SOUTHERN COOS HEALTH DISTRICT
Board of Directors Regular Meeting
Public Access via Southern Coos Hospital Website and Facebook Meeting Links
October 28, 2021
6:00 p.m.

AGENDA

At 6:00 p.m. there will be an Executive Session Under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law, including written advice from your attorney.

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

II. Consent Agenda
   1. Meeting Minutes
      i. Regular Meeting – 9/23/2021

   2. Monthly Counsel Invoices
      i. Robert S. Miller III, Attorney at Law - 10-04-21

III. Staff Reports
   1. CEO Report
   2. Multi-Specialty Clinic Report
   3. CNO Report
   4. CFO Report
   5. CIO Report
   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 Review

VI. New Business
   1. Review of Committees and Board Representation
   2. General Counsel Orientation for New Directors
   3. Echo Services Review

VII. Old Business
   1. CEO Job Description & Next Steps for Hiring Permanent CEO
   2. Governance Institute Education – 20-Minute Resource Overview
      - *Lindsay Laug, GI Strategic Analyst*

VIII. Open Discussion

IX. Adjournment

CONSENT AGENDA

Minutes

Regular Meeting – 09/23/2021

Southern Coos Health District
Board of Directors
Regular Meeting Minutes
September 23, 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 called the meeting to order at 6:30 p.m.

1. Public Input

None.

2. Swearing-In of Board Member Appointees

Positon 1 – Tom Bedell
Position 3 – Pamela Hansen

Mr. Miller, General Counsel, administered the Oath of Office. The new members were welcomed.

II. Consent Agenda

1. Meeting Minutes

i. Special Meeting – 8/24/2021
ii. Regular Meeting – 8/26/2021

2. Monthly Counsel Invoices

i. None.

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

III. Staff Reports

1. CEO Report

Deborah Ellis, Interim CEO, welcomed the new board members. This month Ms. Ellis chose to deliver the CEO Report in an outline with highlights

of the month following the Southern Coos Hospital & Health Center Mission, Vision and Values, which are: Mission Statement: "Quality healthcare with a personal touch," Vision Statement: "Southern Coos Hospital and Health Center will improve the health and viability of the community by working to be the best place for patients to receive care, for employees to work, and for providers to practice medicine," and Value Statements based on the following key subjects: Compassion, Patient-Centered Care, Teamwork, Community, Professionalism, and Integrity, citing examples for each category from prior month. The full report may be found in the meeting packet; highlights include: Cathy Mann, Revenue Cycle Manager, presenting the drive-through Covid-19 testing as a safe and convenient way to offer testing to our community, with team members from multiple departments responding quickly to deliver. Dr. Adams, Dr. Mitchell, and Dr. Pense have collectively added 322 new patients since joining the clinic in 2020. Debra Guzman, FNP, has a patient panel of 700, therefore is not able to accept new patients at this time. Kim Brown, from Environmental Services, volunteers to wash the clothes of homeless patients that come to the Emergency Department. Telehealth visits have been steady with 75 in August. The Dietary team, Rick Haase, Steve Bettleyoun, and Everett Bryant, while short-staffed and with supply chain issues, worked 10-hour days, using creative resourcing to provide a variety of food and snacks for our patients. The Health Foundation was able to award seven (7), $1,500.00 scholarships to students enrolled in healthcare higher-education. The leadership team has launched a facility-wide Book Club to discuss the book "Extreme Ownership," scheduling time to discuss content and refresh or implement new leadership concepts. **Discussion:** When patient complaints and compliments are received, they are entered into a follow-up, tracking, and improvement system with all related department managers and Administration copied and kept informed until the record may be closed.

2. CNO Report

Cori Valet, RN/BSN, CNO presented the CNO Report. Ms. Valet noted that having patient tablet surveys completed before discharge has had positive results. Cori focused her report on two SCHHC strategic plan pillars that apply directly to Nursing; Service and People. **Inpatient Staffing:** Cori provided a review of shift staffing, the patient acuity and nursing care tool used to determine number of nurses required for care, timing, how minimum nurse requirements for lunch and rest break coverage is achieved, and shared a copy of an inpatient nurse staffing grid. **Crisis Staffing Guidelines:** The three new crisis staffing contingency levels were described that would be implemented in a state of disaster as designated by local, state or federal officials when healthcare demands may challenge our capacity to treat a potentially overwhelming number of patients, where a resource allocation plan is ready to be enacted, with plan charts shown for 14, 15 or 18 inpatients. **Recruitment and Retention:** An update was provided for departments: Medical Imaging, Respiratory Therapy, Emergency Department, Laboratory, Medical Surgical Department, and

Dietary. Most notably, a new Medical Imaging department manager and new ultrasonographer joined the staff in September. Emergency and Lab are now fully staffed. Respiratory Therapy, Med-Surg, and Dietary still have openings. Eight full-time RN contracts are currently in place with two ending in September, 4 in October, and 2 ending in December. **Discussion:** Med-Surg includes swing bed patients. RN hours for nursing days are tracked daily. Mr. Bischoff requested that the cost of agency RNs be included in the regular monthly report. Jeremiah Dodrill reminded the board that staffing grids and daily productivity are budgeted by position-type and that most costs are reimbursable. In terms of what metric is applied for resource utilization, the focus must remain on delivery of quality patient care.

3. CFO Report

Jeremiah Dodrill, CFO, reviewed highlights from his report. The third party audit is progressing well with field work complete, thank you to Marlene Rocha, Controller, and staff who responded to auditor requests. Outstanding items include final reconciliation of the Cares Act Provider Relief funds and finalized Medicare Cost Report settlements. The final audit report presentation for the Board will likely be at the November regular meeting. The Finance Dept. and third party CPA CliftonLarsonAllen (CLA) completed reconciliation of the Provider Relief Funds with HRSA portal submission due September 30, and this will be provided to the Auditor for financial statement recognition and to satisfy the Federal Single Audit. Mr. Dodrill was pleased to report that upon final reconciliation, Southern Coos will be able to retain 100% of the $4.3M received. Of that $4.3M, $2.7M in eligible expenses and $1.6M in lost revenues were claimed. Mr. Dodrill noted that he may bring a proposal to the Board next month for the purchase of a new Lab Analyzer. **Discussion:** In response to a question about the Federal Single Audit, Mr. Dodrill provided a brief outline of grant and audit compliance with a threshold of $750,000 for reporting requirements. Lost revenue was calculated two ways to confirm results. Due diligence included use of third party CPA firm who is working with many other hospitals and health systems in this process, identifying and limiting outlying factors, and the SCHHC third party auditor, Moss-Adams. Funds are still set aside until fully reconciled. It would be difficult for the Federal Government to reverse the allocation. Revenue Loss calculation may be done using one of three methods including year-over-year decline compared quarterly, revenue loss compared-to-budget and other reasonable alternative methods. Southern Coos would not have remained solvent without these funds. A long-range capital plan is an objective of the CFO and current Administration.

4. CIO Report

Scott McEachern, CIO, provided a summary of the CIO Report by department. **Information Systems:** The new phone system conversion is underway. SCHHC is also implementing a more robust and secure archival for internal emails and increased audit capacity to be complete October 1. A new System Analyst I is to start on October 1. **Health Information**

Management: HIM is working with a consulting firm to assess workflows using gap analysis to identify ROI (request for information) and archival areas for improvement. **Marketing & Advertising:** Recent focus has been on health center services and employee recognitions. In August, social and digital media activity grew significantly.

5. SCHD Foundation Report

Scott McEachern, CIO & Foundation Executive Director provided a recap of the Health Foundation Report. **Mary Richards Scholarships:** The Foundation is pleased to have awarded $1,500 to each of the seven applicants who are pursuing higher education in healthcare related fields. **Golf for Health Classic:** The 13th annual fundraiser was held on September 18, with modifications to follow Covid-19 protocols. Despite the forecast 62 players participated resulting in approximate net proceeds of $20,000. Special thanks to our sponsors, Amy Moss-Strong, Southern Coos Marketing & Development Coordinator, and many additional staff and community volunteers.

6. Medical Staff Report

i. Dr. Keizer presented the Privileging Report from the September 14 Medical Staff monthly meeting:

New Appointment
Steven Rudis, MD – Emergency Medicine - 2-Year Courtesy Staff

Reappointments
Douglas Crane, MD – Hospitalist - 2 Year Active Staff
Basil Pittenger, MD – Internal Medicine - 2-Year Courtesy Staff

Current Staff Changes
Victoria Schmelzer, CRNA – Active Staff - Added Pain Management Privileges

Direct Radiology – Third Party Reading Radiology Group
Dennis Burton, MD – Radiology - 2-Year Courtesy Staff
Shree Shah, MD – Radiology - Resigned
Yuming Yin, MD – Radiology - Resigned
Todd Greenberg, MD – Radiology - Resigned

Discussion: Direct Radiology is the third party reading radiology service providing a pool of after-hours on-call radiologists who are ABR certified (or eligible). It is not uncommon for there to be a number of additions or resignations from that pool each month.

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

ii. Pain Management

This topic is deferred to a future meeting.

IV. Monthly Financial Statements: Review

Jeremiah Dodrill, CFO, provided a review of financial statements for the month of August, including department statistics, noting that swing bed has been a challenge, but Emergency Department visits, Lab testing, and Clinic visits increased from prior month. The Balance Sheet saw little change from prior month. Cash on Hand at 66.2 days, down from July at 67.2, 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. Total Operating Revenue closed at $2.03M with Expenses at $2.08M, resulting in an Operating Loss for the month of ($56,251). **Discussion:** Swing bed challenges include patient level of care, length of stay and placement with discharge. Southern Coos has been taking patients from other hospitals facing Covid-19 bed shortages. Southern Coos must balance inpatient and swing bed patients to retain available beds for potential community need with recent spikes in local infection rates. The full narrative and financial spreadsheets may be found in the board meeting packet available from the website at www.southerncoos.org under Board of Directors, or by request from the Administration office.

