



**Board of Directors Executive Session & Regular Meeting
December 15, 2022 6:00 p.m.**

AGENDA

I.	Call to Order	
	1. Roll Call – Is Quorum Present.....	(action)
	2. Approval of Agenda.....	(action)
	3. Public Input	
II.	Consent Agenda	
	1. Meeting Minutes	
	a. Special Meeting – 11/14/22	1
	b. Regular Meeting – 11/17/22.....	2
	c. Executive Session – 11/17/22	
	2. Monthly Counsel Invoices Robert S. Miller III – Invoice #1175.....	7
	3. Motion to Approve Consent Agenda.....	(action)
III.	Staff Reports	
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	1. Board Member Self Evaluation	
VI.	New Business	
	1. Annual HIPAA Risk Assessment Review, Doug Selix, Critical Insight.....	36
	2. Accounting Policy Review	
	a. 300.001 Fixed Asset Policy.....	45
	b. 300.002 Capital Expenditure Approval Policy.....	49
VII.	Open Discussion & Adjournment	

**Southern Coos Health District
Board of Directors
Special Meeting Minutes
November 14, 2022
4:30 p.m.**

Members Present: Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Tom Bedell, Director. **Attending via remote link:** Brent Bischoff, Chairman; Pamela Hansen Director Katie Raebel, WipFli, LLP. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Scott McEachern, CIO; Dawn Gray, Clinic Manager. **Also in attendance:** Kim Russell, Executive Assistant. **Public/Press:** None present.

I. Call to Order, Roll Call, and Public Input

1. Call to Order: Mr. Bischoff called the meeting to order at 4:33 p.m.
2. Roll Call: Quorum was met.
3. Public Input: None.

II. Consideration of Rural Health Clinic Status Feasibility Study

Jeremiah Dodrill, CFO, introduced Katie Raebel from WipFli, LLP. Ms. Raebel presented background of what is a Rural Health Clinic, including 2021 payment reform legislation and feasibility report for Southern Coos Hospital & Health Center. RHC's have a separate designation with CMS for reimbursement purposes. Criteria include: must be located in rural area, be located in a healthcare shortage-designated area, offer 51% of services as primary care, employ non-physician practitioners; one must be employed by the provider, and must meet specific availability criteria. Only mental health may be via telehealth. Southern Coos meets required criteria. 2021 legislation changed the cost based reimbursement with provider-based and independent rural clinics now all capped at the same rate as of April 1, 2021. Reimbursement is based on per-visit with the maximum rate set at \$100, to increase by \$13 per year. This reform has negatively impacted provider-based Rural Health Clinics. Unfortunately, the National Association of Rural Health supports this legislation. Using the filed 2021 Medicare Cost Report and 2020 Medicaid Cost Report to complete the analysis, under the current reform, the analysis unfortunately confirms that it is not in the best interest of Southern Coos Hospital & Health Center to pursue RHC designation at this time. Ms. Raebel reviewed minimum productivity standards required and how that effects the reimbursement formula with current SCHHC Medicare/Medicaid patient percentages. Ray Hino, CEO, will visit with his contact at the National Rural Health Association to pursue conversation regarding the effects of this legislation on Rural Health Clinics and how it conflicts with our goal to keep primary care in our rural area. Katie will forward the printed report and is available if there are any further questions.

III. Open Discussion and Adjournment

Mr. Hino informed the board that the Governance Institute board self-assessment link is now live and accessible until November 28. **Meeting adjourned 5:23 p.m.**

Brent Bischoff, Chairman 12-15-22

Mary Schamehorn, Secretary 12-15-22

SCHD Board of Directors Special Meeting Minutes

November 14, 2022

**Southern Coos Health District
Board of Directors Meeting
Minutes
November 17, 2022, 6:00 p.m.**

I. Executive Session

At 6:00 p.m. Brent Bischoff, Board Chair, called to order the **Executive Session under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 (Licensing of facilities and health maintenance organizations) including, but not limited to, all clinical committees, executive, credentials, utilization review, peer review committees and all other matters relating to medical competency in the hospital.**

At 6:36 p.m. the meeting returned to Open Session.

II. At 6:40 p.m. Open Session was Linked to On-Line Public Access & Called to Order

No decisions were made in Executive Session. Items reviewed in Executive Session included Quality & Patient Safety Committee Report and Medical Staff Credentialing and Privileging Report.

1. Roll Call

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen, Tom Bedell; Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; P.J. Keizer, MD, Medical Staff Chief of Staff. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

Mary Schamehorn, Secretary, confirmed all members present.

2. Motions from Executive Session

a. November Medical Staff Credentialing Report

Tom Bedell **moved** to accept the Medical Staff Credentialing and Privileging Report. Norbert Johnson **seconded** the motion. **No discussion. All in favor. Motion passed.**

b. Procedural Sedation Delineation of Privileges

Mary Schamehorn **moved** to accept the Procedural Sedation Delineation of Privileges. Pam Hanson **seconded** the motion. **No discussion. All in favor. Motion passed.**

c. Quality & Patient Safety Policy Approval

- 001.001 Provision of care, treatment and services for restraint and seclusion
- 001.002 Restraint or seclusion use
- 001.003 Restraint and seclusion use limited to emergencies
- 001.004 Immobilization devices use of
- 001.005 Restrain and seclusion discontinuation removal
- 001.006 CMS Reporting and documentation for deaths associated with restraint or seclusion
- 001.007 Restraint and seclusion orientation and training
- 001.008 Performance improvement program restraint and seclusion
- 001.009 Restraint and seclusion administrative oversight
- 215.003 Drapes, curtains and decorations policy
- 215.001 Fire and smoke barrier penetration policy
- 215.004 Internal audit policy

Norbert Johnson **moved** to accept the recommended policies as listed. Mary Schamehorn **seconded** the motion. **No discussion. All in favor. Motion passed.**

3. Approval of Agenda

The Audit Report will be moved forward in the agenda.

Mary Schamehorn **moved** to approve the agenda with modification. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

4. Moss-Adams FY22 Audit Report

Tony Andrade, from Moss-Adams, presented the annual audit report, issuing an unmodified, clean opinion to the State of Oregon due by December 31. There were no disagreements with management. Of the required communication to the governing board there was no evidence of material weakness, no significant deficiency, and no concern regarding internal controls. Mr. Andrade reviewed his detailed report to the board noting improvements from prior years in Days of Cash on Hand, and how the audit reviews aging of Accounts Receivable, Debt to Capitalization, Age of Plant, and Average Length of Stay. Labor has been a challenge for all hospitals throughout the pandemic. A correction was noted and a new copy of his report will be forwarded. Members of the board congratulated Jeremiah Dodrill, CFO, members of Administration, and staff for a job well done.

5. Public Input

None present nor received on-line.

III. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting – 10/27/22
- b. Executive Session – 10/27/22

2. Monthly Counsel Invoice Robert S. Miller III #1150

Mary Schamehorn **moved** to accept the Consent Agenda. Norbert Johnson **seconded** the motion. **No discussion. All in favor. Motion passed.**

IV. Staff Reports

1. CEO Report

Mr. Hino opened with recognition of National Rural Health Day today, an honor established in 2010 to recognize rural challenges including lower than average incomes, higher Medicare usage, and lower medical accessibility. Due to a recent spike in local Covid cases, the Covid Committee has recommended a return to masking in all areas of the hospital. Last week it was announced that Southern Coos Hospital is now an accredited Critical Access Hospital through DNV, an international accrediting organization, after having not previously holding accreditation, joining OHSU, Good Samaritan, Asante, Peace Health, and other Oregon hospitals, and we are on track to achieve ISO quality certification. Dr. Pense has accepted the Medical Directorship for Quality and Respiratory Therapy as part of his new 2-year hospitalist agreement. The new emergency department physician staffing firm, OPYS, is holding weekly meetings with Administration and staff as we prepare to transition on December 31. After 2 years without, we are resuming the annual employee and volunteer holiday party on December 17. **Discussion:** A grant opportunity was discussed for funding of a travel-trailer to replace the current triage tents, to be presented to the board in the near future, estimated at \$55-\$60,000 for the trailer, to be stored on a pad adjacent to the current engineering shop, plus a late model diesel pick-up truck. Grant funds are to be used before June 30, 2023.

2. Clinic Report

On behalf of Dawn Gray, Clinic Manager, Mr. Hino reviewed monthly statistics from the month of October. Highlights include a 7% increase in patients served. A temporary Nurse Practitioner joined the team in October. A decrease in no-shows of over 50% was attributed to the new electronic appointment reminder system from Dialog Health. Appointments cancelled by physician were due to illness. Paul Preslar, D.O. is scheduled to begin work on December 5. Advertising is planned. **Discussion:** The board is looking forward to seeing activity reported under the Medicare Wellness bullet, regarding that service available to Medicare beneficiaries. The goal for the clinic to break even is on track for the end of this fiscal year, June 30, 2023.

3. CNO Report

Cori Valet, CNO, reviewed the CNO Report for the month of October, including clinical staffing updates. Recruitment has begun for the ED RN Manager position. Michelle King, RN, has joined Southern Coos as Surgical Services Manager. Respiratory

Therapy now fully staffed. The new coag analyzer is to be installed mid-December and new freezer for ortho cases installed. Novarad PACS (Picture Archiving Computer System) and medical imaging reading system has been implemented. Southern Coos Medical Imaging Techs are certified in multiple modalities, which helped support staffing during Covid illnesses. Respiratory Therapy also incurred staffing shortages due to Covid, with manager providing coverage. On November 11 the Southern Coos Emergency Department was on a partial diversion due to no Respiratory Therapy coverage. Ms. Valet expressed gratitude for those staff members who stepped in to provide coverage. Average daily census on the Med/Surg floor in the month was 10 days per patient. Restraint and Seclusion policy and procedure training was completed, with thanks also to Arianne Booth, new Education RN. Discussion: Clinical internships were discussed as a possible option to fill ancillary department or CNA positions; would require proctor.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review of his report on department activities for the month of October. The Wipfli, LLP rural health clinic analysis, Moss-Adams annual financial audit and DNV documentation in the physical environment dominated the month. Recognition was given to Jason Cook, Jonathan Yamasaki, and Jenny Percy for their work on policy in response to DNV deficiencies. A preventive maintenance (PM) standards tracking cloud-based system will be purchased at nominal cost of approximately \$3K per year and will assist with maintenance documentation and development of long-range clinical engineering plan for equipment obsolescence and equipment end-of-life.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO report. A HIPAA Security Risk Assessment completed by cyber security vendor, Critical Insight, will be reported to the Board at the December meeting. Mr. McEachern received a scholarship to attend the College of Healthcare Information Management Executives (CHIME) Healthcare CIO Boot Camp in early November that included Healthcare CIO certification. Scott was pleased to report that Southern Coos may have the opportunity to move forward sooner than currently projected in the Strategic Plan with a new EMR, as soon as September 2024, giving consideration to the EPIC platform through Providence Health. Curry General is now using this platform through Providence and providing positive feedback regarding their transition.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, reviewed key performance indicators of for the month. The Foundation is currently at \$53,766.51 toward \$200,000 year-end goal. Planned events include Women's Health Day to be held February 25th, 2023; a new event, Senior Health Day to be held in May/June 2023, and a Bandon School District/Ocean Crest Health Fair coming up on February 5.

7. Strategic Plan Report

Mr. Hino provided a brief summary of progress or changes in the report from the

previous month. Significant progress made of 36% on all deliverables with 22% on track. 3.2 and 3.2.1 have moved to 100% on Quality Benchmarks. The Rural Health Clinic feasibility study is complete. To proceed with physical plant initiatives, Mr. Dodrill proposes development of an RFP by the Healthcare Collaborative Group, and have them present to the board in Q1 2023, with goal to create a master plan.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a review of the financial statements reported for the month of October, noting robust patient volumes and 5.7% increase in net patient revenue. Operating Expenses trended higher in part due to labor and in part material expense such as the DNV accreditation survey invoice. Operating Income is on target with revenue actual at \$183K compared to budget at \$172K. So far the aggressive budget is in line YTD. Medicare accelerated funds are fully paid-off.

VI. Old Business

1. Board of Directors Annual Self-Evaluation

The Governance Institute self-evaluation tool used in 2021 will be used again this year and went “live” on November 14 with all member completion due by November 28. The full report from the Governance Institute will be provided in January.

VII. New Business

1. Annual Employee Bonus

Mr. Dodrill provided a history of the annual bonus which has evolved from gift cards to a check due to tax requirements, has been for many years a net figure of \$100 plus estimated tax amount. Mr. Dodrill proposed increasing that amount to net \$200. Eligibility has been based on full-time employment with discretion to managers regarding per diem staff based on number of shifts worked. **Discussion:** Board members support increase to \$200 and recognition for achievement of DNV accreditation.

Tom Bedell **moved** to approve the employee bonus of net \$200 following guidelines for eligibility. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

Discussion: Board members may correspond with CEO and Executive Team regarding strategic plan and other topics. Serial communications, however, must be avoided. Communication (discussion or decision) with 3 or more board members constitutes a public meeting.

At 8:37 p.m. the meeting adjourned.

Brent Bischoff, Chairman 12-15-2022

Mary Schamehorn, Secretary 12-15-2022

INVOICE

Robert S. Miller III Attorney
(CY2022+)
1010 First Street SE, Suite 210
Bandon, OR 97411

robertstevensmilleriii@gmail.com
(541) 347-6075

Southern Coos Hospital & Health Center

Bill to

Southern Coos Hospital & Health
Center
900 11th Street SE
Bandon, OR 97411
USA

Invoice details

Invoice no. : 1175
Invoice date : 12/6/22
Terms : Due on receipt
Due date : 12/6/22

Product or service	Amount
1. Attorney	3 units x \$250.00
Service date: 12/17/22	
November 17, 2022 Board Executive Session and General Meeting	

Ways to pay



Total **\$750.00**

Overdue 12/6/22

Pay invoice



CEO Report

To: Southern Coos Health District Board of Directors
FROM: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, December 2022

COVID Update

The SCHHC Covid-19 Committee continues to meet every 2 weeks. Here are recent updates from the Committee:

- The mask mandate has been lifted and is voluntary for vaccinated individuals in the designated non-patient care areas of the hospital. Those 2 approved areas are (1) the administrative wing of the hospital, behind the double doors, and including IS, HIM, administration, EVS, Engineering, Dietary, Supply Chain, Dining Room and Conference Room.

