

SOUTHERN COOS HEALTH DISTRICT

Board of Directors Regular Meeting April 28, 2022 6:00 p.m.

AGENDA

I.	6:00 p.m. Executive Session Under ORS 192.660(2)(i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing.
II.	6:30 p.m. Public Meeting - Call to Order 1. Public Input
III.	Consent Agenda 1. Meeting Minutes i. Regular Meeting – 03/24/22 ·································
IV.	Staff Reports 8 1. CEO Report 8 2. Clinic Report 11 3. CNO Report 13 4. CFO Report 16 5. CIO Report 15 6. SCHD Foundation Report 20 7. Medical Staff 1 i. Credentialing Report 21
V.	Monthly Financial Statements: Review
VI.	Quality & Patient Safety 1. Monthly Report
VII.	New Business 1. Antibiotic Stewardship 2. Pain Management 3. Appoint Board Liaison for Coast Community Health Center
VIII.	Old Business 1 District Bylaws Review 2. Governance Institute Education
IX.	Open Discussion
Χ.	Adjournment



Southern Coos Health District Board of Directors Regular Meeting Minutes

March 24, 2022 DRAFT COPY

Members Present: Brent Bischoff, Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen and Tom Bedell, Directors. Administration: Raymond T. Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; and Douglas Crane, MD, Medical Staff Vice Chief of Staff. Attending via remote link: Deborah Ellis, former Interim CEO; Derek Grewatz, Chivaroli & Associates. Others present: Barbara Snyder, Quality & Risk Management; Robert S. Miller III, General Counsel.

I. Call to Order & Approval of Agenda

The meeting was called to order at 6:30 p.m. Roll Call: All members were in attendance; quorum was met. There were no additions to the agenda. There is one deletion, under III. Staff Reports, item 7. ii. Training Affiliation Agreement will be removed. The District insurance renewal under VI. New Business will be moved up on the agenda to accommodate the guest speaker, Derek Grewatz from Chivaroli & Associates.

Pamela Hansen **moved** to accept the meeting agenda as discussed. Mary Schamehorn **seconded** the motion. **None opposed. Motion passed.**

1. Public Input

No public input received. Mr. Bischoff used this opportunity to thank Deborah Ellis for her service as Interim CEO for the past 7 months and presented her with a thank you card and flowers.

2. Agenda Modification - New Business, 1. Insurance Renewal - Derek Grewatz, Chivaroli & Associates.

Mr. Grewatz provided an introduction and review of insurance products held by Southern Coos Hospital & Health Center, including Cyber Security & Privacy, Directors & Officers, Professional Liability, and Employment Practices Liability Insurance. Discussion: A review of premiums paid by the hospital and comparison of claim history to other hospitals of similar size was discussed. Southern Coos is in the top 15-20% compared to other hospitals. If there is no increase in claims in the next 12-months, premiums will lower. CEO turnover equals instability to underwriters. Mr. Grewatz and Barbara Snyder each thanked Raymond Hino, Jeremiah Dodrill for their attendance at a recent carrier meeting which helped to secure an option for the hospital. It was noted that at a previous meeting a member of the board had inquired about the board's responsibility regarding Risk Management. April 1 is insurance renewal date. Claim history may be reviewed in Executive Session.

II. Consent Agenda

1. Meeting Minutes

Public minutes from the February 24 regular meeting, February 8 amended special meeting minutes, March 9 special meeting minutes, and Executive Session minutes from January 18, 25, 27 February 8 and March 9 were reviewed.

2. Monthly Counsel Invoices

i. Robert S. Miller III, General Counsel $\sim #1041 \sim 03/01/22$

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

III. Staff Reports

1. CEO Report

Mr. Hino expressed his pleasure at joining the Southern Coos team as the new CEO on February 28. At this time the Oregon Health Authority and Oregon Occupational Safety and Health Division (Oregon OSHA) are not in sync with relaxation of mask mandates. The OHA will allow no masking in non-patient areas of health care facilities, but OSHA has not relaxed workplace requirements. Updates will be provided as further guidance is received. Mr. Hino has enjoyed meeting other regional hospital CEOs and providers, is planning to attend a number of local events, and is working with the Chamber of Commerce on a special meet and greet event for community members. Ray's initial goals as new CEO include to complete a new strategic plan within his first 90-days with tangible deliverables to report monthly, to convert the multi-specialty clinic from hospital-based to Rural Health Clinic status for improved profitability, and work is commencing to provide a new MRI trailer in a new location with increased and more convenient access for patients. Discussion: Mr. Miller noted that general strategic planning may take place in open session. The Board of Directors will participate in the Strategic Planning process as a work session that must be publicly noticed. Dates will be coordinated to occur in April. Mr. Hino set a date of June 1 for the Strategic Plan to be in place and implemented. He has a consultant in mind who will work with input from the Board, Exec Team, Medical Staff to outline a 1, 3 and 5 year plan. Mr. Miller added that the Board can submit priorities and set expectations for the CEO that dovetail with the Strategic Plan.

2. Multi-Specialty Clinic Report

Mr. Hino reviewed the Clinic stats for the month noting the addition of new Nurse Practitioner and Pain Management services, a new office manager and offer made to a new Medical Assistant. The former clinic manager has moved to Case Management and Discharge Planning in the hospital. The 12% cancellation rate is high and should be cut by at least ½. Mr. Hino has worked with a vendor that sends text reminders, proven effective, and is less costly than current vendor.

3. CNO Report

Cori Valet, CNO, is out of the office. Mr. Hino noted in her report the addition in February of 5 new RN's, 2 new CNA's, and hiring of a new Surgery Manager to arrive in the next month. MX-Ray and Mammo MQSA inspections were passed and ACR Accreditation complete. 146 patient satisfaction surveys were received. ED, Swing bed, and Inpatient discharge calls have been well received. A new MRI contract will improve patient access with work in progress.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review of the monthly CFO Report from the meeting packet. The FY22 budget timeline has been implemented and work is commencing with the finance team and managers. The public Budget Committee Meeting is scheduled to be June 2 and Budget Hearing on June 23. As reported last month, an issue was identified with the Cost Reporting tool. The current \$1M Medicare receivable was offset by a reserve of \$250K for every open Cost Report Year. The Balance Sheet remains sound.

5. CIO Report

Scott McEachern, CIO, is out of the office for Spring Break. Mr. Hino provided a review of the CIO Report. Ray is very active in Linkedin and has been added as an administrator on the Southern Coos Linkedin account. Activities in the month included a new web page for the Clinic and new patient portal to go live in May.

6. SCHD Foundation Report

The Foundation's new School Nurse program kickoff is going well. Kerrie Devine has 23 years' experience, is from Bandon, will be based at Ocean Crest Elementary School but will also spend time at Harbor Lights Middle School. The program will eventually expand to Bandon High School. The 19th annual Women's Health Day held on February 26 has received great feedback with 150 registered participants, including Ray Hino who introduced himself to attendees during the program.

7. Medical Staff Report

i. Dr. Crane, Vice Chief of Staff, presented the Credentialing and Privileging Report from the March 8 Medical Staff monthly meeting as follows:

New Appointments

Hannah Wolsiefer-Leak, MD - Courtesy Staff - Emergency Medicine

Reappointments

Hammad Qadir, MD – Courtesy Staff – Internal Medicine Scott Christian Smith, MD – Courtesy Staff – Emergency Medicine

<u>Direct Radiology - Third Party Reading Radiology Group</u>

David Bass, MD – Courtesy Staff – Reappointment Dennis Burton, MD – Courtesy Staff – Reappointment Elizabeth Dobovsky, MD – Courtesy Staff – Reappointment Laura Hotchkiss, MD – Courtesy Staff – Reappointment Teppe Popovich, MD – Courtesy Staff – Reappointment Kimberly A Taylor, DO – Courtesy Staff – Reappointment

Staff Changes

Misty Payne, MD, Pathologist - Courtesy Staff - Privileges Lapsed

Pamela Hansen **moved** to approve the Medical Staff Report as presented. Norbert Johnson **seconded** the motion. **None were opposed. Motion passed.**

IV. Monthly Financial Statements: Review

Jeremiah Dodrill, CFO, provided a review of the financial statements for the month of February from the meeting packet. In summary, Gross revenues for February of \$2.931M were higher than budgeted expectations of \$2,908M. Operating income for the month was \$94,000 compared to a budgeted loss of (\$136K). The year-to-date operating loss closed at (\$766K) compared to a budgeted loss of (\$1.2M). Days of Cash on Hand closed at 125.1, down from 132.1 in January due in part to repayment of unexpected grant funds and changes in working capital. **Discussion:** Emergency Department visits were strong. Goal to increase Surgical Services. The pandemic has added challenges that may be lessening. Discussion included ideals in the balance of patient insurance-payer types.

V. Quality and Patient Safety Report

Barbara Snyder, Quality & Risk Manager, reviewed her report from the packet. In summary, an effort is being made to increase available data with higher rate of return on HCAHP patient surveys quarterly. Presently, data can be used to learn about patient experiences but cannot be used to represent a typical patient experience. In February, 100% of Swingbed surveys were returned indicating 100% of patients would recommend SCH to friends and family. In Medical Imaging, of the 24 surveys received, 100% would recommend SCH. In the ED, only 29.28% of visits were captured, but of those 97% would definitely or probably recommend. The ED is to begin providing follow-up calls to all patients. A survey is in development for Lab use. A tablet survey process for the Clinic is in development. Internal complaint and grievance reporting through the Clarity reporting tool is now reviewed weekly by Committee of CEO, CNO and Quality Manager. Clinical documentation goals in Med/Surg, ED, and Respiratory Therapy were reviewed. Policy updates were reviewed. The Patient's Rights policy was updated to add the right to have a support person. Southern Coos is participating in a cohort sponsored by the Oregon Office of Rural Health.

VI. New Business

1. Insurance Renewal I- Derek Grewatz, Chivaroli & Associates

Moved ahead in agenda to accommodate guest speaker. See under I. Call to Order, item 2. Agenda Modification.

2. Community Benefit Report (CBR-1)

Jeremiah Dodrill provided a summary of the Community Benefit Report, thanking Katelin Wirth, Financial Analyst, for her work on the project. The Community Benefit report is filed with the state by every non-profit hospital to establish or provide a monetary value of benefit to the community, defending tax-exempt status, and required reporting in Oregon. It mirrors Form 990-

H (filed by government non-profit hospitals). Charity Care and other benefits such as the Women's Health Day event, subsidized School Nurse program, and other subsidized health care services are included in the benefit reporting. This also can include losses in the Clinic and Surgical Services for a net community benefit. For the period of July 1, 2020 to June 30, 2021 the net community benefit was \$2.3M. Our goal is to lower the losses in subsidized services and add other community benefits. **Discussion:** The focus on charge capturing continues. Recruitment has begun for Clinic Manager position and Supply Chain Manager. Thank you to Deborah Ellis, RN/BSN, for accepting the Interim Clinic Manager position.