V. Quality and Patient Safety Report

Deb Ellis, CEO, introduced Barbara Snyder, Quality and Risk Manager. Ms. Snyder is pleased to join Southern Coos and is working to become familiar with all elements within the organization. The Quality and Patient Safety Committee meets monthly to review quarterly department reports regarding various quality metrics and methods for improvement. The Board Member liaison is Norbert Johnson.

VI. New Business

1. Permanent CEO Recruitment

Mr. Bischoff recapped the process to-date; the appointment of Deborah Ellis, RN/BSN and previous interim, as Interim CEO, and the filling of the two open board positon numbers 1 and 3 sworn in at this meeting. Group discussion led to the formation of a committee to review and update the current CEO job description for presentation at the October 28 regular meeting. Committee members will be Philip Keizer, MD, Medical Chief of Staff, Pamela Hansen, and Brent Bischoff. No special meeting will be required without a quorum of 3 board members. Several of the CEO candidates from the Interim CEO interviews have expressed interest in the permanent positon. Deborah Ellis is available to serve through the hiring process. Next steps will be discussed further at the October meeting.

VII. Old Business

1. Compliance Plan Document Review

During the September meeting Open Discussion, Norbert Johnson raised several questions about the Compliance Plan document that had been reviewed and approved with specific edits requested at the May 2021 meeting. In response to his inquiry, Barbara Snyder, the new Quality and Risk Manager, reviewed the document to address his concerns with the intent to disentangle separate committees originally formed by Board resolution for both Compliance and for Quality. Suggested edits included clarification of the committee referenced in the document from the Quality Patient Safety Committee to the Risk and Compliance Committee. The SCHHC Board of Directors is responsible for the operation and oversight of the Compliance Plan; however, the day-to-day responsibility for the operation and oversight of the Compliance Plan rests with the SCHHC Compliance Officer and the Risk and Compliance Committee.

Norbert Johnson **moved** to approve the new edits as presented. Tom Bedell **seconded** the motion. **None were opposed. Motion passed.**

2. Governance Institute Education

Deborah Ellis and Brent Bischoff met with the Governance Institute Strategic Advisor regarding next steps. The Governance Institute is comprised of leading experts in the healthcare field with on-line resources to provide insight around healthcare governance topics. In addition to education, training, and publications they help examine areas of importance for member organizations and specific governance needs. Earlier this year the Board approved renewal of the subscription initiated in Fall 2020 paid in part by a grant from the Oregon Office of Rural Health. With the new subscription year and new members, a new board self-assessment is to be completed by each member. In the first subscription year Southern Coos Board Members also completed the Board Orientation module. New members will complete that module on their own. The Governance Institute Strategic Advisor will have a presentation at the October regular meeting.

VIII. Open Discussion

Discussion included the suggestion for the current Board of Directors to identify quality benchmarks they would like to have reported monthly in the public meeting. Deborah Ellis, Interim CEO, recognized Douglas Crane, MD, for his tireless work in the community with positive Covid-19 patients, often giving of his own time. Ms. Ellis also recognized the loss of a beloved staff member, Sherry Capobianco, SCHHC Dietary Manager. A proposal for a memorial will be presented in October. The Board extended their sincere sympathy and condolences to family and staff.

IX. Adjournment

At 8:26 p.m.the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be October 28 at 6:30 p.m.

Brent Bischoff, Chairman *10-28-21*

Mary Schamehorn, Secretary *10-28-21*

CEO REPORT

CEO Report
October 2021

Service

Flu Clinic Nov 4. Many hospital staff are involved in setup and many staff and community volunteers participate to make this available to the community.

Quality

Barb Snyder is currently looking into DNV Certification for Southern Coos Hospital and Health Center. This is a Hospital Accreditation service. She will be providing background 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. The following are some criteria that was offered by our CNO.

- A staff member who has volunteered to work weekends or extra shifts without being asked or requiring special compensation.
- A staff member who volunteered to perform work that was outside of their job responsibility because the person responsible was unavailable, sick or on quarantine.
- A staff member who recognized a need, initiated a resolution and saw the project through to completion.
- A staff member who has regularly volunteered to assist with community projects related to COVID-19 prevention, testing, and/or vaccination.

We have contracted a local wood worker to design and construct a bench with a brass plaque that will be placed at the entrance of the hospital in honor of our Dietary manager.

Finance

Ginny has completed the wage comparative survey with comparable peers in Oregon, Washington, Idaho and Nevada for participants that contributed the data. This is in order to align our pay with industry average. We are in the process of implementing by department. Historically SCHHC has been behind industry wages.

Growth

Departments are currently evaluating the structure of services and how these are provided to our customers. Suggestions and ideas in order to better serve both our internal and external customers are being explored.

Breast Cancer Awareness month- We have been able to perform 11 mammographies and 2 dexa scans a day. The department is continuing to provide promotional activities. The entire staff is involved.

Community

Starting in November, our School Nurse program will be on hold. Tamara Stambaugh has given her 2-week notice. We have been fortunate enough to hire a Nurse Practitioner that specializes in geriatric care. Obiri Nirobah will be joining us next month. We have a large amount of patients (close to 100) seeking providers that we have been unable to schedule as all of our current Providers are close to being full. At this time we will be focusing energy on serving the community in this matter.

Safety

October 18 State Mandate: We are 100% compliant with either proof of vaccination or religious/medical exemption, including our vendors and volunteers.

MULTI-SPECIALTY CLINIC REPORT

Multi-Specialty Clinic Report
October 2021

Provider News

- Tamara Stambaugh has resigned from her position of School and Clinic Nurse Practitioner. Her last day will be Friday, October 29.
- Debra Guzman and Dr. Pense had the lowest no show rate for September at 9% and 12% respectively. Debra averaged 11 patients seen per day and Dr. Pense averaged 8.
- Dr Adams continues to do a fantastic job as the clinic medical director offering guidance and support to the medical staff. He averaged 8 patients with 5 days in clinic.
- Dr. Mitchell averaged 9 patients per day as her panel continues to grow.
- To decrease our no show rate further, providers will utilize their canceled and no show appointments by contacting patients via telehealth for medication compliance, chronic disease management and test results.
- Shane Matsui, LCSW had a no show rate of 18% with an average of 4 patients per day
- We have a promising candidate for the position of full time nurse practitioner to help absorb the amount of new patient questionnaires we receive daily. The increase is due to the retirement of local provider, Gail McClave, MD. They will also be able to take over Tamara Stambaugh's panel.
- We currently have 88 new patient packets we are in the process of trying to schedule appointments to establish care. We anticipate this decreasing with the start of the new nurse practitioner.
- Dr. Webster, Dermatologist, was in clinic September 16
- Dr. Qadir, Nephrologist comes for a ½ day, twice a month, He was in clinic September 14 only.
- Project planning for Victoria Schmelzer's Pain Management Clinic is going well. We are very excited to provide this service to our community and look forward to Victoria joining our team!

Electronic Health Record

- We continue to struggle with Evident's clunkiness - freezing up multiple times daily, inadequate workflow and Commonwell causing issues with their hardstops

Clinic Report

- Patients and providers continue to utilize Telehealth. Visits for September were 89.
- We are interviewing several RN candidates who applied for the clinic position. The RN will assist the providers with hospital discharge follow up visits (TCM), prescriptions and chronic disease management. This will allow providers to see more patients by the RN absorbing their patients daily.
- We are pleased to announce Amy Vines has been hired as our Pain Management Supervisor/Anesthesia Technician to support Victoria Schmelzer.
- We continue to actively recruit for an MA to replace Meadow Hammon, who resigned from her position due to health issues.

Clinic Stats - September 2021

Provider	Days in Clinic	Pts Scheduled	CXL'D	No Show	Total Seen	Average Seen	No Show Rate
Debra Guzman, FNP	17	213	11	8	194	11	9%
Olixn Adams, DO	5	51	4	6	41	8	20%
Noel Pense, DO	4.5	42	0	5	37	8	12%
Christine Mitchell, DO	12	127	17	7	103	9	19%
Tamara Stambaugh, FNP	3	63	32	3	28	9	56%
Shane Matsui, LCSW	18	89	15	1	73	4	18%
COVID-19 Clinic	0	0	0	0	0	#DIV/0!	#DIV/0!
Outpatient Services	19	187	7	13	167	9	11%
Totals	**13**	**772**	**86**	**43**	**643**	**49**	**17%**

Total telehealth	**89**

Southern Coos Health Center Intrado Results - August 2021

Type	Total
Called - No Answer	1
Phone Too Busy	4
Answered No TT Requested	21
Answered - Hung Up	10
Answered - Entire Msg	29
Invalid Ph # / Out of Order	1
Answered - Repeated Msg	2
Answering Machine	140
Invalid Ph # / Out of Order	162
Answered Yes	8
Total Calls Made	**378**

Pts Seen	403
Cancelled	64
No Show	29

No show rate - 29%

How the Clinic Supports its Current Staff and Enhances Retention Efforts

We will begin to offer each full time front and back office staff a Mental Well Being Day beginning January 2022. This day will be determined collaboratively based on clinic needs, staffing and will rotate through the department. For example, for the 3 front office staff, each one will get a day every 3 months. There are rules such as, if they call out sick the week of their day, they forfeit it or if they have vacation preplanned. The team is very excited at the prospect and understand they have to use their PTO or a day without pay.

Our clinic has implemented a system of cross coverage. We have trained our staff to be able to cover for their team mates if they are out sick or on vacation. With everyone knowing their roles and what they are responsible for, insures continuity of care for our patients and ease for the staff to cross cover.

