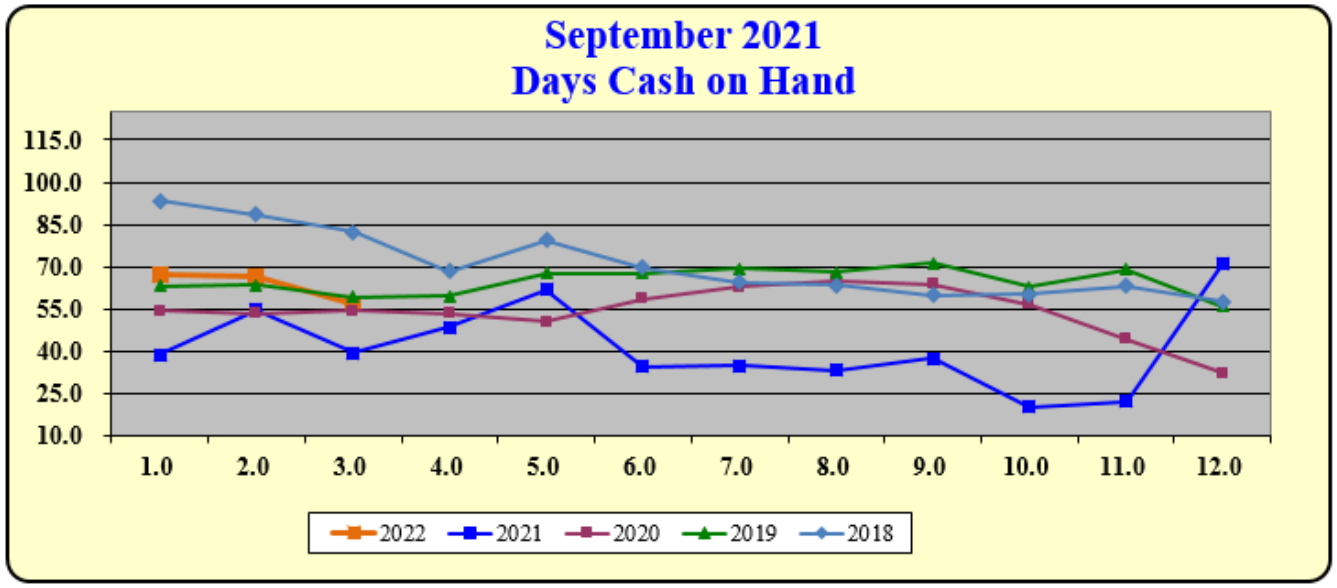
Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending September 30, 2021

	Current Month - Sep-2021					Year To Date - Sep-2021				
	Sep-2021 Actual	Sep-2021 Budget	Variance	Var %	Sep-2020 Actual	Sep-2021 Actual	Sep-2021 Budget	Variance	Var %	Sep-2020 Actual
Patient Revenue										
Inpatient	1,048,102	1,033,181	14,921	1.4%	854,605	2,919,332	3,149,516	(230,184)	(7.3%)	2,640,163
Outpatient	2,074,562	1,980,898	93,665	4.7%	1,804,244	6,713,039	6,201,685	511,355	8.2%	5,405,108
Total Patient Revenue	**3,122,665**	**3,014,079**	**108,586**	**3.6%**	**2,658,849**	**9,632,372**	**9,351,201**	**281,171**	**3.0%**	**8,045,270**
Deductions From Revenue										
Total Deductions	**1,016,994**	**1,092,913**	**75,919**	**6.9%**	**996,622**	**3,394,766**	**3,361,800**	**(32,966)**	**(1.0%)**	**2,936,612**
Revenue Deductions %	*32.6%*	*36.3%*			*37.5%*	*35.2%*	*36.0%*			*36.5%*
Net Patient Revenue	**2,105,671**	**1,921,166**	**184,505**	**9.6%**	**1,662,227**	**6,237,606**	**5,989,401**	**248,205**	**4.1%**	**5,108,658**
Other Operating Revenue	10	4,090	(4,080)	(99.8%)	8,911	793	12,271	(11,478)	(93.5%)	9,376
Total Operating Revenue	**2,105,681**	**1,925,256**	**180,425**	**9.4%**	**1,671,138**	**6,238,399**	**6,001,672**	**236,727**	**3.9%**	**5,118,034**
Operating Expenses										
Salaries & Wages	1,025,159	944,873	(80,286)	(8.5%)	759,159	2,840,463	2,873,855	33,392	1.2%	2,428,668
Contract Labor	219,346	77,415	(141,931)	(183.3%)	66,009	702,146	255,770	(446,375)	(174.5%)	178,224
Benefits	281,139	258,433	(22,705)	(8.8%)	229,000	780,271	789,091	8,820	1.1%	738,327
Total Labor Expenses	1,525,644	1,280,722	(244,922)	(19.1%)	1,054,168	4,322,879	3,918,717	(404,163)	(10.3%)	3,345,219
Professional Fees	200,272	213,999	13,728	6.4%	200,074	620,041	642,217	22,176	3.5%	608,677
Purchased Services	227,573	247,881	20,308	8.2%	217,729	641,451	743,643	102,192	13.7%	657,520
Drugs & Pharmaceuticals	68,418	47,373	(21,045)	(44.4%)	45,171	187,835	145,276	(42,558)	(29.3%)	124,448
Medical Supplies	13,327	16,518	3,191	19.3%	17,913	38,712	53,733	15,021	28.0%	48,677
Other Supplies	93,759	84,196	(9,563)	(11.4%)	32,309	262,997	252,589	(10,408)	(4.1%)	200,245
Lease and Rental	24,529	25,741	1,212	4.7%	26,489	81,291	77,227	(4,064)	(5.3%)	73,498
Maintenance & Repairs	15,183	24,410	9,227	37.8%	28,381	74,894	73,230	(1,663)	(2.3%)	86,487
Other Expenses	34,324	54,344	20,020	36.8%	57,577	96,790	163,077	66,287	40.6%	118,934
Utilities	24,264	20,009	(4,255)	(21.3%)	20,769	59,007	60,027	1,021	1.7%	61,846
Insurance	17,655	12,103	(5,553)	(45.9%)	17,373	53,949	36,308	(17,641)	(48.6%)	39,554
Depreciation & Amortization	51,275	50,344	(931)	(1.9%)	55,130	155,213	152,027	(3,185)	(2.1%)	161,760
Total Operating Expenses	**2,296,223**	**2,077,640**	**(218,583)**	**(10.5%)**	**1,773,083**	**6,595,058**	**6,318,073**	**(276,986)**	**(4.4%)**	**5,526,864**
Operating Income / (Loss)	**(190,543)**	**(152,384)**	**(38,159)**	**25.0%**	**(101,945)**	**(356,659)**	**(316,400)**	**(40,259)**	**12.7%**	**(408,830)**
Non-Operating										
Property Taxes	83,924	86,497	(2,573)	(3.0%)	78,130	251,771	259,491	(7,720)	(3.0%)	234,389
Non-Operating Revenue	17,599	30,344	(12,745)	(42.0%)	27,419	82,720	91,032	(8,312)	(9.1%)	76,960
Interest Expense	(15,499)	(16,132)	633	(3.9%)	(16,176)	(46,497)	(49,154)	2,657	(5.4%)	(48,820)
Investment Income	4,464	7,078	(2,613)	(36.9%)	7,959	14,060	21,233	(7,172)	(33.8%)	26,217
Total Non-Operating	**90,488**	**107,786**	**(17,298)**	**(16.0%)**	**97,332**	**302,055**	**322,602**	**(20,547)**	**(6.4%)**	**288,745**
Change in Net Position	**(100,055)**	**(44,597)**	**(55,457)**	**124.4%**	**(4,613)**	**(54,605)**	**6,201**	**(60,806)**	**(980.5%)**	**(120,085)**