VII. Old Business

1. Bylaws Articles 1-3 – Review

Norbert Johnson provided a review of his comparison of bylaws from other hospitals. **Discussion:** Purpose of Board should be to support the mission. Southern Coos patients include both residents and visitors to the area regardless of their ability to pay. The bylaws committee of Norbert Johnson and Tom Bedell will receive input and propose recommended edits for adoption after review of the total document is complete. Next month to review input on Article 4.

2. Governance Institute Update

Directors have completed the Board Orientation module. **Discussion:** Directors suggested that the next steps in the Governance Institute education should include Strategic Planning.

VIII. Open Discussion

Mr. Bedell acknowledged recent news of the omnibus spending bill recently signed into law by President Biden that included an award of \$850K received by Coast Community Health Center for expansion of services in Curry County. Ray Hino reminded the group about Doctor's Day on March 30. Southern Coos will celebrate with Doctor's Day banners, cupcakes for all staff, and gift for providers. Board members are invited to attend.

IX. Adjournment

At 8:35 p.m. the meeting was adjourned.	The next regular meeting of the Southern Coos Health
District will be April 28, 2022 at 6:30 p.m.	
Brent Bischoff, Chairman 4-28-22	Mary Schamehorn, Secretary 4-28-22

INVOICE

Robert S. Miller III Attorney (CY2022+)

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Southern Coos Hospital & Health Center

Bill to

Southern Coos Hospital & Health

Center

900 11th Street SE Bandon, OR 97411

USA

Ship to

Southern Coos Hospital & Health

Center

900 11th Street SE Bandon, OR 97411 USA Invoice details

Invoice no.: 1056

Invoice date: 04/03/2022 Terms: Due on receipt Due date: 04/03/2022

	Product or service		Amount
1.	Attorney	1.5 units × \$250.00	\$375.00
	Service date: 03/09/2022		
	Board Executive Session and Special Meeting.		
2.	Attorney	3 units × \$250.00	\$750.00
	Service date: 03/24/2022		
	Agenda Review; Regular Board Meeting.		
		Total	\$1,125.00

Ways to pay









04/03/2022



CHIEF EXECUTIVE OFFICER REPORT

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

From: Raymond T. Hino, MPA, FACHE, Chief Executive Officer

Re: CEO Report for SCHD Board of Directors, April 2022

Mask Mandate Update

Earlier today I recommended to our COVID-19 Committee that Southern Coos Hospital & Health Center approve a change in our Hospital Mask Mandate policy that would exempt the administrative wing of the hospital (including IS, HIM, Administration, EVS Office, Engineering Office, Dietary, Dining Room, Materials Management and the Hospital Conference Room) and the business office building from the current mask mandate for "fully vaccinated" employees, contractors, visitors and guests.

I based my recommendation on current changes in health care & safety authorities, including the CDC, OSHA, Oregon Health Authority and Oregon OSHA. All of these organizations now allow the option of vaccinated individuals in non-patient care areas inside health care facilities to go mask less, provided that they don a mask when leaving the non-patient area and that the non-patient area has a wall and a door that remains closed unless in use. CDC recommends that this mask less exception should only occur in Counties that are designed as Low or Moderate COVID levels. Coos County has been designated as a Low COVID level since, at least, March 24, 2022. I provided the Committee with screen shots of the website language for each of these organizations that permits the removal of masks, provided all conditions are met.

I am pleased to report, that the COVID-19 committee voted in favor of making my recommended change to our mask mandate policy. The committee decided that we would need to revisit this policy if COVID infections rise above the Low COVID level from CDC. They also recommended additional signage that the administrative wing is a restricted area and a mask kiosk for the use of people leaving the administrative wing and returning into the hospital. My goal is to have the new policy change in effect before our Board Meeting on Thursday, April 28.

CEO Introductory Meetings

I attended the Bandon City Council meeting on April 11, 2022 and the Bandon Chamber of Commerce Annual Meeting and Dinner on April 12, 2022. It was very kind of Mary Schamehorn to introduce me to the Council and all attendees at the Council meeting and for Lorie Osborne to introduce me to everyone at the Chamber event. The Chamber is still very interested in organizing a "Meet the New Hospital CEO" event within the next month.

Additionally, in the past 30 days I have met with:

- Linda Maxon, CEO and Ann Kellogg, MD, Medical Director at Coast Community Clinic
- Paul Connolly, CEO of Lower Umpqua Hospital in Reedsport

- Dr. Hammad Qadir, MD, Nephrologist in Coos Bay
- Dr. Paul Preslar, DO, a Family Physician who is relocating to Bandon in 2023 from Oklahoma

Chaplain Program

I also met with Father Doug Hale and Pastor Jim Minkler, to discuss reactivating the Volunteer Chaplains program at Southern Coos Hospital and Health Center. Pastor Minkler said that he used to lead the Chaplains program at our hospital and that it ended when COVID hit our hospital and community. Both pastors are willing to work on bringing the Chaplains program back to the hospital. The program was a weekly rotation by volunteer chaplains that could be called by our staff upon the request of a patient. There were several ministers and pastors from the Bandon community that volunteered. I informed Father Hale and Pastor Minkler that I am supportive of bringing the program back, provided that we are able to provide it in a safe manner for our patients.

Recruitment

Effective April 11, I have placed Debi Ellis in the Interim Clinic Manager position. She will remain in that position until we name a permanent Clinic Manager. I plan to work closely with Debi on clinic revenue enhancement. I am sending Debi to meet Rural Health Clinic administrators from other hospitals so that she will have a RHC network and be able to better learn the position.

New Services

We have completed the groundwork to create a new revenue producing service for Southern Coos Healthcare. The new service is the Southern Coos Pain Management Center, with services provided by our Certified Registered Nurse Anesthetist, Victoria Schmelzer. We plan to officially launch the Pain Management Center on May 1. We are accepting referrals at this time. I have invited Victoria to come to our April Board of Directors meeting and make a short 5-minute presentation on the business plan for the Pain Management Center.

First 30 Day Priorities

All First 30 Day Priorities from my March CEO report were accomplished.

First 60 Day Priorities

- Strategic Plan Consultant contracted and dates set for Strategic Plan Meetings-----completed
- Rural Health Clinic Feasibility Analysis & Implementation Plan Completed-----in progress
- Monthly All Staff Meetings-----completed
- Community-wide "Meet the New CEO" Event to introduce CEO to entire community--in progress
- Begin interviewing FNP candidates for Clinic------First candidate interviewed

Recognitions

Doctors Day on March 30 was a big success for Southern Coos Hospital. We recognized our doctors and advanced practice providers with thank you cards, small gifts, lobby banner announcements and cupcakes. The doctors and providers were all very appreciative of the recognition.

The week of May 8 – 14, 2022 has been designated as National Hospital Week this year. We are going to be recognizing and showing our appreciation to our staff during the week with a series of events, including ice cream, small gifts and a BBQ cook out. I have volunteered to help BBQ for our staff, and I will be coming in on the night shift to serve our night shift as well. If any Board members would like to join me, or be a part of our Hospital Week celebration, please let me know.



CLINIC REPORT

To: Southern Coos Health District Board of Directors and Southern Coos Management **From:** Deborah Ellis, Interim Clinic Manager / Cherie Turbitt former Clinic Manager

Re: Clinic Report for SCHD Board of Directors, April 2022

Provider News-March

Dr. Mitchell, Dr. Pense and Dr. Adams all saw an average of 10 & 8 & 10 patients per day. Dr. Mitchell was in clinic a total of 13 days with 132 total patients seen while adding 22 new patients. Dr. Pense was at 5 days with 44 patients (4 new) and Dr. Adams 4 days with a total of 47 patients seen (2 new). All together the three DOs saw 223 patients in March.

- Shane Matsui, LCSW has a patient average of 4 patients per day with 19 days in clinic. He provided service via telehealth for 28 of those visits. He now has a waiting list of 12 patients and adds a new one patient to his panel each Tuesday. We are able to fill his schedule every week. Cancellation rate down to 9% as patients have been sunset out and new ones are enthusiastic.
- Debra Guzman, NP logged in 59 telehealth calls and added 24 new patients to her panel. She averaged 14 patients per day with 16 days in clinic and a total of 230 patient visits. Her MA, Connie works very hard to keep up with this level of productivity and shares the work load with other MAs.
- Dr. Webster, Dermatologist, was in clinic once in March seeing 18 patients. Dr. Qadir, Nephrologist was in clinic once during March and saw 11 local patients.
- We are advertising to hire an additional Nurse Practitioner to get back to capacity. Ginny Hall from HR is monitoring the process and hoping to speed it up with a new posting service.
- Work flow and outreach materials are nearing completion for the Pain Management Center. New patient packages have started to go out to providers and the public to solicit patients for expected open date last week of April, open one day per week to begin.

Clinic Report-March

- Cherie announced her resignation as Clinic Manager. Deb Ellis agreed to come on as Interim Clinic Manager. Cherie's last day was April 15.
- Telehealth visits for February totaled 100. We anticipate this number to maintain or slightly decrease as we transition out of the recent Covid Omicron surge.
- We hired an expert Medical Assistant Bobbi Riddle 15+ years experience. We expected to onboard her by the end of March but the process was delayed and she will start early April.

- Kassandra Keller remains as interim clinic supervisor as Cherie & Deb Ellis train and orient. We anticipate Kassandra being out for a minimum of three months for maternity leave beginning around end of May so cross training has begun. Refilling the once usual "Front Office Lead" position should help alleviate understaffing concerns in the future since the position requires proficiency in all front desk tasks.
- We offered 2 Covid vaccination clinics in the month of March. We provided a total of 22 vaccinations over these 2 days.
- The outpatient clinic saw 258 patients over the 23 days we were open in March. There was an increase in the number of Holter monitor orders.
- The Clinic sent out 123 Referrals.
- The Clinic page on the SCHHC website was updated to reflect the services the Clinic offers instead of being focused on the providers. It also has a "request an appointment" button that now goes directly to scheduling.
- We are starting to look for a new Scribe service for our providers with assistance from Scott McEachern in response to an outage of service and the cost to train a new scribe for Guzman.

