



SOUTHERN COOS HEALTH DISTRICT

Board of Directors Regular Meeting & Budget Hearing

June 23, 2022 6:30 p.m.

AGENDA

- I. Call to Order & Open Budget Hearing
 1. Roll Call
 2. Approval of Agenda
 3. Public Input
- II. Consent Agenda
 1. Meeting Minutes
 - a. Regular Meeting – 05/26/22p. 2
 2. Monthly Counsel Invoice
 - a. Robert S. Miller III, General Counsel Invoice - May 2022.....p. 7
- III. Staff Reports
 1. CEO Report.....p. 8
 2. Clinic Report.....p. 10
 3. CNO Report.....p. 12
 4. CFO Report.....p. 14
 5. CIO Report.....p. 15
 6. SCHD Foundation Report.....p. 16
 7. Medical Staff
 - a. Credentialing Report.....p. 17
 8. Strategic Plan Report (*Updated Report to be Presented 6/23*).....p. 18
- IV. Monthly Financial Statements: Review.....p. 32
- V. Quality & Patient Safety
 1. Monthly Report.....p. 49
- VI. New Business
 1. OHPAC-Oregon Hospital Association Political Action Committee
 2. Appointment of Compliance Officer
- VII. Old Business
 1. District Bylaws Review & Possible Approval.....p. 53
- VIII. Close Budget Hearing
 1. FY23 Budget Presentation.....p. 70
 2. Resolution 2022-01 Adoption of Budget.....p. 89
- IX. Open Discussion
- X. Adjournment



**Southern Coos Health District
Board of Directors
Regular Meeting Minutes
May 26, 2022**

Members Present: Brent Bischoff, Chairman; Norbert Johnson, Treasurer; Pamela Hansen and Tom Bedell, Directors. **Administration:** Raymond T. Hino, CEO; Jeremiah Dodrill, CFO; Scott McEachern, CIO; and Douglas Crane, Medical Staff Vice Chief of Staff. **Attending via remote link:** Cori Valet, CNO; Barbara Snyder, Risk & Quality Manager; Jake Milstein, Critical Insight; Robert S. Miller III, General Counsel.

I. Call to Order & Approval of Agenda

The meeting was called to order at 6:30 p.m.

Roll Call: All members were in attendance; quorum was met.

Please add under the Consent Agenda the Executive Session Minutes from April 28. The Medical Staff Report was moved ahead to accommodate Dr. Crane, Medical Staff Vice Chief of Staff, who is on duty hospitalist attending in place of Dr. Keizer, Chief of Staff

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

1. Public Input

None.

II. Consent Agenda

1. Meeting Minutes

- a. Special Meeting Minutes – Strategic Planning Session - 04/22/22
- b. Regular and Executive Session Minutes - 04/28/22

2. Monthly Counsel Invoices

- a. Robert S. Miller III, General Counsel - Invoice #1074 05/19/22

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

III. Staff Reports

1. Medical Staff Report

Moved forward in agenda; presented by Douglas Crane, MD, Vice Chief of Staff presented the Credentialing and Privileging Report from the May 10 Medical Staff monthly meeting.

New Appointments

None

Reappointments

Adam Mankowski, MD – Courtesy Staff – Emergency Medicine

Discussion: Dr. Crane shared that he has received positive feedback regarding Southern Coos Hospital from physicians in Coos Bay. He also noted that in general many hospitals are seeing a reduction in staff which at times is creating a challenge with completing patient transfers for higher level of care. The CMS 96-hour rule is not currently enforced due to the pandemic. We are seeing 7-10 day average stays.

Mary Schamehorn **moved** to accept the Medical Staff Report as presented. Norbert Johnson seconded the motion. **None were opposed. Motion passed.**

2. **CEO Report**

Mr. Hino noted a change from his written report that masking has resumed throughout the facility due to the recent surge in Covid cases. This will be revisited in the coming weeks as the surge subsides. CEO meetings with key community stakeholders are going very well. The Nurse Practitioner search is going well, in line with 90-day priorities. **Discussion:** Locum Tenens providers are hired under a temporary contract. The current Covid variant seen in our area currently is primarily the Omicron variant where patients are presenting with fewer lung problems.

3. **Multi-Specialty Clinic Report**

Mr. Hino noted the key take away from the printed report for the month of April, provided by Deborah Ellis, Interim Clinic Manager, is that the clinic is starting to bring in new patients from the wait list. Administration is exploring Rural Health Center status and introducing additional services, to be discussed later by Jeremiah Dodrill, CFO.

4. **CNO Report**

Cori Valet, CNO, provided a highlight from her report that 3 of 4 new full-time RNs are returning employees. Southern Coos is averaging 1 patient admission per day from the Emergency Room in 2021 and 2022. The number of Covid tests have increased since April that showed a decline from first of year, to May, indicating the increase, in week 18, 49 tests were performed with 12% positive; week 19, 70 tests performed with 11% positive; week 20, 67 tests with 18% positive. There were no questions.

5. **CFO Report**

Jeremiah Dodrill, CFO, gave a summary of his report, noting that FY23 budget planning is on track with the Annual Budget Committee Meeting scheduled to be at 4:30pm on June 2 open to the public. The budget will be sent to board members and posted to the website. Mr. Dodrill invited board members to also attend. Implementation of MD Ranger, a physician compensation tool to support compliance with CMS fair market value regulations, is in process. CliftonLarsonAllen (CLA) has been selected to replace Moss

Adams for FY22 cost report preparation following a vendor RFP process. Southern Coos has had a long term relationship with Moss Adams as the third party financial auditor. The Board of Directors is the responsible authority to select the third party auditor and should consider a new review or selection in the next year or so as best practice.

6. CIO Report

Scott McEachern, CIO, provided a summary of his April report. As noted earlier cybersecurity is a primary focus in the strategic plan. Administration is presently reviewing an agreement with Critical Insight, who gave tonight's presentation. Clinical Informatics is another area of focus; working with the front desk PSC team, Radiology and Lab for their work to streamline the admitting process. A new point of sale and inventory program for the Dietary department will be implemented to include both Dietary inventory and purchasing with SYSCO and will also support the SCHF gift shop. The new clinic appointment scheduling and reminder software system will be coming online with text reminders in the next few weeks.

7. SCHD Foundation Report

Scott McEachern, CIO & Foundation Executive Director, summarized the April report. The Southern Coos Health Foundation did not meet in April to allow board and staff to focus on the SCHHC strategic planning process and meeting on April 22. The Foundation is included in the strategic plan with growth goals, measureable targets, board member recruitment, and improve communication.

IV. Monthly Financial Statements: Review

Jeremiah Dodrill, CFO, provided a summary of the financial report. Gross revenues in the month of April trended better than budget at \$3M with strong inpatient volume. Clinic volume was down with provider time off. Pain Management will be reported under its own cost center with its own report. Contract staffing continues to be high but did lower slightly in April. Operating expenses were 1% higher than budget. The month closed with an increase in net position of \$8,000 compared to budgeted loss of (\$83,000). April closed with 131.5 days of cash on hand, up from March at 124.6.

V. Quality and Patient Safety Report

Barbara Snyder, Quality & Risk Manager, reviewed her report from the packet. Fundamental data point activities have been presented to date, now to be transitioning to metrics typical of hospitals including looking at our CMS star rating and Chartis Rural Hospital rating, ranked against hospital peers. Consideration underway for new HCAHPS survey vendor including NRC, with feedback from Curry who uses NRC. Med/Surg has been audited, now monthly, moving to quarterly spot checks; currently working in ED to look at documentation, specifically pain assessment. Medication scanning reviewed in Med/Surg, but barriers identified in the ED to be addressed. Recent employee safety culture questionnaire indicated inconsistencies in feeling safe when reporting variability in activities involving the patient; we will work on improving consistency in our safety culture. Patient and Family Centered Care project sponsored by Oregon Office of Rural Health underway to include non-clinical admin and manager patient rounding for patient feedback. Welcome to Sharon Bischoff, RN, BSN, RN Quality Coordinator to start in June. **Discussion:** A timeline for changes in the quality metrics to be reported is provided in the Strategic Plan and will

be integrated into the Strategic Plan reporting.

VI. New Business

1. Appointment of Budget Officer

Jeremiah Dodrill, CFO, was nominated by Tom Bedell to preside as Budget Officer for the FY23 Budget and annual Budget Committee Meeting to be held June 2 at 4:30pm.

Mary Schamehorn **moved** to accept the appointment of Jeremiah Dodrill, CFO, as Budget Officer for the FY23 Budget. Pamela Hansen **seconded** the motion. **None opposed. The motion passed.**

2. Board Education – Cybersecurity Risks – Jake Milstein

Mr. Milstein, of Critical Insights a cybersecurity firm, attending by video link, gave a presentation on cybersecurity, ransomware and other threats to hospitals and others. One of the biggest problems is phishing through email. It is a sophisticated, trillion dollar business world-wide. Ray indicated that cybersecurity is a #1 priority this year and is included in the strategic plan.

3. Medical Imaging Department Equipment Renewals

Jeremiah Dodrill, CFO, introduced a SBAR (Situation, Background, Assessment, Recommendation) regarding current equipment upgrades or replacements needed based on expiration of existing service contracts. Debra Backman, Medical Imaging Manager and Dr. Keizer, MD, Radiologist, have worked together with IT & Finance to review proposals from GE, Philips, Samsung, and Fuji with recommendations for Ultrasound, Portable X-Ray and PACS (picture archiving and communications system). This proposal will save a combined \$42,000 per year and will provide enhanced imaging efficacy and product support over current systems. The change to the NovaRad PACS will improve interoperability of sharing images with outside medical facilities and providers. Mr. Hino added his full support of Novarad, having installed it at two previous hospitals. Proposed upgrades as presented will also provide for an increase in services.

Pam Hansen **moved** to approve the equipment renewals as presented. Norbert Johnson **seconded** the motion. **None were opposed. Motion passed.**

VII. Old Business

1. Strategic Plan

Ray Hino, CEO, shared the strategic plan website and tool used to enter and track action items. This report will be included in all future regular meetings and is available on the Southern Coos Hospital & Health Center website.

2. Bylaws Articles Review

Norbert Johnson and Tom Bedell reported on suggested updates to Articles 4 & 5. Additional discussion needed to define role of treasurer. In June will review Article 6.

VIII. Open Discussion

1. Consideration to Move Staff Reports to Consent Agenda

Board members would like to keep staff reports as they are on the agenda to allow discussion, with understanding that staff will summarize their printed reports rather than read them aloud to maximize meeting time.

IX. Adjournment

At 8:58 p.m. the meeting was adjourned. The next regular meeting of the Southern Coos Health District will be June 23, 2022 at 6:30 p.m.

Brent Bischoff, Chairman 6-23-22

Mary Schamehorn, Secretary 6-23-22

DRAFT

INVOICE

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(CY2022+)
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Southern Coos Hospital & Health Center

| Bill to | Ship to | Invoice details |
|---|--|--|
| Southern Coos Hospital & Health Center 900 11th Street SE Bandon, OR 97411 USA | Southern Coos Hospital & Health Center 900 11th Street SE Bandon, OR 97411 USA | Invoice no. : 1078 Invoice date : 5/31/22 Terms : Due on receipt Due date : 5/31/22 |

| Product or service | | Amount |
|--|----------------------|----------|
| 1. Attorney | 2.5 units × \$250.00 | \$625.00 |
| Service date: 5/26/22 | | |
| Board of Directors Meeting: strategic plan review and assignments. | | |

Ways to pay



| | |
|----------------|-----------------|
| Total | \$625.00 |
| Overdue | 5/31/22 |



CEO Report

DATE: June 16, 2022
TO: SCHD Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: June 2022 CEO Report

COVID Update

As reported last month, we have continued to see an increase in positive COVID cases both locally and State-wide. Coos County has been elevated from Low to Moderate COVID risk. We have had as many as 3 positive COVID patients in-house at a time, and we have had as many as 8 employees out with COVID. As a result, we re-instituted the face mask mandate in all parts of the building, including the administrative wing. The COVID committee is meeting bi-weekly at this point and will reconsider the mask mandate at each meeting.

Monkey Pox Update

We were informed by the Coos County Health Department last week that there are no reported cases of Monkey Pox in Coos County (or in the State of Oregon as far as I know). However, the Health Department is cautioning hospitals and medical providers that we should be prepared. The Health Department states that the infection control universal precautions are the same for Monkey Pox as they are for COVID. However, once exposed, the quarantine time for Monkey Pox is 2-3 weeks. The Health Department is advising hospitals to begin training their staff for signs and symptoms of Monkey Pox. Our Infection Control Team has pulled the CDC guidelines and is beginning the training of our staff.

CEO Introductory Meetings

In the past 30 days I have met with:

- Ben Messner, CEO, Western Oregon Advanced Health
- John Kinna, CEO, North Bend Medical Center
- Rafael El Youssef, MD, General Surgeon
- Wes Johnson, MD, Orthopedic Surgeon
- Wallace Webster, MD, ENT Surgeon

Additionally, I was very pleased to see that Drs. Hank Holmes and Ann Kellogg, both attended our monthly medical staff meeting and talked about opportunities for improved communications between Coast Community Clinic and Southern Coos Hospital and Health Center.

We are still awaiting details on the Community-wide Hospital CEO Meet and Greet. It has been confirmed that the event will take place at Edgewater's Restaurant.

I also became a member of the Bandon Rotary Club this month.

Recruitment

This week we made offers to both a full time Locum Tenens Nurse Practitioner for the Southern Coos Hospital Clinic, and for a Director of Human Resources for SCHHC. We received an acceptance by our Nurse Practitioner candidate, Barbara Franklin. We are hoping that she will be able to start by August 1. Our Director of Human Resources candidate will give us a final answer before the End of Business on June 20.

USDA Civil Rights Compliance Survey

On Friday, June 24, we will have a USDA (US Department of Agriculture) official here to conduct a Civil Rights survey for Southern Coos Hospital. The reason for the survey is that SCHHC has received funding from USDA in the past and is therefore, obligated to be in compliance with all Federal Civil Rights requirements. This includes an EEOC (Equal Employment Opportunity Commission) and Americans with Disabilities (ADA) compliance survey. We will be surveyed for accessibility for the handicapped population, as well as surveyed for non-discrimination for all protected categories. The expected duration of the survey is approximately 1 hour. Our team, led by Barbara Snyder, has been working hard to prepare for this survey. One good outcome of this survey process is that we are meeting with USDA to talk about future construction project needs.

First 90 Day Priorities presented to Board of Directors for approval in May----complete

- Rural Health Clinic Feasibility Analysis & Implementation Plan -----in progress
- Monthly All Staff Meetings-----Completed for First 3 months
- Community-wide “Meet the New CEO” Event to introduce CEO to entire community--in progress
- Begin interviewing FNP candidates-----Offer accepted; Will Start on Approx. Aug 1
- Begin interviewing candidates for Clinic Manager-----Interim Clinic Manager placed
- 2022-2023 Budget approved-----Budget Comm. approval on June 2. On target for June 23 Board approval
- New MRI Trailer installed by July 1-----On target for July 6 start date (delay due to holiday weekend)
- Selection and Board approval of Radiology Picture Archiving System----completed



Clinic Report

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

From: Deborah Ellis, Interim Clinic Manager

Re: Clinic Report for SCHD Board of Directors Meeting – June 23, 2022

Provider News-May

Dr. Mitchell, Dr. Pense and Dr. Adams all saw an average of 8 & 7 & 6 patients per day. Dr. Mitchell was in clinic a total of 9 days with 76 total patients seen while adding 7 new patients. Dr. Pense was at 5 days with 34 patients (5 new) and Dr. Adams 5 days with a total of 31 patients seen (1 new). Victoria Schmelzer had 5 days in clinic with a total of 15 patients seen at an average of 3 pts per day. All together the three DOs saw 141 patients in April.