We have weekly huddles to keep everyone updated on current events. Communication is key to a successful team.

Changes in workflow and assignments are done collaboratively with each staff providing input into the decision process.

Instead of waiting for the exit interview to find out what we could have done differently, staff will be given the opportunity for a stay interview answering the following questions:

1. What part of your job do you like the most?
2. Given the opportunity, what part of your job would you change?
3. Do you feel your skills and strengths are being utilized to their fullest?
4. What would prompt you to look for another job?
5. Do you feel you are recognized for your achievements and contributions?

CNO REPORT

CNO Report
October 2021

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

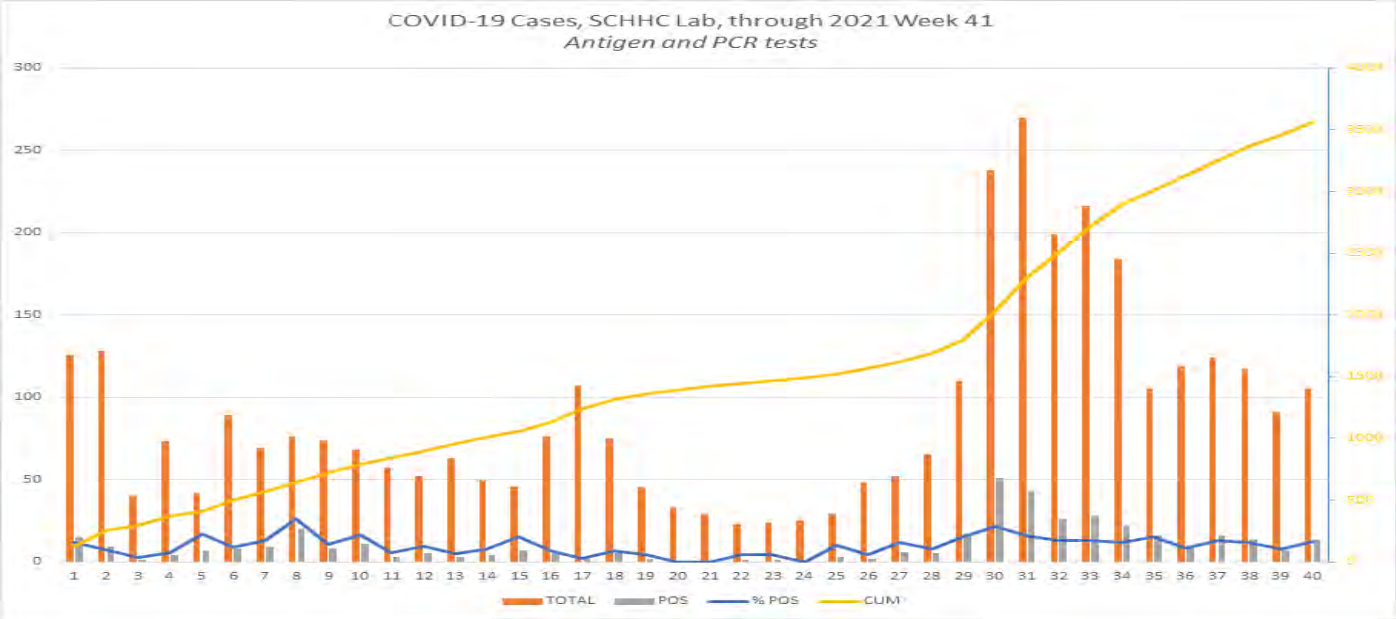
- Peer recognition – Tier I & II daily huddles promote peer recognition. Weekly leadership rounding prompts discussion of employee recognition.
- Competitive wage – Wage scales are being updated using healthcare salary survey results to remain competitive with other Oregon Hospitals.
- Hire for fit, placing the right people in the right positon – Alignment of SCH&HC mission, vision and values in addition to past experience and specialized qualifications/competencies hold top priorities for employment.
    - Clinical staffing vacancies include:
        - 4 RNs – Med-Surg Inpatient Unit (2 Noc shift/2 Day shift)
        - 6 CNAII – Med-Surg Inpatient Unit
        - 1 Case Manager/Swing Bed Coordinator – Med-Surg Inpatient Unit
        - 1 RN - Emergency Department
        - 2 RAD Tech IV - Medical Imaging
        - 1 ECHO Sonographer – Medical Imaging
        - 1 Mammo Tech (PT) – Medical Imaging
        - 2 Lab Tech I (1 FT, 1 PD) - Laboratory
        - 1 RN Manager – Surgical Services
    - Dietary Staffing vacancies include:
        - 1 Dietary Cook
        - 1 Dietary Manager – A temporary dietary manager will start mid-late November.
    - Contract Staff currently in use:
        - 4 RNs – Med-Surg Inpatient Unit
        - 1 RN – Emergency Department
        - 1 RAD Tech – Medical Imaging

Service – Goal: Build a culture of service excellence.

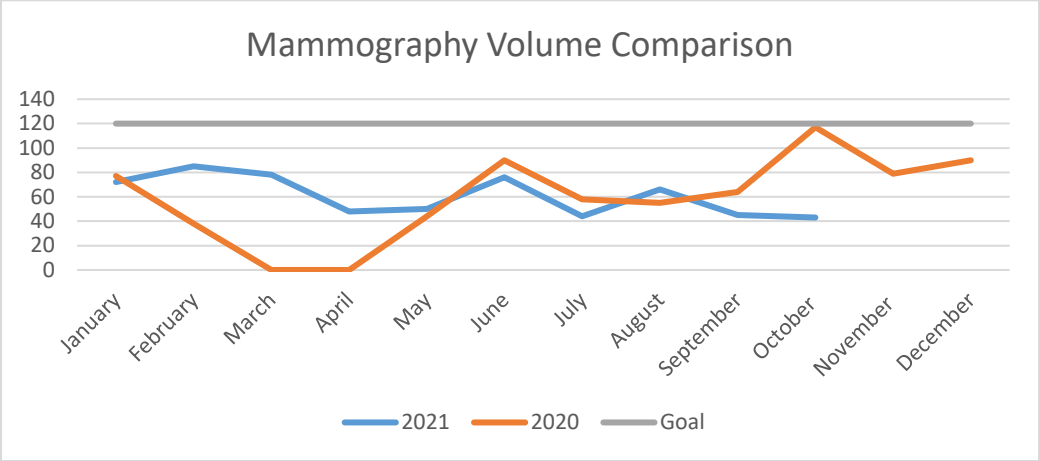
- Annual Flu Vaccine Clinic – Scheduled for November 4, 2021 at Buffington Park, Bandon, OR.
    - 7:00 a.m. to 1:00 p.m.
    - Vaccines are free to anyone age 18 and over. Southern Coos Hospital Health Foundation Board Members will be present to accept donations.
    - High dose influenza vaccines for adults age 65 and over.
    - Regular dose influenza vaccines for adults 18-64 years of age.

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

- Laboratory COVID-19 Testing Trends
  - Week 30-34 = July 25-August 28, 2021- Averaging 200/week.
  - Week 35-40 = August 29-October 9, 2021 – Averaging >100/week



- Expansion of Mammography Services
  - Prior 30 hour/week position was averaging 60 mammography procedures/month.
  - By restructuring responsibilities within the department and adding an additional 30 FTEs, the volume of mammography services can increase to 220 mammography exams each month.
  - The change will be staffed with one Full Time 40 hr/wk employee and on PT 20 hr/wk employee
  - With the additional part-time position there will be reduced delays or rescheduled exams due to vacation and sick-call vacancies.
  - Marketing for the GE Pristina 3D mammography will promote additional referrals from medical providers in our region.



Additional Expense	2020 Gross Charges	Estimated 2021 Gross Charges
$80,000.00	$471,965.00	$1,528,876.80

CFO REPORT

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

2021 Audit and Cost Report Update

Moss Adams has completed its final audit fieldwork for the financial statement audit. Remaining work on the financial statements include final financial statement preparation and board report preparation. The Medicare cost report is in its final stages and will result in a substantial receivable due from Noridian.

Moss Adams is currently performing 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. Moss Adams is hoping to issue this Federal Single Audit along with the financial statements. Moss Adams will present audit findings and results at the November Board Meeting.

CARES Act PRF Phase 4 Application

Finance has completed its application for HRSA's COVID-19 Provider Relief Funds Phase 4 distribution which authorizes a total of $25.5 million in additional payments to providers. This payment is broken down into $17 million of direct payments to providers sustaining COVID related financial harms and an additional $8.5 million in direct payments to rural health providers. We currently do not have any estimate on how much of these funds we may receive, if any.

Hematology Lease Equipment Lease and Other Leases

Finance and Lab leadership has finalized its evaluation of the hematology analyzer replacement options. We have concluded that a lease is the preferred option as its total cost of ownership over 5 years is lower and provides better long term flexibility. As a reminder, the hematology analyzer was included in the capital budget. Management has concluded that board approval for this lease in not required as the total impact to budgeted expenses is de minimis. An SBAR is attached for reference.

We are also currently evaluating lease replacements/renewals for the MRI truck and ultrasound machine. These have been budgeted and are not expected to require board approval under the delegation of authority and procurement policies.

Provider Reporting and Contract Evaluation

Finance has been working to create reporting to improve our understanding of the impact of provider contracts on the organization economically. Specifically, we are creating standard reports

for the Clinic to evaluation provider productivity and create standalone Clinic financial statements utilizing our Axiom budgeting and reporting software. These reports will be able to provide rollup and individual provider productivity and profitability analysis. We expect to include Clinic level summary rollups in the board package within the next couple of months.