Clinic Stats - March 2	2022									
	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Debra Guzman, FNP	16.75	285	35	20	230	14	7%	12%	59	24
Olixn Adams, DO	4.6	60	12	1	47	10	2%	20%	5	2
Noel Pense, DO	5.6	51	7	0	44	8	0%	14%	0	4
Christine Mitchell, DO	13.75	157	19	6	132	10	4%	12%	8	22
Shane Matsui, LCSW	21.5	105	9	2	94	4	2%	9%	28	5
COVID-19 Clinic	2	25	0	0	25	13	0%	0%	0	0
Outpatient Services	23	258	31	8	219	10	3%	12%	0	0
Totals	87.2	941	113	37	791	9	4%	12%	100	57
Total telehealth	100									
Southern Coos Health C	enter Intrado	Results - M	arch 2022	<u> </u>						
Туре	Total									
Called - No Answer	3		*Pts Seen	453						
Phone Too Busy	2		*Cancelled	73						
Answered No TT Requested	6		*No Show	27						
Answered - Hung Up	20		*Primary C	are Only						
Answered - Entire Msg	20		No show ra	ate						
Invalid Ph # / Out of Order	1			6%						
invalid Fit # / Out of Order	0									
Answered - Repeated Msg	U									
	83									
Answered - Repeated Msg										
Answered - Repeated Msg Answering Machine	83									



CHIEF NURSING OFFICER REPORT

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

From: Cori Valet, Chief Nursing Officer

Re: CNO Report for SCHD Board of Directors, April 2022

People

- Clinical Department Staffing
 - o Nursing
 - Full-time staff vacancies include 7 Full Time nurse positions (4 MS, 3 ED) and 6 CNA positions.
 - 7 Agency Nurse Contracts are in place (5 MS, 2 ED)
 - New Surgical Services Manager to start May 4, 2022
 - Laboratory
 - Vacancies include: 1 Full Time and 1 Per Diem Medical Laboratory Scientist/Medical Laboratory Technologist
 - 1 Agency/Contract MLS/MLT in place
 - o Medical Imaging
 - Vacancies include 2 Full Time Radiology Technologists, 1 Part Time Radiology Technologist and 1 Part Time or Per Diem Ultra sonographer.
 - 1 Agency/Contract Technologist in place. Ongoing search active for a 2nd Agency/Contract Technologist.
 - Respiratory Therapy
 - 1 Full-time RT out on leave until mid-August 2022.
 - 1 Agency/Contract RT in place to cover vacancy.
 - Dietary
 - 2 Full-time dietary cook/aide

Service

- CT Tube Replacement on CT Scanner
 - o Part replacement required after an arc fault was identified on Friday, 4/8/2022.
 - o Repair time extended over 4.5 days due to part unavailability in our region.
 - The down-time resulted in partial ED diversion from 4/8/2022-4/12/2022 morning. EMS diversion statistics were not tracked.
 - o ED Census during partial diversion



Quality

- Critical Access Hospital Quality Workshop April 19-20, 2022
 - Attended by Chief Nursing Officer Cori Valet, Interim Clinic Manager Deb Ellis and Quality and Risk Manager Barb Snyder.
 - o Topics included:
 - Overview and current state of the Medicare Beneficiary Quality
 Improvement Program (MBQIP) and the Future of Quality Reporting.
 - Best practices and Lessons Learned from CAH Quality Program Reviews.
 - Leveraging Tele-Mentoring and Tele-Education with the University of Washington Tele-Antimicrobial Stewardship Program (UW TASP) to improve infectious disease treatment and prevention and to further support our Antimicrobial Stewardship Program.
 - Emergency Department Efficiencies to manage rising volumes.
 - Reducing readmissions by optimizing transition of care with community resources, physician offices, skilled nursing homes, patients and their families.
 - Oregon Health Authority's Infection control recommendations for COVID
 19 in Critical Access Hospitals.
- Patient Satisfaction Surveys for 03/14/2022 to 04/18/2022
 - o <u>Emergency Department</u> 205/464 patients surveyed (44%)
 - Utilization is up to 31-53 surveys/week



- o Medical Imaging 850 procedures performed in March 2022.
 - Barrier identified Tracking needed to identify how many procedures are from the ED. ED patients are excluded from completing the MI tablet survey as they are expected to complete the ED tablet survey.

			Wk 16 (04/18)	Wk 15 (04/11)	Wk 14 (04/04)	Wk 13 (03/28)	Wk 12 (03/21)	Wk 11 (03/14)
0	Registration and Hospital Facility		100.00% n=11	100.00%↔ n=6	100.00% ↔ n=16	100.00% ↑ n=14	94.74% ↑ n=19	83.33% n=12
0	Your Procedure		100.00% n=53	100.00%↔ n=35	100.00%↔ n=79	100.00%↔ n=70	100.00%↔ n=95	100.00% n=57
0	Personal Comfort and Care		100.00% n=17	100.00%↔ n=12	100.00%↔ n=24	100.00% ↑ n=18	94.12% ↓ n=34	100.00 % n=17
0	Overall Rating and Recommendation		100.00% n=22	100.00%↔ n=14	100.00% ↑ n=32	96.43% ↑ n=28	94.74% ↓ n=38	95.45% n=22
		Survey Count	11	7	16	14	19	12

o <u>SWING Bed</u> – 10/12 patients surveyed – 84% compliance

		Wk 16 (04/18)	Wk 15 (04/11)	Wk 14 (04/04)	Wk 13 (03/28)	Wk 12 (03/21)	Wk 11 (03/14)
0	Transition in Care and Hospital Environment	0% n=	100.00% n=4	0% ↓ n=	100.00% ↑ n=2	66.67% n=3	0% n=
0	Staff Engagement	0% n=	81.25% n=16	0% ↓ n=	100.00% ↑ n=8	93.75% n=16	0% n=
0	Your Experience and Care	0% n=	72.73% n=11	0% ↓ n=	83.33% ↓ n=8	100.00% n=11	0% n=
0	When You Left the Hospital	0% n=	62.50% n=8	0% ↓ n=	100.00% ↑ n=4	85.71% n=7	0% n=
0	Overall Rating and Recommendation	0% n=	62.50% n=8	0% ↓ n=	75.00%↔ n=4	75.00 % n=8	0% n=
		Survey Count	4		2	4	

- HCAHPS Patient Satisfaction Surveys
 - Return rates remain very low. Survey results are not statistically valuable due to low volume. Only 35 Surveys returned in 2021.

	2022	2021	2021	2021	2021	2020
	Q1	Q4	Q3	Q2	Q1	Q4
Survey Count	4	14	9	7	5	4



To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: CFO Report for Board of Directors Meeting – April 2022

Budget Planning Update

Finance is progressing and on track with its fiscal FY2022/23 budget process. Attached is the expected timeline for our budget process as well as a flowchart/map of the process. We have met with each of the departments to establish baseline budgets at the department level and have had very good engagement in these meetings. Key dates for the board to be aware of include the Public Budget Committee Meeting scheduled for June 2 and the Public Board Meeting/Budget Hearing scheduled for June 23.

Federal Single Audit Update

Moss Adams is substantially complete with its audit of our Federal grant expenditures for the FY21 period. They are waiting for finalization of certain rules from HHS related to the audits of the COVID-19 Provider Relief Funds in order to complete all required inspections. They hope to be able to complete their audit and issue final opinions by June 30, 2022.

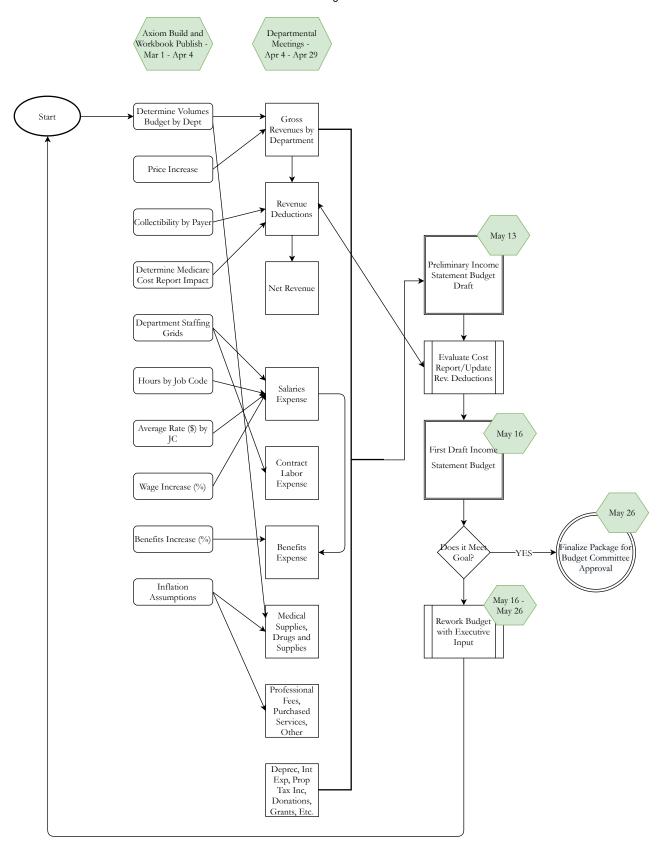
Contract Benchmarking

Medicare and OIG regulations have various requirements that hospitals must meet within their provider contracts including quality and performance metrics as well as that the economic considerations are within the bounds of "fair-market value" (or FMV). Contracts that are not within the bounds are FMV considerations pose a significant compliance risk to the organization and providers. Administration has engaged a company called MD Ranger to provide benchmarking tools and an initial evaluation to assess FMV of the compensation and economic features of our provider contracts. Implementation is expected to be completed in June.