DNV

As reported last month, Southern Coos Hospital & Health Center is now, officially, a 3-year DNV accredited hospital. The next steps in our DNV process was completion of all NC-1 nonconformities by November 20, 2022. This was completed. By January 23, 2023 we will be required to submit documented evidence of correction of our NC-1 nonconformities. This will include documentation of new policies, committee meeting minutes, log sheets for scheduled work (daily, weekly, monthly) and reports from vendors.

Medical Staff

- We are continuing to work with OPYS for onboarding of the new emergency department physicians group. Dr. Andre Creese, CEO of OPYS was here on November 28 to meet our staff and to tour our facilities. We are working diligently with his onboarding team to be ready for the implementation of the new contract at 8:00 a.m. on Saturday, December 31.
- Dr. Paul Preslar began work as our new Clinic Physician Provider on Monday, December 5. During his first week, he has been learning our CPSI computer system and shadowing Debra Guzman to observe how our processes work. On Thursday night, when I checked in with Dr. Preslar, he said “you have dedicated, caring people working for you. I am truly honored to be here.” I believe that we are fortunate, indeed, to have brought in Dr. Preslar. He plans to work 3-4 days every week in the clinic.
- On December 9, I made an offer to Dr. Bonnie Wong, DO, to join our clinic as a replacement for Dr. Christine Mitchell. Dr. Wong has been here to Bandon last year and has met all of our physicians and seen our clinic. She loves our team and is very interested in joining us. She is from Washington State and wants to move back to the Pacific Northwest. Dr. Mitchell is leaving us at

the end of January 2023. If we are successful in contracting with Dr. Wong, we would hope to have her here in Bandon and starting before summer of 2023.

- Our temporary Family Nurse Practitioner, Sara Harvison will be leaving when her contract expires this month in December. We have found a replacement for her. His name is Vincent Tyson, FNP. He is from Florida, but has been working in Oregon for most of this year. He has an Oregon license and is credentialed with Oregon Medicare. We will need to get him credentialed by Advanced Healthcare ASAP.

Orthopedic Surgery Service

- We have hired a new Nursing Director for Surgical Services. Her name is Michelle King. She has relocated to Bandon from the State of Washington. She has previous Surgical Services Manager experience and Project Management experience. We have tasked Michelle to take over as the Project Manager for the startup of the orthopedic surgery service at SCHHC.
- The new anesthesia machine is scheduled to arrive in the month of December.
- Michelle has identified the need for, at least, 1 more full time experienced surgical nurse. We are recruiting to fill that position ASAP.

CEO Updates on Video

- We have begun creating weekly video programming with weekly CEO updates for our staff. The video content is created internally by Scott McEachern and released weekly to our staff. We will also be able to use this process for introductions of new doctors, new services and new programs, such as the DAISY Nurse Recognition program. In the past month, we have created 4 new videos.

Organization Chart

- A new SCHHC organization chart was created and release with an effective date of December 1, 2022. The new chart changes the reporting relationship of the Dietary department. It has been moved from reporting to Cori Valet to now reporting to Raymond Hino. This was done to load level and allow Cori to concentrate exclusively on the clinical departments.



Clinic Report

To: Southern Coos Health District Board of Directors and Southern Coos Management

From: Dawn Gray, Clinic Manager

Re: Clinic Report for SCHD Board of Directors Meeting – December 15, 2022

Provider News – November

In the month of November, the clinic saw an 8% increase in the number of primary care patients served and an overall increase of 11% in the number of patients served in the clinic.

Upon reviewing the cancellation numbers, I found the reason for most all the PHYS Canceled appointments is due to a provider being out of office due to sickness or a change in schedule. All patients were either rescheduled with the original provider or moved to see the Locum FNP, Sara Harvison. This is the case with Debra Guzman in the month of November.

Of note, we terminated the Scribe-X contract that served Debra Guzman as of 10/26/2022 due to Scribe-X inability to consistently train scribes that could work with our EMR, Evident. Debra has chosen to utilize a voice dictation device through MModal which costs substantially less than a scribe.

In addition to the provider stats provided below, the specialist stats are:

- Dr. Qadir, Nephrologist, was in clinic 1 day and saw 9 local patients.
- Dr. Webster, ENT/Dermatology was in clinic 1 day and saw 10 patients.

Clinic Report – November

- We have successfully hired two new employees
 - Kevin Reopelle, Clinic Receptionist, comes to us with over 14+ years of medical front office experience working with PeaceHealth in Springfield and most recently with Coast Community.
 - Cassandra Estep, Certified Medical Assistant, comes to us with over 12+ years of medical assisting experience working in family practice and drug rehab clinics in Redding, California.
- One of my goals as the new Clinic Manager is to have the clinic attest to the designation of being a Patient Centered Primary Care Home (PCPCH). A PCPCH is a health care clinic that has been recognized for their commitment to patient-centered care. The program is part of the Oregon Health Authority and one of the many efforts to help improve the health of our patients and the care they receive. Additionally, being a PCPCH brings an increased rate of reimbursement for Medicaid visits.
- Medicare Wellness, Chronic Disease Management and Transitional Care are all important components of the care that we can provide to our patients. This is another avenue that has potential to generate an increase in revenue that we are currently looking into.

- Telehealth visits for November totaled 45 which is 9% of the total patient visits. With the uptick in COVID-19, influenza, and RSV cases, we have had an increase in the number of patients requesting a telehealth visit.
- The No Show rate increased to 4% for November. To better understand why patients No Show, the Clinic Receptionists will be calling patients who No Show and document the reason in the patient's chart. The call will also provide an opportunity to reschedule the patient.

Clinic Stats - November 2022										
Provider	Days in Clinic	Patients			Total	Average	No Show	Cancellation	Total	Total
	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Debra Guzman, FNP	14.5	183	28	13	142	9.8	7%	15%	13	8
Olixn Adams, DO	4	50	4	0	46	11.5	0%	8%	5	2
Noel Pense, DO	3	52	14	3	35	11.7	6%	27%	1	1
Christine Mitchell, DO	11	130	15	1	114	10.4	1%	12%	9	4
Shane Matsui, LCSW	20	97	19	6	72	3.6	6%	20%	14	0
Sara Harvison, FNP	17	91	8	9	74	4.4	10%	9%	3	3
COVID-19 Clinic	2	76	7	0	69	34.5	0%	9%	0	0
Outpatient Services	20	181	10	5	166	8.3	3%	6%	0	0
Schmelzer	8	34	6	0	28	3.5	0%	18%	0	7
Totals	99.5	894	111	37	746	7.5	4%	12%	45	25

Total telehealth 45 511 Clinic Registrations

Provider	Same Day	PT Canceled	PHYS Canceled	Total	% PHYS Canceled
Debra Guzman, FNP	0	16	12	28	43%
Olixn Adams, DO	0	4	0	4	0%
Noel Pense, DO	0	12	2	14	14%
Christine Mitchell, DO	0	15	0	15	0%
Shane Matsui, LCSW	0	18	1	19	5%
Sara Harvison, FNP	0	6	2	8	25%
COVID-19 Clinic	0	7	0	7	0%
Outpatient Services	0	9	1	10	10%
Schmelzer	1	5	0	6	0%
Totals	1	92	18	111	



CNO Report

To: Board of Directors and Southern Coos Management
 From: Cori Valet, BSN, CNO
 Re: CNO Report for Board of Directors Meeting – December 15, 2022

People

- **Clinical Department Staffing**

	Budgeted FTE	Staff FTE utilized	Agency FTE utilized	Total FTE Filled	Budgeted FTE vacant	Missed FTE in budget	Actual FTE vacant
Med-Surg Inpatient	30.02	26.33	2.43	28.76	1.26	2.7	3.52
Emergency Department	11.06	12.34	0.26	12.60	-1.54	2.34	0.8
Surgical Services	5.74	3.97	0	3.97	1.77	0	1.77
Laboratory	10.93	9.47	2.44	11.91	-0.98	0	-0.98
Medical Imaging	11.43	8.2	1.88	10.08	1.35	0	1.35
Respiratory Therapy	6.0	5.94	0	5.94	0.06	0	0.06

- Missed FTE explanation:
 - Med-Surg: 2 CNAII, 0.35 Telettech, 0.35 Activities Supervisor.
 - Emergency Department: 2.34 new RN positions not included in budget
 - All missed FTEs were planned and approved, yet missed in the budgeting process.

- **DAISY Award Program** –

The DAISY award is a widely known Nursing recognition award that celebrates nurses who provide extraordinary compassionate care. Southern Coos Hospital and Health Center has now joined the over 5,400 facilities in all 50 states and 33 other countries that participate in recognizing nurses with the DAISY award.

- A kick-off event was held on November 22, 2022 to promote the new program and to provide information to all staff, patients and visitors throughout the day.
- Nomination boxes can be found across the campus with nomination forms at each location. Electronic DAISY nominations can be made from our organization website and through QC codes present on posters and nomination forms.
- Two DAISY award honorees will be selected each year, while also honoring all nominees.

- Nurses are nominated by anyone in the organization – patients, family members, other nurses, physicians, other clinicians and staff, anyone who experiences or observes extraordinary compassionate care being provided by a nurse.

Service

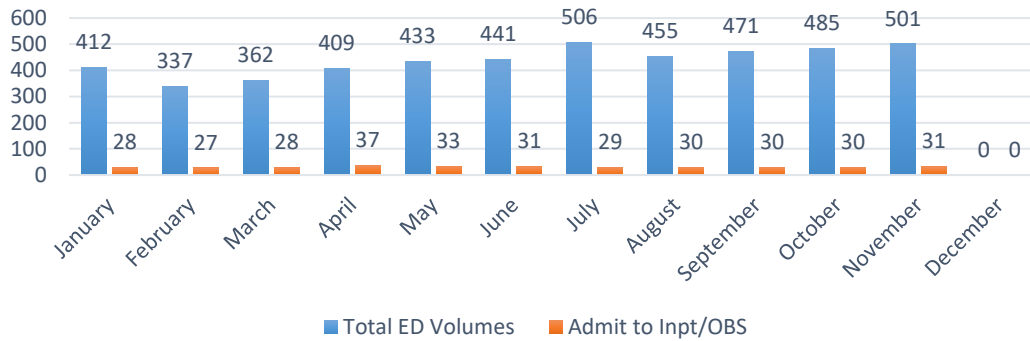
- **Leadership Rounding**

Leadership rounding is a procedure where in staff members in leadership positions visit Inpatients on the Medical-Surgical unit to inquire about the patient experience during their visit.

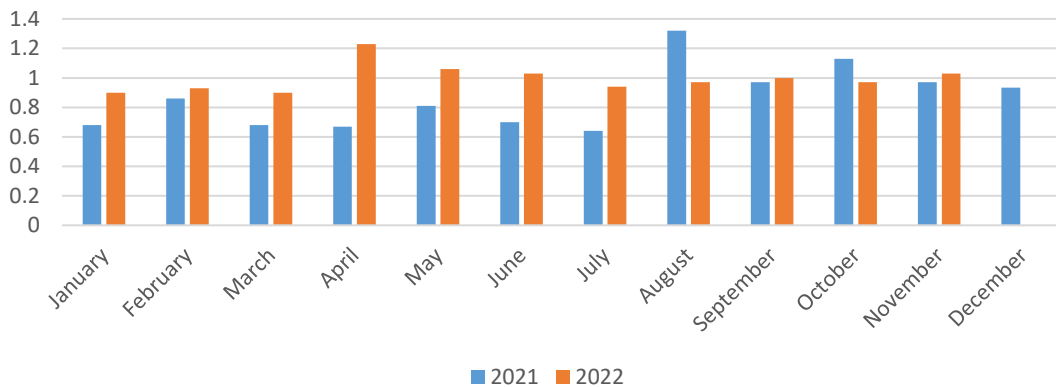
Leadership Rounding was initiated on August 16, 2022. Overall we have received very positive feedback from our patients. One area of improvement that has been identified is improved communication of the plan of care and what to expect. From this finding, a new Quality Improvement project with a focus on communication is being drafted by the department manager Mike Snyder. Monthly statistics will be reported to the Quality Committee each month.

