

#### SOUTHERN COOS HEALTH DISTRICT

Board of Directors | Regular Meeting
Public Access via Southern Coos Hospital Website and Facebook Meeting Links
March 24, 2022
6:30 p.m.

#### **AGENDA**

- I. Public Meeting 6:30 p.m. Call to Order
  - 1. Public Input
- II. Consent Agenda
  - 1. Meeting Minutes
    - i. Regular Meeting 02/24/22 p. 2 ii. Special Meetings – 02/08/22; 03/09/22 p. 7-8
    - iii. Executive Sessions 01/18/22; 01/25/22; 01/27/22; 02/08/22; & 03/09/22
  - 2. Monthly Counsel Invoices
    - 1. Robert S. Miller III, General Counsel 03/01/2022 Inv. #1041 p. 9-10

#### III. Staff Reports

- CEO Report—Raymond Hino, CEO
   Clinic Report—Raymond Hino, CEO
   CNO Report—Cori Valet, CNO
   CFO Report—Jeremiah Dodrill, CFO
   CIO Report—Scott McEachern, CIO
   SCHD Foundation Report—Scott McEachern, CIO
   Medical Staff Report—Dr. P.J. Keizer, MD
  - i. Credentialing Report
  - ii. Training Affiliation Agreement
- IV. Review of Monthly Financial Statements, presented by Jeremiah Dodrill, CFO p. 22
- V. Quality & Patient Safety Monthly Report, presented by Barb Snyder, RN p. 39
- VI. New Business
  - 1. Insurance Renewal Derek Grewatz, Chivaroli & Associates
  - 2. Oregon Community Benefit Report (CBR-1)
- VII. Old Business
  - 1. SCHD By-laws Articles 1-3 Review
  - 2. Governance Institute Education
- VIII. Open Discussion
- IX. Adjournment



#### Southern Coos Health District Board of Directors Regular Meeting Minutes February 24, 2022

Members Present: Brent Bischoff, Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen, Director, and Tom Bedell, Director. Administration: Deborah Ellis, Interim CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; and Philip Keizer, MD, Medical Staff Chief of Staff. Others present: Tony Andrade and Glen Bunting, Moss Adams Auditors (via remote meeting link); Robert S. Miller III, General Counsel.

#### I. Call to Order & Approval of Agenda

The meeting was called to order at 6:34 p.m. All five members were in attendance; quorum was met.

Norbert Johnson **moved** to accept the meeting agenda. **Discussion:** Cori Valet, CNO, requested an addition to the agenda under New Business, a Tuition Reimbursement Request. Mary Schamehorn **seconded** the motion. **None opposed. Motion passed.** The agenda was amended.

**IV.** New Business Item #2, Moss Adams Cost Report & FY21 Adjustments, was moved forward as a courtesy to the presenters Tony Andrade and Glenn Bunting, presenters. The November 2021 Cost Report audited financial report has been corrected to reflect the lump sum Medicare payment of \$79,000 and additional information and transactional detail. The net difference of these adjustments is a reduction in Medicare revenues of approximately \$100,000, for a total fiscal year loss of (\$1.9M). Discussion: Method II allows a Critical Access Hospital to receive cost-based payment for certain clinic services. The Federal Single Audit of grant funds, including the Provider Relief Fund, has not been finalized due to certain testing provision waivers not yet being received from the regulators. Mr. Andrade and Mr. Bunting were thanked for their presentation and signed off from the meeting.

#### 1. Public Input

No public input received.

#### II. Consent Agenda

#### 1. Meeting Minutes

Public minutes from the January 27 regular meeting and February 8 special meeting minutes were reviewed. The February 8 minutes will be amended to state that the new CEO contract will be signed by Mr. Hino on or before his start date of February 28. Executive Session minutes from January 18, 25, 27 and February 8 will be moved to the March regular meeting for review and approval.



#### 2. Monthly Counsel Invoices

i. Robert S. Miller III, General Counsel  $\sim #2088 \sim 01/3/22$ 

Mary Schamehorn **moved** to approve the Consent Agenda with amendment to February 8 special meeting minutes and with exception of the Executive Session minutes. Norbert Johnson **seconded** the motion. **None opposed. Motion passed.** 

#### III. Staff Reports

#### 1. CEO Report

Deborah Ellis, Interim CEO, thanked the Board of Directors for their extensive effort to complete a thorough CEO recruitment and interview process, sharing that she, the Executive Team, and staff are looking forward to the arrival of new CEO, Raymond Hino, on Monday, February 28. Mr. Bischoff shared the appreciation of the Board of Directors for Ms. Ellis's service as Interim CEO, requesting that she attend the March regular meeting.

#### 2. Multi-Specialty Clinic Report

Deborah Ellis, Interim CEO, presented the Clinic Report. The new Clinic Manager, Cherie Turbitt, has been well received with positive feedback from providers and staff. Former manager, Karen Stafford, is doing well as Case Manager and is enrolled in a Case Management Certificate program. **Discussion:** Regarding the Televox appointment reminder system, the new manager is addressing issues currently regarding appointment reminder format options. Mental Health visits have a higher rate of cancellation and no-shows.

#### 3. CNO Report

Cori Valet, RN/BSN, CNO presented the CNO Report including strategic pillars of People, Growth and Finance. There are currently 8 full-time nursing positions open with four agency nurse contracts in place. Positions are advertised also in Lab and Medical Imaging. Respiratory Therapy is fully staffed. Some Pharmacy shortages have improved and COVID-19 testing supply shortages resolved. Shortages resulted from the production of home testing kits made available by the government for US citizens. Sofia test manufacturing has resumed. Charge capturing of floor stock is an ongoing project in Emergency, Med-Surg, and Outpatient nursing services with goal of 100% capture. **Discussion:** Board member received patient feedback regarding incorrect testing or vaccine information from local Rite Aid; requesting SCHHC staff follow-up with Rite Aid. Regarding inventory and charge capture, these are reviewed in weekly Accounting-Nursing meetings with periodic inventory spot-checks and year-end physical inventory. New stocking racks are included in capital budget to support intentional, easy process for RNs.



#### 4. CFO Report

Jeremiah Dodrill, CFO, provided a review of the monthly CFO Report from the meeting packet including summary of Cost Report Adjustments and FY 2021 Updated Audited Financial Statement presented by Moss Adams at this meeting; the annual Community Benefit Report with due date extended to March 26, to be reviewed at the March 24 regular meeting; and Budget Planning and timeline for fiscal year 2023 budget.

#### 5. CIO Report

Scott McEachern, CIO, reviewed the monthly report outlined under strategic pillars of People, Service, Quality and Growth. Marketing is currently highlighting personal stories through the Above and Beyond recognitions in social media. Health Information Management staff are planning continuing education. A new SCHHC Health and Wellness program will launch soon. Information Systems staff are working toward certifications in IS fields. MyCareCorner, an updated patient portal, will go live in March with improved ease of use and tools. Work is underway to decrease the time between patient encounter and payment for service by helping to identify chart deficiencies as they occur.

#### 6. SCHD Foundation Report

Scott McEachern, CIO & Foundation Executive Director provided a summary of the Foundation Report including an update on the 2021 year-end fundraising campaign for the School Nurse Program at the Bandon School District, announcing Karrie Devine, RN, with a 12-month contract. During summer months she may work clinic shifts. The 19<sup>th</sup> annual Women's Health Day will be this Saturday, February 26, the second year as a fully virtual event. Over 120 people had registered as of February 24. Special thanks to Amy Moss-Strong and Alix McGinley, and presenters Stephanie Lyon, Director of Pharmacy, Deborah Ellis, our outgoing Interim CEO, and Rita Hamilton, Dietary Manager, as well as Stephanie Polizzi, OSU Extension Nutritionist. The 16<sup>th</sup> annual Golf for Health Classic at Bandon Crossings is scheduled to be held on September 17. The SCHF Gift Shop will be promoting seasonal holidays coming up in May and June.

#### 7. Medical Staff Report

i. Dr. Keizer presented the Credentialing and Privileging Report from the February 8 Medical Staff monthly meeting:

#### **New Appointments**

Brent Hatch, PA-C – Allied Health/Orthopedic Medicine (supervising Physician S. Hobson, MD)

#### **Reappointments**

Olixn Adams, DO – Active Staff – Family Medicine Don Hirschman, CRNA – Courtesy Staff – Anesthesia



Thomas Kinsley, MD – Courtesy Staff – Emergency Medicine James Tracy, DO – Courtesy Staff - Allergy and Immunology

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

Lee Hewett, MD – Courtesy Staff – New Appointment James Le, MD – Courtesy Staff – New Appointment Suzanne Aquino, MD – Courtesy Staff – Reappointment Patricia Barnes, MD – Courtesy Staff – Reappointment Perry Kaneriay, MD – Courtesy Staff - Reappointment

**Discussion:** Dr. Adams, Dr. Noel Pense, and Dr. Crane rotate Hospitalist shifts at the hospital. Dr. Adams no longer practices in Gold Beach. Norbert Johnson **moved** to accept the Medical Staff Report as presented. Mary Schamehorn **seconded** the motion. **None were opposed. Motion passed.** 

#### IV. Monthly Financial Statements: Review

Jeremiah Dodrill, CFO, provided a review of the financial statements for the month of January as presented in the meeting packet. In summary, gross revenues for January of \$3,394,000 were higher than budgeted expectation of \$3,145,000. Operating loss for January was (\$65,000) compared to budgeted loss of (\$110,000). Days Cash on Hand in January concluded at 132.1 days, up from December at 127.4 due to strong collections with A/R days decreasing from 62.4 to 55.1. **Discussion:** Mr. Dodrill requested input from Board members for future reporting structure and provided a review of Medicare cost-based reimbursement and cost reporting. When volume increases from prior reporting the hospital will be overpaid, causing the required adjustment. The new cost report tool will help SCHHC identify an accurate position to improve overall reporting. The team looks forward to arrival of new CEO and continued work to review existing contracts.