Southern Coos Health District

2022-2023 Budget Timeline

3/16/2022	Capital Budgets to Department Leaders
4/04/2022	Capital Budgets due back to Finance
4/04 - 4/22/2022	Departmental Operating Budget Meetings with Leadership
4/29/2022	Departmental Operating Budget Drafts Completed
5/02 - 5/13/2022	Finance Determine Non-Departmental Budgets (taxes, insurance, benefits, revenue deductions, cost-report model)
5/13/2022	Finance Complete Preliminary Hospital Budget
5/02 to 5/27/22	Submit Budget Committee Meeting Legal Public Notice to World Legal Dept. NLT 5/18 to publish NLT 5/21 (to meet min five to 30 days advance notice in local newspaper-BWW insert in The World)
5/16 - 5/23/2022	Executive Team Operating and Capital Budget Review and Budget Balancing (if necessary) Completed
5/23/2022	Budget Committee Meeting Public Notice posted on SCH Website (min. 10 days in advance of meeting)
5/26/2022	CFO Complete Budget Message and Packet for Budget Committee
5/26/2022	Budget Packets Sent by Email and/or Ready for Pick-up by Committee
6/02/2022	Public Budget Committee Meeting held for the purpose of receiving the budget message and budget document, and the first meeting at which questions and comments from the public will be heard
6/02 - 6/10/2022	Adjust budgets, Revise LB Forms (if necessary)
6/10/2022	Submit Budget Hearing Legal Public Notice / LB-1 Form to World Legals (to publish NLT 6/17 in BWW insert; the LB-1 budget summary and hearing notice are published not less than five days or more than 30 days before the budget hearing)
6/10/2022	Inform Board of Budget Hearing Form LB-1
6/16/022	Prepare Budget Resolution for Board Signature
6/23/2022	Public Board Meeting/Budget Hearing
6/30/2022	Last date to Submit Form LB-50 & Budget Resolution to County Assessor before 5pm





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, April 2022

People

We have received excellent publicity around the hiring of Ray Hino. Mr. Hino was also featured on the Becker Podcast:
 https://www.beckershospitalreview.com/podcasts/podcasts-beckers-hospital-review/raymond-hino-ceo-at-southern-coos-hospital-and-health-center-84155289.html

- A KCBY reporter filed a report on the school nurse program at Bandon School District. Here is a link to the story: https://kcby.com/news/local/nurse-hospital-foundation-helps-bandon-schools-fill-role-to-support-student-health
- In Medical Records, we recently extended an offer to a qualified candidate to fill an open medical record specialist I position.

Service

As you know, the physical space of Southern Coos Hospital & Health Center is quite compact.
We have embarked on a project to review all medical records and other organizational
documents and either mark them for destruction or arrange for transport to an off-site storage
facility. The medical records team is leading this effort, which will result in the opening of
significant space in the SCHHC shop area.

Quality

• I am working closely with Barbara Snyder, Risk and Quality Manager, to develop a work plan and timeline for DNV Accreditation. We will convene a bi-weekly series of meetings beginning at the beginning of May 2022. We are still working out the details of the accreditation timeline and will have additional information at the May 2022 SCHD board meeting.

Growth/Finance

- As our cafeteria and gift shop continue to grow and offer new products to staff and community, we have explored several options for a combined point of sale (POS) system. We are in the selection process now and will onboard a combined POS system in the next 2-3 months.
- A cross-departmental team selected Dialog Health as our new appointment reminder system for multi-specialty clinic appointments. Mr. Hino has worked with Dialog Health and they are highly recommended. The goals for the system are: 1. Reduce no-calls; 2. Reduce cancellations; and 3. Improve the patient experience. We will implement the system by the end of May 2022.



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, April 2022

School Nurse Program at Bandon School District

An interview with Karrie Devine on the Bandon School Nurse Program by KCBY-TV was scheduled for Thursday, April 14. Gold Meadows will be doing the interview with Roger Straus, Karrie Devine, Ocean Crest Principal Courtney Wehner. The interview aired on local and Eugene TV channels and was shared on social media.

Golf for Health Classic 2022

The Golf for Health Classic planning is underway. There have been two planning meetings so far – one at Bandon Crossings with Amy Moss Strong, Scott McEachern, Roger Straus, Joseph Bain, Alix McGinley, and Stu Blausius (Crossing Golf Pro), and another meeting over lunch at Bandon Dunes, where McEachern, Straus, McGinley and Moss Strong investigated the pro shops to get ideas for sponsor gifts.

Year-End Fundraising

Year-end fundraising will begin in September. The Foundation will coordinate with the District Board to focus efforts on something the hospital needs, based on results from strategic planning that is commencing on April 22.



SOUTHERN COOS HOSPITAL CREDENTIALING

April 12, 2022

Appointment and Privileges - MEDICAL STAFF					
Name	Category	Area of Practice			
None					

Appointment and Privileges - Licensed Independent and Dependent Practitioners					
Name Category Area of Practice					
None					

Reappointment and Privileges – MEDICAL STAFF				
Name	Area of Practice			
Noel Pense, DO	Active	Internal Medicine		

Appointments, Reappointments, Changes - Direct Radiology					
Name	Category	Area of Practice	Change		
Daniel Baker, MD	Courtesy	Radiology	Reappoint		
Robert Berger, MD	Courtesy	Radiology	Reappoint		
Patrick Burke, MD	Courtesy	Radiology	Reappoint		
Courtney Carter, MD	Courtesy	Radiology	Reappoint		
Samuel S'Doia, MD	Courtesy	Radiology	Reappoint		
Dishant Shah, MD	Courtesy	Radiology	Reappoint		
Joseph Trudeau, MD	Courtesy	Radiology	Resigned		

Staff Changes - MEDICAL STAFF			
Name	From Status	To Status	Area of Practice
None			



MARCH 2022 MONTH END FINANCIAL RESULTS

To: Southern Coos Health District Board of Directors and Southern Coos Management From: Jeremiah Dodrill, Chief Financial Officer

Re: CIO Report for SCHD Board of Directors, April 2022

Gross Revenue and Volumes – Gross revenues for March of \$3,393,000 were higher than budgeted expectations of \$2,999,000. OP gross revenues of \$2,337,000 were higher than a budget of \$1,998,000. Imaging, ED, Respiratory, Surgical and Primary Care volumes all exceeded budgeted expectations as well as the prior month. IP and Swing Bed volumes and revenues of \$1,056,000 were higher than a budget of \$1,001,000 for the month of March.

Deductions from Revenue – Revenue deductions at \$1,028,000 or 30.3% of gross revenue were lower than a budget of 36.7% due primarily to favorable cost report settlement adjustments. Year-to-date, deductions from revenue is 32.8% of gross revenue vs. a budget of 36.0%.

Total Operating Revenues of \$2,365,000 exceeded the budget of \$1,902,000.

Labor Expenses totaled \$1,427,000 in March compared to a budget of \$1,346,000. Contract staffing for nursing and other medical professionals continues to drive the variance.

Professional Fees and Purchased Services combined were \$475,000 which was slightly above budget of \$462,000.

Medical Supplies, Drugs and Other Supplies combined at \$215,000 were higher than compared to budgeted expectations at \$149,000 due to an increase in purchases for lab test kits and other minor equipment.

Operating Expenses – Total operating expenses of \$2,303,000 for the month were 6% higher than budget of \$2,162,000.

Operating Income / Loss – Operating income for March was \$62,000 compared to a budgeted loss of (\$261,000). Year to date operating loss is (\$704,000) compared to a budgeted loss of (\$1,473,000).

Increase in Net Position was \$151,000 compared to a budgeted loss of (\$153,000).

Days Cash on Hand for March was 124.6 days, slightly down from February at 125.1.

Volume and Key Performance Ratios For The Period Ending March 2022

	Γ			Month				7	ear to Date		
					Variance	Variance				Variance	Variance
		Actual	Budget	Prior Year	to Bud	to Prior	Actual	Budget	Prior Year	to Bud	to Prior
	IP Days	102	69	66	47.1%	54.5%	899	698	664	28.8%	35.4%
	Swing Bed Days	126	147	122	-14.3%	3.3%	1,007	1,299	1,300	-22.5%	-22.5%
	Total Inpatient Days	228	216	188	5.4%	21.3%	1,906	1,997	1,964	-4.5%	-3.0%
Dad	Avg Daily Census	7.4	7.0	6.1	5.4%	21.3%	8.9	9.3	9.1	-4.5%	-3.0%
i ii	Avg Length of Stay - IP	3.0	3.3	3.1	-9.2%	-4.5%	4.5	4.7	4.5	-5.0%	-0.1%
S	Avg Length of Stay - SWB	9.0	12.3	10.2	-26.5%	-11.5%	15.0	13.5	13.5	11.1%	11.0%
Volume Summary											
Vol	ED Registrations	354	302	320	17.4%	10.6%	3,360	2,829	3,002	18.8%	11.9%
	Clinic Registrations	549	484	717	13.4%	-23.4%	4,164	4,275	3,217	-2.6%	29.4%
	Ancillary Registrations	1,025	1,145	1,145	-10.5%	-10.5%	10,906	10,004	10,004	9.0%	9.0%
	Total OP Registrations	1,928	1,931	2,182	-0.1%	-11.6%	18,430	17,108	16,223	7.7%	13.6%
Ħ	Gross IP Rev/IP Day	8,820	11,546	9,356	-23.6%	-5.7%	8,549	10,761	9,473	-20.6%	-9.8%
ner.	Gross SWB Rev/SWB Day	1,239	1,361	1,256	-9.0%	-1.3%	997	1,365	1,294	-27.0%	-22.9%
rate	Gross OP Rev/Total OP Registrations	1,212	1,035	968	17.1%	25.2%	1,065	1,061	1,040	0.4%	2.4%
ome St Ratios	Collection Rate	69.7%	63.3%	53.8%	10.2%	29.5%	67.2%	64.0%	64.2%	5.1%	4.8%
Key Income Statement Ratios	Compensation Ratio	60.3%	70.8%	73.9%	-14.7%	-18.3%	66.6%	66.8%	66.0%	-0.3%	1.0%
Inc	OP EBIDA Margin \$	117,226	(191,405)	(298,542)	-161.2%	-139.3%	(223,329)	(903,643)	(915,434)	-75.3%	-75.6%
وق	OP EBIDA Margin %	5.0%	-10.1%	-18.9%	-149.2%	-126.2%	-1.2%	-5.1%	-5.7%	-77.2%	-79.5%
¥	Total Margin	6.4%	-8.1%	-11.8%	-179.5%	-154.5%	0.1%	-2.9%	-2.9%	-104.0%	-103.9%
₽	Days Cash on Hand	124.6	80.0	37.2	55.8%	234.9%					
Key Liquidity Ratios											
Ka Ra											
	AR Days Outstanding	48.2	50	45.7	-3.6%	5.5%					

Data Dictionary

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

-		Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
nen		Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
Statement		Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
ş	Ę.	Collection Rate	Net patient revenue / total patient charges
, and	Ra	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
Incor		OP EBIDA Margin \$	Operating Margin + Depreciation + Amortization
Key	,	OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
124		Total Margin (%)	Total Margin / Total Operating Revenues

