



**Board of Directors Executive Session & Regular Meeting
November 17, 2022 6:00 p.m.**

AGENDA

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. No decisions shall be made in Executive Session.

- I. Executive Session Call to Order
 - 1. Quality & Patient Safety Report
 - 2. Medical Staff Credentialing & Privileging Report

- II. Open Session Call to Order
 - 1. Roll Call – Is Quorum Present.....(action)
 - 2. Motion from Executive Session:.....(action)
 - a. Quality & Patient Safety Report
 - b. Medical Staff Credentialing & Privileging Report
 - 2. Approval of Agenda.....(action)
 - 3. Public Input

- III. Consent Agenda
 - 1. Meeting Minutes
 - a. Regular Meeting – 10/27/221
 - b. Executive Session – 10/27/22
 - 2. Monthly Counsel Invoices Robert S. Miller III – Invoice #1150 Dated 10-29-227
 - 3. Motion to Approve Consent Agenda.....(action)

- IV. Staff Reports
 - 1. CEO Report.....8
 - 2. Clinic Report10
 - 3. CNO Report12
 - 4. CFO Report15
 - 5. CIO Report16
 - 6. SCHD Foundation Report18
 - 7. Strategic Plan Report(under separate cover)

- V. Monthly Financial Statements: Review19

- VI. Old Business
 - 1. Board of Directors Self-Evaluation

- VII. New Business
 - 1. Moss-Adams Audit Report - FY22 – Tony Andrade, Moss-Adams... (under separate cover)
 - 2. Consideration of Annual Employee Holiday Bonus.....(action)

- VIII. Open Discussion & Adjournment

**Southern Coos Health District
Board of Directors Meeting
Minutes
October 27, 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 6:23 p.m. the meeting returned to Open Session.

II. At 6:29 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. Two policies for consideration are included later in the Open Session Agenda.
- b. Medical Staff Credentialing & Privileging Report

Pam Hansen **moved** to accept the Medical Staff Credentialing and Privileging Report. Mary Schamehorn **seconded** the motion. **No discussion. All in favor. Motion passed.**

3. Approval of Agenda

Mary Schamehorn **moved** to approve the agenda. Norbert Johnson **seconded**

the motion. **Discussion:** In Open Discussion Mr. Bischoff will bring forward the topic of legal counsel as requested by Mr. Miller. **All in favor. Motion passed.**

4. Public Input

None present nor received on-line.

III. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting – 9/22/22
- b. Executive Session – 9/22/22
- c. Special Meeting – 10/1822

2. Monthly Counsel Invoice

None submitted yet for the month of August.

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

IV. Staff Reports

1. CEO Report

Mr. Hino provided highlights from his published report and was pleased to announce that DNV, the hospital accrediting organization who conducted a site survey in September, has accepted the SCHHC plan of correction. The plan was in response to six NC-1 findings and 13 NC-2 findings. Supporting documentation will be due to DNV in January. Southern Coos will now be in consideration for DNV Accreditation by the end of this calendar year. The SCHHC annual drive through flu clinic was held earlier this week on October 25 providing approximately 200 flu shots to members of our community, and with thanks to SCHHC staff and volunteers who worked the event. Southern Coos will soon be participating in the international Daisy Award recognition program for nurses, with kickoff to be held in November. October is National Breast Cancer Awareness month. Southern Coos is pleased to offer free mammograms throughout the month, with a doctor's order. This month, SCHHC welcomed new Clinic Manager, Dawn Gray. Dawn joins Southern Coos from Coast Community Health Center where she served as COO. Dawn will present the monthly Clinic Report beginning in November. **Discussion:** Replacement of the MRI trailer is complete. A new awning will be added to protect patients from inclement weather.

2. Clinic Report

Mr. Hino reviewed monthly statistics from the clinic report for the month of September. Dawn Gray, new Clinic Manager, is out of office this week. A goal for the Clinic is to reach a minimum of 15 patients per provider with up to 4 providers seeing patients per day. A new temporary Family Nurse Practitioner joined the Clinic on October 10,

Sara Harvison, FNP. Paul Preslar, DO, will be joining the staff by end of year.

3. CNO Report

Cori Valet, CNO, reviewed the CNO Report for the month of September, including clinical staffing updates, noting that there is a new Surgical Services Manager candidate. Lab and Medical Imaging equipment updates include a new Coag Analyzer and new Portable X-ray.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review of his report on department activities for the month of September. Staff have been working on revenue true-up with the cost report, anticipating minimal adjustment due to use of the CLA estimation tool used to ensure the accurate monthly reporting net revenues. Moss-Adams Audit Firm will present the FY22 Audit Report at the November meeting. The Rural Health Center analysis is to be finalized with CEO and CFO review next week. A special meeting will be scheduled in November before the regular meeting to review findings with the Board of Directors. The September DNV survey included several findings under Physical Environment to be addressed, thanks to Jason Cook, Jenny Percy and Jonathan Yamasaki for their work on the plan of correction. A software tool has been identified that will support documentation required for preventive maintenance and related tracking. The Orthopedic Surgery program is delayed due to supply chain issues, with credit again to Jonathan Yamasaki, Materials Manager, for his negotiation and work to minimize this delay.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO report opening with status of Information Technology projects including facility-wide Office 365 installation with go live date of November 30, computer hardware replacement throughout the hospital, on schedule. The phone system replacement in the data center will provide necessary updates. A recent cybersecurity panel discussion with Critical Insight, the hospital cybersecurity vendor, highlighted the need for all hospitals to remain vigilant against attack. Southern Coos is following prescribed mitigation tactics.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, reviewed key performance indicators of for the month. The Foundation is currently at \$46,799 toward year-end goal. The Foundation is planning upcoming events such as Women's Health Day. The recent Drive-Through Flu Clinic garnered \$1,300 in donations for the Foundation. This month our local Human Bean coffee kiosk held their annual Coffee for A Cure Breast Cancer Awareness day last week with all proceeds donated for cancer screening.

7. Strategic Plan Report

Mr. Hino provided a brief summary of progress or changes in the report from the previous month. **Discussion:** Good progress is noted in HR 1.1. Board members appreciate where there has been a slip in the schedule, an accompanying note is

provided in the comments field. EMR System 2.2 is delayed due to other priorities that will help SCHHC be set for success as there is uncertainty in available options. A new option has become known that if favorable could move the date forward. Resources are being applied in the Clinic and new Clinic Manager is highly adept at workflows and EMR. Some intermediate solutions have been found to meet quality reporting goals and measures. An EMR is a large expense requiring a thorough assessment and plan on how to pay for that expense.

V. Monthly Financial Statements

Mr. Dodrill provided a review of the financial statements reported for the month of September, noting that Swing bed volume was lower as SCH worked to preserve bed capacity for inpatients, while outpatient revenue saw an increase. Swing bed and Lab, down 3.2%, though increases had been budgeted. Deductions from revenue were favorable at 33.3% compared to 36.6%, relating to insurance payer mix. Operating expenses were favorable to budget. Payer mix stable. Emergency Department has been very busy. Medical Imaging volume has been strong. The Balance Sheet shows \$1.6M in Medicare payments; balance should be close to zero by November. In general, the monthly budget for SCHHC operations is \$2.2M. With projected growth as shown in the strategic plan and limited expenses SCHHC is on track to sustained profitability. At the request of the Board, Hospital and Clinic financials were extrapolated as much as possible, but with shared resources and referrals, this is not fully possible. Keeping that in mind, separation of hospital and clinic financials showed a YTD net change of \$597K in the hospital and (\$85.5K) in the clinic. **Discussion:** New MRI, new lab and RT equipment, an open house should be scheduled as soon as possible. Kudos to Ray Hino for his outreach and networking efforts.

VI. Old Business

1. Workforce Housing

Mr. Hino attended a local meeting with other stakeholders, including Bandon School District and City of Bandon regarding possible options for construction to meet mutual needs.

2. District Purchasing Policies & Board Resolutions

A recent review of Health District purchasing policies, Board resolutions and Oregon State statutes has identified several areas where current policies should be updated. Robert Miller, Legal Counsel, will work with the CEO and CFO on this project, noting the need to acknowledge electronic payments and define a surplus property policy. The Board Delegation of Authority serves the purpose of relieving the Board from standard business with thresholds as well as providing requirements for public contracting. Mr. Miller will update documents to be clear and concise.

VII. New Business

1. Consideration of Policies

Mr. Hino presented the following policies for review and approval.

a. Policy on Development, Review & Approval Process Policy

This new policy intended to document the process for creation, editing, and maintenance of policies; requesting approval from the Board of Directors. It includes the formation of a policy committee who will meet monthly to be included in the review process for all new policies. Department managers are able to make necessary edits to existing policies. Existing policies are managed with the MCN Policy Manager program that includes annual review by manager and Administration, and available to staff.

b. Patient Grievance Policy

In response to DNV patient rights NC-1 finding, SCHHC is in need of a formal Patient Grievance Policy. Discussion: Corrections to the policy include packet page 85, under definition of “grievance” “Grievance: A written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient’s representative, regarding the patient’s care, abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoP) or accrediting organization standards, or a Medicare beneficiary patient billing complaint related to rights and limitations.” It was also noted that reference to groups such as “governing board” or “board of directors” should be standardized throughout the document.

Norbert Johnson **moved** to approve the Policy Development, Review & Approval Process Policy and the Patient Grievance Policy with minor modifications as noted. Mary Schamehorn **seconded** the motion. **Discussion:** Policy Committee should include a member of the Board of Directors. **All in favor. Motion approved.**

2. Board Self-Evaluation

At the Special Meeting on October 18, Mr. Johnson had inquired about the annual Board Assessment. It was noted that this Board had completed the self-assessment tool available from the Governance Institute in 2021. The tool is still available. There may be benefit from utilizing the same tool for comparison from prior year. Administration will seek to make arrangements with The Governance Institute for completion by December 31, 2022.

3. SCHD Letter to City of Bandon RE: Enterprise Zone Expansion

While Southern Coos supports business and economic development and growth in our community the District relies on property tax support to maintain services including the 24-hour emergency room. The potential impact on tax revenue of 3 to 15 years could have substantial impact on hospital operations. For this reason the CEO and Board Chairman have prepared a letter of opposition to submit to the City of Bandon prior to the next City Council

Meeting. **Discussion:** Reference to “loss of tax revenue” should be corrected to “potential loss of tax revenue.”