- **Emergency Department Volume Statistics**

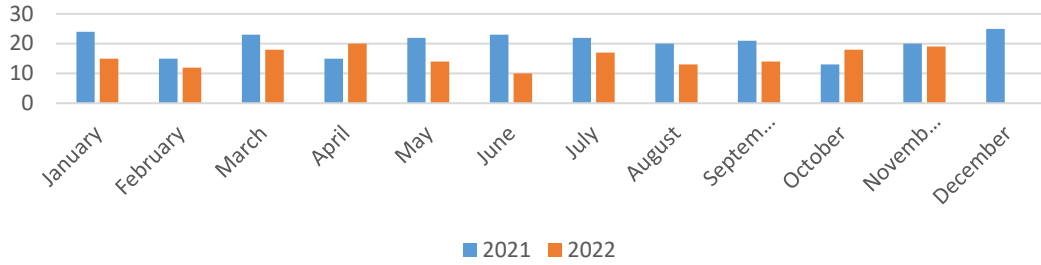
2022 ED Admissions to the Med-Surg Unit



Average ED Admissions to Med-Surg Unit per Day



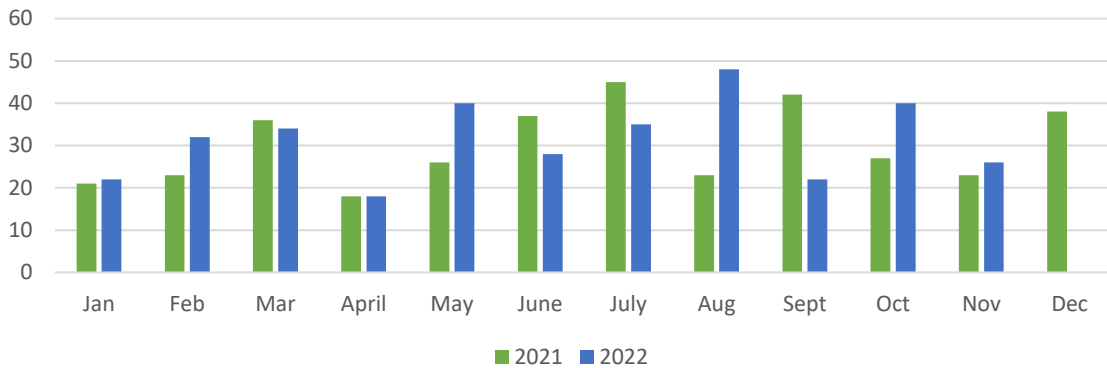
ED Transfers



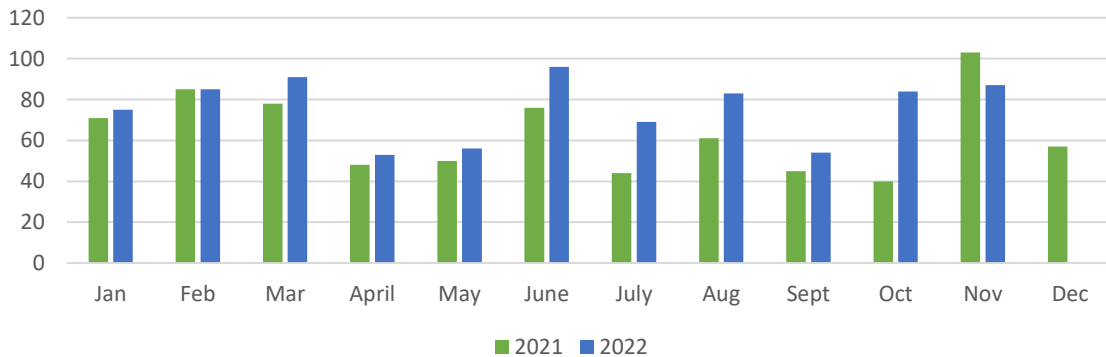
- ### Medical Imaging

- Picture Archiving and Communication Systems (PACS) – Nova PACS RIS and Encapture are up and running for Echocardiograms. In order to begin using the new PACS for the remaining modalities all the data from the old PACS system eRad must be transferred to the new system. Goal date for data transfer to be complete to begin using Nova PACS for all modalities is January 31, 2023.
 - MRI and Mammography volumes post November report of anticipated decrease related to limited department staffing.

MRI Volumes



Mammography Volumes





CFO Report

To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: CFO Report for Board of Directors Meeting – December 2022

Facilities Improvement Plan

Engineering, Finance and Supply Chain Services departments are initiating the work around developing a facilities improvement plan contained within the Strategic Plan. We have had initial conversations with other facilities that have recently (within the last 5-10 years) large scale facilities development or improvement projects. Additionally, we have had initial conversations with a consultant who specializes in helping organizations with all phases, from developing a master site plan for hospitals through general contractor selection, contracting and construction oversight. As a reminder, the first phase under consideration in the Strategic Plan is limited to realistic improvements to the existing facility without large, intrusive construction efforts and/or major service interruptions.

Long-Range Financial Plan

Finance has begun planning the assembly of the initial draft of a long-range financial plan. The goal of the long-range financial plan is to model the current realities of the sustainability of the organization over time. In a sense, the long-range financial plan is a target setting tool to ensure that the organization knows what is required to meet its capital requirements over a 5 to 10 year time horizon. We currently anticipate having an initial draft to review by March, which will coincide with the initiation of the FY 2024 annual budgeting process. Once the base model is developed, we will be able layer in additional impacts of EMR, Facilities Improvements and impacts of other large financial investments.

Community Benefit Reporting (CBR-1)

Finance is initiating the preparation of the annual Community Benefit Report (CBR-1). The CBR-1 is a State of Oregon required financial filing that calculates the economic or monetary value of the benefit that a hospital provides to its community. Major categories of benefit include the cost of charity care provided, net under-reimbursement of certain public programs, cost of community health improvement services, net cost of subsidized health services and other community building activities.



Chief Information Officer Report

To: Southern Coos Health District Board of Directors and Southern Coos Management

From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, December 15, 2022

Risk Assessment

Critical Insight performed SCHHC's annual Health Insurance Portability and Accountability Act (HIPAA) security risk assessment. Please refer to the included slide deck for the presentation. I am leading the implementation and monitoring of the remediation plan for the risk assessment. We are focusing on the high-risk areas first and then moving to medium risk items next.

Project Management Office

We have created a SCHHC Project Management Office, led by myself as the executive sponsor. The SCHHC PMO is comprised of a Governance Committee, comprised of the executive team, Dawn Gray, clinic manager; Carrie Okey, HR Director; Barbara Snyder, Risk & Quality Manager; and a district board member to be determined. The PMO team is comprised of Michelle King, Surgical Services Manager; Katelin Wirth, Financial Analyst; Jonathan Yamasaki, Supply Chain Manager; and Shawn March, Clinical Informatics Manager.

We have created the PMO to create an accountability structure that oversees the selection, development, implementation, and maintenance of major SCHHC projects. The PMO team is currently creating documents that will support SCHHC projects, including a standardized project intake form; a master project tracking list; and a transparent set of selection criteria by which the team and governance committee may select to pursue or table proposed projects.

IS & Clinical Informatics

The project management governance committee's first project to consider will be the potential move to a new EMR. We are scoping a high-level cost of implementation with Tegria, a Providence Health company that provides an Epic Community Connect program. Please see the Strategic Plan for more detail.

CIO Outreach

I met with the CIO at Curry General Hospital on December 9. She gave me a tour of the Curry General Hospital and it is very impressive. We talked extensively about a variety of future projects that our districts might consider sharing services. I hope to meet with the IS Manager at Coquille Valley Hospital, the CIO at Bay Area Hospital, and the CIO at Lower Umpqua Hospital in the next month.



Southern Coos Health Foundation Report

To: Southern Coos Health District Board of Directors and Southern Coos Management

From: Scott McEachern, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, December 15, 2022

Board Member Recruitment

We have invited Steve Reber to serve as a foundation board member. Steve is the husband of Karen Reber, our Gift Shop Manager. Steve is recently retired as an engineer and comes with a long background in project management. He will bring immense knowledge and understanding of philanthropy to the foundation board.

Strategic Planning

Pamela Hansen, the SCHD board liaison, and Steve Reber, new SCHF board member, are assisting me in updating the foundation’s strategic plan. We have an initial timetable, as follows:

Task	Dec 2022	Jan 2023	Feb 2023	March 2023
Core Team Initial Meeting				
Assess 2007 SCHF Strategic plan				
Identify information needed for strategic planning				
Develop list of stakeholders and solicit input				
Interview key partners				
Conduct a SWOT analysis				
Develop goals and objectives for next 3-5 years				
Compile/edit draft strategic plan				
Present draft plan to SCHF Board				
Present SCHF-approved strategic plan to SCHD Board				

Upcoming Events

Ocean Crest Health Fair	February 7, 2023
Women’s Health Day	February 25, 2023
Senior Health Event	TBD
Golf for Health Classic	September 16, 2023



Monthly Financial Report

To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: November 2022 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for November of \$3,818,000 were higher than budgeted expectations of \$3,547,000. OP gross revenues of \$2,576,000 were higher than a budget of \$2,539,000. ED, Imaging and RT exceeded budgeted expectations while Lab and Surgery volumes were lower than budgeted expectations. IP and Swing Bed volumes and revenues of \$1,242,000 were significantly higher than a budget of \$1,008,000 for the month with an Average Daily Census (ADC) of 8.8 in November compared to budgeted ADC of 6.9.

Deductions from Revenue – Revenue deductions at \$1,608,000 or 42.1% of gross revenue were higher than a budget of 33.6%. Deductions from revenue year-to-date at 35.7% are higher than budgeted expectations of 33.6% due primarily to Medicare cost-report reserves correlated with high IP volumes experienced during the year. High IP volumes result in interim Medicare payments in excess of the cost structure subjected to settlement in the Medicare cost report. The net payable is estimated monthly as a deduction from revenue.

Total Operating Revenues of \$2,210,000 were slightly lower than budget of \$2,345,000.

Labor Expenses totaled \$1,566,000 in November compared to a budget of \$1,519,000. Contract staffing for nursing and other medical professionals continues to be high but is trending down in all departments.

Professional Fees and Purchased Services combined were \$452,000 which was higher than a budget of \$416,000 due to timing of actual expenditures compared to budgeted (even throughout the year) as well as budgeted professional fees savings that have not yet been realized.

Medical Supplies, Drugs and Other Supplies combined at \$152,000 were slightly lower compared to budgeted expectations at \$186,000.

Operating Expenses – Total operating expenses of \$2,416,000 for the month overall were higher than a budget of \$2,349,000.

Operating Income / Loss – Operating loss for November was \$(206,000) compared to a budgeted income of \$5,000.

Decrease in Net Position was \$(104,000) compared to a budgeted increase in the amount of \$102,000.

Days Cash on Hand for November was 139.3 days, up from October at 130.5 due to the Medicare Advance Payment being repaid in full in October. A/R days outstanding increased from 48.9 to 51.1.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending November 2022

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance	Variance	Actual	Budget	Prior Year	Variance	Variance
					to Bud	to Prior				to Bud	to Prior
Volume Summary	IP Days	137	98	89	39.8%	53.9%	672	502	502	33.9%	33.9%
	Swing Bed Days	127	110	111	15.5%	14.4%	545	562	542	-3.0%	0.6%
	Total Inpatient Days	264	208	200	26.9%	32.0%	1,217	1,064	1,044	14.4%	16.6%
	Avg Daily Census	8.8	6.9	6.7	26.9%	32.0%	8.0	7.0	6.8	14.4%	16.6%
	Avg Length of Stay - IP	4.6	3.9	3.6	16.5%	28.3%	4.6	3.5	3.5	33.9%	33.9%
	Avg Length of Stay - SWB	14.1	10.0	10.1	41.1%	39.8%	11.8	11.7	11.3	1.2%	4.9%
	ED Registrations	484	368	368	31.5%	31.5%	2,355	1,876	1,987	25.5%	18.5%
	Clinic Registrations	485	928	406	-47.7%	19.5%	2,270	4,586	2,293	-50.5%	-1.0%
	Ancillary Registrations	976	1,302	1,302	-25.0%	-25.0%	4,733	6,613	6,613	-28.4%	-28.4%
	Total OP Registrations	1,945	2,598	2,076	-25.1%	-6.3%	9,358	13,075	10,893	-28.4%	-14.1%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,144	9,089	8,854	-10.4%	-8.0%	7,667	9,075	8,503	-15.5%	-9.8%
	Gross SWB Rev/SWB Day	995	1,069	900	-6.9%	10.6%	908	1,069	859	-15.0%	5.7%
	Gross OP Rev/Total OP Registrations	1,325	977	977	35.5%	35.5%	1,370	989	980	38.5%	39.8%
	Collection Rate	57.9%	66.4%	66.6%	-12.8%	-13.0%	64.3%	66.4%	66.9%	-3.1%	-3.8%
	Compensation Ratio	70.9%	64.5%	73.7%	9.8%	-3.8%	62.9%	62.6%	68.1%	0.5%	-7.7%
	OP EBIDA Margin \$	(23,754)	65,285	(161,627)	-136.4%	-85.3%	489,082	635,521	(238,664)	-23.0%	-304.9%
	OP EBIDA Margin %	-1.1%	2.8%	-8.3%	-138.8%	-87.1%	4.1%	5.3%	-2.3%	-22.2%	-277.7%
	Total Margin	-4.7%	4.3%	-6.9%	-209.0%	-31.6%	5.0%	6.9%	-0.3%	-28.2%	-1697.9%
Key Liquidity Ratios	Days Cash on Hand	139.3	80.0	136.1	74.1%	2.4%					
	AR Days Outstanding	51.1	50	53.4	2.2%	-4.3%					



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending November 30, 2022

	Current Month - Nov-2022					Year To Date - Nov-2022				
	Nov-2022 Actual	Nov-2022 Budget	Variance	Var %	Nov-2021 Actual	Nov-2022 Actual	Nov-2022 Budget	Variance	Var %	Nov-2021 Actual
Patient Revenue										
Inpatient	1,242,120	1,008,324	233,795	23.2%	887,913	5,647,197	5,155,921	491,276	9.5%	4,734,067
Outpatient	2,576,250	2,538,977	37,273	1.5%	2,029,023	12,819,384	12,930,558	(111,175)	(0.9%)	10,673,115
Total Patient Revenue	3,818,370	3,547,302	271,068	7.6%	2,916,936	18,466,581	18,086,479	380,102	2.1%	15,407,182
Deductions From Revenue										
Total Deductions	1,607,991	1,193,015	(414,976)	(34.8%)	975,457	6,585,231	6,082,776	(502,455)	(8.3%)	5,102,911
Revenue Deductions %	42.1%	33.6%			33.4%	35.7%	33.6%			33.1%
Net Patient Revenue	2,210,379	2,354,287	(143,908)	(6.1%)	1,941,479	11,881,350	12,003,703	(122,353)	(1.0%)	10,304,271
Other Operating Revenue	25	86	(61)	(70.9%)	(406)	100	430	(330)	(76.7%)	462
Total Operating Revenue	2,210,404	2,354,373	(143,969)	(6.1%)	1,941,073	11,881,450	12,004,133	(122,683)	(1.0%)	10,304,733
Operating Expenses										
Total Labor Expenses	1,566,405	1,519,264	(47,142)	(3.1%)	1,430,613	7,471,052	7,514,268	43,217	0.6%	7,019,133
Total Other Operating Expenses	849,740	829,713	(20,027)	(2.4%)	723,614	4,307,106	4,138,324	(168,782)	(4.1%)	3,784,436
Total Operating Expenses	2,416,145	2,348,977	(67,169)	(2.9%)	2,154,227	11,778,158	11,652,592	(125,566)	(1.1%)	10,803,569
Operating Income / (Loss)	(205,741)	5,396	(211,138)	(3912.7%)	(213,154)	103,292	351,541	(248,249)	(70.6%)	(498,836)
Net Non-Operating Revenues	101,360	96,605	4,755	4.9%	79,050	487,015	479,323	7,692	1.6%	466,795
Change in Net Position	(104,381)	102,001	(206,383)	(202.3%)	(134,105)	590,307	830,864	(240,557)	(29.0%)	(32,041)
Collection Rate %	57.9%	66.4%	(12.8%)	(12.8%)	66.6%	64.3%	66.4%	(3.1%)	(3.1%)	66.9%
Compensation Ratio %	70.9%	64.5%	9.8%	9.8%	73.7%	62.9%	62.6%	0.5%	0.5%	68.1%
OP EBIDA Margin \$	(23,754)	65,285	(89,039)	(136.4%)	(161,627)	489,082	635,521	(146,439)	(23.0%)	(238,664)
OP EBIDA Margin %	(1.1%)	2.8%	(3.8%)	(138.8%)	(8.3%)	4.1%	5.3%	(1.2%)	(22.2%)	(2.3%)
Total Margin (%)	(4.7%)	4.3%	(9.1%)	(209.0%)	(6.9%)	5.0%	6.9%	(2.0%)	(28.2%)	(0.3%)