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

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

		Current Month - Mar-2022				Year To Date - Mar-2022				
	Mar-2022	Mar-2022			Mar-2021	Mar-2022	Mar-2022			Mar-2021
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual
Patient Revenue										
Inpatient	1,055,775	1,000,884	54,890	5.5%	770,755	8,689,760	9,282,235	(592,474)	(6.4%)	7,972,119
Outpatient	2,337,144	1,998,486	338,658	16.9%	2,112,993	19,625,580	18,143,307	1,482,273	8.2%	16,869,053
Total Patient Revenue	3,392,919	2,999,370	393,548	13.1%	2,883,748	28,315,340	27,425,542	889,798	3.2%	24,841,172
Deductions From Revenue										
Total Deductions	1,027,807	1,101,627	73,819	6.7%	1,331,707	9,283,651	9,879,350	595,699	6.0%	8,903,512
Revenue Deductions %	30.3%	36.7%			46.2%	32.8%	36.0%			35.8%
Net Patient Revenue	2,365,112	1,897,744	467,368	24.6%	1,552,041	19,031,689	17,546,192	1,485,497	8.5%	15,937,659
Other Operating Revenue	30	4,090	(4,060)	(99.3%)	24,522	775	36,814	(36,039)	(97.9%)	36,848
Total Operating Revenue	2,365,142	1,901,834	463,307	24.4%	1,576,563	19,032,464	17,583,006	1,449,457	8.2%	15,974,507
Operating Expenses										
Total Labor Expenses	1,427,211	1,345,802	(81,410)	(6.0%)	1,164,757	12,681,065	11,751,607	(929,458)	(7.9%)	10,536,627
Total Other Operating Expenses	875,921	816,607	(59,314)	(7.3%)	767,050	7,055,370	7,304,074	248,705	3.4%	6,854,337
Total Operating Expenses	2,303,133	2,162,409	(140,724)	(6.5%)	1,931,808	19,736,435	19,055,681	(680,754)	(3.6%)	17,390,964
Operating Income / (Loss)	62,009	(260,575)	322,584	(123.8%)	(355,245)	(703,971)	(1,472,675)	768,704	(52.2%)	(1,416,457)
Net Non-Operating Revenues	89,403	107,408	(19,380)	(18.0%)	169,951	725,963	968,563	(249,151)	(25.7%)	947,471
Change in Net Position	151,412	(153,167)	304,579	(198.9%)	(185,294)	21,992	(504,112)	526,105	(104.4%)	(468,985)
Collection Rate %	69.7%	63.3%	10.2%	10.2%	53.8%	67.2%	64.0%	5.1%	5.1%	64.2%
Compensation Ratio %	60.3%	70.8%	(14.7%)	(14.7%)	73.9%	66.6%	66.8%	(0.3%)	(0.3%)	66.0%
OP EBIDA Margin \$	117,226	(191,405)	308,631	(161.2%)	(298,542)	(223,329)	(903,643)	680,314	(75.3%)	(915,434)
OP EBIDA Margin %	5.0%	(10.1%)	15.0%	(149.2%)	(18.9%)	(1.2%)	(5.1%)	4.0%	(77.2%)	(5.7%)
Total Margin (%)	6.4%	(8.1%)	14.5%	(179.5%)	(11.8%)	0.1%	(2.9%)	3.0%	(104.0%)	(2.9%)

Volume and Key Performance Ratios For The Period Ending March 2022

		Actual	Budget	Month Prior Year	Variance to Bud	Variance to Prior Year
10	Medicare	65.57%	63.38%	63.38%	3.4%	3.4%
Payor Mix - Gross Charges	Medicaid	15.48%	19.33%	19.33%	-19.9%	-19.9%
Gross	Commercial	11.16%	11.74%	11.74%	-4.9%	-4.9%
r Műx -	Government	6.56%	3.82%	3.82%	71.7%	71.7%
Рауо	Other	0.27%	1.07%	1.07%	-74.8%	-74.8%
	Self Pay	0.96%	0.66%	0.66%	45.5%	45.5%

		Year to Date		
			Variance to	Variance to
Actual	Budget	Prior Year	Bud	Prior Year
61.02%	65.83%	65.83%	-7.3%	-7.3%
18.51%	17.73%	17.73%	4.4%	4.4%
12.15%	10.40%	10.40%	16.8%	16.8%
6.16%	4.38%	4.38%	40.6%	40.6%
0.38%	0.69%	0.69%	-44.9%	-44.9%
1.78%	0.97%	0.97%	83.5%	83.5%

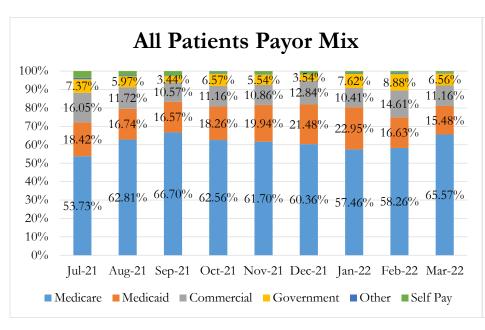
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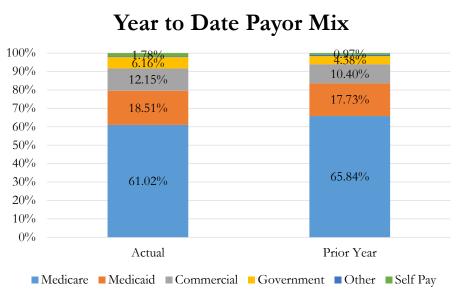
100.00% 100.00%

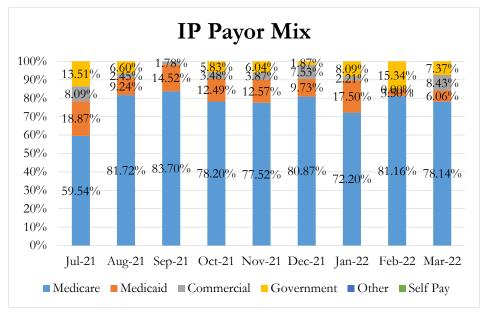
Total	100.00%	100.00%	100.00%

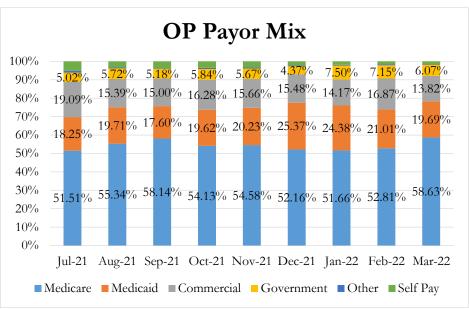
		FY 21 - 22	FY 21 - 22	Month FY 20 - 21	Variar	1ce %
						To Prior
		Actual	Budget	Prior Year	To Budget	Year
	In Patient Days	102	69	66	47.1%	54.5%
	Swing Bed Days	126	147	122	-14.3%	3.3%
	Total Patient Days	228	216	188	5.4%	21.3%
Des						
drile drile	Emergency Visits	354	302	320	17.4%	10.6%
2	Radiology Procedures	800	680	708	17.6%	13.0%
Patient Volumes	Laboratory Tests	3,426	3,487	3,363	-1.7%	1.9%
7	Respiratory Visits	913	628	680	45.3%	34.2%
	Surgeries and Endoscopies	25	22	19	15.8%	31.6%
	Specialty Clinic Visits	219	230	201	-4.8%	9.0%
	Primary Care Clinic	509	484	297	5.2%	71.4%

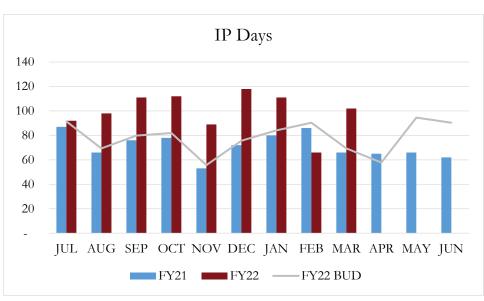
		Year To Dat	e	
FY 21 - 22 FY 21 - 22 FY 20 - 21 Variance %				
				To Prior
Actual	Budget	Prior Year	To Budget	Year
899	698	664	28.8%	35.4%
1,007	1,299	1,300	-22.5%	-22.5%
1,906	1,997	1,964	-4.5%	-3.0%
3,360	2,829	3,002	18.8%	11.9%
6,360	6,150	6,296	3.4%	1.0%
33,553	30,820	30,820	8.9%	8.9%
1,709	5,551	5,554	-69.2%	-69.2%
188	291	256	-35.4%	-26.6%
1,749	2,031	2,030	-13.9%	-13.8%
4,122	4,275	2,589	-3.6%	59.2%