Mary Schamehorn **moved** to approve the letter with correction as noted. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

Tom Bedell reported on the Quarterly Finance Committee Meeting held at 4:30 today noting the presentation by the CFO on patient claims review for provider and facility, requesting that Mr. Dodrill forward his presentation to the Board of Directors. Norbert Johnson noted potential issues with availability of diesel fuel which may impact supply for the hospital emergency generator. Diesel fuel supply is maintained on-site and is at capacity. Robert Miller inquired regarding the wishes of the Board of Directors, now settled with current CEO, that the District may wish to seek special counsel with specific health care expertise. Mr. Hino referenced his professional experience with small hospitals often having their own local legal counsel to attend meetings and provide counsel for the Board of Directors, in addition to Administration access to specialty health care firms as needed. Mr. Bischoff and Mr. Hino each expressed their desire to continue with Mr. Miller as local counsel and Administration utilization of specialty counsel as needed.

At 8:26 p.m. the meeting adjourned.

The next regular meeting of the Southern Coos Health District Board of Directors will be Thursday, November 17 at 6:00 p.m. A special meeting will be called and publicly noticed for consideration of the third party feasibility study regarding Rural Health Center status for the Southern Coos Health Center also referred to as the Multi-Specialty Clinic.

Brent Bischoff, Chairman 11-17-2022

Mary Schamehorn, Secretary 11-17-2022

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. : 1150
Invoice date : 10/29/22
Terms : Due on receipt
Due date : 10/29/22

	Product or service	Amount
1.	Attorney Service date: 10/18/22 Special Board Meeting: New proposed contract, Emergency Department Staffing + discussion respecting Enterprise Zone tax revenue loss.	2 units x \$250.00 \$500.00
2.	Attorney Service date: 10/27/22 Review existing policies on procurement and construction contracting and delegation of authority in light of current law (2022 going on 2023); no emergency edits required, but really should be re-written to correct some statutory citations, correct some limits, add in provisions on personal services contracts and surplus property, and otherwise make more it user-friendly.	3 units x \$250.00 \$750.00
3.	Attorney Service date: 10/27/22 Attendance, Regular Board Meeting.	2.5 units x \$250.00 \$625.00

Total \$1,875.00

Ways to pay



10/29/22

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, November 17, 2022

COVID Update

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

- SCHHC is working on adding 1 or 2 more negative pressure rooms on the Medical/ Surgical floor. It is hoped that this will alleviate the need for a tent in front of the Emergency Department in the future.
- There is \$115,000 remaining in the Small Hospital Improvement Program (SHIP) grant for COVID expenditures for equipment, supplies and facilities. The current plan is to acquire a trailer that is set up for medical examinations. In the future, this trailer would be a better facility for Emergency Department expansion for epidemics and pandemics, than the current tent set-up. It will be easier to maintain temperature control and to clean. Our plan is to use the remaining \$115,000 for a medical trailer of this type and a truck to haul it.

DNV

As reported last month, our DNV survey took place on September 20 and 21. Our Corrective Action Plan was submitted timely on October 15, 2022. On October 27, we received word that our Corrective Action Plan was accepted and approved with no changes. We were also notified that a recommendation would be forwarded to DNV's Accreditation Committee at that time.

I am very proud to report that on November 3, we received official notification from DNV that Southern Coos Hospital and Health Center has been awarded a full 3-year accreditation status. I am so proud of our SCHHC team, led by Barbara Snyder, who worked very hard to prepare for our survey and then to create a comprehensive plan of corrective action for the 19 deficiencies that were cited in our survey.

This is significant because accreditation by any of the accreditation agencies (e.g. Joint Commission, DNV) is a voluntary process. We chose to undergo this survey process because we want to be able to compare SCHHC to the very best hospitals for quality and patient safety. We now join other DNV accredited hospitals in the State of Oregon, such as OHSU, Good Samaritan Health System, Asante Health System and over 550 hospitals, nationwide, that are DNV accredited. SCHHC has always been a State licensed hospital and certified by the Centers for Medicare and Medicaid Services (CMS) and the State of Oregon Department of Health. We underwent the DNV accreditation survey process in order to demonstrate our commitment to high quality care. We are now on a path to achieving compliance with the ISO 001 Quality Management System requirements within the next 3 years.

SCHHC Policies and Procedures

One of the things that we committed to doing, through our DNV accreditation process, was to upgrade our policy and procedure system, throughout our entire organization. Our Board will get a chance to review and approve the first set of policies, created for DNV and CMS compliance, this month. We have created a Policy and Procedure Committee that will ensure that our policies are in standardized format and are reviewed by appropriate committees, medical staff and departments within our organization.

Medical Staff

- We have renewed the contract with Dr. Noel Pense for 2 more years as Hospitalist and Clinic Physician for SCHHC. Dr. Pense has additionally accepted the position of Medical Director for Quality and Respiratory Therapy for SCHHC.
- We are working daily with our new Emergency Department Staffing Company, OPYS, to ensure a seamless transition from the current ED Company, Western Healthcare, to the new ED Company. We are meeting weekly with Dr. Andre Creese, the CEO and President of OPYS and his transition and onboarding team. We are receiving resumes of new ED physicians that are excited about working at SCHHC. We are also talking to several of our existing ED physicians about remaining on the schedule. The transition date for the new contract will be December 31.

CEO Outreach Meetings

In the past 30 days I have met with:

- Lower Umpqua Hospital's new CEO, John Chivers in his office at Lower Umpqua Hospital (LUH). We have some things in common with LUH, including the same radiologist group (Dr. Keizer and Dr. Quinn) and the same new Picture Archiving and Communication System (PACS), NovaRad. We are establishing a very good relationship between our 2 hospitals. Jeremiah Dodrill and Jonathan Yamasaki, our Materials Manager were at LUH the previous week to meet with the Materials Manager at LUH. Also, Cori Valet frequently collaborates with the LUH CNO. I am glad that Mr. Chivers enthusiastically agreed to continue the collaboration effort between our 2 hospitals.
- On November 15, I will be conducting another community CEO Meet and Greet event. This time at the VFW Hall in Bandon. My presentation will begin at approximately 3pm and go until approximately 5:30 pm. The public is invited to attend.

Veteran's Day

Our hospital, along with other organizations and our local community and citizens want to recognize and thank our hospital veterans on Veteran's Day 2022. That includes 2 Board members. We thank Brent Bischoff and Norbert Johnson for your military service, along with 15 other members of the SCHHC family, including medical staff, Foundation Board and hospital employees. Thank you all for your service to our Country.



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 – November 17, 2022

Provider News – October

In the month of October, the clinic saw a 7% increase in the number of patients served despite several providers being out of the office for PTO. This increase is due to the addition of Sara Harvison, FNP. Although we experienced some challenges with credentialing for Sara, the Patient Financial Services worked diligently to get her credentialed with our main insurers. Not to mention the outstanding work the clinic receptionists did to get patients on her schedule.

Dr. Paul Preslar is scheduled to start on December 5, 2022. We are excited to have him bring his knowledge and experience to our team. He will be seeing patients of all ages and is passionate about preventive medicine and health maintenance for chronic health issues.

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

- Dr. Qadir, Nephrologist, was in clinic 1 day and saw 19 local patients.
- Dr. Webster, ENT/Dermatology was in clinic 1 day and saw 14 patients.

Clinic Report – October

- Due to an employee transferring to the Patient Access department at the hospital, we are down a Clinic Receptionist. Thankfully, we have several possible candidates.
- In anticipation of Dr. Preslar's arrival, we are recruiting for a Certified Medical Assistant. There have not been as many applicants for this position but we just need one – the right one!
- 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 October totaled 31 which is 4% of the total patient visits. This is on par with the national average.
- The No Show rate has continued to decline which is due to the implementation of Dialog Health. This service sends text messages to remind patients of their upcoming appointment. If a patient opts out of the service, they still receive a reminder call.

Continued next page.

Clinic Stats - October 2022

	Days in Clinic	Patients			Total	Average	No Show	Cancellation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Debra Guzman, FNP	11	176	39	1	136	12.4	1%	22%	9	6
Olixn Adams, DO	4	49	8	1	40	10.0	2%	16%	4	4
Noel Pense, DO	1	5	0	1	4	4.0	20%	0%	0	0
Christine Mitchell, DO	14	202	39	4	159	11.4	2%	19%	9	8
Shane Matsui, LCSW	16	85	17	4	64	4.0	5%	20%	9	0
Sara Harvison, FNP	11	52	7	4	41	3.7	8%	13%	0	0
COVID-19 Clinic	3	127	17	1	109	36.3	1%	13%	0	0
Outpatient Services	21	192	20	4	168	8.0	2%	10%	0	0
Schmelzer	5	19	3	0	16	3.2	0%	16%	0	2
Totals	86	907	150	20	737	8.6	2%	17%	31	20

Total telehealth 31 460 Clinic Registrations

Provider	Same Day	PT Canceled	PHYS Canceled	Total	% PHYS Canceled
Debra Guzman, FNP	0	14	25	39	64%
Olixn Adams, DO	0	5	3	8	38%
Noel Pense, DO	0	0	0	0	0%
Christine Mitchell, DO	1	38	0	39	0%
Shane Matsui, LCSW	0	15	2	17	12%
Sara Harvison, FNP	0	6	1	7	14%
COVID-19 Clinic	0	17	0	17	0%
Outpatient Services	0	16	4	20	20%
Schmelzer	0	3	0	3	0%
Totals	1	114	35	150	