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending November 2022

		Month				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	65.38%	61.70%	61.70%	6.0%	6.0%
	Medicaid	19.17%	19.94%	19.94%	-3.9%	-3.9%
	Commercial	10.47%	10.86%	10.86%	-3.6%	-3.6%
	Government	2.26%	5.54%	5.54%	-59.2%	-59.2%
	Other	1.89%	0.28%	0.28%	569.2%	569.2%
	Self Pay	0.83%	1.67%	1.67%	-50.7%	-50.7%

		Year to Date				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
	Medicare	62.41%	61.45%	61.45%	1.6%	1.6%
	Medicaid	18.50%	17.94%	17.94%	3.1%	3.1%
	Commercial	11.28%	12.13%	12.13%	-6.9%	-6.9%
	Government	5.93%	5.78%	5.78%	2.7%	2.7%
	Other	0.89%	0.42%	0.42%	112.9%	112.9%
	Self Pay	0.97%	2.29%	2.29%	-57.4%	-57.4%

Total **100.00%** **100.00%** **100.00%**

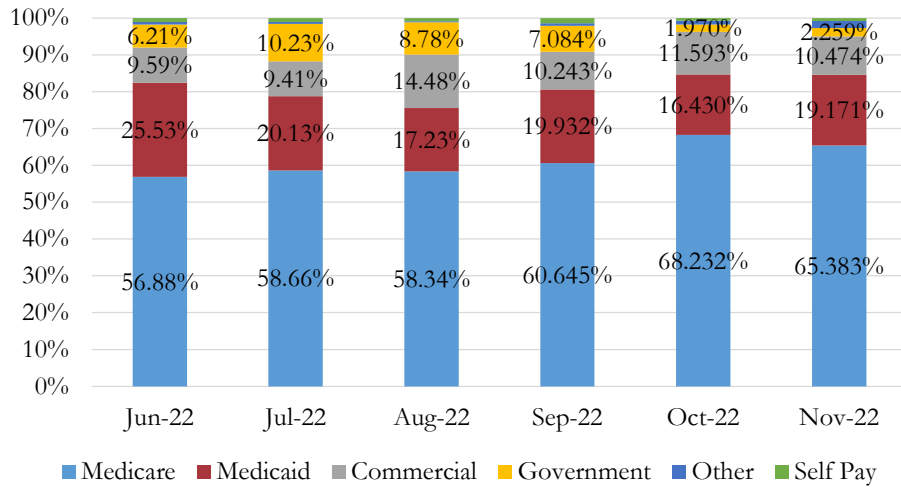
100.00% **100.00%** **100.00%**

		Month				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
Patient Volumes	In Patient Days	137	98	89	39.8%	53.9%
	Swing Bed Days	127	110	111	15.5%	14.4%
	Total Patient Days	264	208	200	26.9%	32.0%
	Emergency Visits	484	368	368	31.5%	31.5%
	Radiology Procedures	825	760	693	8.6%	19.0%
	Laboratory Tests	3,665	4,041	3,729	-9.3%	-1.7%
	Respiratory Visits	833	609	604	36.8%	38.0%
	Surgeries and Endoscopies	20	31	22	-35.5%	-9.1%
	Specialty Clinic Visits	166	192	170	-13.5%	-2.4%
	Primary Care Clinic	511	928	405	-44.9%	26.2%

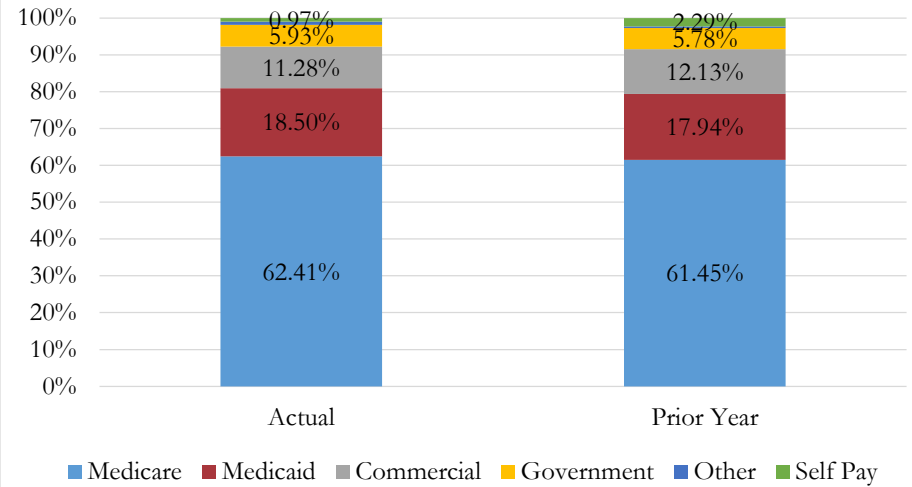
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
	In Patient Days	672	502	502	33.9%	33.9%
	Swing Bed Days	545	562	542	-3.0%	0.6%
	Total Patient Days	1,217	1,064	1,044	14.4%	16.6%
	Emergency Visits	2,355	1,876	1,987	25.5%	18.5%
	Radiology Procedures	4,160	3,995	3,361	4.1%	23.8%
	Laboratory Tests	17,623	20,610	19,613	-14.5%	-10.1%
	Respiratory Visits	2,843	3,105	2,417	-8.4%	17.6%
	Surgeries and Endoscopies	70	158	126	-55.7%	-44.4%
	Specialty Clinic Visits	875	978	881	-10.5%	-0.7%
	Primary Care Clinic	2,373	4,586	2,255	-48.3%	5.2%