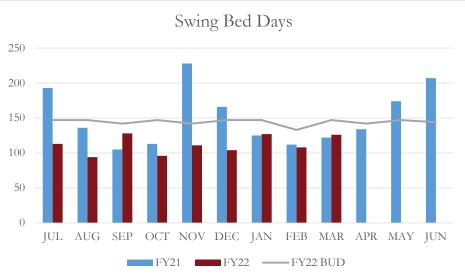


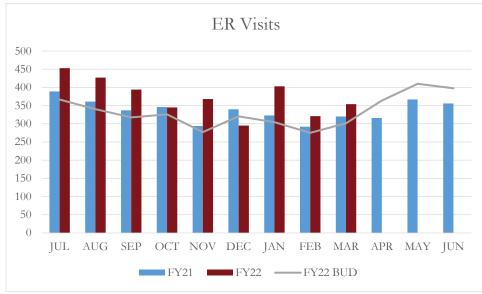


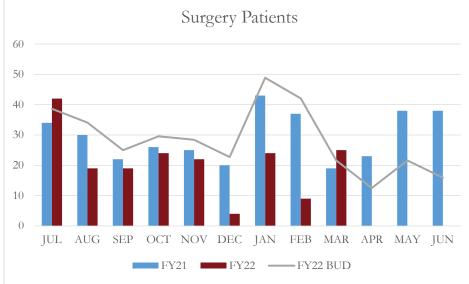


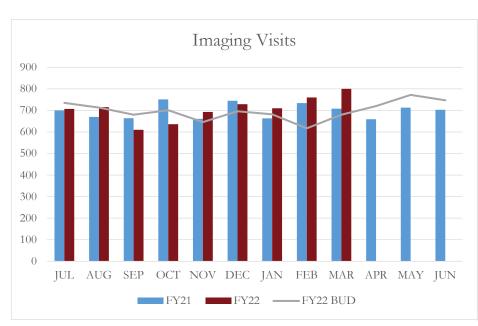


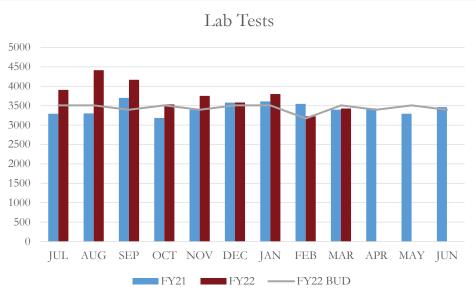


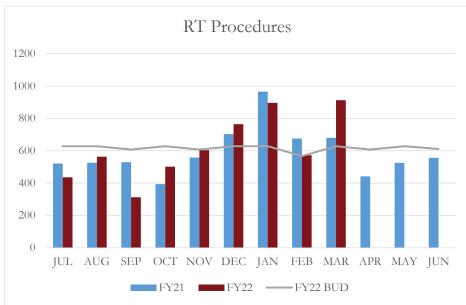


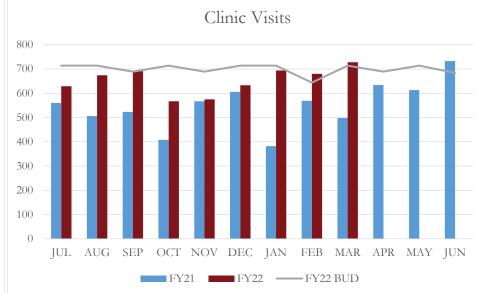












Balance Sheet For The Period Ending March 2022

	Balance as of	Balance as of		Balance as of
	Mar-2022	Jun-2021	Change	Jun-2020
Assets				
Current Assets				
Cash - Operating	6,355,834	7,830,681	1,474,846	(781,040
Covid-19 Relief Funds	1,201,335	(0)	(1,201,336)	8,016,556
Medicare Accelerated Payments	4,949,657	6,952,217	2,002,560	7,352,042
Investments - Unrestricted	489,207	452,620	(36,588)	375,577
Investments - Restricted	9,488	9,488	0	9,488
Investment - USDA Restricted	233,705	233,705	0	233,705
Investment - Board Designated	1,972,783	1,972,783	0	1,972,783
Cash and Cash Equivalents	15,212,010	17,451,493	2,239,483	17,179,111
Patient Accounts Receivable	5,500,688	4,845,025	(655,662)	5,758,157
Allowance for Uncollectibles	(2,668,984)	(2,456,334)	212,650	(2,336,539
Net Patient Accounts Receivable	2,831,704	2,388,691	(443,013)	3,421,618
Other Receivables	1,885,541	840,233	(1,045,308)	81,441
Inventory	237,071	239,072	2,001	300,563
Prepaid Expense	244,139	402,507	158,368	128,607
Property Tax Receivable	0	0	0	(
Total Current Assets	20,410,465	21,321,997	911,532	21,111,340
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment:	16,412,537	16,154,324	(258,213)	15,980,096
Less: Accumulated Depreciation	(11,989,512)	(11,651,955)	337,557	(11,010,369
Construction In Progress	0	31,125	31,125	(
Net PP&E	4,884,552	4,995,021	110,469	5,431,254
Total Assets	25,295,018	26,317,018	1,022,001	26,542,594

Balance Sheet For The Period Ending March 2022

	Balance as of Mar-2022	Balance as of Jun-2021	Change	Balance as of Jun-2020
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	690,304	924,534	234,229	1,072,148
Accrued Payroll and Benefits	948,115	1,054,435	106,320	938,690
Interest and Other Payable	640,611	310,866	(329,745)	33,306
Current Portion of Long Term Debt	231,964	231,964	0	227,789
Medicare Accelerated Fund	4,949,657	6,952,217	2,002,560	7,352,042
Provider Relief Funds	1,201,335	0	(1,201,335)	4,308,836
Oregon Provider Relief Funds	0	0	0	68,963
Covid-19 Relief Funds	0	0	0	3,638,757
Current Liabilities	8,661,986	9,474,016	812,030	17,640,531
Long-Term Debt	4,136,733	4,368,697	231,964	4,596,488
Less Current Portion of Long-Term Debt	(231,964)	(231,964)	0	(227,789)
Total Long-Term Debt, net	3,904,769	4,136,733	231,964	4,368,699
Total Liabilities	12,566,755	13,610,748	1,043,994	22,009,230
Net Assets:				
Fund Balance	12,706,270	4,533,364	(8,172,906)	6,518,595
Change in Net Position	21,992	8,172,906	8,150,914	(1,985,231)
Total Net Assets	12,728,262	12,706,270	(21,992)	4,533,364
Total Liabilities & Net Assets	25,295,017	26,317,019	1,022,002	26,542,594

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

For The Period Ending March 31, 2022

TOT THE PERIOD Enaling March 31,	LULL											
		Curre	nt Month - Mar-2	022		Year To Date - Mar-2022						
	Mar-2022	Mar-2022			Mar-2021	Mar-2022	Mar-2022			Mar-2021		
	Actual	Budget	Variance	Var%	Actual	Actual	Budget	Variance	Var%	Actual		
Patient Revenue												
Inpatient	1,055,775	1,000,884	54,890	5.5%	770,755	8,689,760	9,282,235	(592,474)	(6.4%)	7,972,119		
Outpatient	2,337,144	1,998,486	338,658	16.9%	2,112,993	19,625,580	18,143,307	1,482,273	8.2%	16,869,053		
Total Patient Revenue	3,392,919	2,999,370	393,548	13.1%	2,883,748	28,315,340	27,425,542	889,798	3.2%	24,841,172		
Deductions From Revenue												
Total Deductions	1,027,807	1,101,627	73,819	6.7%	1,331,707	9,283,651	9,879,350	595,699	6.0%	8,903,512		
Revenue Deductions %	30.3%	36.7%			46.2%	32.8%	36.0%			35.8%		
Net Patient Revenue	2,365,112	1,897,744	467,368	24.6%	1,552,041	19,031,689	17,546,192	1,485,497	8.5%	15,937,659		
Other Operating Revenue	30	4,090	(4,060)	(99.3%)	24,522	775	36,814	(36,039)	(97.9%)	36,848		
Total Operating Revenue	2,365,142	1,901,834	463,307	24.4%	1,576,563	19,032,464	17,583,006	1,449,457	8.2%	15,974,507		
Operating Expenses												
Salaries & Wages	980,490	1,046,595	66,105	6.3%	782,802	8,726,684	8,856,175	129,492	1.5%	7,616,693		
Contract Labor	189,112	12,724	(176,387)	(1386.2%)	159,628	1,718,242	479,142	(1,239,100)	(258.6%)	741,008		
Benefits	257,609	286,483	28,873	10.1%	222,327	2,236,140	2,416,290	180,150	7.5%	2,178,926		
Total Labor Expenses	1,427,211	1,345,802	(81,410)	(6.0%)	1,164,757	12,681,065	11,751,607	(929,458)	(7.9%)	10,536,627		
Professional Fees	221,826	214,109	(7,717)	(3.6%)	207,963	1,945,450	1,926,432	(19,018)	(1.0%)	1,894,911		
Purchased Services	253,538	247,881	(5,657)	(2.3%)	195,355	2,077,034	2,230,929	153,896	6.9%	2,142,153		
Drugs & Pharmaceuticals	54,421	48,952	(5,469)	(11.2%)	54,653	516,440	432,671	(83,769)	(19.4%)	408,180		
Medical Supplies	18,192	15,676	(2,517)	(16.1%)	21,583	128,630	157,800	29,171	18.5%	147,752		
Other Supplies	142,048	84,196	(57,852)	(68.7%)	84,226	835,228	757,767	(77,461)	(10.2%)	699,639		
Lease and Rental	28,811	25,718	(3,094)	(12.0%)	32,708	248,775	231,625	(17,150)	(7.4%)	224,611		
Maintenance & Repairs	13,335	24,410	11,075	45.4%	15,871	134,640	219,691	85,051	38.7%	207,620		
Other Expenses	44,598	54,384	9,786	18.0%	84,460	336,693	489,118	152,425	31.2%	346,202		
Utilities	25,188	20,009	(5,179)	(25.9%)	4,955	190,880	180,082	(10,798)	(6.0%)	176,323		
Insurance	18,747	12,103	(6,644)	(54.9%)	8,573	160,958	108,925	(52,032)	(47.8%)	105,924		
Depreciation & Amortization	55,217	69,170	13,953	20.2%	56,703	480,642	569,032	88,390	15.5%	501,022		
Total Operating Expenses	2,303,133	2,162,409	(140,724)	(6.5%)	1,931,808	19,736,435	19,055,681	(680,754)	(3.6%)	17,390,964		
Operating Income / (Loss)	62,009	(260,575)	322,584	(123.8%)	(355,245)	(703,971)	(1,472,675)	768,704	(52.2%)	(1,416,457)		
Non-Operating												
Property Taxes	85,155	86,497	(1,342)	(1.6%)	84,424	762,701	778,472	(15,772)	(2.0%)	757,283		
Non-Operating Revenue	13,899	30,344	(16,445)	(54.2%)	96,349	72,294	273,097	(200,803)	(73.5%)	273,346		
Interest Expense	(15,135)	(16,511)	1,375	(8.3%)	(15,828)	(140,152)	(146,704)	6,552	(4.5%)	(146,889)		
Investment Income	5,484	7,078	(1,593)	(22.5%)	5,006	39,120	63,698	(24,577)	(38.6%)	63,756		
Gain(Loss) on Sale of Assets	-	-	-	0.0%		(8,000)	-	(8,000)	0.0%	_		
Total Non-Operating	89,403	107,408	(18,005)	(16.8%)	169,951	725,963	968,563	(242,599)	(25.0%)	947,496		