#### V. Quality and Patient Safety Report

Barbara Snyder, Quality & Risk Manager, was not in attendance. Ms. Ellis offered to answer any questions regarding the printed report. **Discussion:** Board members inquired what information is necessary for the District Board regarding Risk. Risk as it relates to insurance is a financial consideration to be included in financial reporting. Quality measures are a requirement of Medicare/Medicaid (CMS) in support of patient care. Mr. Miller, General Counsel, suggested that a special Executive Session could be scheduled to review liability/potential liabilities one or two times per year.

#### VI. New Business

#### 1. Consideration of MRI Proposal

Debra Backman, Medical Imaging Manager, presented the MRI Mobile proposal. In summary, the proposal is recommended to improve workflow, improve the patient experience, to accommodate more patients, and increase market share. **Discussion:** Board members inquired about the number of techs available, current volume, contract termination clause and client references. No decision was made at this



meeting. A special meeting will be scheduled to review contract termination language and additional client references after arrival of new CEO.

#### 2. Moss Adams Cost Report & FY21 Adjustments

See under I. Call to Order. Item moved forward in agenda.

#### 3. Addendum to Agenda: Consideration of Tuition Reimbursement Request

Cori Valet, CNO, introduced the tuition reimbursement request, per policy not to exceed \$15,000, requested by a highly productive ED CNA staff member employed with Southern Coos since 2008, currently enrolled in a 12-month hybrid Institute of Technology Practical Nursing Program; includes 2-year commitment from employee. **Discussion:** Cori was asked to read aloud the tuition reimbursement policy for new Board member edification.

Norbert Johnson moved to approve the tuition reimbursement as requested, per the reimbursement policy. Tom Bedell **seconded** the motion. **All in favor. None opposed. Motion passed.** 

#### VII. Old Business

#### 1. Permanent CEO Search Update

Mr. Bischoff noted that, as approved at the February 8 Special Meeting, new CEO Raymond Hino will join SCHHC on Monday, February 28.

#### 2. Governance Institute Update

Mr. Bischoff reminded members to complete the Board Orientation module.

#### VIII. Open Discussion

Norbert Johnson provided an update on the hospital Bylaws review project. It was proposed that board members review a subset of articles each month beginning in March with articles 1 through 3. Mr. Bedell will consolidate input for review. The Board requested a list of Southern Coos Medical Directors. It was noted that in a recent edition of Becker's Hospital Review, Oregon is listed as number two in the nation for RN salaries, inquiring how Southern Coos compares. Southern Coos is presently at benchmark, however available housing is also a consideration. Mr. Bischoff thanked Mr. Johnson and Mr. Bedell for their work on the Bylaws.

#### IX. Adjournment

At 8:29 p.m. the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be March 24, 2022 at 6:30 p.m.

Brent Bischoff, Chairman 3-24-22

Mary Schamehorn, Secretary 3-24-22



#### Southern Coos Health District Board of Directors Special Meeting Minutes February 8, 2022

6:30 pm.

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Pamela Hansen, Tom Bedell; Directors. Administration: Scott McEachern, CIO. Others present: Robert Miller, III, Counsel. Mr. Bedell and Mr. Miller attended via teleconference. Press: None.

At 6:00 the Board met in Executive Session Under ORS 192.660(2)(a) to discuss CEO applicant screening. No decisions were made in Executive Session.

#### I. Call to Order

At 6:36 the Open Session Meeting was called to order by the Board Chairman. This open session was also available to the general public via the SCHHC website and Facebook social media page.

#### II. Consideration of Employment of New CEO

Norbert Johnson **moved** that the Southern Coos Health District hire Mr. Raymond Hino as CEO at a salary of \$230,000, in a 3-year contract renewable annually, with other standard benefits, with contract to be signed by Mr. Hino before his start date. Mary Schamehorn **seconded** the motion. **No further discussion. All in favor. None opposed. Motion passed.** 

Mr. Bischoff noted that a press release will be provided February 9 and the CEO start date will be February 28. Mr. Bischoff also took a moment to express appreciation for the pool of qualified candidates who expressed interest and participated in the interview process. Pam Hansen noted appreciation for the efforts of the board and others throughout the process to meet the February goal.

Meeting adjourned at 6:41 p.m.	
Brent Bischoff, Chairman 02-24-2022	Mary Schamehorn, Secretary 02-24-2022



# Southern Coos Health District Board of Directors Special Meeting & Executive Session Minutes March 9, 2022

Executive Session: 5:30 p.m. Open Session: 5:40 p.m.

Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Pamela Hansen, Tom Bedell; Directors. Mr. Bischoff attended via remote link. Administration: Raymond Hino, CEO; Jeremiah Dodrill, CFO; Debra Backman, Medical Imaging Manager. Others present: Robert Miller, III, Counsel. Press: None.

At 5:30 p.m. the Board met in Executive Session Under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law including written advice from attorney. No decisions were made in Executive Session.

#### I. Call to Order

At 5:40 p.m. the meeting entered Open Session. Quorum was met with attendance of all Board members. The open session was also available to the general public via the SCHHC website and Facebook social media page.

#### II. Consideration of MRI Mobile Proposal – Additional information: Contract Termination Language and Client References

The Medical Imaging Manager provided a review of findings as requested by the Board of Directors at the February regular meeting, including client references provided in letter form and via telephone interviews. Mr. Dodrill reviewed current and proposed contract terms. Three vendors were included in the review process; asking for Board approval of the 5-year lease with MRI Mobile, which will exceed current budget. Benefits of the change in vendor contracts were reviewed at the February regular meeting.

Norbert Johnson moved to approve the 5 year lease with MRI Mobile to be installed as soon as possible. Mary Schamehorn seconded the motion. No further discussion. All in favor. None opposed. Motion passed.

Meeting adjourned at 5:57 p.m.	
Brent Bischoff, Chairman 03-24-2022	Mary Schamehorn, Secretary 03-24-2022



#### **INVOICE**

Robert S. Miller III Attorney (CY2022+)

1010 First Street SE, Suite 210 Bandon, OR 97411

robertstevensmilleriii@gmail.com (541) 347-6075

#### Southern Coos Hospital & Health Center

Bill to

Southern Coos Hospital & Health

Center

900 11th Street SE Bandon, OR 97411

USA

Ship to

Southern Coos Hospital & Health

Center

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

Invoice no.: 1041

Invoice date: 03/01/2022 Terms: Due on receipt Due date: 03/01/2022

	Ways to pay	Total	\$1,300.00
	Regular Meeting, Board of Directors.		
	Service date: 02/24/2022		
4.	Attorney	2.5 hrs × \$250.00	\$625.00
	Meeting & Executive Session, Board of Directors.		
	Service date: 02/08/2022		
3.	Attorney	1.5 hrs × \$250.00	\$375.00
	Further amend Hino CEO contract, per Hino requests.		
	Service date: 02/07/2022		
2.	Attorney	0.4 hrs × \$250.00	\$100.00
	Update draft CEO contract Raymond Hino; amend into "Presentation Draft."		
	Service date: 02/01/2022		
1.	Attorney	0.8 hrs × \$250.00	\$200.00
	Product or service		Amount













#### CHIEF EXECUTIVE OFFICER REPORT

**To:** Southern Coos Health District Board of Directors

From: Raymond T. Hino, MPA, FACHE CEO

Re: Chief Executive Officer Report for SCHD Board of Directors, March 24, 2022

First of all, I would like to thank the SCHHD Board of Directors for your trust and faith in selecting me to be the new Hospital CEO for Southern Coos Hospital & Health Center. I am honored to have been selected and I am eagerly looking forward to a long and lasting relationship with SCHD and all of you.

#### Mask Mandate Update

We have been advised by the Oregon Hospital Association and the Oregon Health Authority that hospitals continue to be required to enforce a mask mandate on employees and visitors. It is possible that there may be some flexibility for non-clinical areas in the future, which has not yet been approved by the State of Oregon. So, until further notice we will continue to require that everyone in our buildings will be required to wear a mask unless alone in a closed room or while eating or drinking. This applies to the Board of Directors as well. I will let you know as soon as we receive guidance that there has been a change.