CNO Report

To: Board of Directors and Southern Coos Management

From: Cori Valet, BSN, CNO

Re: CNO Report for Board of Directors Meeting – November 17, 2022

People

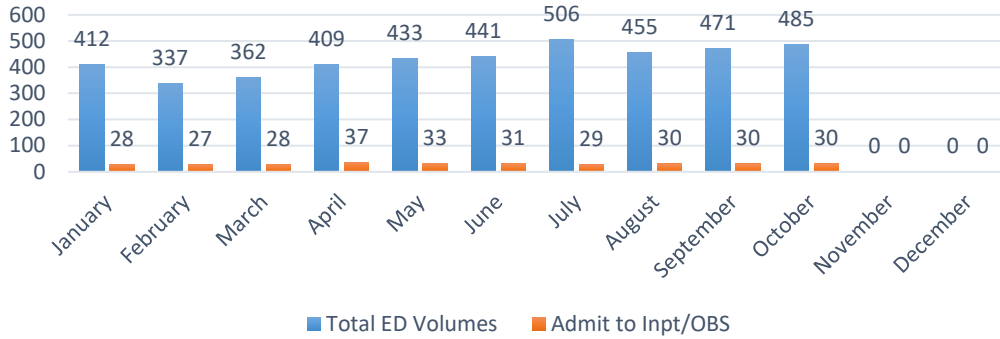
- Clinical Department Staffing
 - Med-Surg Nursing –
 - 1 Full time RN has begun orientation.
 - The only Full time CNA on day shift has transitioned to per diem.
 - Staff vacancies include: 3 Full Time nurse positions and 5 CNA positions.
 - 2 Full-Time and 1 Part-Time Agency Nurse Contracts are in place.
 - Emergency Department Nursing –
 - 1 Full time RN position remains vacant
 - Currently recruiting for ED Manager
 - Surgical Services Nursing
 - 1 Full time RN position remains vacant.
 - 3 per diem Surgical nurses on staff.
 - Surgical Manager Michelle King orientation schedule 11/16/22.
 - Laboratory –
 - Vacancies include: 2 Full Time and Medical Laboratory Scientist/Medical Laboratory Technologist
 - 2 Agency/Contract MLS/MLT in place
 - 1 new per diem MLT has begun orientation
 - Medical Imaging – No change
 - 1 Full time Ancillary Support Coordinator has begun orientation.
 - Vacancies include: 2 Full Time CT Radiology Technologists, 1 Part Time Radiology Technologist, 1 Full Time Radiology Technologist for surgical procedures, and 1 Part Time or Per Diem Ultra sonographer.
 - 2 Agency/Contract Technologist in place. Ongoing search active for a 2nd Agency/Contract Technologist.
 - Respiratory Therapy –
 - All positions filled.

Continued next page.

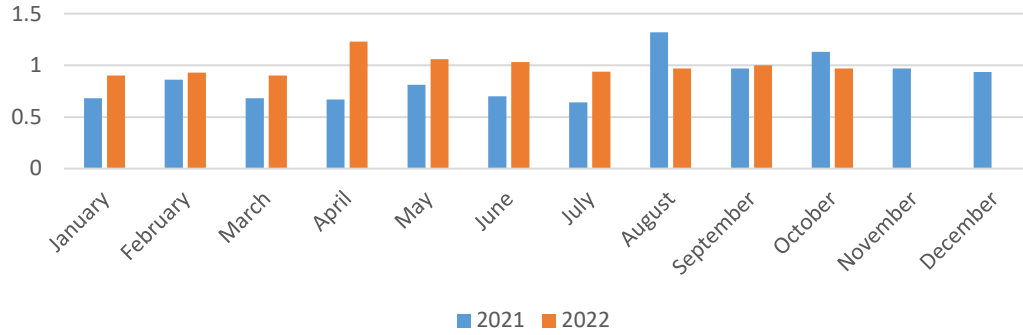
Service

- Emergency Department

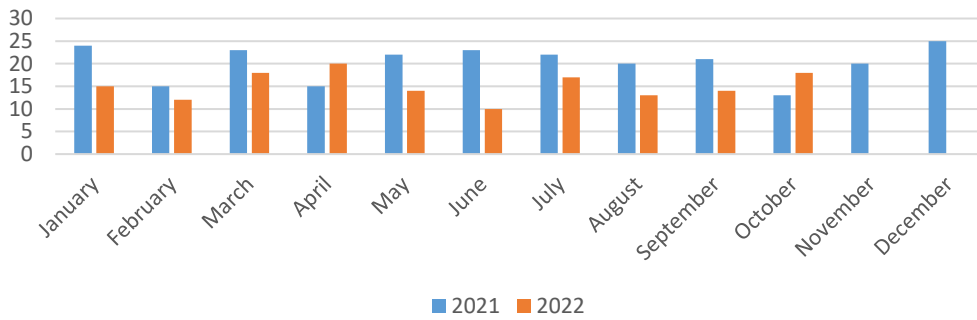
2022 ED Admissions to the Med-Surg Unit



Average ED Admissions to Med-Surg Unit per Day



ED Transfers



Continued next page.

- Laboratory Services
 - New Siemens coagulation analyzer expected to be live mid-December
 - Awaiting interface to be initiated with the electronic medical record.
 - New freezer for fresh frozen plasma has arrived and is being installed to prepare for Orthopedic surgical cases at SCH&HC
- Medical Imaging
 - Nova Rad and Encapture MD went live for Echocardiograms 11/01/2022.
 - COVID illness has severely limited department staffing the first part of November. Expect decreased MRI and Mammography statistics for November.
- Respiratory Therapy
 - COVID illness has limited department staffing the first part of November.
 - Partial diversion of Emergency Department 11/11/2022 night shift due to staff unavailability.
 - Unaffected staff members have stepped up to work overtime shifts to cover most vacancies.
- Medical/Surgical Department
 - Average Daily Census for October 2022- 10 patients/day.
 - Staff education focusing on Restraint and Seclusion to ensure DNV NC1 compliance.



CFO Report

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

FY 2022 Audit and Moss Adams Presentation

The FY 2022 financial statement audit has been completed with positive results. Tony Andrade, Partner at Moss Adams will provide its report to the Board at this meeting. There were no audit adjustments, with the only changes from the previously reported financial statements being post-closing adjustments for the implementation of GASB 87, minor cost report settlement adjustments and various balance sheet reclassifications

RHC Analysis

Wipfli has finalized its initial findings related to their evaluation of moving the Clinic to RHC (Rural Health Clinic) designation. Wipfli will present an overview of RHC status and its initial evaluation findings at a special board meeting on Monday, November 14.

Limble CMMS (Computerized Maintenance Management System) Implementation

In response to the DNV Survey and related findings, we have evaluated multiple options for scheduling, assigning and documenting all required preventative maintenance. As a result, we've begun implementing the Limble CMMS cloud-based asset management system. All assets that require maintenance are loaded into the system with schedule, standard work and documentation of results of each preventative maintenance checks for all building systems, life safety and clinical equipment. To date, we have reconciled all of our assets between financial records and clinical engineering, loaded them into the system, assigned risk ratings and begun developing preventative maintenance standards. This system is auditable and will ensure timely and complete preventative maintenance in accordance with manufacturer recommendations and/or NFPA guidelines.



CIO 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, November 17, 2022

Risk Assessment

As previously reported, I am leading SCHHC's annual HIPAA Security Risk Assessment, in conjunction with an external vendor. This is a required assessment that takes place every year. For several years, we have used a CPSI company, TruBridge, to lead SCHHC through the required risk assessment. Over the past year, SCHHC has pivoted to a more rigorous cybersecurity and compliance posture. As you know, SCHHC contracted with Critical Insight to provide our cybersecurity monitoring and detection security; I also engaged Critical Insight to provide the annual HIPAA Risk Assessment.

I will present the findings of this year's HIPAA Risk Assessment at the December 2022 Southern Coos Health District Board Meeting. I will be joined by two Critical Insight security analysts. Together, we will give a high-level overview of the analysts' findings. The Critical Insight analysts have highlighted several areas of improvement and provided extensive input during the process. The knowledge share and industry best practices from the Critical Insight team is and will prove invaluable as I work with IS and Risk and Quality staff to craft the mitigation plan that will shore up our HIPAA compliance over the next year.

CIO Boot Camp/CHIME CIO Conference

I had the opportunity to attend a Chief Information Officer Boot Camp and a CIO Fall Forum, both sponsored by the College of Healthcare Information Management Executives (CHIME), from November 3rd through November 10th.

I received a scholarship of \$5,000 to attend the CIO Boot Camp and I am pleased to report that it was worth every penny. The goal of the camp was to bring together health information executives from around the country to learn from subject matter experts—all in preparation for taking the Certified Healthcare CIO (CHCIO) exam. The CHCIO certification is nationally-recognized and encompasses a wide range of topics. I have not heard if I passed the test or not and will report back my results when I receive them.

I also received a scholarship of \$2,500 to attend the CIO Fall Forum. I made many new connections with CIOs and other members of the healthcare tech workforce as well as vendors who potentially may assist with future SCHHC projects. Several of my CIO Boot Camp colleagues and I approached the conference organizers to pitch an idea to develop a Rural Healthcare CIO education tract at the next conference, as the challenges of working in rural healthcare has distinct and different challenges from those of larger systems.



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, November 17, 2022

Southern Coos Health Foundation Key Performance Indicators—FY23

Key Performance Indicator	Progress toward Goal
Raise \$200,000 in net revenue	\$53,766.51 as of 10/31/22
Stage three health-related events for the community	<ul style="list-style-type: none"> • Women’s Health Day: February 25th, 2023 • Senior Health Day: May/June 2023 • Bandon School District/Ocean Crest Health Fair—February 5, 2023
Develop 20 new donors of \$500 or more	We will launch our year-end campaign in November 2022. SCHF will launch a legacy society in conjunction with the year-end campaign.
Impact 1,800 people in the community through the following Foundation programs: Women’s Health Day; Coffee for a Cure; Senior Health Day; Flu Clinic; School Nurse Program; Mary Richards Scholarships; Early Cancer Detection; Nursing Education.	<p>Coffee for a Cure, October 21</p> <p>Free Drive-thru flu shot clinic, October 25</p>



Month End Financial Report

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

Gross Revenue and Volumes – Gross revenues for October of \$3,999,000 were higher than budgeted expectations of \$3,653,000. OP gross revenues of \$2,534,000 were lower than a budget of \$2,608,000. ED and Imaging exceeded budgeted expectations while Lab, Surgery and RT volumes were lower than budgeted expectations. IP and Swing Bed volumes and revenues of \$1,466,000 were significantly higher than a budget of \$1,045,000 for the month with an Average Daily Census (ADC) of 10.8 in October compared to budgeted ADC of 7.

Deductions from Revenue – Revenue deductions at \$1,436,000 or 35.9% of gross revenue were higher than a budget of 33.6%.

Total Operating Revenues of \$2,563,000 were slightly higher than budget of \$2,425,000.

Labor Expenses totaled \$1,549,000 in October compared to a budget of \$1,517,000. Contract staffing for nursing and other medical professionals continues to be high but is trending down in all departments. Vacancies in surgical services and HR partially offset the higher contract labor.

Professional Fees and Purchased Services combined were \$530,000 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 \$169,000 were slightly lower compared to budgeted expectations at \$189,000.