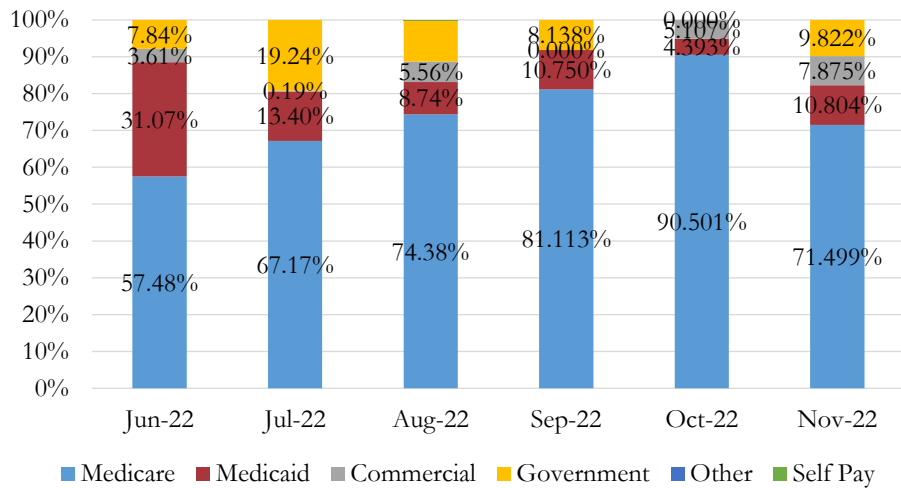
All Patients Payor Mix



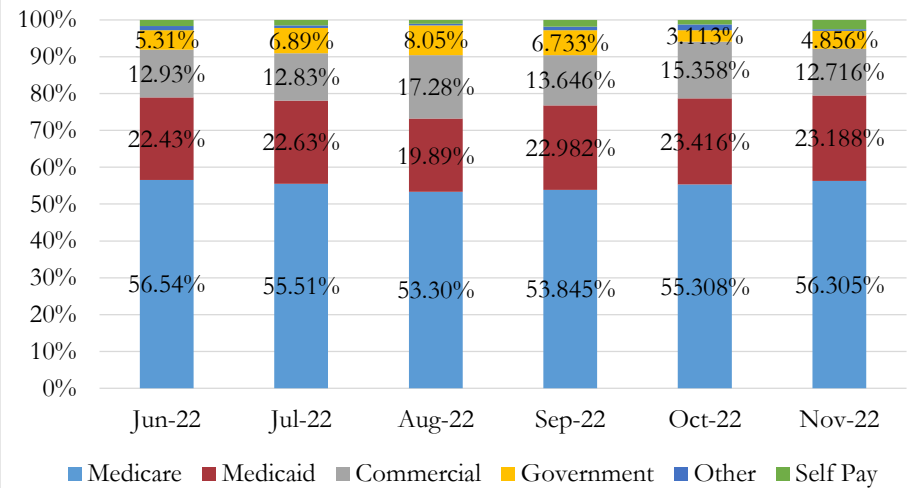
Year to Date Payor Mix



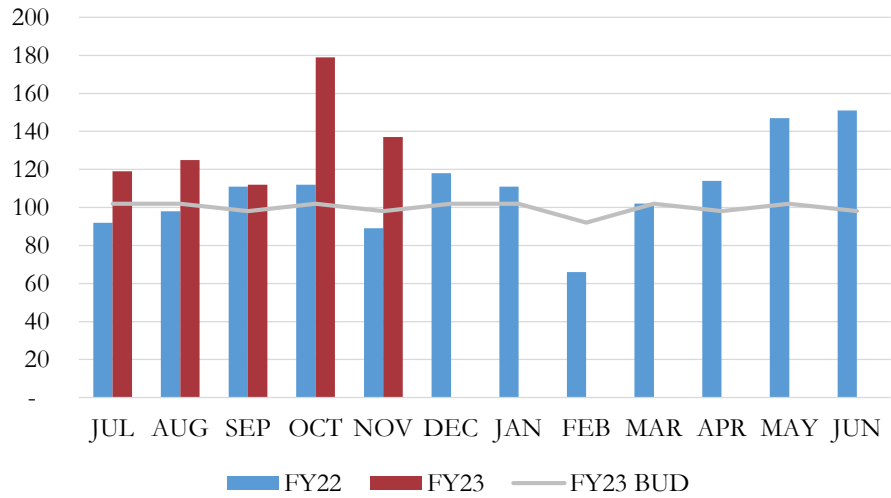
IP Payor Mix



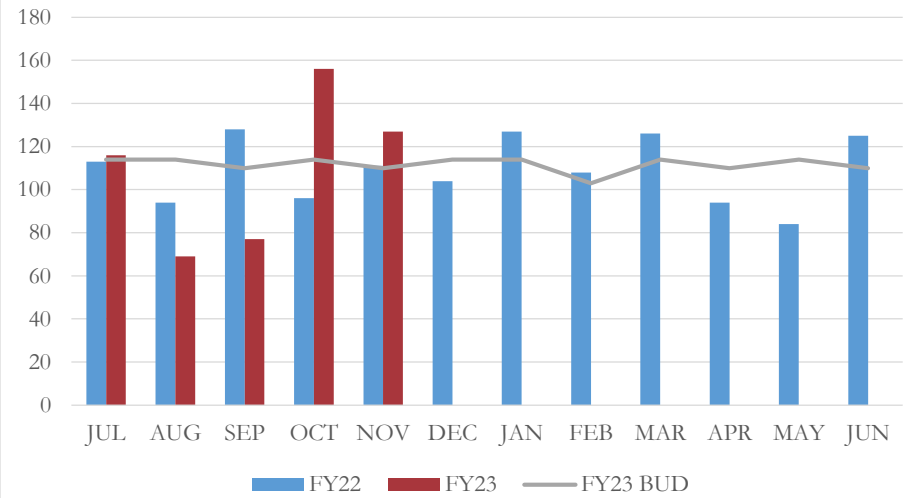
OP Payor Mix



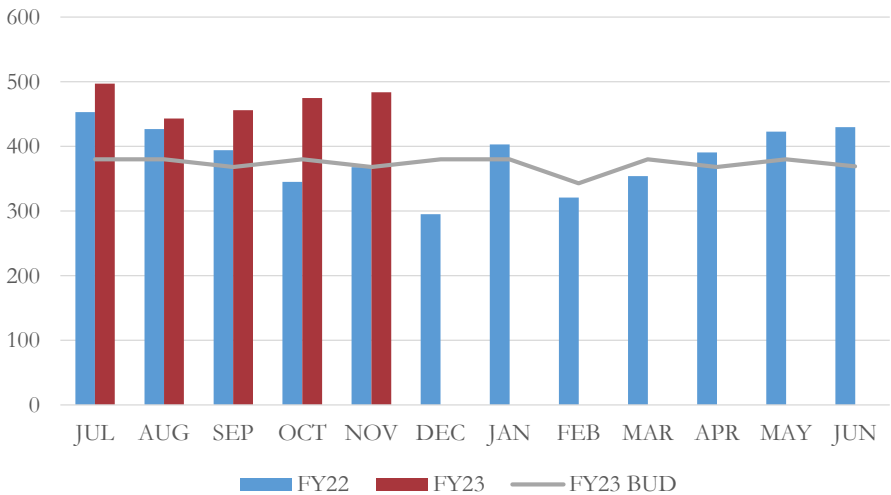
IP Days



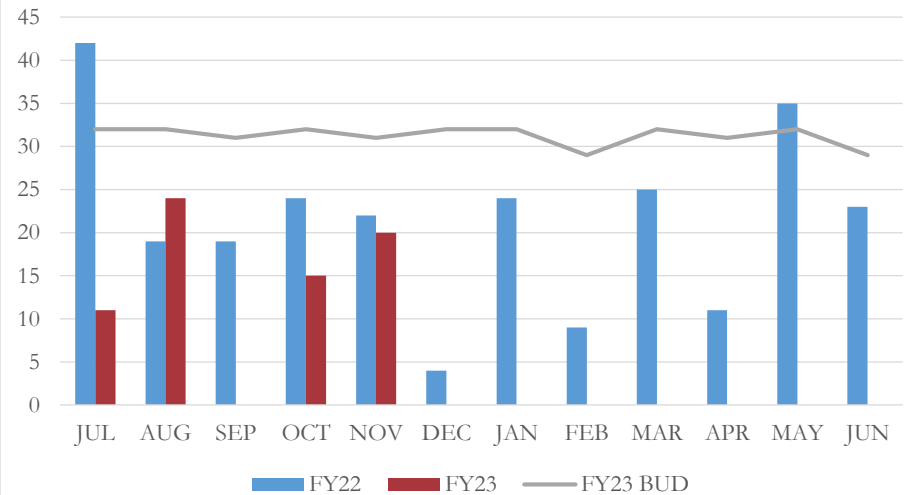
Swing Bed Days



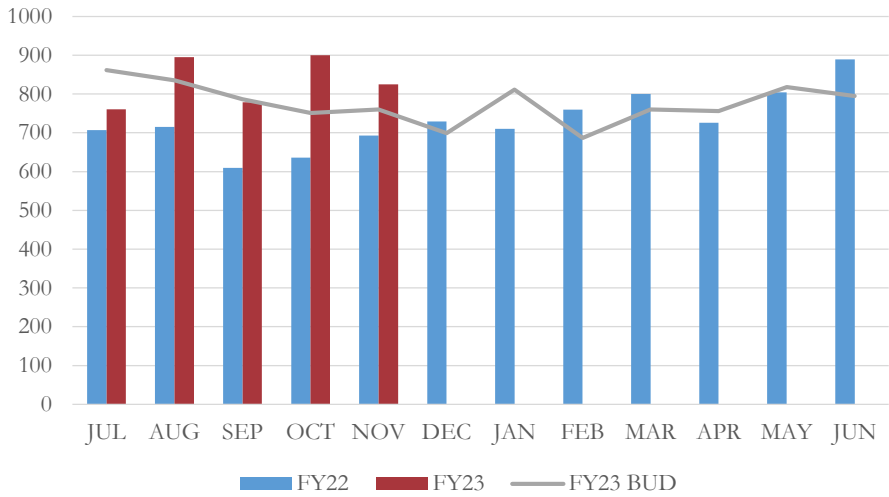
ER Visits



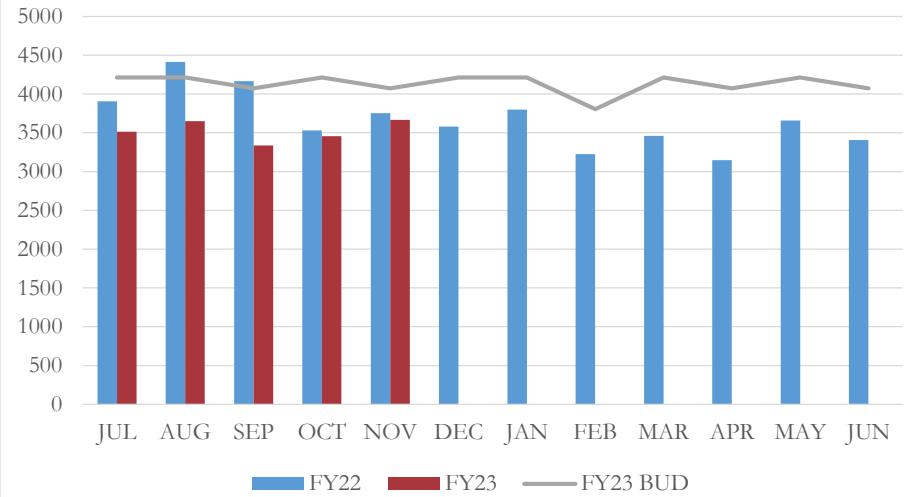
Surgery Patients



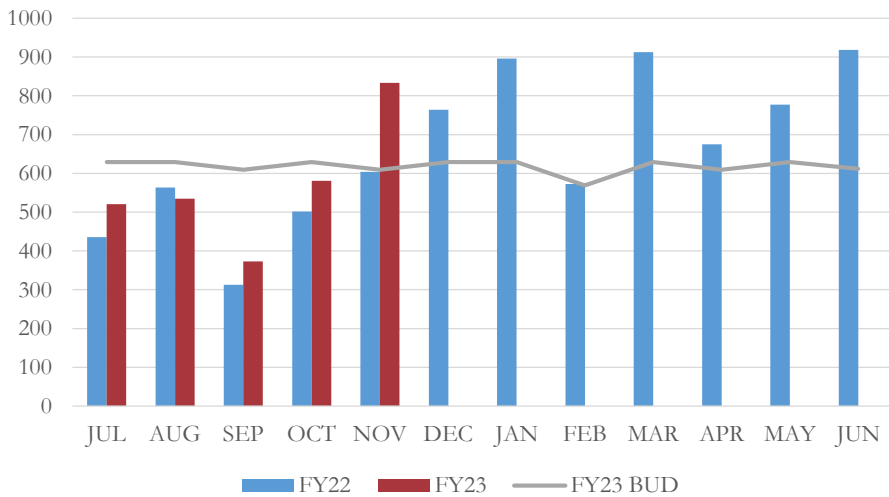
Imaging Visits



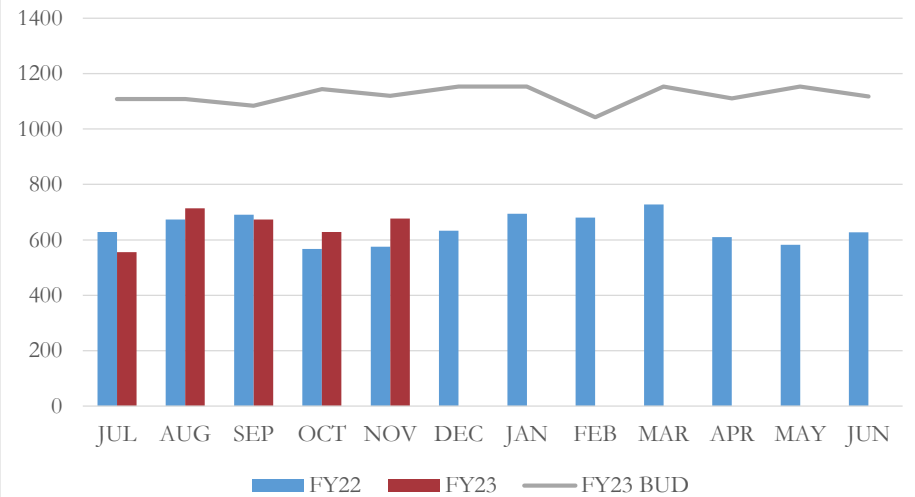
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending November 2022

	Balance as of November 2022	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	7,879,349	6,600,542	1,278,807	7,830,681
Covid-19 Relief Funds	1,201,335	1,201,335	0	(0)
Medicare Accelerated Payments	0	3,041,479	(3,041,479)	6,952,217
Investments - Unrestricted	1,538,778	1,452,639	86,139	452,620
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	12,835,438	14,511,971	(1,676,533)	17,451,493
Patient Accounts Receivable	6,528,548	5,990,969	537,579	4,845,025
Allowance for Uncollectibles	(2,820,094)	(2,793,125)	(26,970)	(2,456,334)
Net Patient Accounts Receivable	3,708,454	3,197,844	510,610	2,388,691
Other Receivables	(430,781)	492,153	(922,934)	840,233
Inventory	164,501	163,375	1,126	239,072
Prepaid Expense	332,425	479,232	(146,807)	402,507
Property Tax Receivable	0	0	0	0
Total Current Assets	16,610,037	18,844,575	(2,234,538)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment	18,098,579	17,205,488	893,091	16,154,324
Less: Accumulated Depreciation	(12,903,529)	(12,886,837)	(16,692)	(11,651,955)
Construction In Progress	157,539	67,081	90,458	31,125
Net PP&E	5,814,117	4,847,259	966,857	4,995,021
Total Assets	22,424,154	23,691,835	(1,267,681)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending November 2022

	Balance as of November 2022	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,126,048	772,657	353,391	924,534
Accrued Payroll and Benefits	1,274,039	1,195,908	78,130	1,054,435
Interest and Other Payable	725,295	712,471	12,823	310,866
Current Portion of Long Term Debt	246,328	246,328	0	231,964
Medicare Accelerated Fund	0	3,041,479	(3,041,479)	6,952,217
Provider Relief Funds	1,201,335	1,201,335	0	0
Current Liabilities	4,573,045	7,170,179	(2,597,135)	9,474,016
Long-Term Debt	4,875,880	4,236,981	638,899	4,368,697
Less Current Portion of Long-Term Debt	(246,328)	(246,328)	0	(231,964)
Total Long-Term Debt, net	4,629,552	3,990,653	638,899	4,136,733
Total Liabilities	9,202,596	11,160,832	(1,958,236)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	690,555	(175,268)	865,823	8,172,906
Total Net Assets	13,221,557	12,531,002	690,555	12,706,270
Total Liabilities & Net Assets	22,424,154	23,691,835	(1,267,681)	26,317,019



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position

For The Period Ending November 30, 2022

	Current Month - Nov-2022					Year To Date - Nov-2022				
	Nov-2022 Actual	Nov-2022 Budget	Variance	Var %	Nov-2021 Actual	Nov-2022 Actual	Nov-2022 Budget	Variance	Var %	Nov-2021 Actual
Patient Revenue										
Inpatient	1,242,120	1,008,324	233,795	23.2%	887,913	5,647,197	5,155,921	491,276	9.5%	4,734,067
Outpatient	2,576,250	2,538,977	37,273	1.5%	2,029,023	12,819,384	12,930,558	(111,175)	(0.9%)	10,673,115
Total Patient Revenue	3,818,370	3,547,302	271,068	7.6%	2,916,936	18,466,581	18,086,479	380,102	2.1%	15,407,182
Deductions From Revenue										
Total Deductions	1,607,991	1,193,015	(414,976)	(34.8%)	975,457	6,585,231	6,082,776	(502,455)	(8.3%)	5,102,911
<i>Revenue Deductions %</i>	<i>42.1%</i>	<i>33.6%</i>			<i>33.4%</i>	<i>35.7%</i>	<i>33.6%</i>			<i>33.1%</i>
Net Patient Revenue	2,210,379	2,354,287	(143,908)	(6.1%)	1,941,479	11,881,350	12,003,703	(122,353)	(1.0%)	10,304,271
Other Operating Revenue	25	86	(61)	(70.9%)	(406)	100	430	(330)	(76.7%)	462
Total Operating Revenue	2,210,404	2,354,373	(143,969)	(6.1%)	1,941,073	11,881,450	12,004,133	(122,683)	(1.0%)	10,304,733
Operating Expenses										
Salaries & Wages	1,121,878	1,134,527	12,649	1.1%	1,001,981	5,398,865	5,666,692	267,827	4.7%	4,813,334
Contract Labor	160,186	125,013	(35,174)	(28.1%)	147,348	780,570	514,663	(265,907)	(51.7%)	1,031,343
Benefits	284,341	259,724	(24,617)	(9.5%)	281,283	1,291,617	1,332,913	41,296	3.1%	1,174,456
Total Labor Expenses	1,566,405	1,519,264	(47,142)	(3.1%)	1,430,613	7,471,052	7,514,268	43,217	0.6%	7,019,133
Professional Fees	253,413	181,378	(72,034)	(39.7%)	242,511	1,210,881	906,891	(303,990)	(33.5%)	1,057,601
Purchased Services	199,016	234,771	35,756	15.2%	203,933	1,125,877	1,174,215	48,338	4.1%	1,114,987
Drugs & Pharmaceuticals	39,458	59,936	20,479	34.2%	25,740	234,981	305,701	70,720	23.1%	290,236
Medical Supplies	22,917	18,642	(4,275)	(22.9%)	15,069	122,212	95,110	(27,101)	(28.5%)	67,079
Other Supplies	89,973	107,753	17,780	16.5%	71,480	465,075	538,867	73,793	13.7%	395,961
Lease and Rental	(85,151)	49,414	134,565	272.3%	23,244	108,728	247,070	138,342	56.0%	130,448
Maintenance & Repairs	15,785	17,701	1,917	10.8%	17,117	93,839	88,511	(5,327)	(6.0%)	78,773
Other Expenses	59,330	51,698	(7,631)	(14.8%)	32,844	293,509	255,333	(38,176)	(15.0%)	192,325
Utilities	19,761	22,037	2,276	10.3%	22,493	127,856	110,186	(17,670)	(16.0%)	108,575
Insurance	21,309	26,492	5,183	19.6%	17,655	106,416	132,459	26,043	19.7%	88,277
Interest	31,943	-	(31,943)	0.0%	-	31,943	-	(31,943)	0.0%	-
Depreciation & Amortization	181,987	59,889	(122,099)	(203.9%)	51,527	385,790	283,980	(101,810)	(35.9%)	260,172
Total Operating Expenses	2,416,145	2,348,977	(67,169)	(2.9%)	2,154,227	11,778,158	11,652,592	(125,566)	(1.1%)	10,803,569
Operating Income / (Loss)	(205,741)	5,396	(211,138)	(3912.7%)	(213,154)	103,292	351,541	(248,249)	(70.6%)	(498,836)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	447,134	428,329	18,804	4.4%	422,081
Non-Operating Revenue	4,715	21,306	(16,591)	(77.9%)	15,546	29,585	106,676	(77,092)	(72.3%)	110,029
Interest Expense	(17,174)	(14,774)	(2,399)	16.2%	(17,795)	(76,309)	(73,872)	(2,437)	3.3%	(79,610)
Investment Income	24,392	4,529	19,863	438.6%	4,145	86,606	22,629	63,976	282.7%	22,295
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(4,440)	4,440	(100.0%)	-
Total Non-Operating	101,360	96,605	4,755	4.9%	87,050	487,015	479,323	7,692	1.6%	474,795
Change in Net Position	(104,381)	102,001	(206,383)	(202.3%)	(126,105)	590,307	830,864	(240,557)	(29.0%)	(24,041)