- Shane Matsui, LCSW has a patient average of 4 patients per day with 20 days in clinic. He provided service via telehealth for 16 of those visits. He now has a waiting list of 12 patients and adds a new patient to his panel each Tuesday. We are able to fill his schedule every week. Cancellation rate is at 14% while the no show rate is at 6%.
- Debra Guzman, NP logged in 18 telehealth calls and added 19 new patients to her panel. She averaged 14 patients per day with 12 days in clinic and a total of 168 patient visits.
- Dr. Qadir, Nephrologist, was in clinic once during May and saw 11 local patients.
- Dr. Webster, saw 15 patients in May.
- We are happy to announce that Barbara Franklin FNP, has accepted our offer to join the Southern Coos Multidisciplinary Clinic. Barbara brings a wealth of knowledge and experience from Colorado.
- Victoria Schmelzer has begun seeing patients in the pain clinic. This service has been very well recieved by our patients that have had the ability to be treated by her.

Clinic Report-May

- Debi Ellis is currently filling in as Clinic Manager. We are actively recruiting for a permanent replacement. Interviews are ongoing.
- We are currently exploring the Clinic designation, “Rural Health Clinic” in order to determine whether this would be a means to not only benefit the Multidisciplinary Clinic but increase revenue as well.
- Medicare Wellness, Chronic Disease Management and Transitional Care are all important components of the care that we can provide to our patients. This is another avenue that has potential to generate an increase in revenue that we are currently looking into.

- Telehealth visits for May totaled 41.
- Kassandra Keller gave birth to a healthy baby boy and is currently on maternity leave. Victoria Kolosiki CNA is temporarily filling in as Front Office Lead.
- We offered 4 Covid vaccination clinics in the month of May. We provided a total of 91 vaccinations over these 4 days.
- The outpatient clinic saw 183 patients over the 21 days we were open in May. The Outpatient Clinic has begun offering ABI (Ankle Brachial Index) procedures.
- The Clinic page on the SCHHC website was updated to reflect the services the Clinic offers instead of being focused on the providers. It also has a “request an appointment” button that now goes directly to scheduling.

Clinic Stats - May 2022

| | Days in Clinic | Patients | | | Total | Average | No Show | Cancellation | Total | Total |
|-------------------------|----------------|------------|------------|-----------|------------|----------------------|-----------|--------------|------------|-----------|
| Provider | Clinic | Scheduled | CXL'D | No Show | Seen | Seen | Rate | Rate | Telehealth | New Pts |
| Debra Guzman, FNP | 12 | 208 | 30 | 10 | 168 | 14.0 | 5% | 14% | 18 | 19 |
| Olixn Adams, DO | 5 | 37 | 6 | 0 | 31 | 6.2 | 0% | 16% | 2 | 1 |
| Noel Pense, DO | 5 | 43 | 6 | 3 | 34 | 6.8 | 7% | 14% | 0 | 5 |
| Christine Mitchell, DO | 9 | 162 | 85 | 1 | 76 | 8.4 | 1% | 52% | 5 | 7 |
| Shane Matsui, LCSW | 20 | 99 | 14 | 6 | 79 | 4.0 | 6% | 14% | 16 | 0 |
| COVID-19 Clinic | 4 | 50 | 1 | 0 | 49 | 12.3 | 0% | 2% | 0 | 0 |
| Outpatient Services | 21 | 201 | 13 | 5 | 183 | 8.7 | 2% | 6% | 0 | 0 |
| Schmelzer | 5 | 16 | 1 | 0 | 15 | 3.0 | 0% | 6% | 0 | 10 |
| Totals | 81 | 800 | 156 | 25 | 635 | 7.8 | 3% | 20% | 41 | 42 |
| Total telehealth | 41 | | | | 403 | Clinic Registrations | | | | |

Note: Cancellation for Mitchell includes 52 "Physician Office Canceled" and 8 "Provider Out of Office"



CNO Report

From: Cori Valet, CNO

Re: CNO Report for Board of Directors Meeting – June 2022

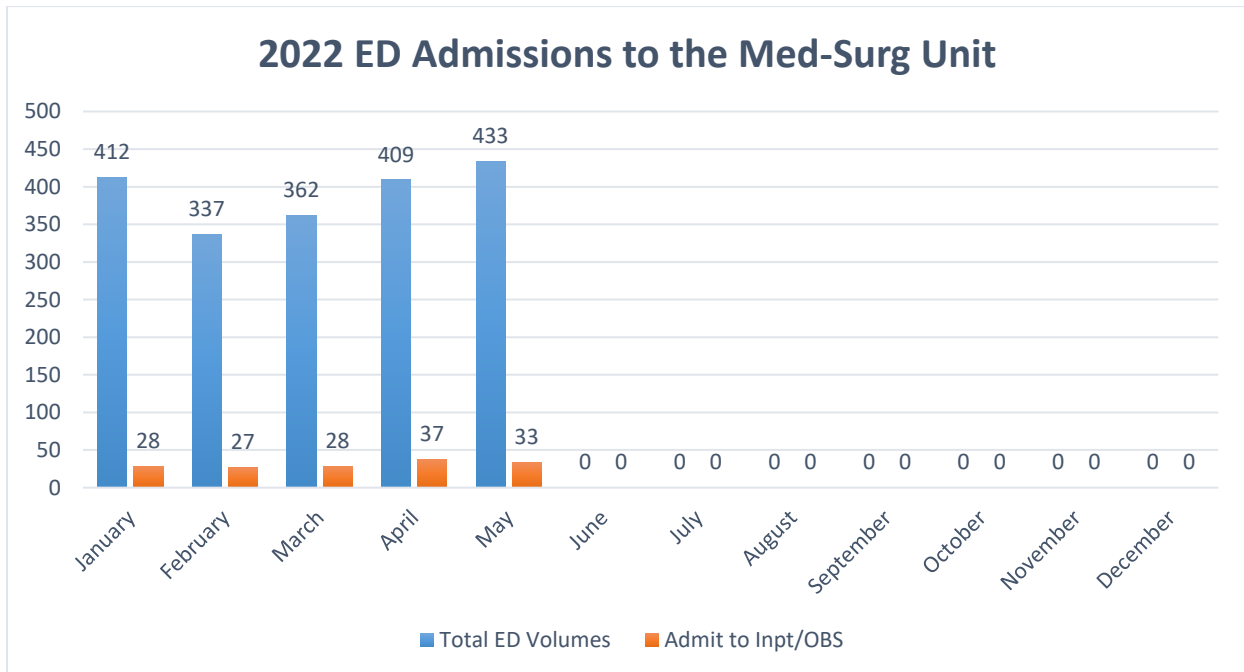
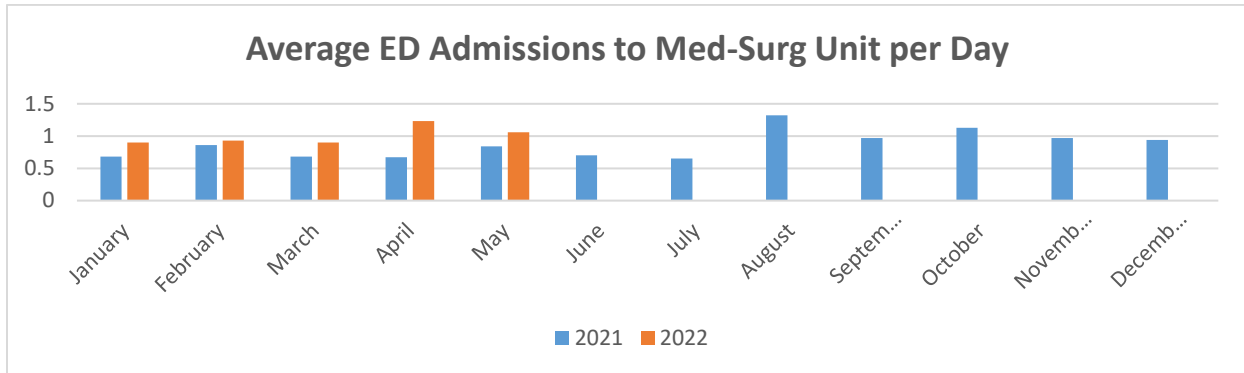
People

- Clinical Department Staffing
 - Nursing
 - Full-time staff vacancies include 6 Full Time nurse positions (3 MS, 2 ED) and 6 CNA positions.
 - 4 Agency Nurse Contracts are in place (3 MS, 1 ED)
 - Surgical Services manager position remains vacant. Considering use of a Temp or Agency RN to cover this vacancy.
 - Laboratory
 - Vacancies include: 2 Full Time and 1 Per Diem Medical Laboratory Scientist/Medical Laboratory Technologist
 - 1 Agency/Contract MLS/MLT in place
 - Medical Imaging
 - Vacancies include 2 Full Time Radiology Technologists, 1 Part Time Radiology Technologist and 1 Part Time or Per Diem Ultra sonographer.
 - 1 Agency/Contract Technologist in place. Ongoing search active for a 2nd Agency/Contract Technologist.
 - Respiratory Therapy –
 - 1 Full-time RT out on leave until mid-August 2022.
 - 1 Agency/Contract RT in place to cover vacancy.

Service

- Laboratory
 - COLA Inspection June 21-23, 2022. COLA is the organization that assists in ensuring that we meet federal CLIA and state requirements and provides laboratory accreditation. The quality management system that COLA utilizes is certified to ISO 9001:2015.
 - Down-time for chemistry on Wednesday June 8, 2022 after controls for ammonia elevated. Down time was approximately 5 hours. It was discovered that cleaning products containing ammonia were utilized in the lab space where the chemistries were being performed, creating elevated results. Remediation has occurred and processes implemented to ensure that only alcohol based cleaning products will be utilized in the lab.
- Medical Imaging
 - New MRI Mobile truck arrival anticipated July 6, 2022.
 - Site preparations are on schedule.

- Emergency Department
 - Average Daily Admission Rate (Inpatient and Observation)





CFO Report

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

Fiscal 2022/23 Budget

Finance and Administration have finalized our fiscal FY2022/23 budget, of which the budget package is included within these board materials. This budget was passed unanimously at the Budget Committee meeting that was held on June 2. Key aspects of the budget include aligning financial improvement initiatives with projects within our strategic plan. Specifically, we have aligned our growth strategies, clinic productivity and provider efficiencies.

Clinic RHC Analysis

Finance and Administration have engaged Wipfli, LLP to perform an evaluation of the impact of converting our clinic to a Rural Health Clinic (RHC) designated clinic, which is a federally recognized designation that has the possibility of enhanced reimbursements but also has various requirements. Wipfli has extensive experience in RHC reimbursement and operations. We have begun providing the various data and materials required for the analysis. We anticipate that the preliminary assessment will be completed by July or August.

HR Structure

Administration has been evaluating the reporting alignment and structure of the HR Department. Currently, HR reports to the CFO due primarily to leadership turnover. Additionally, much of the strategic plan will require substantially more consideration, elevated workload and enhanced expertise than the capacity of our current HR structure. As a result, we are realigned and reorganizing our current HR structure. First, HR will return to reporting to the CEO. Additionally, we will reorganize the department to have a Director of Human Resources, which we are currently recruiting, a HR generalist and a HR Coordinator. We believe that these changes are necessary to align the resources of the organization reflecting the importance of our strategic initiatives contained within the Strategic Plan.



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, June 2022

General Projects – IS

- SCHHC is onboarding a cybersecurity firm, Critical Insight. Critical Insight provides expert cybersecurity threat protection. Their services are as follows:
 - Managed Detection & Response
 - Incident Response Plan Review
 - Cybersecurity Tabletop Exercises for SCHHC staff
 - HIPAA Security Risk Assessment (required by federal law)
 - Internal and external penetration testing

General Projects – Medical Records

- We are onboarding a company, MediCopy, which will provide remote fulfillment of medical records requests. They will go live on July 1.

General Projects – Clinical Informatics

- We went live with a new text-based appointment reminder system through Dialog Health. In addition to appointment reminders, we have developed the following campaigns:
 - Upcoming COVID vaccine booster clinics, with a link to schedule
 - A Patient-Satisfaction survey
 - Opportunity for patients to leave reviews on the SCHHC Google business page

General Projects – Hospital

- The SCHHC dietary and gift shop departments recently selected a new point of sale system, BePoz. We will kick off implementation the first week of July. The go-live date will be determined during the initial kick-off call but will be no later than September 30th.



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, June 2022

I have included the Southern Coos Health Foundation into the hospital's strategic plan. I presented this part of the overall SCHHC plan to the SCHF board at the June board meeting on June 16th.

1. Develop and implement SCHF Strategic Plan, aligned with the hospital's plan and growth goals
2. Define specific and measurable fundraising targets for FY23-25
3. Recruit additional SCHF board members
4. Improve communication and alignment between the hospital and SCH Foundation board and community.

We have identified several members of the community as possible board members and are in the process of meeting with them to assess their interest and capacity to be a SCHF board member. We have several promising candidates.