Operating Expenses – Total operating expenses of \$2,489,000 for the month were overall higher than a budget of \$2,349,000.

Operating Income / Loss – Operating income for October was \$74,000 compared to a budgeted income of \$75,000.

Increase in Net Position was \$184,000 compared to a budgeted increase in the amount of \$172,000.

Days Cash on Hand for October was 130.6 days, down from September at 135.2 due to an increase in patient A/R during the month as A/R days outstanding increased from 47.5 to 48.9.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending October 2022

		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	179	102	112	75.5%	59.8%	535	404	413	32.4%	29.5%
	Swing Bed Days	156	114	96	36.8%	62.5%	418	452	431	-7.5%	-3.0%
	Total Inpatient Days	335	216	208	55.1%	61.1%	953	856	844	11.3%	12.9%
	Avg Daily Census	10.8	7.0	6.7	55.1%	61.1%	7.7	7.0	6.9	11.3%	12.9%
	Avg Length of Stay - IP	6.4	2.9	3.2	119.4%	99.8%	4.7	3.4	3.4	38.2%	35.2%
	Avg Length of Stay - SWB	13.0	12.7	10.7	2.6%	21.9%	11.3	12.2	11.6	-7.5%	-3.0%
	ED Registrations	475	380	345	25.0%	37.7%	1,871	1,508	1,619	24.1%	15.6%
	Clinic Registrations	442	946	427	-53.3%	3.5%	1,785	3,658	1,887	-51.2%	-5.4%
	Ancillary Registrations	913	1,143	1,143	-20.1%	-20.1%	3,757	5,311	5,311	-29.3%	-29.3%
Total OP Registrations	1,830	2,469	1,915	-25.9%	-4.4%	7,413	10,477	8,817	-29.2%	-15.9%	
Key Income Statement Ratios	Gross IP Rev/IP Day	7,353	9,056	7,742	-18.8%	-5.0%	7,545	9,071	8,428	-16.8%	-10.5%
	Gross SWB Rev/SWB Day	959	1,065	622	-10.0%	54.1%	882	1,068	848	-17.5%	3.9%
	Gross OP Rev/Total OP Registrations	1,384	1,056	1,008	31.1%	37.3%	1,382	992	980	39.3%	40.9%
	Collection Rate	64.1%	66.4%	74.4%	-3.4%	-13.8%	66.0%	66.4%	67.0%	-0.5%	-1.4%
	Compensation Ratio	60.4%	62.5%	59.6%	-3.4%	1.5%	61.1%	62.1%	66.8%	-1.7%	-8.6%
	OP EBIDA Margin \$	124,096	135,357	124,410	-8.3%	-0.3%	512,836	570,237	(77,037)	-10.1%	-765.7%
	OP EBIDA Margin %	4.8%	5.6%	5.9%	-13.3%	-17.3%	5.3%	5.9%	-0.9%	-10.3%	-675.7%
	Total Margin	7.2%	7.1%	7.4%	0.9%	-2.8%	7.2%	7.6%	1.2%	-4.9%	488.6%
Key Liquidity Ratios	Days Cash on Hand	130.6	80.0	128.6	63.3%	1.6%					
	AR Days Outstanding	48.9	50	51.9	-2.2%	-5.8%					



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 October 31, 2022

	Current Month - Oct-2022					Year To Date - Oct-2022				
	Oct-2022 Actual	Oct-2022 Budget	Variance	Var %	Oct-2021 Actual	Oct-2022 Actual	Oct-2022 Budget	Variance	Var %	Oct-2021 Actual
Patient Revenue										
Inpatient	1,465,820	1,045,093	420,726	40.3%	926,822	4,405,077	4,147,596	257,481	6.2%	3,846,154
Outpatient	2,533,610	2,608,017	(74,408)	(2.9%)	1,931,052	10,243,133	10,391,581	(148,448)	(1.4%)	8,644,092
Total Patient Revenue	3,999,429	3,653,110	346,319	9.5%	2,857,874	14,648,211	14,539,177	109,034	0.7%	12,490,246
Deductions From Revenue										
Total Deductions	1,436,002	1,228,600	(207,402)	(16.9%)	732,688	4,977,240	4,889,761	(87,479)	(1.8%)	4,127,454
Revenue Deductions %	35.9%	33.6%			25.6%	34.0%	33.6%			33.0%
Net Patient Revenue	2,563,427	2,424,510	138,917	5.7%	2,125,186	9,670,971	9,649,416	21,555	0.2%	8,362,792
Other Operating Revenue	30	86	(56)	(65.1%)	75	75	344	(269)	(78.2%)	868
Total Operating Revenue	2,563,457	2,424,596	138,861	5.7%	2,125,261	9,671,046	9,649,760	21,286	0.2%	8,363,660
Operating Expenses										
Total Labor Expenses	1,549,217	1,516,566	(32,651)	(2.2%)	1,265,641	5,904,646	5,995,005	90,358	1.5%	5,588,520
Total Other Operating Expenses	939,742	832,563	(107,180)	(12.9%)	788,643	3,457,366	3,308,611	(148,756)	(4.5%)	3,060,822
Total Operating Expenses	2,488,959	2,349,128	(139,830)	(6.0%)	2,054,283	9,362,013	9,303,616	(58,397)	(0.6%)	8,649,342
Operating Income / (Loss)	74,499	75,468	(969)	(1.3%)	70,978	309,033	346,145	(37,112)	(10.7%)	(285,682)
Net Non-Operating Revenues	109,148	96,652	12,496	12.9%	85,691	385,655	382,718	2,937	0.8%	387,745
Change in Net Position	183,646	172,120	11,526	6.7%	156,668	694,688	728,863	(34,175)	(4.7%)	102,064
Collection Rate %	64.1%	66.4%	(3.4%)	(3.4%)	74.4%	66.0%	66.4%	(0.5%)	(0.5%)	67.0%
Compensation Ratio %	60.4%	62.5%	(3.4%)	(3.4%)	59.6%	61.1%	62.1%	(1.7%)	(1.7%)	66.8%
OP EBIDA Margin \$	124,096	135,357	(11,261)	(8.3%)	124,410	512,836	570,237	(57,400)	(10.1%)	(77,037)
OP EBIDA Margin %	4.8%	5.6%	(0.7%)	(13.3%)	5.9%	5.3%	5.9%	(0.6%)	(10.3%)	(0.9%)
Total Margin (%)	7.2%	7.1%	0.1%	0.9%	7.4%	7.2%	7.6%	(0.4%)	(4.9%)	1.2%



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending October 2022

		Month				
		Actual	Budget	Prior Year	Variance to	
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	68.23%	62.56%	62.56%	9.1%	9.1%
	Medicaid	16.43%	18.26%	18.26%	-10.0%	-10.0%
	Commercial	11.59%	11.16%	11.16%	3.9%	3.9%
	Government	1.97%	6.57%	6.57%	-70.0%	-70.0%
	Other	1.02%	0.34%	0.34%	199.8%	199.8%
	Self Pay	0.76%	1.11%	1.11%	-31.7%	-31.7%
Total		100.00%	100.00%	100.00%		

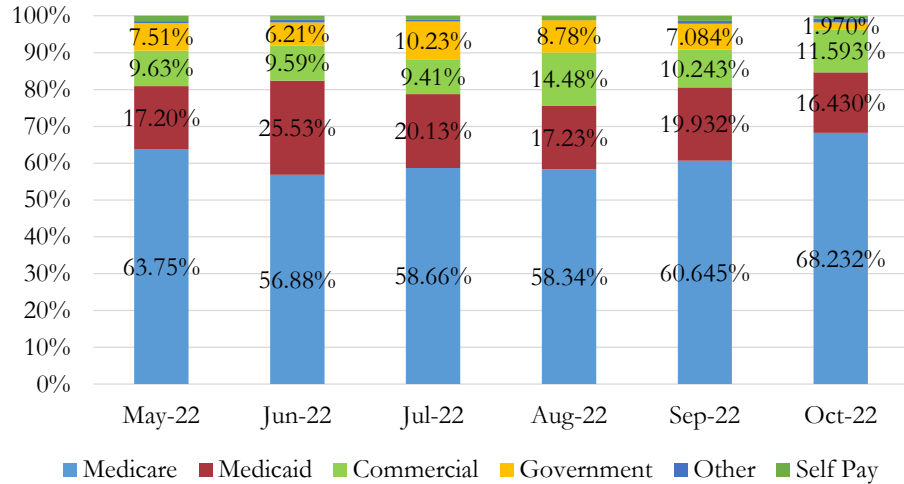
		Year to Date				
		Actual	Budget	Prior Year	Variance to	
					Bud	Prior Year
	Medicare	61.64%	61.39%	61.39%	0.4%	0.4%
	Medicaid	18.33%	17.48%	17.48%	4.9%	4.9%
	Commercial	11.50%	12.42%	12.42%	-7.4%	-7.4%
	Government	6.89%	5.84%	5.84%	18.1%	18.1%
	Other	0.63%	0.45%	0.45%	40.1%	40.1%
	Self Pay	1.01%	2.43%	2.43%	-58.3%	-58.3%
Total		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	179	102	112	75.5%	59.8%
	Swing Bed Days	156	114	96	36.8%	62.5%
	Total Patient Days	335	216	208	55.1%	61.1%
	Emergency Visits	475	380	345	25.0%	37.7%
	Radiology Procedures	900	751	636	19.8%	41.5%
	Laboratory Tests	3,450	4,176	3,505	-17.4%	-1.6%
	Respiratory Visits	581	629	502	-7.6%	15.9%
	Surgeries and Endoscopies	15	32	24	-53.1%	-37.5%
	Specialty Clinic Visits	168	198	139	-15.2%	20.9%
Primary Care Clinic	460	946	428	-51.4%	7.5%	