Southern Coos Hospital & Health Center

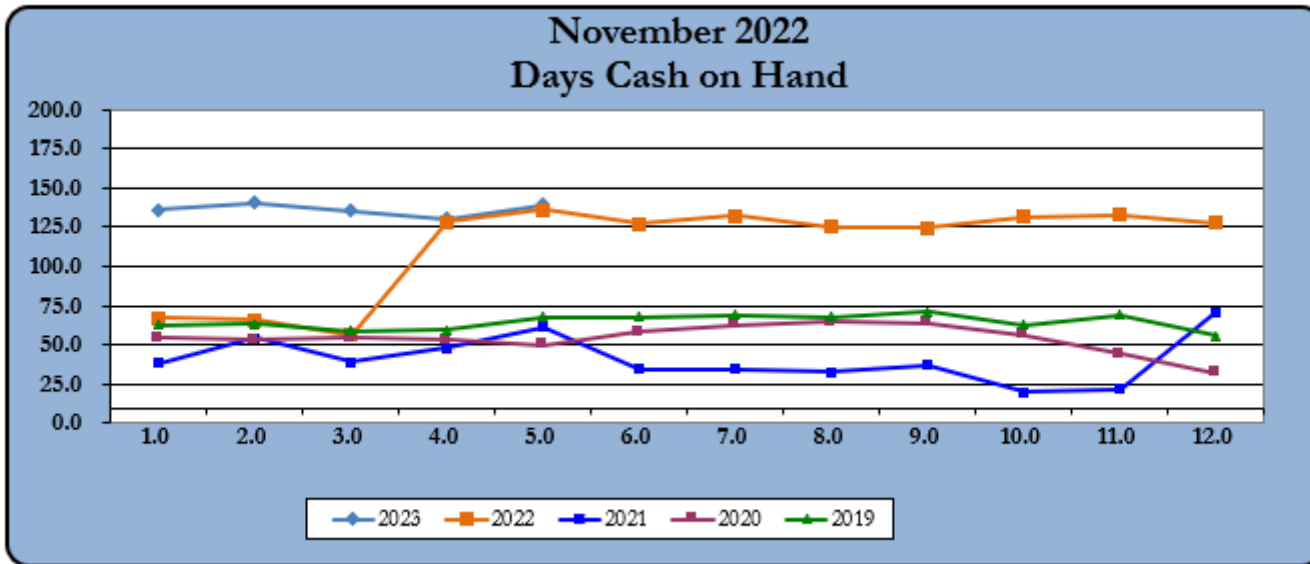
Income Statement

For The Period Ending November 2022

Comparison to Prior Months

	Current FY 2022					
	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022
Patient Revenue						
Inpatient	1,322,758	1,085,131	999,294	854,833	1,465,820	1,242,120
Outpatient	2,370,373	2,496,495	2,759,677	2,453,351	2,533,610	2,576,250
Total Patient Revenue	3,693,131	3,581,626	3,758,971	3,308,184	3,999,429	3,818,370
Deductions From Revenue						
Charity Services	23,593	14,652	13,149	25,722	18,074	12,580
Contractual Allowances	1,587,188	1,152,551	1,225,257	754,486	1,267,584	1,503,142
Other Discounts	89,236	77,340	127,269	173,246	157,798	102,380
Bad Debt	(8,902)	(6,796)	4,075	(19,713)	(7,453)	(10,111)
Total Deductions	1,691,116	1,237,747	1,369,751	933,741	1,436,002	1,607,991
Net Patient Revenue	2,002,015	2,343,880	2,389,221	2,374,443	2,563,427	2,210,379
Other Operating Revenue	5	5	10	30	30	25
Total Operating Revenue	2,002,020	2,343,885	2,389,231	2,374,473	2,563,457	2,210,404
Operating Expenses						
Salaries & Wages	960,435	1,062,036	1,120,072	1,037,955	1,056,924	1,121,878
Benefits	244,556	266,644	258,378	189,855	292,399	284,341
Contract Labor	167,066	172,296	147,125	101,069	199,894	160,186
Professional Fees	228,251	213,511	213,296	273,677	256,985	253,413
Purchased Services	99,242	219,161	248,283	186,242	273,174	199,016
Medical Supplies	30,929	20,858	36,336	16,758	25,343	22,917
Drugs & Pharmaceuticals	130,656	51,348	34,457	65,592	44,125	39,458
Other Supplies	101,515	59,264	102,139	114,219	99,481	89,973
Depreciation & Amortization	346,746	51,367	51,065	51,773	49,597	181,987
Lease and Rental	(109,489)	48,222	48,222	48,976	48,459	(85,151)
Maintenance & Repairs	14,046	15,243	23,985	28,162	10,664	15,785
Utilities	29,557	28,194	28,785	25,143	25,973	19,761
Insurance	21,176	21,181	21,309	21,309	21,309	21,309
Interest	(25,902)	0	0	0	0	31,943
Other Expenses	51,794	39,061	68,339	42,147	84,632	59,330
Total Operating Expenses	2,290,577	2,268,387	2,401,792	2,202,876	2,488,959	2,416,145
Excess of Revenue Over Expenses from C	(288,557)	75,498	(12,561)	171,598	74,499	(205,741)
Non-Operating						
Unrestricted Contributions	85,155	85,155	85,155	85,155	102,242	89,427
Other NonOperating Revenue\Expense	5,738	1,365	19,661	1,995	1,849	4,715
Investment Income	8,332	11,403	14,398	16,573	19,840	24,392
Gain(Loss) on Sale of Assets	917	0	0	0	0	0
Total Non-Operating	100,141	97,923	119,214	103,722	123,932	118,534
Interest Expense	(15,135) ^S	(14,784)	(14,784)	(14,784)	(14,784)	(17,174)
Excess of Revenue Over Expenses	(203,551)	158,637	91,869	260,536	183,646	(104,381)





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

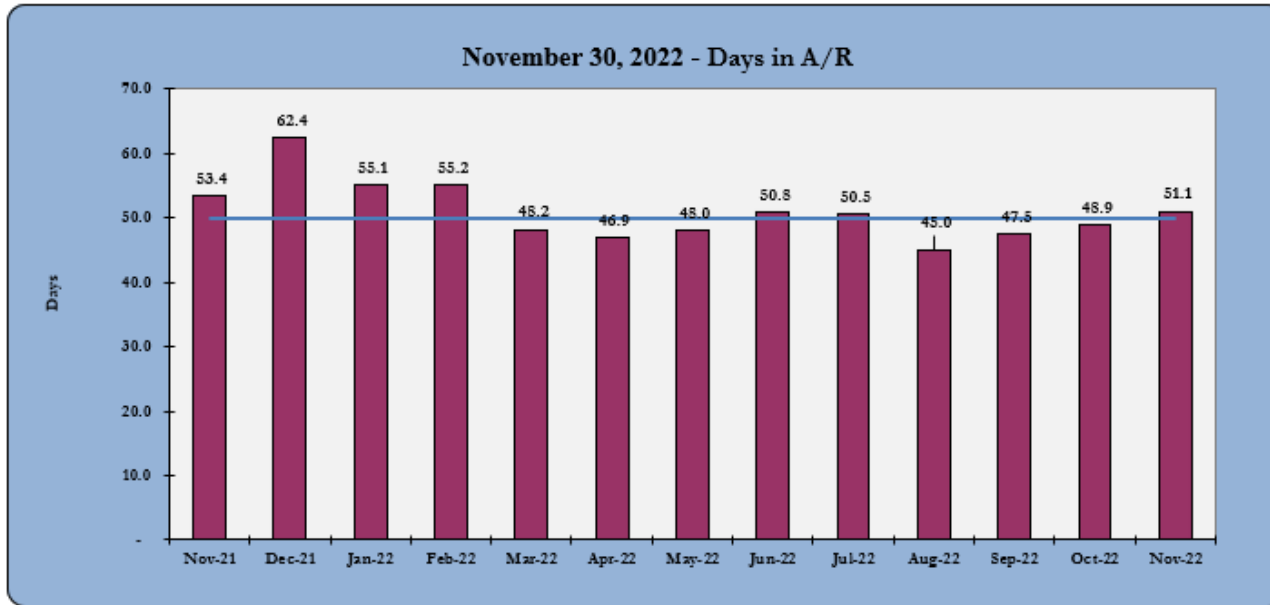
How ratio is used:

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	136.3
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
2023	135.9	140.8	135.2	130.5	139.3							
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5
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

November 30, 2022 - Days in A/R



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

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

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

Benchmark 50

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

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
A/R (Gross)	5,217,942	6,078,310	5,690,377	5,831,926	5,206,299	4,918,498	5,171,194	5,698,606	5,920,336	5,391,457	5,497,910	5,886,139	6,242,296
Days in AR	53.4	62.4	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1
Days in Month	30	31	31	28	31	30	31	30	31	31	30	31	30
Monthly Revenue	2,916,936	3,189,905	3,394,074	2,931,260	3,392,919	3,007,670	3,502,412	3,693,131	3,581,626	3,758,971	3,308,183	3,999,429	3,818,370
3 Mo Avg Daily Revenue	97,774	97,443	103,271	105,725	107,981	104,852	107,641	112,123	117,143	119,932	115,748	120,289	122,264
Days in AR	53.4	62.4	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
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Non-Threshold Capital Purchases (<\$15,000)

		\$ 101,400			
Security Camera System Expansion	Information Systems	\$ 5,500.00	\$ 11,995.00	\$ (6,495.00)	In Progress
Coag Replacement Reagents	Laboratory	\$ 15,000.00	\$ 15,000.00	\$ -	In Progress

Not in Budget (>\$15,000)

Gen 2 Iovera Hand Held	Pain Management	\$ -	\$ 14,000	\$ -	7/31/2022
Prodigy iDXA Machine	Radiology	\$ -	\$ 9,600	\$ -	8/31/2022
Transducer Biobsy Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022

\$ 101,400	\$ 58,295	\$ 43,105
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Threshold Projects (>\$15,000)

	Cardiac Monitors	MedSurge	\$ 230,000	\$ -	\$ 230,000	
	Nova BioMedical Prime Plus	Laboratory	\$ 125,100	\$ -	\$ 125,100	
Reauthorized	Two Bin Implementation	Material Management	\$ 100,000	\$ -	\$ 100,000	
	Air Handler Repairs	Engineering	\$ 55,000	\$ -	\$ 55,000	
	RFA Generator	Surgery - Pain Management	\$ 50,000	\$ 55,515	\$ (5,515)	In Progress
Reauthorized	Scope Reprocessor	Surgery-Endo	\$ 48,000	\$ -	\$ 48,000	
Reauthorized	Cautery	Surgery	\$ 40,000	\$ -	\$ 40,000	
	Phone System Upgrade	Information Systems	\$ 35,000	\$ 34,999	\$ 1	In Progress
	BacT Alert Replacement	Laboratory	\$ 32,000	\$ -	\$ 32,000	
	Stago Satellite Replacement	Laboratory	\$ 25,000	\$ -	\$ 25,000	
Reauthorized	Crash Cart Defibrillator	Surgery	\$ 25,000	\$ 14,953	\$ 10,047	11/30/2022
	Wifi System Upgrade	Information Systems	\$ 19,300	\$ -	\$ 19,300	
Reauthorized	Butterfly Ultrasound	MedSurge	\$ 18,000	\$ -	\$ 18,000	
	IV Pumps	MedSurge	\$ 16,200	\$ 12,800	\$ 3,400	In Progress

Not in Budget (>\$15,000)

	Equipment Upgrade for RAD Equipmnet	Radiology	\$ -	\$ 17,200.00	\$ -	In progress
	Generator 10	Surgery	\$ -	\$ 22,360.50	\$ -	In progress
	Smart Pump	Surgery	\$ -	\$ 18,890.91	\$ -	In progress
	System 1E	Surgery	\$ -	\$ 23,421.86	\$ -	In progress
	OR Lights	Surgery	\$ -	\$ 23,923.36	\$ -	In progress
	Surgery Tools (System 8)	Surgery	\$ -	\$ 26,455.00	\$ -	In progress
	Anesthesia Machine	Surgery	\$ -	\$ 62,983.87	\$ -	In progress

\$ 818,600	\$ 313,502	\$ 700,333
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Total

\$ 920,000	\$ 371,797	\$ 548,203
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FY2023

Grant Funded Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Grant Funding Source
VapoTherm HVT Unit	Laboratory	\$ -	\$ 14,500	\$ -	8/31/2022	SHIP ARPA
Stat Profile Prime Plus Analyzer	Laboratory	\$ -	\$ 14,000	\$ -	In Process	SHIP ARPA
		\$ -	\$ 28,500	\$ -		