Income Statement

For The Period Ending March 2022

Comparison to Prior Months

Comparison to Prior Months						
	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022
Patient Revenue						
Inpatient	926,822	887,913	1,038,237	1,102,724	758,958	1,055,775
Outpatient	1,931,052	2,029,023	2,151,667	2,291,351	2,172,303	2,337,144
Total Patient Revenue	2,857,874	2,916,936	3,189,905	3,394,074	2,931,260	3,392,919
Deductions From Revenue						
Charity Services	7,799	12,278	5,999	8,192	19,554	15,478
Contractual Allowances	759,761	913,152	1,177,785	1,125,496	523,535	889,226
Other Discounts	80,194	67,248	84,537	95,317	99,097	123,451
Bad Debt	(115,066)	(17,221)	(7,928)	22,786	(1,437)	(347
Total Deductions	732,688	975,457	1,260,393	1,251,791	640,749	1,027,807
Net Patient Revenue	2,125,186	1,941,479	1,929,512	2,142,283	2,290,511	2,365,112
Other Operating Revenue	75	(406)	223	30	30	30
Total Operating Revenue	2,125,261	1,941,073	1,929,735	2,142,313	2,290,541	2,365,142
Operating Expenses						
Salaries & Wages	970,890	1,001,981	967,783	1,000,369	964,708	980,490
Benefits	112,902	281,283	270,780	268,750	264,545	257,609
Contract Labor	181,849	147,348	175,524	171,832	150,430	189,112
Professional Fees	195,049	242,511	214,229	218,125	233,668	221,826
Purchased Services	269,603	203,933	239,380	238,295	230,834	253,538
Medical Supplies	13,298	15,069	15,802	12,562	14,994	18,192
Drugs & Pharmaceuticals	76,661	25,740	51,741	55,874	64,169	54,421
Other Supplies	83,004	71,303	93,883	84,606	97,387	142,048
Depreciation & Amortization	53,432	51,527	54,980	54,963	55,311	55,217
Lease and Rental	25,914	23,244	31,298	29,685	28,533	28,811
Maintenance & Repairs	(13,238)	17,117	23,441	6,952	12,138	13,335
Utilities	27,075	22,493	25,304	11,350	20,463	25,188
Insurance	16,672	17,655	17,626	18,154	18,154	18,747
Other Expenses	41,172	33,020	43,887	35,857	41,369	44,598
Total Operating Expenses	2,054,283	2,154,227	2,225,658	2,207,372	2,196,703	2,303,133
Excess of Revenue Over Expenses	70,978	(213,154)	(295,923)	(65,059)	93,838	62,009
Non-Operating						
Unrestricted Contributions	85,155	85,155	85,155	85,155	85,155	85,155
Other NonOperating Revenue\Expe	11,763	15,546	12,803	12,342	(76,780)	13,899
Investment Income	4,090	4,145	3,851	3,910	3,580	5,484
Gain(Loss) on Sale of Assets	0	(8,000)	0	0	0	(
Total Non-Operating	101,008	96,845	101,810	101,407	11,955	104,538
Interest Expense	(15,317)	(17,795)	(15,135)	(15,135)	(15,135)	(15,135
Excess of Revenue Over Expenses	156,668	(134,105)	(209,249)	21,213	90,658	151,412



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

Year	Average
2022	107.1
2021	41.2
2020	54.0
2019	64.7
2018	70.7
2017	96.1
2016	83.6
2015	67.3

Benchmark

How ratio is used:

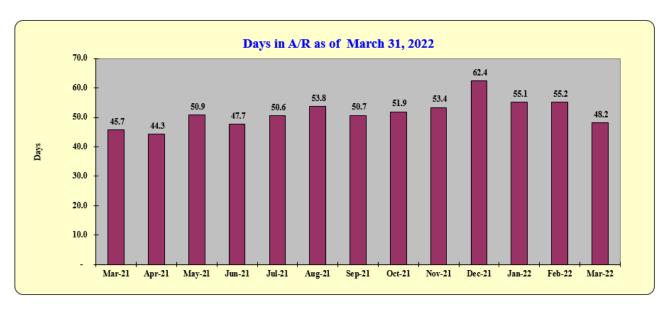
80 Days

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.

Fiscal	<u>Jul</u>	Aug	<u>Sep</u>	<u>Oct</u>	Nov	Dec	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6			
2021	38.7	54.6	39.1	48.2	61.6	34.4	34.6	33.0	37.2	19.9	21.9	70.8
2020	54.3	53.4	54.2	53.3	50.3	58.3	62.6	64.9	63.8	56.4	44.0	32.0
2019	63.0	63.5	59.0	59.6	67.6	67.6	69.3	67.8	71.2	62.8	69.0	55.7
2018	93.3	88.3	82.1	68.2	79.4	69.4	64.5	63.4	59.8	60.1	63.0	57.5



Calculation: Gross Accounts Receivable

Average Daily Revenue

Definition: Considered a key "liquidity ratio" that calculates how quickly

accounts are being paid.

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

Benchmark 50

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

higher levels of Days Cash on Hand.

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A/R (Gross)	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942	6,078,310	5,690,377	5,831,926	5,206,299
Days in AR	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4	62.4	55.1	55.2	48.2
***	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A/R (Gross)	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942	6,078,310	5,690,377	5,831,926	5,206,299
Days in Month	31	30	31	30	31	31	30	31	30	31	31	28	31
Monthly Revenue	2,883,748	2,610,510	2,849,482	3,049,042	3,213,046	3,296,661	3,122,665	2,857,874	2,916,936	3,189,905	3,394,074	2,931,260	3,392,919
3 Mo Avg Daily Revenue	96,015	93,670	90,693	93,506	99,039	103,899	104,700	100,839	97,774	97,443	103,271	105,725	107,981
Days in AR	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4	62.4	55.1	55.2	48.2

SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPTIAL PURCHASES SUMMARY

FY2021 VENDOR	DESCRIPTION	COST	DATE	GRANT FUNDING SOURCE
Non-Threshold Capital Pu	rchases (<\$25,000)			
CDW Government	Computer ThinkCenters & Monitors (Covid)	16,247	9/29/2020	CARES Grant Funded
Steris Corporation	Endo Cabinet, Seismic Anchor-	7,656	10/1/2020	
CDW Government	Ergotron Sit-Stand Vertical Lift	5,549	11/1/2020	
CDW Government	Computer ThinkCenters & Monitors (Covid)	11,488	11/30/2020	CARES Grant Funded
Helmer Scientific	Blood Bank Refrigerator	12,470	12/1/2020	
Para Healthcare Financial	Price Transparency Tool	15,000	12/31/2020	
Emergency Genrator Repairs	Repairs to Hospital Generator	17,522	12/31/2020	CARES Grant Funded
Zoho Corporation	OpManager Plus	7,595	2/28/2021	
Medline	COVID Vaccination Freezers	15,226	4/21/2021	CARES Grant Funded
Fukuda Denshi	Ds-8100 Patient Monitor	16,373	5/1/2021	
Threshold Projects (>\$25,	,000)			
Stryker Instruments	Two Neptune Surgical Waste Management Systems	29,645	1/1/2021	
Walk-In Refrigeration	Refrigerator & Electric Hook Up	39,265	3/1/2021	
Oxygen Tanks	Bulk storage tanks	92,766	6/30/2021	CARES Grant Funded
Total		286,800		
Total Grant Funded Equipment		153,248		
Capital Purchases Under Budg	et Authority	133,552		
FY2021 Budget Authority		250,000		
Remaining Budget		116,448		

2022 VENDOR	DESCRIPTION	COST	Approved Budget	DATE	GRANT FUNDING SOURCE
Non-Threshold Capital P	urchases (<\$25,000)				
Threshold Projects (>\$25	5,000)				
C&R Homes & Construction	New Roof	76,800	150,000	9/30/2021	
Stryker	New Patient Beds	81,185	120,000	11/30/2021	
Cepheid	PCR Testing Machine - Lab	61,731	-	1/31/2022	SHIP ARPA
Bellhurst	Sleep House Lot - Re-Gravel	8,500	-	1/31/2022	
CDW	Computers, Laptops, Monitors	22,253	-	2/28/2022	
Total		250,470			
Total Grant Funded Equipmen	t	61,731			
Capital Purchases Under Bud	get Authority	188,739			
FY2021Budget Authority		1,000,000			
Remaining Budget		811,261			

Clinic Provider Income Summary

All Providers

For The Budget Year 2022																				Current Bu	udget YTI
	ACT	BUD	ACT	FY22																	
	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	YTD	Budget	Variance
Provider Productivity Metrics																					
Clinic Days	67	73	68	72	60	73	57	74	48	69	52	72	58	68	54	65	66	71	528	637	(109)
Total Visits	428	484	484	484	510	467	428	484	405	467	423	484	474	484	461	437	509	484	4,122	4,275	(153)
Visits/Day	6.4	6.6	7.1	6.7	8.6	6.4	7.6	6.5	8.4	6.8	8.2	6.7	8.2	7.1	8.6	6.7	7.7	6.8	7.8	6.7	1.1
Total RVU	922.84	882.40	1,031.24	882.40	1,045.36	855.80	845.91	882.40	833.02	855.80	902.56	882.40	985.24	882.40	1,060.21	798.60	1,130.86	882.40	8,757.24	7,804.60	952.64
RVU/Visit	2.16	1.82	2.13	1.82	2.05	1.83	1.98	1.82	2.06	1.83	2.13	1.82	2.08	1.82	2.30	1.83	2.22	1.82	2.12	1.83	0.30
RVU/Clinic Day	13.77	12.09	15.17	12.26	17.57	11.72	14.97	11.92	17.35	12.40	17.53	12.26	16.99	12.98	19.74	12.29	17.20	12.43	16.59	12.25	4.34
Gross Revenue/Visit	334.06	353.24	285.07	353.24	322.52	353.26	336.37	353.24	308.47	353.26	312.20	353.24	332.45	353.24	353.60	353.25	350.15	353.24	326.35	353.25	(26.90)
Gross Revenue/RVU	154.93	193.75	133.79	193.75	157.35	192.77	170.19	193.75	149.98	192.77	146.32	193.75	159.94	193.75	153.75	193.30	157.60	193.75	153.61	193.49	(39.88)
Patient Revenue																					
Outpatient																					
Total Patient Revenue	142,978	170,968	137,973	170,968	164,485	164,972	143,968	170,968	124,932	164,972	132,060	170,968	157,580	170,968	163,011	154,372	178,227	170,968	1,345,215	1,510,123	(164,908)
Deductions From Revenue																					
Total Deductions From Revenue (Note A)	81,766	97,251	77,917	97,251	93,443	93,848	82,225	97,251	70,929	93,848	74,654	97,251	90,214	97,251	92,770	87,817	100,443	97,251	764,362	859,022	(94,660)
Net Patient Revenue	61,212	73,716	60,057	73,716	71,043	71,124	61,743	73,716	54,003	71,124	57,406	73,716	67,365	73,716	70,240	66,554	77,784	73,716	580,853	651,101	(70,248)
Total Operating Revenue	61,212	73,716	60,057	73,716	71,043	71,124	61,743	73,716	54,003	71,124	57,406	73,716	67,365	73,716	70,240	66,554	77,784	73,716	580,853	651,101	(70,248)
Operating Expenses																					
Salaries & Wages	65,195	64,890	65,893	64,890	61,655	63,389	65,341	65,133	48,479	63,353	55,262	65,856	52,159	65,856	46,714	59,483	56,279	65,856	512,023	578,351	(66,328)
Benefits	8,805	14,973	8,782	14,914	8,606	14,524	6,989	14,933	7,112	13,804	5,668	13,557	11,197	15,740	7,178	14,828	9,125	16,417	73,461	134,295	(60,834)
Purchased Services	7,421	5,465	7,226	5,465	4,561	5,465	8,735	5,465	4,244	5,465	5,680	5,465	8,963	5,465	5,477	5,465	5,293	5,465	57,601	49,184	8,418
Medical Supplies	0	507	0	507	0	491	0	507	0	490	0	507	0	506	0	458	0	507	0	4,480	(4,480)
Other Supplies	0	455	0	455	0	455	0	455	0	455	188	455	0	455	0	455	0	455	188	4,095	(3,907)
Maintenance and Repairs	0	316	0	316	0	316	0	316	0	316	0	316	0	316	0	316	0	316	0	2,840	(2,840)
Other Expenses	1,517	1,251	1,517	1,251	2,405	1,251	3,684	1,251	(650)	1,251	3,319	1,251	4,201	1,251	1,517	1,251	1,517	1,251	19,027	11,262	7,765
Allocation Expense	18,223	31,488	18,782	31,488	33,375	30,682	31,695	31,488	32,144	30,682	35,627	31,488	29,289	31,543	29,969	29,193	33,063	31,771	262,168	279,830	(17,662)
Total Operating Expenses	101,161	119,346	102,200	119,286	110,602	116,573	116,444	119,549	91,329	115,816	105,744	118,896	105,809	121,132	90,855	111,448	105,277	122,038	924,468	1,064,336	(139,868
Excess of Operating Revenue Over Expense	(39,949)	(45,629)	(42,144)	(45,570)	(39,559)	(45,448)	(54,701)	(45,832)	(37,326)	(44,692)	(48,339)	(45,179)	(38,444)	(47,416)	(20,615)	(44,894)	(27,493)	(48,321)	(343,615)	(413,235)	69,620
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(39,949)	(45,629)	(42,144)	(45,570)	(39,559)	(45,448)	(54,701)	(45,832)	(37,326)	(44,692)	(48,339)	(45,179)	(38,444)	(47,416)	(20,615)	(44,894)	(27,493)	(48,321)	(343,615)	(413,235)	69,620