Golf for Health Classic 2022

The Golf for Health Classic planning is underway. The date of the event is September 17, 2022. A save the date has gone out. The planning team is also canvassing the community for sponsorships. A postcard will be mailed to residents of Bandon, Port Orford, and Langlois. The postcard is represented here:





Medical Staff Credentialing Report

SOUTHERN COOS HOSPITAL CREDENTIALING REPORT

June 14, 2022

Appointment and Privileges – MEDICAL STAFF

| Name | Category | Area of Practice |
|--------------------|----------|------------------|
| William W. Webster | Courtesy | Otolaryngology |

Appointment and Privileges – Licensed Independent and Dependent Practitioners

| Name | Category | Area of Practice |
|------|----------|------------------|
| None | | |

Reappointment and Privileges – MEDICAL STAFF

| Name | Category | Area of Practice |
|------|----------|------------------|
| None | | |

Appointments, Reappointments, Changes – Direct Radiology

| Name | Category | Area of Practice |
|------------------|----------|------------------|
| Steven DiLeo, MD | Courtesy | Radiology |

Staff Changes – MEDICAL STAFF

| Name | From Status | To Status | Area of Practice |
|------|-------------|-----------|------------------|
| None | | | |



Southern Coos Hospital & Health Center 5-Year Strategic Plan 2022-2027

As of 6-6-22

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
|---|---------------------------------|--|------------|-------|
| 1.0 People | | | | |
| 1.1 Benchmark and implement employee compensation philosophy (Hino) | Jeremiah Dodrill | | | 8.33 |
| ⊕ 1.1.1 Implement Salary.com Benchmarking (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR, Finance | 07/31/2022 | 25.00 |
| ⊕ 1.1.2 Develop employee compensation philosophy (Dodrill) | Raymond Hino , Jeremiah Dodrill | Kelly Frengle, HR, Finance | 09/30/2022 | |
| ⊕ 1.1.3 Complete benchmarking study of hospital job codes (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR, Finance | 10/31/2022 | |
| 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. (Hino) | Raymond Hino , Jeremiah Dodrill | Executive Team, Katelin Wirth, MD Ranger, MGMA | 12/31/2022 | |
| 1.2.1 Research best practices and compliance requirements (DNV) in medical staff development plans (Hino) | Raymond Hino | DNV, MD Ranger, Governance Institute, CEO colleagues | 05/31/2022 | |
| 1.2.2 Review Community Health Needs Assessment & interview Board, Medical Staff, Executive Leadership for physician recruitment needs (Hino) | Raymond Hino | Survey Monkey or hard copy surveys. Distribute, collect and tabulate results | 06/30/2022 | |
| 1.2.3 Complete a provider contract audit and identify if compliance variances exist (Hino) | Raymond Hino | MD Ranger, Jeremiah Dodrill | 06/30/2022 | |
| ⊖ 1.2.4 Create Medical Staff Development plan based upon results of needs assessment and best practices (Hino) | Raymond Hino | Executive Team, Kim Russell | 09/01/2022 | |
| 1.2.4.1 To include recruitment needs and recruitment plan (Hino) | | | | |
| 1.2.4.2 To include Stark Law compliance metrics for all contracts (Hino) | | | | |
| 1.2.5 Present findings of Medical Staff Development Plan to Board of Directors (Hino) | Raymond Hino | Jeremiah Dodrill, Kim Russell | 09/22/2022 | |
| 1.2.6 Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan (Hino) | Raymond Hino | Executive Team | 12/31/2022 | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
|--|---|---|------------|-------|
| 1.3 Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration (McEachern) | Scott McEachern , Cori Valet | Executive Team, Kelley Frengele | 07/01/2022 | |
| 1.3.1 Survey staff to identify gaps in employee recognition (Hino) | Scott McEachern , Cori Valet | Amy Moss Strong | 06/15/2022 | |
| 1.3.2 Identify staff champions and coordinate with Employee Council (Valet) | Scott McEachern , Cori Valet | Amy Moss Strong | 06/30/2022 | |
| 1.3.3 Develop a budget for Employee Recognition (Valet) | Scott McEachern , Cori Valet , Jeremiah Dodrill | Executive Team | 07/31/2022 | |
| 1.3.4 Create Employee Council (Hino) | Scott McEachern | Managers, staff | 07/31/2022 | |
| 1.4 Develop staff education plan (Hino) | Cori Valet | Kelley Frengele | 09/30/2022 | 8.80 |
| 1.4.1 Identify current staff education plans. (Hino) | Cori Valet | Ginny Hall, Kerry Vincent and department managers | 06/30/2022 | 61.66 |
| 1.4.1.1 Identify current all staff education plan (Initial and annual) (Valet) | Cori Valet | Ginny Hall, Kerry Vincent | 05/31/2022 | 80.00 |
| 1.4.1.2 Identify current new manager education processes. (Valet) | Cori Valet | Ginny Hall, Kerry Vincent | 06/30/2022 | 80.00 |
| 1.4.1.3 Identify current department specific education processes. (Valet) | Cori Valet | All department managers, Kerry Vincent | 06/30/2022 | 25.00 |
| 1.4.2 Identify current Medical Provider Education plans (Valet) | Cori Valet | Shawn March | 06/18/2022 | |
| 1.4.3 Benchmark other Hospitals, i.e. LUH, CVH, BAH, CGH (Hino) | Cori Valet | Mike Snyder | 06/30/2022 | |
| 1.4.3.1 (Valet) | | | | |
| 1.4.3.2 (Valet) | | | | |
| 1.4.3.3 (Valet) | | | | |
| 1.4.4 Perform a gap analysis to determine deficiencies in existing education processes. (Hino) | Cori Valet | Kelley Frengele | 07/23/2022 | |
| 1.4.4.1 Develop a gap analysis tool (Valet) | Cori Valet | | 05/27/2022 | |
| 1.4.5 Update existing education plans to include deficiencies noted in gap analysis. (Valet) | Cori Valet | Kelley Frengele | 08/31/2022 | |
| 1.4.6 Develop Manager Orientation plan (Valet) | Cori Valet | Kelley Frengele | 08/31/2022 | |
| 1.4.7 Create a robust education policy for staff, manager and medical | Cori Valet | Kelley Frengele | 09/30/2022 | |

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| 1.4.7 Create a robust education policy for staff, manager and medical provider education. (Valet) | Cori Valet | Kelley Frengle | 09/30/2022 | |
| 1.5 Implement Leadership Training Program (Hino) | Raymond Hino | Kelley Frengle, Executive Team | 09/01/2022 | |
| 1.5.1 Identify management team members required to participate in Leadership Training program (Hino) | Raymond Hino | Kelley Frengle, Executive Team | 05/31/2022 | |
| 1.5.2 Research external resources for Leadership Training (e.g. Studer, HealthStream, etc) (Hino) | Raymond Hino | Kelley Frengle, Executive Team, Studer Group, HealthStream | 06/30/2022 | |
| 1.5.3 Select resource entity, sign contract (if necessary) and establish start date (Hino) | Raymond Hino | Kelley Frengle, Executive Team | 07/31/2022 | |
| 1.5.4 Create 12-month schedule for Leadership Training program (Hino) | Raymond Hino | Kelley Frengle, Executive Team | 09/01/2022 | |
| 1.6 Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with expectations (Hino) | Jeremiah Dodrill | Kelly Frengle, HR | 12/31/2022 | |
| 1.6.1 Identify best practices in employee evaluation process (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 09/30/2022 | |
| ☐ 1.6.2 Perform value stream analysis on employee evaluation process. (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 11/30/2022 | |
| 1.6.2.1 Clarify expectations of employees and managers in evaluation process (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 11/30/2022 | |
| 1.6.2.2 Develop standard operation procedures for HR, managers and employees for the employee evaluation process (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 11/30/2022 | |
| ☐ 1.6.3 Revamp employee evaluation documents to meet best practices (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 12/31/2022 | |
| 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 (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 12/31/2022 | |
| 1.6.4 Develop visibility and accountability measures for leadership (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 07/31/2022 | |

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| 1.7 Identify gaps in recruitment process (Hino) | Jeremiah Dodrill | Kelly Frengle, HR | 09/30/2022 | |
| 1.7.1 Identify best practices in employee recruiting. (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 07/31/2022 | |
| 1.7.2 Perform value stream analysis on employee recruiting process (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 08/31/2022 | |
| 1.7.3 Create Standard Operating Procedures for each step in the recruiting process (Dodrill) | Jeremiah Dodrill | Kelly Frengle, HR | 09/30/2022 | |
| 1.8 Implement the updated education policy for staff, managers, and medical providers. (Valet) | Cori Valet | Scott McEachern, Shawn March, Kelley Frengle | 11/30/2022 | |
| 2.0 Service | | | | |
| 2.1 Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction. (Hino) | Raymond Hino | | 06/30/2023 | |
| 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. (Hino) | Raymond Hino | Executive Team, Leadership Team | 06/17/2022 | |
| 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. (Hino) | Raymond Hino | Executive Team; Project Teams | 07/01/2022 | |
| 2.1.3 Implement 2-5 deliverable enhancements to patient engagement, recommended by each team (Hino) | Raymond Hino | Executive Team, Project Teams; Leadership Team | 11/17/2022 | |
| 2.1.4 Implement 4-8 deliverable enhancements to patient engagement, recommended by each team (Hino) | Raymond Hino | Executive Team, Project Teams, Leadership Team | 06/30/2023 | |
| 2.2 Identify, select, and implement the most effective EMR system. (Hino) | Scott McEachern | Executive Team, Managers, Providers | 12/31/2023 | 9.04 |
| 2.2.1 Convene EHR Governance Committee, comprised of a cross-departmental team tasked with overseeing selection, implementation, and maintenance of EHR system (McEachern) | Scott McEachern | Executive Team, Managers, Providers | 08/31/2022 | |

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|---|---|--|------------|--------|
| 2.2.2 Open conversations with potential EMR vendors (McEachern) | Scott McEachern | Ray Hino, Trevor Jurgenson | 07/31/2022 | 28.33 |
| 2.2.2.1 OCHIN (McEachern) | | | 05/31/2022 | 75.00 |
| 2.2.2.2 St. Charles EPIC (McEachern) | | | 05/31/2022 | 5.00 |
| 2.2.2.3 Cerner Community Works (McEachern) | | | 05/31/2022 | 5.00 |
| 2.2.3 Determine scope of work for hiring an external project management team (McEachern) | Scott McEachern | Executive Team | 09/30/2022 | 25.00 |
| 2.2.4 Identify needed peripheral systems (McEachern) | Scott McEachern | Trevor Jurgenson, Cindy Kessler, Deb Backman, Marlene Rocha, Deb Ellis, Cheryl Johnson | 06/30/2022 | 10.00 |
| 2.2.4.1 ERP System (McEachern) | Scott McEachern | Marlene Rocha, Finance Team | 09/30/2022 | 10.00 |
| 2.2.4.2 Laboratory Information System (McEachern) | Scott McEachern | Cindy Kessler, Laboratory | 09/30/2022 | 10.00 |
| 2.2.4.3 Radiology Information System & Peripherals (McEachern) | Scott McEachern | Deb Backman | 09/30/2022 | 10.00 |
| 2.2.4.4 Respiratory Peripherals (McEachern) | Scott McEachern | Cheryl Johnson | 09/30/2022 | 10.00 |
| 2.2.5 Develop financial plan for EMR implementation (McEachern) | Scott McEachern , Raymond Hino , Jeremiah Dodrill | Executive Team | 09/30/2022 | |
| 2.2.6 Compare potential EMR Vendors (McEachern) | Scott McEachern | Executive Team | 09/01/2022 | |
| 2.2.7 Make recommendation to SCHD Board (McEachern) | Scott McEachern | Executive Team | 12/15/2022 | |
| Quality | | | | |
| 1 Implement and Maintain Quality DNV Accreditation Program (Hino) | Raymond Hino | Scott McEachern, Barb Snyder, staff | 09/30/2022 | 31.25 |
| 3.1.1 Schedule a meeting with Stakeholders to discuss next steps and establish timelines (Hino) | Scott McEachern | Scott McEachern | 05/12/2022 | 100.00 |
| 3.1.2 DNV Training (McEachern) | Scott McEachern | Barb Snyder | 07/12/2022 | 25.00 |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| <input type="checkbox"/> 3.1.3 Prepare for DNV Assessment in September 2022 (Hino) | Scott McEachern | Managers, staff | 09/30/2022 | |
| 3.1.3.1 Meet with managers to review DNV accreditation items (McEachern) | Scott McEachern | Managers, Barbara Snyder | 06/10/2022 | |
| 3.1.3.2 Follow-up with managers to review DNV accreditation items (McEachern) | | Managers, Barbara Snyder | 07/15/2022 | |
| 3.1.4 Achieve top 100 Hospital Status (Hino) | Scott McEachern , Cori Valet , Raymond Hino , Jeremiah Dodrill | Executive Team, Managers, staff, providers, district board | 06/30/2025 | |
| 3.2 Establish Quality Benchmarks reported monthly (Hino) | Cori Valet | Barb Snyder | 07/31/2022 | 0.83 |
| 3.2.1 Establish Quality Benchmarks consistent with other Critical Access Hospitals (Valet) | Cori Valet | Barb Snyder | | |
| 3.2.2 Establish individualized Quality Benchmarks for each clinical department (Hino) | Cori Valet | Barb Snyder, All clinical dept managers | 07/31/2022 | 5.00 |
| 3.2.3 Improve risk reports for falls, med errors, etc. (Hino) | Cori Valet | Barb Snyder | 08/31/2022 | |
| 3.2.4 Track and report strategic plan progress (Hino) | | | 07/31/2022 | |
| 3.2.5 Identify more effective methods to identify best practices and policy reviews (Hino) | Cori Valet | Mike Snyder, Melanie Collins, Barb Snyder, Kim Russel, Kerry Vincent | 12/31/2023 | |
| 3.2.6 (Valet) | | | | |
| 3.3 Develop and Execute Effective Internal Communication Plan (Hino) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 3.3.1 Perform a gap analysis: what could we be doing better to reach all staff with communication? (Hino) | Scott McEachern | Managers, staff | 07/31/2022 | |
| <input type="checkbox"/> 3.3.2 Convene focus group comprised of representatives from departments (McEachern) | Scott McEachern | Managers, staff | 06/30/2022 | |
| 3.3.2.1 Develop questionnaire for focus group (McEachern) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |
| 3.3.2.2 Utilize findings from the focus group to develop plan (Hino) | Scott McEachern | Amy Moss Strong | 08/01/2022 | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 3.3.3 Present plan to Executive Team (McEachern) | Scott McEachern | Executive Team | 08/15/2022 | |
| 3.3.4 Execute Internal Communication Plan (McEachern) | Scott McEachern | Amy Moss Strong, Managers | 09/01/2022 | |
| 3.3.5 Initiate Quarterly Review of staff for analysis by SCHHC Employee Council (McEachern) | Scott McEachern | Employee Council | 11/01/2022 | |
| 3.4 Update and Implement a district wide Incident Response Plan (Hino) | Scott McEachern , Cori Valet | Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth | 12/31/2022 | |
| 3.4.1 Update Emergency Preparedness Plan (Hino) | Scott McEachern | Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth | 09/30/2022 | |
| <input type="checkbox"/> 3.4.2 Conduct preparedness exercises and regular training (Valet) | Scott McEachern , Cori Valet | Jason Cook | 12/31/2022 | |
| 3.4.2.1 Embed training into onboarding and annual review process using the Department of Homeland Security modules. (Hino) | | | | |
| 3.4.3 Communicate Plan to Board of Directors, Foundation, and Community Members. (Valet) | Scott McEachern , Cori Valet | Jason Cook | 01/31/2023 | |
| 3.5 Update SCHHC cybersecurity program (Hino) | Scott McEachern | Trevor Jurgenson | 06/30/2023 | |
| 3.5.1 Perform gap analysis on current SCHHC cybersecurity practices (Hino) | Scott McEachern | Trevor Jurgenson | 07/31/2022 | |
| 3.5.2 Update cybersecurity practices and protocols (Hino) | Scott McEachern | Trevor Jurgenson | 12/31/2022 | |
| 3.5.3 Develop annual vulnerability testing plan (Hino) | Scott McEachern | Trevor Jurgenson | 12/31/2022 | |
| 3.5.4 Develop security awareness training program (Hino) | Scott McEachern | Trevor Jurgenson | 12/31/2022 | |
| 3.5.5 Perform annual risk assessment (Hino) | Scott McEachern | Trevor Jurgenson | 12/01/2022 | |
| 4.0 Growth | | | | |
| 4.1 Develop comprehensive district marketing plan. (Hino) | Scott McEachern | Amy Moss Strong | 07/01/2022 | 1.25 |
| 4.1.1 Perform a SWOT analysis (McEachern) | Scott McEachern | Executive Team | 06/01/2022 | 5.00 |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 4.1.2 Assess SCHHC community and patient demographics to optimize outreach practices (Hino) | Scott McEachern | Ray Hino, Amy Moss Strong | 06/30/2022 | |
| 4.1.2.1 Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment (McEachern) | Scott McEachern | Executive Team | 06/30/2022 | |
| 4.1.3 Identify SCHHC's value propositions and differentiators (McEachern) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |
| 4.1.4 Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community (McEachern) | Scott McEachern , Raymond Hino | Amy Moss Strong | 06/30/2022 | |
| 4.1.4.1 Develop pipeline of patient testimonials (Hino) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.5 Position the SCHHC Website as SCHHC's digital front door (McEachern) | Scott McEachern | Amy Moss Strong, managers | 12/31/2022 | 6.25 |
| 4.1.5.1 Perform a needs assessment on current website design, functionality, and content (McEachern) | Scott McEachern | Amy Moss Strong, Employee Council | 07/31/2022 | |
| 4.1.5.2 Evaluate vendors to provide web design and content maintenance services (McEachern) | Scott McEachern | Amy Moss Strong | 08/31/2022 | 25.00 |
| 4.1.5.3 Revamp patient education on website and on-site resources (Hino) | Scott McEachern | Clinical managers | 12/31/2022 | |
| 4.1.5.4 Integrate website with all other SCHHC digital assets -- ensure continuity of experience (McEachern) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.6 Develop a product roadmap for the SCHHC website (Hino) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |
| 4.1.6.1 Compare potential web design vendors (McEachern) | Scott McEachern | Amy Moss Strong | | |
| 4.1.6.2 Solicit bids from three web design firms (McEachern) | Scott McEachern | Amy Moss Strong | | |
| 4.1.6.3 Select web design Vendor (McEachern) | Scott McEachern | Amy Moss Strong | | |
| 4.1.6.4 Track Key Performance Indicators (McEachern) | Scott McEachern | Amy Moss Strong | | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 4.1.7 Review current practices for SCHHC brand optimization and expansion opportunities (McEachern) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |
| 4.1.7.1 Identify other advertising and public relations integrations available in the community; e.g. other newsletters, business relationships, etc. (McEachern) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.8 Grow SCHHC Brand awareness by enhancing communication pathways to patients and community (Hino) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.8.1 Optimize SCHHC's social media performance (McEachern) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.8.2 Increase mailing list sign-ups via e-newsletter and calls to action on website, social media (McEachern) | Scott McEachern | Amy Moss Strong | 12/31/2022 | |
| 4.1.8.3 Optimize current patient portal experience for patients (McEachern) | Scott McEachern | Shawn March, Clinical Informatics | 12/31/2022 | |
| 4.1.9 Track Key Performance Indicators (McEachern) | Scott McEachern | Amy Moss Strong | 08/31/2022 | |
| 4.1.9.1 Website Traffic (McEachern) | Scott McEachern | Amy Moss Strong | 08/31/2022 | |
| 4.1.9.2 Open rate and click-through rate of e-newsletter (McEachern) | Scott McEachern | Amy Moss Strongg | 08/31/2022 | |
| 4.1.9.3 Social Media page likes & reach (McEachern) | Scott McEachern | Amy Moss Strong | 08/31/2022 | |
| 4.1.9.4 Survey community on SCHHC brand awareness - benchmark (McEachern) | Scott McEachern | Amy Moss Strong | 05/25/2022 | |
| 4.1.9.5 Implement regular survey cadence of community to assess movement in SCHHC brand awareness (McEachern) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |
| 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. (Hino) | Scott McEachern , Cori Valet , Raymond Hino , Kimberly Russell , Jeremiah Dodrill | Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong | | |
| 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. (Hino) | Raymond Hino , Kimberly Russell | Board of Directors, Executive Team, Amy Moss Strong | 06/30/2022 | |
| 4.2.1.1 Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County (Hino) | Jeremiah Dodrill | | | |
| 4.2.1.2 Review current commercial and managed care contracts and adequacy of payment terms (Hino) | Jeremiah Dodrill | Cathy Mann | | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 4.2.2 Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC (Hino) | Jeremiah Dodrill | Cathy Mann, Katelin Wirth | | |
| 4.2.3 Collaborate with other local healthcare organizations to maximize benefit to patients and the community (Hino) | Raymond Hino | Executive Team | 12/31/2022 | |
| 4.2.4 Develop service line growth analysis mechanism and plan. (Hino) | Raymond Hino | Executive Team | 12/31/2022 | |
| 4.2.4.1 Construct a service line analysis process to identify new service lines and evaluate existing service lines (Hino) | | | | |
| 4.2.4.2 Hire project manager (Hino) | | | | |
| 4.2.4.3 Conduct market study of outpatient services (Hino) | | | | |
| 4.2.4.4 Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC (Hino) | Scott McEachern , Cori Valet , Raymond Hino , Jeremiah Dodrill | | | |
| 4.2.5 Increase commercial payers use of SCHHC services (McEachern) | Raymond Hino | Cori Valet, Jeremiah Dodrill | 01/31/2023 | |
| 4.2.5.1 Target local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, etc. (McEachern) | Scott McEachern | Executive Team | 06/30/2022 | |
| 4.2.5.2 Assess local businesses' healthcare needs (McEachern) | Scott McEachern , Cori Valet | Jeremiah Dodrill, Raymond Hin | | |
| 4.2.5.3 Develop outreach plan to local businesses (McEachern) | Scott McEachern | | | |
| 4.2.5.4 Implement outreach plan and tracking system to ensure continued outreach (McEachern) | Scott McEachern | | | |
| 4.2.5.5 Research population segments; develop specific marketing outreach to segments (McEachern) | Scott McEachern | Amy Moss Strong | 06/30/2022 | |

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| 4.3 Develop long-term board governance training program for SCHD board (Hino) | Raymond Hino | Board, Sr Leadership | 03/01/2023 | |
| 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 (Hino) | Raymond Hino | Executive Team, Kim Russell, Board of Directors | 09/01/2022 | |
| 4.3.2 Select a long-term board governance training partner. (Hino) | Raymond Hino | Executive Team, Kim Russell, Board of Directors | 12/30/2022 | |
| 4.3.3 Create a 12-month calendar for Board Education and Training, for the months of June 2023 to May 2024 (Hino) | Raymond Hino | Executive Team, Kim Russell, Board of Directors | 03/01/2023 | |
| 4.4 Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure (Hino) | Jeremiah Dodrill | | 12/31/2023 | |
| 4.4.1 Select Architectural Firm (Dodrill) | Jeremiah Dodrill | Jason Cook | 12/31/2022 | |
| 4.4.1.1 Identify and interview CAH hospitals that have had recent significant physical plant upgrades or built new hospitals. (Dodrill) | Jeremiah Dodrill | Jason Cook | 07/31/2022 | |
| 4.4.1.2 Develop Architect selection criteria based on results of CAH hospital interviews (Dodrill) | Jeremiah Dodrill | Jason Cook | 08/31/2022 | |
| 4.4.1.3 Develop RFP and solicit bids for Architects to develop master site plan (Dodrill) | Jeremiah Dodrill | Jason Cook | 09/30/2022 | |
| 4.4.1.4 Select Architect base on RFP submissions/responses. Negotiate Engagement terms (Dodrill) | Jeremiah Dodrill | Jason Cook | 11/30/2022 | |
| 4.4.1.5 Sign Architect Contract (Dodrill) | Jeremiah Dodrill | Jason Cook, Ray Hino and Architect | 12/31/2022 | |
| 4.4.2 Identify future plant infrastructure needs (Dodrill) | Jeremiah Dodrill | Jason Cook, Service Line Management | 08/31/2022 | |
| 4.4.2.1 Interview Service Line management to understand growth/expansion/service opportunities and issues affecting current and future clinical operations (Dodrill) | Jeremiah Dodrill | Jason Cook, Service Line Management | 07/31/2022 | |
| 4.4.2.2 Incorporate needs assessment into Architect RFP (Dodrill) | Jeremiah Dodrill | Jason Cook | 08/31/2022 | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 4.4.3 Develop Phase 1 facilities plan - Immediate opportunities to improve existing campus infrastructure without large construction effort and service interruption (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 03/31/2023 | |
| 4.4.3.1 Work with Architect and management to identify opportunities for Phase 1 Plan (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 01/31/2023 | |
| 4.4.3.2 Develop cost estimates for Phase 1 Plan (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 03/31/2023 | |
| 4.4.4 Develop Phase 2 facilities plan - Full campus expansion (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 06/30/2023 | |
| 4.4.4.1 Evaluate Lot/Land options and availability for facilities expansion (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 01/31/2023 | |
| 4.4.4.2 Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 06/30/2023 | |
| 4.4.4.3 Evaluate various options and select preferred high level schematic (Dodrill) | Jeremiah Dodrill | Jason Cook and Architect | 06/30/2023 | |
| 4.4.4.4 Develop Cost Estimate (Hino) | | | | |
| 4.4.5 Develop long-range clinical and operations equipment plan (Dodrill) | Jeremiah Dodrill | Jason Cook, Accounting/Finance, Service Line Management | 12/31/2022 | |
| 4.4.5.1 Create inventory of all existing owned, leased and serviced equipment (Dodrill) | Jeremiah Dodrill | Jason Cook and Accounting | 07/31/2022 | |
| 4.4.5.2 Reconcile listing of all equipment between Engineering and Accounting (Dodrill) | Jeremiah Dodrill | Jason Cook and Accounting | 08/15/2022 | |
| 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) (Dodrill) | Jeremiah Dodrill | Jason Cook, Accounting and Service Line Management | 10/31/2022 | |
| 4.4.5.4 Evaluate warranty service period expiries (Dodrill) | Jeremiah Dodrill | Jason Cook and Accounting | 10/31/2022 | |
| 4.4.5.5 Develop cost estimates for replacement, create schedule of replacement/investment/service contracts (Dodrill) | Jeremiah Dodrill | Jason Cook, SCS and Accounting | 11/30/2022 | |
| 4.4.5.6 Formalize equipment replacement plan, including cost, expected replacement dates and service contracts (Dodrill) | Jeremiah Dodrill | Jason Cook and Accounting | 12/31/2022 | |
| 4.4.5.7 Develop standard operating procedures for maintenance of equipment and warranty lists (Dodrill) | Jeremiah Dodrill | Jason Cook and Accounting | 12/31/2022 | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
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| 4.5 Develop and execute SCHF Strategic Plan, aligned with the SCHHC StratPlan (McEachern) | Scott McEachern , Raymond Hino | Joseph Bain, SCHF Foundation | 01/01/2023 | |
| 4.5.1 Develop scope of work for hiring external strategic plan consultant (McEachern) | Scott McEachern | SCHF Foundation | 06/30/2022 | |
| 4.5.2 Develop fundraising plan for FY23-25 (McEachern) | Scott McEachern | Amy Moss Strong, Foundation board | 06/30/2022 | |
| 4.5.2.1 Define specific fundraising targets for FY23-25 (McEachern) | Scott McEachern | Foundation board | 06/30/2022 | |
| 4.5.3 Recruit SCHF Board Members (McEachern) | Scott McEachern | SCHF Foundation | 12/31/2022 | |
| 4.5.3.1 Identify a list of potential, interested people (McEachern) | Scott McEachern | SCHF Foundation Officers | 06/30/2022 | |
| 4.5.3.2 Meet with potential board members (McEachern) | Scott McEachern | SCHF Foundation members | 09/30/2022 | |
| 4.5.4 Improve communication between hospital & SCH Foundation (McEachern) | Scott McEachern | Amy Moss Strong | 05/31/2022 | |
| 4.5.4.1 Begin bi-weekly emails to SCH Foundation board updating them on issues of importance related to fundraising and in the hospital (McEachern) | Scott McEachern | | 05/31/2022 | |
| 4.5.5 Refine SCHF Financials to include FY23 budget and fundraising goals (McEachern) | Scott McEachern | Marlene Rocha | 12/31/2022 | |
| 5.0 Finance | | | | |
| 5.1 Develop financial sustainability plan (Hino) | Jeremiah Dodrill | | 12/31/2022 | 17.00 |
| 5.1.1 Complete FY 2023 budget. Criteria is that "Change in Net Position" is not negative for the fiscal year (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | 06/30/2022 | 85.00 |
| 5.1.2 Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | 09/30/2022 | |
| 5.1.3 Define what it means to be adequately profitable to meet the capital needs of the hospital. (Hino) | Jeremiah Dodrill | Board, Executive Management | | |
| 5.1.4 Update plan with results of the Phase 1 facilities plan (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | | |
| 5.1.5 Update Plan with results of Phase 2 facilities plan. Identify funding gap. (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | | |

| STRATEGY / PROJECT / TASK / SUBTASK | OWNER | RESOURCE | END DATE | % |
|--|------------------|--|------------|--------|
| 5.1 Develop financial sustainability plan (Hino) | Jeremiah Dodrill | | 12/31/2022 | 17.00 |
| 5.1.1 Complete FY 2023 budget. Criteria is that "Change in Net Position" is not negative for the fiscal year (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | 06/30/2022 | 85.00 |
| 5.1.2 Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | 09/30/2022 | |
| 5.1.3 Define what it means to be adequately profitable to meet the capital needs of the hospital. (Hino) | Jeremiah Dodrill | Board, Executive Management | | |
| 5.1.4 Update plan with results of the Phase 1 facilities plan (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | | |
| 5.1.5 Update Plan with results of Phase 2 facilities plan. Identify funding gap. (Dodrill) | Jeremiah Dodrill | Axiom, Katelin Wirth, CLA | | |
| 5.2 Feasibility study to Achieve rural health center designation for the clinic (Hino) | Jeremiah Dodrill | | 07/01/2022 | 50.00 |
| 5.2.1 Obtain proposals to conduct feasibility study from 2 reputable consulting/CPA firms (Hino) | Jeremiah Dodrill | CLA and Wipfli | 05/13/2022 | 100.00 |
| 5.2.2 Review proposals and select consultant to conduct feasibility study (Dodrill) | Jeremiah Dodrill | CLA and Wipfli | 05/20/2022 | 100.00 |
| 5.2.3 Provide data and complete PBC listing for RHC feasibility study (Dodrill) | Jeremiah Dodrill | Katelin Wirth | 05/31/2022 | |
| 5.2.4 Evaluate findings of RHC feasibility study and make recommendation to Executive Committee, Clinic leadership and Board (Dodrill) | Jeremiah Dodrill | | 06/30/2022 | |
| 5.3 Add Board indemnification language to the Bylaws and Board insurance (Hino) | Raymond Hino | Board of Directors, Robin Miller, Chivaroli Insurance | 06/23/2022 | |
| 5.3.1 Identify subject experts on District Hospital Board Bylaws Indemnification language (Hino) | Raymond Hino | Governance Institute, Special Districts Assoc of Oregon, Chivaroli Insurance, Robin Miller | 06/13/2022 | |
| 5.3.2 Write indemnification language as a bylaws revision and present to the Board of Directors for approval (Hino) | Raymond Hino | Kim Russell | 06/23/2022 | |



Month End Financial Report

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

Gross Revenue and Volumes – Gross revenues for May of \$3,502,000 were higher than budgeted expectations of \$3,291,000. OP gross revenues of \$2,403,000 were higher than a budget of \$2,161,000. ED and Respiratory volumes exceeded budgeted expectations with both categories also exceeding the prior month. IP and Swing Bed volumes and revenues of \$1,099,000 were lower than a budget of \$1,130,000 for the month of May.

Deductions from Revenue – Revenue deductions at \$1,260,000 or 36.0% of gross revenue were higher than a budget of 33.3% due primarily to an increase in accounts receivable. Year-to-date, deductions from revenue is 33.1% of gross revenue vs. a budget of 35.6%.

Total Operating Revenues of \$2,274,000 exceeded the budget of \$2,200,000.

Labor Expenses totaled \$1,499,000 in May compared to a budget of \$1,354,000. Contract staffing for nursing and other medical professionals continues to be high.

Professional Fees and Purchased Services combined were \$456,000 which was slightly below budget of \$462,000.

Medical Supplies, Drugs and Other Supplies combined at \$147,000 were slightly lower compared to budgeted expectations at \$150,000.

Operating Expenses – Total operating expenses of \$2,305,000 for the month were 6% higher than budget of \$2,172,000.

Operating Income / Loss – Operating loss for May was (\$31,000) compared to a budgeted income of \$28,000. Year to date operating loss is (\$811,000) compared to a budgeted loss of (\$1,636,000).

Increase in Net Position was \$50,000 compared to a budgeted increase of \$135,000.

Days Cash on Hand for May was 132.8 days, slightly up from April at 131.5.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending May 2022

| | | Month | | | | | Year to Date | | | | |
|-----------------------------|-------------------------------------|--------|--------|------------|-----------------|-------------------|--------------|-----------|-------------|-----------------|-------------------|
| | | Actual | Budget | Prior Year | Variance to Bud | Variance to Prior | Actual | Budget | Prior Year | Variance to Bud | Variance to Prior |
| Volume Summary | IP Days | 147 | 95 | 66 | 55.4% | 122.7% | 1,160 | 850 | 795 | 36.5% | 45.9% |
| | Swing Bed Days | 84 | 147 | 174 | -42.9% | -51.7% | 1,185 | 1,588 | 1,608 | -25.4% | -26.3% |
| | Total Inpatient Days | 231 | 242 | 240 | -4.4% | -3.8% | 2,345 | 2,438 | 2,403 | -3.8% | -2.4% |
| | Avg Daily Census | 7.5 | 7.8 | 7.7 | -4.4% | -3.8% | 7.0 | 7.3 | 7.2 | -3.8% | -2.4% |
| | Avg Length of Stay - IP | 4.3 | 3.6 | 2.5 | 18.9% | 70.3% | 3.6 | 3.6 | 3.4 | 1.0% | 7.9% |
| | Avg Length of Stay - SWB | 14.0 | 14.7 | 17.4 | -4.8% | -19.5% | 12.5 | 10.8 | 10.9 | 15.5% | 14.0% |
| | ED Registrations | 420 | 410 | 367 | 2.5% | 14.4% | 4,171 | 3,602 | 3,685 | 15.8% | 13.2% |
| | Clinic Registrations | 387 | 484 | 542 | -20.0% | -28.6% | 4,987 | 5,226 | 3,871 | -4.6% | 28.8% |
| | Ancillary Registrations | 1,030 | 952 | 952 | 8.2% | 8.2% | 12,754 | 11,094 | 11,094 | 15.0% | 15.0% |
| | Total OP Registrations | 1,837 | 894 | 367 | 105.5% | 400.5% | 21,912 | 19,922 | 18,650 | 10.0% | 17.5% |
| Key Income Statement Ratios | Gross IP Rev/IP Day | 6,786 | 9,813 | 10,551 | -30.9% | -35.7% | 8,277 | 10,781 | 9,540 | -23.2% | -13.2% |
| | Gross SWB Rev/SWB Day | 1,208 | 1,373 | 879 | -12.0% | 37.4% | 1,017 | 1,366 | 1,222 | -25.5% | -16.8% |
| | Gross OP Rev/Total OP Registrations | 1,308 | 2,417 | 5,450 | -45.9% | -76.0% | 1,096 | 1,121 | 1,113 | -2.2% | -1.5% |
| | Collection Rate | 64.0% | 66.7% | 68.3% | -4.1% | -6.3% | 66.9% | 64.4% | 65.8% | 3.9% | 1.7% |
| | Compensation Ratio | 65.9% | 61.5% | 76.1% | 7.1% | -13.4% | 66.5% | 66.4% | 68.4% | 0.1% | -2.8% |
| | OP EBIDA Margin \$ | 20,413 | 96,774 | (300,420) | -78.9% | -106.8% | (223,373) | (928,696) | (1,393,656) | -75.9% | -84.0% |
| | OP EBIDA Margin % | 0.9% | 4.4% | -15.4% | -79.6% | -105.8% | -1.0% | -4.3% | -7.0% | -77.6% | -86.3% |
| | Total Margin | 2.2% | 6.1% | -12.4% | -64.4% | -117.7% | 0.3% | -2.1% | -4.2% | -116.5% | -108.2% |
| Key Liquidity Ratios | Days Cash on Hand | 132.8 | 80.0 | 21.9 | 66.0% | 506.4% | | | | | |
| | AR Days Outstanding | 48 | 50 | 50.9 | -4.0% | -5.7% | | | | | |



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 May 31, 2022

| | Current Month - May-2022 | | | | | Year To Date - May-2022 | | | | |
|-----------------------------------|--------------------------|--------------------|------------------|-----------------|--------------------|-------------------------|--------------------|------------------|-----------------|--------------------|
| | May-2022 Actual | May-2022 Budget | Variance | Var % | May-2021 Actual | May-2022 Actual | May-2022 Budget | Variance | Var % | May-2021 Actual |
| Patient Revenue | | | | | | | | | | |
| Inpatient | 1,098,957 | 1,129,883 | (30,926) | (2.7%) | 849,326 | 10,806,609 | 11,333,675 | (527,066) | (4.7%) | 9,549,825 |
| Outpatient | 2,403,455 | 2,160,911 | 242,543 | 11.2% | 2,000,156 | 24,018,813 | 22,323,323 | 1,695,490 | 7.6% | 20,751,339 |
| Total Patient Revenue | 3,502,412 | 3,290,794 | 211,617 | 6.4% | 2,849,482 | 34,825,421 | 33,656,998 | 1,168,424 | 3.5% | 30,301,164 |
| Deductions From Revenue | | | | | | | | | | |
| Total Deductions | 1,260,482 | 1,094,815 | (165,667) | (15.1%) | 903,016 | 11,532,603 | 11,992,090 | 459,488 | 3.8% | 10,366,975 |
| <i>Revenue Deductions %</i> | <i>36.0%</i> | <i>33.3%</i> | | | <i>31.7%</i> | <i>33.1%</i> | <i>35.6%</i> | | | <i>34.2%</i> |
| Net Patient Revenue | 2,241,930 | 2,195,980 | 45,950 | 2.1% | 1,946,466 | 23,292,819 | 21,664,907 | 1,627,911 | 7.5% | 19,934,189 |
| Other Operating Revenue | 31,955 | 4,090 | 27,864 | 681.2% | 75 | 32,775 | 44,995 | (12,221) | (27.2%) | 36,968 |
| Total Operating Revenue | 2,273,885 | 2,200,070 | 73,815 | 3.4% | 1,946,541 | 23,325,593 | 21,709,903 | 1,615,691 | 7.4% | 19,971,157 |
| Operating Expenses | | | | | | | | | | |
| Total Labor Expenses | 1,498,605 | 1,353,816 | (144,790) | (10.7%) | 1,481,803 | 15,502,803 | 14,410,019 | (1,092,784) | (7.6%) | 13,654,739 |
| Total Other Operating Expenses | 806,724 | 818,428 | 11,704 | 1.4% | 818,655 | 8,634,157 | 8,935,714 | 301,557 | 3.4% | 8,321,296 |
| Total Operating Expenses | 2,305,329 | 2,172,244 | (133,086) | (6.1%) | 2,300,458 | 24,136,961 | 23,345,734 | (791,227) | (3.4%) | 21,976,036 |
| Operating Income / (Loss) | (31,445) | 27,826 | (59,271) | (213.0%) | (353,917) | (811,367) | (1,635,831) | 824,464 | (50.4%) | (2,004,879) |
| Net Non-Operating Revenues | 81,228 | 107,408 | (27,554) | (25.7%) | 112,836 | 891,453 | 1,183,757 | (301,226) | (25.4%) | 1,173,145 |
| Change in Net Position | 49,784 | 135,234 | (85,450) | (63.2%) | (241,081) | 80,086 | (452,074) | 532,160 | (117.7%) | (831,734) |
| Collection Rate % | 64.0% | 66.7% | (4.1%) | (4.1%) | 68.3% | 66.9% | 64.4% | 3.9% | 3.9% | 65.8% |
| Compensation Ratio % | 65.9% | 61.5% | 7.1% | 7.1% | 76.1% | 66.5% | 66.4% | 0.1% | 0.1% | 68.4% |
| OP EBIDA Margin \$ | 20,413 | 96,774 | (76,361) | (78.9%) | (300,420) | (223,373) | (928,696) | 705,323 | (75.9%) | (1,393,656) |
| OP EBIDA Margin % | 0.9% | 4.4% | (3.5%) | (79.6%) | (15.4%) | (1.0%) | (4.3%) | 3.3% | (77.6%) | (7.0%) |
| Total Margin (%) | 2.2% | 6.1% | (4.0%) | (64.4%) | (12.4%) | 0.3% | (2.1%) | 2.4% | (116.5%) | (4.2%) |



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending May 2022

| | | Month | | | | |
|---------------------------|------------|----------------|----------------|----------------|-----------------|------------------------|
| | | Actual | Budget | Prior Year | Variance to Bud | Variance to Prior Year |
| Payor Mix - Gross Charges | Medicare | 63.75% | 62.03% | 62.03% | 2.8% | 2.8% |
| | Medicaid | 17.20% | 22.40% | 22.40% | -23.2% | -23.2% |
| | Commercial | 9.63% | 10.49% | 10.49% | -8.2% | -8.2% |
| | Government | 7.51% | 3.67% | 3.67% | 104.6% | 104.6% |
| | Other | 0.44% | 0.47% | 0.47% | -6.4% | -6.4% |
| | Self Pay | 1.48% | 0.95% | 0.95% | 55.8% | 55.8% |
| Total | | 100.01% | 100.01% | 100.01% | | |

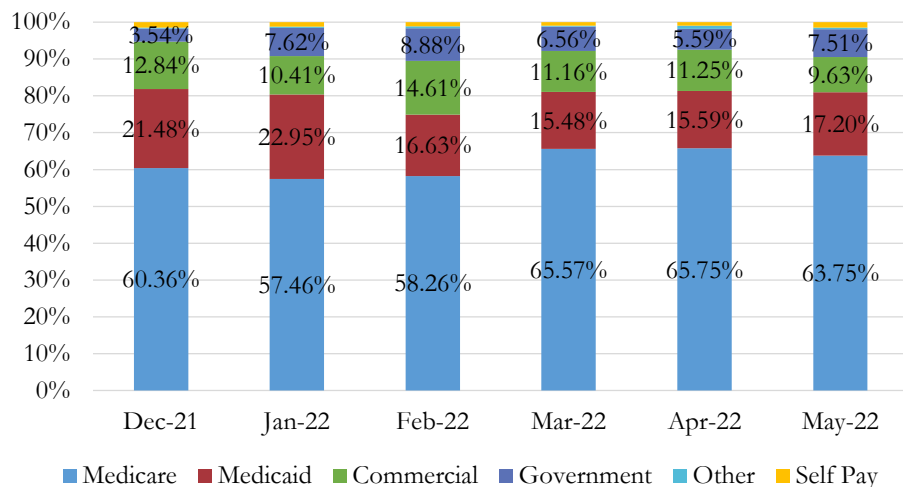
| | | Year to Date | | | | |
|---------------------------|------------|---------------|----------------|----------------|-----------------|------------------------|
| | | Actual | Budget | Prior Year | Variance to Bud | Variance to Prior Year |
| Payor Mix - Gross Charges | Medicare | 61.70% | 65.27% | 65.27% | -5.5% | -5.5% |
| | Medicaid | 18.12% | 18.42% | 18.42% | -1.6% | -1.6% |
| | Commercial | 11.81% | 10.49% | 10.49% | 12.6% | 12.6% |
| | Government | 6.25% | 4.10% | 4.10% | 52.4% | 52.4% |
| | Other | 0.43% | 0.66% | 0.66% | -34.8% | -34.8% |
| | Self Pay | 1.68% | 1.07% | 1.07% | 57.0% | 57.0% |
| Total | | 99.99% | 100.01% | 100.01% | | |

| | | Month | | | | |
|-----------------|---------------------------|-------------|-------------|-----------------|--------------|---------------|
| | | FY22 Actual | FY22 Budget | FY21 Prior Year | Variance % | |
| | | | | | To Budget | To Prior Year |
| Patient Volumes | In Patient Days | 147 | 95 | 66 | 55.4% | 122.7% |
| | Swing Bed Days | 84 | 147 | 174 | -42.9% | -51.7% |
| | Total Patient Days | 231 | 242 | 240 | -4.4% | -3.8% |
| | Emergency Visits | 420 | 410 | 367 | 2.5% | 14.4% |
| | Radiology Procedures | 804 | 772 | 713 | 4.1% | 12.8% |
| | Laboratory Tests | 3,617 | 3,487 | 3,267 | 3.7% | 10.7% |
| | Respiratory Visits | 777 | 628 | 526 | 23.7% | 47.9% |
| | Surgeries and Endoscopic | 35 | 22 | 38 | 62.1% | -7.9% |
| | Specialty Clinic Visits | 183 | 230 | 149 | -20.4% | 22.8% |
| | Primary Care Clinic | 399 | 484 | 464 | -17.6% | -14.0% |

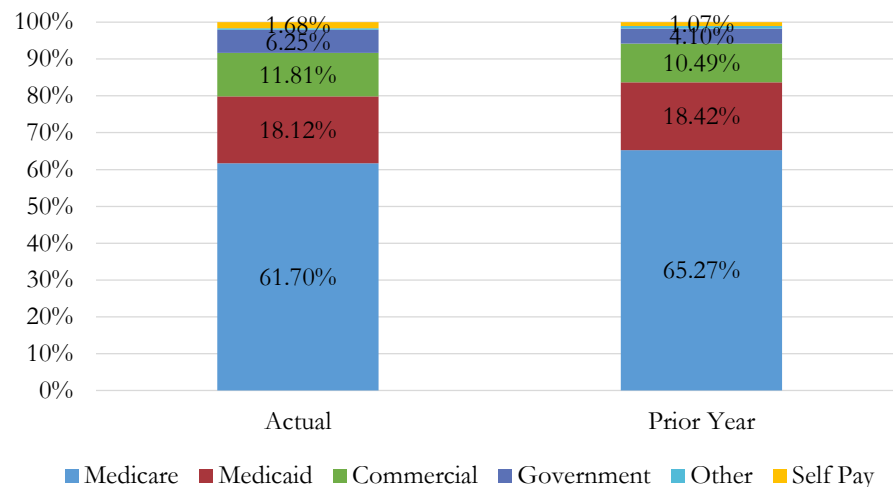
| | | Year To Date | | | | |
|-----------------|---------------------------|--------------|--------------|-----------------|--------------|---------------|
| | | FY22 Actual | FY22 Budget | FY21 Prior Year | Variance % | |
| | | | | | To Budget | To Prior Year |
| Patient Volumes | In Patient Days | 1,160 | 850 | 795 | 36.5% | 45.9% |
| | Swing Bed Days | 1,185 | 1,588 | 1,608 | -25.4% | -26.3% |
| | Total Patient Days | 2,345 | 2,438 | 2,403 | -3.8% | -2.4% |
| | Emergency Visits | 4,171 | 3,602 | 3,685 | 15.8% | 13.2% |
| | Radiology Procedures | 7,890 | 7,642 | 7,668 | 3.2% | 2.9% |
| | Laboratory Tests | 40,300 | 37,681 | 37,500 | 7.0% | 7.5% |
| | Respiratory Visits | 7,015 | 6,787 | 6,521 | 3.4% | 7.6% |
| | Surgeries and Endoscopic | 234 | 325 | 317 | -28.0% | -26.2% |
| | Specialty Clinic Visits | 2,106 | 2,483 | 2,370 | -15.2% | -11.1% |
| | Primary Care Clinic | 4,957 | 5,226 | 3,496 | -5.1% | 41.8% |



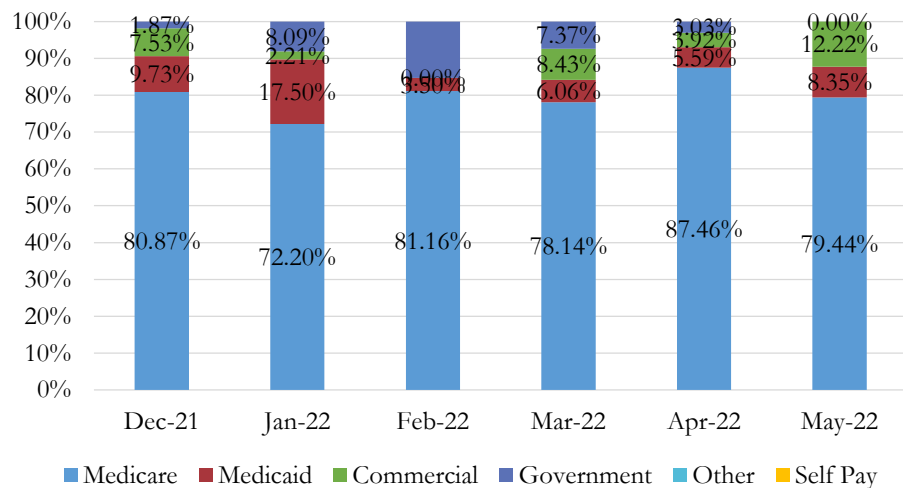
All Patients Payor Mix



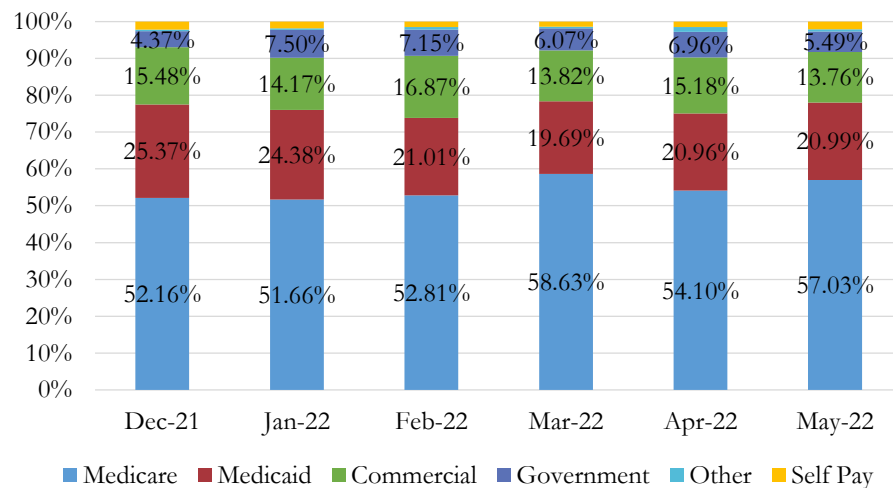
Year to Date Payor Mix



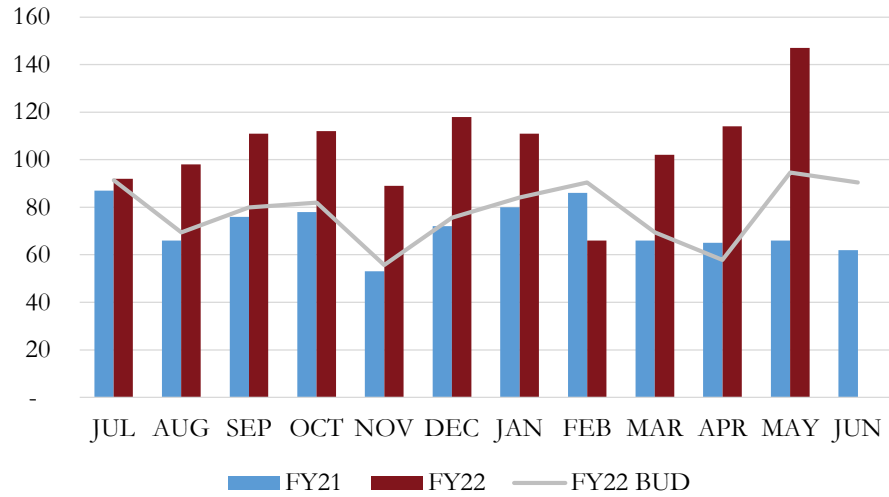
IP Payor Mix



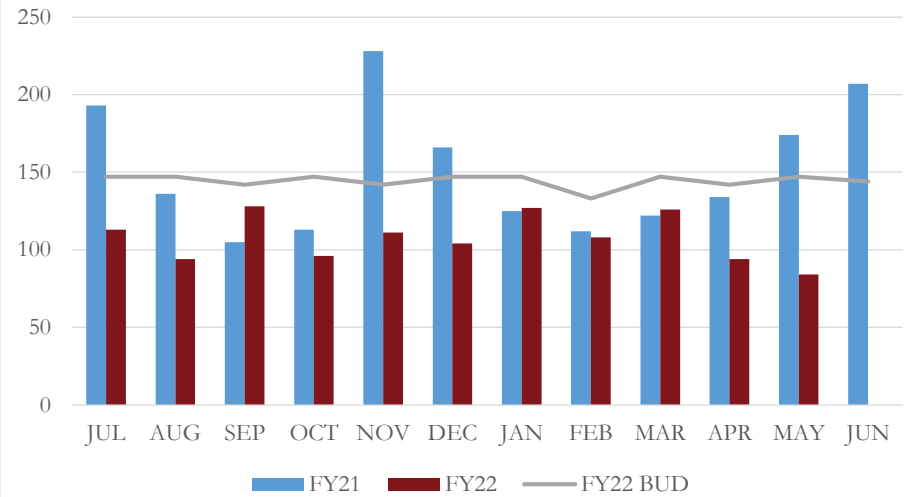
OP Payor Mix



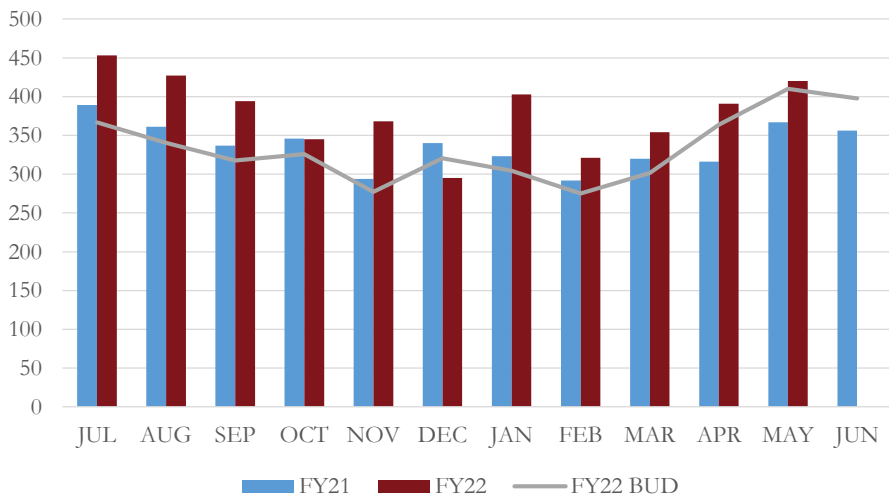
IP Days



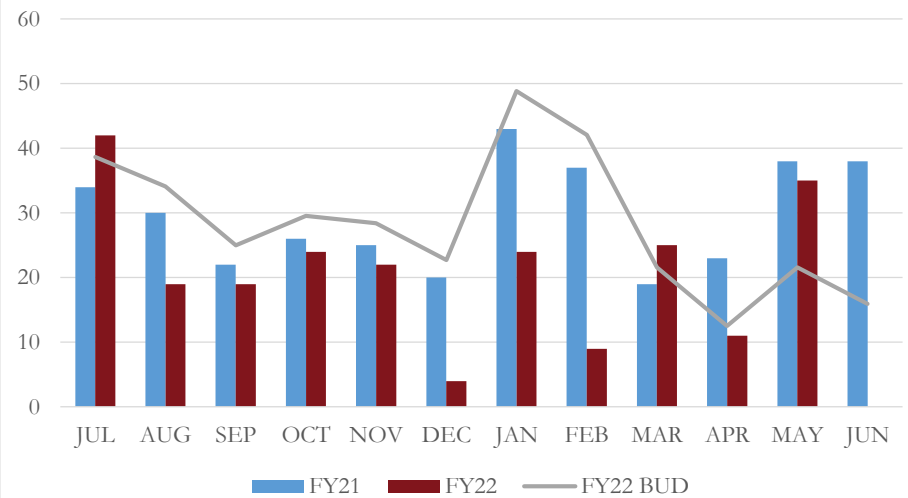
Swing Bed Days



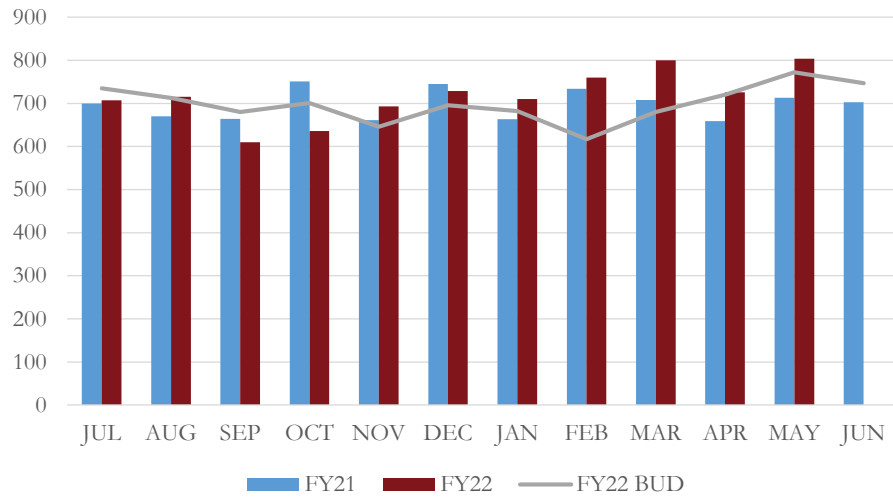
ER Visits



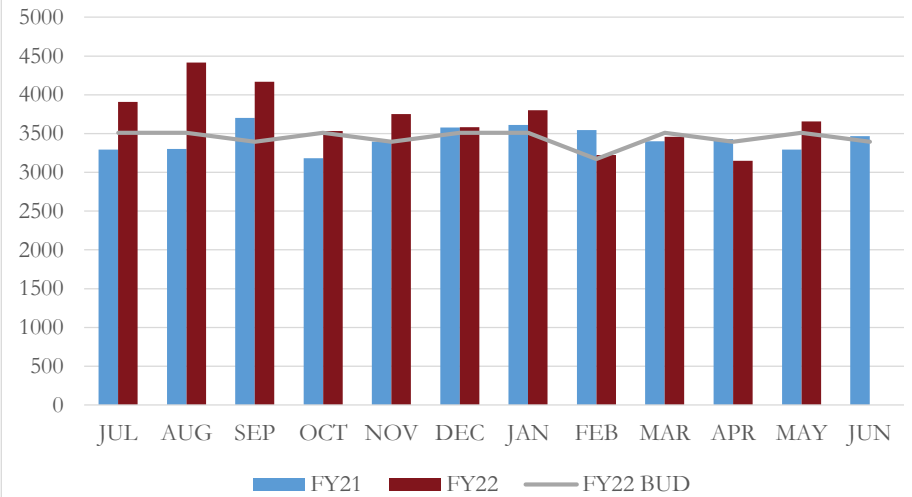
Surgery Patients



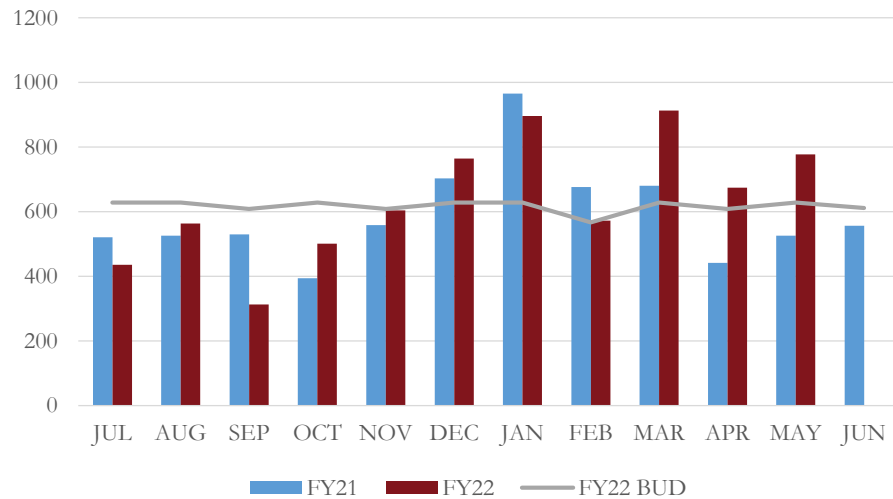
Imaging Visits



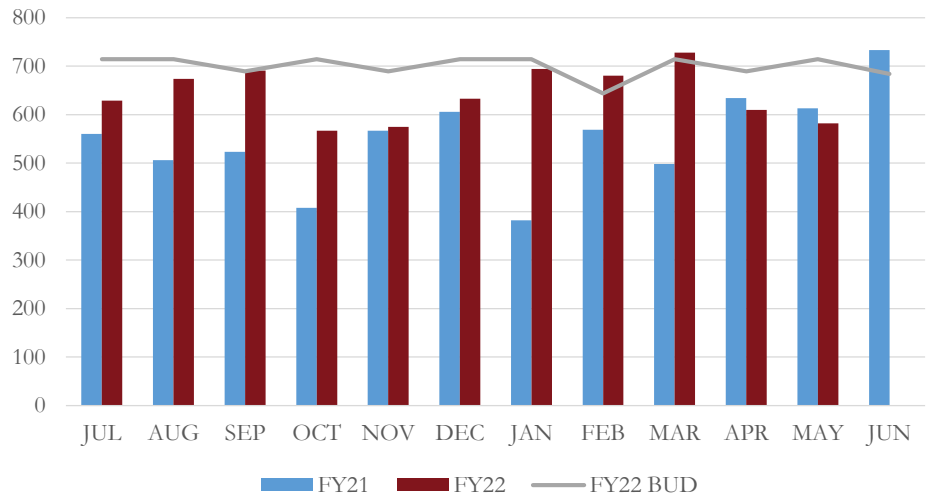
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending May 2022

| | Balance as of May 2022 | Balance as of June 2021 | Change | Balance as of June 2020 |
|--------------------------------------|---------------------------|----------------------------|-------------|----------------------------|
| Assets | | | | |
| Current Assets | | | | |
| Cash - Operating | 6,925,764 | 7,830,681 | 904,916 | (781,040) |
| Covid-19 Relief Funds | 1,201,335 | (0) | (1,201,336) | 8,016,556 |
| Medicare Accelerated Payments | 3,396,770 | 6,952,217 | 3,555,447 | 7,352,042 |
| Investments - Unrestricted | 1,444,418 | 452,620 | (991,799) | 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 | 15,184,263 | 17,451,493 | 2,267,230 | 17,179,111 |
| Patient Accounts Receivable | 5,464,977 | 4,845,025 | (619,951) | 5,758,157 |
| Allowance for Uncollectibles | (2,614,703) | (2,456,334) | 158,369 | (2,336,539) |
| Net Patient Accounts Receivable | 2,850,274 | 2,388,691 | (461,582) | 3,421,618 |
| Other Receivables | 691,972 | 840,233 | 148,262 | 81,441 |
| Inventory | 236,217 | 239,072 | 2,855 | 300,563 |
| Prepaid Expense | 417,378 | 402,507 | (14,871) | 128,607 |
| Property Tax Receivable | 0 | 0 | 0 | 0 |
| Total Current Assets | 19,380,104 | 21,321,997 | 1,941,893 | 21,111,340 |
| Property, Plant and Equipment | | | | |
| Land | 461,527 | 461,527 | 0 | 461,527 |
| Property and Equipment: | 16,365,883 | 16,154,324 | (211,559) | 15,980,096 |
| Less: Accumulated Depreciation | (12,091,988) | (11,651,955) | 440,033 | (11,010,369) |
| Construction In Progress | 31,310 | 31,125 | (185) | 0 |
| Net PP&E | 4,766,733 | 4,995,021 | 228,288 | 5,431,254 |
| Total Assets | 24,146,838 | 26,317,018 | 2,170,181 | 26,542,594 |



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending May 2022

| | Balance as of May 2022 | Balance as of June 2021 | Change | Balance as of June 2020 |
|---|---------------------------|----------------------------|------------------|----------------------------|
| Liabilities and Net Assets | | | | |
| Current Liabilities | | | | |
| Accounts Payable | 794,974 | 924,534 | 129,559 | 1,072,148 |
| Accrued Payroll and Benefits | 1,169,798 | 1,054,435 | (115,363) | 938,690 |
| Interest and Other Payable | 660,871 | 310,866 | (350,005) | 33,306 |
| Current Portion of Long Term Debt | 231,964 | 231,964 | 0 | 227,789 |
| Medicare Accelerated Fund | 3,396,770 | 6,952,217 | 3,555,447 | 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 | 7,455,712 | 9,474,016 | 2,018,303 | 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 | 11,360,481 | 13,610,748 | 2,250,267 | 22,009,230 |
| Net Assets: | | | | |
| Fund Balance | 12,706,270 | 4,533,364 | (8,172,906) | 6,518,595 |
| Change in Net Position | 80,086 | 8,172,906 | 8,092,820 | (1,985,231) |
| Total Net Assets | 12,786,356 | 12,706,270 | (80,086) | 4,533,364 |
| Total Liabilities & Net Assets | 24,146,838 | 26,317,019 | 2,170,181 | 26,542,594 |



Southern Coos Hospital & Health Center

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

For The Period Ending May 31, 2022

| | Current Month - May-2022 | | | | | Year To Date - May-2022 | | | | |
|----------------------------------|--------------------------|--------------------|------------------|-----------------|--------------------|-------------------------|--------------------|--------------------|-----------------|--------------------|
| | May-2022 Actual | May-2022 Budget | Variance | Var % | May-2021 Actual | May-2022 Actual | May-2022 Budget | Variance | Var % | May-2021 Actual |
| Patient Revenue | | | | | | | | | | |
| Inpatient | 1,098,957 | 1,129,883 | (30,926) | (2.7%) | 849,326 | 10,806,609 | 11,333,675 | (527,066) | (4.7%) | 9,549,825 |
| Outpatient | 2,403,455 | 2,160,911 | 242,543 | 11.2% | 2,000,156 | 24,018,813 | 22,323,323 | 1,695,490 | 7.6% | 20,751,339 |
| Total Patient Revenue | 3,502,412 | 3,290,794 | 211,617 | 6.4% | 2,849,482 | 34,825,421 | 33,656,998 | 1,168,424 | 3.5% | 30,301,164 |
| Deductions From Revenue | | | | | | | | | | |
| Total Deductions | 1,260,482 | 1,094,815 | (165,667) | (15.1%) | 903,016 | 11,532,603 | 11,992,090 | 459,488 | 3.8% | 10,366,975 |
| <i>Revenue Deductions %</i> | <i>36.0%</i> | <i>33.3%</i> | | | <i>31.7%</i> | <i>33.1%</i> | <i>35.6%</i> | | | <i>34.2%</i> |
| Net Patient Revenue | 2,241,930 | 2,195,980 | 45,950 | 2.1% | 1,946,466 | 23,292,819 | 21,664,907 | 1,627,911 | 7.5% | 19,934,189 |
| Other Operating Revenue | 31,955 | 4,090 | 27,864 | 681.2% | 75 | 32,775 | 44,995 | (12,221) | (27.2%) | 36,968 |
| Total Operating Revenue | 2,273,885 | 2,200,070 | 73,815 | 3.4% | 1,946,541 | 23,325,593 | 21,709,903 | 1,615,691 | 7.4% | 19,971,157 |
| Operating Expenses | | | | | | | | | | |
| Salaries & Wages | 1,039,750 | 1,054,482 | 14,733 | 1.4% | 997,256 | 10,780,270 | 10,925,116 | 144,846 | 1.3% | 9,734,903 |
| Contract Labor | 197,712 | 12,724 | (184,988) | (1453.8%) | 192,534 | 2,043,636 | 504,590 | (1,539,045) | (305.0%) | 1,250,758 |
| Benefits | 261,144 | 286,609 | 25,465 | 8.9% | 292,013 | 2,678,898 | 2,980,313 | 301,415 | 10.1% | 2,669,079 |
| Total Labor Expenses | 1,498,605 | 1,353,816 | (144,790) | (10.7%) | 1,481,803 | 15,502,803 | 14,410,019 | (1,092,784) | (7.6%) | 13,654,739 |
| Professional Fees | 219,630 | 214,109 | (5,520) | (2.6%) | 197,369 | 2,371,035 | 2,354,540 | (16,495) | (0.7%) | 2,287,905 |
| Purchased Services | 236,029 | 247,881 | 11,852 | 4.8% | 250,870 | 2,587,090 | 2,726,691 | 139,601 | 5.1% | 2,580,951 |
| Drugs & Pharmaceuticals | 45,963 | 48,952 | 2,989 | 6.1% | 74,665 | 596,837 | 528,996 | (67,841) | (12.8%) | 521,863 |
| Medical Supplies | 15,762 | 17,696 | 1,933 | 10.9% | 11,474 | 158,217 | 189,564 | 31,347 | 16.5% | 163,637 |
| Other Supplies | 85,649 | 84,196 | (1,453) | (1.7%) | 96,439 | 993,326 | 926,160 | (67,166) | (7.3%) | 844,207 |
| Lease and Rental | 26,277 | 25,775 | (502) | (1.9%) | 23,639 | 298,619 | 283,092 | (15,527) | (5.5%) | 273,389 |
| Maintenance & Repairs | 21,689 | 24,410 | 2,721 | 11.1% | 20,680 | 163,641 | 268,512 | 104,871 | 39.1% | 221,006 |
| Other Expenses | 61,615 | 54,349 | (7,266) | (13.4%) | 69,931 | 452,156 | 597,794 | 145,638 | 24.4% | 474,368 |
| Utilities | 21,076 | 20,009 | (1,067) | (5.3%) | 16,562 | 239,603 | 220,101 | (19,502) | (8.9%) | 200,557 |
| Insurance | 21,176 | 12,103 | (9,073) | (75.0%) | 3,528 | 185,640 | 133,131 | (52,509) | (39.4%) | 142,190 |
| Depreciation & Amortization | 51,858 | 68,948 | 17,090 | 24.8% | 53,497 | 587,994 | 707,135 | 119,141 | 16.8% | 611,223 |
| Total Operating Expenses | 2,305,329 | 2,172,244 | (133,086) | (6.1%) | 2,300,458 | 24,136,961 | 23,345,734 | (791,227) | (3.4%) | 21,976,036 |
| Operating Income / (Loss) | (31,445) | 27,826 | (59,271) | (213.0%) | (353,917) | (811,367) | (1,635,831) | 824,464 | (50.4%) | (2,004,879) |
| Non-Operating | | | | | | | | | | |
| Property Taxes | 85,155 | 86,497 | (1,342) | (1.6%) | 83,924 | 933,010 | 951,466 | (18,455) | (1.9%) | 925,131 |
| Non-Operating Revenue | 4,394 | 30,344 | (25,950) | (85.5%) | 39,647 | 85,395 | 333,785 | (248,390) | (74.4%) | 352,803 |
| Interest Expense | (15,136) | (16,511) | 1,374 | (8.3%) | (15,828) | (170,424) | (179,347) | 8,923 | (5.0%) | (178,545) |
| Investment Income | 6,815 | 7,078 | (262) | (3.7%) | 5,093 | 51,472 | 77,853 | (26,381) | (33.9%) | 73,782 |
| Gain(Loss) on Sale of Assets | - | - | - | 0.0% | - | (8,000) | - | (8,000) | 0.0% | - |
| Total Non-Operating | 81,228 | 107,408 | (26,179) | (24.4%) | 112,836 | 891,453 | 1,183,757 | (292,303) | (24.7%) | 1,173,170 |
| Change in Net Position | 49,784 | 135,234 | (85,450) | (63.2%) | (241,081) | 80,086 | (452,074) | 532,160 | (117.7%) | (831,709) |



Southern Coos Hospital & Health Center

Income Statement

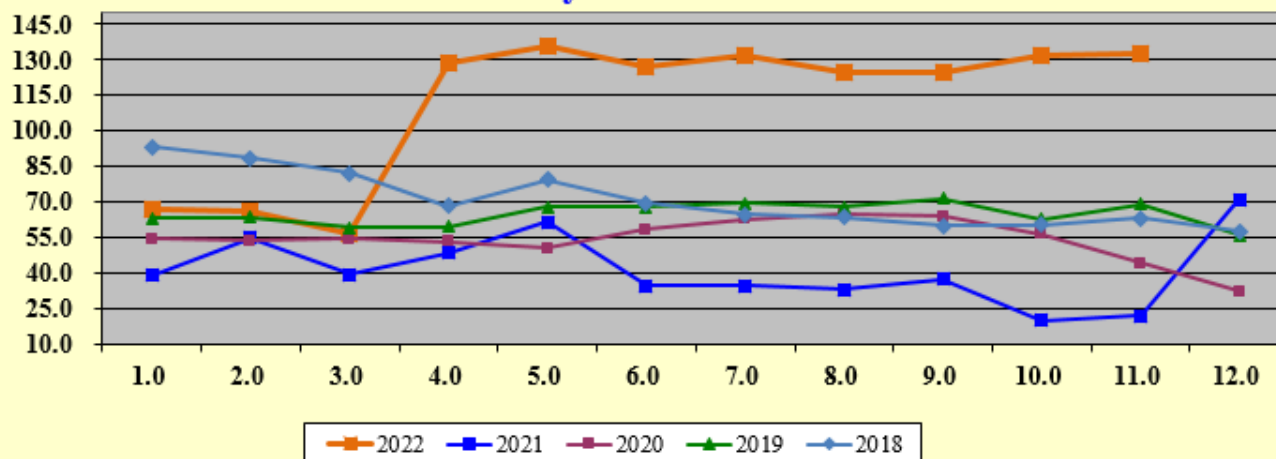
For The Period Ending May 2022

Comparison to Prior Months

| | Dec-2021 | Jan-2022 | Feb-2022 | Mar-2022 | Apr-2022 | May-2022 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| Patient Revenue | | | | | | |
| Inpatient | 1,038,237 | 1,102,724 | 758,958 | 1,055,775 | 1,017,891 | 1,098,957 |
| Outpatient | 2,151,667 | 2,291,351 | 2,172,303 | 2,337,144 | 1,989,778 | 2,403,455 |
| Total Patient Revenue | 3,189,905 | 3,394,074 | 2,931,260 | 3,392,919 | 3,007,670 | 3,502,412 |
| Deductions From Revenue | | | | | | |
| Charity Services | 5,999 | 8,192 | 19,554 | 15,478 | 11,287 | 58,803 |
| Contractual Allowances | 1,177,785 | 1,125,496 | 523,535 | 889,226 | 919,009 | 1,119,431 |
| Other Discounts | 84,537 | 95,317 | 99,097 | 123,451 | 73,372 | 85,860 |
| Bad Debt | (7,928) | 22,786 | (1,437) | (347) | (15,198) | (3,612) |
| Total Deductions | 1,260,393 | 1,251,791 | 640,749 | 1,027,807 | 988,470 | 1,260,482 |
| Net Patient Revenue | 1,929,512 | 2,142,283 | 2,290,511 | 2,365,112 | 2,019,200 | 2,241,930 |
| Other Operating Revenue | 223 | 30 | 30 | 30 | 45 | 31,955 |
| Total Operating Revenue | 1,929,735 | 2,142,313 | 2,290,541 | 2,365,142 | 2,019,245 | 2,273,885 |
| Operating Expenses | | | | | | |
| Salaries & Wages | 967,783 | 1,000,369 | 964,708 | 980,490 | 1,013,836 | 1,039,750 |
| Benefits | 270,780 | 268,750 | 264,545 | 257,609 | 181,614 | 261,144 |
| Contract Labor | 175,524 | 171,832 | 150,430 | 189,112 | 127,682 | 197,712 |
| Professional Fees | 214,229 | 218,125 | 233,668 | 221,826 | 205,955 | 219,630 |
| Purchased Services | 239,380 | 238,295 | 230,834 | 253,538 | 274,028 | 236,029 |
| Medical Supplies | 15,802 | 12,562 | 14,994 | 18,192 | 13,824 | 15,762 |
| Drugs & Pharmaceuticals | 51,741 | 55,874 | 64,169 | 54,421 | 34,434 | 45,963 |
| Other Supplies | 93,883 | 84,606 | 97,387 | 142,048 | 72,448 | 85,649 |
| Depreciation & Amortization | 54,980 | 54,963 | 55,311 | 55,217 | 55,493 | 51,858 |
| Lease and Rental | 31,298 | 29,685 | 28,533 | 28,811 | 23,567 | 26,277 |
| Maintenance & Repairs | 23,441 | 6,952 | 12,138 | 13,335 | 7,311 | 21,689 |
| Utilities | 25,304 | 11,350 | 20,463 | 25,188 | 27,647 | 21,076 |
| Insurance | 17,626 | 18,154 | 18,154 | 18,747 | 3,506 | 21,176 |
| Other Expenses | 43,887 | 35,857 | 41,369 | 44,598 | 53,849 | 61,615 |
| Total Operating Expenses | 2,225,658 | 2,207,372 | 2,196,703 | 2,303,133 | 2,095,196 | 2,305,329 |
| Excess of Revenue Over Expenses from Oper | (295,923) | (65,059) | 93,838 | 62,009 | (75,952) | (31,445) |
| Non-Operating | | | | | | |
| Unrestricted Contributions | 85,155 | 85,155 | 85,155 | 85,155 | 85,155 | 85,155 |
| Other NonOperating Revenue\Expense | 12,803 | 12,342 | (76,780) | 13,899 | 8,706 | 4,394 |
| Investment Income | 3,851 | 3,910 | 3,580 | 5,484 | 5,536 | 6,815 |
| Total Non-Operating | 101,810 | 101,407 | 11,955 | 104,538 | 99,397 | 96,365 |
| Interest Expense | (15,135) | (15,135) | (15,135) | (15,135) | (15,135) | (15,136) |
| Excess of Revenue Over Expenses | (209,249) | 21,213 | 90,658 | 151,412 | 8,310 | 49,784 |