All Providers

For The Budget Year 2023

												Current Budget Y/T	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT YTD	FY23 Budget	Variance
Provider Productivity Metrics													
Clinic Days	55	78	67	78	61	75	63	82	78	79	323	392	(7)
Total Visits	420	910	508	910	474	892	460	946	511	928	2373	4,586	(2,21)
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	6.6	11.7	7.4	11.7	(4)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,013.77	1,735.00	914.21	1,840.40	723.50	1,802.20	4,662.93	8,924.00	(4,261.0)
RVU/Visit	2.18	1.95	2.16	1.95	2.14	1.95	1.99	1.95	1.42	1.94	1.96	1.95	0
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.76	23.13	14.63	22.44	9.34	22.81	14.46	22.77	(8.3)
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	363.51	337.07	225.31	337.46	349.83	335.60	14.2
Gross Revenue/RVU	166.47	171.58	171.85	171.58	210.72	172.06	182.90	173.26	159.13	173.77	178.03	172.46	5.2
Net Rev/RVU	72.02	72.37	74.10	72.37	90.15	72.55	78.27	72.98	70.34	73.17	76.84	72.69	4.2
Expense/RVU	122.57	75.68	102.29	75.68	98.92	76.15	142.09	73.52	179.17	73.18	125.27	74.74	50.2
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.77)	(3.60)	(63.82)	(0.53)	(108.83)	(0.01)	(48.43)	(2.04)	(46.3)
Net Rev/Day	1,199.50	1,645.18	1,211.56	1,645.18	1,510.64	1,678.30	1,144.95	1,638.06	656.70	1,669.23	1,111.03	1,654.87	(543.8)
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.40	1,657.58	1,761.55	2,078.45	1,650.01	1,672.65	1,669.49	1,811.29	1,701.40	109.3
Diff	(841.80)	(75.28)	(460.87)	(75.23)	(146.94)	(83.25)	(933.50)	(11.95)	(1,015.96)	(0.26)	(700.26)	(46.52)	(653.7)
Patient Revenue													
Outpatient													
Total Patient Revenue	152,481	304,240	188,252	304,240	213,623	298,533	167,213	318,867	115,131	313,160	830,149	1,539,040	(708,89)
Deductions From Revenue													
Total Deductions From Revenue (Note A)	86,508	175,916	107,078	175,916	122,230	172,660	95,653	184,546	64,237	181,291	471,841	890,330	(418,48)
Net Patient Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	358,308	648,710	(290,40)
Total Operating Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	358,308	648,710	(290,40)
Operating Expenses													
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	79,193	71,005	343,764	362,125	(18,36)
Benefits	9,853	9,325	9,883	9,320	8,081	9,076	10,487	9,320	8,469	8,430	46,774	45,415	1,35
Purchased Services	3,723	9,121	4,832	9,121	3,940	9,002	4,923	9,121	4,973	9,002	22,392	45,367	(22,97)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	2,598	0	2,59
Other Supplies	0	853	33	853	12	853	0	853	731	853	775	4,263	(3,48)
Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Expenses	1,517	2,785	1,517	2,785	4,017	2,785	1,517	2,785	5,794	2,785	14,362	13,925	43
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,850	30,470	39,815	153,477	195,852	(42,37)
Total Operating Expenses	112,271	134,196	112,053	134,191	100,284	132,116	129,903	135,301	129,631	131,890	584,142	666,948	(82,80)
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(225,834)	(18,237)	(207,59)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(225,834)	(18,237)	(207,59)
Note A - Average Collection Rate =41% of Gross Charges, therefore the Deduction Rate													



Southern Coos Hospital & Health Center

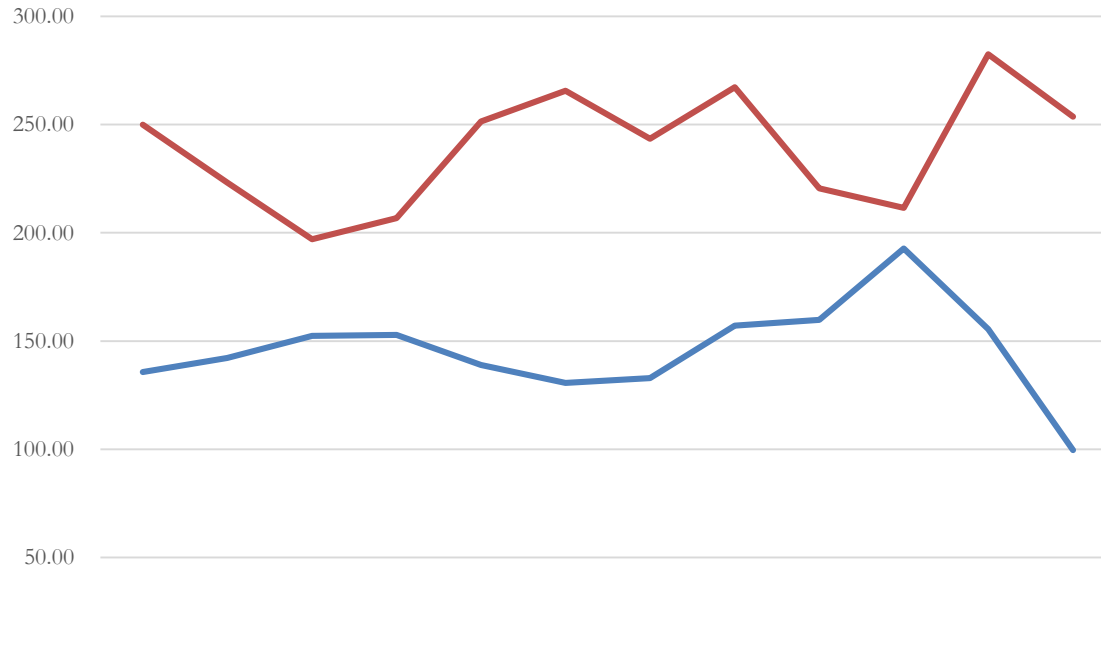
Summary Statements of Revenues, Expenses, and Changes in Net Position

For The Period Ending November 30, 2022

	Current Month - Nov-2022			Year To Date - Nov-2022		
	Hospital Actual	Clinic Providers Actual	Nov-2022 Actual	Hospital Actual	Clinic Providers Actual	Nov-2022 Actual
Patient Revenue						
Inpatient	1,242,120	-	1,242,120	5,647,197	-	5,647,197
Outpatient	2,461,119	115,131	2,576,250	11,989,235	830,149	12,819,384
Total Patient Revenue	3,703,239	115,131	3,818,370	17,636,432	830,149	18,466,581
Deductions From Revenue						
Total Deductions	1,543,754	64,237	1,607,991	6,113,390	471,841	6,585,231
<i>Revenue Deductions %</i>	<i>41.7%</i>	<i>55.8%</i>	<i>42.1%</i>	<i>34.7%</i>	<i>56.8%</i>	<i>35.7%</i>
Net Patient Revenue	2,159,485	50,894	2,210,379	11,523,042	358,308	11,881,350
Other Operating Revenue	25	-	25	100	-	100
Total Operating Revenue	2,159,510	50,894	2,210,404	11,523,142	358,308	11,881,450
Operating Expenses						
Total Labor Expenses	1,478,743	87,662	1,566,405	7,080,514	390,538	7,471,052
Total Other Operating Expenses	807,772	41,968	849,740	4,113,502	193,604	4,307,106
Total Operating Expenses	2,286,515	129,631	2,416,145	11,194,016	584,142	11,778,158
Operating Income / (Loss)	(127,005)	(78,737)	(205,741)	329,126	(225,834)	103,292
Net Non-Operating Revenues	101,360	0	101,360	487,015	0	487,015
Change in Net Position	(25,645)	(78,737)	(104,381)	816,141	(225,834)	590,307
Collection Rate %	58.3%	44.2%	57.9%	65.3%	43.2%	64.3%
OP EBIDA Margin \$	54,982	(78,737)	(23,754)	714,916	(225,834)	489,082
OP EBIDA Margin %	2.5%	(154.7%)	(1.1%)	6.2%	(63.0%)	4.1%
Total Margin (%)	(1.2%)	(154.7%)	(4.7%)	7.1%	(63.0%)	5.0%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Net Rev/Visit	135.71	142.12	152.36	152.82	138.98	130.65	132.85	157.08	159.79	192.81	155.56	99.60
Expenses/Visit	249.99	223.23	197.08	206.83	251.44	265.62	243.46	267.31	220.58	211.57	282.40	253.68



HIPAA Security Risk Assessment



HIPAA Security Risk Assessment

AGENDA

- Introductions
- Results
- Recommendations
- Closing

STAKEHOLDERS

Southern Coos Hospital and Health Center

Primary Contact

- Scott McEachern, CIO
- Trevor Jurgenson, IS Manager

Critical Insight

Project Team

- Doug Selix, Principal HIPAA Consultant
- Dustin Smith, Lead Consultant
- Shauna Reith, Customer Success Manager

Introduction

The Southern Coos Hospital & Health Center (SCHHC) sought to meet its obligation to protect electronic protected health information (ePHI) and complete a security risk analysis of the SCHHC computing environment.

In keeping with these requirements Critical Insight completed the following:

- HIPAA Security Risk Assessment
 - Identified risks that could potentially lead to unauthorized disclosure of ePHI
 - Provided decision makers with the information necessary to make appropriate investments in security technologies and processes, based on identified risks to high-value assets
 - Demonstrated compliance with, or identify gaps in compliance with the HIPAA Security and HITECH* rules
 - Where gaps have been identified, created a prioritized Remediation Action Plan to close identified gaps

*Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009

Status on 2021 HIPAA Security Risk Assessment Recommendations

- 2021 Assessment Identified the following:
 - 0 High Risk Gaps
 - 7 Medium Risk Gaps

- 2022 Status
 - 5 Medium Risk Gaps were addressed
 - 2 Medium Risk Gaps Remain

2022 – Office of Civil Rights* Audit Readiness Assessment

Likely OCR documentation requests related to the HIPAA Security and HITECH Rules

- 1) Copy of SCHHC Policies and Procedure Documents (P&P's)
- 2) Copy of documented evidence SCHHC is following its P&P's

Required Artifacts Ready for OCR		
	P&P's	Operational Records
Yes --->	56	48
Partial--->	1	3
No --->	19	25
	76	76

Risk: Inability to provide requested material to OCR would raise red flags from the auditor's point of view and raise the probably of regulatory action.

*Department of Health & Human Services, Office for Civil Rights, Health Information Privacy Division

2022 – HIPAA* Security Rule Risk Assessment

Assessment Results:

2022 Compliance Assessment Results	
In Compliance --->	64
In Process of Being Compliant --->	44
Not in Compliance --->	41
Unknown --->	0
Not Applicable --->	4
Total Assessment Areas --->	153

2022 Risk Assessment Results	
Very Low Risk --->	64
Medium Risk --->	44
High Risk --->	41
Scored Questions --->	149
Unscored Questions --->	0
N/A Questions --->	4
Total Questions --->	153

RISK:

- Areas of non-compliance with the HIPAA Security Rule will elevate the probability and impact from an OCR investigation or audit.
- Areas of “High” and “Medium” risk increase the probability of a serious security incident or data breach

2022 Recommendations

- **Administrative Controls**
 - Improve Security Awareness Training
 - Implement Auditing of Access to ePHI
 - Improve Policies, Procedures, and Documentation
- **Physical Security and Technical Controls**
 - Improve Vulnerability and Patch Management
 - Networked Computers
 - Networked Medical Devices
 - Improve Data Center Physical Security
 - Control Use of Portable Media

HIPAA Security Risk Assessment

Southern Coos Hospital and Health Center

Critical Insight

www.criticalinsight.com



DEPARTMENT: Financial Accounting	NUMBER: 300.001
SUBJECT: Fixed Asset Policy	PAGE: 1 of 2
EFFECTIVE DATE: December 15, 2022	REPLACES POLICY DATED: N/A
APPROVED BY: Department Manager, CFO, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Policy:

It is the policy of Southern Coos Hospital & Health Center that the hospital’s assets be properly accounted for from initial acquisition to final removal from service and disposal. The Financial Accounting Department, with assistance from the departments (that have fixed assets held in the department) will be responsible to ensure fixed assets are tagged, inventoried on a regular basis, accounted for, and disposed of, when necessary, in a manner consistent with generally accepted accounting principles.

Purpose:

The purpose of this policy is to establish procedures for all fixed asset acquisitions, and disposal.

1. Additions:

- All additions to the hospitals fixed assets should be properly authorized according to the *Capital Expenditure Policy*.
- Fixed assets are categorized by the following broad asset types:
 - Land
 - Land Improvements
 - Buildings
 - Fixed Equipment
 - Major Moveable Equipment
 - Right to Use Leased Equipment
- Asset life will be determined using the Hospital Association Annex 3, Typical Equipment Lifetimes. Reference file located: G:\Fixed Assets
 - Individually capitalized item or project must be over \$5,000 to qualify as a fixed asset
- Upon approval, purchase and delivery of the fixed asset, verification of all items purchased vs. delivered should be completed. Once confirmed, the department manager should note the principal location of the asset on the delivery receipt, sign and date the delivery receipt and deliver the document to the accounting department.
- The accounting department will keep and maintain a master file of all fixed assets in CPSI. The master file will include the following:
 - Source of Funding
 - Date acquired
 - Description of asset
 - Principal location of asset
 - Acquisition cost of asset
 - Depreciation details including asset life and amount depreciated



DEPARTMENT: Financial Accounting	NUMBER: 300.001
SUBJECT: Fixed Asset Policy	PAGE: 2 of 2
EFFECTIVE DATE: December 15, 2022	REPLACES POLICY DATED: N/A
APPROVED BY: Department Manager, CFO, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

2. Disposals:

- Assets disposals for property no longer being used or that is obsolete and / or beyond repair are to be disposed of using form: *Fixed Asset Disposal Form*.
- Assets with no book value, as determined by the Controller and CFO, may be discarded and not sold.
- If discarded assets are to be sold, then the sale must adhere to the State of Oregon Contracting Code. Selling publicly owned property is a “public contract.” It must be competitively bid and sold to the highest bidder.
- Any assets being sold or donated need to include a *release of liability form*.
- Disposals will be reviewed by accounting department and the CFO **prior** to disposal. Accounting will write off any asset balances and update the depreciation schedules and asset inventory. The department requesting disposal will be responsible to work with engineering to have property removed and discarded.