Additionally, we are doing service line provider contract analysis to support provider contract and procurement evaluations. We have completed Echo and are currently working on certain other services. Provider costs are non-reimbursable in the Medicare cost report resulting in dollar-for-dollar impact on the bottom line. This means that any economic loss pertaining to what we pay providers is fully absorbed by the Hospital and is not subsidized by the Medicare program's cost based reimbursement.

SOUTHERN COOS HOSPITAL

DxH 690T for Clinical Laboratory / Hematology

SITUATION

The Clinical Laboratory and Beckman Coulter are submitting this proposal for hematology services to support the needs of critical-access, rural patients in Bandon and surrounding areas. Beckman Coulter provides training, consumables, and post-sales support. The current DxH 800 system is 11 years old and scheduled and budgeted for replacement. Current year capital budget request was $147,000 based off of preliminary vendor quote.

BACKGROUND

- Need #1: LIFE CYCLE. The current DxH 800 has exceeded its life cycle by 6 years. The reliability has been good, and service quality excellent, with over 98% up time.
- Need #2: EASE OF INSTALLATION / GO LIVE. Replacing the DxH 800 with a more compact DxH 690T will save space, result in minimal training time due to similar technology, and user and information interface. The DxH 690T also provides new features to assist with patient evaluation in the ED.
- Need #3: CONSUMABLE DELIVERY & SERVICE. SCHHC's fulfillment system for consumables and service in routine and emergency situations has been excellent in the two years since I have been in the Clinical Laboratory as per diem and Manager.

ANALYSIS

- LEASE vs. PURCHASE. We were provided with quotes for a lease or purchase option. Moving to a lease system includes a two-year warranty. The system allows more control over test costs using a cost-per-reportable model. Leasing eases early burden on establishing separate agreements for consumable pricing and service contracts. All instrument modifications and upgrades are automatic. Any existing agreements with Beckman Coulter relative to the DxH 800 are voided or reworked in accordance with the lease. Lease with Intalere offers a significant purchase discount.

DxH 69T	Purchase	Lease
Equipment	64,963	81,277
Service Agreement -60 month service agreement	82,950	58,800
Total Cost of Ownership Over 60 Months	147,913	140,077

Annual Budget Impact	Purchase	Lease	Difference
Annual Depreciation Expense	12,993	-	12,993
Annual Lease Expense	-	16,255	(16,255)
Annual Service Agreement	16,590	11,760	4,830
Total Annual Expenses	29,583	28,015	1,567

- TRAINING. Send one person to training in Fullerton, CA. Establish train-the-trainer and online training for remainder of staff in conjunction with BCI application specialist.
- PATIENT CARE. Establish use of early sepsis-detection solution for ED. See attached brochure. Offer education package to medical staff through medical review meeting. The early-sepsis indicator is offered with each CBC/DIFF, especially important at our site where other definitive testing such as PCT is not available on a stat basis.

The Solution

- Recommendation #1: Submit and process RFP as soon as possible.
- Recommendation #2: Establish installation and training schedule.
- Recommendation #3: Review cost structure for hematology tests derived from DxH 690T.

RECOMENDATION

Total cost of ownership over five years is lower with a lease option compared to the purchase option. Additionally, lease option provides greater contracting flexibility for future consumables pricing and service contracts. It is our recommendation to move forward with the lease option.

Beckman Coulter is a well-established company with the backing of Danaher Corporation. Given SCHHC's past experience with BCI, this solution to a hematology replacement is our preference. Nearby facilities, including Bay Hospital and Curry General, have selected the 'big brother' system, DxH 900, for their laboratories.

Switching to an alternative company would require longer installation and training times, and possibly result in lack of similar backup in case of a downtime situation. An increase in manual differentials, which is a very time and labor-intensive process, could results - current published evaluations show that the DxH systems give correct differentials without the need for a manual differential review approximately 93% of the time, the best performance in hematology. The current SCHHC running rate is 96%.

Materials are already on hand for medical staff training and introduction to the early-sepsis parameter.

CIO REPORT

CIO Report
Information Systems, HIM, Marketing
October 2021

People

We onboarded a new System Analyst in Information Systems, Chris Cox. Mr. Cox worked at SCHHC for several years until 2014, when he left to pursue other opportunities. Chris is now in his third week and has quickly adapted to the workflow and culture, both of which have changed since his previous tenure.

In Medical Records, we lost Kaitlynn Rice, HIM Specialist I, to the Coos Bay-North Bend Water Board. Ms. Rice is trained as a laboratory biologist, and her new position at the water board will offer her direct experience in her trained profession.

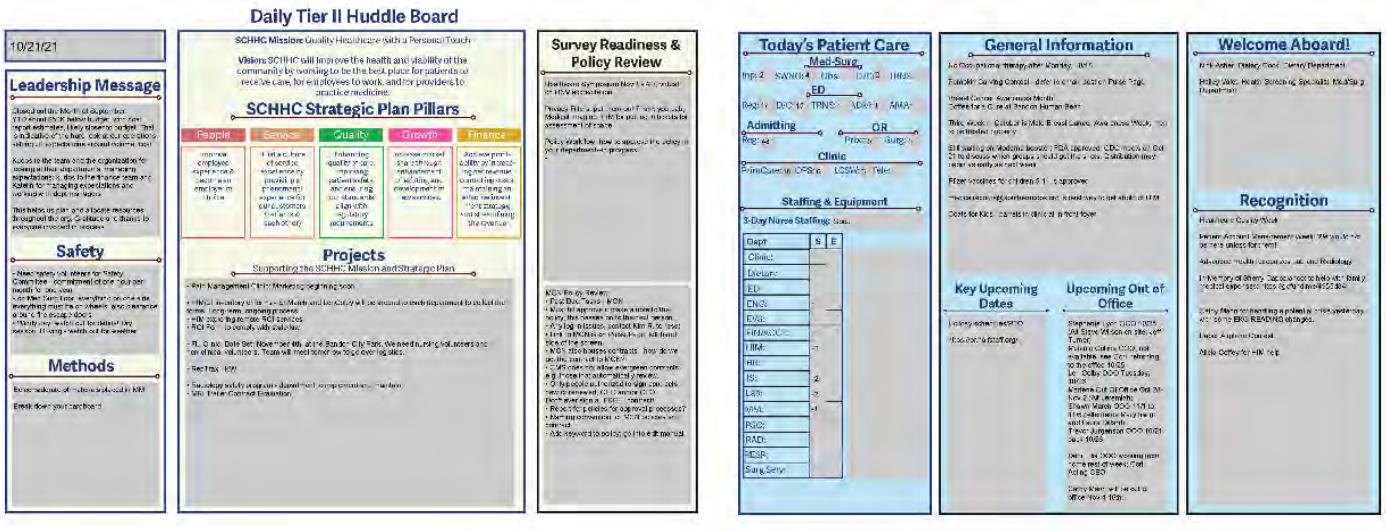
Service

Due to ongoing reliability issues with our previous telephone provider, SCHHC converted to a VoIP phone system on October 5th. The conversion went very well, with only a few minor issues that were quickly resolved. The new phone system provides excellent reliability and service model, which translates to better SCHHC service to our patients.

In Medical Records, we have hired a consultant agency to assess our workflows. One of the first items we accomplished is to revise the Request for Medical Records form, which had been two pages and somewhat cumbersome. It is now one page and will be available electronically on the SCHHC website.

Quality

We have updated our Tier II huddle board to better reflect our mission, vision, and strategic plan goals, as well as the needs of the managers. We've added a large section for projects and Survey Readiness and Policy Review, both of which are central to our growth and compliance efforts.



SCHHC is planning for our annual risk assessment, scheduled for the beginning of December. As part of our planning, we are offering cybersecurity education “tid-bits” at our Tier II sessions. In addition, we are strengthening our Security Awareness Training for workforce members.

Growth/Finance

As mentioned previously, SCHHC is preparing for growth in a variety of ways. From an Clinical Informatics point of view, we are exploring consulting options to contract with company that has specific experience with optimizing the Evident Thrive EMR. The SCHHC Executive Team believes that optimizing the organization’s clinical workflows is of the highest priority. Therefore, once selected, external clinical informatics consultants will spend several months assisting us in making our workflows faster, more efficient, and conducive to patient care. Finally, streamlining our workflows can only mean that SCHHC will see greater growth in patient volume, helping us to grow financially.

SCH FOUNDATION REPORT

Southern Coos Health Foundation
Executive Director's Report
October 2021

Golf for Health Classic Statistics

Golfers: 62

Number of sponsors: 37

New sponsors: 22

Revenue: $35,716.70

Expenses: $13,457.80

Net: $22,258.90

SCHF Year-End Campaign 2021

Proposed outline for fundraising over the next four months: September through December. The activities over the rest of the year will be arranged into three areas of fundraising: 1. Legacy Giving; 2. Year-End Campaign; and 3. IRAs and making a qualified charitable distribution.