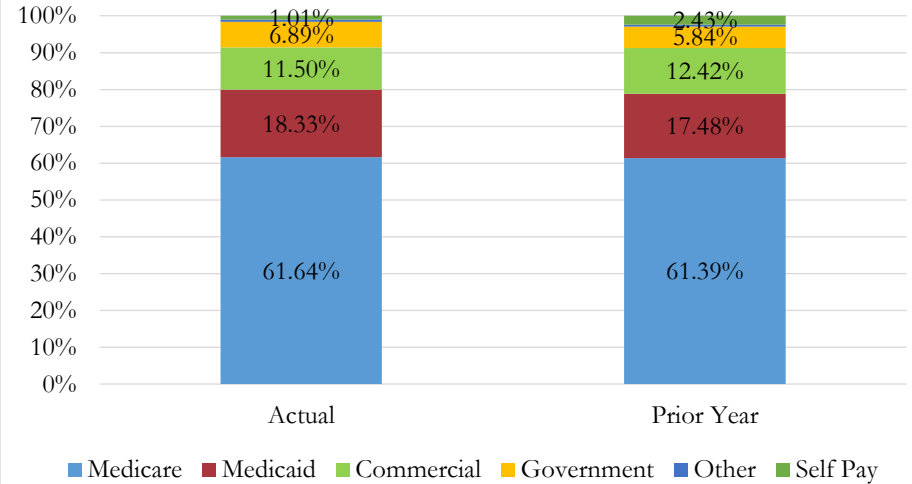
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
	In Patient Days	535	404	413	32.4%	29.5%
	Swing Bed Days	418	452	431	-7.5%	-3.0%
	Total Patient Days	953	856	844	11.3%	12.9%
	Emergency Visits	1,871	1,508	1,619	24.1%	15.6%
	Radiology Procedures	3,335	3,235	2,668	3.1%	25.0%
	Laboratory Tests	13,958	16,569	15,884	-15.8%	-12.1%
	Respiratory Visits	2,010	2,496	1,814	-19.5%	10.8%
	Surgeries and Endoscopies	50	127	104	-60.6%	-51.9%
	Specialty Clinic Visits	709	786	711	-9.8%	-0.3%
	Primary Care Clinic	1,862	3,658	1,850	-49.1%	0.6%