Southern Coos Hospital & Health Center

Income Statement
For The Period Ending September 2021
Comparison to Prior Months

	Current FY 2022					
	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021
Patient Revenue						
Inpatient	728,381	849,326	884,112	885,397	985,833	1,048,102
Outpatient	1,882,129	2,000,156	2,164,931	2,327,649	2,310,828	2,074,562
Total Patient Revenue	**2,610,510**	**2,849,482**	**3,049,042**	**3,213,046**	**3,296,661**	**3,122,665**
Deductions From Revenue						
Charity Services	(910)	12,337	7,989	4,838	3,555	8,495
Contractual Allowances	411,169	779,894	935,330	1,022,308	1,151,916	929,345
Other Discounts	130,611	93,513	98,018	74,261	79,831	112,511
Bad Debt	19,577	17,272	8,900	8,853	32,210	(33,357)
Total Deductions	**560,447**	**903,016**	**1,050,237**	**1,110,260**	**1,267,512**	**1,016,994**
Net Patient Revenue	**2,050,063**	**1,946,466**	**1,998,805**	**2,102,786**	**2,029,149**	**2,105,671**
Other Operating Revenue	45	75	40	748	35	10
Total Operating Revenue	**2,050,108**	**1,946,541**	**1,998,845**	**2,103,534**	**2,029,184**	**2,105,681**
Operating Expenses						
Salaries & Wages	1,120,954	997,256	854,780	918,275	897,028	1,025,159
Benefits	198,140	292,013	311,605	250,203	248,929	281,139
Contract Labor	317,216	192,534	200,772	260,872	221,928	219,346
Professional Fees	195,625	197,369	221,880	237,525	182,244	200,272
Purchased Services	187,929	250,870	389,413	212,015	201,863	227,573
Medical Supplies	4,411	11,474	24,060	12,476	12,908	13,327
Drugs & Pharmaceuticals	39,018	74,665	89,737	63,253	56,164	68,418
Other Supplies	48,129	96,439	81,351	75,885	93,354	93,759
Depreciation & Amortization	56,703	53,497	54,318	52,662	51,275	51,275
Lease and Rental	25,138	23,639	20,750	13,453	43,308	24,529
Maintenance & Repairs	(7,294)	20,680	14,337	37,062	22,649	15,183
Utilities	7,672	16,562	22,302	17,621	17,122	24,264
Insurance	32,738	3,528	17,580	18,639	17,655	17,655
Other Expenses	58,235	69,931	21,655	43,459	19,007	34,324
Total Operating Expenses	**2,284,613**	**2,300,458**	**2,324,540**	**2,213,401**	**2,085,434**	**2,296,223**
Excess of Revenue Over Expenses I	**(234,505)**	**(353,917)**	**(325,695)**	**(109,866)**	**(56,251)**	**(190,543)**
Non-Operating						
Unrestricted Contributions	83,924	83,924	83,924	83,924	83,924	83,924
Other NonOperating Revenue\Expen	39,810	39,647	3,589,658	45,632	19,489	17,599
Investment Income	4,933	5,093	4,807	4,964	4,632	4,464
Total Non-Operating	**128,666**	**128,664**	**3,678,390**	**134,520**	**108,045**	**105,987**
Interest Expense	(15,828)	(15,828)	(15,828)	(15,499)	(15,499)	(15,499)
Excess of Revenue Over Expenses	**(121,667)**	**(241,081)**	**3,336,867**	**9,154**	**36,296**	**(100,055)**



Calculation: Total Unrestricted Cash on Hand / 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.

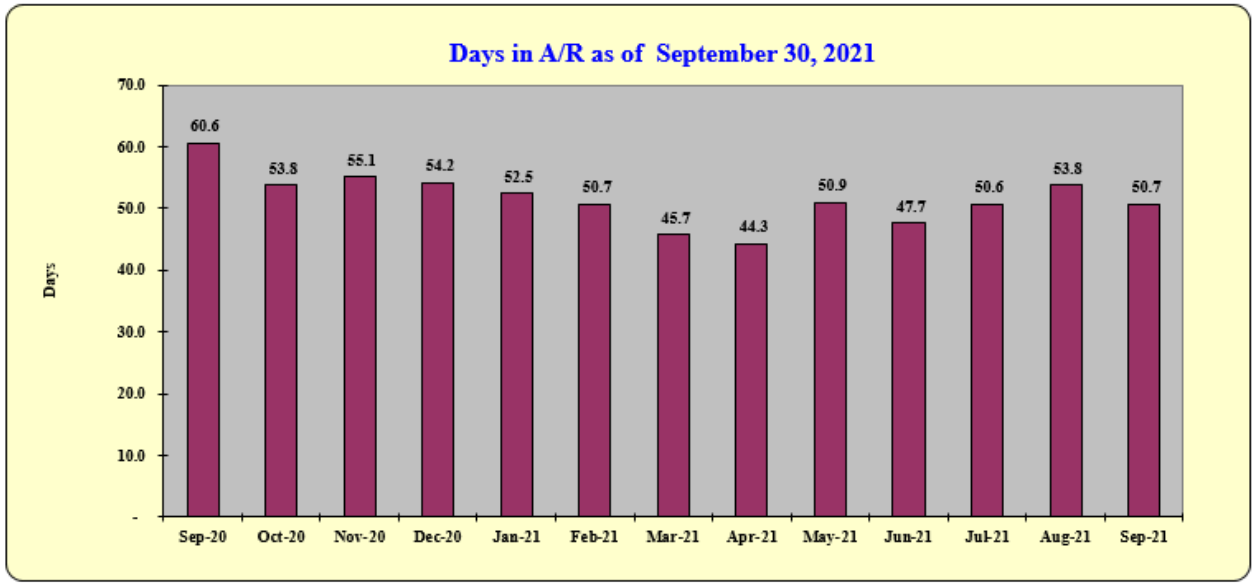
Desired Position: Upward trend, above the median

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	63.3
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									
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



Calculation: Gross Accounts Receivable / 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.

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
A/R (Gross)	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	5,014,861	5,592,484	5,312,319
Days in AR	60.6	53.8	55.1	54.2	52.5	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7

``	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
A/R (Gross)	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	5,014,861	5,592,484	5,312,319
Days in Month	30	31	30	31	31	28	31	30	31	30	31	31	30
Monthly Revenue	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	3,213,046	3,296,661	3,122,665
3 Mo Avg Daily Revenue	87,449	86,161	86,286	88,637	92,024	96,877	96,015	93,670	90,693	93,506	99,039	103,899	104,700
Days in AR	60.6	53.8	55.1	54.2	52.5	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPTIAL PURCHASES

FY2021	VENDOR	DESCRIPTION	COST	DATE	GRANT FUNDING SOURCE
	Non-Threshold Capital Purchases (<$25,000)				
	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	
	Oxygen Tanks	Bulk storage tanks	86,760.00	6/30/2021	CARES Grant Funded
	Board Approved Threshold Projects (>$25,000) in Process				
	Total		280,794.47		
	Total CARES Grant Funded Equipment		147,242.06		
	Capital Purchases Under Budget Authority		133,552.41		
	FY2021 Budget Authority		250,000.00		
	Remaining Budget		116,447.59		

FY2022	VENDOR	DESCRIPTION	COST	DATE	GRANT FUNDING SOURCE
	Non-Threshold Capital Purchases (<$25,000)				
	C&R Homes & Construction	New Roof	76,800.00	9/30/2021	
	Stryker	Patient Beds	90,000.00	In Process	
	Total		76,800.00		

QUALITY & PATIENT SAFETY REPORT

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY & PATIENT SAFETY

Report to Board of Directors

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY REPORTING OVERVIEW

Quality healthcare with a personal touch.

SOUTHERN COOS HOSPITAL & HEALTH CENTER

MANDATORY REPORTING

- **Emergency Department Transfer Communication (monthly)**
  - **8 required data elements**
- **Hospital Acquired Infections (monthly)**
  - **Central Line-Associated Bloodstream**
  - **Catheter Associated Urinary Tract**
  - **Clostridium Difficle**
  - **Methicillin-resistant Staphylococcus Aureus**
- **Healthcare Worker Influenza Vaccination (annually)**
- **Antibiotic Stewardship (annually)**
- **Hospital Consumer Assessment of Healthcare Providers and Systems (every discharged in-patient)**

MANDATORY REPORTING

- **Hospital Pricing Transparency (Starting January 2021)**

  "Starting January 1, 2021, each hospital operating in the United States will be required to provide clear, accessible pricing information online about the items and services they provide…"

- **CMS Quality and Safety Review Systems Clinical Data Abstractions (Request in September) (publically available)**
  - **7-Day Risk Standardized Hospital Visit Rate After Outpatient Colonoscopy**
  - **Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy**
  - **Hospital Visits after Hospital Outpatient Surgery**

SOUTHERN COOS HOSPITAL & HEALTH CENTER

ADDITIONAL DATA…

- Sudden Cardiac Arrest Registry
- Organ Procurement
- Left Without Being Seen (call some of patients)
- Left Against Medical Advice (call 100% of patients)
- ED Returns w/in 48 Hours (quarterly review)
- Med/Surg Readmissions
- Clarity Reporting System
- Complaints/Grievances

SOUTHERN COOS HOSPITAL & HEALTH CENTER

DNV-GL ADDITIONAL BOARD INFORMATION

- Additional workload for staff the same/similar to CMS survey readiness activities
- It's not typical to hire additional staff for DNV accreditation
- Training is not required. Unlimited hospital employees have access to the DNV Critical Access Network – a collective of hospitals that participate in DNV accreditation.
- DNV provides on-going support to hospitals throughout the year

REMUNERATION

Survey	Maximum Surveyor Days	Timeframe
NIAHO® Accreditation (General, informal ISO education will take place at this survey)	6	**Year 1** Unannounced
NIAHO® Accreditation & ISO 9001 Pre-Assessment	4.5	**Year 2** One year after Year 1
NIAHO® & ISO 9001 Stage One	4.5	**Year 3** One year after Year 2

Fee payments are spread over the three year Certification period and do not include related travel expenses. Travel expenses will be billed separately on a pass-through basis with no overhead or markup in accordance with DNV Travel Policies in effect at the time expenses are incurred. An additional surcharge will apply to any location outside the continental United States.

Schedule	Survey Fees	Date Due
Survey Year 1	$20,400	Invoice will be sent after completion of survey
Survey Year 2	$15,300	Invoice will be sent after completion of survey
Survey Year 3	$15,300	Invoice will be sent after completion of survey

- Minimum off-sites visited each year N/A
- **Note: The ISO Compliance/Certification Survey (Stage 2) will occur in year four.**

The Amounts quoted above are valid for a period of sixty (60) days from the DNV date on page 1 of this Agreement.

Agreements returned by the Customer after this date are subject to repricing.

The ISO 9001 Compliance/Certification Survey will occur in year four. Any follow-up or Special Survey (as defined in

DNV policy), early ISO 9001 Certification or Compliance survey or other services requested by the Customer will be charged at the prevailing rate for survey fees and expenses at the time the Survey Agreement for ISO 9001 & DNV activities was signed plus a surcharge to cover extraordinary expenses as determined in the reasonable discretion of DNV.

Private Training Information

- 2.5 Day Intro to DNV healthcare (Critical Access Hospital)
- 12 Attendees
- $15,130
- Plus Travel Expenses for One Trainer

Offer: 30% Discount if enrolled by December 31, 2021 (Save $4539 off of cost)
Choose 3 preferred dates prior to July 2022

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUESTIONS?

PRIVATE TRAINING PRICE SHEET

NEW! Intro to DNV and NIAHO® (Acute and CAH) 2.5 Days	
Up to 12 Participants	$15,130
Up to 16 Participants	$18,167
Up to 20 Participants	$20,505
Up to 25 Participants	$22,962
Up to 30 Participants	$25,595
ISO Foundation for Healthcare 1.5 Days	
Up to 12 Participants	$7,510
Up to 16 Participants	$8,695
Up to 20 Participants	$9,590
Up to 25 Participants	$10,155
Up to 30 Participants	$10,960
Healthcare Management System Implementation (CAH Course Available) 3 Days	
Up to 12 Participants	$17,040
Up to 16 Participants	$19,355
Up to 20 Participants	$21,665
Up to 25 Participants	$25,125
Up to 30 Participants	$28,245
Internal Audits for Healthcare (CAH Course Available) 3 Days	
Up to 12 Participants	$17,040
Up to 16 Participants	$19,355
Up to 20 Participants	$21,665
Up to 25 Participants	$25,125
Up to 30 Participants	$28,245
Managing Risk in Your Hospital Proactively 2.5 Days	
Up to 12 Participants	$15,130
Up to 16 Participants	$18,167
Up to 20 Participants	$20,505
Up to 25 Participants	$22,962
Up to 30 Participants	$25,595
Taking Your Management System to the Next Level 2 Days	
Up to 12 Participants	$11,340
Up to 16 Participants	$13,440
Up to 20 Participants	$14,700
Up to 25 Participants	$17,065
Up to 30 Participants	$18,900`
Comprehensive Accreditation (CAH Course Available) 2.5 Days	
Up to 12 Participants	$15,130
Up to 16 Participants	$18,167
Up to 20 Participants	$20,505
Up to 25 Participants	$22,962
Up to 30 Participants	$25,595

Restraint and Seclusion
(Acute and CAH) 1 Day

Up to 12 Participants	$5,670
Up to 16 Participants	$6,720
Up to 20 Participants	$7,350
Up to 25 Participants	$8,530
Up to 30 Participants	$9,450
Up to 50 Participants	$14,438
Additional Participants	$325 Each

Discounts & Promotions may not apply to this course

Sterile Processing Training
(Acute and CAH) 1 Day

Up to 12 Participants	$5,670
Up to 16 Participants	$6,720
Up to 20 Participants	$7,350
Up to 25 Participants	$8,530
Up to 30 Participants	$9,450
Up to 50 Participants	$14,438
Additional Participants	$325 Each

Discounts & Promotions may not apply to this course

CIP Training
(Acute and CAH) 2 Days

Up to 12 Participants	$11,340
Up to 16 Participants	$13,440
Up to 20 Participants	$14,700
Up to 25 Participants	$17,065
Up to 30 Participants	$18,900

Certified Healthcare Operations Professional
(B & A) 3 Days

Up to 12 Participants	$17,040
Up to 16 Participants	$19,355
Up to 20 Participants	$21,665
Up to 25 Participants	$25,125
Up to 30 Participants	$28,245

Discounts and Promotions may not apply to these courses

Stroke Boot Camp*
1 Day

Up to 12 Participants	$5,670
Up to 16 Participants	$6,720
Up to 20 Participants	$7,350
Up to 25 Participants	$8,530
Up to 30 Participants	$9,450
Up to 50 Participants	$14,438
Additional Participants	$325 Each

Stroke Certifications*
1 Day

Up to 12 Participants	
Up to 16 Participants	$5,670
Up to 20 Participants	$6,720
Up to 25 Participants	$7,350
Up to 30 Participants	$8,530
Up to 50 Participants	$9,450
Additional Participants	$14,438
	$325 Each

15% Discount with both Stroke Courses

Instructor time and course materials included. Instructor travel expenses are billed separately.

DNV

WHEN TRUST MATTERS

HEALTHCARE TRAINING ROADMAP

Our Healthcare Training Courses help you realize the full potential of your accreditation and quality management system programs. Whether you are new to DNV, are integrating new personnel or are seeking more value from your ISO 9001 commitment, you'll find a training course designed to meet your needs. We recommend starting at the beginning of the roadmap with our 5 foundation courses. Begin or continue your training journey by contacting your territory manager or emailing contacthc@dnv.com.