#### CEO Introductory Meetings

During my first month at SCHD, I have completed the following introductory meetings:

- All 5 members of the SCHHD Board of Directors in 1 on 1 meetings.
- Meetings with the following providers:
  - o Dr. Keizer
  - o Dr. Crane
  - o Dr. Adams
  - o Dr. Pense
  - o FNP Guzman
  - o CRNA Schmelzer
  - LCSW Matsui
- Meetings with all Executive Team members and Direct Reports
- Coquille Valley Hospital CEO Jeff Lang
- Chamber of Commerce Executives Margaret Pounder and Lori Osborne

#### Upcoming Meetings in next 30 days

- Coast Community Health Center Chief of Staff, Ann Kellogg, DO
- Lower Umpqua Hospital CEO, Paul Connolly
- Curry General Hospital CEO, Virginia Williams
- Bay Area Hospital CEO, Brian Moore
- Bandon Rotary Club

#### First 30 Day Priorities

- Daily Rounds in all 3 buildings (hospital, clinic, business office)
- Night and weekend rounds



- Leadership Meeting on March 24
- All Staff Meetings before the end of this month
- Medical Staff Meeting
- Foundation Board Meeting
- Initiate recruitment for 2<sup>nd</sup> Family Nurse Practitioner for Clinic
- Initiate recruitment for new Clinic Manager

#### First 60 Day Priorities

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

#### First 90 Day Priorities

- New Strategic Plan completed and Tracking/Monitoring Tool installed with monthly reports back to the Board of Directors
- 2022-2023 Budget Approved
- New MRI Trailer Installed prior to July 1 and moved to new location that does not obscure the front of the hospital and the Emergency Room entrance
- Short list of FNP candidates determined and final interviews begun
- New Clinic Manager selected and Start Date Determined
- Selection of replacement Picture Archiving & Communications System (PACS) for Diagnostic Imaging and Purchase Commitment completed

As I come to the close of my first month at Southern Coos Hospital and Health Center, I have been very pleased with the positive reception that I have received and the enthusiasm and work ethic that I have seen from the SCHHC team. I am very glad to be here.



#### MULTI-SPECIALTY CLINIC REPORT

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

From: Multi-Specialty Clinic

Re: Multi-Specialty Clinic Report for SCHD Board of Directors, March 2022

#### Clinic News – February 2022 <u>Provider News</u>

- Dr. Mitchell, Dr. Pense and Dr. Adams all saw an average of 10 patients per day. Dr. Mitchell was in clinic a total of 11 days with 104 total patients seen while adding 12 new patients. Dr. Pense was at 4.75 days with 45 patients (10 new) and Dr. Adams 5.5 days with a total of 55 patients seen (3 new). All together the three DOs saw 204 patients in February.
- Shane Matsui, LCSW brought up his patient average to 4 patients per day with 19 days in clinic. He provided service via telehealth for 27 of those visits. He now has a waiting list of 15 patients and adds a new one to his panel each Tuesday. We are able to fill his schedule every week even though his cancellation rate is at 16% thanks to Brittney at the front desk.
- Debra Guzman, NP logged in 63 telehealth calls and added 28 new patients to her panel. She averaged 13 patients per day with 14 days in clinic and a total of 185 patient visits. She is our superstar, taking patients of all types including hospital follow-ups and pre-op appointments. Her MA, Connie works very hard to keep up with this level of productivity.
- Dr. Webster, Dermatologist, was in not in clinic in February. Dr. Qadir, Nephrologist was in clinic Feb 15th and saw 10 local patients.
- We are advertising to hire an additional Nurse Practitioner to get back to capacity. Ginny
  Hall from HR is monitoring the process and hoping to speed it up with a new posting
  service.
- Project planning for the Pain Management Clinic is in the final stages, office furniture is installed and treatment table is in room #9 with a tentative go live at the end of March.

#### Clinic Report

- Telehealth visits for February totaled 108. We anticipate this number to maintain or slightly decrease as we transition out of the recent Covid Omicron surge.
- We are hiring for front office manager and/or Medical Assistant. We had this position filled but unfortunately needed to let the new hire go in early February.
- Kassandra Keller remains as interim clinic supervisor as Cherie trains and orients. We anticipate Kassandra being out for a minimum of three months for maternity leave



beginning around end of May so cross training has begun and we are exploring the possibility of engaging a temp agency to fill the gap.

- We did not offer a Covid vaccination clinic in the month of February. We were too short staffed. We have 2 dates in March that we will run the clinic.
- We had a number of support staff out sick in the month of February. Some were able to work from home thanks to the support of IT group.
- The outpatient clinic saw 219 patients over the 20 days we were open in February.
- The Clinic sent out 114 Referrals.
- A clean space quality initiative was launched with the help of Denise Ebenal from Infection Control and Travis Dahrens from the Environmental Services Team.

Clinic Stats - Feb 202	22									
	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Debra Guzman, FNP	14	228	27	16	185	13	7%	12%	63	27
Olixn Adams, DO	5.5	67	11	1	55	10	1%	16%	14	2
Noel Pense, DO	4.7	55	8	2	45	10	4%	15%	1	7
Christine Mitchell, DO	11	127	20	3	104	9	2%	16%	3	11
Shane Matsui, LCSW	19	95	15	6	74	4	6%	16%	27	0
COVID-19 Clinic	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0
Outpatient Services	20	249	19	11	219	11	4%	8%	0	0
Totals	74.2	821	100	39	682	9	5%	12%	108	47
Total telehealth	108									
Southern Coos Health C	enter Intrado	Results - Ja	nuary 20	22						
Туре	Total									
Called - No Answer	15		*Pts Seen	389						
Phone Too Busy	2		*Cancelled	66						
Answered No TT Requested	14		*No Show	22						
Answered - Hung Up	34		*Primary C	are Only						
Answered - Entire Msg			No show ra	ate						
Invalid Ph # / Out of Order	3			6%						
Answered - Repeated Msg	1									
	95									
Answered - Repeated Msg Answering Machine Answered Yes										
Answering Machine	95									



#### CHIEF NURSING OFFICER REPORT

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

From: Cori Valet, CNO

Re: Chief Nursing Officer Report for SCHD Board of Directors, March 2022

#### People

- Clinical Department Staffing
  - Nursing
    - o New Hires:
      - i. 2 new per diem Emergency Department RNs
      - ii. 1 new Full Time and 2 per diem Med-Surg RNs
      - iii. 2 new per diem Med-Surg CNAIIs
    - o Remaining vacancies:
      - i. 3 Full Time Med-Surg nurse positions
      - ii. 3 Full Time Emergency Department nurse positions
      - iii. 5 Med Surg CNA positions
      - iv. 1 Surgical Manager
    - o 6 Agency Nurse Contracts are in place (4 MS, 2 ED)
  - <u>Laboratory</u>
    - o Vacancies include:
      - i. 1 Full Time and 1 Per Diem Medical Laboratory Scientist/Medical Laboratory Technologist
      - ii. 1 Medical Laboratory Assistant
    - o Currently seeking 1 Agency/Contract MLS/MLT
  - Medical Imaging
    - o Vacancies include 2 Full Time Technologists and one Part Time Technologist.
    - o 1 Agency/Contract Technologist ending. Ongoing search active for replacement.
  - Respiratory Therapy
    - o Fully staffed
    - o Currently seeking 1 temporary Full-time RT for May to cover scheduled leave.

#### Quality

- Medical Imaging MQSA Facility Inspection
  - X-Ray and Mammography successfully passed the MQSA certification inspection with zero deficiencies on 03/10/2022.

#### Service

- Patient satisfaction-
  - Patient satisfaction tablet survey compliance
    - o Surveys completed in February 2022
      - Emergency Department 108
      - SWING Bed 3
      - Medical Imaging 34
      - Laboratory 1



- Post discharge patient phone calls have been initiated on the Emergency and Medsurg Inpatient units. The goal is to increase patient success/wellness post discharge, reduce readmission rates, and improve overall patient satisfaction. Inquiries include:
  - o Have new prescription medications been obtained.
  - o Have follow up appointments been scheduled with primary care provider or applicable specialist.
  - o Current condition post discharge.
  - o Current understanding of discharge instructions.

If the patient indicates that prescriptions have not been obtained, difficulty scheduling an appointment or misunderstanding of discharge instructions, applicable assistance is provided to resolve the issue.

#### Growth

- MRI trailer transition of services
  - o Termination of services with Alliance will end June 30, 2022.
  - o MRI Mobile services will begin July 1, 2022.



#### CHIEF FINANCIAL OFFICER REPORT

To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

**Re:** CFO Report for Board of Directors Meeting – March 2022

#### Community Benefit Report (CBR-1)

Finance is finalizing the State of Oregon CBR-1 reporting and will discuss this report in further detail in this board meeting under "New Business". The CBR-1 reporting requirement was established by Oregon Law 2007 HB 3209 and mandated that each hospital in the State annually report its net community benefit to its community in a format modeling IRS Form 990 Schedule H guidelines. The 2019 HB 3076 updated the State's community benefit standards by introducing changes including a new community benefit minimum spending floor program going into effect for fiscal 2021/22. The minimum spending floor for Southern Coos Hospital for our current fiscal year is \$1,302,506.

#### **Budget Planning**

Finance has initiated the fiscal FY2022/23 budget process. The majority of the budget activities occur during April and May. Attached is the expected timeline for our budget process as well as a flowchart/map of the process. Key dates for the board to be aware of include the Public Budget Committee Meeting scheduled for June 2 and the Public Board Meeting/Budget Hearing scheduled for June 23.

#### **Cost Report Adjustments**

As previously noted, Finance has been working on implementing a reliable cost report settlement estimator tool in order to record accurate adjustments monthly in order to present accurate financial statements. Prior to the February financial close, we were working on reconciling the settlement tool with our as-filed cost report for 2021. This effort resulted in adjustments to the 2021 cost report as discussed in the February Board meeting.

Now, having completed the validation procedures, Finance has recorded the cumulative correcting entries for the current fiscal year. The February financial statements include an increase to the Medicare settlement receivable by approximately \$500,000, of which approximately \$150,000 were due to current month activities. The remaining \$350,000 in adjustments were related to cumulative prior month activities.



#### CHIEF INFORMATION OFFICER REPORT

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

From: Scott McEachern, Chief Information Officer

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

#### People

- In Marketing, we have extended our social media platform to include regular posts on LinkedIn, joining Facebook and Instagram.
- We have received excellent publicity around the hiring of Ray Hino and the re-start of the school nurse program at Bandon School District with the hiring of Karrie Devine. Here are two examples:
  - o <a href="https://kcby.com/news/local/raymond-hino-named-new-ceo-of-southern-coos-hospital-and-health-center">https://kcby.com/news/local/raymond-hino-named-new-ceo-of-southern-coos-hospital-and-health-center</a>
  - https://southerncoos.org/karrie-devine-hired-as-school-nurse-for-bandon-school-district/

#### Service

- We recently re-vamped the landing page for the Multi-Specialty Clinic by adding a list of services offered as well as a form for new patients to fill out and send to our clinic staff. You may find the newly re-designed page here: <a href="https://southerncoos.org/multi-specialty-clinic/">https://southerncoos.org/multi-specialty-clinic/</a>
- We will go-live with an updated patient portal in May; it is called MyCareCorner. It will offer
  improved ease of use for our patients and better communication tools with their providers.
  Note: we had originally planned for March; however, we delayed due to a pending update
  from Evident that will give us greater control over patient communication.
- In collaboration with the Southern Coos Health Foundation, we partnering with Bandon School District to continue the School Nurse Program at BSD. Please see the Southern Coos Health Foundation for a detailed progress report.

#### Quality

• A cross-departmental team of medical records, coding staff, and revenue cycle staff have created streamlined workflows to address chart deficiencies that prevent claims from being submitted. Our goals are: 1. Reduce the aggregate dollar amount outstanding due to deficient charts; and 2. Reduce outstanding charts pending to less than one month. The team has reduced pending charges by 75%. We have also reduced the average time a chart is outstanding to less than one week.

#### Growth/Finance

• Looking ahead, as mentioned in a previous report, SCHHC is moving forward with several projects in medical imaging, including changing our MRI truck vendor and relocating the MRI truck. In addition, IT, our radiology group, and Medical Imaging are collaborating on vetting the final vendor for a new PACS (picture archiving and communication system).



• As our cafeteria and gift shop continue to grow and offer new products to staff and community, we are exploring options for a combined point of sale (POS) system. Several vendors offer systems specifically tailored to hospitals that have a cafeteria and gift shop. The current state is that the SCHHC cafeteria does not have a POS system while the SCHHC gift shop had a system that is underperforming for our needs. We will onboard a combined POS system in the next 2-3 months.



# 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, March 2022

#### School Nurse Program at Bandon School District

As mentioned in our last report to the SCHD board, SCHHC has hired Karrie Devine to serve as the School Nurse at Bandon School District. Ms. Devine is an RN with 23 years of progressive experience in nursing.

Karrie has fully immersed herself in the day-to-day operations of re-starting the School Nurse Program at Bandon School District. The School Nurse Program is based in the Health Room at Ocean Crest Elementary; we will also set up satellite health rooms at Harbor Lights Middle and, eventually, the Bandon High School. Her goals for the remainder of the school year are: 1. Update the equipment and furnishings at the two health rooms; 2. Begin providing healthcare to students; and 3. Assess health educational needs for the district.

In terms of progress toward the three stated goals, Karrie has been very active. 1. She has provided a list of equipment and supplies; SCHHC materials management has supplied the first tranche of medical supplies. Karrie and I are working together to source and purchase larger pieces of equipment, such as cabinets, cots, and privacy drapes. 2. In just three days the week of 3/14, Karrie saw 47 children with cases ranging from nosebleeds to stomach aches to injuries due to falls. We are closely tracking her medical interventions to better understand the current and future health needs of the community. 3. Karrie has had meetings with principals at Ocean Crest and Harbor Lights; we will have a planning meeting at the end of this school year to plan for school year 2022-23.

#### Women's Health Day

The 19<sup>th</sup> Annual Women's Health Day took place on February 26<sup>th</sup>, 2022. 150 people signed up for the event and most of them received swag boxes. In fact, staff even hand-delivered a few of them to North Bend and Coos Bay. Thank you to the planning team, sponsors, and the speakers at the event.

Every year, we send a survey to the attendees. Here are a few of the pieces of generous feedback:

"Great event! Educational, thought provoking and inspirational. Highly skilled and qualified speakers who had much to offer. A lovely way to spend the day. Thank you."

"The journal and candle was lovely. Always appreciate the movement throughout the day. Stephanie's talk was incredible. It's great hearing from local doctors as well."

"Way to include a multitude of topics for a broad audience. Loved seeing all of the presenters, thank you very much for hosting this awesome happy healthy event!!!"



#### SOUTHERN COOS HOSPITAL & HEALTH CENTER MEDICAL STAFF CREDENTIALING REPORT

March 8, 2022

Appointment and Privileges – MEDICAL STAFF					
Name	Category	Area of Practice			
Hannah Wolsiefer-Leak, MD	Courtesy	Emergency Med			

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

Reappointment and Privileges – MEDICAL STAFF					
Name	Category	Area of Practice			
Hammad Qadir, MD	Courtesy	Internal Med			
Scott Christian Smith, MD	Courtesy	Emergency Med			

Appointments, Reappointments, Changes – Direct Radiology						
Name	Category	Area of Practice	Change			
Elizabeth Dobovsky, MD	Courtesy	Radiology	Reappoint			
David Bass, MD	Courtesy	Radiology	Reappoint			
Teppe Popovich, MD	Courtesy	Radiology	Reappoint			
Laura Hotchkiss, MD	Courtesy	Radiology	Reappoint			
Kimberly A Taylor, DO	Courtesy	Radiology	Reappoint			
Dennis Burton, MD	Courtesy	Radiology	Reappoint			

Staff Changes - MEDICAL STAFF			
Name	From Status	To Status	Area of Practice
Misty Payne, MD	Courtesy	Privileges Lapse 03.26.22	Pathology



# CFO Report February 2022



To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: February 2022 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for February of \$2,931,000 were higher than budgeted expectations of \$2,908,000. OP gross revenues of \$2,172,000 were higher than a budget of \$1,862,000. Lab volumes decreased in February, coming in below budget expectations. There was also a decrease in ED volumes in February, but volumes still came in above budget. Imaging volumes were marginally over budgeted expectations with an increase over the prior month. IP and Swing Bed volumes and revenues of \$759,000 were lower than a budget of \$1,046,000 for the month of February.

**Deductions from Revenue** – Revenue deductions at \$641,000 or 21.9% of gross revenue were lower than a budget of 35.0% due to Medicare cost report true-up entries for FY22 in the amount of \$500,000. Year-to-date, deductions from revenue is 33.1% of gross revenue vs. a budget of 35.9%.

**Total Operating Revenues** of \$2,291,000 exceeded the budget of \$1,893,000.

**Labor Expenses** totaled \$1,380,000 in February compared to a budget of \$1,215,000. Contract nursing and other medical professionals continues to drive the variance.

**Professional Fees and Purchased Services** combined were \$465,000 which was slightly above budget of \$462,000.

Medical Supplies, Drugs and Other Supplies combined at \$177,000 were slightly higher than compared to budgeted expectations at \$147,000.

**Operating Expenses** – Total operating expenses of \$2,197,000 for the month were 8% higher than budget of \$2,029,000.

**Operating Income / Loss** – Operating income for February was \$94,000 compared to a budgeted loss of (\$136,000). Year to date operating loss is (\$766,000) compared to a budgeted loss of (\$1,212,000).

Increase in Net Position was \$91,000 compared to a budgeted loss of (\$27,000).

**Days Cash on Hand** in February was 125.1 days, down from January at 132.1 due changes in working capital and the repayment of unexpended grant funds in the amount \$31,000.

Volume and Key Performance Ratios For The Period Ending February 2022

				Month				104	Year to Date	ė	
					Variance	Variance				Variance	Variance
		Actual	Budget	Prior Year	to Bud	to Prior	Actual	Budget	Prior Year	to Bud	to Prior
	IP Days	66	90	86	-27.0%	-23.3%	797	628	598	26.8%	33.3%
	Swing Bed Days	108	133	112	-18.8%	-3.6%	881	1,152	1,178	-23.5%	-25.2%
	Total Inpatient Days	174	223	198	-22.1%	-12.1%	1,678	1,780	1,776	-5.8%	-5.5%
nac	Avg Daily Census	5.6	7.2	6.4	-22.1%	-12.1%	7.8	8.3	8.3	-5.8%	-5.5%
TUIT	Avg Length of Stay - IP	1.9	4.3	4.1	-54.9%	-52.6%	3.9	4.2	4.0	-6.4%	-1.7%
Volume Summary	Avg Length of Stay - SWB	7.7	11.1	9.3	-30.4%	-17.3%	13.1	12.0	12.3	9.6%	7.2%
Volu	ED Registrations	321	275	292	16.7%	9.9%	3,006	2,527	2,682	18.9%	12.1%
	Clinic Registrations	461	437	508	5.5%	-9.3%	3,615	3,791	2,500	-4.6%	44.6%
	Ancillary Registrations	999	1,131	1,131	-11.7%	-11.7%	9,881	8,859	8,859	11.5%	11.5%
	Total OP Registrations	1,781	1,843	1,931	-3.4%	-7.8%	16,502	15,177	14,041	8.7%	17.5%
pt	Gross IP Rev/IP Day	9,892	9,560	7,836	3.5%	26.2%	8,514	10,675	9,486	-20.2%	-10.2%
me	Gross SWB Rev/SWB Day	982	1,369	1,374	-28.3%	-28.5%	963	1,366	1,298	-29.5%	-25.8%
tate	Gross OP Rev/Total OP Registrations	1,220	1,010	1,043	20.7%	16.9%	1,048	1,064	1,051	-1.5%	-0.3%
Key Income Statement Ratios	Collection Rate	78.1%	65.0%	65.9%	20.3%	18.6%	66.9%	64.1%	65.5%	4.4%	2.19
Rat	Compensation Ratio	60.2%	64.1%	63.5%	-6.1%	-5.1%	67.5%	66.4%	65.1%	1.8%	3.7%
Inc	OP EBIDA Margin \$	149,149	(66,499)	(53,039)	-324.3%	-381.2%	(340,554)	(712,238)	(616,893)	-52.2%	-44.8%
9	OP EBIDA Margin %	6.5%	-3.5%	-2.8%	-285.4%	-330.0%	-2.0%	-4.5%	-4.3%	-55.0%	-52.3%
14	Total Margin	4.0%	-1.4%	-1.3%	-375.1%	-406.7%	-0.8%	-2.2%	-2.0%	-65.3%	-60.6%
y dity os	Days Cash on Hand	125.1	80.0	33.0	56.4%	279.1%					
Key Liquidity Ratios	AR Days Outstanding	55.2	50	50.7	10.4%	8.9%					

# Data Dictionary

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

-		Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
nent		Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
ater		Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
S	Ratios	Collection Rate	Net patient revenue / total patient charges
do	Rai	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
l e		OP EBIDA Margin \$	Operating Margin + Depreciation + Amortization
Ze.	,	OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
124		Total Margin (%)	Total Margin / Total Operating Revenues

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



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

For The Period Ending February 28, 2022

For the Period Ending February										
			nt Month - Feb-	2022		Year To Date - Feb-2022				
	Feb-2022	Feb-2022			Feb-2021	Feb-2022	Feb-2022			Feb-2021
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual
Patient Revenue										
Inpatient	758,958	1,045,976	(287,019)	(27.4%)	827,818	7,633,986	8,281,350	(647,365)	(7.8%)	7,201,363
Outpatient	2,172,303	1,862,132	310,171	16.7%	2,014,590	17,288,436	16,144,821	1,143,614	7.1%	14,756,060
Total Patient Revenue	2,931,260	2,908,108	23,152	0.8%	2,842,408	24,922,421	24,426,172	496,250	2.0%	21,957,423
Deductions From Revenue										
Total Deductions	640,749	1,018,894	378,144	37.1%	969,670	8,255,844	8,777,723	521,879	5.9%	7,571,805
Revenue Deductions %	21.9%	35.0%			34.1%	33.1%	35.9%			34.5%
Net Patient Revenue	2,290,511	1,889,215	401,296	21.2%	1,872,737	16,666,577	15,648,448	1,018,129	6.5%	14,385,618
Other Operating Revenue	30	4,090	(4,060)	(99.3%)	330	745	32,724	(31,979)	(97.7%)	12,326
Total Operating Revenue	2,290,541	1,893,305	397,236	21.0%	1,873,067	16,667,322	15,681,172	986,150	6.3%	14,397,944
Operating Expenses										
Total Labor Expenses	1,379,683	1,214,510	(165,173)	(13.6%)	1,189,019	11,253,854	10,405,805	(848,049)	(8.1%)	9,371,869
Total Other Operating Expenses	817,020	814,581	(2,439)	(0.3%)	797,455	6,179,448	6,487,467	308,019	4.7%	6,087,287
Total Operating Expenses	2,196,703	2,029,091	(167,612)	(8.3%)	1,986,474	17,433,302	16,893,272	(540,030)	(3.2%)	15,459,156
Operating Income / (Loss)	93,838	(135,785)	229,624	(169.1%)	(113,407)	(765,980)	(1,212,100)	446,120	(36.8%)	(1,061,212)
Net Non-Operating Revenues	(3,181)	108,544	(111,964)	(103.2%)	89,238	636,561	861,155	(229,771)	(26.7%)	777,521
Change in Net Position	90,658	(27,242)	117,899	(432.8%)	(24,169)	(129,419)	(350,945)	221,526	(63.1%)	(283,691)
C-Hti P-t- W	70.40/	CF 00/	20.20/	20.20/	CF 00/	55.00/	64.40/	4.40/	4.407	CE 504
Collection Rate %	78.1%	65.0%	20.3%	20.3%	65.9%	66.9%	64.1%	4.4%	4.4%	65.5%
Compensation Ratio %	60.2%	64.1%	(6.1%)	(6.1%)	63.5%	67.5%	66.4%	1.8%	1.8%	65.1%
OP EBIDA Margin \$	149,149	(66,499)	215,648	(324.3%)	(53,039)	(340,554)	(712,238)	371,683	(52.2%)	(616,893)
OP EBIDA Margin %	6.5%	(3.5%)	10.0%	(285.4%)	(2.8%)	(2.0%)	(4.5%)	2.5%	(55.0%)	(4.3%)
Total Margin (%)	4.0%	(1.4%)	5.4%	(375.1%)	(1.3%)	(0.8%)	(2.2%)	1.5%	(65.3%)	(2.0%)



Volume and Key Performance Ratios For The Period Ending February 2022

				Month		
	1	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
50	Medicare	58.26%	64.34%	64.34%	-9.4%	-9.4%
Payor Mix - Gross Charges	Medicaid	16.63%	17.37%	17.37%	-4.3%	-4.3%
Gross	Commercial	14.61%	14.16%	14.16%	3.2%	3.2%
· Max	Government	8.88%	3.21%	3.21%	176.6%	176.6%
Payor	Other	0.47%	0.45%	0.45%	4.4%	4.49
	Self Pay	1.15%	0.47%	0.47%	144.7%	144.79

		Year to Date	e	
Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
60.40%	66.16%	66.16%	-8.7%	-8.7%
18.92%	17.52%	17.52%	8.0%	8.0%
12.28%	10.22%	10.22%	20.2%	20.2%
6.11%	4.45%	4.45%	37.3%	37.3%
0.40%	0.64%	0.64%	-37.5%	-37.5%
1.89%	1.01%	1.01%	87.1%	87.1%

100.00%

Total	100.00%	100.00%	100.00%

219

461

207

437

Specialty Clinic Visits

Primary Care Clinic

Patient Volumes

ļ	Y 21 - 22	FY 21 - 22	Varia	ice %	
	Actual	Budget	Prior Year	To Budget	To Prior Year
In Patient Days	66	90	86	-27.0%	-23.3%
Swing Bed Days	108	133	112	-18.8%	-3.6%
Total Patient Days	174	223	198	-22.1%	-12.1%
Emergency Visits	321	275	292	16.7%	9.9%
Radiology Procedures	760	617	734	23.2%	3.5%
Laboratory Tests	3,193	3,150	3,527	1.4%	-9.5%
Respiratory Visits	572	567	676	0.9%	-15.3%
Surgeries and Endoscopie	9	42	37	-78.6%	-75.7%

188

381

		Year To Dat	e		
FY 21 - 22	FY 21 - 22	FY 20 - 21	Variance %		
Actual	Budget	Prior Year	To Budget	To Prior Year	
797	628	598	26.8%	33.3%	
881	1,152	1,178	-23.5%	-25.2%	
1,678	1,780	1,776	-5.8%	-5.5%	
3,006	2,527	2,682	18.9%	12.1%	
5,560	5,470	5,588	1.6%	-0.5%	
30,127	27,333	27,457	10.2%	9.7%	
1,419	4,923	4,874	-71.2%	-70.9%	
163	269	237	-39.5%	-31.2%	
1,530	1,801	1,829	-15.0%	-16.3%	
3,613	3,791	2,292	-4.7%	57.6%	

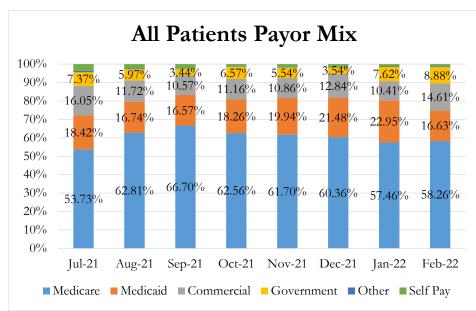
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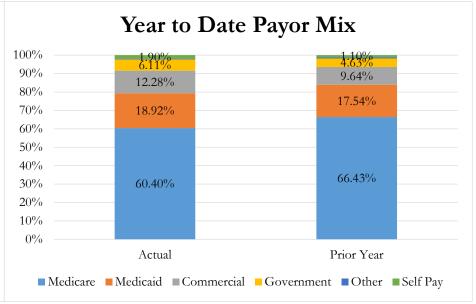
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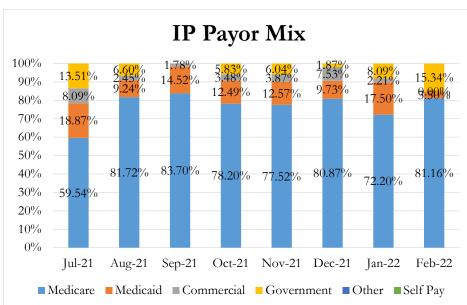
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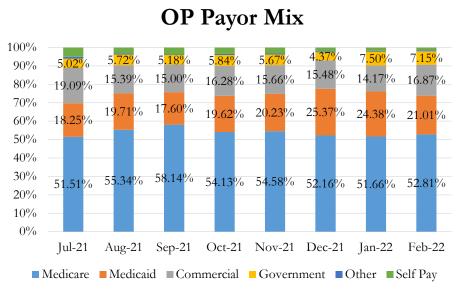
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5.5%

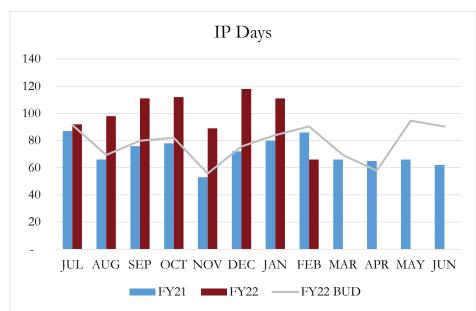


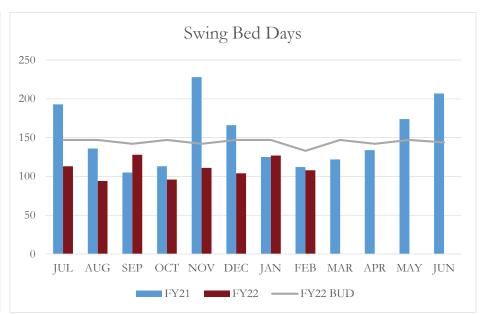


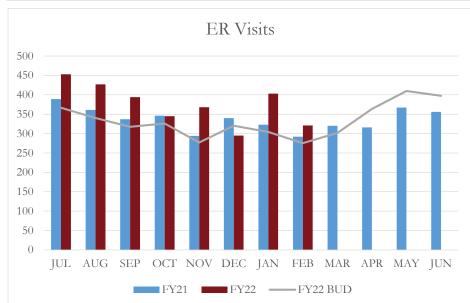


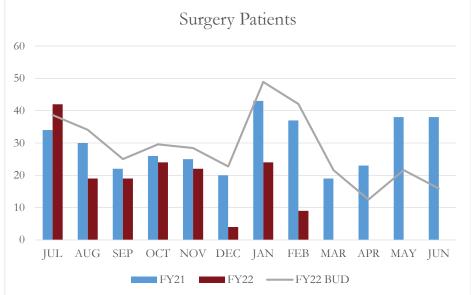




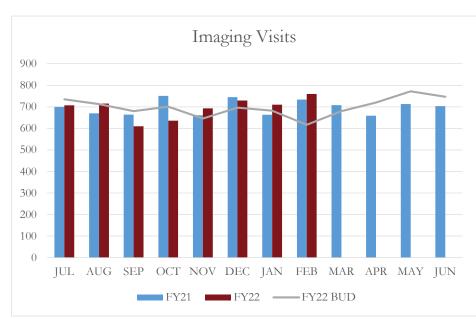


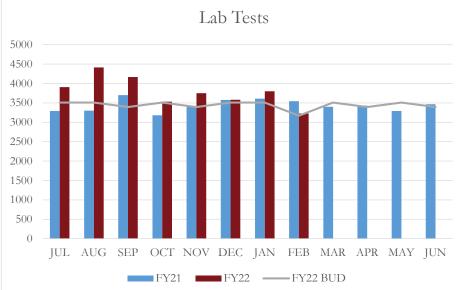


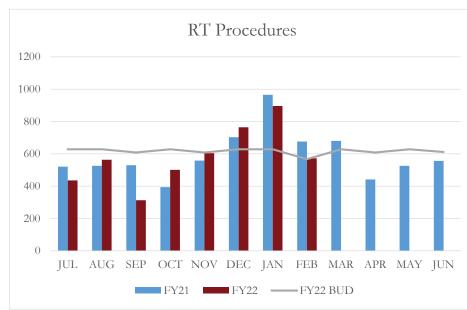


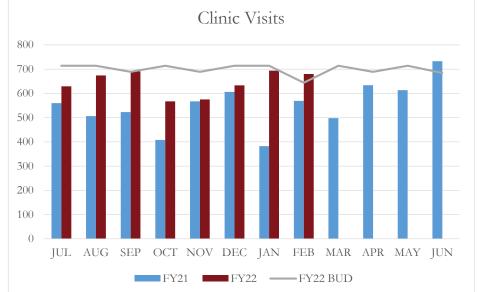














Balance Sheet For The Period Ending February 2022

	Balance as of Feb-2022	Balance as of	C1	Balance as of
	Feb-2022	Jun-2021	Change	Jun-2020
Assets				
Current Assets				
Cash - Operating	6,362,741	7,754,374	1,391,633	(781,040)
Covid-19 Relief Funds	1,201,335	(0)	(1,201,336)	8,016,556
Medicare Accelerated Payments	5,211,335	7,028,524	1,817,189	7,352,042
Investments - Unrestricted	485,038	452,620	(32,419)	375,577
Investments - Restricted	9,488	9,488	0	9,488
Investment - USDA Restricted	233,705	233,705	0	233,705
Investment - Board Designated	1,972,783	1,972,783	0	1,972,783
Cash and Cash Equivalents	15,476,426	17,451,493	1,975,067	17,179,111
Patient Accounts Receivable	6,141,803	4,845,025	(1,296,777)	5,758,157
Allowance for Uncollectibles	(3,145,093)	(2,456,334)	688,759	(2,336,539)
Net Patient Accounts Receivable	2,996,710	2,388,691	(608,019)	3,421,618
Other Receivables	1,819,874	840,233	(979,641)	81,441
Inventory	238,819	239,072	253	300,563
Prepaid Expense	245,428	402,507	157,080	128,607
Total Current Assets	20,777,256	21,321,997	544,741	21,111,340
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment:	16,424,895	16,154,324	(270,571)	15,980,096
Less: Accumulated Depreciation	(11,934,295)	(11,651,955)	282,340	(11,010,369)
Construction In Progress	0	31,125	31,125	0
Net PP&E	4,952,127	4,995,021	42,894	5,431,254
Total Assets	25,729,384	26,317,018	587,635	26,542,594



Balance Sheet For The Period Ending February 2022

	Balance as of	Balance as of		Balance as of
	Feb-2022	Jun-2021	Change	Jun-2020
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	693,296	924,534	231,238	1,072,148
Accrued Payroll and Benefits	1,285,784	1,054,435	(231,349)	938,690
Interest and Other Payable	624,050	310,866	(313,185)	33,306
Current Portion of Long Term Debt	231,964	231,964	0	227,789
Medicare Accelerated Fund	5,211,335	6,952,217	1,740,883	7,352,042
Provider Relief Funds	1,201,335	0	(1,201,335)	4,308,836
Oregon Provider Relief Funds	0	0	0	68,963
Covid-19 Relief Funds	0	0	0	3,638,757
Current Liabilities	9,247,764	9,474,016	226,252	17,640,531
Long-Term Debt	4,136,733	4,368,697	231,964	4,596,488
Less Current Portion of Long-Term Debt	(231,964)	(231,964)	0	(227,789)
Total Long-Term Debt, net	3,904,769	4,136,733	231,964	4,368,699
Total Liabilities	13,152,533	13,610,748	458,216	22,009,230
Net Assets:				
Fund Balance	12,706,270	4,533,364	(8,172,906)	6,518,595
Change in Net Position	(129,419)	8,172,906	8,302,326	(1,985,231)
Total Net Assets	12,576,851	12,706,270	129,419	4,533,364
Total Liabilities & Net Assets	25,729,384	26,317,019	587,635	26,542,594



Summary Statements of Revenues, Expenses, and Changes in Net Position  $\label{eq:continuous}$ 

For The Period Ending February 28, 2022

For the Period Ending February a	28, 2022									
	Current Month - Feb-2022				Year To Date - Feb-2022					
	Feb-2022	Feb-2022			Feb-2021	Feb-2022	Feb-2022			Feb-2021
	Actual	Budget	Variance	Var%	Actual	Actual	Budget	Variance	Var%	Actual
Patient Revenue										
Inpatient	758,958	1,045,976	(287,019)	(27.4%)	827,818	7,633,986	8,281,350	(647,365)	(7.8%)	7,201,363
Outpatient	2,172,303	1,862,132	310,171	16.7%	2,014,590	17,288,436	16,144,821	1,143,614	7.1%	14,756,060
Total Patient Revenue	2,931,260	2,908,108	23,152	0.8%	2,842,408	24,922,421	24,426,172	496,250	2.0%	21,957,423
Deductions From Revenue										
Total Deductions	640,749	1,018,894	378,144	37.1%	969,670	8,255,844	8,777,723	521,879	5.9%	7,571,805
Revenue Deductions %	21.9%	35.0%			34.1%	33.1%	35.9%			34.5%
Net Patient Revenue	2,290,511	1,889,215	401,296	21.2%	1,872,737	16,666,577	15,648,448	1,018,129	6.5%	14,385,618
Other Operating Revenue	30	4,090	(4,060)	(99.3%)	330	745	32,724	(31,979)	(97.7%)	12,326
Total Operating Revenue	2,290,541	1,893,305	397,236	21.0%	1,873,067	16,667,322	15,681,172	986,150	6.3%	14,397,944
Operating Expenses										
Salaries & Wages	964,708	939,043	(25,665)	(2.7%)	826,069	7,746,193	7,809,580	63,387	0.8%	6,833,891
Contract Labor	150,430	18,605	(131,825)	(708.5%)	132,258	1,529,130	466,417	(1,062,712)	(227.8%)	581,380
Benefits	264,545	256,862	(7,684)	(3.0%)	230,692	1,978,531	2,129,807	151,277	7.1%	1,956,598
Total Labor Expenses	1,379,683	1,214,510	(165,173)	(13.6%)	1,189,019	11,253,854	10,405,805	(848,049)	(8.1%)	9,371,869
Professional Fees	233,668	213,779	(19,889)	(9.3%)	198,776	1,723,624	1,712,323	(11,301)	(0.7%)	1,686,947
Purchased Services	230,834	247,881	17,047	6.9%	275,740	1,823,496	1,983,048	159,553	8.0%	1,946,798
Drugs & Pharmaceuticals	64,169	44,215	(19,954)	(45.1%)	35,417	462,019	383,719	(78,300)	(20.4%)	353,527
Medical Supplies	14,994	18,671	3,677	19.7%	12,486	110,438	142,125	31,687	22.3%	126,169
Other Supplies	97,387	84,196	(13,191)	(15.7%)	85,937	693,180	673,571	(19,609)	(2.9%)	615,413
Lease and Rental	28,533	25,765	(2,767)	(10.7%)	23,391	219,964	205,908	(14,056)	(6.8%)	191,903
Maintenance & Repairs	12,138	24,410	12,272	50.3%	18,509	121,305	195,281	73,977	37.9%	191,749
Other Expenses	41,369	54,265	12,896	23.8%	40,343	292,095	434,734	142,639	32.8%	261,742
Utilities	20,463	20,009	(454)	(2.3%)	26,484	165,692	160,073	(5,619)	(3.5%)	171,368
Insurance	18,154	12,103	(6,051)	(50.0%)	20,006	142,211	96,823	(45,388)	(46.9%)	97,351
Depreciation & Amortization	55,311	69,286	13,975	20.2%	60,368	425,426	499,862	74,437	14.9%	444,319
Total Operating Expenses	2,196,703	2,029,091	(167,612)	(8.3%)	1,986,474	17,433,302	16,893,272	(540,030)	(3.2%)	15,459,156
Operating Income / (Loss)	93,838	(135,785)	229,624	(169.1%)	(113,407)	(765,980)	(1,212,100)	446,120	(36.8%)	(1,061,212)
Non-Operating										
Property Taxes	85,155	86,497	(1,342)	(1.6%)	85,394	677,546	691,975	(14,430)	(2.1%)	672,860
Non-Operating Revenue	(76,780)	30,344	(107,124)	(353.0%)	14,034	58,395	242,753	(184,357)	(75.9%)	176,997
Interest Expense	(15,135)	(15,375)	239	(1.6%)	(15,828)	(125,016)	(130,193)	5,177	(4.0%)	(131,061)
Investment Income	3,580	7,078	(3,498)	(49.4%)	5,638	33,636	56,620	(22,984)	(40.6%)	58,750
Gain(Loss) on Sale of Assets	-	_	-	0.0%	_	(8,000)	_	(8,000)	0.0%	-
Total Non-Operating	(3,181)	108,544	(111,724)	(102.9%)	89,238	636,561	861,155	(224,595)	(26.1%)	777,545
Change in Net Position	90,658	(27,242)	117,899	(432.8%)	(24,169)	(129,419)	(350,945)	221,526	(63.1%)	(283,667)

Income Statement For The Period Ending February 2022 Comparison to Prior Months

	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022
Patient Revenue						
Inpatient	1,048,102	926,822	887,913	1,038,237	1,102,724	758,958
Outpatient	2,074,562	1,931,052	2,029,023	2,151,667	2,291,351	2,172,303
Total Patient Revenue	3,122,665	2,857,874	2,916,936	3,189,905	3,394,074	2,931,260
Deductions From Revenue						
Charity Services	8,495	7,799	12,278	5,999	8,192	19,554
Contractual Allowances	929,345	759,761	913,152	1,177,785	1,125,496	523,535
Other Discounts	112,511	80,194	67,248	84,537	95,317	99,097
Bad Debt	(33,357)	(115,066)	(17,221)	(7,928)	22,786	(1,437)
Total Deductions	1,016,994	732,688	975,457	1,260,393	1,251,791	640,749
Net Patient Revenue	2,105,671	2,125,186	1,941,479	1,929,512	2,142,283	2,290,511
Other Operating Revenue	10	75	(406)	223	30	30
Total Operating Revenue	2,105,681	2,125,261	1,941,073	1,929,735	2,142,313	2,290,541
Operating Expenses						
Salaries & Wages	1,025,159	970,890	1,001,981	967,783	1,000,369	964,708
Benefits	281,139	112,902	281,283	270,780	268,750	264,545
Contract Labor	219,346	181,849	147,348	175,524	171,832	150,430
Professional Fees	200,272	195,049	242,511	214,229	218,125	233,668
Purchased Services	227,573	269,603	203,933	239,380	238,295	230,834
Medical Supplies	13,327	13,298	15,069	15,802	12,562	14,994
Drugs & Pharmaceuticals	68,418	76,661	25,740	51,741	55,874	64,169
Other Supplies	93,759	83,004	71,303	93,883	84,606	97,387
Depreciation & Amortization	51,275	53,432	51,527	54,980	54,963	55,311
Lease and Rental	24,529	25,914	23,244	31,298	29,685	28,533
Maintenance & Repairs	15,183	(13,238)	17,117	23,441	6,952	12,138
Utilities	24,264	27,075	22,493	25,304	11,350	20,463
Insurance	17,655	16,672	17,655	17,626	18,154	18,154
Other Expenses	34,324	41,172	33,020	43,887	35,857	41,369
Total Operating Expenses	2,296,223	2,054,283	2,154,227	2,225,658	2,207,372	2,196,703
Excess of Revenue Over Expenses from	(190,543)	70,978	(213,154)	(295,923)	(65,059)	93,838
Non-Operating						
Unrestricted Contributions	83,924	85,155	85,155	85,155	85,155	85,155
Other NonOperating Revenue\Expense	17,599	11,763	15,546	12,803	12,342	(76,780)
Investment Income	4,464	4,090	4,145	3,851	3,910	3,580
Gain(Loss) on Sale of Assets	0	0	(8,000)	0	0	0
Total Non-Operating	105,987	101,008	96,845	101,810	101,407	11,955
Interest Expense	(15,499)	(15,317)	(17,795)	(15,135)	(15,135)	(15,135)
Excess of Revenue Over Expenses	(100,055)	156,668	(134,105)	(209,249)	21,213	90,658





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

80 Days

Year	Average
2022	104.9
2021	41.2
2020	54.0
2019	64.7
2018	70.7
2017	96.1
2016	83.6
2015	67.3

Benchmark

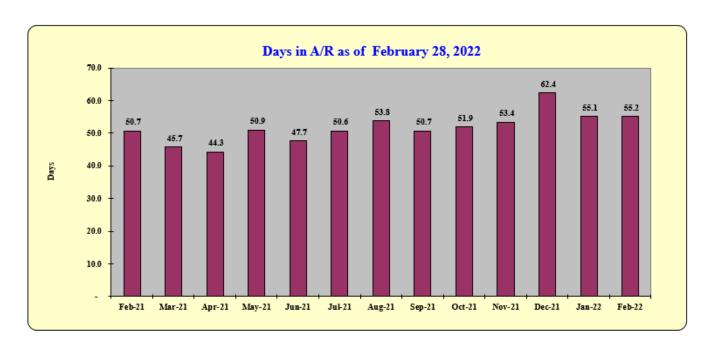
How ratio is used:

This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to

meet short term obligations as they mature.

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





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Calculation: Gross Accounts Receivable

Average Daily Revenue

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

accounts are being paid.

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

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.

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A/R (Gross)	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942	6,078,310	5,690,377	5,831,926
Days in AR	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4	62.4	55.1	55.2
***	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A/R (Gross)	4,916,092	4,391,535	4,152,150	4,617,946	4,459,196	5,014,861	5,592,484	5,312,319	5,237,705	5,217,942	6,078,310	5,690,377	5,831,926
Days in Month	28	31	30	31	30	31	31	30	31	30	31	31	28
Monthly Revenue	2,842,408	2,883,748	2,610,510	2,849,482	3,049,042	3,213,046	3,296,661	3,122,665	2,857,874	2,916,936	3,189,905	3,394,074	2,931,260
3 Mo Avg Daily Revenue	96,877	96,015	93,670	90,693	93,506	99,039	103,899	104,700	100,839	97,774	97,443	103,271	105,725
Days in AR	50.7	45.7	44.3	50.9	47.7	50.6	53.8	50.7	51.9	53.4	62.4	55.1	55.2



# SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPTIAL PURCHASES SUMMARY

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

FY2022	VENDOR	DESCRIPTION	COST	Amount	DATE	GRANT FUNDING SOURCE	
	Non-Threshold Capital Purchases	s (<\$25,000)					
	Threshold Projects (>\$25,000)						
	C&R Homes & Construction	New Roof	76,800	150,000	9/30/2021		
	Stryker	New Patient Beds	81,185	120,000	11/30/2021		
	Cepheid	PCR Testing Machine - Lab	61,731	-	1/31/2022	SHIP ARPA	
		Sleep House Lot - Re-Gravel	8,500	-	1/31/2022		
	CDW	Computers, Laptops, Monitors	20,920	-	2/28/2022		
	Total		249,136				
	Total Grant Funded Equipmer	nt	61,731				
	Capital Purchases Under Budg	get Authority	187,405				
	FY2021 Budget Authority		1,000,000				
	Remaining Budget		812,595				