Exhibit A – Fixed Asset Disposal Form

Exhibit B – Release of Liability Form



FIXED ASSET DISPOSAL FORM

Use this form when disposing of equipment currently recorded as assets

Requesting Department Number:

Requesting Department Name:

Type of Disposal:

Reason for Disposal:

Asset Details:

Description:

Serial No:

Location:

Requested By:

Date:

Accounting Reviewer:

Date:

CFO Approval:

Date:

For Accounting Use Only

Asset Category:

GL Account #



Release of Liability for Donated Equipment

Southern Coos Hospital District (“The Hospital”) is a nonprofit corporation with the purpose of healthcare. From time to time, The Hospital gives supplies and other equipment to community groups, other not for profit agencies and members of the community free of charge.

By signing this document, I agree as follows:

1. **Donated Equipment.** The Hospital is donating to me the following item(s):
 _____ (“Donated Equipment”)
2. **Condition “As Is”.** The Hospital is not making any representations, warranties, or guarantees about the Donated Equipment, including any implied warranties of merchantability and/or fitness for any purpose. I am accepting the Donated Equipment “as is.” I understand that Hospital will not provide any instructions or follow-up services, replacement parts, or repairs.
3. **Assumption of Risk.** I understand that there are certain risks of injury that may arise from the possession, use or misuse of the Donated Equipment, including the risk of injury, disability, or death of my child or other persons, or damage to property. I assume full responsibility for all risks arising directly or indirectly from my possession, use or misuse of the Donated Equipment, both known and unknown, regardless of the cause.
4. **Waiver and Release.** I waive and release any and all claims against The Hospital, its officers, agents and employees (collectively, “The Hospital”) with respect to any and all injury, disability, death, loss or damage to property resulting from possession, use or misuse of the Donated Equipment, regardless of the cause and even if caused by negligence, whether passive or active. I agree to not engage in any legal action toward The Hospital on the basis of these waived and released claims.
5. **Indemnity.** I will defend, indemnify and hold The Hospital harmless from and against any and all liability, loss, damages, claims and attorney’s fees that may be suffered by The Hospital resulting directly or indirectly from the possession, use or misuse of the Donated Equipment by me or any other person, except and only to the extent the liability is caused by the gross negligence or willful misconduct of The Hospital.
6. **Computers Only.** I understand that the computer I am receiving may have existing faults and software or hardware limitations. I understand that The Hospital is not responsible for providing computer support or additional equipment once I have received the computer. I will not hold The Hospital responsible for any consequences of software or hardware malfunctions, viruses, or equipment failure.
7. I have read and understand the terms of this agreement. I understand that this agreement covers each and every item of Donated Equipment which I am receiving. I sign it freely and voluntarily.

Name	Date	Signature
Parent’s/Guardian’s Signature (if under 18)	Date	Parent’s/Guardian’s Name (if under 18)



DEPARTMENT: Financial Accounting	NUMBER: 300.002
SUBJECT: Capital Expenditure Approval Policy	PAGE: 1 of 3
EFFECTIVE DATE: December 15, 2022	REPLACES POLICY DATED: N/A
APPROVED BY: Department Manager, CFO, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Policy:

It is the policy of Southern Coos Hospital & Health Center to set approval rights and limits for the purchase of capital expenditures. Purchases of capital expenditures are commitments that affect the company’s cash. Therefore, all purchases meeting these requirements must be approved by the appropriate parties as outlined below. **No purchase of capital assets shall be made without proper authorization to ensure compliance with the budget.** An annual capital budget is submitted along with the operating budget for approval by the Board of Directors.

Purpose:

The purpose of this policy is to establish the guidelines for the procurement of capital purchases, depicted in a Capital Purchase Flow chart (Exhibit A).

Definitions:

- A purchase qualifies as a capital expenditure if it has **all** of the following:
 - The individual item or project total is greater than \$5,000.00
 - The item has an estimated useful life of greater than at least 12 months
- A CER (*capital expenditure request*) form (Exhibit B) must be completed for each capital expenditure request. Ensure that the CER form adequately documents justification for the purchase.

Procedures:

- A capital expenditure is considered an asset of the company and it is, therefore, capitalized in the financial records and depreciation is expensed monthly. The adherence to this policy must be consistent throughout the organization. Exceptions must be reported and reviewed and approved by the CFO.
- Obtaining the use of a fixed asset through a lease is an alternative to outright purchase. The purchase vs. lease decision should be analyzed and reviewed as necessary and approved by the CFO.
- Correct identification of capital expenditure purchases is important for the company to maintain adequate financial records and ensure that the purchases are correctly recorded as assets vs operating expenses. Incorrectly reporting capital expenditures can result in a misstatement of financial records and financial results.
- At times, certain expenses that impact the life expectancy of a used capital asset, improve its efficiency, and meet the minimum dollar value for capitalization will be capitalized as well. The company strictly prohibits the capitalization of general periodic expenses that do not qualify within the criteria outlined in the policy statement below and / or are not in accordance with Generally Accepted Accounting Principles (GAAP).
- Competitive quotes will be required for all purchases. Following the Oregon Minimum Standards Policy, purchases must be made within the Group Purchasing Organization (GPO) or 3 written quotes from 3 independent sources will be obtained where possible. Vendor selection shall include considerations of clinical impact, operational needs and financial impacts.

DEPARTMENT: Financial Accounting	NUMBER: 300.002
SUBJECT: Capital Expenditure Approval Policy	PAGE: 2 of 3
EFFECTIVE DATE: December 15, 2022	REPLACES POLICY DATED: N/A
APPROVED BY: Department Manager, CFO, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Responsibilities:

- Any employee requesting the purchase of capital items must complete and submit a *Capital Expenditure Request (CER) form*. The CER is to be routed through all approval levels as outlined below and in the Authorization and Signatory Limits section **prior** to a purchase order being submitted.

1. Requesting Party:

- Work with Materials Management to obtain quotes
- Complete the CER form located on the I drive
- Verify vendor details
 - If the vendor is new, complete a new vendor request form and obtain a W9 to submit with the CER request to accounting.
- If the expenditure will include multiple vendors, please submit a CER form for each vendor, noting the project name on the form for tracking purposes.
- Route capital purchase request documents, including CER form, quotes, supporting documents, and new vendor details if required for approvals.

2. Engineering & IT:

- Review the details of the capital purchase and the impacts to Engineering and or IT. Note any additional information and or costs, approve if appropriate, and then route to the accounting department.

3. Accounting:

- Verify if expenditure was included in the budget, note details in CER form
- Verify vendor information, if required, add new vendor after CFO approval
- Complete the asset category and GL Account information on CER form
- Route CER form to CFO for approval

4. CFO / Approving Parties:

- Review all documentation, provide signature approval if appropriate
- Route to Materials Management for PO creation / Order placing

5. Materials Management Team:

- Verify all of the necessary purchasing information is completed on the CER form
- Confirm that 3 competitive quotes have been obtained
- Validate appropriate approvals are obtained
- Verify appropriate vendor details
- Issue purchase order, provide to vendor and notify requesting party on CER form as well as Accounting.



DEPARTMENT: Financial Accounting	NUMBER: 300.002
SUBJECT: Capital Expenditure Approval Policy	PAGE: 3 of 3
EFFECTIVE DATE: December 15, 2022	REPLACES POLICY DATED: N/A
APPROVED BY: Department Manager, CFO, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Authorization and Signatory Limits:

Status	Expenditure Amount	Approvals Needed
Approved during budget process by board	Any Amount	CFO & CEO
Not approved during budget process by board	\$5,000 - \$15,000	CFO & CEO – as long as it does not exceed total capital budget for FY
Not approved during budget process by board	Over \$15,000	CFO, CEO & Board

- Items (approved during the budget process) but where the final purchase price now exceeds the budgeted amount will require CFO, CEO and Board approval if the final purchase price > \$15,000 than the budgeted amount.

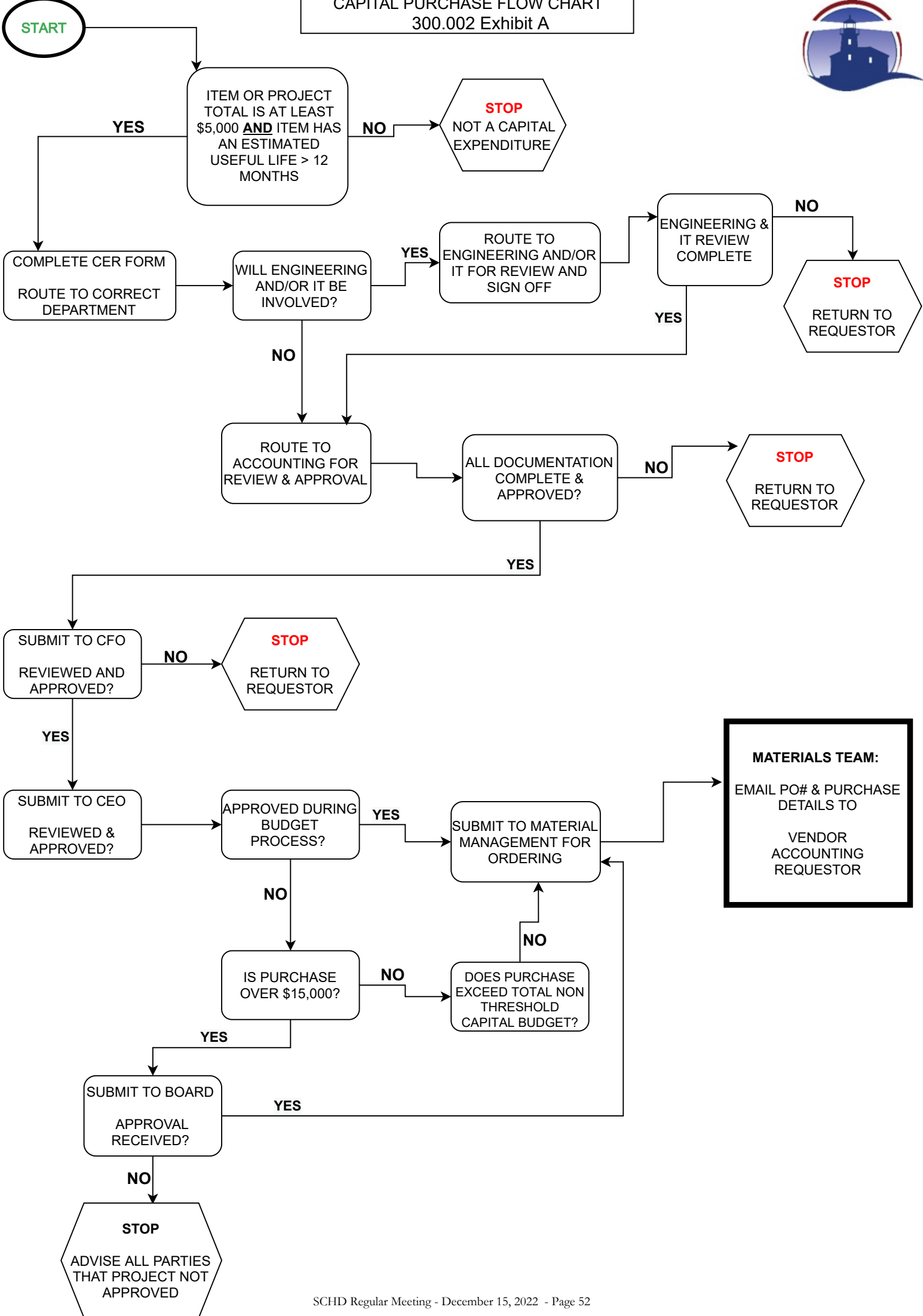
Capital Expenditure Purchase Order Requirements:

- A purchase order should be issued by the Materials Management Team for all capital expenditures using the fully approved CER form to complete the order.
- Any changes to standard terms originally agreed to with the vendor must be documented in writing and approved by the appropriate parties as outlined above and in the original CER.
- The PO information should be communicated to the vendor for use on any invoices related to the purchase. The Materials Manager should ensure that the vendor is aware to include the PO number on invoices and the email address to submit invoices for timely payment. (ap@southerncoos.org).
- The Materials Management team will be responsible for managing the PO and the receipts, once the item has been received.
- SCHHC AP will use a three-way matching process, in which the purchase order (PO), sales receipt and vendor's invoice are compared against each other before payment is made. For example, if the invoice quantity or price does not match what was received by materials, the invoice is blocked and SCHHC does not pay until the discrepancy is resolved by either materials correcting the receipt/price or the vendor submitting a corrected invoice.

Exhibit A – Capital Purchase Flow Chart

Exhibit B - Capital Expenditure Request (CER) Form

CAPITAL PURCHASE FLOW CHART
300.002 Exhibit A





CAPITAL EXPENDITURE REQUEST FORM

(CER is required for requests greater than \$5,000)

300.002 Exhibit B

Project Name:

Requesting Department Name:

Department #

Expected Start Date:

Expected Completion Date:

Total Amount Requested: (include freight)

Replacing Existing Asset?

Plans for Existing Asset (Destroy, Donate, Return, etc.)

Yes

No

Vendor Name / Number:

New Vendor?

- No
- New Vendor Form Completed
- W9 Obtained

Description of Expenditure:

Reason for Expenditure:

Requested By: (Print & Sign)

Date:



Engineering & IT Signatures

Engineering Review: Notes & Approval (Print & Sign)

Date:

IT Review: Notes & Approval (Print & Sign)

Date:

Accounting Department

Asset Category: (Fixed, Major Moveable, etc)

GL Account #

Included in Approved Budget
Check if Yes

Budget Amount

Amount Over (Under) Budget

Accounting Reviewer: (Print & Sign)

Date:

Executive Approvals

CFO Approval: (Print & Sign)

Date:

CEO Approval: (Print & Sign)

Date:

Board Approval: (Print & Sign)

Date: