



**Board of Directors Executive Session & Regular Meeting
February 23, 2023 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 | |
| | | Action/Page # |
| II. | Open Session Call to Order | |
| | 1. Roll Call – Is Quorum Present..... | (action) 1 |
| | 2. Motions from Executive Session: | |
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| | b. Medical Staff Credentialing & Privileging Report..... | (action) 1 |
| | 2. Approval of Agenda..... | (action) 1 |
| | 3. Public Input | |
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| | 1. None | |
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**Southern Coos Health District
Board of Directors Special Meeting
Minutes
January 21, 2022, 4:00 p.m.**

I. Call to Order

At 4:00 p.m. the meeting was called to order.

1. Roll Call

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen, Tom Bedell; Directors.
Administration: Raymond Hino, CEO. **Press:** None.

II. Board Self Evaluation

Chair Bischoff explained that this is a single agenda meeting. Called solely for the purpose of reviewing the recently completed SCHD Board of Directors Self Evaluation. He started the meeting by explaining that the Board's responsibilities include:

- Hire a CEO
- Evaluate the CEO
- Oversight and approval of policy
- Approval of the Budget

Survey Tool

There was discussion among the Board members that the Self Evaluation Survey tool, provided by Governance Institute, seemed to be more appropriate for a Not-for-Profit Hospital, rather than a governmental hospital like SCHHC. The Board requested that the CEO search for and obtain a Self-Evaluation Tool for future years that is more specific for a District Hospital Board.

Executive Summary

- The Board felt that an overall score of 8.4 on a 10 point scale was good for a new Board and new CEO. This was an improvement over the previous year overall score of 6.2.
- The Board rated itself high (9.2) in Positive, Meaningful, Engaging Experience and high (9.4) in Opportunity to Influence Strategy, Culture and Performance.
- On Core Responsibilities, the Board rated itself equal to National Top Box Scores for Financial Oversight (60%) and Strategic Direction (32%).
- On Core Responsibilities, the overall Board was surprised at the low rating for

Quality Oversight (25%), Board Development (8.6%) and Community Health & Advocacy (20%).

- The low Quality Oversight score was surprising because the Board has a representative on the Quality Committee and there seems to be a good flow of communication from Quality to the Board. The overall low score may be due to Board uncertainty about the medical staff credentialing process.
- The Management Oversight low score (10%) was attributed to the fact that the new CEO has only been on board for 10 months. So there has not been an annual review cycle to review at this time.
- There is an identified need for Board Development. However, the Board feels that bringing an outside consultant for a local training program, would be preferable to individualized online training modules.
- As far as education topics, the Board requested more training on DNV accreditation, Quality Oversight and Board Development topics.
- The importance of Community Health and Advocacy was stressed by some Board members. Board members were encouraged to attend as many community events for the hospital as possible. It is understood, that Board members are busy and it is not possible to attend everything.
- One Board member requested that management be sure to invite Board members to employee recognition events, such as the upcoming DAISY award event.
- One Board member requested information on steps that Board members must take in order to run for re-election on the Board.

Lowest Performing Questions

- The Board rated itself low on spending more time on active deliberation and discussion on strategic priorities, than on hearing reports. However, the majority of the Board feels that the management reports are very important and the amount of time spent on receiving reports is appropriate.
- The Board rated itself low on setting goals for Board and Committee performance. It was felt by the overall Board that this is reflective of uncertainty on committee goals and performance. There are only 2 “subsidiary boards.” They are the Southern Coos Health Foundation and the Finance Committee. Tom wants to poll Finance Committee members to see if they feel that this is an effective committee.
- Although the self-assessment survey refers to annual goals, it is understood by our Board that our Strategic Plan meets the requirement for annual goals.
- The Board rated itself low on consultation with medical executive committee and staff appointments and credentialing and privileges. This is an opportunity for a Board education topic.
- The Board rated itself low on formal orientation for new board members. This, too, is an opportunity for a Board education topic.
- The Board rated itself low on competency-based governance principles and

board leadership succession planning. It was felt by the majority of the Board members that these questions were more appropriate for a not-for-profit Board or a corporate Board, than for a publicly elected Board. Mr. Hino did point out that although we cannot choose our Board members, that it is a good idea to identify potential future Board members and get them involved in the Finance Committee, and the Foundation Board.

Other Observations from Self-Assessment

- Most Board members commented that the phrasing of the questions on this self-assessment survey were not geared towards a public district board and were difficult to give a grade to. We need to find a survey that is tailored towards a district hospital Board of Directors.
- It was difficult to give a high score to Community Health & Advocacy because the Community Health Needs Assessment is out of date. (I actually looked into this and found that the SCHHC Community Needs Assessment is not out of date. The last 1 was adopted in December of 2020 and is effective for 3 years).
- The medical staff credentialing process is still a mystery for most of our Board members. Mr. Hino explained how the process works and that there are 3 levels of approval for each medical staff application before it comes to the Board. The 3 levels are (1) Medical Staff Coordinator; (2) Medical Staff Credentials Committee and (3) Medical Staff Executive Committee. Mr. Hino stated that some medical staff applications are denied at earlier steps in the process and never reach the Governing Board. The Board requested to be informed if there are denials of membership applications and/or privileges which would help the Board to have confidence that the credentialing system is working properly.
- Mr. Hino explained that all of the CMS required quality indicators (e.g. slips, falls, infection rates, surgical complications, deaths, etc.) are now reported to the Board. The Board asked if Peer Reviews are being reported to the Board. Mr. Hino said that he would make sure that they are.
- Mr. Hino was asked if the Medical Staff Bylaws are in need of revision. He said yes. The Board recommended that Medical Staff Bylaws revision be added to the Strategic Plan.

III. Adjournment

There being no further business, the Special Board meeting adjourned at 5:08 p.m.

Brent Bischoff, Chairman 2-23-2023

Mary Schamehorn, Secretary 2-23-2023

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
January 26, 2023**

I. Executive Session Call to Order 6:00 p.m. 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 were made in Executive Session.

II. Open Session Call to Order 6:31 p.m.

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; Dawn Gray, Clinic Manager; P.J. Keizer, MD, Chief of Staff. **Via remote link:** Barbara Snyder, Risk & Quality Manager. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

2. Motions from Executive Session

a. Quality & Patient Safety

Two reports were presented in executive session, the Quality and Patient Safety Report and the Quality Risk and Compliance Report. The Quality Assurance and Performance Improvement Plan is included later in the open session. See below.

b. Medical Staff Credentialing & Privileging

Dr. Philip Keizer presented the following recommendations from Medical Staff for approval by the Board of Directors, as discussed in Executive Session:

2-Year Privileges – New Appointments

Paavani Atluri, MD – Courtesy – Hospitalist
Bhaskar Ongole, MD – Courtesy – Hospitalist
Rajesh Ravuri, MD – Courtesy – Hospitalist
Vincent Tyson, NP – Courtesy – Family Medicine
Fernando Dietsch, MD – Courtesy – Emergency Medicine

2-Year Privileges – Reappointments

None

**Direct Radiology Appointments & Reappointments – After Hours
Reading Radiology Group**

Troy Belle, MD – Courtesy - Reappointment

Medical Staff Status Change

Ann Kellogg, DO – Status Change - Active to Courtesy
Brent Hatch, PA-C – Courtesy – New PA Ortho Surgery Privileges

David Rickman, MD – Emergency Med. – Resigned Privileges 11.22.22

c. Teaching Facilities/SCHHC Agreement – Universal Agreement

With any teaching college/university that requests placement of a medical student for preceptorship.

d. Idaho College of Osteopathic Medicine Rotation Student

Preceptor: Dr. Douglas Crane; Medical Student: Blair Davis - to begin rotation mid-January 2023

Norbert Johnson **moved** to accept the Quality and Patient Safety report and approve Medical Staff recommendations as presented. Mary Schamehorn **seconded** the motion. **No further discussion. Motion passed.**

3. Approval of Agenda

Mary Schamehorn **moved** to approve the agenda. Pam Hansen **seconded** the motion. **Discussion:** Mr. Hino requested that as a courtesy to the CLA presenter from a later time zone that the CLA presentation be moved forward. **All in favor. Agenda approved with modification.**

See below under VII. New Business, 1. Clifton Larson Allen Review of Cost Report – Diane Petrik, CAH Medicare Cost Report Reimbursement Specialist for a summary of the presentation..

4. Public Input

None.

III. Consent Agenda

1. Meeting Minutes

a. Regular Meeting – 12/15/22

2. Monthly Counsel Invoice Robert S. Miller III – None.

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

IV. Staff Reports

1. CEO Report

Ray Hino, CEO, provided highlights from the CEO Report for the month of December. Covid infection rate is down in Coos County but at this time there is no change to the current masking policy in patient care areas. The Emergency Department physician sleep room is being moved from where it has been, in a patient room on the Med/Surg floor, back to its original location in the non-patient care side of the building. This move will create an additional negative pressure inpatient room. The Surgical

Services Department will be ready to take orthopedic cases on February 17. Evidence to support the DNV plan of correction was submitted a day early on January 25. Mr. Hino has been granted a \$1,000 scholarship to attend the National Rural Health Care Association annual policy meeting in Washington D.C. February 6-9 where he will meet with legislators. He was asked to report back to the board who else will be attending from the Oregon delegation.

2. Clinic Report

Dawn Gray, Clinic Manager, presented highlights from her December report. Patient volume was down due to physician family emergency and illness. The locum tenens (temporary) Family Nurse Practitioner was able to see patients for those providers. Dr. Preslar who joined the clinic recently is already seeing an average of 10-11 patients a day with plans to see up to 15-16 per day. Our new locums FNP is seeing an average of 7 patients per day. Thank you to Shawn March, Clinical Informatics, for his support for provider success. A new Medical Assistant has been hired to replace Natalie Vincent who will be attending nursing school. The no show rate did not decrease in December due to holidays and patients who forgot to cancel, however, front office staff are calling patients and implementation of the Dialog Health texting tool will help moving forward.

3. CNO Report

Cori Valet, CNO, reviewed the CNO Report. Ms. Valet reviewed the staffing grid showing actual FTEs vs budget and contract staffing numbers. Actual FTE includes PTO and Worker's Compensation paid out in addition to hours worked. Training is underway for Med/Surg and ED RNs for PACU pre- and post-surgical care and post-anesthesia care unit. A new Ultrasound machine will be delivered mid-February. Leadership rounding on inpatients is going well with patients appreciating the administrative check-in and is generating good information as well as positive feedback. We are excited to be receiving Daisy Award program nominations and look forward to presenting awards at least two times per year. Emergency Department volume dropped slightly in December. **Discussion:** In response to a board member inquiry, Ms. Valet shared that, overall, current patient and staff indicators are positive, referencing the Strategic Plan as a valuable tool that supports goals and timelines.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review department highlights for the month of December. Four physicians were negotiated out of the Western Healthcare emergency department physician staffing agreement settlement. Transition going well with new staffing company, OPYS. Work continues on physician contract benchmarking Fair Market Value (FMV), productivity standards, and incentives. Dr. Mitchell, a clinic provider, is not renewing her contract due to having to move from our area for personal reasons. We are pleased that another D.O. has verbally accepted a contractual offer, we anticipate to begin in May.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO report. A major focus has

been placed on revenue cycle process streamlining with thanks to Shawn March, Clinical Informatics and Nick Lucas, ED RN Manager for their assistance targeting documentation deficiencies. Southern Coos is pursuing a USDA telemed grant opportunity, seeking \$200K to support telemedicine capacity in the SCHHC emergency department; the SCH Multi-Specialty Clinic; and to the Bandon School District, in support of the BSD school nurse program.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, reviewed key performance indicators of for the month of December. Foundation board members Pam Hansen and Steve Reber are working with Scott to develop a strategic plan. Women's Health Day is scheduled to be held February 25 at the Bandon Community Center and Sprague Theater facilities, with 70 registrants so far. A D.O. and Ayurvedic practitioner is the keynote speaker and Dr. Paul Preslar is serving on the physician panel.

7. Strategic Plan Report

Mr. Hino provided a summary review of progress or changes in the report from prior month. The Exec Team now meets bi-weekly to review and update the strategic plan document. As of today 73% of 240 goals have are complete or on schedule. Goals needing attention that were behind original schedule are reduced to 1.7%. The national nurse recognition Daisy Award Program and employee pulse surveys and updating the employee of the month program have been added under employee recognition goals. **Discussion:** The EMR recommendation is anticipated in March. Regarding Outreach goal; Dr. Preslar and new physician onboarding in May will see pediatric patients and Medicare wellness visits are current focus toward profitability goals in Clinic.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a review of the financial statements reported for the month of December. Deductions from revenue were higher than budgeted due to negative cost report settlement. The first 6-months of the fiscal year SCH was overpaid by CMS by \$800K. The CLA tool reviewed earlier tonight demonstrated how SCH is working to identify these variances monthly. Volumes were higher than budgeted, for example, the Emergency Department was 21% above budget, yet resulted in net loss of \$370K. Mid-year review shows improvement from prior year. Three key areas have been targeted for budget improvement, 1) clinic productivity; 2) outpatient volume improvements; 3) provider efficiencies. Rebuilding the surgical services department includes front-loaded costs that Medicare will reimburse at 40% at this time in the Cost Report settlement. Opportunity exists to bring up the Medicare payer mix to increase that percentage to further recover those startup costs.

VI. Old Business

1. None.

VII. New Business

1. Clifton Larson Allen Review of Cost Report – Diane Petrik, CAH Medicare Cost Report Reimbursement Specialist.

As a courtesy to the presenter, this item was moved forward on the agenda to immediately follow approval of the agenda. Ms. Petrik provided a review of Medicare Cost-Based reimbursement for Critical Access Hospitals which is based on a formula of actual vs. patient volumes from the prior period, that may fluctuate. If volume decreases below the prior period on which the Medicare advance payment is calculated, this creates an “overpayment” in the Cost Report that must be returned. The Cost Report can be generated multiple times per year to offset large corrections. Additionally, Southern Coos utilizes a tool from CLA, Axiom, that allows Southern Coos to track and identify volume fluctuations and other components such as provider statistical reporting, to anticipate and prepare for financial conditions, monthly. Data is stored and accessed by the program for ongoing tracking and forecasting accuracy. Ms. Petrik reviewed Axiom reports and report detail for the Board. Medicare Advantage is not included in the Cost Report. **Discussion:** Board members inquired about conditions that may create an underpayment from Medicare, where volumes increase from the prior period, and how those are handled. If the final settlement determination is greater than payments already made, an underpayment will be declared, and CMS will make a lump-sum payment.

2. Quality Assurance & Performance Improvement Program (QAPI) FY23

Barbara Snyder, Risk and Quality Manager, presented the QAPI Plan for FY23, a comprehensive plan that meets DNV and CMS requirements, approved 12-20-22 by the Quality and Patient Safety Committee, to be reviewed and renewed annually each fiscal year. This plan defines the Quality Committee, sets standards for evaluations of medical staff and specific department detail supporting patient care and the overall hospital environment.

Mary Schamehorn **moved** to approve the QAPI Plan as presented. Norbert Johnson **seconded** the motion. **Discussion:** It was noted that under Quality and Patient Safety Committee, the plan states that “all committee actions are tentative pending official Board of Directors approval,” referring to committee decisions. The committee includes a board member liaison, currently Mr. Johnson, a Medical Director, currently Noel Pense, DO, members of the Quality department and other department managers. **All in favor. Motion passed.**

3. Budget Reallocation-Budgeted Cardiac Monitoring System Capital Purchase

Mr. Dodrill, CFO, presented an SBAR review (Situation, Background, Assessment, Recommendation) regarding the cardiac monitoring system replacement approved in the current budget at an estimated \$230K. After evaluation of multiple competitors, management has tentatively selected Mind Ray cardiac monitors estimated to cost \$268K that includes improved patient care features. Due to improved contract negotiations and deferrals of other equipment purchases, the difference of \$38K may be supported with a reallocation from the surgical services capital budget. Mr. Dodrill requested approval to reallocate \$38K from the orthopedic surgical services capital budget, with \$32K remaining for future capital needs within the facility. **Discussion:**

This amount within an approved budget does not specifically require board approval; items over \$15K not included in the budget require board approval. Administration wished to be transparent with this reallocation within the current capital budget.

Mary Schamehorn **moved** to approve the reallocation of capital budget funds previously dedicated to the orthopedic surgical services project as described to support the purchase of the Mind Ray cardiac monitors. Pam Hanson **seconded** the motion. **Discussion:** An onsite product demonstration of the cardiac monitors was provided to staff as a part of the decision process resulting in staff recommendations for this product. **No further discussion. All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

The next regular meeting will be held on February 23, 2023 at Southern Coos Hospital & Health Center, 900 11th Street SE, Bandon, Oregon. This meeting will be open to the public following OSHA and OHA guidance for masking in healthcare facilities, and available to view via the Southern Coos Hospital website and Facebook social media page.

At 8:18 p.m. the meeting adjourned.

Brent Bischoff, Chairman 2-23-2023

Mary Schamehorn, Secretary 2-23-2023

INVOICE

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(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

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

Product or service	Amount
1. Attorney Service date: 12/17/22 January 26, 2023 Board Executive Session and General Meeting	3 units x \$250.00 \$750.00

Ways to pay



Total\$750.00

12/6/22

Pay invoice



CEO Report

To: Southern Coos Health District Board of Directors
FROM: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, February 2023

COVID Update

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

- COVID-19 transmission levels are low in Coos County at this time, so the impact on local hospitals has been lessened. We are seeing less COVID at SCHHC as well.
- The doctor's sleep room was moved, as planned by the end of January, which now frees up an additional patient room (Room 130), which is planned to be converted to an additional negative pressure room as well.
- There are no changes to masking restrictions this month, from last month.

DNV

- Barbara Snyder and her staff successfully submitted our DNV report which was required to show documented evidence of compliance with all 6 of the NC-1 nonconformities from our last survey. The report was submitted timely, before the January 26 deadline. We have been informed that we will be visited by DNV in either late summer or early fall of 2023. We are interpreting that to mean that our next survey will be in either August or September of this year. We will not know the dates that the survey team will be here. We are given the option of notifying DNV of 4 dates in that timeframe that we wish to be excluded as potential dates. We have until 90 days before our last survey anniversary date, to notify DNV if we wish to exclude days. For us that would mean that our deadline to exclude dates is approximately June 20, 2023.

Medical Staff

- We continue to be pleased with the conversion from Western Healthcare to OPYS for our Emergency Department physician staffing company. They are extremely engaged. We meet weekly with their CEO, Dr. Andre Creese. They have been very responsive anytime that we have asked them for do something for us.
- Last month I reported that we had made an offer to Dr. Bonnie Wong to become our newest Clinic Physician, replacing Dr. Christine Mitchell. I am very pleased to report that on February 2, Dr. Wong accepted our offer and signed a contract with us. She will start on June 1, 2023.

Orthopedic Surgery Service

- There has been another unfortunate delay in getting our orthopedic surgery service up and running. On Wednesday, February 8, a backed up toilet overflowed in the surgery department and caused a contamination of the floors in several of the rooms, including our supply room. The damage is significant, causing us to bring in a restoration company for decontamination, flooring replacement and deep cleaning. This event has been reported to our property insurance company for an insurance claim. The delay in starting surgeries is expected to be approximately 1 month.

Washington, DC Trip

- On February 6 through February 9th, I attended the National Rural Health Association Policy Institute meeting in Washington, D.C., as 1 of 5 representatives from the State of Oregon. I was the only Hospital CEO in our group of 5. The other representatives were from the Oregon Office of Rural Health, Wallowa Health District and the Oregon Veterans Administration. During the 4 days that we were all in Washington, we visited both U.S. Senators from Oregon (Merkley, Wyden) and all 6 Representatives (Blumenauer, Bentz, Salinas, Bonamici, Hoyle and Chavez-Deremer). In most cases, the elected officials were represented by their staff assigned to health care policy. However, I was able to meet with Representative Salinas and Representative Bonamici. I had hoped to meet with Representative Hoyle, since she is our District 4 representative. She had planned to attend the meeting, but ended up not being able to attend due to a last minute appointment change. She sent a representative to the meeting instead.

Our message in each of the meetings was to preserve and improve upon the Critical Access Hospital (CAH) program Nationwide. Last year HR 6400, the Save America's Rural Hospitals Act was introduced into Congress. It included many legislative changes that would help CAHs, including eliminating of Medicare sequestration for rural hospitals, reverse cuts to reimbursement of bad debt, make permanent increased Medicare payments for ground ambulance services in rural areas, and elimination of the 96-hour inpatient stay limit requirement for CAHs. HR 6400 did not pass all the way through Congress last year, but we believe that there is enough support to bring it up again this year. My request of our elected officials was to support all measures that help critical access hospitals and rural providers. We got reassurance from every office that they support critical access hospitals and rural health care.

Salem, OR Trip

- On Wednesday, February 15, I traveled to Salem, Oregon to our State's capitol to testify in support of Senate Bill 829. Senate Bill 829 is a bill in the Oregon legislature that has been created by Senator David Brock Smith, from our Senate District 1 in the State of Oregon. The bill is a direct result of Senator Brock Smith's tour of our hospital last fall and his first hand witness account of the space limitations of our current hospital. SB 829 requests \$250,000 from the State of Oregon General Fund to be dedicated to paying for planning, architectural and engineering studies for assessment of the current Southern Coos Hospital, and a determination of the needs for an expansion of our current physical plant facilities. A public hearing was held for our bill on February 15 in the Oregon Senate Committee on Health Care. Both Senator Brock Smith and I testified in support of the bill. I was able to provide a PowerPoint presentation at the hearing that was able to show some of the size limitations and inadequacies of our current physical facility. I told Senator Brock Smith how much we appreciate his support of our facility. We will be notified if there are to be additional hearings related to this bill.



Multi-Specialty Clinic Report

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

From: Dawn Gray, Clinic Manager

Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – February 23, 2023

Provider News – January

The month of January saw a marked improvement in the number of patients served. Overall, the clinic saw an increase of 68.8% with the primary care providers seeing an increase of 111% (due to all the providers being back in clinic). Please take note of following table that compares January 2022 to January 2023:

Provider Type	January 2022	January 2023	Difference
Primary Care Providers	366	494	+35%
LCSW	59	72	+22%
Outpatient Services	215	218	+1.4

Vincent Tyson, Locum FNP, started on January 9, 2023. He has jumped right in and willing to see any patient that walks in the door. He helped make final adjustments to the Medicare Annual Wellness Visits and worked closely with Shawn March to implement the improved workflows. Additionally, Vincent has worked with providers to create some order sets to streamline time spent in the EMR (Electronic Medical Record).

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

- Dr. Qadir, Nephrologist, was in clinic ½ day and saw 7 local patients.
- Dr. Webster, ENT/Dermatology was in clinic 1 day and saw 16 patients.

Clinic Report – January

- With the Medicare Annual Wellness Visits fully implemented, I am turning my attention to developing Chronic Care Management and Transition of Care Management. This not only provides excellent quality patient care but also increased reimbursement! More to come in the following month.
- Advanced Health will be providing the clinic with an After Hours Nurse Triage line to ensure their members have access to care 24 hours a day. Since Advanced Health is mandated by OHA (Oregon Health Authority) to provide members with access to 24/7 care, they are providing the service free of charge to the clinic. We hope to have it implemented by the middle of March 2023.
- Telehealth visits for January totaled 41 which is 7% of the total patient visits. The percentage may have decreased but that is due to the increase of in-person visits. We continue to offer Telehealth appointments when appropriate.
- The No Show rate decreased to 3% for January. We have now implemented Dialog Health reminders for Outpatient Services appointments.

	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	15	190	24	5	161	10.7	3%	13%	20	10
Olixn Adams, DO	4	49	9	1	39	9.8	2%	18%	7	1
Noel Pense, DO	4	51	10	1	40	10.0	2%	20%	0	3
Christine Mitchell, DO	13	178	47	0	131	10.1	0%	26%	3	0
Paul Preslar, DO	12	108	13	2	93	7.8	2%	12%	1	68
Shane Matsui, LCSW	19	90	9	8	73	3.8	9%	10%	7	0
Vincent Tyson, FNP	7	31	1	0	30	4.3	0%	3%	2	0
COVID-19 Clinic	1	9	0	0	9	9.0	0%	0%	0	0
Outpatient Services	21	244	17	10	217	10.3	4%	7%	0	0
Schmelzer	8	34	4	0	30	3.8	0%	12%	1	8
Totals	104	984	134	27	823	7.9	3%	14%	41	90
Total telehealth	41				597	Clinic Registrations				
Provider	Same Day	PT Canceled	PHYS Canceled	Total	% PHYS Canceled					
Debra Guzman, FNP	0	16	8	24	33%					
Olixn Adams, DO	2	6	1	9	11%					
Noel Pense, DO	1	6	3	10	30%					
Christine Mitchell, DO	0	31	16	47	34%					
Paul Preslar, DO	2	9	2	13	15%					
Shane Matsui, LCSW	0	9	0	9	0%					
Vincent Tyson, FNP	0	1	0	1	0%					
COVID-19 Clinic	0	0	0	0	#DIV/0!					
Outpatient Services	2	12	3	17	18%					
Schmelzer	0	3	1	4	25%					
Totals	7	93	34	134						



CNO Report

To: Southern Coos Health District Board of Directors and Southern Coos
 Management From: Cori Valet, RN, BSN, Chief Nursing Officer
 RE: CNO Report for SCHD Board of Directors, February 23, 2023

People

- Clinical Department Staffing- January 2023

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	25.72	28.28	2.56	4.05	3.61	(0.44)	29.77	31.89	2.13
Manager	1.00	1.00	-	-	-	-	1.00	1.00	-
CNA I	1.43	-	(1.43)	-	-	-	1.43	-	(1.43)
CNA II	3.23	3.50	0.27	-	-	-	3.23	3.50	0.27
Patient Activities Coordinator	1.00	0.60	(0.40)	-	-	-	1.00	0.60	(0.40)
Health Screener	-	3.55	3.55	-	-	-	-	3.55	3.55
Charge Nurse	3.43	3.94	0.51	-	-	-	3.43	3.94	0.51
RN	12.63	10.61	(2.02)	4.05	3.61	(0.44)	16.68	14.22	(2.46)
LPN	2.36	3.37	1.01	-	-	-	2.36	3.37	1.01
Telemetry Tech	0.64	1.71	1.07	-	-	-	0.64	1.71	1.07
Swing Bed	0.96	1.02	0.06	-	-	-	0.96	1.02	0.06
Case Manager	0.96	1.02	0.06	-	-	-	0.96	1.02	0.06
LPN	-	-	-	-	-	-	-	-	-
Emergency Room	12.68	10.05	(2.63)	0.41	1.00	0.59	13.09	11.05	(2.04)
Manager	1.00	1.00	-	-	-	-	1.00	1.00	-
CNA II	2.27	2.38	0.11	-	-	-	2.27	2.38	0.11
LPN	2.39	2.28	(0.11)	-	-	-	2.39	2.28	(0.11)
RN	7.02	4.39	(2.63)	0.41	1.00	0.59	7.43	5.39	(2.04)
Surgical Services	3.11	5.74	2.63	-	-	-	3.11	5.74	2.63
Director	1.00	-	(1.00)	-	-	-	1.00	-	(1.00)
Manager	-	1.00	1.00	-	-	-	-	1.00	1.00
RN	-	1.74	1.74	-	-	-	-	1.74	1.74
Surgical Nurse	0.78	1.00	0.22	-	-	-	0.78	1.00	0.22
Surgical Tech	1.33	2.00	0.67	-	-	-	1.33	2.00	0.67
Pharmacy	2.18	2.05	(0.13)	-	-	-	2.18	2.05	(0.13)
Pharmacist	0.93	1.00	0.07	-	-	-	0.93	1.00	0.07
RN	1.24	1.05	(0.19)	-	-	-	1.24	1.05	(0.19)
Respiratory	5.97	6.00	0.03	-	-	-	5.97	6.00	0.03
Manager	1.00	1.00	-	-	-	-	1.00	1.00	-
Respiratory Therapist	4.97	5.00	0.03	-	-	-	4.97	5.00	0.03

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Radiology	3.83	4.82	0.99	2.79	1.62	(1.17)	6.62	6.44	(0.18)
Manager	1.00	1.00	-	-	-	-	1.00	1.00	-
Coordinator	0.77	1.17	0.40	-	-	-	0.77	1.17	0.40
Medical Imaging Admin	1.00	1.13	0.13	-	-	-	1.00	1.13	0.13
Rad Tech IV	1.06	1.50	0.44	2.79	1.62	(1.17)	3.85	3.12	(0.73)
RN	-	0.02	0.02	-	-	-	-	0.02	0.02
Ultrasound	1.83	1.51	(0.32)	-	-	-	1.83	1.51	(0.32)
Ultrasound Tech II	1.83	1.51	(0.32)	-	-	-	1.83	1.51	(0.32)
Mammography	1.23	1.23	(0.00)	-	-	-	1.23	1.23	(0.00)
Mammo Tech	1.23	0.90	(0.33)	-	-	-	1.23	0.90	(0.33)
Rad Tech IV	-	0.33	0.33	-	-	-	-	0.33	0.33
Cat Scan	0.98	1.25	0.27	-	-	-	0.98	1.25	0.27
Rad Tech II	0.98	1.25	0.27	-	-	-	0.98	1.25	0.27
MRI	1.03	1.00	(0.03)	-	-	-	1.03	1.00	(0.03)
Rad Tech IV	1.03	1.00	(0.03)	-	-	-	1.03	1.00	(0.03)
Lab	9.79	10.89	1.10	1.22	-	(1.22)	11.01	10.89	(0.12)
Manager	1.00	1.00	-	-	-	-	1.00	1.00	-
Assistant I	0.84	1.04	0.20	-	-	-	0.84	1.04	0.20
Assistant II	1.99	1.85	(0.14)	-	-	-	1.99	1.85	(0.14)
Assistant III	1.00	1.03	0.03	-	-	-	1.00	1.03	0.03
CNA II	0.59	-	(0.59)	-	-	-	0.59	-	(0.59)
Medical Lab Scientist	0.39	0.99	0.60	-	-	-	0.39	0.99	0.60
Medical Lab Tech	3.98	4.98	1.00	1.22	-	(1.22)	5.20	4.98	(0.22)
Total Difference									2.29

- **DAISY Award Program**

The DAISY award celebrates nurses who provide extraordinary compassionate care. 10 nominations have been received. An honoree of the DAISY award has been selected and an award ceremony is scheduled to occur on March 20, 2022.

- All nurses nominated for the DAISY award will be recognized during our award ceremony with a copy of their nomination, a DAISY nomination pin and cinnamon rolls (traditional DAISY award cinnamon treat).
- The honoree of the award will receive:
 - A certificate and portfolio
 - A beautiful, hand-carved, “Healers Touch” sculpture from Zimbabwe
 - A DAISY Honoree Pin
 - A page on THE DAISY Foundation’s International Website
 - Recognition on the Southern Coos Hospital & Health Center’s social media page.



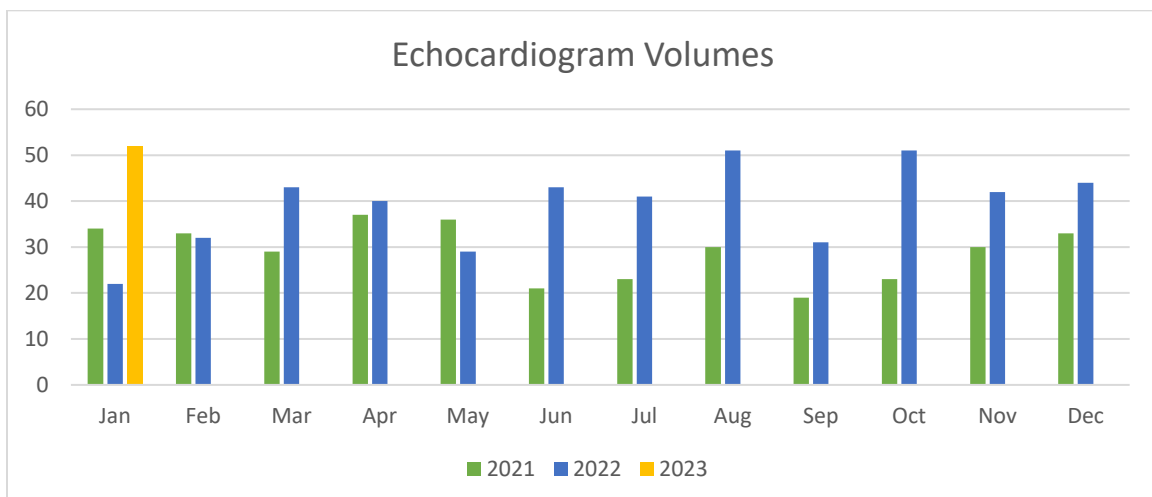
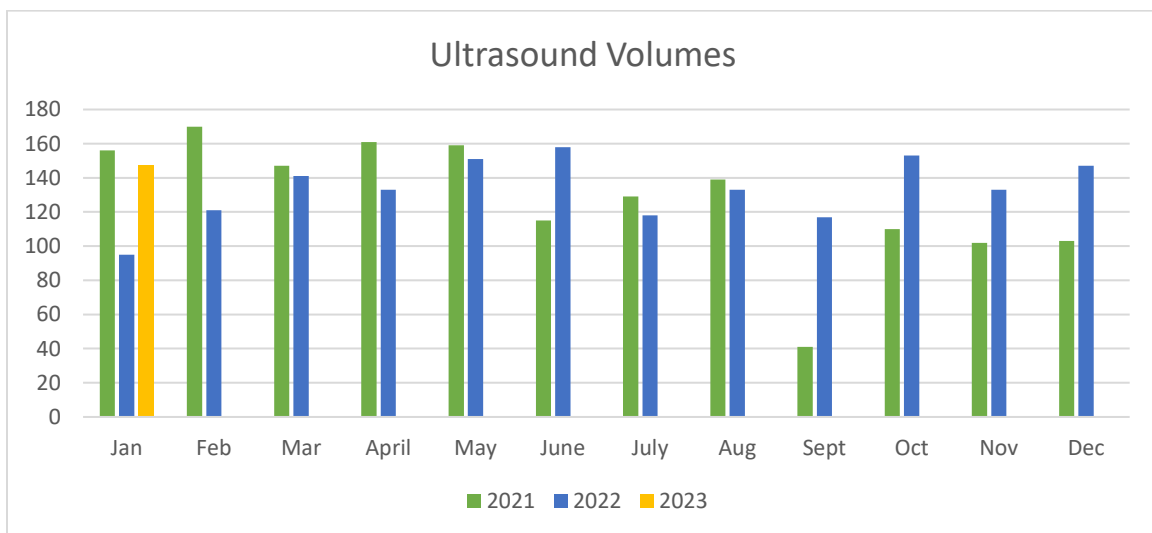
Service

- **Surgical Services**

- Damage apparent in surgical department post wastewater back up in bathroom. Assessment in process to determine repairs, estimated costs and time required for completion of damages in the surgical department.
- No orthopedic cases scheduled for February.
- Anticipating orthopedic cases to be scheduled the week of March 15, 2023.
- New Full-time Surgical nurse to begin orientation 02/22/2023.

- **Medical Imaging**

- Ongoing mechanical/technical issues presented throughout January and beginning of February with the ultrasound machine. Despite repeated down-time for repair, the months statistics remain strong at 147 general ultrasound exams and 52 Echocardiograms performed. This is above average (133/month) for general ultrasound exams and the highest number of Echocardiograms performed in the last two years.
- The new, upgraded ultrasound machine is expected to arrive February 20, 2023.

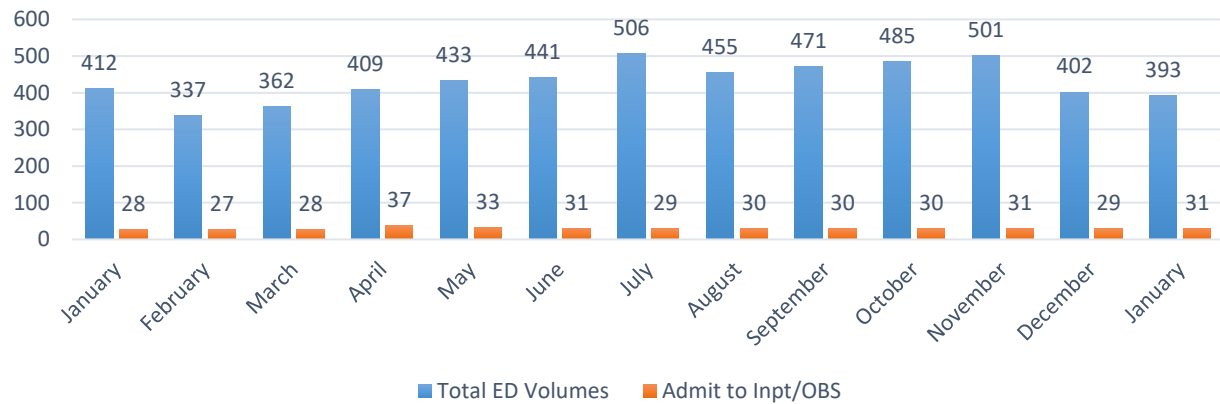


- **Emergency Department**

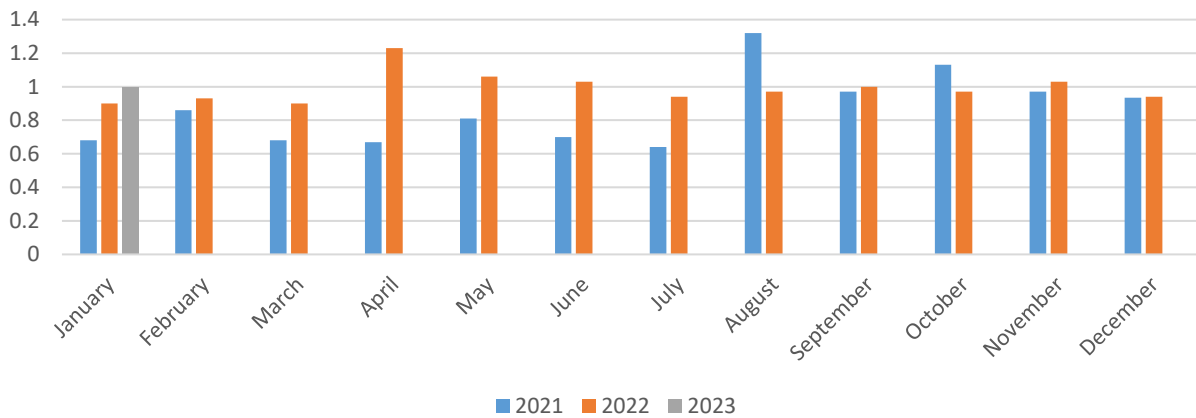
- New Pediatric Crash Cart – Vital piece of equipment for the safety of young patients. This new cart replaces a Broselow bag and pediatric medication box previously utilized. Pediatric crash carts utilize a colored drawer system to divide supplies in an organized and easy to understand way.
 - A Broselow tape is utilized to determine the color appropriate for the patient based on length (head to toe measurement).
 - Each color will have specific medication dosages and equipment sizes to simplify and standardize emergency care.
 - New cart allows for standardized inventory and outdate monitoring to ensure medications and supplies are available and secure.



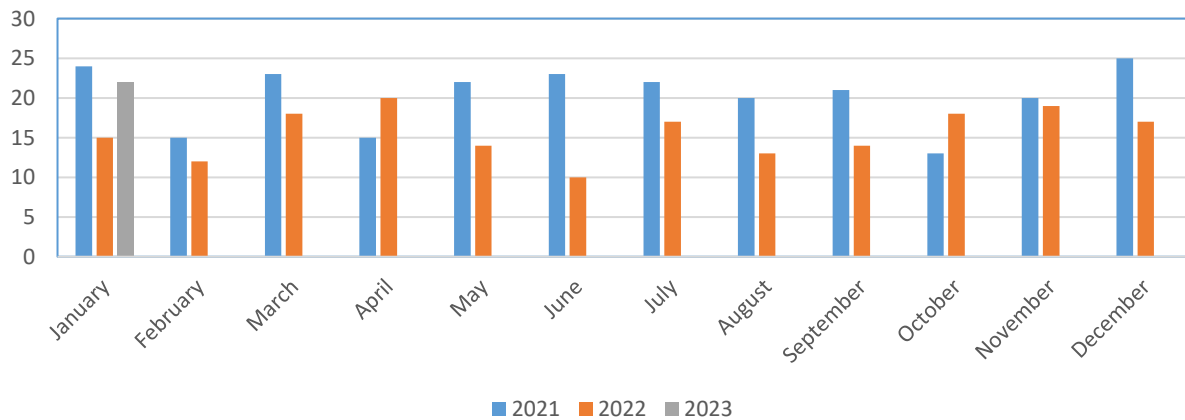
2022-23 ED Admissions to the Med-Surg Unit



Average ED Admissions to Med-Surg Unit per Day



ED Transfers





To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: CFO Report for Board of Directors Meeting – February 2023

Community Benefit Report – CBR-1

All Oregon hospitals are required to prepare and submit an annual CBR-1 to the State. The CBR-1, established in 2007, is a form which quantitatively documents the monetary value of the benefits that hospitals provide to their communities. In 2019, HB 3076 expanded the reporting requirements and introduced the minimum community benefits spending floor program. Finance has been working on and has completed the CBR-1 for Southern Coos Hospital for the fiscal year ended June 30, 2022. The CBR-1 has been included in this Board meeting agenda for review and consideration by the Board. The CBR-1 is due within 240 day after the end the hospital's fiscal period, thus February 25, 2023 for Southern Coos Hospital.

Hospital Price Benchmarking

In preparation for the FY 2024 annual budgeting process, Finance begun benchmarking it hospital pricing to other hospitals. Benchmark comparisons include publicly available prices of local hospitals as well as the Oregon Rural Hospital benchmarks and National Rural benchmarks, which have all been made available via CMS pricing transparency requirements. The goal of this work is to make strategic pricing decisions in order to better allocate the 5% chargemaster increase to services where we have pricing opportunities and to evaluate our overall prices competitively. Pricing for hospital services is one factor that determines overall reimbursements, particularly for those payer contracts which are based on percentage of charges or patient coinsurance balances.

Long-range Financial Planning

Finance has begun its work to create a baseline long-range financial plan for the Hospital. This work will entail looking at the current operating and capital requirements for the hospital over a 5-year period to evaluate operational solvency, capital planning requirements and balance sheet sufficiency. We have begun evaluating tools to assist in this work. One of the challenges for performing this work at a critical access hospital is the impact of cost based reimbursements, as the cost structure of the organization is a critical component to net patient revenues for our largest payer, Medicare. We anticipate completing a baseline financial plan by April 30.



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, February 23, 2023

Information Systems

The IS team, led by Trevor Jurgenson, has been focused on two major projects. First, we have started implementing Microsoft 365. Our project plan is to begin rolling out the products to the IS staff and key super-users across the organization, including members of the medical records, human resources, and finance staff. The purpose of rolling out slowly is to essentially beta-test the transition with key stakeholders so they may assist in the full organizational rollout. We anticipate completion of a full organizational-wide implementation by March 31.

The second project we continue to focus on is the selection of an outside company to project manage the selection of a new electronic health record and enterprise resource planning system (a system that includes supply chain management, finance/accounting).

Clinical Informatics

Clinical informatics continues to be very active. The CI team, led by Shawn March, is working on the following major projects.

Clinic optimization: CI continues to work closely with the new clinic providers and staff to increase throughput speed and reduce errors. Evident personnel led an assessment that took place on Feb 14. Evident representatives met with the front desk, the medical assistants, and the providers to work through current state workflows and offer suggestions for improvement. Evident will return a gap analysis in the next several weeks. In the meantime, March and Dawn Gray, clinic manager, and myself are meeting weekly to begin implementing several optimizations: 1) the Evident web client—a browser-based version of the electronic health record that is easier to use and more intuitive; 2) the patient data console—an extension of the web client that allows providers to customize the chart views; and 3) patient event notification—a system by which all members of a patient's care team are notified when a patient has a healthcare experience in the system.

Provider deficiencies: we continue to focus on streamlining the communication between medical records, revenue cycle, and the medical coders in an effort to reduce outstanding chart deficiencies. The project has been quite effective. We have reduced the number of deficiencies, the outstanding claims, and the speed with which we remediate deficiencies. I want to thank Cathy Mann, revenue cycle manager, for her leadership, as well as Lori Colby, HIM supervisor, and the medical coders including Christine Crump, Teri Olsen, Kassey Collier, and Pam Decell. They all have been instrumental in coming together as a team to tackle this project.

In addition, CI is building a dashboard to communicate, in real-time, anonymized provider deficiencies internally to the district board, medical staff, and to OPYS, the company providing ED provider services.



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, February 23, 2023

SCHF Strategic Plan Update

The SCHF Strategic Planning subcommittee has met regularly over the past two months to update the 2007 SCHF Strategic Plan. The committee, comprised of myself, Steve Reber, and Pam Hansen, have made significant progress in updating the plan.

The purpose of this document is to present the draft outline of the updated plan and solicit any feedback from the SCHF board of directors. I will present the final draft of the 2023-2025 Strategic Plan to the SCHF board at our next meeting, on March 16, 2023, and to the District board on March 23, 2023.

Mission Statement:

Southern Coos Health Foundation advances quality community healthcare on the southern Oregon coast through financial support, education, and advocacy.

Vision Statements (goals):

- Provide **financial support** to the Southern Coos Health District through a broad range of fundraising activities
- **Enhance health education** by galvanizing community and financial resources for events, scholarships, and continuing education opportunities
- Facilitate community **advocacy** around current and future healthcare opportunities

Objectives in support of the vision statements:

Provide Financial Support

- Raise Profile & Awareness of the SCH Foundation
- Prepare Foundation Infrastructure for growth
- Increase Annual Fundraising
- Prepare Foundation for Capital Fundraising & Financing

Enhance Health Education

- Increase event fundraising for current event assets: Women's Health Day, Bandon School District Ocean Crest Health Fair, and the Golf for Health Classic
- Increase Mary Richards Scholarship awards:
 - Amount of funding available
 - Number of recipients
- Increase pool of funds for continuing education for SCHF staff

Facilitate Community Advocacy

- Increase Foundation Board Engagement in events and committee work
- Increase SCHHC Staff Engagement/Awareness of the Foundation

Foundation Board Member Resignation

I am reporting to the District board that Roger Straus, a long-time founding board member of the Southern Coos Health Foundation, resigned on Friday, February 3. Roger has been extremely generous in his time and financial support of the Southern Coos Health Foundation and the Southern Coos Health District. He stated in his resignation letter that he will continue to be engaged with us.

Mr. Straus' resignation opens a spot on the foundation board that we need to fill. Straus was originally appointed by the District board. In the Foundation's bylaws state that the District has discretion over a majority of the Foundation's board seats. From my understanding, this arrangement, along with the liaison role (currently occupied by Pam Hansen) was set up between the District and the Foundation to ensure a tight bond between the two organizations. Currently, we have nine board members of which four fill District appointed seats: Joseph Bain, Sean Suppes, Mary Wilson, and John Ohanesian.

The Foundation bylaws do not give much more guidance in terms of a process for replacing a District-appointed board seat. Therefore, I proposed to the Foundation board at our regular monthly board meeting, the following process, which they subsequently approved:

1. SCHF to identify a candidate to nominate as Mr. Straus' replacement.
2. Propose the candidate at the February Foundation board meeting.
3. Foundation board to vote on approving the candidate. This vote will be to authorize me to bring Steve's nomination to the District board.
4. Propose the candidate to the District board on February 23, 2023.
5. Ask the District board to formally appoint the candidate through a vote.

At the Foundation's regular board meeting on February 16, the Foundation board voted to authorize me to propose Steve Reber to the District board as the District-appointed Foundation board member.

Steve is our newest Foundation board member and has already enveloped himself into the Foundation projects, most notably as part of the SCHF strategic planning committee. He is a volunteer in the SCHHC Gift Shop, and is eager to serve the District in whatever capacity he can. His resume is attached for review.

I respectfully ask that the District board vote on Mr. Reber's candidacy to become the District-appointed Foundation board member.

Steve Reber resume, next page.

Steve Reber

53540 Safe Road • Bandon, OR 97411 • 541-771-2264 • stevelreber@gmail.com

QUALIFICATION HIGHLIGHTS

- 40 years of professional experience in a wide range of leadership, management, technical, operations, marketing, finance, and human resources assignments
- Maintains highest standards of integrity, dedication, discipline, and hard work
- Experienced facilitative leader, excellent team player, and effective personnel manager
- Highly organized and accurate with strong analytical and presentation abilities
- Proven track record for meeting commitments, improving processes, and delivering results

PROFESSIONAL WORK EXPERIENCE

Consolidated Precision Products (April 2019 – June 2021)

Casting Production Engineer – Investment Casting Division/CPP-Selmet, Albany, OR

- Provided a broad array of engineering support and services for production of over 100 titanium castings used primarily in Pratt & Whitney's civil and military aircraft engine applications
- Solved problems and drove processes to achieve manufacturing improvements
- Ensured castings were highly producible and always met customer specifications

Clear Capital Corporation (April 2017 – October 2018)

Project Management Director – Technology Department, Roseville, CA

- Led a team of five project managers who provided valuable oversight and guidance on multi-million-dollar software development and technical infrastructure initiatives
- Provided regular updates on project status, timelines, resources, and priorities to key stakeholders
- Drove processes to support company revenue goals and optimize organizational efficiency

Precision Castparts Corporation (August 2011 – April 2017)

Development Program Manager – Structurals Division, Redmond, OR

- Managed programs for supply of critical titanium casting components to GE Aviation, Pratt & Whitney Canada, GKN Sweden, Aerojet Rocketdyne, Lockheed Martin, and SpaceX
- Ensured new part development met all customer technical and qualification requirements
- Initiated process changes to improve part producibility and reduce cost to manufacture

FedEx Corporation (December 2008 – July 2011)

Transportation Specialist – Ground Delivery, Bend, OR

- Re-engineered processes to improve on-time delivery of packages to remote and rural areas
- Improved efficiency and performance goals on nearly every route within 18 months

Chevron Corporation (March 1982 – October 2004)

Credit Services Manager - Treasury Department, Concord, CA

- Managed operations of \$700 million trade receivables structured financing program
- Directed a team responsible for application of \$80 million per day of cash receipts
- Coordinated development and monitoring of \$24 million operating expense budget

Other positions with Chevron Corporation:

- ***Planning & Analysis Manager – Latin America Lubricant Sales, San Francisco, CA***
- ***Operations Manager - Aviation Fluid Sales, San Francisco, CA***
- ***Financial Analyst - International Marketing, San Francisco, CA***
- ***Technical Services Coordinator - International Marketing, San Francisco, CA***
- ***Human Resources Representative - Corporate Human Resources, San Francisco, CA***
- ***Foreign Training Coordinator - Corporate Human Resources, San Francisco, CA***
- ***Project Engineer - U.S. Refining & Marketing, El Segundo and La Habra, CA***

OTHER WORK EXPERIENCE

Southern Coos Health Foundation (January 2023 – Present)

Board Member, Bandon, OR

- Support mission to advance quality community healthcare in the region through education, financial support, and advocacy
- Serve on committee to develop new three-year strategic plan

Southern Coos Hospital & Health Center (June 2021 – Present)

Gift Shop Volunteer, Bandon, OR

- Provide excellent customer service and complete transactions as efficiently as possible
- Assist multi-functional team in evaluation and implementation of a new POS system

The Tree of Humanity (July 2008 – Present)

President & Director, Bend, OR

- Created a 501(c)(3) charitable organization committed to strengthening the local community
- Organized an annual fundraising event to support socially significant efforts by local charities

Residential Real Estate Development (May 2005 – October 2008)

Construction Project Manager, Bend, OR

- Performed a comprehensive range of project management duties on construction of multifamily residences, spec, and custom homes
- Drove activities to ensure financial, timeline, quality, and scope objectives were met
- Administered draws on construction loans with timely payments to subcontractors and suppliers

New Hope Church (May 2005 – May 2008)

Ministry Director, Bend, OR

- Led a multi-faceted discipleship ministry for men
- Oversaw operations of 40,000 square-foot facility

EDUCATION & TRAINING

- B.S. Mechanical Engineering, University of Washington, Magna Cum Laude
- Leadership, supervision, project management, financial analysis, and continuous improvement
- Proficient in Microsoft Office products

INTERESTS

Fishing, hiking, guitar, home projects, cooking, gardening, and travel

REFERENCES

Available upon request

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
On Track	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	2/28/2023	Carrie Okey, Katelin Wirth	94.44
Completed	1.1.1	Implement Salary.com Benchmarking	Raymond Hino, Jeremiah Dodrill	7/31/2022	Carrie Okey, HR, Finance	100
Completed	1.1.2	Develop employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	100
Attention	1.1.3	Complete benchmarking study of hospital job codes	Jeremiah Dodrill, Raymond Hino	1/31/2023	Carrie Okey, HR, Finance	83.33
Completed	1.1.3.1	Compare current salaries by job code to Salary.com benchmark data, noting large differences. Establish pay grads, based on market data, for those positions in which they do not exist.	Jeremiah Dodrill	1/31/2023	Carrie Okey, HR, Finance	100
Attention	1.1.3.2	Quantify compensation differences individually and in the aggregate by job code, department and whole hospital	Jeremiah Dodrill	1/31/2023	Carrie Okey, HR, Finance	100
Attention	1.1.3.3	Determine strategy to impact compensation differences, particularly roles or areas that appear to be significantly under the benchmark and implement required wage/market adjustments as necessary	Jeremiah Dodrill	2/28/2023	Carrie Okey, HR, Finance	50
Attention	1.2	Develop and implement hospital physician/provider (medical staff) development plan, to include both current and projected future recruitment needs, Stark law compliance, additional best practices for medical staff development.	Jeremiah Dodrill, Raymond Hino	5/1/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	32.14
Completed	1.2.1	Research best practices and compliance requirements (DNV) in medical staff development plans	Raymond Hino	7/31/2022	DNV, MD Ranger, Governance Institute, CEO colleagues	100
Attention	1.2.2	Review Community Health Needs Assessment & interview Board, Medical Staff, Executive Leadership for physician recruitment needs	Raymond Hino	12/31/2023	Survey Monkey or hard copy surveys. Distribute, collect and tabulate results	50
Attention	1.2.2	Update Community Health Needs Assessment (CHNA).	Raymond Hino	12/31/2023	Executive Team, Ouside Consultant	
Completed	1.2.3	Complete a provider contract audit and identify if compliance variances exist	Raymond Hino	7/15/2022	MD Ranger, Jeremiah Dodrill	100
Attention	1.2.4	Create Medical Staff Development plan based upon results of needs assessment and best practices	Raymond Hino	12/31/2022	Executive Team, Kim Russell	50
Attention	1.2.4.1	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2022	Executive Team	
Completed	1.2.4.2	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
Attention	1.2.5	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2023	Jeremiah Dodrill, Kim Russell	
Attention	1.2.6	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2022	Executive Team	25
Completed	1.3	Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration	Carrie Okey, Scott McEachern	1/1/2023	Executive Team, Carrie Okey	100
On Track	1.4	Develop and implement a staff education plan	Cori Valet	4/30/2023	Carrie Okey	66.25

Southern Coos Health District
2022 - 2025 Strategic Plan - Updated February 17, 2023

Completed	1.4.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100
Completed	1.4.2	Identify current Medical Provider Education plans	Cori Valet	6/18/2022	Shawn March	100
On Track	1.4.3	Perform a gap analysis to determine deficiencies in existing education processes.	Cori Valet	2/28/2023	Carrie Okey	81.25
On Track	1.4.3.1	Develop a gap analysis tool	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
Completed	1.4.3.2	Benchmark other Hospitals, i.e. LUH, CVH, CGH	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
On Track	1.4.3.3	Perform gap analysis using data from other hospital benchmarking	Cori Valet	1/31/2023	Carrie Okey, Arianne Booth	100
On Track	1.4.3.4	Utilize existing template within MCN to amend current GAP analysis	Cori Valet	2/28/2023	Carrie Okey, Arianne Booth	25
On Track	1.4.4	Update existing education plans to include deficiencies noted in gap analysis.	Cori Valet	3/31/2023	Carrie Okey	
On Track	1.4.5	Implement the updated education policy for staff, managers, and medical providers.	Cori Valet	4/30/2023	Carrie Okey	50
On Track	1.4.5.1	Create an education policy for staff, manager and medical provider education.	Cori Valet	3/30/2023	Carrie Okey	50
Completed	1.5	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
On Track	1.6	Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with expectations	Raymond Hino, Jeremiah Dodrill	5/31/2023	Carrie Okey	50
Completed	1.6.1	Identify best practices in employee evaluation process	Raymond Hino, Jeremiah Dodrill	9/30/2022	Carrie Okey, HR	100
On Track	1.6.2	Perform value stream analysis on employee evaluation process.	Jeremiah Dodrill, Raymond Hino	3/31/2023	Carrie Okey, HR	50
On Track	1.6.2.1	Clarify expectations of employees and managers in evaluation process	Jeremiah Dodrill, Raymond Hino	3/31/2023	Carrie Okey	50
On Track	1.6.2.2	Develop standard operation procedures for HR, managers and employees for the employee evaluation process	Raymond Hino, Jeremiah Dodrill	3/31/2023	Carrie Okey	50
On Track	1.6.3	Revamp employee evaluation documents to meet best practices	Jeremiah Dodrill, Raymond Hino	4/30/2023	Carrie Okey, HR	
On Track	1.6.3.1	Employee evaluations to include review of job performance in reference to stated job descriptions, progress to individual and departmental goals and expectations of all employees	Jeremiah Dodrill	4/30/2023	Carrie Okey, HR	
On Track	1.6.4	Develop visibility and accountability measures for leadership	Raymond Hino, Jeremiah Dodrill	4/30/2023	Carrie Okey, HR	50
Completed	1.7	Identify gaps in recruitment process	Raymond Hino, Jeremiah Dodrill	12/31/2022	Carrie Okey	100
	2.0	Service				
Attention	2.1	Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction.	Raymond Hino	6/30/2023	Executive Team	25
Completed	2.1.1	Create a vision for SCHHC's patient engagement model, from initial contact and intake to point of service, and finally to discharge. The working premise is that the SCHHC patient engagement model should emulate an Apple Store experience.	Raymond Hino	6/17/2022	Executive Team, Leadership Team	100
Attention	2.1.2	Create project teams focused on, at minimum, the following: (1) Pre-Hospital Experience; (2) Wayfinding and Physical Environment; (3) Intake; (4) Outpatient Services; (5) Inpatient Services; (6) Discharge and Continuation of Engagement.	Raymond Hino	3/1/2023	Executive Team; Project Teams	
Attention	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	11/17/2022	Executive Team, Project Teams; Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	6/30/2023	Executive Team, Project Teams, Leadership Team	
On Track	2.2	Identify, select, and implement the most effective EMR and ERP systems.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	54.16

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On Track	2.2.1	Convene EHR Governance Committee, comprised of a cross-departmental team tasked with overseeing selection, implementation, and maintenance of EHR system	Scott McEachern	2/28/2023	Executive Team, Managers, Providers	75
On Track	2.2.2	Open conversations with potential EMR vendors	Scott McEachern	7/31/2022	Raymond Hino, Trevor Jurgenson	100
On Track	2.2.3	Identify needed peripheral systems	Scott McEachern	12/31/2022	Trevor Jurgenson, Cindy Kessler, Deb Backman, Marlene Rocha, Deb Ellis, Cheryl Johnson	100
Attention	2.2.4	Determine scope of work for hiring an external vendor selection team	Scott McEachern	8/31/2022	Executive Team	62.5
On Track	2.2.4.1	Identify appropriate project management team options. Criteria: has worked with small rural hospitals before; experience with EPIC implementation in CAHs; affordable price.	Scott McEachern	12/31/2022		100
Attention	2.2.4.2	Present three vendor selection team options to Exec Team	Scott McEachern	2/15/2023	Executive Team	25
On Track	2.2.5	Identify ERP System Vendors	Scott McEachern	12/31/2022	Marlene Rocha, Finance Team	100
On Track	2.2.6	Compare potential EMR and ERP Vendors with the External Vendor Selection Team Assistance	Scott McEachern	3/28/2023	Executive Team	
Attention	2.2.7	Identify potential project funders	Scott McEachern	8/31/2022	Jeremiah Dodrill	50
Attention	2.2.7.1	SM reached out to USDA	Scott McEachern	7/6/2022	Jeremiah Dodrill	50
Attention	2.2.7.2	SM reached out to AHA/Phil Rivera	Scott McEachern	7/6/2022	Jeremiah Dodrill	50
Attention	2.2.7.3	Reach out to Advanced Health	Kimberly Russell	7/31/2022	Jeremiah Dodrill, Ray Hino	50
Attention	2.2.8	Develop financial plan for EMR implementation	Scott McEachern, Raymond Hino, Jeremiah Dodrill	2/28/2023	Executive Team	
On Track	2.2.9	Make recommendation to SCHD Board	Scott McEachern	3/23/2023	Executive Team	
	3.0	Quality				
On Track	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2022	Scott McEachern, Barb Snyder, staff	80
Completed	3.1.1	Schedule a meeting with Stakeholders to discuss next steps and establish timelines	Scott McEachern	5/12/2022	Scott McEachern	100
Completed	3.1.2	DNV Training	Scott McEachern	7/12/2022	Barb Snyder	100
On Track	3.1.3	Prepare for DNV Assessment in September 2022	Scott McEachern	9/30/2022	Managers, staff	100
Completed	3.1.4	Achieve Initial DNV Accreditation	Barbara Snyder, Raymond Hino	12/30/2022	Executive Team, Managers, Providers, district board	100
On Track	3.1.5	Pass DNV Accreditation Survey for 2nd Year in a Row	Raymond Hino, Barbara Snyder	9/30/2023	Executive Team, Managers, staff, providers, district board	
Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
On Track	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	6/30/2023	Executive Team, Employees Activity Committee	70.83
Completed	3.3.1	Create SCHHC Communications calendar	Scott McEachern	11/7/2022	Carrie Okey	100
Completed	3.3.2	Perform a gap analysis: what could we be doing better to reach all staff with communication?	Scott McEachern	11/30/2022	Managers, staff	100
Completed	3.3.3	Implement Regular CEO Messaging	Scott McEachern	11/18/2022	Raymond Hino	100
Completed	3.3.4	Implement regular communication with staff	Carrie Okey	10/1/2022	Scott McEachern	75
Completed	3.3.4.1	Add text messaging capability to HR/Admin	Scott McEachern	11/11/2022	Carrie Okey	100
Completed	3.3.4.2	Utilize Survey Monkey to take regular surveys of staff	Carrie Okey	10/1/2022	Scott McEachern	100
Attention	3.3.4.3	Compile data to periodically report to executive team; craft follow-ups	Carrie Okey	3/31/2023	Scott McEachern	25
On Track	3.3.5	Revise Tier I & Tier II Huddle System	Scott McEachern	6/30/2023	Executive Team	
On Track	3.3.5.1	Assess usage rate of Tier I huddles	Scott McEachern	2/28/2023	Executive Team	
On Track	3.3.5.2	Update Tier I based on assessment	Scott McEachern	3/31/2023	Managers	
On Track	3.3.6	Update SCHHC Intranet Pulse Page	Scott McEachern	2/28/2023	Managers	50
Attention	3.4	Update and Implement a district wide Incident Response Plan	Cori Valet, Scott McEachern	7/31/2023	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	
Attention	3.4.1	Source vendor with expertise in updating IR Plan	Jeremiah Dodrill	3/31/2023	Jason Cook	
On Track	3.4.2	Complete Draft of Emergency Preparedness Plan	Jeremiah Dodrill	4/30/2023	Jason Cook, Jeremiah Dodrill	
On Track	3.4.3	Conduct preparedness exercises	Jeremiah Dodrill	5/31/2023	Jason Cook, Arianne Booth	

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On Track	3.4.4	Embed training into onboarding and annual review process using the Department of Homeland Security modules.	Jeremiah Dodrill	6/30/2023	Jason Cook, Carrie Okey, Arianne Booth	
On Track	3.4.5	Communicate Plan to Board of Directors, Foundation, and Community Members.	Scott McEachern, Cori Valet	7/31/2023	Jason Cook	
On Track	3.5	Update SCHHC cybersecurity program	Scott McEachern	6/30/2023	Trevor Jurgenson	98.43
Completed	3.5.1	Perform gap analysis on current SCHHC cybersecurity practices	Scott McEachern	7/31/2022	Trevor Jurgenson	100
On Track	3.5.2	Update cybersecurity practices and protocols	Scott McEachern	12/31/2022	Trevor Jurgenson	100
Completed	3.5.3	Develop annual vulnerability testing plan	Scott McEachern	12/31/2022	Trevor Jurgenson	100
Completed	3.5.4	Perform annual risk assessment	Scott McEachern	12/1/2022	Trevor Jurgenson	93.75
Completed	3.5.4.1	HIPAA Security Risk Assessment findings presented to exec team	Scott McEachern	12/7/2022	Critical Insight	100
On Track	3.5.4.2	HIPAA Security Risk Assessment findings presented to SCHD board	Scott McEachern	12/15/2022	Critical Insight	100
On Track	3.5.4.3	Develop security awareness training program	Scott McEachern	2/21/2023	Trevor Jurgenson	75
Completed	3.5.4.4	Implement patch management services and vulnerability review	Scott McEachern	1/31/2023	Trevor Jurgenson	100
On Track	3.6	Achieve top 100 Hospital Status	Raymond Hino, Scott McEachern, Cori Valet, Jeremiah Dodrill	6/30/2025	Executive Team, Managers, staff, providers, district board	50
On Track	3.6.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100
Attention	3.6.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	6/30/2023	Executive Team	
4.0		Growth				
On Track	4.1	Develop comprehensive district marketing plan.	Scott McEachern	6/30/2023	Amy Moss Strong	61.76
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	
On Track	4.1.1.1	Create separate branding guidelines for the Health Center/Clinic	Scott McEachern	6/30/2023	Dawn Gray, Executive Team	
On Track	4.1.2	Begin billboard advertisements	Scott McEachern	3/31/2023	Amy Moss Strong	25
On Track	4.1.3	Install New Outside signage	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	33.33
On Track	4.1.3.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
On Track	4.1.3.2	Approach Art Signs for cost estimate	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	
On Track	4.1.3.3	Redesign Clinic and Biz Building signs	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	
Completed	4.1.4	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Overdue	4.1.5	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	2/28/2023	Amy Moss Strong	50
Overdue	4.1.5.1	Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment	Scott McEachern	10/31/2022	Executive Team	50
Attention	4.1.6	Identify SCHHC's value propositions and differentiators	Scott McEachern	10/31/2022	Amy Moss Strong	75
Completed	4.1.7	Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community	Scott McEachern, Raymond Hino	8/31/2022	Amy Moss Strong	100
On Track	4.1.8	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
Attention	4.1.9	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	75
Completed	4.1.9.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
Completed	4.1.9.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
Attention	4.1.9.3	Revamp patient education on website and on-site resources	Scott McEachern	12/31/2022	Clinical managers	25
On Track	4.1.9.4	Integrate website with all other SCHHC digital assets -- ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	75
On Track	4.1.10	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	50

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On Track	4.1.10.1	Identify other advertising and public relations integrations available in the community; e.g. other newsletters, business relationships, etc.	Scott McEachern	10/31/2022	Amy Moss Strong	100
Attention	4.1.10.2	Implement regular survey cadence of community to assess movement in SCHHC brand awareness	Scott McEachern	11/30/2022	Amy Moss Strong	
Attention	4.1.11	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	12/31/2022	Amy Moss Strong	65
Attention	4.1.11.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	75
Completed	4.1.11.2	Increase mailing list sign-ups via e-newsletter and calls to action on website, social media	Scott McEachern	12/31/2022	Amy Moss Strong	100
On Track	4.1.11.3	Optimize current patient portal experience for patients	Scott McEachern	12/31/2022	Shawn March, Clinical Informatics	75
Attention	4.1.11.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern		Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	10
On Track	4.1.12	Increase Digital Key Performance Indicators	Scott McEachern	8/31/2022	Amy Moss Strong	67.85
Completed	4.1.12.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.12.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.12.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.12.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
On Track	4.1.12.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	25
On Track	4.1.12.6	Increase open rate and click-through of Bandon Health Wave by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	25
On Track	4.1.12.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	25
On Track	4.2	Become the hospital of choice identifying, developing and providing the right services (health screening, mental health, surgical, transitional care) to improve community health.	Scott McEachern, Cori Valet, Kimberly Russell, Raymond Hino, Jeremiah Dodrill	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	54
Completed	4.2.1	CEO to meet with major employers, elected leaders, medical staff members, Hospital Board and Executive Team to identify an opportunity assessment for current and future hospital services.	Raymond Hino, Kimberly Russell	3/31/2023	Board of Directors, Executive Team, Amy Moss Strong	70
Completed	4.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	Jeremiah Dodrill	9/30/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Jeremiah Dodrill	12/31/2022	Cathy Mann	100
On Track	4.2.1.3	Renegotiate Moda commercial and MA contracts	Jeremiah Dodrill	3/31/2023	Cathy Mann, Katelin Wirth	10
Completed	4.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Jeremiah Dodrill	12/31/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	100
Attention	4.2.4	Develop service line growth analysis mechanism and plan.	Raymond Hino	6/30/2023	Executive Team	
Attention	4.2.4.1	Construct a service line analysis process to identify new service lines and evaluate existing service lines	Raymond Hino	4/30/2023	Executive Team	
Attention	4.2.4.2	Conduct market study of outpatient services	Raymond Hino	3/31/2023	Executive Team	
Attention	4.2.4.3	Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC	Raymond Hino, Cori Valet, Scott McEachern, Jeremiah Dodrill	6/30/2023	Executive Team	
Attention	4.2.5	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	
Attention	4.2.5.1	Assess current state of patient intake process, including outreach to local providers	Scott McEachern	1/31/2023	Dawn Gray, Cathy Mann, Shawn March	
Attention	4.2.5.2	Increase SCHHC utilization of employees at local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, local businesses; etc.	Scott McEachern	3/31/2023	Executive Team	

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Attention	4.2.5.3	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	3/31/2023	Jeremiah Dodrill, Raymond Hino	
Attention	4.2.5.4	Develop outreach plan to local businesses	Scott McEachern	3/31/2023	Jeremiah Dodrill	
Attention	4.2.5.5	Implement outreach plan and tracking system to ensure continued outreach	Scott McEachern	3/31/2023	Jeremiah Dodrill	
Attention	4.2.5.6	Research population segments; develop specific marketing outreach to segments	Scott McEachern	3/31/2023	Amy Moss Strong	
Attention	4.3	Develop long-term board governance training program for SCHD board	Raymond Hino	3/1/2023	Board, Sr Leadership	50
Completed	4.3.1	Research best practices in Governance Training and Education, including by not limited to: Governance Institute, Special District Association of Oregon; Estes Park Institute	Raymond Hino	12/31/2022	Executive Team, Kim Russell, Board of Directors	100
On Track	4.3.2	Select a long-term board governance training partner.	Raymond Hino	3/1/2023	Executive Team, Kim Russell, Board of Directors	50
On Track	4.3.3	Create a 12-month calendar for Board Education and Training, for the months of June 2023 to May 2024	Raymond Hino	3/1/2023	Executive Team, Kim Russell, Board of Directors	
Attention	4.4	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Jeremiah Dodrill	12/31/2023		26.71
Attention	4.4.1	Select Architectural Firm	Jeremiah Dodrill	3/31/2023	Jason Cook	30
Completed	4.4.1.1	Identify and interview CAH hospitals that have had recent significant physical plant upgrades or built new hospitals.	Jeremiah Dodrill	9/15/2022	Jason Cook	100
Overdue	4.4.1.2	Develop Architect selection criteria based on results of CAH hospital interviews	Jeremiah Dodrill	11/30/2022	Jason Cook	50
Attention	4.4.1.3	Develop RFP and solicit bids for Architects to develop master site plan	Jeremiah Dodrill	12/31/2022	Jason Cook	
Attention	4.4.1.4	Select Architect base on RFP submissions/responses. Negotiate Engagement terms	Jeremiah Dodrill	1/31/2023	Jason Cook	
Attention	4.4.1.5	Sign Architect Contract	Jeremiah Dodrill	3/31/2023	Jason Cook, Ray Hino and Architect	
Overdue	4.4.2	Identify future plant infrastructure needs	Jeremiah Dodrill	8/31/2022	Jason Cook, Service Line Management	50
Completed	4.4.2.1	Interview Service Line management to understand growth/expansion/service opportunities and issues affecting current and future clinical operations	Jeremiah Dodrill	7/31/2022	Jason Cook, Service Line Management	100
Overdue	4.4.2.2	Incorporate needs assessment into Architect RFP	Jeremiah Dodrill	12/31/2022	Jason Cook	
Attention	4.4.3	Develop Phase 1 facilities plan - Immediate opportunities to improve existing campus infrastructure without large construction effort and service interruption	Jeremiah Dodrill	6/30/2023	Jason Cook and Architect	
	4.4.3.1	Work with Architect and management to identify opportunities for Phase 1 Plan	Jeremiah Dodrill	4/30/2023	Jason Cook and Architect	
	4.4.3.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	5/31/2023	Jason Cook and Architect	
Attention	4.4.4	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
	4.4.4.1	Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered	Jeremiah Dodrill	6/30/2023	Jason Cook and Architect	
	4.4.4.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	8/31/2023	Jason Cook and Architect	
	4.4.4.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
	4.4.4.4	Develop Cost Estimate				
Attention	4.4.5	Develop long-range clinical and operations equipment plan	Jeremiah Dodrill	12/31/2022	Jason Cook, Accounting/Finance, Service Line Management	53.57

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Completed	4.4.5.1	Create inventory of all existing owned, leased and serviced equipment	Jeremiah Dodrill	7/31/2022	Jason Cook and Accounting	100
Completed	4.4.5.2	Reconcile listing of all equipment between Engineering and Accounting	Jeremiah Dodrill	8/15/2022	Jason Cook and Accounting	100
Completed	4.4.5.3	Determine expected end of life/obsolescence of each equipment classification given date of purchase, expected useful life and other relevant factors (including service line manager input)	Jeremiah Dodrill	10/31/2022	Jason Cook, Accounting and Service Line Management	100
On Track	4.4.5.4	Evaluate warranty service period expiries	Jeremiah Dodrill	10/31/2022	Jason Cook and Accounting	75
On Track	4.4.5.5	Develop cost estimates for replacement, create schedule of replacement/investment/service contracts	Jeremiah Dodrill	11/30/2022	Jason Cook, SCS and Accounting	
On Track	4.4.5.6	Formalize equipment replacement plan, including cost, expected replacement dates and service contracts	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	
On Track	4.4.5.7	Develop standard operating procedures for maintenance of equipment and warranty lists	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	
	5.0	Finance				
On Track	5.1	Develop financial sustainability plan	Jeremiah Dodrill	12/31/2023		25.14
Completed	5.1.1	Complete FY 2023 budget. Criteria is that "Change in Net Position" is not negative for the fiscal year	Jeremiah Dodrill	6/30/2022	Axiom, Katelin Wirth, CLA	100
Attention	5.1.2	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Raymond Hino	4/30/2023	Jeremiah Dodrill, Outside legal counsel	66
Attention	5.1.3	Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans	Jeremiah Dodrill	4/30/2023	Axiom, Katelin Wirth, CLA	10
Attention	5.1.4	Define what it means to be adequately profitable to meet the capital needs of the hospital.	Jeremiah Dodrill	5/31/2023	Board, Executive Management	
On Track	5.1.5	Update plan with results of the Phase 1 facilities plan	Jeremiah Dodrill	6/30/2023	Axiom, Katelin Wirth, CLA	
On Track	5.1.6	Update plan with EMR/ERP Implementation total cost of ownership	Jeremiah Dodrill	3/31/2023	Scott McEachern	
On Track	5.1.7	Update Plan with results of Phase 2 facilities plan. Identify funding gap.	Jeremiah Dodrill		Axiom, Katelin Wirth, CLA	
Attention	5.2	By the end of FY23, the clinic will be at break-even financially	Raymond Hino	6/30/2023	Raymond Hino, Jeremiah Dodrill, Dawn Gray	36.45
Completed	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Jeremiah Dodrill	11/30/2022		100
Completed	5.2.2	Recruit additional high volume provider to clinic	Raymond Hino	12/31/2022	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
On Track	5.2.3	Renegotiate existing clinic provider contracts (as they expire), benchmarked for compensation and productivity which reflects minimum of break-even financial performance	Raymond Hino	4/30/2023	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	66.66
Completed	5.2.3.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022		100
Completed	5.2.3.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022		100
On Track	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023		
On Track	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Jeremiah Dodrill	3/1/2023	Raymond Hino, Dawn Gray, Advance Healthcare	5
On Track	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	5
On Track	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	6/30/2023	Scott McEachern	5
On Track	5.2.7	Assess viability of hiring external consultant to optimize clinic workflows	Scott McEachern	3/31/2023	Jeremiah Dodrill, Katelin Wirth, Shawn March, Dawn Gray	5
On Track	5.2.8	Achieve positive net income for clinic for 3 consecutive months	Jeremiah Dodrill	6/30/2023	Dawn Gray, clinic providers, clinic staff	5
Completed	5.3	Add Board indemnification language to the Bylaws and Board Insurance	Raymond Hino	6/23/2022	Board of Directors, Robin Miller, Chivaroli Insurance	100
	6.0	Accreditation and regulatory compliance	Page 7 of 8			

	7.0	General SCHHC Projects
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To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: January 2023 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for January of \$3,561,000 were lower than budgeted expectations of \$3,677,000. OP gross revenues of \$2,612,000 were slightly lower than a budget of \$2,631,000. Lab, Imaging and Clinic exceeded budgeted expectations while ER, RT, and Surgery volumes were lower than budgeted expectations. IP and Swing Bed volumes and revenues of \$949,000 were lower than a budget of \$1,046,000 for the month with an Average Daily Census (ADC) of 6.2 in January compared to budgeted ADC of 7.0.

Deductions from Revenue – Revenue deductions at \$1,402,000 or 39.4% of gross revenue were higher than a budget of 33.6%. Deductions from revenue year-to-date at 37.5% are higher than budgeted expectations of 33.6% due primarily to Medicare cost-report reserves. YTD settlement reserves remain at a payable of approximately (\$806k). There was a significant reduction in Medicare Acute Days and Swing Bed Days in January which held the estimated payable to Medicare flat to YTD December.

Total Operating Revenues of \$2,294,000 were lower than budget of \$2,441,000 despite the receipt of \$135,000 of Advanced Health risk pool settlement payments to Southern Coos recorded in Other Operating Revenue during January.

Labor Expenses was \$1,599,000 in January compared to a budget of \$1,701,000. Contract staffing for nursing and other medical professionals continues to be high, approximately \$101k over budget.

Professional Fees and Purchased Services combined were \$442,000 which was higher than a budget of \$416,000. We have yet to realize sufficient professional fees saving compared to budgeted expectations.

Medical Supplies, Drugs and Other Supplies combined at \$153,000 were lower compared to budgeted expectations at \$189,000.

Operating Expenses – Total operating expenses of \$2,417,000 for the month overall were lower than a budget of \$2,536,000.

Operating Income / Loss – Operating loss for January was (\$123,000) compared to a budgeted loss of (\$96,000).

Increase in Net Position was \$13,000 compared to a budgeted increase in the amount of \$2,000.

Days Cash on Hand for January was 138.6 days, down from December at 140.7. A/R days outstanding decreased from 52.6 to 50.4.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending January 2023

		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	93	102	111	-8.8%	-16.2%	904	706	731	28.0%	23.7%
	Swing Bed Days	98	114	127	-14.0%	-22.8%	773	790	773	-2.2%	0.0%
	Total Inpatient Days	191	216	238	-11.6%	-19.7%	1,677	1,496	1,504	12.1%	11.5%
	Avg Daily Census	6.2	7.0	7.7	-11.6%	-19.7%	7.8	7.0	7.0	12.1%	11.5%
	Avg Length of Stay - IP	2.9	3.0	3.3	-3.1%	-11.0%	4.3	3.5	3.6	24.4%	20.1%
	Avg Length of Stay - SWB	19.6	8.1	9.1	140.7%	116.1%	12.7	11.8	11.5	7.5%	9.8%
	ED Registrations	376	380	403	-1.1%	-6.7%	3,194	2,636	2,685	21.2%	19.0%
	Clinic Registrations	564	955	478	-40.9%	18.0%	3,143	6,496	3,154	-51.6%	-0.3%
	Ancillary Registrations	1,043	1,261	1,261	-17.3%	-17.3%	6,669	8,882	8,882	-24.9%	-24.9%
	Total OP Registrations	1,983	2,596	2,142	-23.6%	-7.4%	13,006	18,014	14,721	-27.8%	-11.7%
Key Income Statement Ratios	Gross IP Rev/IP Day	9,480	9,064	8,288	4.6%	14.4%	7,861	9,069	8,390	-13.3%	-6.3%
	Gross SWB Rev/SWB Day	687	1,067	1,439	-35.7%	-52.3%	892	1,068	960	-16.5%	-7.1%
	Gross OP Rev/Total OP Registrations	1,317	1,014	1,070	30.0%	23.1%	1,392	1,008	1,027	38.1%	35.5%
	Collection Rate	60.6%	66.4%	63.1%	-8.7%	-4.0%	62.5%	66.4%	65.4%	-5.8%	-4.4%
	Compensation Ratio	69.7%	69.7%	67.3%	0.1%	3.7%	65.7%	64.2%	68.7%	2.4%	-4.3%
	OP EBIDA Margin \$	(46,706)	(32,936)	(10,096)	41.8%	362.6%	145,982	638,672	(489,704)	-77.1%	-129.8%
	OP EBIDA Margin %	-2.0%	-1.3%	-0.5%	50.9%	332.1%	0.9%	3.8%	-3.4%	-76.4%	-126.2%
	Total Margin	0.6%	0.1%	1.0%	815.4%	-42.4%	2.1%	5.4%	-1.5%	-61.6%	-234.6%
Key Liquidity Ratios	Days Cash on Hand	138.6	80.0	132.1	73.3%	4.9%					
	AR Days Outstanding	50.4	50	55.1	0.8%	-8.5%					



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

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

For The Period Ending January 31, 2023

	Current Month - Jan-2023					Year To Date - Jan-2023				
	Jan-2023 Actual	Jan-2023 Budget	Variance	Var %	Jan-2022 Actual	Jan-2023 Actual	Jan-2023 Budget	Variance	Var %	Jan-2022 Actual
Patient Revenue										
Inpatient	948,973	1,046,172	(97,199)	(9.3%)	1,102,724	7,795,990	7,246,251	549,739	7.6%	6,875,028
Outpatient	2,611,992	2,631,251	(19,259)	(0.7%)	2,291,351	18,102,653	18,156,517	(53,864)	(0.3%)	15,116,133
Total Patient Revenue	3,560,966	3,677,423	(116,457)	(3.2%)	3,394,074	25,898,643	25,402,768	495,875	2.0%	21,991,161
Deductions From Revenue										
Total Deductions	1,402,423	1,236,777	(165,646)	(13.4%)	1,251,791	9,704,952	8,543,362	(1,161,590)	(13.6%)	7,615,095
Revenue Deductions %	39.4%	33.6%			36.9%	37.5%	33.6%			34.6%
Net Patient Revenue	2,158,543	2,440,646	(282,103)	(11.6%)	2,142,283	16,193,690	16,859,406	(665,715)	(3.9%)	14,376,066
Other Operating Revenue	135,266	86	135,180	157157.1%	30	135,371	602	134,769	22382.7%	715
Total Operating Revenue	2,293,809	2,440,732	(146,923)	(6.0%)	2,142,313	16,329,062	16,860,008	(530,946)	(3.1%)	14,376,781
Operating Expenses										
Total Labor Expenses	1,599,341	1,700,716	101,375	6.0%	1,440,951	10,728,433	10,821,089	92,656	0.9%	9,874,171
Total Other Operating Expenses	817,259	835,532	18,273	2.2%	766,422	5,991,687	5,806,696	(184,991)	(3.2%)	5,362,429
Total Operating Expenses	2,416,600	2,536,248	119,649	4.7%	2,207,372	16,720,120	16,627,785	(92,335)	(0.6%)	15,236,599
Operating Income / (Loss)	(122,791)	(95,516)	(27,275)	28.6%	(65,059)	(391,058)	232,223	(623,281)	(268.4%)	(859,818)
Net Non-Operating Revenues	135,874	97,037	38,837	40.0%	86,272	727,550	673,016	54,534	8.1%	639,741
Change in Net Position	13,083	1,521	11,562	760.3%	21,213	336,491	905,239	(568,747)	(62.8%)	(220,077)
Collection Rate %	60.6%	66.4%	(8.7%)	(8.7%)	63.1%	62.5%	66.4%	(5.8%)	(5.8%)	65.4%
Compensation Ratio %	69.7%	69.7%	0.1%	0.1%	67.3%	65.7%	64.2%	2.4%	2.4%	68.7%
OP EBIDA Margin \$	(46,706)	(32,936)	(13,771)	41.8%	(10,096)	145,982	638,672	(492,690)	(77.1%)	(489,704)
OP EBIDA Margin %	(2.0%)	(1.3%)	(0.7%)	50.9%	(0.5%)	0.9%	3.8%	(2.9%)	(76.4%)	(3.4%)
Total Margin (%)	0.6%	0.1%	0.5%	815.4%	1.0%	2.1%	5.4%	(3.3%)	(61.6%)	(1.5%)



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending January 2023

		Month				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	60.88%	57.53%	57.53%	5.8%	5.8%
	Medicaid	16.20%	22.91%	22.91%	-29.3%	-29.3%
	Commercial	15.84%	10.44%	10.44%	51.7%	51.7%
	Government	5.92%	7.62%	7.62%	-22.2%	-22.2%
	Other	0.25%	0.32%	0.32%	-23.3%	-23.3%
	Self Pay	0.91%	1.18%	1.18%	-22.9%	-22.9%
Total		100.00%	100.00%	100.00%		

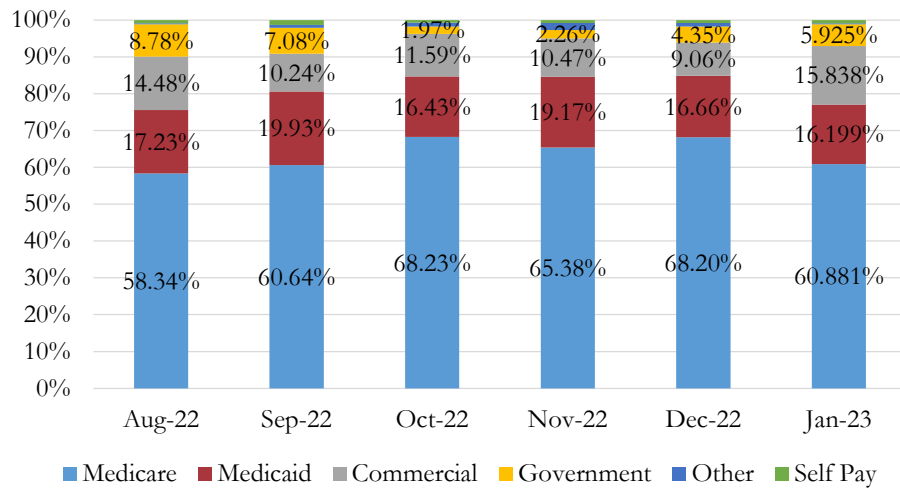
		Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
	Medicare	63.07%	60.68%	60.68%	3.9%	3.9%
	Medicaid	17.91%	19.22%	19.22%	-6.8%	-6.8%
	Commercial	11.58%	11.97%	11.97%	-3.3%	-3.3%
	Government	5.70%	5.74%	5.74%	-0.8%	-0.8%
	Other	0.81%	0.39%	0.39%	107.4%	107.4%
	Self Pay	0.94%	2.00%	2.00%	-53.0%	-53.0%
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	93	102	111	-8.8%	-16.2%
	Swing Bed Days	98	114	127	-14.0%	-22.8%
	Total Patient Days	191	216	238	-11.6%	-19.7%
	Emergency Visits	376	380	403	-1.1%	-6.7%
	Radiology Procedures	868	811	710	7.0%	22.3%
	Laboratory Tests	4,150	4,176	3,778	-0.6%	9.8%
	Respiratory Visits	511	629	896	-18.8%	-43.0%
	Surgeries and Endoscopies	8	32	24	-75.0%	-66.7%
	Specialty Clinic Visits	217	198	220	9.6%	-1.4%
	Primary Care Clinic	597	955	474	-37.5%	25.9%

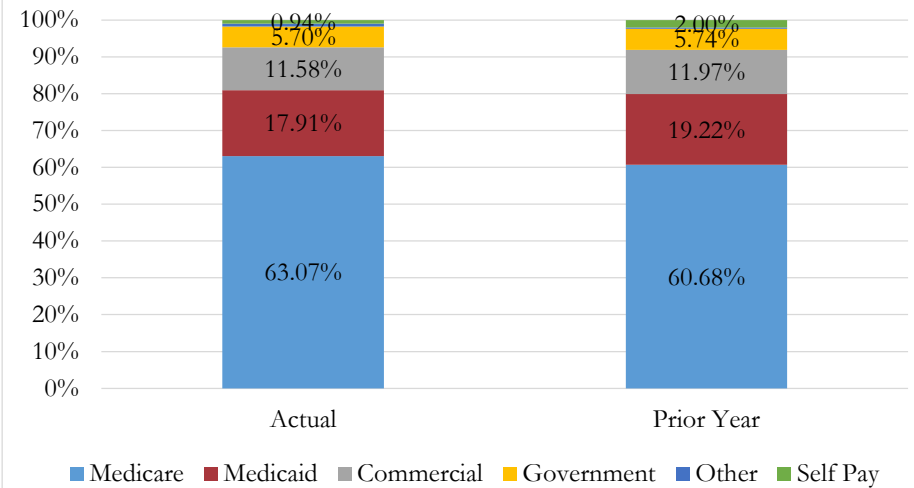
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
	In Patient Days	904	706	731	28.0%	23.7%
	Swing Bed Days	773	790	773	-2.2%	0.0%
	Total Patient Days	1,677	1,496	1,504	12.1%	11.5%
	Emergency Visits	3,194	2,636	2,685	21.2%	19.0%
	Radiology Procedures	5,823	5,505	4,800	5.8%	21.3%
	Laboratory Tests	25,402	28,962	26,934	-12.3%	-5.7%
	Respiratory Visits	4,141	4,363	4,078	-5.1%	1.5%
	Surgeries and Endoscopies	78	222	154	-64.9%	-49.4%
	Specialty Clinic Visits	1,311	1,374	1,311	-4.6%	0.0%
	Primary Care Clinic	3,290	6,496	3,152	-49.4%	4.4%



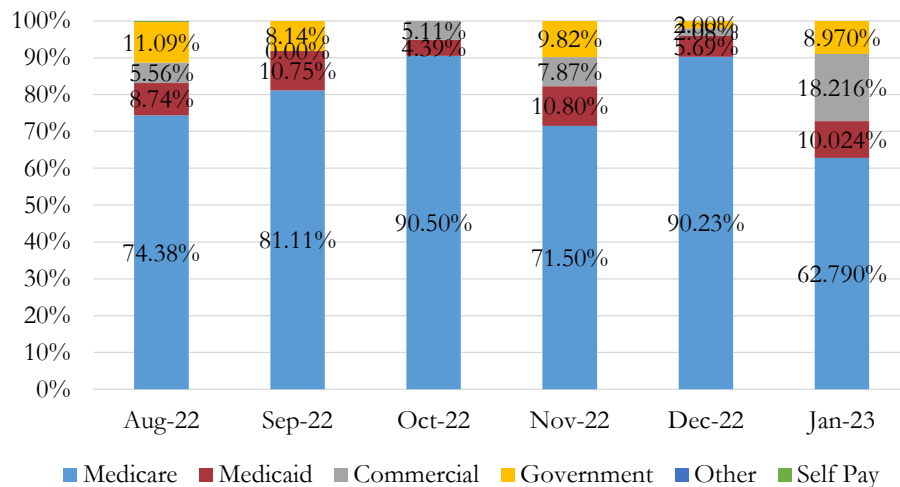
All Patients Payor Mix



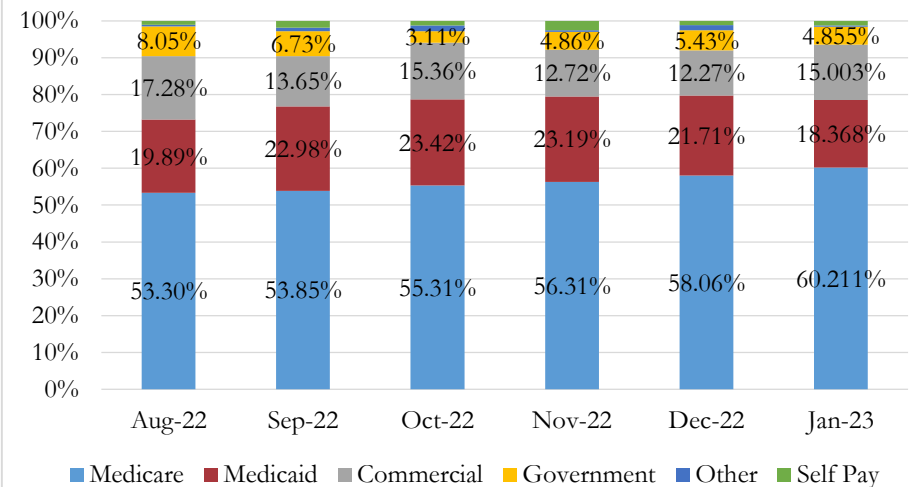
Year to Date Payor Mix



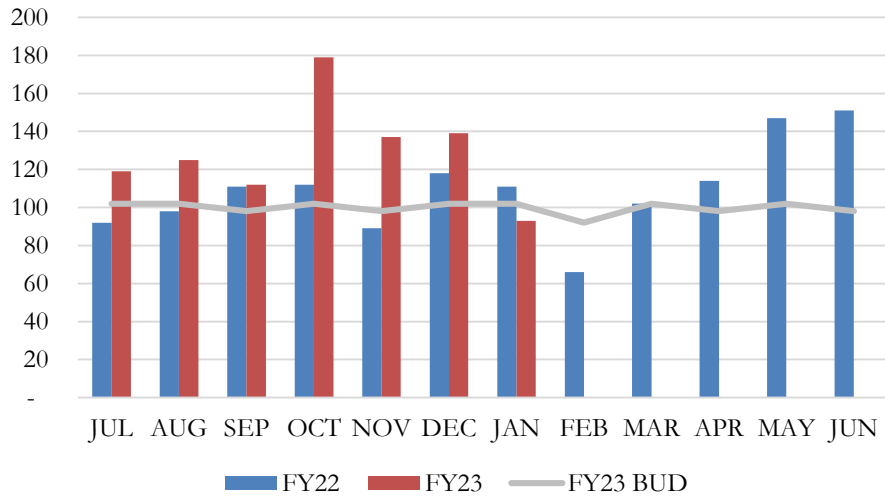
IP Payor Mix



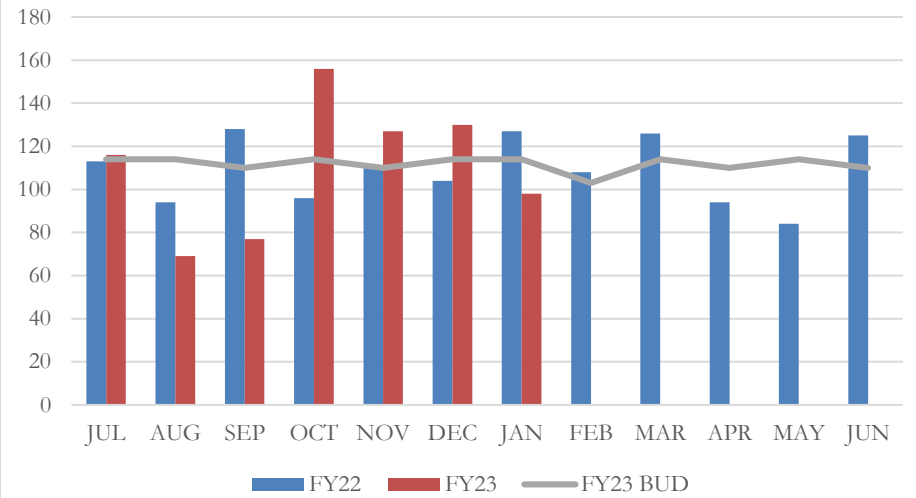
OP Payor Mix



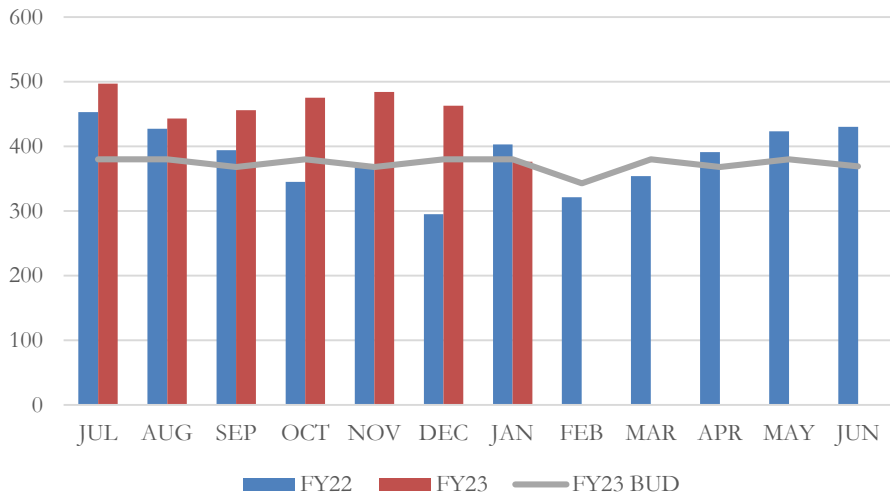
IP Days



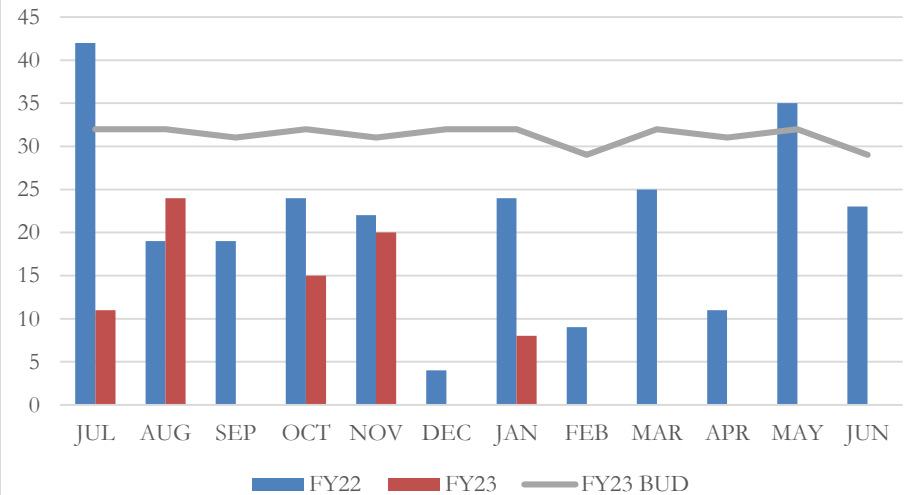
Swing Bed Days



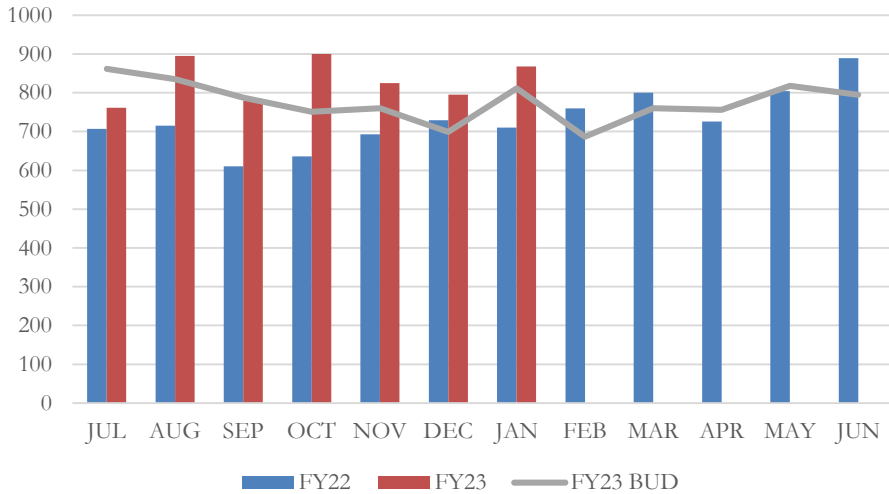
ER Visits



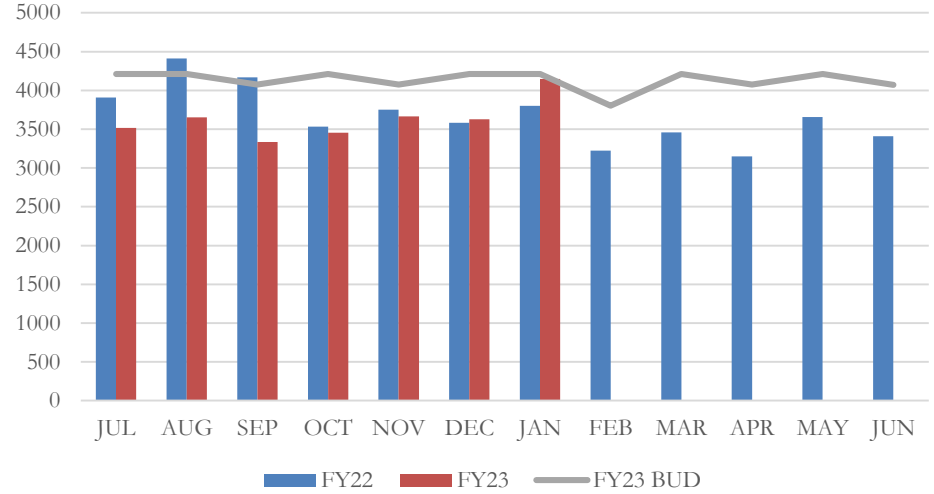
Surgery Patients



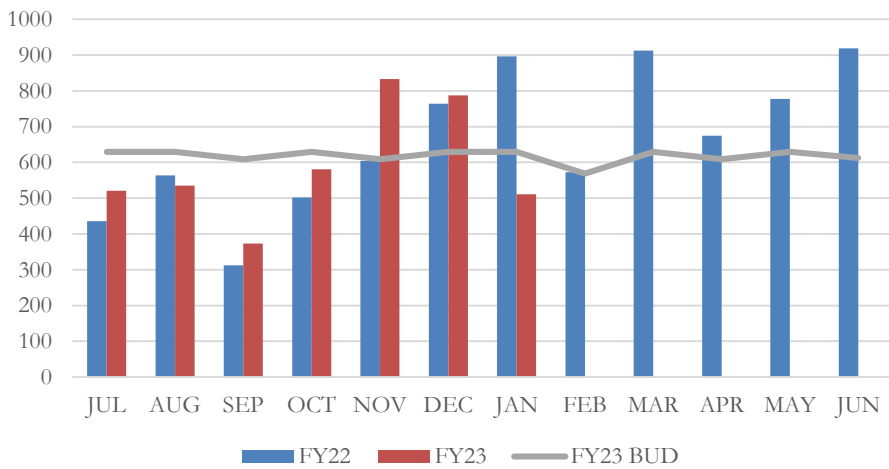
Imaging Visits



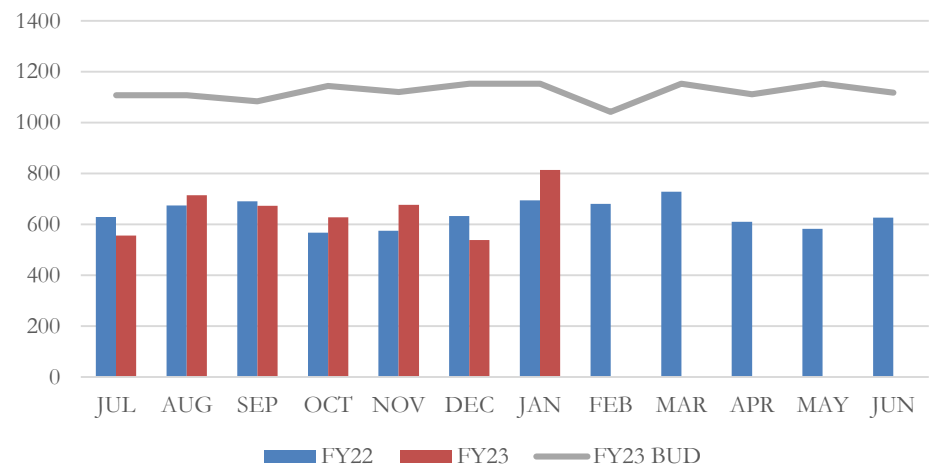
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending January 2023

	Balance as of January 2023	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	8,566,109	6,600,542	1,965,567	7,830,681
Covid-19 Relief Funds	1,201,335	1,201,335	-	(0)
Medicare Accelerated Payments	-	3,041,479	(3,041,479)	6,952,217
Investments - Unrestricted	1,599,395	1,452,639	146,756	452,620
Investments - Restricted	9,488	9,488	-	9,488
Investment - USDA Restricted	233,705	233,705	-	233,705
Investment - Board Designated	1,972,783	1,972,783	-	1,972,783
Cash and Cash Equivalents	13,582,815	14,511,971	(929,156)	17,451,493
Patient Accounts Receivable	6,444,910	5,990,969	453,941	4,845,025
Allowance for Uncollectibles	(3,138,631)	(2,793,125)	(345,507)	(2,456,334)
Net Patient Accounts Receivable	3,306,279	3,197,844	108,434	2,388,691
Other Receivables	(344,583)	492,153	(836,735)	840,233
Inventory	162,893	163,375	(482)	239,072
Prepaid Expense	307,653	479,232	(171,579)	402,507
Total Current Assets	17,015,056	18,844,575	(1,829,519)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	18,563,394	17,205,488	1,357,907	16,154,324
Less: Accumulated Depreciation	(13,423,877)	(12,886,837)	(537,040)	(11,651,955)
Construction In Progress	162,343	67,081	95,262	31,125
Net PP&E	5,763,387	4,847,259	916,128	4,995,021
Total Assets	22,778,443	23,691,835	(913,391)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending January 2023

	Balance as of January 2023	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,471,503	772,657	698,845	924,534
Accrued Payroll and Benefits	1,514,361	1,195,908	318,453	1,054,435
Interest and Other Payable	788,198	712,471	75,727	310,866
Current Portion of Long Term Debt	246,328	246,328	-	231,964
Medicare Accelerated Fund	-	3,041,479	(3,041,479)	6,952,217
Provider Relief Funds	1,201,335	1,201,335	-	-
Current Liabilities	5,221,725	7,170,179	(1,948,454)	9,474,016
Long-Term Debt	4,935,552	4,236,981	698,572	4,368,697
Less Current Portion of Long-Term Debt	(246,328)	(246,328)	-	(231,964)
Total Long-Term Debt, net	4,689,224	3,990,653	698,572	4,136,733
Total Liabilities	9,910,949	11,160,832	(1,249,883)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	336,491	(175,268)	511,759	8,172,906
Total Net Assets	12,867,494	12,531,002	336,491	12,706,270
Total Liabilities & Net Assets	22,778,443	23,691,835	(913,391)	26,317,018



Southern Coos Hospital & Health Center

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

For The Period Ending January 31, 2023

	Current Month - Jan-2023					Year To Date - Jan-2023				
	Jan-2023 Actual	Jan-2023 Budget	Variance	Var %	Jan-2022 Actual	Jan-2023 Actual	Jan-2023 Budget	Variance	Var %	Jan-2022 Actual
Patient Revenue										
Inpatient	948,973	1,046,172	(97,199)	(9.3%)	1,102,724	7,795,990	7,246,251	549,739	7.6%	6,875,028
Outpatient	2,611,992	2,631,251	(19,259)	(0.7%)	2,291,351	18,102,653	18,156,517	(53,864)	(0.3%)	15,116,133
Total Patient Revenue	3,560,966	3,677,423	(116,457)	(3.2%)	3,394,074	25,898,643	25,402,768	495,875	2.0%	21,991,161
Deductions From Revenue										
Total Deductions	1,402,423	1,236,777	(165,646)	(13.4%)	1,251,791	9,704,952	8,543,362	(1,161,590)	(13.6%)	7,615,095
<i>Revenue Deductions %</i>	39.4%	33.6%			36.9%	37.5%	33.6%			34.6%
Net Patient Revenue	2,158,543	2,440,646	(282,103)	(11.6%)	2,142,283	16,193,690	16,859,406	(665,715)	(3.9%)	14,376,066
Other Operating Revenue	135,266	86	135,180	157157.1%	30	135,371	602	134,769	22382.7%	715
Total Operating Revenue	2,293,809	2,440,732	(146,923)	(6.0%)	2,142,313	16,329,062	16,860,008	(530,946)	(3.1%)	14,376,781
Operating Expenses										
Salaries & Wages	1,127,972	1,277,761	149,789	11.7%	1,000,369	7,677,272	8,156,558	479,286	5.9%	6,781,485
Contract Labor	162,442	125,013	(37,429)	(29.9%)	171,832	1,168,537	764,688	(403,849)	(52.8%)	1,378,700
Benefits	308,927	297,942	(10,984)	(3.7%)	268,750	1,882,623	1,899,843	17,220	0.9%	1,713,986
Total Labor Expenses	1,599,341	1,700,716	101,375	6.0%	1,440,951	10,728,433	10,821,089	92,656	0.9%	9,874,171
Professional Fees	236,918	181,378	(55,540)	(30.6%)	218,125	1,710,539	1,269,648	(440,891)	(34.7%)	1,489,955
Purchased Services	204,958	234,891	29,933	12.7%	238,295	1,560,373	1,643,996	83,622	5.1%	1,592,662
Drugs & Pharmaceuticals	43,791	61,943	18,151	29.3%	55,874	326,339	429,586	103,247	24.0%	397,851
Medical Supplies	19,781	19,275	(506)	(2.6%)	12,562	159,805	133,661	(26,144)	(19.6%)	95,444
Other Supplies	89,385	107,787	18,403	17.1%	83,888	669,930	754,442	84,512	11.2%	575,725
Lease and Rental	27,115	49,414	22,299	45.1%	29,685	160,336	345,898	185,563	53.6%	191,431
Maintenance & Repairs	21,795	17,703	(4,092)	(23.1%)	6,952	120,294	123,917	3,623	2.9%	109,166
Other Expenses	44,870	52,032	7,162	13.8%	36,575	375,556	359,396	(16,160)	(4.5%)	270,794
Utilities	22,809	22,037	(772)	(3.5%)	11,350	176,348	154,260	(22,088)	(14.3%)	145,229
Insurance	22,719	26,492	3,773	14.2%	18,154	150,319	185,443	35,124	18.9%	124,057
Interest	7,034	-	(7,034)	0.0%	-	44,809	-	(44,809)	0.0%	-
Depreciation & Amortization	76,085	62,581	(13,504)	(21.6%)	54,963	537,040	406,450	(130,590)	(32.1%)	370,115
Total Operating Expenses	2,416,600	2,536,248	119,649	4.7%	2,207,372	16,720,120	16,627,785	(92,335)	(0.6%)	15,236,599
Operating Income / (Loss)	(122,791)	(95,516)	(27,275)	28.6%	(65,059)	(391,058)	232,223	(623,281)	(268.4%)	(859,818)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	625,987	601,194	24,793	4.1%	592,391
Non-Operating Revenue	29,149	21,355	7,794	36.5%	12,342	59,911	149,386	(89,475)	(59.9%)	135,175
Interest Expense	(14,788)	(14,394)	(393)	2.7%	(15,135)	(105,878)	(103,040)	(2,838)	2.8%	(109,881)
Investment Income	32,086	4,532	27,554	607.9%	3,910	147,530	31,693	115,837	365.5%	30,056
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(6,216)	6,216	(100.0%)	-
Total Non-Operating	135,874	97,037	38,837	40.0%	86,272	727,550	673,016	54,534	8.1%	647,741
Change in Net Position	13,083	1,521	11,562	760.3%	21,213	336,491	905,239	(568,747)	(62.8%)	(212,077)



Southern Coos Hospital & Health Center

Income Statement

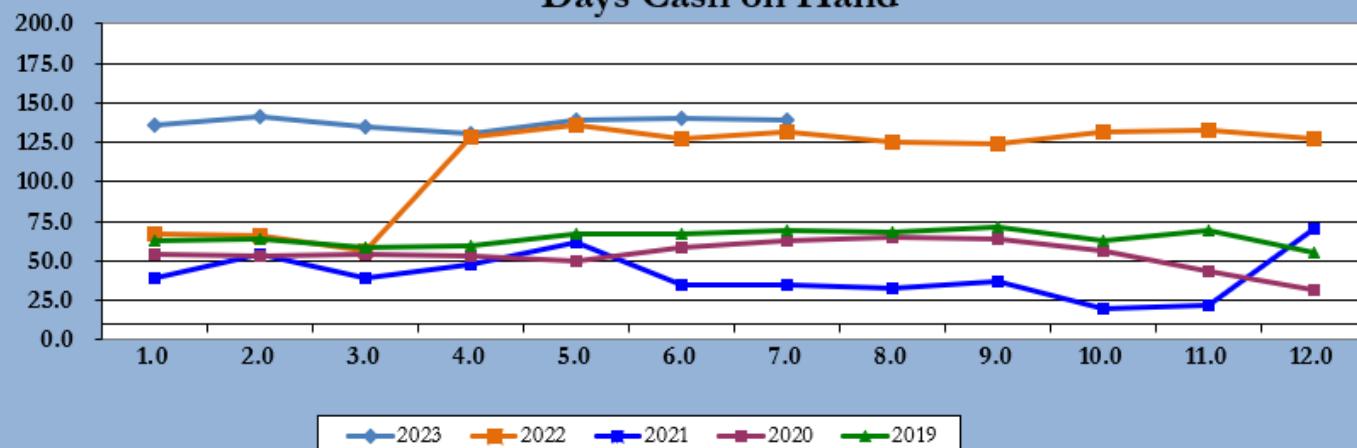
For The Period Ending January 2023

Comparison to Prior Months

	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023
Patient Revenue						
Inpatient	999,294	854,833	1,465,820	1,242,120	1,199,820	948,977
Outpatient	2,759,677	2,453,351	2,533,610	2,576,250	2,671,277	2,611,997
Other Patient Revenue	-	-	-	-	-	-
Total Patient Revenue	3,758,971	3,308,184	3,999,429	3,818,370	3,871,096	3,560,964
Deductions From Revenue						
Charity Services	13,149	25,722	18,074	12,580	12,589	8,397
Contractual Allowances	1,225,257	754,486	1,267,584	1,503,142	1,630,796	1,270,137
Other Discounts	127,269	173,246	157,798	102,380	89,366	130,137
Bad Debt	4,075	(19,713)	(7,453)	(10,111)	(15,453)	(6,241)
Total Deductions	1,369,751	933,741	1,436,002	1,607,991	1,717,299	1,402,422
Net Patient Revenue	2,389,221	2,374,443	2,563,427	2,210,379	2,153,798	2,158,542
Other Operating Revenue	10	30	30	25	5	135,261
Total Operating Revenue	2,389,231	2,374,473	2,563,457	2,210,404	2,153,803	2,293,803
Operating Expenses						
Salaries & Wages	1,120,072	1,037,955	1,056,924	1,121,878	1,150,435	1,127,977
Benefits	258,378	189,855	292,399	284,341	282,079	308,927
Contract Labor	147,125	101,069	199,894	160,186	225,526	162,447
Professional Fees	213,296	273,677	256,985	253,413	262,739	236,917
Purchased Services	248,283	186,242	273,174	199,016	229,539	204,951
Medical Supplies	36,336	16,758	25,343	22,917	17,812	19,778
Drugs & Pharmaceuticals	34,457	65,592	44,125	39,458	47,567	43,797
Other Supplies	102,139	114,219	99,481	89,973	115,470	89,387
Depreciation & Amortization	51,065	51,773	49,597	181,987	75,165	76,087
Lease and Rental	48,222	48,976	48,459	(85,151)	24,493	27,117
Maintenance & Repairs	23,985	28,162	10,664	15,785	4,660	21,797
Utilities	28,785	25,143	25,973	19,761	25,683	22,807
Insurance	21,309	21,309	21,309	21,309	21,184	22,717
Interest	-	-	-	31,943	5,832	7,037
Other Expenses	68,339	42,147	84,632	59,330	37,177	44,877
Total Operating Expenses	2,401,792	2,202,876	2,488,959	2,416,145	2,525,362	2,416,601
Excess of Revenue Over Expenses from	(12,561)	171,598	74,499	(205,741)	(371,559)	(122,797)
Non-Operating Operations						
Unrestricted Contributions	85,155	85,155	102,242	89,427	89,427	89,427
Other NonOperating Revenue\Expense	19,661	1,995	1,849	4,715	1,178	29,147
Investment Income	14,398	16,573	19,840	24,392	28,838	32,087
Gain(Loss) on Sale of Assets	-	-	-	-	-	-
Total Non-Operating	119,214	103,722	123,932	118,534	119,442	150,661
Interest Expense	(14,784)	(14,784)	(14,784)	(17,174)	(14,782)	(14,782)
Excess of Revenue Over Expenses	91,869	260,536	183,646	(104,381)	(266,898)	13,081



January 2023 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

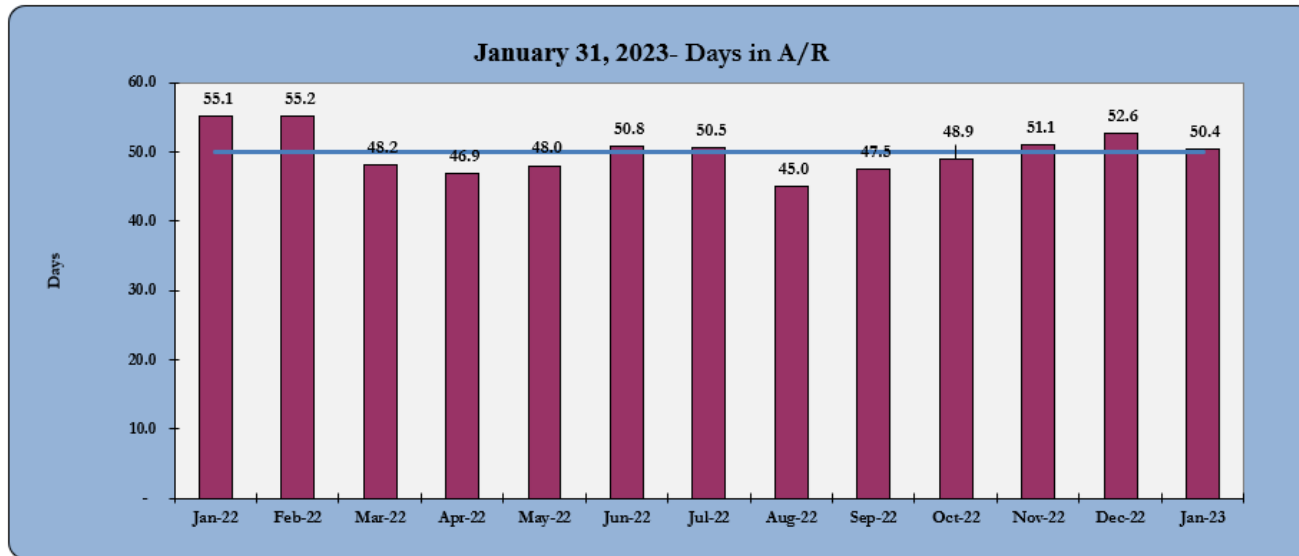
How ratio is used:

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	137.3
2021	41.2
2020	54.0
2019	64.7
2018	70.7
2017	96.1
2016	83.6
2015	67.3

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2023	135.9	140.8	135.2	130.5	139.4	140.7	138.6					
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.

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
A/R (Gross)	5,690,377	5,831,926	5,206,299	4,918,498	5,171,194	5,698,606	5,920,336	5,391,457	5,497,910	5,886,139	6,242,296	6,684,720	6,158,963
Days in AR	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
A/R (Gross)	5,690,377	5,831,926	5,206,299	4,918,498	5,171,194	5,698,606	5,920,336	5,391,457	5,497,910	5,886,139	6,242,296	6,684,720	6,158,963
Days in Month	31	28	31	30	31	30	31	31	30	31	30	31	31
Monthly Revenue	3,394,074	2,931,260	3,392,919	3,007,670	3,502,412	3,693,131	3,581,626	3,758,971	3,308,183	3,999,429	3,818,370	3,871,096	3,560,966
3 Mo Avg Daily Revenue	103,271	105,725	107,981	104,852	107,641	112,123	117,143	119,932	115,748	120,289	122,264	127,053	122,287
Days in AR	55.1	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPTIAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Non-Threshold Capital Purchases (<\$15,000)		\$ 101,400			
Security Camera System Expansion	Information Systems	\$ 5,500.00	\$ 11,995.00	\$ (6,495.00)	1/31/2023
Coag Replacement Reagents	Laboratory	\$ 15,000.00	\$ 15,000.00	\$ -	In Progress
Portable OR Light	OR	\$ 4,723.00	\$ 4,723.00	\$ -	1/31/2023
Not in Budget (>\$15,000)					
Gen 2 Iovera Hand Held	Pain Management	\$ -	\$ 14,000	\$ -	7/31/2022
Prodigy iDXA Machine	Radiology	\$ -	\$ 9,600	\$ -	8/31/2022
Transducer Biopsy Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022
		\$ 101,400	\$ 63,018	\$ 38,382	

Threshold Projects (>\$15,000)

	Cardiac Monitors	MedSurge	\$ 230,000	\$ -	\$ 230,000	
	Nova BioMedical Prime Plus	Laboratory	\$ 125,100	\$ -	\$ 125,100	
Reauthorized	Two Bin Implementation	Material Management	\$ 100,000	\$ -	\$ 100,000	
	Air Handler Repairs	Engineering	\$ 55,000	\$ -	\$ 55,000	
	RFA Generator	Surgery - Pain Management	\$ 50,000	\$ 55,515	\$ (5,515)	In Progress
Reauthorized	Scope Reprocessor	Surgery-Endo	\$ 48,000	\$ -	\$ 48,000	
Reauthorized	Cautery	Surgery	\$ 40,000	\$ -	\$ 40,000	
	Phone System Upgrade	Information Systems	\$ 35,000	\$ 34,999	\$ 1	12/31/2022
	BacT Alert Replacement	Laboratory	\$ 32,000	\$ -	\$ 32,000	
	Stago Satellite Replacement	Laboratory	\$ 25,000	\$ -	\$ 25,000	
Reauthorized	Crash Cart Defibrillator	Surgery	\$ 25,000	\$ 14,953	\$ 10,047	11/30/2022
	Wifi System Upgrade	Information Systems	\$ 19,300	\$ -	\$ 19,300	
Reauthorized	Butterfly Ultrasound	MedSurge	\$ 18,000	\$ -	\$ 18,000	
	IV Pumps	MedSurge	\$ 16,200	\$ 12,800	\$ 3,400	1/31/2023
Not in Budget (>\$15,000)						
	Equipment Upgrade for RAD Equipmnet	Radiology	\$ -	\$ 17,200.00	\$ -	1/31/2023
	Generator 10	Surgery	\$ -	\$ 22,360.50	\$ -	In progress
	Smart Pump	Surgery	\$ -	\$ 18,890.91	\$ -	In progress
	System 1E	Surgery	\$ -	\$ 23,421.86	\$ -	In progress
	OR Lights	Surgery	\$ -	\$ 23,923.36	\$ -	In progress
	Surgery Tools (System 8)	Surgery	\$ -	\$ 26,455.00	\$ -	In progress
	Anesthesia Machine	Surgery	\$ -	\$ 62,983.87	\$ -	In progress
			\$ 818,600	\$ 313,502	\$ 700,333	
Total			\$ 920,000	\$ 376,520	\$ 543,480	

FY2023

Grant Funded Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Grant Funding Source
Vapotherm HVT Unit	Laboratory	\$ -	\$ 14,500	\$ -	8/31/2022	SHIP ARPA
Stat Profile Prime Plus Analyzer	Laboratory	\$ -	\$ 14,000	\$ -	12/31/2022	SHIP ARPA
		\$ -	\$ 28,500	\$ -		



linic Provider Income Summary

1 Providers

The Budget Year 2023

																Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT YTD	FY23 Budget	Variance
Provider Productivity Metrics																	
Clinic Days	55	78	67	78	61	75	63	82	78	79	56	83	82	83	461	558	(98)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	3290	6,496	(3,206)
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	6.6	11.7	5.7	11.5	7.3	11.5	7.1	11.6	(4.5)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,013.77	1,735.00	916.72	1,840.40	1,043.88	1,802.20	604.39	1,857.20	1,228.26	1,857.20	6,818.47	12,638.40	(5,819.93)
RVU/Visit	2.18	1.95	2.16	1.95	2.14	1.95	1.99	1.95	2.04	1.94	1.89	1.94	2.06	1.94	2.07	1.95	0.13
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.76	23.13	14.67	22.44	13.47	22.81	10.79	22.38	14.98	22.38	14.81	22.65	(7.84)
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	363.51	337.07	225.31	337.46	535.51	337.72	361.29	337.72	371.96	336.22	35.74
Gross Revenue/RVU	166.47	171.58	171.85	171.58	210.72	172.06	182.40	173.26	110.29	173.77	283.53	173.66	175.61	173.66	179.48	172.81	6.66
Net Rev/RVU	72.02	72.37	74.10	72.37	90.15	72.55	78.06	72.98	48.75	73.17	122.65	73.13	75.09	73.13	77.34	72.82	4.52
Expense/RVU	122.57	75.68	102.29	75.68	98.92	76.15	141.70	73.52	124.18	73.18	223.01	72.46	137.66	73.95	130.24	74.34	55.90
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.77)	(3.60)	(63.64)	(0.53)	(75.43)	(0.01)	(100.35)	0.67	(62.57)	(0.81)	(52.89)	(1.52)	(51.38)
Net Rev/Day	1,199.50	1,645.18	1,211.56	1,645.18	1,510.64	1,678.30	1,144.95	1,638.06	656.70	1,669.23	1,323.77	1,636.39	1,124.77	1,636.39	1,145.18	1,649.37	(504.19)
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.40	1,657.58	1,761.55	2,078.45	1,650.01	1,672.65	1,669.49	2,406.86	1,621.46	2,061.99	1,654.59	1,928.36	1,683.76	244.60
Diff	(841.80)	(75.28)	(460.87)	(75.23)	(146.94)	(83.25)	(933.50)	(11.95)	(1,015.96)	(0.26)	(1,083.09)	14.93	(937.22)	(18.20)	(783.18)	(34.39)	(748.79)
Patient Revenue																	
Outpatient																	
Total Patient Revenue	152,481	304,240	188,252	304,240	213,623	298,533	167,213	318,867	115,131	313,160	171,363	322,524	215,690	322,524	1,223,753	2,184,089	(960,336)
Deductions From Revenue																	
Total Deductions From Revenue (Note A)	86,508	175,916	107,078	175,916	122,230	172,660	95,653	184,546	64,237	181,291	97,232	186,704	123,458	186,704	696,397	1,263,738	(567,341)
Net Patient Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	527,356	920,351	(392,995)
Total Operating Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	527,356	920,351	(392,995)
Operating Expenses																	
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	79,193	71,005	92,222	73,586	106,442	74,449	542,427	510,159	32,268
Benefits	9,853	9,325	9,883	9,320	8,081	9,076	10,487	9,320	8,469	8,430	8,065	8,110	13,207	9,997	68,046	64,200	3,846
Purchased Services	3,723	9,121	4,832	9,121	3,940	9,002	4,923	9,121	4,973	9,002	(4,446)	9,121	0	9,121	17,945	63,609	(45,664)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	2,883	0	2,883
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	1,007	5,968	(4,961)
Other Expenses	1,517	2,785	1,517	2,785	4,017	2,785	1,517	2,785	5,794	2,785	3,704	2,785	19,272	2,785	37,338	19,496	17,843
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,850	30,470	39,815	34,787	40,127	30,098	40,127	218,363	276,107	(57,744)
Total Operating Expenses	112,271	134,196	112,053	134,191	100,284	132,116	129,903	135,301	129,631	131,890	134,784	134,582	169,083	137,331	888,009	939,539	(51,530)
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,852)	(1,511)	(360,653)	(19,188)	(341,465)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,852)	(1,511)	(360,653)	(19,188)	(341,465)

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

Southern Coos Hospital & Health Center

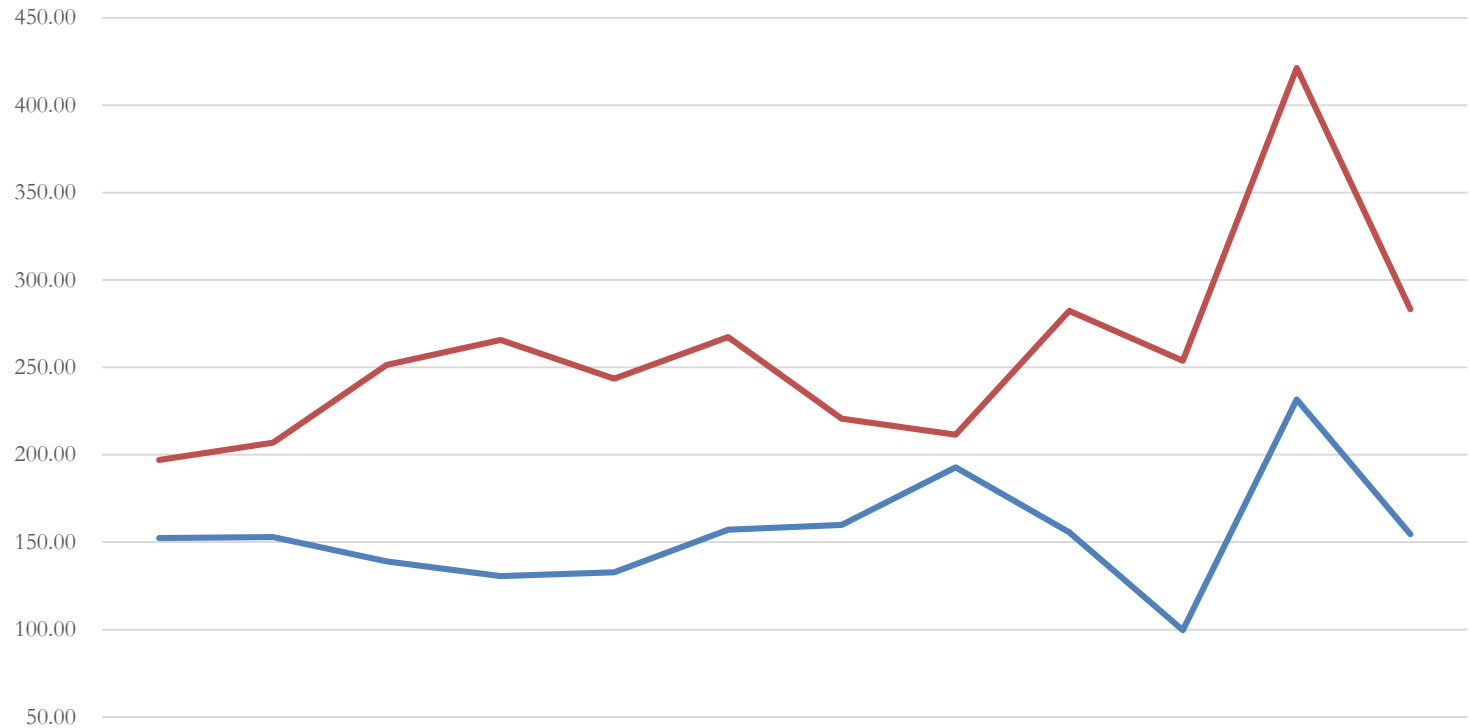
Summary Statements of Revenues, Expenses, and Changes in Net Position

For The Period Ending January 31, 2023

	Current Month - Jan-2023					Year To Date - Jan-2023			
	Hospital Actual	Clinic Providers Actual	Clinic %	Var %	Jan-2023 Actual	Hospital Actual	Clinic Providers Actual	Clinic %	Var %
Patient Revenue									
Inpatient	948,973	-	0.00%	0.0%	948,973	7,795,990	-	0.00%	0.0%
Outpatient	2,396,303	215,690	8.26%	0.0%	2,611,992	16,878,900	1,223,753	6.76%	0.0%
Total Patient Revenue	3,345,276	215,690	6.06%	0.0%	3,560,966	24,674,890	1,223,753	4.73%	0.0%
Deductions From Revenue									
Total Deductions	1,278,964	123,458	8.80%	0.0%	1,402,423	9,008,555	696,397	7.18%	0.0%
<i>Revenue Deductions %</i>	<i>38.2%</i>	<i>57.2%</i>			<i>39.4%</i>	<i>36.5%</i>	<i>56.9%</i>		
Net Patient Revenue	2,066,312	92,231	4.27%	0.0%	2,158,543	15,666,334	527,356	3.26%	0.0%
Other Operating Revenue	135,266	-	0.00%	0.0%	135,266	135,371	-	0.00%	0.0%
Total Operating Revenue	2,201,578	92,231	4.02%	0.0%	2,293,809	15,801,705	527,356	3.23%	0.0%
Operating Expenses									
Total Labor Expenses	1,481,315	119,648	7.48%	0.0%	1,599,341	10,119,582	610,473	5.69%	0.0%
Total Other Operating Expenses	767,824	49,435	6.05%	0.0%	817,259	5,714,151	277,536	4.63%	0.0%
Total Operating Expenses	2,249,139	169,083	7.00%	0.0%	2,416,600	15,833,733	888,009	5.31%	0.0%
Operating Income / (Loss)	(47,561)	(76,582)	62.59%	(0.0%)	(122,791)	(32,028)	(360,653)	92.22%	(0.0%)
Net Non-Operating Revenues	135,874	0	0.00%	0.0%	135,874	727,550	0	0.00%	0.0%
Change in Net Position	88,312	(76,582)	(587.4%)	0.0%	13,083	695,522	(360,653)	(107.2%)	0.0%
Collection Rate %	61.8%	42.8%	44.4%	60.6%	63.5%	43.1%	47.3%		
Compensation Ratio %	67.3%	129.7%	(47.4%)	69.7%	64.0%	115.5%	(44.5%)		
OP EBIDA Margin \$	28,523	(76,852)	0.0%	(46,706)	505,013	(360,653)	0.0%		
OP EBIDA Margin %	1.3%	(83.3%)	0.0%	(2.0%)	3.2%	(68.4%)	0.0%		
Total Margin (%)	4.0%	(83.3%)	0.0%	0.6%	4.4%	(68.4%)	0.0%		



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Net Rev/Visit	152.36	152.82	138.98	130.65	132.85	157.08	159.79	192.81	155.56	99.60	231.66	154.49
Expenses/Visit	197.08	206.83	251.44	265.62	243.46	267.31	220.58	211.57	282.40	253.68	421.20	283.22





To: Southern Coos Health District Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: COVID Trailer Purchases/Approval for SHIP (Small Rural Hospital Improvement Plan ARPA (American Rescue Plan Act) Funds

Situation

With the need for a negative pressure room and the deterioration of the COVID Emergency Tent, the Hospital is requesting the purchase of a Mobile Emergency Trailer.

Background

Currently, only 2 negative pressure rooms are available. The first, is room 129 on the Inpatient unit, is commonly used for COVID patients. The second, is one of only 4 rooms in the emergency department. The one negative pressure room in the emergency department is typically shared with surgical services as a procedure room. Throughout the COVID pandemic, surgical services has been utilizing an inpatient room on the Med-Surg department to allow the emergency department full access of the negative pressure room. As a result of this arrangement, the hospital loses 2 Med-Surg beds that could be reallocated for other patients. Additionally, a COVID Emergency Response Tent was purchased to address the pandemic / spike in cases. Over time the tent is exhibiting signs of weather damage as a result of our location. After evaluation, the purchase of a single structure that encompasses a negative pressure room and will house COVID patients will improve efficiency, effectiveness, and patient capacity.

Analysis

SHIP ARPA Grant was awarded to SCHHC in the amount of \$258,376.00. The current amount of available funds is \$114,676.92 and will be used for the purchase of these items.

COVID Emergency Response Trailer:	(\$63,163.00)
MISC. Costs(Estimate for additional needs – post-delivery):	(\$15,000.00)
Truck to pull COVID trailer:	(\$50,000.00)
Total Cost:	\$128,163.00
SHIP ARPA – Funds Remaining:	\$114,676.92
Out-of-Pocket Cost:	(\$13,486.00)

In support of the purchase, the below benefits have been identified.

- **Mobile** Emergency Response unit that can be relocated in the event of a disaster / emergency.
- Increase in patient capacity
- Reduced risk of transmission to staff, providers, and patients.
- Mobile unit for testing and/or vaccination efforts/events.

Recommendation

SCHHC Management would request that the remaining SHIP ARPA funds be used to purchase a COVID trailer and truck.



To: Board of Directors and Southern Coos Management
From: Katelin Wirth, Financial Analyst and Jeremiah Dodrill, CFO
Re: Community Benefit Report – CBR-1

Community Benefit Report – Community benefit is all the health care-related services that Oregon's community hospitals provide, without compensation, to address critical health needs in the community. These services include health services to vulnerable or underserved people; financial or in-kind support for public health programs; health education, screening, and prevention services; medical research; medical education; and more. Oregon's community hospitals provide these benefits through financial assistance, charity care and subsidies for services otherwise not available in the community.

FY22 Spending Floor– OHA updates minimum community spending floors for hospitals on a two-year cycle. This calculation takes in to account the three-year average of unreimbursed care spending, which includes service line losses for activities that have been identified as a community need, and the three-year average of the operating margin multiplier. The margin multiplier ranges from 0.75 to 1.05. The hospital's operating margin has been less than -2% for the past three year resulting in a multiplier for the district of 0.75 and a FY22 spending floor of \$1,302,506. The minimum spending floor for FY23 is \$1,400,417. Currently there is no financial penalty in the regulations for not meeting the established minimum spending floor.

Charity Care (CBR-1 lines 1 through 6) – Charity care means free or discounted health services provided to persons who meet the eligibility criteria of the organization's financial assistance policy. Charity care is differentiated from bad debt based on expectation of payment. Charity care is reported in terms of costs, not charges. Cost is determined using the hospital's average cost-to-charge ratio. Charity Care was offered to 296 community members during the year which covered \$114,000 in expenses for our patients.

Unreimbursed Cost of Public Programs (lines 7 through 11)

Medicaid (line 7) – Unreimbursed costs for Medicaid are the shortfall created when a facility receives payments that are less than the cost of caring for Medicaid or CHIP beneficiaries. Note that due to provider tax supplemental payments, Southern Coos does not report any losses for the Medicaid program.

Other Public Programs (line 8) – Similar to unreimbursed costs of Medicaid, line 8 reports the shortfall created when a facility receives payments that are less than the cost of caring for other public medical programs including Tricare, Champus, Veterans Health Administration, Indian Health Service, and other federal, state, or local programs.

Subsidized Health Services (line 9) – Subsidized health services are clinical service lines that are provided despite a financial loss because they meet an identified community need and it is reasonable to conclude that if the hospital no longer offers the service, then the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Services included for Southern Coos Hospital include Emergency Department, Clinic, Pain Management and OR, primarily.

To determine these figures, we broke out gross charges by payor and then applied the cost to charge ratios by revenue department to determine the overall cost. This difference between gross charges and calculated expenses determined that the community benefit of these subsidized services is \$1,473,000.

Community Health Improvement Services (line 12) – These are activities that are carried out to improve community health based on an identified community need. These services do not generate inpatient or outpatient bills. During FY22, the hospital provided 665 community members with health improving services, including free mammograms and PSA testing, Women's Health Day, the drive-through flu clinic, and the School Nurse program with the local school district. These activities provided a net community benefit of \$47,000.

Health Professions Education (line 14) – This category includes educational programs that are available to physicians, medical students, interns, residents, nurses and nursing students, and other health professionals that are not available exclusively to the hospital's employees. Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit. The facility provided seven community members with scholarships in FY22 that totaled \$10,500. It also provided education expenses to healthcare providers in the amount of \$76,000.

Community Building Activities (line 16) – These are programs that affect the social determinants of health and health equity. Activities are not direct health care services but rather provide opportunities to address the root causes of health problems, such as poverty, homelessness, racism, and environmental issues. These activities support community assets by offering the expertise and resources of the health care organization. Costs for these activities include cash, in-kind donations, and budgeted expenditures for the development of a variety of community health programs and partnerships. The quarterly Art Shows are represented in this report.

Total Community Benefit Reported – The total Community Benefit that Southern Coos Hospital will be reporting to the state is \$1,835,000 which is \$532,000 above the minimum required spending for FY22.

Section 1: Costs
Fiscal Year: 2022

Hospital Name:	Southern Coos Hospital and Health Center				
Hospital System:	0				
Reporting Period:	7/1/2021-6/30/2022				
Contact Information:	Name of Person Completing This Form:		Katelin Wirth	Title:	Financial Analyst
	Phone Number:		541-347-2426, x336	Email:	Kwirth@southerncoos.org
	Reviewed By:		Jeremiah Dodrill	Title:	CFO

Line	Type of accounting system used for this reporting	Charity Care Costs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
1	Cost to Charge Ratio	Medicaid Charity Care	3	\$37,652	\$0	\$37,652
2		Medicare Charity Care	203	\$33,244	\$0	\$33,244
3	Percent of Charity Care Visits at 100%	Commercial Charity Care	66	\$16,628	\$0	\$16,628
4		Self Pay Charity Care	24	\$26,142	\$0	\$26,142
5	Percent of Charity Care Dollars at 100%	Other Payor Charity Care	-	\$0	\$0	\$0
6		Total Charity Care	296	\$113,666	\$0	\$113,666

	Type of accounting system used for this reporting	Other Unreimbursed Costs of Care	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense
7	Cost Accounting	Medicaid/Managed Medicaid	5,109	\$0	\$0	\$0
8		Other public programs	1,048	\$1,544,684	\$1,435,251	\$109,434
9		Subsidized Health Services	4,643	\$3,726,752	\$2,253,309	\$1,473,443
10		Other Uncompensated Care	10,800	\$5,271,436	\$3,688,560	\$1,582,876
11		Total Unreimbursed Care	11,096	\$5,385,102	\$3,688,560	\$1,696,542

Line	Other Community Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
12	Community health improvement services	665	\$62,065	\$15,291	\$46,774	
13	Research		\$0	\$0	\$0	
14	Health professions education		\$86,288	\$0	\$86,288	
15	Cash and in-kind contributions to other community groups		\$0	\$0	\$0	
16	Community building activities		\$5,000	\$0	\$5,000	
17	Community benefit operations		\$0	\$0	\$0	
18	Other Community Benefits Total	665	\$153,353	\$15,291	\$138,062	
19	Community Benefits Totals	11,761	\$5,538,455	\$3,703,851	\$1,834,604	

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FY22 Minimum Spending Floor		
3-year Average of Unreimbursed Care		
Southern Coos Hospital & Health Center	\$1,148,472	
Total 3-year Average of Unreimbursed Care	\$1,148,472	
Direct Spending Net Patient Revenue %	FY20 NPR	Type % Mod
Southern Coos Hospital & Health Center	\$205,379	1.0%
Total Direct Spending Net Patient Revenue %	\$205,379	
3-Year Average Operating Margin	3-Year Avg OpMarg	Modifier
Southern Coos Hospital & Health Center	-10.3%	0.75
Adjusted Direct Spending	Adj Direct Spending	
Southern Coos Hospital & Health Center	\$154,034	
Total Adjusted Direct Spending Amount	\$154,034	
FY22 Minimum Spending Floor	\$1,302,506	

FY23 Minimum Spending Floor							
Year-Over-Year Change in Net Patient Revenue	FY16-FY17	FY17-FY18	FY18-FY19	FY19-FY20	4-Year Average	Year 1 Spending Floor	Year 2 Spending Floor
Southern Coos Hospital & Health Center	9.6%	9.8%	9.6%	1.1%	7.5%	\$1,302,506	\$1,400,417
FY23 Minimum Spending Floor	\$1,400,417						

FY22 spending floor = *3-year average of unreimbursed care spending* + (*Direct Spending Net Patient Revenue Percentage* x *3-year average operating margin multiplier*)

FY23 spending floor = *FY22 spending floor* + (*FY22 spending floor** *4-year average percent change in net patient revenue, capped at +/- 10%*)