# Clinic Provider Income Summary - All Providers

For The Budget Year 2022																		Current Bu	dget YTD
	ACT	BUD	ACT	FY22															
	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	YTD	Budget	Variance
Provider Productivity Metrics			4					- //					6						
Clinic Days	67	73	68	72	60	73	57	74	48	69	52	72	58	68	54	65	462	566	(104
Total Visits	428	484	484	484	510	467	428	484	405	467	423	484	474	484	461	437	3,613	3,791	(178
Visits/Day	6.4	6.6	7.1	6.7	8.6	6.4	7.6	6.5	8.4	6.8	8.2	6.7	8.2	7.1	8.6	6.7	7.8	6.7	1.
Total RVU	922.84	882.40	1,031.24	882.40	1,045.36	855,80	845.91	882.40	833.02	855.80	902.56	882.40	985.24	882.40	1,060.21	798.60	7,626.38	6,922.20	704.18
RVU/Visit	2.16	1.82	2.13	1.82	2.05	1.83	1.98	1.82	2.06	1.83	2.13	1.82	2.08	1.82	2.30	1.83	2.11	1.83	0.28
RVU/Clinic Day	13.77	12.09	15.17	12.26	17.57	11.72	14.97	11.92	17,35	12.40	17.53	12.26	16.99	12,98	19.74	12.29	16.50	12.23	4.27
Gross Revenue/Visit	334.06	353.24	285.07	353.24	322.52	353.26	336.37	353.24	308.47	353.26	312.20	353.24	332.45	353.24	353.60	353.25	323.00	353.25	(30.25
Gross Revenue/RVU	154.93	193.75	133.79	193.75	157.35	192.77	170.19	193.75	149.98	192.77	146.32	193.75	159.94	193.75	153.75	193.30	153.02	193.46	(40.44)
Patient Revenue																			
Outpatient																			
Total Patient Revenue	142,978	170,968	137,973	170,968	164,485	164,972	143,968	170,968	124,932	164,972	132,060	170,968	157,580	170,968	163,011	154,372	1,166,987	1,339,155	(172,168
Deductions From Revenue																			
Total Deductions From Revenue (Note A)	79,311	94,398	75,702	94,398	90,716	91,093	79,770	94,398	68,865	91,093	72,522	94,398	87,494	94,398	90,042	85,239	644,423	739,414	(94,991
Net Patient Revenue	63,667	76,570	62,271	76,570	73,769	73,879	64,198	76,570	56,068	73,879	59,537	76,570	70,086	76,570	72,968	69,132	522,564	599,741	(77,177
Total Operating Revenue	63,667	76,570	62,271	76,570	73,769	73,879	64,198	76,570	56,068	73,879	59,537	76,570	70,086	76,570	72,968	69,132	522,564	599,741	(77,177
Operating Expenses																			
Salanes & Wages	65,195	64,890	65,893	64,890	61,655	63,389	65,341	65,133	48,479	63,353	55,262	65,856	52,159	65,856	46,714	59,483	455,744	512,495	(56,751)
Benefits	8,805	14,973	8,782	14,914	8,606	14,524	6,989	14,933	7,112	13,804	5,668	13,557	11,197	15,740	7,178	14,828	64,336	117,878	(53,542
Purchased Services	7,421	5,465	7,226	5,465	4,561	5,465	8,735	5,465	4,244	5,465	5,680	5,465	8,963	5,465	5,477	5,465	52,309	43,719	8,590
Medical Supplies	0	507	0	507	0	491	0	507	0	490	0	507	0	506	0	458	0	3,973	(3,973
Other Supplies	0	455	0	455	0	455	0	455	0	455	188	455	0	455	0	455	188	3,640	(3,452
Maintenance and Repairs	0	316	0	316	0	316	0	316	0	316	0	316	0	316	0	316	0	2,525	(2,525
Other Expenses	1,517	1,251	1,517	1,251	2,405	1,251	3,684	1,251	(650)	1,251	3,319	1,251	4,201	1,251	1,517	1,251	17,510	10,011	7,499
Allocation Expense	18,223	31,488	18,782	31,488	33,375	30,682	31,695	31,488	32,144	30,682	35,627	31,488	29,289	31,543	29,969	29,193	229,104	248,059	(18,954)
Total Operating Expenses	101,161	119,346	102,200	119,286	110,602	116,573	116,444	119,549	91,329	115,816	105,744	118,896	105,809	121,132	90,855	111,448	819,191	942,299	(123,107
Excess of Operating Revenue Over Expenses	(37,494)	(42,776)	(39,929)	(42,716)	(36,832)	(42,694)	(52,246)	(42,978)	(35,262)	(41,937)	(46,207)	(42,325)	(35,723)	(44,562)	(17,887)	(42,316)	(296,627)	(342,558)	45,931
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0.	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(37,494)	(42,776)	(39,929)	(42,716)	(36,832)	(42,694)	(52,246)	(42,978)	(35,262)	(41,937)	(46,207)	(42,325)	(35,723)	(44,562)	(17,887)	(42,316)	(296,627)	(342,558)	45,931

 $Note\ A-Average\ Collection\ Rate=43\%\ of\ Gross\ Charges,\ therefore\ the\ Deduction\ Rate\ is\ 57\%\ of\ Gross\ Charges$ 





## **QUALITY REPORT**

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

From: Barbara Snyder, RN, Quality & Risk Manager

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

#### I. Data Reporting

#### Patient Satisfaction Questionnaires:

HCAHP Surveys (mailed to patient): For Q4 2021, there were 62 surveys sent and 14 returned = 22.58%. Inpatient services would have needed a threshold of 54 returned surveys to have a 95% confidence level in the data. We can use the data anecdotally to learn about individual experiences, but should not infer that this information represents a "typical" patient experience. The med/surg manager will be attaching a postcard to discharge paperwork that encourages patients to fill out the survey when the patient receives it. Additionally, the med/surg manager has started calling every discharged inpatient.

Swingbed Surveys (tablet survey given to patient during discharge). There were five patients discharged, and five tablet surveys completed in February 2022. 100% of patients would either definitely recommend or probably recommend Southern Coos Hospital to friends and family.

*Medical Imaging* (tablet survey given to patient after mammogram). We will be pulling the number of mammograms each month so that we can look at confidence in the data. However, for the 24 survey responses received, 100% of patients would either definitely recommend or probably recommend Southern Coos Hospital.

**ED** (tablet survey given to patient at discharge). ED received 94 survey completions, and 97% of patients would definitely recommend or probably recommend Southern Coos Hospital. Because there were 321 ED visits in February, 29.28% of visits were captured by this survey. There needs to be 176 surveys completed or 54.83% for a 95% confidence level – so that we can confidently understand the patient experience. Additionally, the ED will be calling patients, beginning with those who left without being seen, or those who left against medical advice. Within the next month, the process should be working to call all patients.

*Lab* (tablet survey given to patient after procedure). Gail Meidinger, Quality RN, has worked with the lab and Survey Solutions, our vendor to develop a solution for workflow issues with the survey. The lab will be moving to a paper survey in order to avoid backing up patient workflow. This will begin once Survey Solutions has given the paper survey to the lab to use.



*Clinic* (tablet survey given to patient). The clinic has requested help establishing a tablet survey process in the clinic. We will be working with Survey Solutions to pay for an additional tablet in order to get patient feedback from the clinic.

#### II. Learning from Complaints and Grievances

<u>New Process</u> starting March 1st, all Clarity (internal reporting system for variabilities or incidents) are being reviewed by the CEO, CNO, and Quality Manager. The incidents are reviewed for process change needs, trends, or incident management.

#### Clinical Documentation

*Med/surg* has been working on four areas (nursing care plan, pain, advanced directives, vaccine status) and has achieved 100% chart completion in the most recent chart audit. This is an ongoing process due to rotation of staff and per diem RNs, so tools are in place to support ongoing monitoring and training. Med Surg auditing currently done by documentation RN but Staff and Charge RNs will audit going forward.

The *ED* began a baseline of pain documentation, which is the first documentation goal. The baseline in March was 25% pain documentation completion.

**Respiratory Therapy** has chosen to work on improving ED oxygen charges for a quality improvement goal. This involves providers' clinical documentation.

<u>Patient Arm Bands</u> was identified as an issue in February, since there has been inconsistency in patients wearing arm bands for identification. This has been resolved and patient arm bands will be listed on the multidisciplinary rounding checklist for spot checks.

Antimicrobial Stewardship (AS) Status Update. Stephanie Lyon and Denise Ebenal are on schedule with presentations to Executive Team, Medical Staff and hopefully the board.

#### III. Policies

<u>Patient Rights</u> policy was updated in quality to adjust the utilization review section in patient responsibilities and to add a section on patients' rights to have a support person. Patients have a right to be notified both verbally and in writing of all of their rights and responsibilities. Brochure content, hospital signage/visibility, and website content are now being managed by Scott McEachern. Relias employee training is accomplished by Ginny Hall.

2022 Hospital Patient Safety Goals were adopted.

Universal Masking Policy was updated and adopted.



Hospital Wide COVID-19 Mandatory Vaccination Policy was updated and adopted.

COVID-19 Hospital Wide Infection Control Policy was updated and adopted.

#### IV. Safety Culture

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

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

#### V. Patient and Family Centered Care Project

Southern Coos is in a cohort sponsored by Oregon Office of Rural Health with Runyan Consulting. We are planning a project as part of the cohort responsibilities.