Intro to DNV Healthcare

2.5 days

- In-depth review of the accreditation survey process
- Review of NIAHO® requirements
- Accreditation reporting & follow-up

Healthcare Management System Implementation

3 days

- In-depth review of ISO 9001:2015 requirements
- Interpretation of ISO into healthcare language
- Alignment of ISO & NIAHO
- Alignment of ISO to healthcare processes
- Planning phase of QMS implementation

Internal Audits for Healthcare

3 days

- In-depth review of ISO 9001:2015 requirements
- Internal audits: Why & What
- Audit planning, preparation & conduct
- Audit reporting & follow-up
- Case study

Managing Risk in Your Hospital Proactively

2.5 days

- High level review of ISO 9001:2015 requirements
- Understanding safety/risk & your QMS
- Leadership responsibilities
- Risk identifiers, analysis, evaluation & treatment of risk
- Communication, culture & behavior

Taking Your Management System to the Next Level ISO 2.0

2 days

- High level review of ISO 9001:2015 requirements as they relate to leadership
- Evidence based decision making
- Compliance vs. continual improvement
- QMS used to manage the organization & not just accreditation

Additional Education Opportunities

These courses can be taken at any point during your accreditation/ISO journey and can serve as refreshers later on down the road.

Comprehensive Accreditation
2.5 days

- High level review of NIAHO requirements
- High level review of ISO 9001:2015 requirements
- Internal auditing principles
- Audit planning

Management Overview
.5 days

- High level review of NIAHO requirements
- High level review of ISO 9001:2015 requirements
- Leadership roles & responsibilities

ISO Foundation for Healthcare
1.5 days

- In-depth review of ISO 9001:2015 requirements
- Interpretation of ISO into healthcare language
- Alignment of ISO to healthcare processes
- Alignment of ISO & NIAHO
- Planning phase of QMS implementation

If you do not see a course that fits your organization's needs, let us know and we will create a custom course for you!

NEW BUSINESS

Proposed revision to District Bylaws

Audit Report ~ Moss Adams

For next month's meeting I would like to have on the agenda a revision of the Bylaws, Article 4, #5. It currently says pretty clearly that Pam and I would have to run for election in 2022 in order to complete the term for our positions. I would like the 3d sentence in the 2d paragraph of article 4 #5 to read "The appointee shall serve until the next regular election *for that position."* And delete the rest of the sentence. This would appear to be consistent with Coos County election regs since their District Update Information Form lists the "next election" for positions 1 and 3 as 2023. It also list Mary's position as up for election in 2023 which I assume is a mistake.

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. 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.

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.

OLD BUSINESS

Permanent CEO Search Update

Governance Institute Education

BoardCompass®

Southern Coos Hospital and Health Center

2021 Board Self-Assessment Report

A SERVICE OF nrc HEALTH

Executive Summary

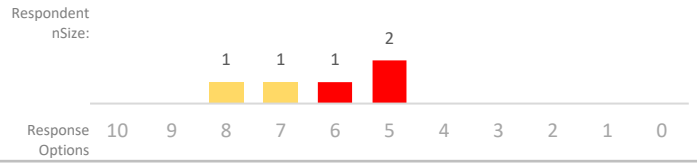
→ 5 of 5 board members responded to your board's self-assessment, resulting in a 100% participation rate.

→ The board gave an overall effectiveness rating of 6.2 out of 10, with 0% of the board selecting the highest possible rating.

→ **This report utilizes top box scoring, which shows either the percentage of respondents that selected "Very Effective," or 9 and 10 on a 10-point scale."**

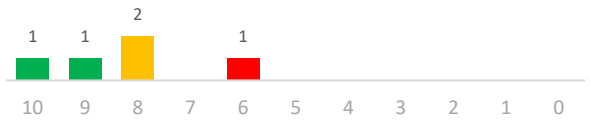
Overall Board Effectiveness

→ 6.2 rating → 0% score



Positive, Meaningful, Engaging Experience

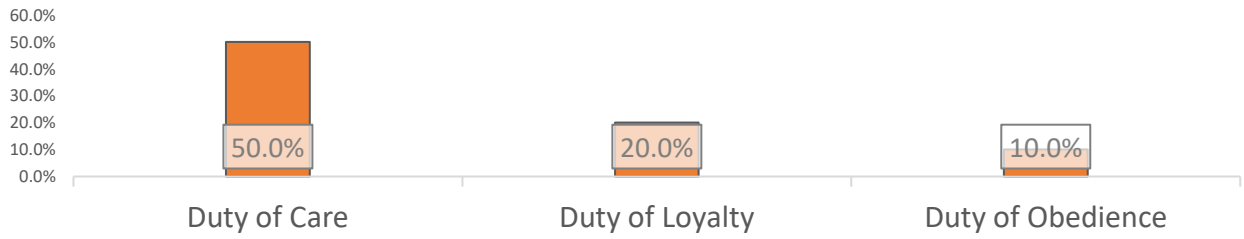
→ 8.2 rating → 40% score



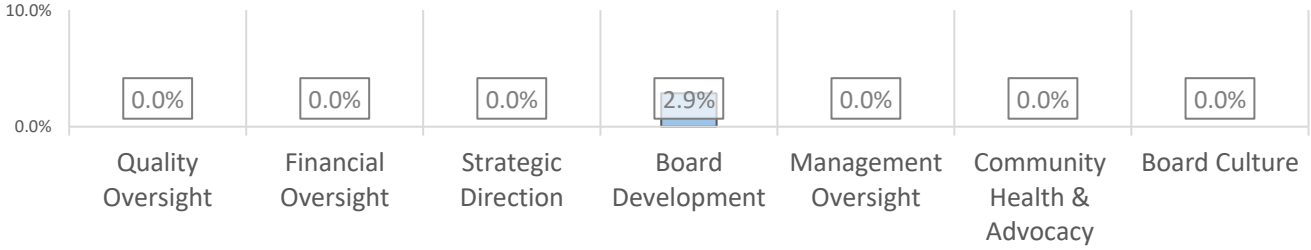
Opportunity to Influence Strategy, Culture, and/or Performance

→ 9.6 rating → 100% score

Fundamental Fiduciary Duties



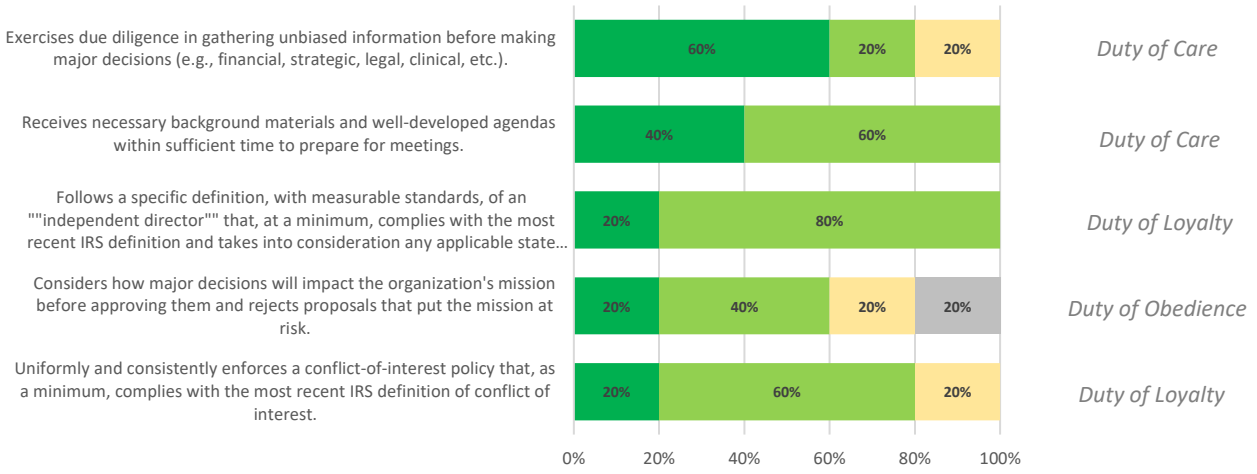
Core Responsibilities



Focus Areas

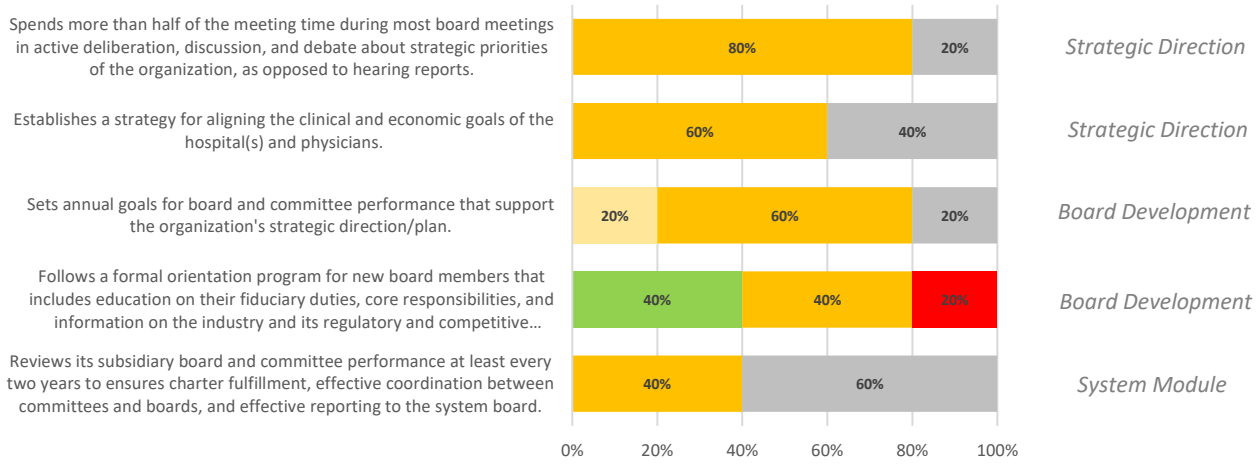
Highest Performing Questions

Assessment items with highest Very Effective performance

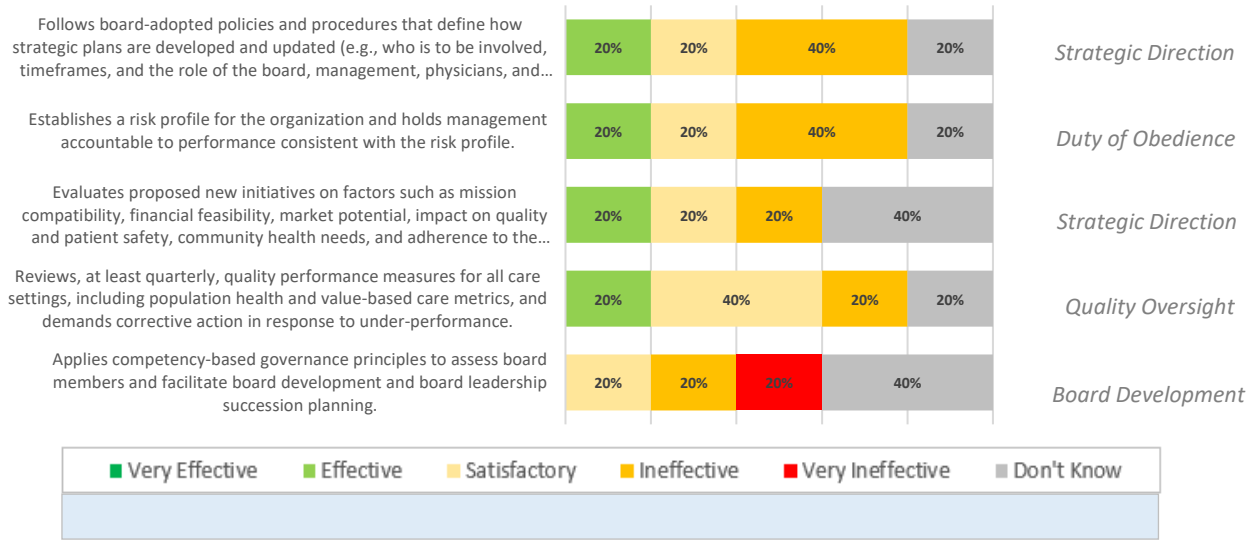


Lowest Performing Questions

Assessment items with lowest Very Effective performance



Questions with the Greatest Response Distribution



Additional Feedback

What do you believe to be your most important obligations as a member of the board?

Feedback was shared by 100% of respondents. The average effectiveness rating provided by this group of respondents was 6.2 with a percent positive score of 0%.

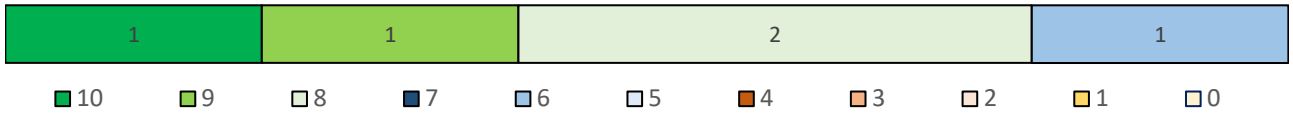
Comments:

Hire and retain a competent CEO and work with that person to develop and accomplish a strategic plan for the organization. This includes high level goals of fiscal solvency, regulatory compliance and patient safety and satisfaction.
To begin with, this survey is ridiculous because we have only met once as a full board, and only for three months with even a quorum. There is no way we can answer these questions until we have met as a full board for at least 6 months or a year. I believe we have an excellent board and will function very well together, but there is no way to answer most of these questions honestly, and whoever decided that we needed to that, knows this. I have been the mayor of Bandon for the last 17 years so am well versed in working together; I am sure we will work very well together on the hospital board.
Listen, provide direction, maintain quality patient care, financial viability, safe work environment
Strategic plan beyond the 2017 3-year rolling strategic plan. Does an evaluation exist for organization performance to plan through 2020 and if metrics have been comprehended going forward into 2021 and beyond .
Evaluate financial performance and seek corrective action when needed. Communicate openly, honestly and frequently.

Additional Feedback

Respondents were asked to rate how much they agree with this question on a 0-10 scale, where 10 is strongly agree

My experience on the board is positive, meaningful, and engaging.



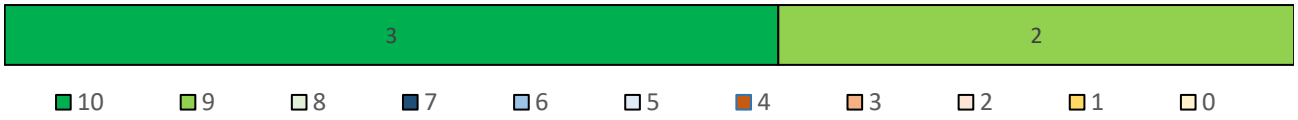
Comments:

This has been a very challenging year for the board with significant turnover of the board, termination of the CEO, and search for a new CEO. The experience is certainly meaningful but has been very stressful and demanding with an overwhelming amount of work ahead to get the hospital on a solid foundation. It has been much more demanding than I expected when I applied for appointment to fill a vacant seat 1 1/2 years ago.
This is the third time I have served on the Southern Coos hospital board, dating back to 1962, and later in 2000, and while I was just elected this time, back in July, I have been impressed with what I have learned thus far and believe we are headed in the right direction.
I attended my first board meeting in September 2021. I come with a fresh perspective, positive attitude and willingness to serve effectively to the needs of our District.
I believe I am making a difference and appreciate the openness of the current board.

Additional Feedback

Respondents were asked to rate how much they agree with this question on a 0-10 scale, where 10 is strongly agree

I have the opportunity to effectively influence the organization's strategic direction, culture, and/or performance.



Comments:

More than I feel comfortable with given that the board has entirely turned over in the past 2 years and we are searching for a permanent CEO.
We just filled the last 2 board positions - I believe our focus on strategic planning, hiring a new CEO, Board Education, etc - we are on a successful path to the future
I have a successful working knowledge of strategic planning and leadership aligned with regulations,
My input is sought and evaluated in a fair manner.

Additional Feedback

What is the single most important improvement the board could make to be more effective in the upcoming year?

Feedback was shared by 100% of respondents. The average effectiveness rating provided by this group of respondents was 6.2 with a percent positive score of 0%.

Comments:

Hire a capable and competent permanent CEO who can begin the long journey to put the hospital on a firm foundation.
Hiring a competent Chief Operating Officer!!
Hiring a CEO Board Education
Develop a comprehensive Strategic Plan with measurable achievement intervals, reviewed at least quarterly.
Pay more attention to the goals established in the annual budget and the strategic plan.

Additional Feedback

What suggestions do you have for ongoing board education topics?

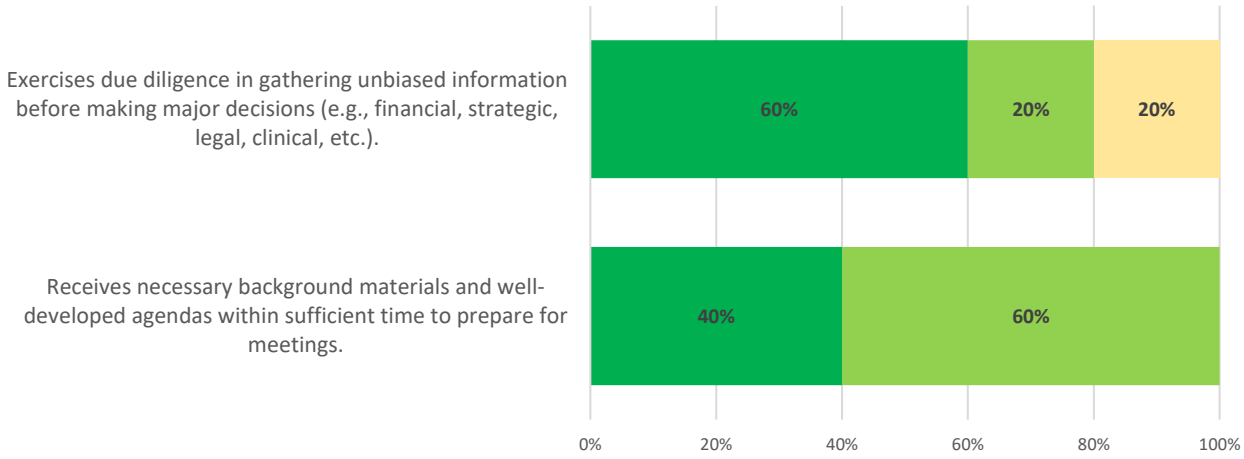
Feedback was shared by 80% of respondents. The average effectiveness rating provided by this group of respondents was 6 with a percent positive score of 0%.

Comments:

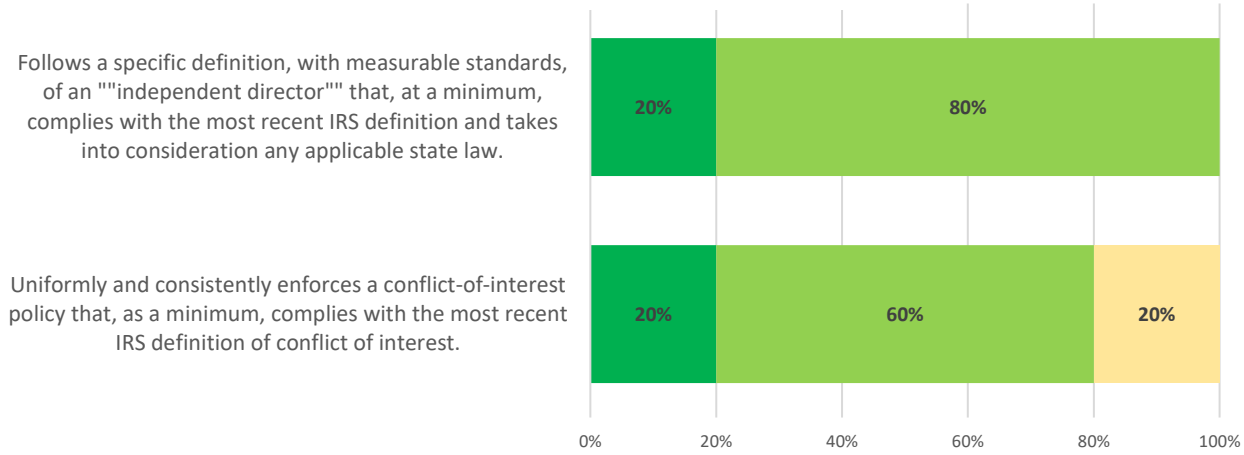
Start with basic governance given 3 of the 5 board members are new since we went through the board orientation material last year. Then the boards responsibility to set strategic direction and ensure fiscal health. I think we have good people on the board but we are all very new to hospital governance and do not have anyone on the board with tenure to provide history and context. We are in a fragile state right now.
we need to address personnel problems inside the hospital, and how we are viewed in the community that we serve.
Strategic Planning CEO evaluation Quality Risk Management
none at this time

Question Summary

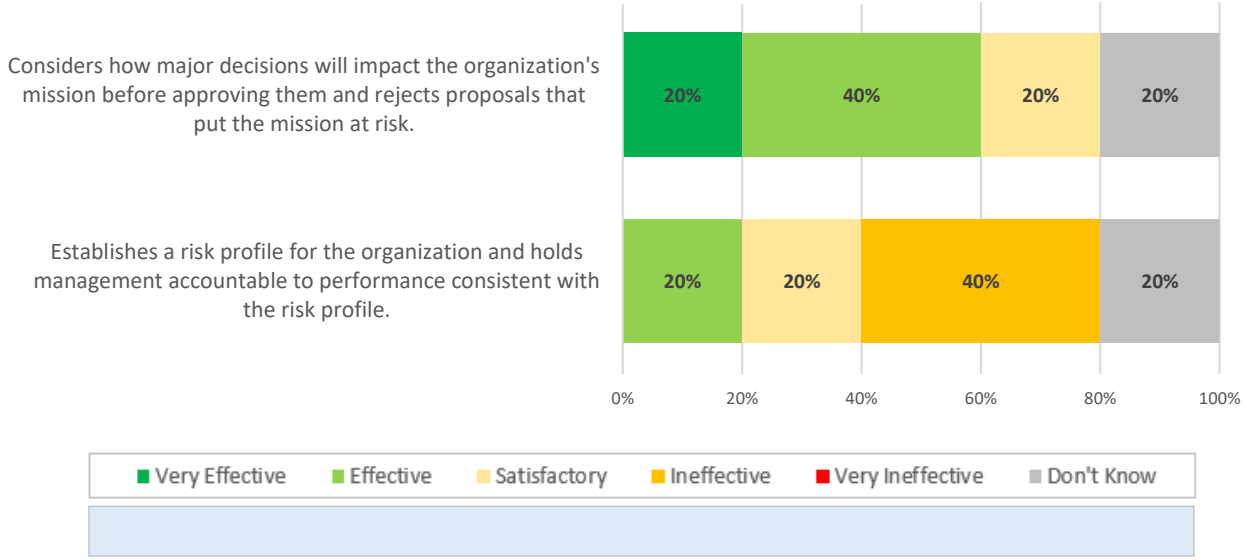
Duty of Care



Duty of Loyalty

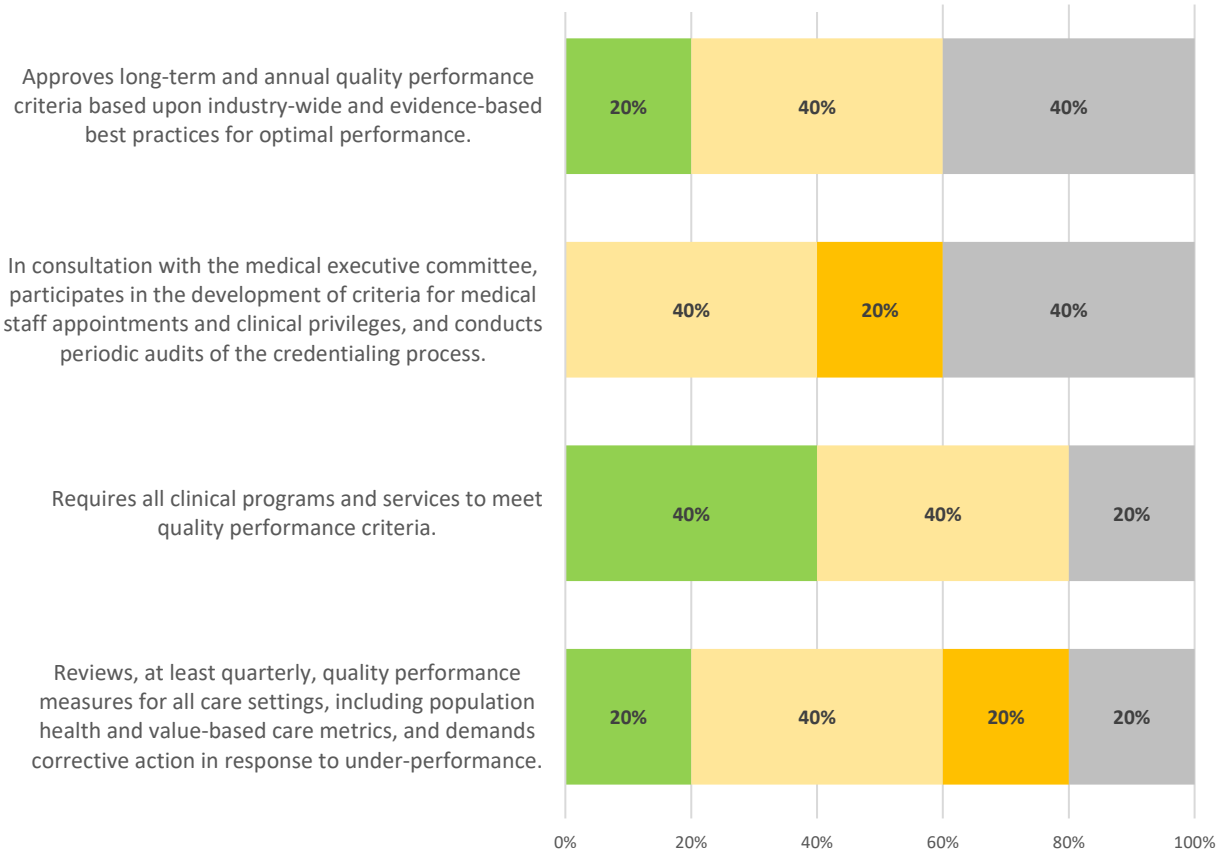


Duty of Obedience

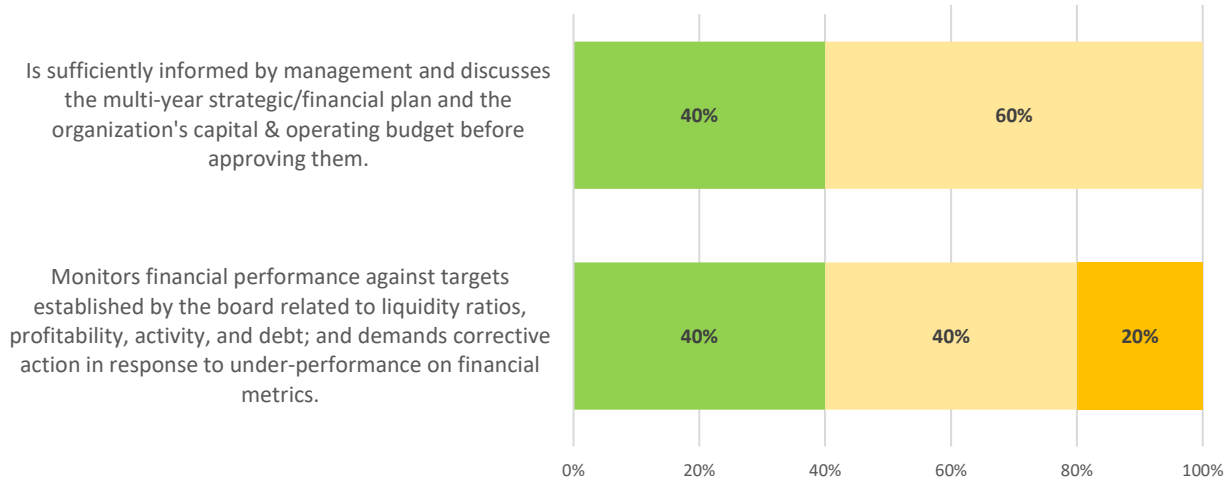


Question Summary

Quality Oversight



Financial Oversight



Question Summary

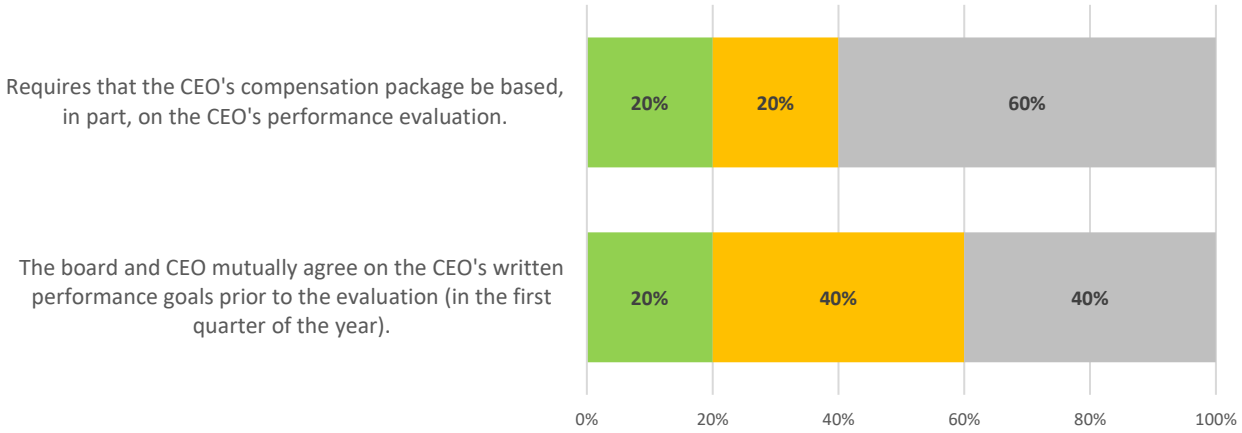
Strategic Direction

Question Summary

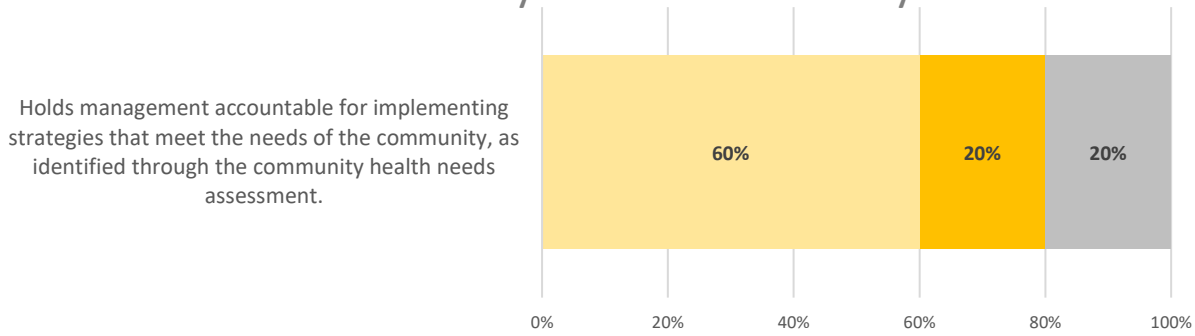
Board Development

Question Summary

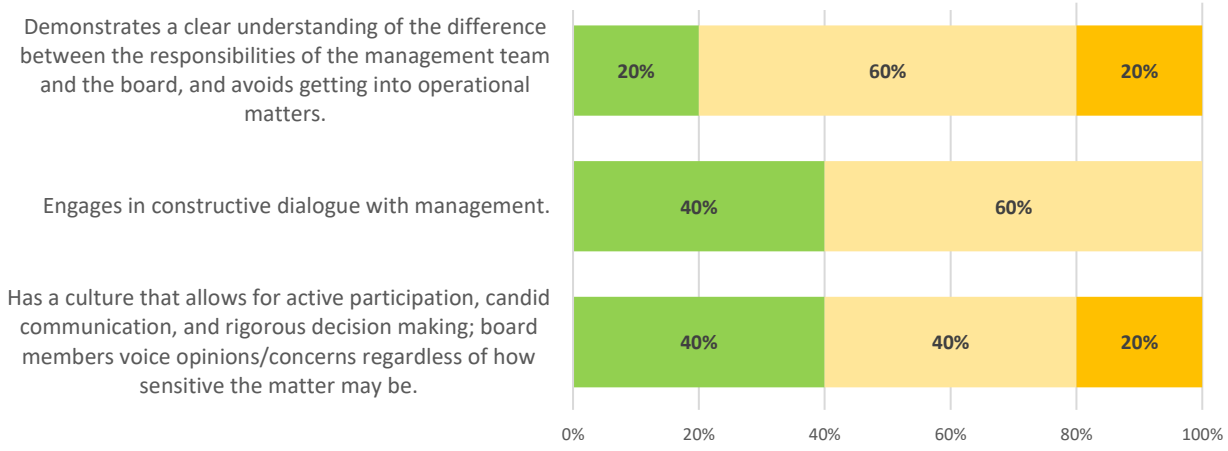
Management Oversight



Community Health & Advocacy



Board Culture




System Module
Communicates adopted strategic goals and clear expectations of the role(s) of the subsidiaries in meeting those goals.
20%
20%
60%
Follows a governance authority matrix that clearly delineates board responsibilities and ensures that the subsidiary boards understand their responsibilities within the context of the matrix.
40%
20%
40%
Reviews its subsidiary board and committee performance at least every two years to ensures charter fulfillment, effective coordination between committees and boards, and effective reporting to the system board.
40%
60%
The full board participates in establishing the organization's strategic direction including creating a longer-range vision and approving the strategic plan.
20%
20%
60%
0%
20%
40%
60%
80%
100%
Very Effective
Effective
Satisfactory
Ineffective
Very Ineffective
Don't Know

About The Governance Institute's 2021 Board Compass

This assessment provides a detailed and thoughtful review of your ***performance*** as a board. The questions have been structured to reliably measure how effectively you perform a *specific, streamlined, and focused set* of The Governance Institute's recommended governance practices and aspects of board culture that are considered to be strong indicators of highly effective governance. This collection of questions focuses on behaviors that impact effectiveness, as well as governance practices that are most statistically correlated with higher overall performance. This provides boards a more accurate picture, facilitating prioritization based on a given behavior's or practice's likeliness to improve overall performance. The open-ended questions were thoughtfully selected to allow reflection upon board members' understanding of their role and their ability to make a meaningful impact, to pinpoint specific ways that can be improved.

Overview & Definitions

The survey questions go in the order of fiduciary duties and core responsibilities as listed below. There is not an equal number of questions per category because we worked diligently to determine which practices contributed the most to overall board effectiveness, and therefore did not want to bind the survey to an arbitrary formula.

Fiduciary Duties

Under the laws of most states, directors of not-for-profit corporations are responsible for the management of the business and affairs of the corporation. Directors must direct the organization's officers and govern the organization's efforts in carrying out its mission. In fulfilling their responsibilities, the law requires directors to exercise their fundamental duty of oversight. The duties of care, loyalty, and obedience describe the manner in which directors must carry out their fundamental duty of oversight.

> **1. Duty of Care:** Requires board members to have knowledge of all reasonably available and pertinent information before taking action. Directors must act in good faith, with the care of an ordinarily prudent person in similar circumstances, and in a manner he or she reasonably believes to be in the best interest of the organization.