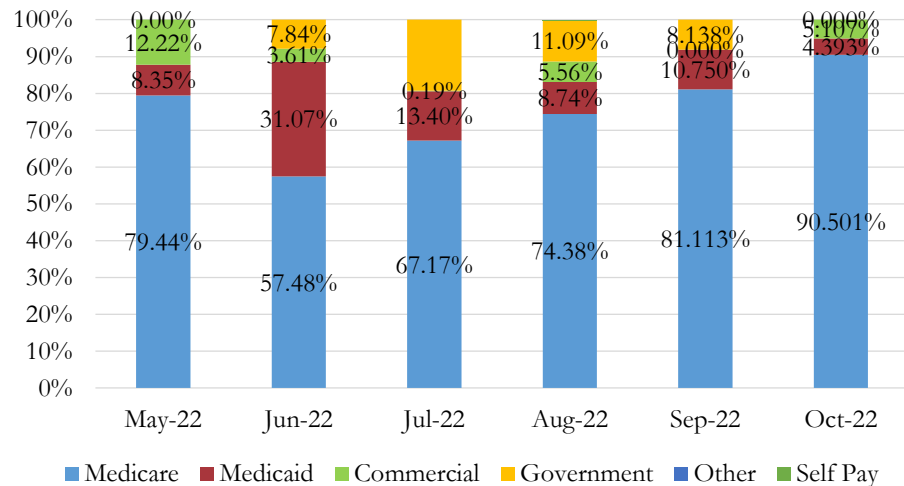
All Patients Payor Mix



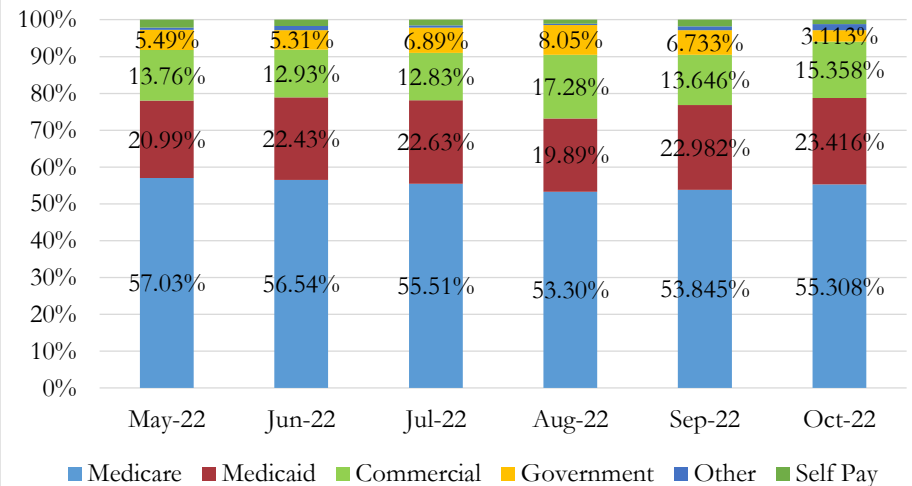
Year to Date Payor Mix



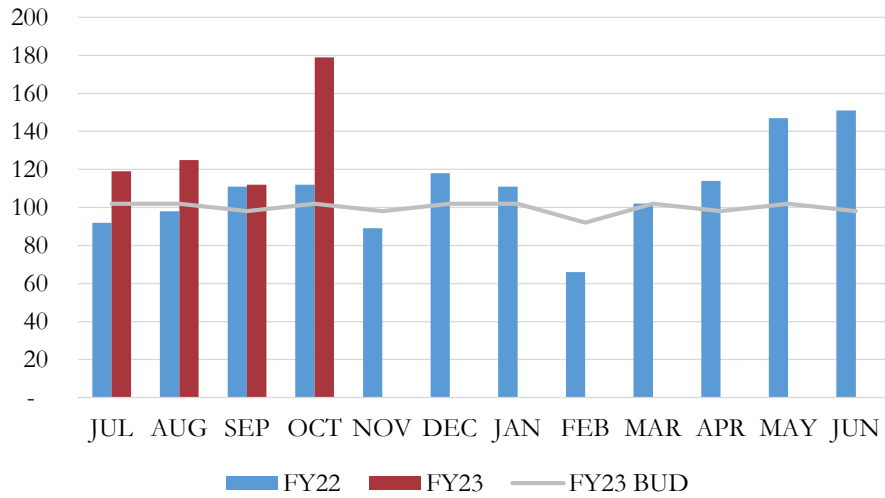
IP Payor Mix



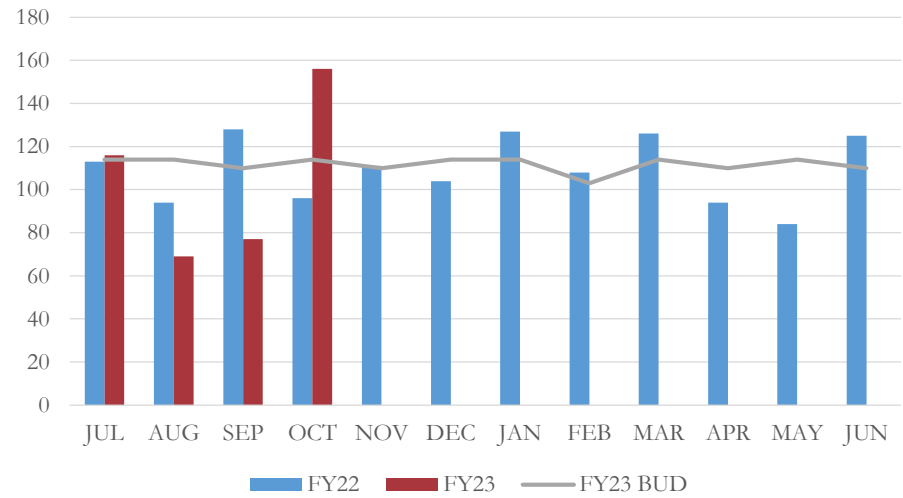
OP Payor Mix



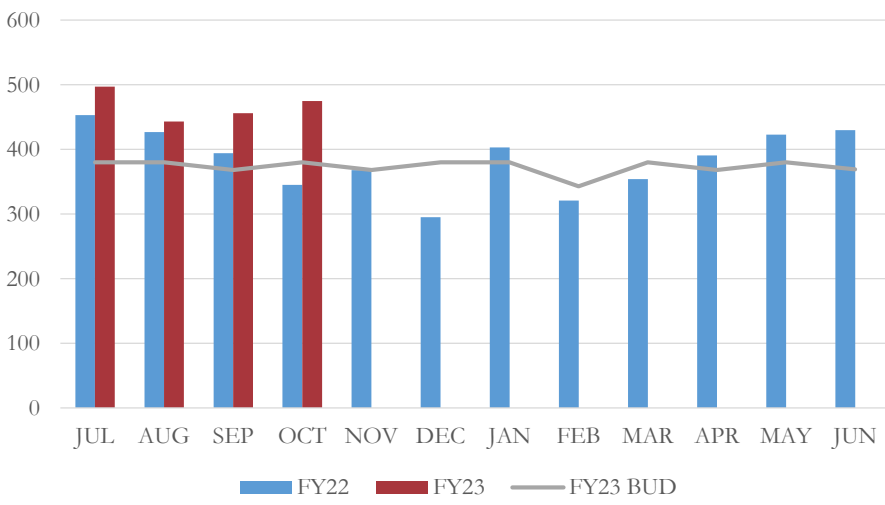
IP Days



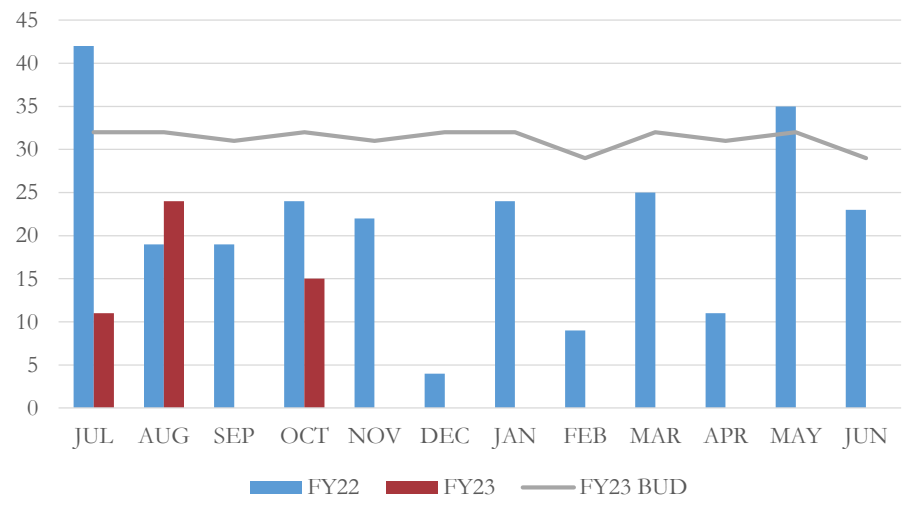
Swing Bed Days



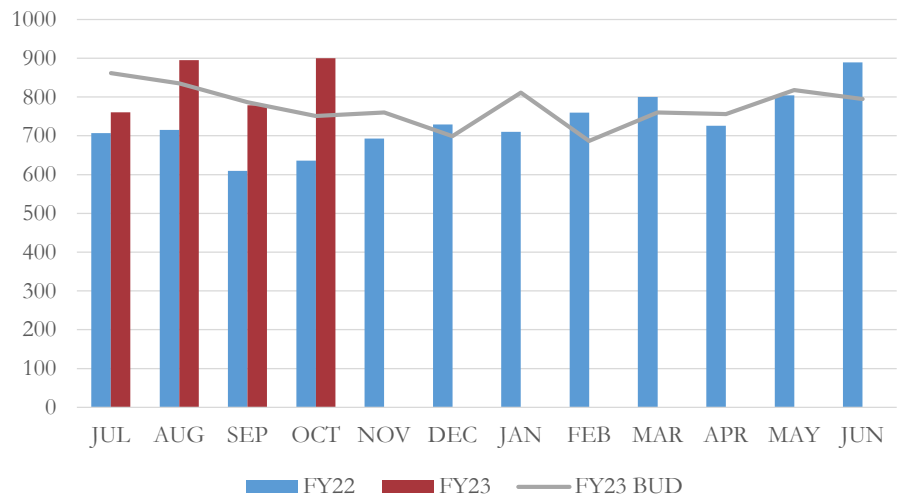
ER Visits



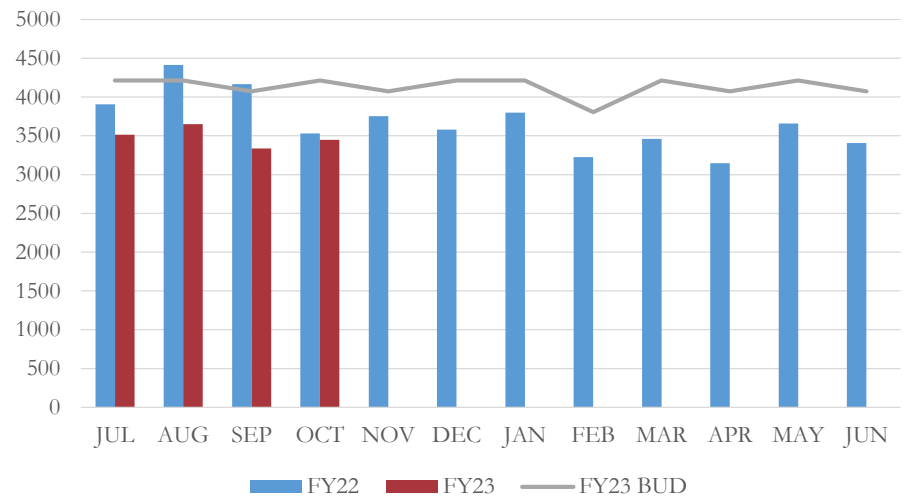
Surgery Patients



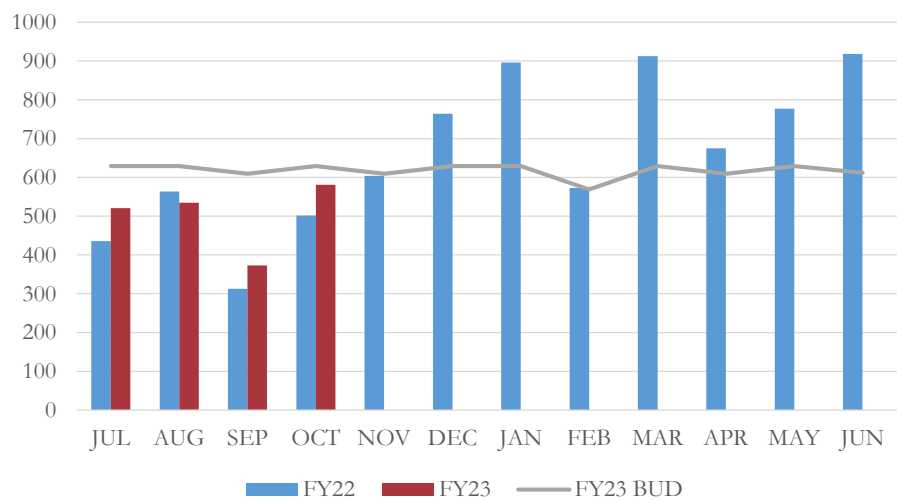
Imaging Visits



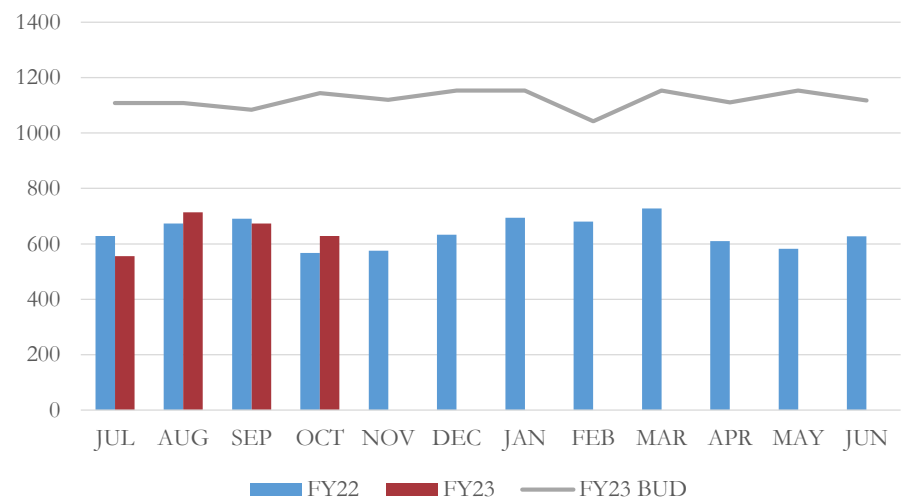
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2022

	Balance as of October 2022	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	7,236,608	6,676,848	559,759	7,830,681
Covid-19 Relief Funds	1,201,335	1,201,335	0	(0)
Medicare Accelerated Payments	0	2,965,172	(2,965,172)	6,952,217
Investments - Unrestricted	1,514,411	1,452,639	61,772	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	12,168,330	14,511,971	(2,343,641)	17,451,493
Patient Accounts Receivable	6,173,492	5,990,969	182,522	4,845,025
Allowance for Uncollectibles	(2,473,216)	(2,793,125)	319,909	(2,456,334)
Net Patient Accounts Receivable	3,700,275	3,197,844	502,431	2,388,691
Other Receivables	550,242	667,153	(116,911)	840,233
Inventory	160,558	163,375	(2,816)	239,072
Prepaid Expense	357,103	479,232	(122,129)	402,507
Total Current Assets	16,936,509	19,019,575	(2,083,066)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment:	16,467,198	16,365,883	101,315	16,154,324
Less: Accumulated Depreciation	(12,348,693)	(12,144,890)	(203,803)	(11,651,955)
Construction In Progress	130,308	67,081	63,226	31,125
Net PP&E	4,710,340	4,749,602	(39,262)	4,995,021
Total Assets	21,646,849	23,769,177	(2,122,328)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2022

	Balance as of October 2022	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,085,119	768,025	317,095	924,534
Accrued Payroll and Benefits	1,187,778	1,195,908	(8,130)	1,054,435
Interest and Other Payable	692,632	680,169	12,462	310,866
Current Portion of Long Term Debt	231,964	231,964	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	4,398,829	7,118,881	(2,720,052)	9,474,016
Long-Term Debt	4,039,769	4,136,733	(96,964)	4,368,697
Less Current Portion of Long-Term Debt	(231,964)	(231,964)	0	(231,964)
Total Long-Term Debt, net	3,807,805	3,904,769	(96,964)	4,136,733
Total Liabilities	8,206,633	11,023,650	(2,817,016)	13,610,748
Net Assets:				
Fund Balance	12,745,528	12,706,270	39,257	4,533,364
Change in Net Position	694,688	39,257	655,431	8,172,906
Total Net Assets	13,440,216	12,745,528	694,688	12,706,270
Total Liabilities & Net Assets	21,646,849	23,769,177	(2,122,328)	26,317,018