Timeline:

	September	October	November	December
Legacy Giving/Estate Planning		Send out mailer		Dec 15 Follow-up mailing
Year-End Giving	Prepare materials and focus	Finalize materials	Launch Campaign Nov 1	Dec 15 Follow-up mailing
IRA/QCD				Early Dec: send out mailer/email Dec. 15: Reminder Dec. 20th: Final days to ensure QCD is made before year-end

MEDICAL STAFF REPORT

SOUTHERN COOS HOSPITAL CREDENTIALING REPORT	October 12, 2021

Appointment and Privileges – MEDICAL STAFF

Name	Category	Area of Practice
Eric Ory, MD	Courtesy	Emergency Med
John Bateman, MD	Courtesy	Emergency Med
Richard Foutch, MD	Courtesy	Emergency Med

Appointment and Privileges – Licensed Independent and Dependent Practitioners

Name	Category	Area of Practice
None		

Reappointment and Privileges – MEDICAL STAFF

Name	Category	Area of Practice
None		

Appointments, Reappointments, Changes – Direct Radiology

Name	Category	Area of Practice	Change
Frank Snyder, MD	Courtesy	Radiology	Resigned

Staff Changes – MEDICAL STAFF

Name	From Status	To Status	Area of Practice
None			

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

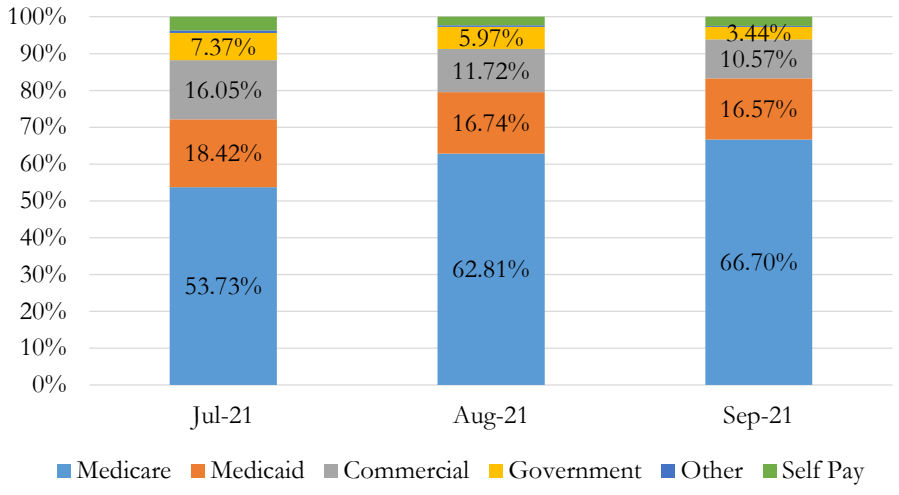
Patient Payer Mix and Volumes

For The Period Ending September 30, 2021

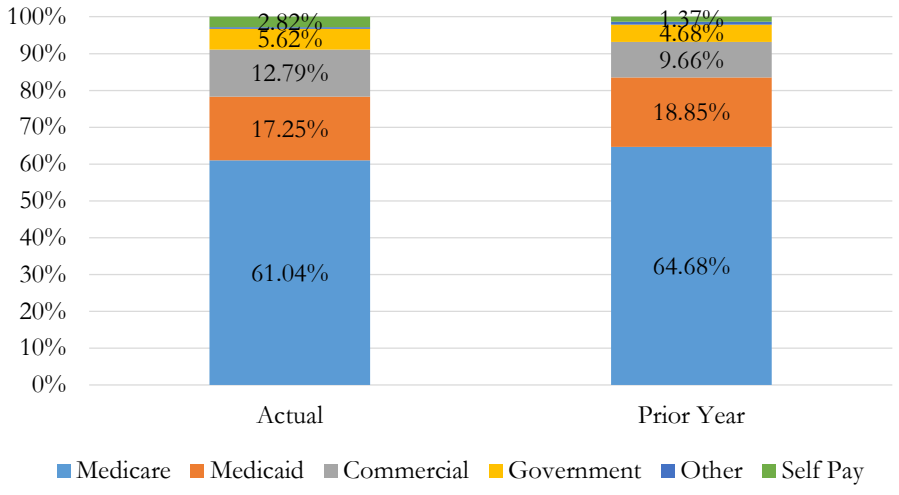
		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	66.70%	62.78%	62.78%	6.2%	6.2%	61.04%	64.68%	64.68%	-5.6%	-5.6%
	Medicaid	16.57%	21.57%	21.57%	-23.2%	-23.2%	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 Actual	FY 21 - 22 Budget	FY 20 - 21 Prior Year	Variance % Tto Bud	Variance % To Prior Year	FY 21 - 22 Actual	FY 21 - 22 Budget	FY 20 - 21 Prior Year	Variance % To Budget	Variance % 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%