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

Clinic Provider Income Summary

All Providers

For The Budget Year 2022				Current Bu	idget YTD	Threshold P	erformanc	Target Pe	rformance
_	ACT	BUD	ACT	FY22		Proforma		Proforma	
	MAR	MAR	YTD	Budget	Variance	Target	Variance	Target	Variance
Provider Productivity Metrics									
Clinic Days	66	71	528	637	(109)	637	(109)	637	(109)
Total Visits	509	484	4,122	4,275	(153)	6,057	(1,935)	7,633	(3,511)
Visits/Day	7.7	6.8	7.8	6.7	1.1	9.5	(1.7)	12.0	(4.2)
Total RVU	1,130.86	882.40	8,757.24	7,804.60	952.64	11,331.09	(2,573.85)	14,293.91	(5,536.67)
RVU/Visit	2.22	1.82	2.12	1.83	0.30	1.87	0.25	1.87	0.25
RVU/Clinie Day	17.20	12.43	16.59	12.25	4.34	17.79	(1.20)	22.44	(5.85)
Gross Revenue/Visit	350.15	353.24	326.35	353.25	(26.90)	381.54	(55.19)	388.76	(62.41)
Gross Revenue/RVU	157.60	193.75	153.61	193.49	(39.88)	203.96	(50.35)	207.61	(54.00)
Patient Revenue									
Outpatient									
Total Patient Revenue	178,227	170,968	1,345,215	1,510,123	(164,908)	2,311,123	(965,908)	2,967,564	(1,622,349)
Deductions From Revenue									
Total Deductions From Revenue (Note A)	100,443	97,251	764,362	859,022	(94,660)	1,323,624	(559,263)	1,702,937	(938,575)
Net Patient Revenue	77,784	73,716	580,853	651,101	(70,248)	987,499	(406,645)	1,264,627	(683,774)
Total Operating Revenue	77,784	73,716	580,853	651,101	(70,248)	987,499	(406,645)	1,264,627	(683,774)
Operating Expenses									
Salaries & Wages	56,279	65,856	512,023	578,351	(66,328)	578,351	(66,328)	578,351	(66,328)
Benefits	9,125	16,417	73,461	134,295	(60,834)	134,295	(60,834)	134,295	(60,834)
Purchased Services	5,293	5,465	57,601	49,184	8,418	49,184	8,418	49,184	8,418
Medical Supplies	0	507	0	4,480	(4,480)	4,480	(4,480)	4,480	(4,480)
Other Supplies	0	455	188	4,095	(3,907)	4,095	(3,907)	4,095	(3,907)
Maintenance and Repairs	0	316	0	2,840	(2,840)	2,840	(2,840)	2,840	(2,840)
Other Expenses	1,517	1,251	19,027	11,262	7,765	11,262	7,765	11,262	7,765
Allocation Expense	33,063	31,771	262,168	279,830	(17,662)	279,830	(17,662)	279,830	(17,662)
Total Operating Expenses	105,277	122,038	924,468	1,064,336	(139,868)	1,064,336	(139,868)	1,064,336	(139,868)
Excess of Operating Revenue Over Expense	(27,493)	(48,321)	(343,615)	(413,235)	69,620	(76,838)	(266,777)	200,291	(543,906)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(27,493)	(48,321)	(343,615)	(413,235)	69,620	(76,838)	(266,777)	200,291	(543,906)



QUALITY REPORT

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

From: Barbara Snyder, RN Quality and Risk Manager

Re: Quality Report for SCHD Board of Directors, April 2022

DNV

I would like to thank Ray Hino, the Executive Team, and the Governing Board for support of DNV at our hospital. On-site training for DNV will be in July 2022, and an unannounced baseline survey will occur sometime in August 2022. Consequently, we will likely be DNV accredited by late summer.

Data Reporting

Patient Satisfaction Questionnaires:

There has been outstanding work by department managers and staff to solicit more patient satisfaction questionnaires.

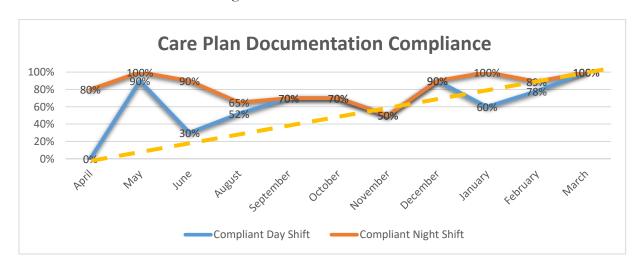
229 Survey Responses in March total (plus 4 HCAHPS for the quarter)

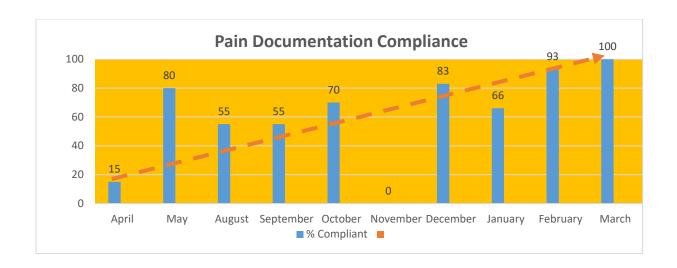
Net Promoter Scores

We are drilling down on specific questions and feedback, so that we understand how to streamline and improve processes. Not all scores are related to the specific department, since there is interoperability between departments. The survey feedback on one department's tablet may actually be feedback for a separate operational area.

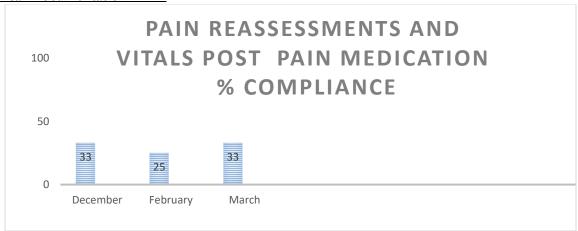
Swing bed: 100% of patients (8 out of 8) will probably or definitely recommend the hospital ED: 94% of patients (140 out of 148) will probably or definitely recommend the hospital Radiology: 92% of patients (63 out of 69) will probably or definitely recommend the hospital

Clinical Documentation - Med/Surg

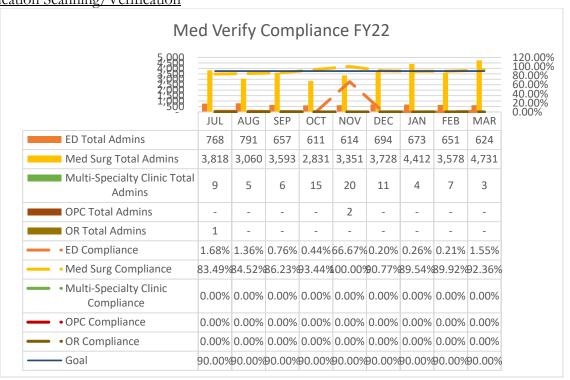




Clinical Documentation - ED



Medication Scanning/Verification



Learning from Clarity Reports

We are looking at new indicators based on our understanding of issues that Ray Hino, Cori Valet, and Barb Snyder are reviewing each week.

New Indicators

Return to ED within 48 and 72 hours for all cause Left without being seen from ED Left against medical advice Time from ED inpatient orders to inpatient admission 30 day readmission rate for all cause (inpatient)

Antimicrobial Stewardship (AS) Status Update

We now have physician leadership (Dr. Pense is the lead, and Dr. Adams will be supporting). Pharmacy (Stephanie Lyon), Infection Control (Denise Ebenal), and Dr. Pense will working with the providers to set goals and obtain protocols.

There will be an update of the 48 hour review so that physicians can do the 48 hour review more independently and with nursing support. Denise is providing antibiograms to the providers, which will be laminated at their workstations.

Policies

No new policies this month.

Safety Culture

<u>Questionnaire</u> – A questionnaire was sent out hospital-wide in April and results will hopefully be available for the May Quality Meeting

Action Plan – The results will inform a safety culture action plan

Patient and Family Centered Care Project

Southern Coos is in a cohort sponsored by Oregon Office of Rural Health with Runyan Consulting. We are planning an inpatient leadership rounding project that will be implemented within the next few months.