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending October 31, 2022

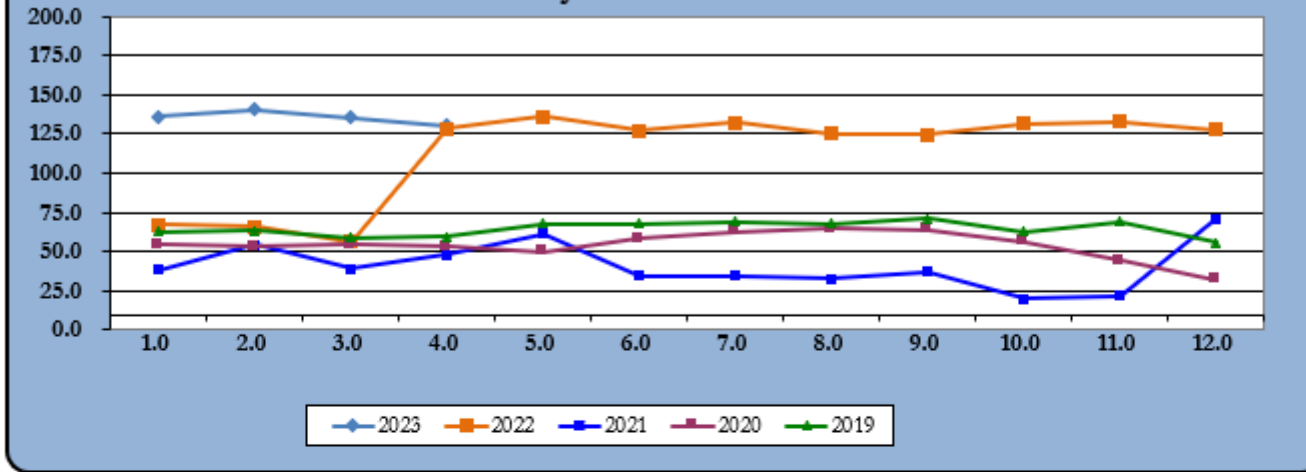
	Current Month - Oct-2022					Year To Date - Oct-2022				
	Oct-2022 Actual	Oct-2022 Budget	Variance	Var %	Oct-2021 Actual	Oct-2022 Actual	Oct-2022 Budget	Variance	Var %	Oct-2021 Actual
Patient Revenue										
Inpatient	1,465,820	1,045,093	420,726	40.3%	926,822	4,405,077	4,147,596	257,481	6.2%	3,846,154
Outpatient	2,533,610	2,608,017	(74,408)	(2.9%)	1,931,052	10,243,133	10,391,581	(148,448)	(1.4%)	8,644,092
Total Patient Revenue	3,999,429	3,653,110	346,319	9.5%	2,857,874	14,648,211	14,539,177	109,034	0.7%	12,490,246
Deductions From Revenue										
Total Deductions	1,436,002	1,228,600	(207,402)	(16.9%)	732,688	4,977,240	4,889,761	(87,479)	(1.8%)	4,127,454
<i>Revenue Deductions %</i>	<i>35.9%</i>	<i>33.6%</i>			<i>25.6%</i>	<i>34.0%</i>	<i>33.6%</i>			<i>33.0%</i>
Net Patient Revenue	2,563,427	2,424,510	138,917	5.7%	2,125,186	9,670,971	9,649,416	21,555	0.2%	8,362,792
Other Operating Revenue	30	86	(56)	(65.1%)	75	75	344	(269)	(78.2%)	868
Total Operating Revenue	2,563,457	2,424,596	138,861	5.7%	2,125,261	9,671,046	9,649,760	21,286	0.2%	8,363,660
Operating Expenses										
Salaries & Wages	1,056,924	1,158,798	101,874	8.8%	970,890	4,276,987	4,532,165	255,178	5.6%	3,811,352
Contract Labor	199,894	88,213	(111,681)	(126.6%)	181,849	620,384	389,650	(230,733)	(59.2%)	883,995
Benefits	292,399	269,555	(22,844)	(8.5%)	112,902	1,007,276	1,073,190	65,914	6.1%	893,173
Total Labor Expenses	1,549,217	1,516,566	(32,651)	(2.2%)	1,265,641	5,904,646	5,995,005	90,358	1.5%	5,588,520
Professional Fees	256,985	181,378	(75,606)	(41.7%)	195,049	957,469	725,513	(231,956)	(32.0%)	815,090
Purchased Services	273,174	234,891	(38,284)	(16.3%)	269,603	926,861	939,443	12,582	1.3%	911,054
Drugs & Pharmaceuticals	44,125	61,943	17,817	28.8%	76,661	195,523	245,764	50,242	20.4%	264,496
Medical Supplies	25,343	19,275	(6,067)	(31.5%)	13,298	99,295	76,468	(22,827)	(29.9%)	52,010
Other Supplies	99,481	107,787	8,306	7.7%	87,888	375,102	431,114	56,012	13.0%	324,482
Lease and Rental	48,459	49,414	955	1.9%	25,914	193,879	197,656	3,777	1.9%	107,204
Maintenance & Repairs	10,664	17,703	7,039	39.8%	(13,238)	78,054	70,810	(7,244)	(10.2%)	61,656
Other Expenses	84,632	51,754	(32,877)	(63.5%)	36,288	234,180	203,634	(30,545)	(15.0%)	159,481
Utilities	25,973	22,037	(3,936)	(17.9%)	27,075	108,095	88,148	(19,946)	(22.6%)	86,082
Insurance	21,309	26,492	5,183	19.6%	16,672	85,107	105,967	20,860	19.7%	70,622
Depreciation & Amortization	49,597	59,889	10,291	17.2%	53,432	203,803	224,092	20,289	9.1%	208,645
Total Operating Expenses	2,488,959	2,349,128	(139,830)	(6.0%)	2,054,283	9,362,013	9,303,616	(58,397)	(0.6%)	8,649,342
Operating Income / (Loss)	74,499	75,468	(969)	(1.3%)	70,978	309,033	346,145	(37,112)	(10.7%)	(285,682)
Non-Operating										
Property Taxes	102,242	86,432	15,810	18.3%	85,155	357,707	341,897	15,810	4.6%	336,926
Non-Operating Revenue	1,849	21,355	(19,505)	(91.3%)	11,763	24,870	85,371	(60,501)	(70.9%)	94,483
Interest Expense	(14,784)	(14,774)	(9)	0.1%	(15,317)	(59,135)	(59,097)	(38)	0.1%	(61,814)
Investment Income	19,840	4,528	15,312	338.2%	4,090	62,213	18,100	44,113	243.7%	18,150
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(3,552)	3,552	(100.0%)	-
Total Non-Operating	109,148	96,652	12,496	12.9%	85,691	385,655	382,718	2,937	0.8%	387,745
Change in Net Position	183,646	172,120	11,526	6.7%	156,668	694,688	728,863	(34,175)	(4.7%)	102,064

Southern Coos Hospital & Health Center
Income Statement
For The Period Ending October 2022
Comparison to Prior Months

	Current FY 2022					
	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2
Patient Revenue						
Inpatient	1,098,957	1,322,758	1,085,131	999,294	854,833	
Outpatient	2,403,455	2,370,373	2,496,495	2,759,677	2,453,351	
Other Patient Revenue	0	0	0	0	0	
Total Patient Revenue	3,502,412	3,693,131	3,581,626	3,758,971	3,308,184	
Deductions From Revenue						
Charity Services	58,803	23,593	14,652	13,149	25,722	
Contractual Allowances	1,119,431	1,364,766	1,152,551	1,225,257	754,486	
Other Discounts	85,860	89,236	77,340	127,269	173,246	
Bad Debt	(3,612)	(8,902)	(6,796)	4,075	(19,713)	
Total Deductions	1,260,482	1,468,694	1,237,747	1,369,751	933,741	
Net Patient Revenue	2,241,930	2,224,437	2,343,880	2,389,221	2,374,443	
Other Operating Revenue	31,955	5	5	10	30	
Total Operating Revenue	2,273,885	2,224,442	2,343,885	2,389,231	2,374,473	
Operating Expenses						
Salaries & Wages	1,039,750	960,435	1,062,036	1,120,072	1,037,955	
Benefits	261,144	256,918	266,644	258,378	189,855	
Contract Labor	197,712	167,066	172,296	147,125	101,069	
Professional Fees	219,630	226,376	213,511	213,296	273,677	
Purchased Services	236,029	83,034	219,161	248,283	186,242	
Medical Supplies	15,762	30,929	20,858	36,336	16,758	
Drugs & Pharmaceuticals	45,963	130,656	51,348	34,457	65,592	
Other Supplies	83,229	101,515	59,264	102,139	114,219	
Depreciation & Amortization	51,858	53,819	51,367	51,065	51,773	
Lease and Rental	26,277	225,016	48,222	48,222	48,976	
Maintenance & Repairs	21,689	14,046	15,243	23,985	28,162	
Utilities	21,076	29,557	28,194	28,785	25,143	
Insurance	21,176	21,176	21,181	21,309	21,309	
Other Expenses	64,035	49,735	39,061	68,339	42,147	
Total Operating Expenses	2,305,329	2,350,277	2,268,387	2,401,792	2,202,876	
Excess of Revenue Over Expenses fr	(31,445)	(125,835)	75,498	(12,561)	171,598	
Non-Operating						
Unrestricted Contributions	85,155	85,155	85,155	85,155	85,155	
Other Non-Operating Revenue\Expenses from Operations	4,394	5,738	1,365	19,661	1,995	
Investment Income	6,815	8,332	11,403	14,398	16,573	
Total Non-Operating	96,365	100,141	97,923	119,214	103,722	
Interest Expense	(15,136)	(15,135)	(14,784)	(14,784)	(14,784)	
Excess of Revenue Over Expenses	49,784	(40,829)	158,637	91,869	260,536	



October 2022 Days Cash on Hand



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

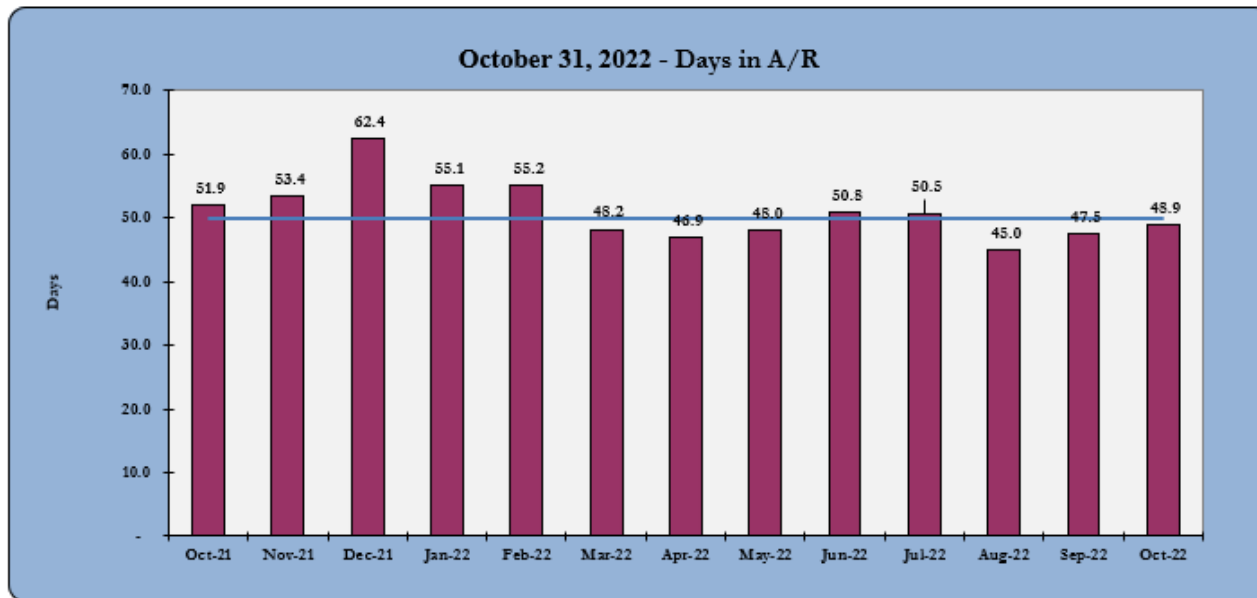
How ratio is used:

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	135.6
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	130.6								
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





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.