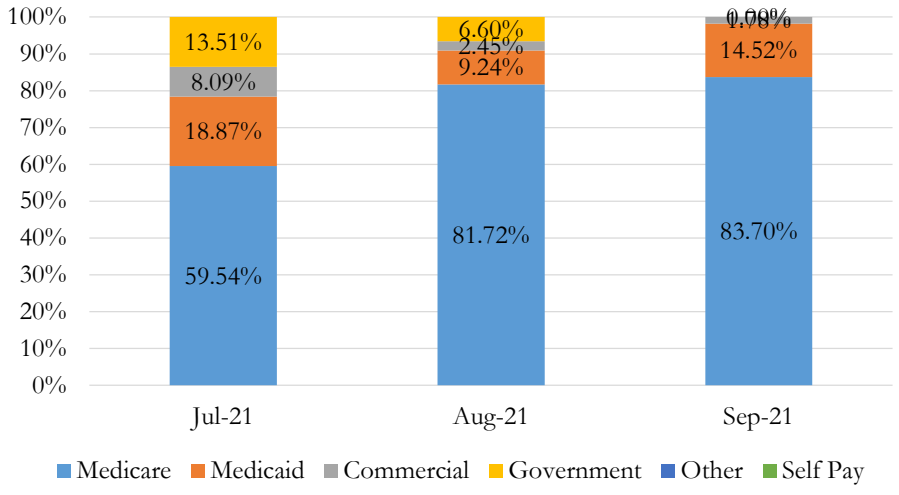
All Patients Payor Mix



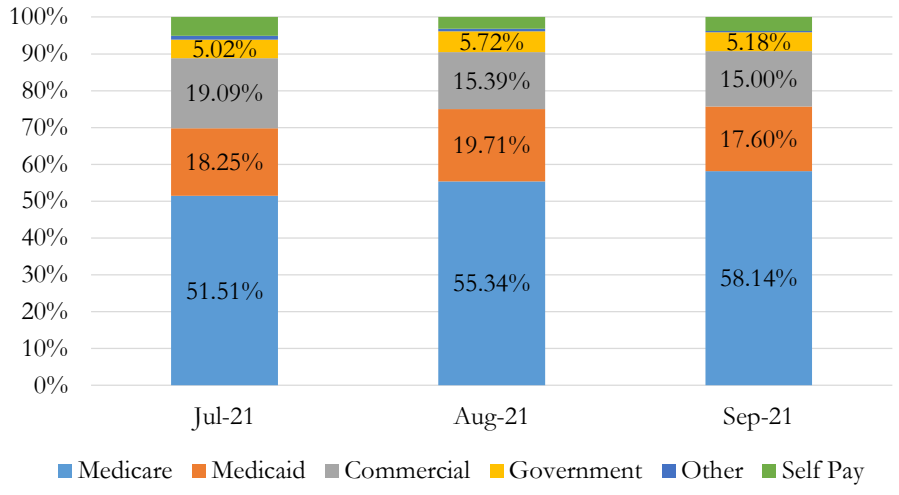
Year to Date Payor Mix



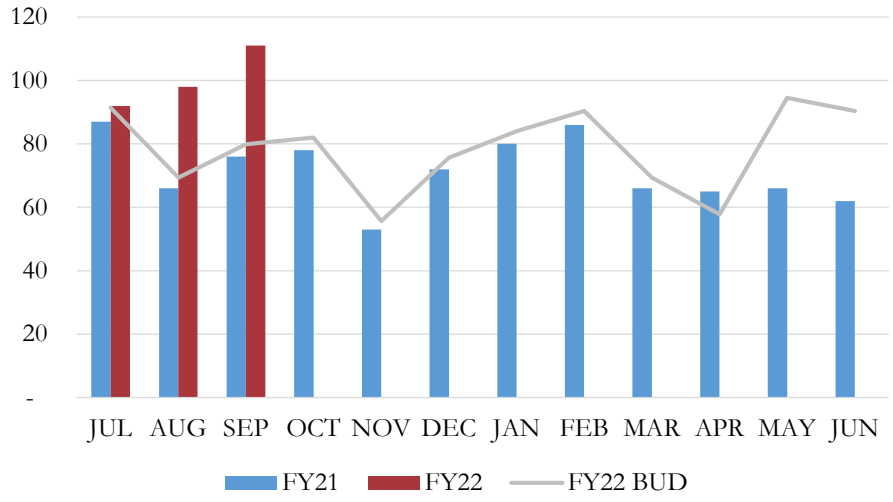
IP Payor Mix



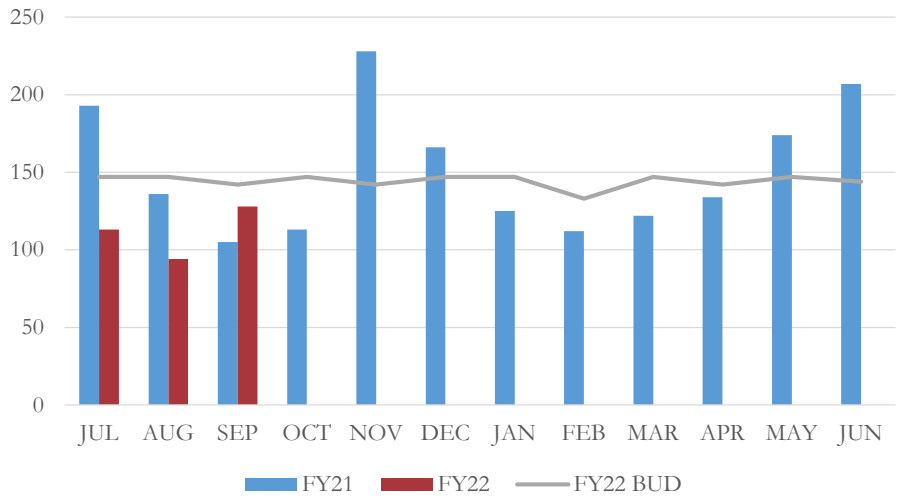
OP Payor Mix



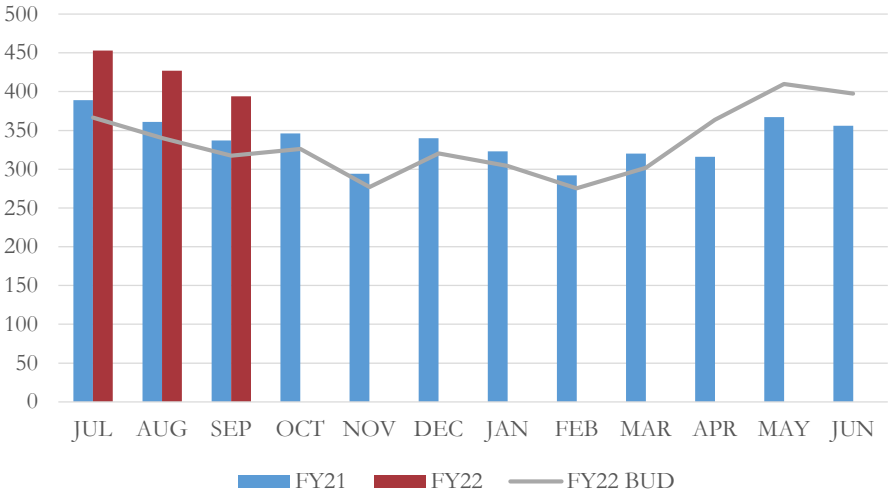
IP Days



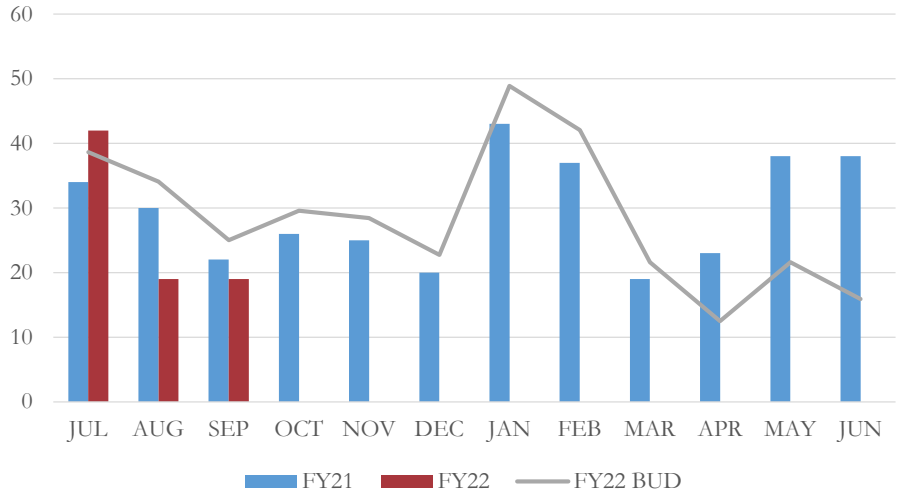
Swing Bed Days

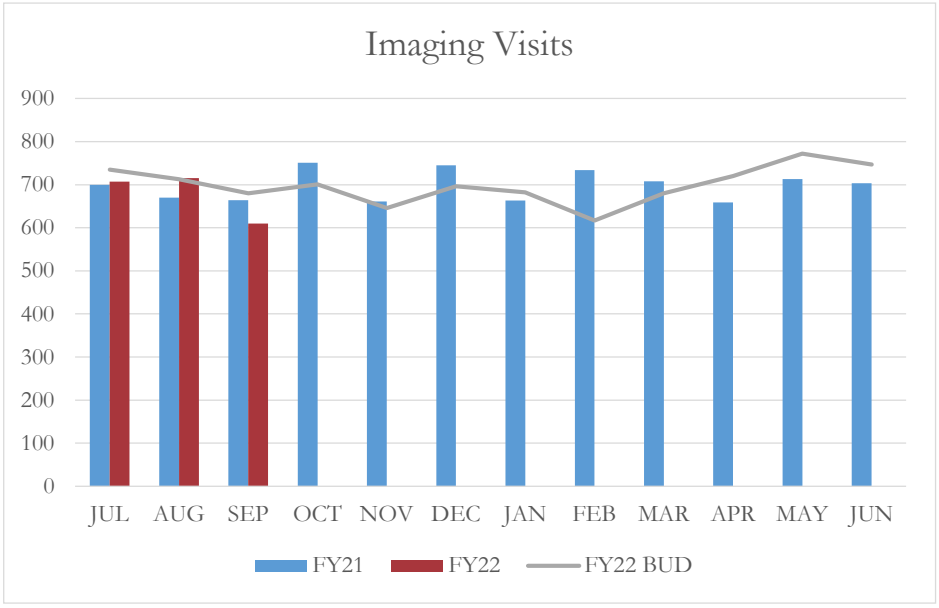


ER Visits



Surgery Patients




Imaging Visits
900
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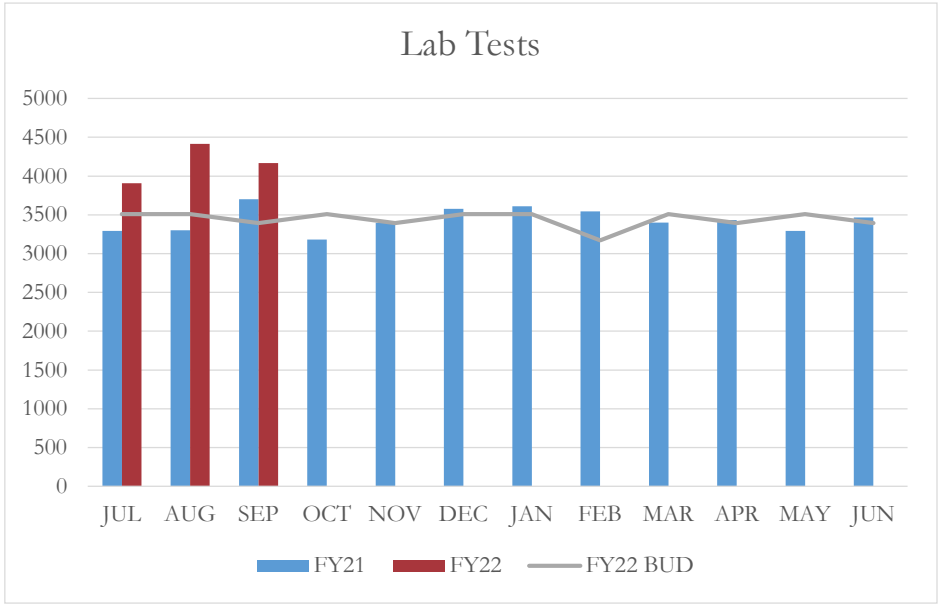
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY21 FY22 FY22 BUD


Lab Tests
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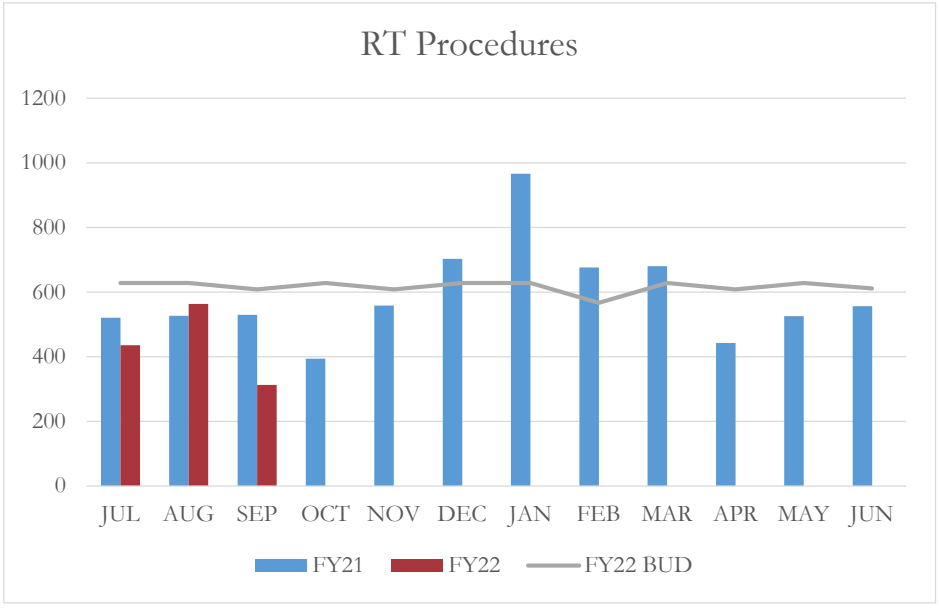
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY21 FY22 FY22 BUD


RT Procedures
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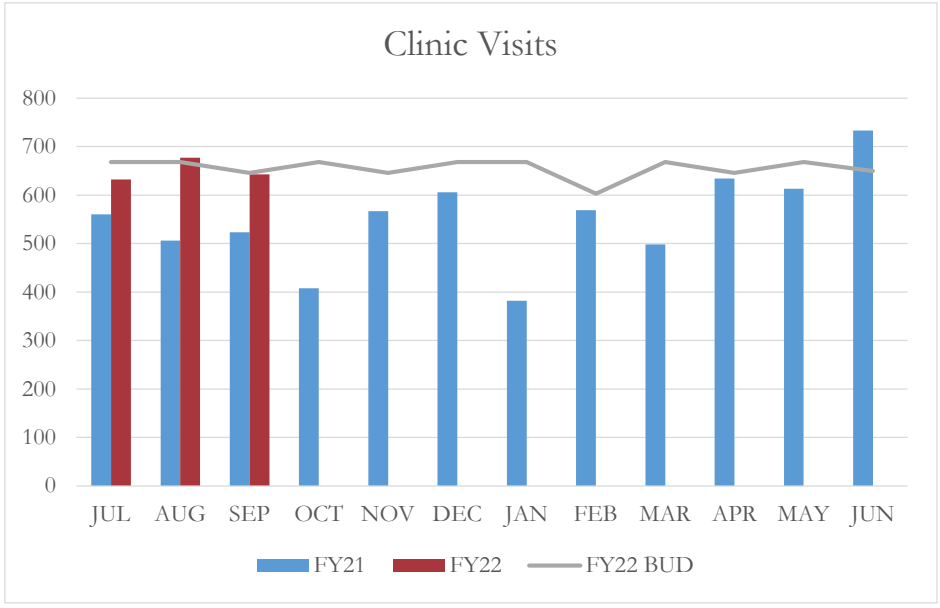
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY21 FY22 FY22 BUD