> **2. Duty of Loyalty:** Requires board members to discharge their duties unselfishly, in a manner designed to benefit only the corporate enterprise and not board members personally. It incorporates the duty to disclose situations that may present a potential for conflict with the corporation's mission as well as protection of confidential information.
> **3. Duty of Obedience:** Requires board members to ensure that the organization's decisions and activities adhere to its fundamental corporate purpose and charitable mission as stated in its articles of incorporation and bylaws.

Core Responsibilities

The board accomplishes its responsibilities through oversight—that is, monitoring decisions and actions to ensure they comply with policy and produce intended results. Management and the medical staff are accountable to the board for the decisions they make and the actions they undertake. Proper oversight ensures this accountability.

The six core responsibilities of hospital and health system boards are:

1. **Quality oversight:** Boards have a legal, ethical, and moral obligation to keep patients safe and to ensure they receive the highest quality of care. The board's responsibility for quality oversight includes outcomes, safety, experience, and value. When the word "quality" is included in a practice, it encompasses all of these items.

2. **Financial oversight:** Boards must protect and enhance their organization's financial resources, and must ensure that these resources are used for legitimate purposes and in legitimate ways.

3. **Strategic direction:** Boards are responsible for envisioning and formulating organizational direction by confirming the organization's mission is being fulfilled, articulating a vision, and specifying goals that result in progress toward the organization's vision.

4. **Board development:** Boards must assume responsibility for effective and efficient performance through ongoing assessment, development, discipline, and attention to improvement.

5. **Management oversight:** Boards are responsible for ensuring high levels of executive management performance and consistent, continuous leadership.

6. **Community health and advocacy:** Boards must engage in a full range of efforts to reinforce the organization's grounding in their communities and must strive to truly understand and meet community health needs, work to address social determinants of health, improve the health of communities overall, and advocate for the underserved.

Board Culture

Board culture is the most important component and determinant of good governance. Culture determines the degree to which a board embraces its responsibilities, as well as the level of ethics and accountability to which the board holds its members. Culture determines how much of the advice and information gathered by the board will be absorbed, incorporated, and acted upon. Finally, it is the underpinning of the board's willingness to be proactive in fulfilling its requirement to evaluate its own performance.

Discussion Questions

1. What surprised us the most about the results?
2. How do the results reflect our prior areas of focus for board education and development? Were we on the right track?
3. How should the results reflect our new areas of focus for board education and development? Beyond selecting topics, what different methods or approaches should be considered?
4. How do the results align with our organization's mission, vision, strategic priorities, and challenges?
5. How will we, as a board, hold ourselves accountable for improving our performance over the next year?