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
A/R (Gross)	5,237,705	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
Days in AR	51.9	53.4	62.4	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9
***	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
A/R (Gross)	5,237,705	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
Days in Month	31	30	31	31	28	31	30	31	30	31	31	30	31
Monthly Revenue	2,857,874	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 Mo Avg Daily Revenue	100,839	97,774	97,443	103,271	105,725	107,981	104,852	107,641	112,123	117,143	119,932	115,748	120,289
Days in AR	51.9	53.4	62.4	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Non-Threshold Capital Purchases (<\$15,000)		\$ 101,400			
Gen 2 Iovera Hand Held	Pain Management	\$ -	\$ 14,000	\$ -	7/31/2022
Prodigy iDXA Machine	Radiology	\$ -	\$ 9,600	\$ -	8/31/2022
Transducer Biopsy Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ 101,400	\$ 31,300	\$ 70,100	
Threshold Projects (>\$15,000)					
	Cardiac Monitors	\$ 230,000	\$ -	\$ 230,000	
	Nova BioMedical Prime Plus	\$ 125,100	\$ -	\$ 125,100	
Reauthorized	Two Bin Implementation	\$ 100,000	\$ -	\$ 100,000	
	Air Handler Repairs	\$ 55,000	\$ -	\$ 55,000	
	RFA Generator	\$ 50,000	\$ 55,515	\$ (5,515)	
Reauthorized	Scope Reprocessor	\$ 48,000	\$ -	\$ 48,000	
Reauthorized	Cautery	\$ 40,000	\$ -	\$ 40,000	
	Phone System Upgrade	\$ 35,000	\$ -	\$ 35,000	
	BacT Alert Replacement	\$ 32,000	\$ -	\$ 32,000	
	Stago Satellite Replacement	\$ 25,000	\$ -	\$ 25,000	
Reauthorized	Crash Cart Defibrillator	\$ 25,000	\$ -	\$ 25,000	
	Wifi System Upgrade	\$ 19,300	\$ -	\$ 19,300	
Reauthorized	Butterfly Ultrasound	\$ 18,000	\$ -	\$ 18,000	
	IV Pumps	\$ 16,200	\$ -	\$ 16,200	
		\$ 818,600	\$ 55,515	\$ 763,085	
Total		\$ 920,000	\$ 86,815	\$ 833,185	

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



All Providers
For The Budget Year 2023

	Current Budget YTD											
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT YTD	FY23 Budget	Variance	
Provider Productivity Metrics												
Clinic Days	55	78	67	78	61	75	63	82	245	313	(68)	
Total Visits	420	910	508	910	474	892	460	946	1862	3,658	(1,796)	
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	7.6	11.7	(4.1)	
Total RVU	921.98	1,773.20	1,114.80	1,773.20	1,035.91	1,735.00	881.63	1,840.40	3,954.32	7,121.80	(3,167.48)	
RVU/Visit	2.20	1.95	2.19	1.95	2.19		1.92	1.95	2.12	1.95	0.18	
RVU/Clinic Day	16.76	22.73	16.64	22.73	17.12	23.13	14.11	22.44	16.14	22.75	(6.61)	
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	363.51	337.07	387.52	335.12	52.40	
Gross Revenue/RVU	165.38	171.58	168.87	171.58	206.22	172.06	189.66	173.26	182.48	172.13	10.35	
Net Rev/RVU	71.56	72.37	72.82	72.37	88.23	72.55	81.17	72.98	78.42	72.57	5.85	
Expense/RVU	121.77	75.68	100.51	75.68	96.81	76.15	147.34	73.52	114.94	75.13	39.81	
Diff	(50.22)	(3.31)	(27.70)	(3.31)	(8.58)	(3.60)	(66.18)	(0.53)	(36.52)	(2.56)	(33.96)	
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	1,265.71	1,651.25	(385.54)	
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	1,855.15	1,709.45	145.70	
Diff	(841.80)	(75.28)	(460.87)	(75.23)	(146.94)	(83.25)	(933.50)	(11.95)	(589.43)	(58.20)	(531.23)	
Patient Revenue												
Outpatient												
Total Patient Revenue	152,481	304,240	188,252	304,240	213,623	298,533	167,213	318,867	721,569	1,225,880	(504,311)	
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	411,469	709,039	(297,570)	
Net Patient Revenue												
	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	310,100	516,841	(206,741)	
Total Operating Revenue												
	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	310,100	516,841	(206,741)	
Operating Expenses												
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	264,571	291,120	(26,549)	
Benefits	9,853	9,325	9,883	9,320	8,081	9,076	10,487	9,320	38,305	36,985	1,320	
Purchased Services	3,723	9,121	4,832	9,121	3,940	9,002	4,923	9,121	17,418	36,365	(18,947)	
Medical Supplies	2,313	0	0	0	0	0	285	0	2,598	0	2,598	
Other Supplies	0	853	33	853	12	853	0	853	44	3,410	(3,366)	
Maintenance and Repairs	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	8,568	11,140	(2,572)	
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,850	123,007	156,037	(33,030)	
Total Operating Expenses	112,271	134,196	112,053	134,191	100,284	132,116	129,903	135,301	454,511	535,058	(80,547)	
Excess of Operating Rev Over Exp												
	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(144,411)	(18,217)	(126,194)	
Total Non-Operating Income												
	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)	(144,411)	(18,217)	(126,194)	

Note A - Average Collection Rate =41% of Gross Charges, therefore the Deduction Rate is 59% of Gross Charges



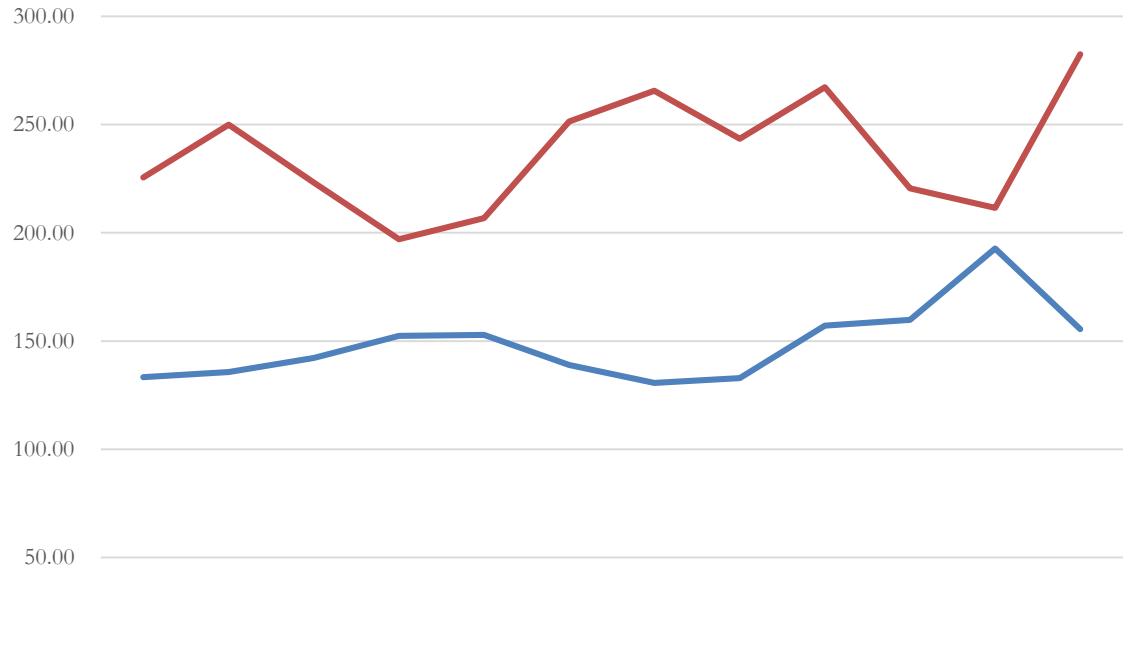
Southern Cross Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position For The Period Ending October 31, 2022

	Current Month - Oct-2022			Year To Date - Oct-2022		
	Hospital	Clinic Providers	Oct-2022	Hospital	Clinic Providers	Oct-2022
	Actual	Actual	Actual	Actual	Actual	Actual
Patient Revenue						
Inpatient	1,465,820	-	1,465,820	4,405,077	-	4,405,077
Outpatient	2,366,397	167,213	2,533,610	9,521,564	721,569	10,243,133
Total Patient Revenue	3,832,216	167,213	3,999,429	13,926,642	721,569	14,648,211
Deductions From Revenue						
Total Deductions	1,340,349	95,653	1,436,002	4,565,771	411,469	4,977,240
<i>Revenue Deductions %</i>	<i>35.0%</i>	<i>57.2%</i>	<i>35.9%</i>	<i>32.8%</i>	<i>57.0%</i>	<i>34.0%</i>
Net Patient Revenue	2,491,868	71,559	2,563,427	9,360,871	310,100	9,670,971
Other Operating Revenue	30	-	30	75	-	75
Total Operating Revenue	2,491,898	71,559	2,563,457	9,360,946	310,100	9,671,046
Operating Expenses						
Total Labor Expenses	1,455,962	93,255	1,549,217	5,601,771	302,875	5,904,646
Total Other Operating Expenses	903,094	36,648	939,742	3,305,731	151,636	3,457,366
Total Operating Expenses	2,359,056	129,903	2,488,959	8,907,502	454,511	9,362,013
Operating Income / (Loss)	132,842	(58,344)	74,499	453,444	(144,411)	309,033
Net Non-Operating Revenues	109,148	0	109,148	385,655	0	385,655
Change in Net Position	241,990	(58,344)	183,646	839,100	(144,411)	694,688
Collection Rate %	65.0%	42.8%	64.1%	67.2%	43.0%	66.0%
OP EBIDA Margin \$	182,440	(58,344)	124,096	657,248	(144,411)	512,836
OP EBIDA Margin %	7.3%	(81.5%)	4.8%	7.0%	(46.6%)	5.3%
Total Margin (%)	9.7%	(81.5%)	7.2%	9.0%	(46.6%)	7.2%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Net Rev/Visit	133.34	135.71	142.12	152.36	152.82	138.98	130.65	132.85	157.08	159.79	192.81	155.56
Expenses/Visit	225.50	249.99	223.23	197.08	206.83	251.44	265.62	243.46	267.31	220.58	211.57	282.40