Clinic Visits
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0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY21 FY22 FY22 BUD

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

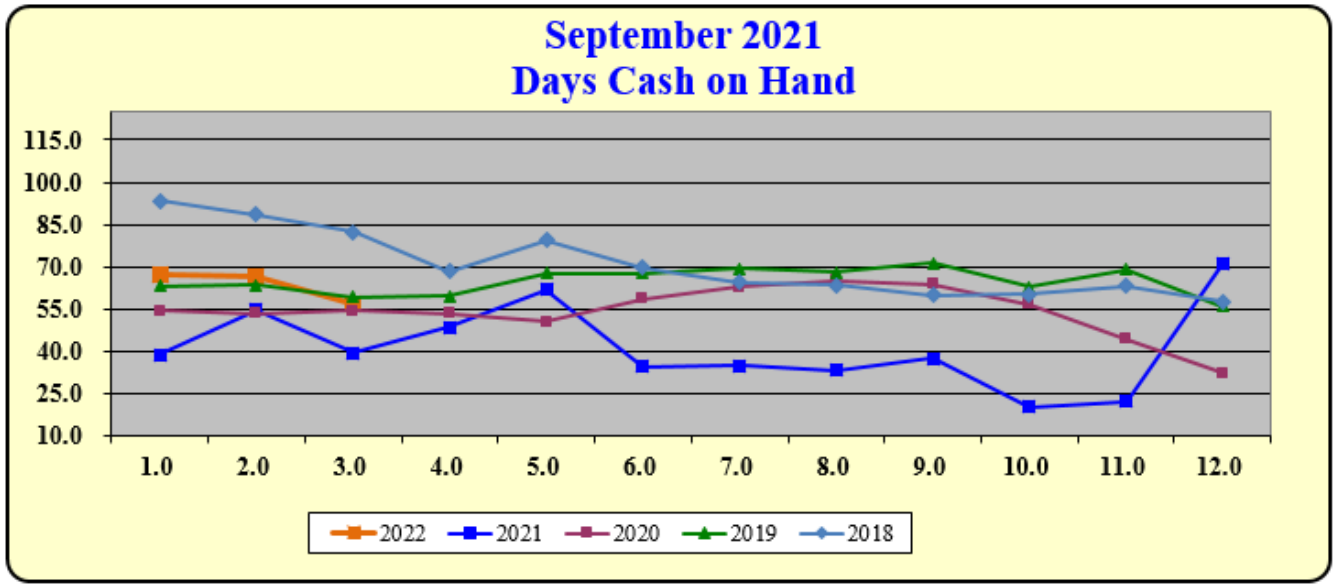
Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending September 30, 2021

	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.

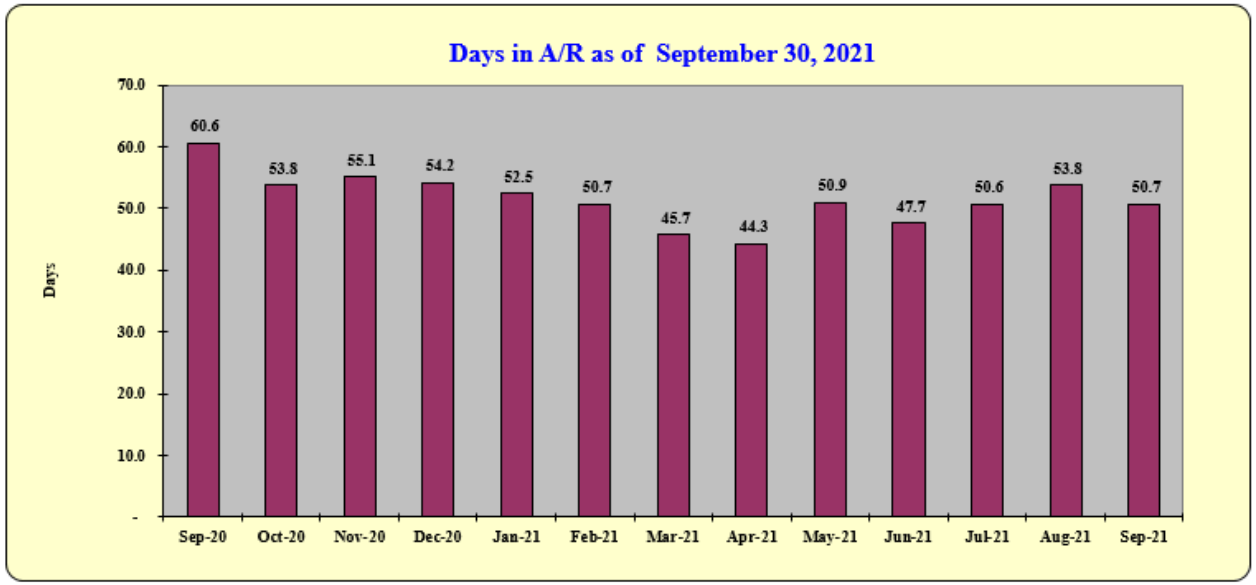
Desired Position: Upward trend, above the median

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

OUR MISSION

Quality healthcare with a personal touch.

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY ANALYTIC FRAMEWORK

- **Safe**
- **Effective**
- **Patient-centered**
- **Timely**
- **Efficient**
- **Equitable**

The Agency for Healthcare Research and Quality Components:
Providing education, research, training, and support

Six Domains of Health Care Quality. Content last reviewed November 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/talkingquality/measures/six-domains.htm

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY HEALTHCARE STANDARDS…

What does evidence-based hospital quality look like?

What are we doing currently for quality and patient safety?

What quality metrics are we using?

What are the quality reporting and compliance deadlines?

Where are the quality resources and technical assistance?

Where are the CAH examplars in Oregon for quality?

OREGON OFFICE OF RURAL HEALTH

Stacie Rothwell

Critical Access Hospital Team

Technical Assistance with Quality Improvement, Facility Regulatory Requirements, Improving Facility Operations

WALLOWA COUNTY HEALTH CARE DISTRICT

MISSION: To provide premier health care

- 25 Bed CAH
- Level IV Trauma Center

- Top 20 Critical Access Hospital (National Rural Health Association) based on Hospital Strength Index

- Accredited DNV-GL Critical Access Hospital

- Fit-Friendly Worksite Platinum Achievement (American Heart Association)

SOUTHERN COOS HOSPITAL & HEALTH CENTER

WHO ELSE IS DNV-GL ACCREDITED?

Hospital Accreditation

Heart Failure Program Certification

Comprehensive Stroke Center Certification

VAD Facility Credentialing Program

Cardiac Center of Excellence

ISO 9001 Certification

Asante Ashland Community Hospital
Asante Rogue Regional Medical Center
Asante Three Rivers Medical Center
Curry General Hospital
Good Samaritan Regional Medical Center
Good Shepherd Medical Center
Hillsboro Medical Center
Kaiser Foundation Hospital – Sunnyside
Legacy Emanuel Medical Center
Legacy Meridian Park Medical Center
OHSU
Peace Harbor Medical Center
Providence Brain and Spine Institute
Providence St. Joseph Health, Providence St. Vincent Medical Center
Sacred Heart Medical Center
Sacred heart Medical Center – University District
Samaritan Albany General Hospital
Samaritan Lebanon Community Hospital
Samaritan North Lincoln Hospital
Samaritan Pacific Communities Hospitals
Sky Lakes Medical Center
Wallowa Memorial Hospital


RATING HOSPITAL ACCREDITATION
Medicare Report: DNV NIAHO® is best match to CMS standards
DNV
26
TJC
46
AOA/HFAP
100
LOWER SCORE = BETTER MATCH TO CMS COPs
CMS assigns state surveyors to visit a select number of hospitals within 60 days of being surveyed by an accrediting organization (AO). They conduct their own surveys based on the COPs, then compare the number of surveys with Condition Level findings to the AO's results for the same facilities. The differential reflects how closely the AO's surveys match the CMS standards.
US HHS
FY 2019 Report to Congress
Fewest disparities
BEST
0
10
20
30
40
50
60
70
80
90
100
WORST

SOUTHERN COOS HOSPITAL & HEALTH CENTER

DNV-GL MANAGEMENT SYSTEMS APPROACH

- Quality management system and governance
- Pro-active risk management
- High risk services such as anesthesia, obstetrics, and ER
- Medication management
- Patient rights
- Physical environment

SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY SYSTEM FRAMEWORK

System issues:

- Is there variation? How much or how often?
- Are our practices based on evidence?
- Do we follow our practices?

Specific issues (potential examples):

- Hospital acquired infections
- Falls
- Medication errors
- Return to ED

"The Boards Role in Quality." 2nd Ed. The Governance Institute. governanceinstitute.com 2017

MANAGEMENT SYSTEM CERTIFICATION/ACCREDITATION AGREEMENT

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.

SOUTHERN COOS HOSPITAL & HEALTH CENTER

HOSPITAL ACCREDITATION

Hospital accreditation remains a cornerstone for ensuring at least a basic level of quality, at least for things that the health care system assesses. Patients want to know that a hospital provides safe and effective care, and accreditation, if done right, can be a powerful tool to offer that assurance.

Jha AK. Accreditation, Quality, and Making Hospital Care Better. *JAMA.* 2018;320(23):2410–2411. doi:10.1001/jama.2018.18810

DNV ACCREDITATION BROCHURE

BUSINESS ASSURANCE

HEALTHCARE ACCREDITATION

Improve quality. Enhance patient care.

Accreditation supports hospitals and other healthcare organizations to optimize performance, enhance patient safety and improve trust in your healthcare system.

Why accreditation?
A hospital isn't just a building; it is a place where individuals and families seek advice and comfort, and the occasional miracle. Above all, it is a place where excellence is the minimum exception and where a mistake can change your life in a heartbeat.

Accreditation is a strategic business tool that helps hospitals live up to, and surpass, these expectations. Requirements for accreditation vary from nation to nation. Whether mandated by law, or embraced voluntarily to build prestige, accreditation is a valuable asset to any hospital.

The requirements of the DNV GL International Healthcare Accreditation are based upon those in DNV GL's NIAHO standards that have been approved by the US Government's Centers for Medicare and Medicaid (CMS). The international requirements have been adapted so as to have applicability internationally, with sensitivity to local laws, practices and regulations, and have been accredited by the International Society for Quality in Health Care (ISQua). Our approach integrates proven quality and risk management principles with specific clinical and physical environment requirements. Our accreditation program is designed to support the development and continual improvement of healthcare quality and patient safety in healthcare organizations. It also addresses general safety for workers, patients and other visitors.

Our surveys provide insight and understanding of what is working effectively and what can be improved, and the accreditation provides assurance to your patients, staff and stakeholders that your hospital is working to international best practices.

The benefits

Our accreditation requirements provide healthcare organizations with a clear framework for the improvement of patients safety and quality of care in a language that healthcare workers intuitively understand. Our accreditation program employs surveyor teams that combine international experience with local knowledge, providing a supportive and objective third party assessment of your systems, processes and facilities.

Our management systems approach makes accreditation against the standard a tool for identifying goals and implementing change at every level of your organization, and experience shows that it delivers:

- Improved patient safety and quality of care
- Increased management confidence and assurance
- Active identification of areas for improvement
- Enhanced reputation and trust
- Improved staff satisfaction and motivation

Our approach

Our requirements cover key aspects of organizational governance and clinical care, including:

- Quality management system and governance
- Pro-active risk management
- High risk services such as anaesthesia, obstetrics and ER
- Medication management
- Patient rights
- Physical environment

Our accreditation standards have been developed for the following types of healthcare organizations:

- Hospitals
- Primary care providers
- Specialist outpatient clinics

All surveyors have a healthcare background and specialize in one of three areas: management systems, clinical care or the physical environment. Our surveyors employ a variety of methods for assessment, including staff interviews, medical record review, organizational document review, building and offsite visits, and patient interviews and feedback.

Training

Knowledge fosters an organization's ability to embed standards and create lasting cultural change. Our goal is to help you to engage your organization in a process that supports continuous learning and improvement at every level.

DNV GL offers training to enhance preparation and understanding of our International Healthcare Accreditation requirements. We are committed to supporting the organizations we work with so you receive additional value from using our requirements and the accreditation process.

Our team of healthcare experts understands the challenges of working in the healthcare sector. Our interactive training uses practical case study materials to give you knowledge you can apply in your organization, creating a meaningful learning experience and a more effective way of retaining knowledge. The following public courses are run periodically and are also available to be run in-house:

- Accreditation foundation course (1 day)
- Accreditation internal surveyor course (2 days)
- Accreditation implementation course (3-4 days)

"DNV accreditation is an important achivement as it shows we are meeting all requirements for providing the best in healthcare while meeting global quality standards."

John Lofthouse, CEO, King Edwards VII's Hospital, London, UK

Why partner with DNV GL?

As a world-leading certification body with objectives to safeguard life, property and the environment, DNV GL is committed to support healthcare organizations improve patient safety. With operations in over 100 countries, we are uniquely positioned to serve the needs of the global healthcare community, having certified or accredited close to 2000 healthcare organizations internationally.

DNV GL works with national healthcare authorities and healthcare providers around the world to effectively manage risk and improve healthcare delivery. Our healthcare activities are supported by a multidisciplinary research group based in Oslo that is committed to improving patient safety through collaborative research.

DNV GL's team of healthcare and risk management specialist has an innovative, advanced approach to help healthcare providers globally achieve excellence by improving quality and patient safety through hospital accreditation, managing infection risk, management system certification and training.

The requirements of the DNV GL International Healthcare Accreditation have been accredited by the International Society for Quality in Health Care (ISQua).

OLD BUSINESS

CEO Job Description Draft for Review

TITLE:	CHIEF EXECUTIVE OFFICER DRAFT	REFERENCE	#
DEPARTMENT:	ADMINISTRATION	PAGE:	Page 1 of 4
APPROVED BY:	SOUTHERN COOS HEALTH DISTRICT	EFFECTIVE:	10/15/2021
	EXEMPT	REVISED:	

Position Summary:
The Chief Executive Officer (CEO) provides leadership and direction to all aspects of District operations to ensure high quality of care, fiscal integrity, and proper utilization of human resources. The CEO reflects the key moral commitments, ethical principles, values and philosophy of the Southern Coos Health District (SCHD). The CEO reports to the SCHD Board. Performance will be measured by the CEO's ability to uphold and accomplish the Mission, Vision and Values of the District as follows:

- Mission: Quality healthcare with a personal touch
- Vision: To improve the health and viability of the community by working to be the best place for patients to receive care, for employees to work, and for providers to practice medicine.
- Values: Compassion, Patient-Centered Care, Teamwork, Community, Professionalism, Integrity

Responsibilities & Essential Functions:
(This list does not include all the duties that may be assigned.)

- Implements policy established by the SCHD Board and advises the Board on the development of policies.
- Provides liaison among the Board, the Medical Staff, and SCHD facilities and departments.
- Organizes the functions of the SCHD through appropriate departmentalization and the delegation of duties.
- Applies District policies and procedures consistently and fairly.
- Oversees all personnel matters, providing direction to Department Managers relative to employment practices.
- Resolves employee performance problems in a timely manner with Human Resource department assistance
- Oversees the delivery of care and works with all departments to assure high quality care.
- Oversees financial operations; works to assure efficient effective fiscal management.
- Assures continued licensure relative to the various authorized inspecting agencies.
- Represents SCHD in its relationships with other health care agencies.
- Regularly attends meetings including District Board, Medical Staff, Foundation Board, Home Health, and others as appropriate.
- Participates in community, state, national healthcare associations and professional activities which define the delivery of health care services and aids in the development of short and long range planning for health services and facilities.
- Presents to the Board, or its authorized committees periodic reports reflecting the professional services and financial activities of the SCHD and such special reports as may be required by the State District law and by the Board.

- Assists the Medical staff with its organization and acts as a liaison between Medical Staff and the Governing Board.
- Promotes an active public relations program for SCHD.
- Performs other duties which may be necessary or in the best interests of the SCHD as approved by the Board.
- Uses a systematic approach to develop and maintain a organizational culture that promotes the mission, vision, and values.

Has overall responsibility for leadership and oversight of all departments and functions of Southern Coos Health District. Directly supervises the executive leaders as defined in the organization chart.

Skills, Knowledge, & Experience Requirements:
The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions

- Master's Degree in Health Services, Health Science, Business, Hospital Administration or related program and/or have a current unrestricted license (MD or DO) to practice medicine in the State of Oregon is required.
- A minimum of 3 years of experience as a senior healthcare manager, preferably in an acute care environment. FACHE preferred.
- Knowledge of healthcare systems, medical quality assurance, quality improvement and risk management.
- Strategic and innovative thinker with proven ability to communicate a vision and utilize group process to achieve results.
- Demonstrated leadership, organizational and interpersonal skills.
- Ability to solve problems and execute on initiatives.
- Ability to work collaboratively internally and externally.
- Self-assured and results oriented.
- Demonstrated ability to assess business needs, design and implement programs and evaluate results.

Position Specific Competencies:

- Thorough knowledge of healthcare strategic plan development and implementation.
- Knowledge of applicable state and federal regulations.
- Ability and skills to effectively build teams and empower staff.
- Excellent interpersonal skills.
- Critical Thinking: using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

- Judgment and Decision Making: considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Complex Problem Solving: identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- Monitoring and assessing performance of yourself, other individuals, and the organization to make improvements or take corrective action.
- Service Orientation: actively looking for ways to help people.
- Management of Personnel Resources: motivating, developing, and directing people as they work, identifying the best people for the job.
- Negotiation: bringing others together and reconciling differences.
- Originality: ability to come up with new and innovative solutions to solve problems.
- Delegation: empowers staff to succeed in their assigned responsibilities and facilitates team-based problem solving.

I have read this job description and understand the duties I am expected to perform. I am aware that patient confidentiality is to be maintained at all times whether I am on or off duty. I agree to abide by Southern Coos Health District policies and procedures as well as the policies and procedures specific to my department.

Southern Coos Hospital & Health Center provides equal employment opportunities (EEO) to all employees and applicants for employment without discrimination to any protected class such as race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law including in the payment of wages or screen applicants based on their current or past compensation. In addition to federal law requirements, Southern Coos Hospital & Health Center complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Southern Coos Hospital & Health Center expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

Employment with Southern Coos Hospital is contingent upon an acceptable pre-employment and maintenance of a clear drug screening and background check.

I am able to perform the essential functions of this position with [ ] or without [ ] an accommodation.

_____ _____

Employee Signature Date