May 2022 Days Cash on Hand



Calculation:

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition:

This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

Desired Position:

Upward trend, above the median

Benchmark

80 Days

How ratio is used:

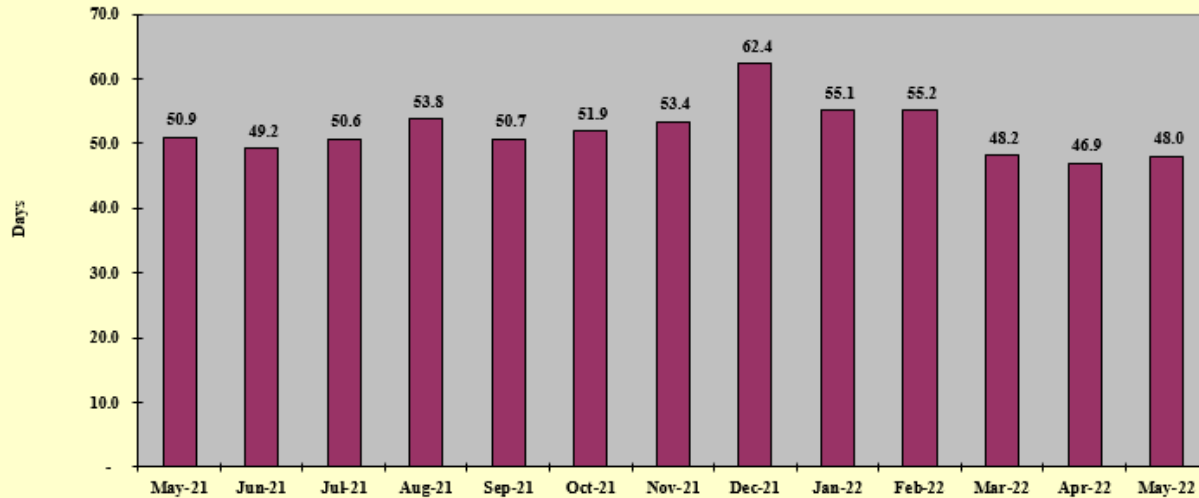
This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

| Year | Average |
|------|---------|
| 2022 | 111.7 |
| 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 |
|--------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| 2022 | 67.2 | 66.2 | 56.6 | 128.6 | 136.1 | 127.4 | 132.1 | 125.1 | 124.6 | 131.5 | 132.8 | |
| 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 |



Days in A/R as of May 31, 2022



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.

| | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| A/R (Gross) | 4,617,946 | 4,459,196 | 5,014,861 | 5,592,484 | 5,312,319 | 5,237,705 | 5,217,942 | 6,078,310 | 5,690,377 | 5,831,926 | 5,206,299 | 4,918,498 | 5,171,194 |
| Days in AR | 50.9 | 49.2 | 50.6 | 53.8 | 50.7 | 51.9 | 53.4 | 62.4 | 55.1 | 55.2 | 48.2 | 46.9 | 48.0 |
| | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
| A/R (Gross) | 4,617,946 | 4,459,196 | 5,014,861 | 5,592,484 | 5,312,319 | 5,237,705 | 5,217,942 | 6,078,310 | 5,690,377 | 5,831,926 | 5,206,299 | 4,918,498 | 5,171,194 |
| Days in Month | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | 31 | 28 | 31 | 30 | 31 |
| Monthly Revenue | 2,849,482 | 3,049,042 | 3,213,046 | 3,296,661 | 3,122,665 | 2,857,874 | 2,916,936 | 3,189,905 | 3,394,074 | 2,931,260 | 3,392,919 | 3,007,670 | 3,502,412 |
| 3 Mo Avg Daily Revenue | 90,693 | 90,693 | 99,039 | 103,899 | 104,700 | 100,839 | 97,774 | 97,443 | 103,271 | 105,725 | 107,981 | 104,852 | 107,641 |
| Days in AR | 50.9 | 49.2 | 50.6 | 53.8 | 50.7 | 51.9 | 53.4 | 62.4 | 55.1 | 55.2 | 48.2 | 46.9 | 48.0 |



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 | | 153,248 | | |
| | Capital Purchases Under Budget Authority | | 133,552 | | |
| | FY2021 Budget Authority | | 250,000 | | |
| | Remaining Budget | | 116,448 | | |

| FY2022 | VENDOR | DESCRIPTION | COST | Approved Budget | DATE | GRANT FUNDING SOURCE |
|---|--|------------------------------|----------------|------------------------|-------------|-----------------------------|
| Non-Threshold Capital Purchases (<\$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 |
| | Bellhurst | Sleep House Lot - Re-Gravel | 8,500 | - | 1/31/2022 | |
| | CDW | Computers, Laptops, Monitors | 22,253 | - | 2/28/2022 | |
| | CDW | Server | 17,480 | - | 4/30/2022 | |
| | Total | | 267,950 | | | |
| | Total Grant Funded Equipment | | 61,731 | | | |
| | Capital Purchases Under Budget Authority | | 206,219 | | | |
| | FY2021 Budget Authority | | 1,000,000 | | | |
| | Remaining Budget | | 793,781 | | | |



Clinic Provider Income Summary

All Providers

For The Budget Year 2022

| | | | | | | | | | | | | | | | | | | | | | | | 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 FEB | BUD FEB | ACT MAR | BUD MAR | ACT APR | BUD APR | ACT MAY | BUD MAY | ACT YTD | FY22 Budget | Variance |
| Provider Productivity Metrics | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic Days | 67 | 73 | 68 | 72 | 60 | 73 | 57 | 74 | 48 | 69 | 52 | 72 | 58 | 68 | 54 | 65 | 66 | 71 | 54 | 75 | 56 | 75 | 638 | 787 | (149) |
| Total Visits | 428 | 484 | 484 | 484 | 510 | 467 | 428 | 484 | 405 | 467 | 423 | 484 | 474 | 484 | 461 | 437 | 509 | 484 | 436 | 467 | 384 | 484 | 4,942 | 5,226 | (284) |
| Visits/Day | 6.4 | 6.6 | 7.1 | 6.7 | 8.6 | 6.4 | 7.6 | 6.5 | 8.4 | 6.8 | 8.2 | 6.7 | 8.2 | 7.1 | 8.6 | 6.7 | 7.7 | 6.8 | 8.1 | 6.2 | 6.9 | 6.5 | 7.7 | 6.6 | 1.1 |
| Total RVU | 922.84 | 882.40 | 1,031.24 | 882.40 | 1,045.36 | 855.80 | 845.91 | 882.40 | 833.02 | 855.80 | 902.56 | 882.40 | 1,018.12 | 882.40 | 1,034.51 | 798.60 | 1,179.37 | 882.40 | 951.67 | 855.80 | 800.22 | 882.40 | 10,564.82 | 9,542.80 | 1,022.02 |
| 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 | 2.15 | 1.82 | 2.24 | 1.83 | 2.32 | 1.82 | 2.18 | 1.83 | 2.08 | 1.82 | 2.14 | 1.83 | 0.31 |
| 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 | 17.55 | 12.98 | 19.26 | 12.29 | 17.94 | 12.43 | 17.62 | 11.41 | 14.29 | 11.77 | 16.56 | 12.13 | 4.44 |
| Gross Revenue/Visit | 334.06 | 353.24 | 285.07 | 353.24 | 322.52 | 353.26 | 336.37 | 353.24 | 308.47 | 353.26 | 312.20 | 353.24 | 332.45 | 353.24 | 353.60 | 353.25 | 350.15 | 353.24 | 313.23 | 353.26 | 294.92 | 353.24 | 322.75 | 353.25 | (30.50) |
| 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 | 154.78 | 193.75 | 157.57 | 193.30 | 151.12 | 193.75 | 143.50 | 192.77 | 141.52 | 193.75 | 150.98 | 193.45 | (42.47) |
| Patient Revenue | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Patient Revenue | 142,978 | 170,968 | 137,973 | 170,968 | 164,485 | 164,972 | 143,968 | 170,968 | 124,932 | 164,972 | 132,060 | 170,968 | 157,580 | 170,968 | 163,011 | 154,372 | 178,227 | 170,968 | 136,569 | 164,972 | 113,250 | 170,968 | 1,595,034 | 1,846,063 | (251,029) |
| Deductions From Revenue | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Deductions From Revenue (Note A) | 81,766 | 97,251 | 77,917 | 97,251 | 93,443 | 93,848 | 82,225 | 97,251 | 70,929 | 93,848 | 74,654 | 97,251 | 90,214 | 97,251 | 92,770 | 87,817 | 100,443 | 97,251 | 75,972 | 93,848 | 63,082 | 97,251 | 903,415 | 1,050,122 | (146,706) |
| Net Patient Revenue | 61,212 | 73,716 | 60,057 | 73,716 | 71,043 | 71,124 | 61,743 | 73,716 | 54,003 | 71,124 | 57,406 | 73,716 | 67,365 | 73,716 | 70,240 | 66,554 | 77,784 | 73,716 | 60,597 | 71,124 | 50,168 | 73,716 | 691,619 | 795,941 | (104,323) |
| Total Operating Revenue | 61,212 | 73,716 | 60,057 | 73,716 | 71,043 | 71,124 | 61,743 | 73,716 | 54,003 | 71,124 | 57,406 | 73,716 | 67,365 | 73,716 | 70,240 | 66,554 | 77,784 | 73,716 | 60,597 | 71,124 | 50,168 | 73,716 | 691,619 | 795,941 | (104,323) |
| Operating Expenses | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salaries & Wages | 65,195 | 64,890 | 65,893 | 64,890 | 61,655 | 63,389 | 65,341 | 65,133 | 48,479 | 63,353 | 55,262 | 65,856 | 52,159 | 65,856 | 46,714 | 59,483 | 56,279 | 65,856 | 51,750 | 63,732 | 53,275 | 65,856 | 617,047 | 707,939 | (90,892) |
| Benefits | 8,805 | 14,973 | 8,782 | 14,914 | 8,606 | 14,524 | 6,989 | 14,933 | 7,112 | 13,804 | 5,668 | 13,557 | 11,197 | 15,740 | 7,178 | 14,828 | 9,125 | 16,417 | 8,531 | 15,887 | 8,013 | 16,202 | 90,006 | 166,385 | (76,379) |
| Purchased Services | 7,421 | 5,465 | 7,226 | 5,465 | 4,561 | 5,465 | 8,735 | 5,465 | 4,244 | 5,465 | 5,680 | 5,465 | 8,963 | 5,465 | 5,477 | 5,465 | 5,293 | 5,465 | 5,422 | 5,465 | 2,246 | 5,465 | 65,270 | 60,113 | 5,156 |
| Medical Supplies | 0 | 507 | 0 | 507 | 0 | 491 | 0 | 507 | 0 | 490 | 0 | 507 | 0 | 506 | 0 | 458 | 0 | 507 | 0 | 491 | 0 | 508 | 0 | 5,478 | (5,478) |
| Other Supplies | 0 | 455 | 0 | 455 | 0 | 455 | 0 | 455 | 0 | 455 | 188 | 455 | 0 | 455 | 0 | 455 | 0 | 455 | 0 | 455 | 0 | 455 | 188 | 5,005 | (4,817) |
| Maintenance and Repairs | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 316 | 0 | 3,472 | (3,472) |
| Other Expenses | 1,517 | 1,251 | 1,517 | 1,251 | 2,405 | 1,251 | 3,684 | 1,251 | (650) | 1,251 | 3,319 | 1,251 | 4,201 | 1,251 | 1,517 | 1,251 | 1,517 | 1,251 | 3,067 | 1,251 | 1,517 | 1,251 | 23,611 | 13,765 | 9,846 |
| Allocation Expense | 18,223 | 0 | 18,782 | 0 | 33,375 | 0 | 31,695 | 0 | 32,144 | 0 | 35,627 | 0 | 29,289 | 0 | 29,969 | 0 | 33,063 | 0 | 40,857 | 0 | 36,948 | 0 | 339,972 | 0 | 339,972 |
| Total Operating Expenses | 101,161 | 87,857 | 102,200 | 87,798 | 110,602 | 85,891 | 116,444 | 88,060 | 91,329 | 85,134 | 105,744 | 87,407 | 105,809 | 89,589 | 90,855 | 82,256 | 105,277 | 90,267 | 109,627 | 87,597 | 101,999 | 90,053 | 1,136,094 | 962,157 | 173,938 |
| Excess of Operating Revenue Over Expenses | (39,949) | (14,141) | (42,144) | (14,082) | (39,559) | (14,766) | (54,701) | (14,344) | (37,326) | (14,010) | (48,339) | (13,691) | (38,444) | (15,873) | (20,615) | (15,701) | (27,493) | (16,550) | (49,030) | (16,473) | (51,831) | (16,337) | (444,476) | (166,215) | (278,261) |
| Total Non-Operating Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Excess of Revenue Over Expenses | (39,949) | (14,141) | (42,144) | (14,082) | (39,559) | (14,766) | (54,701) | (14,344) | (37,326) | (14,010) | (48,339) | (13,691) | (38,444) | (15,873) | (20,615) | (15,701) | (27,493) | (16,550) | (49,030) | (16,473) | (51,831) | (16,337) | (444,476) | (166,215) | (278,261) |

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



Clinic Provider Income Summary

All Providers

For The Budget Year 2022

| | | | | | Current Budget YTD | | Threshold Performance | | Target Performance | |
|--|-----------------|-----------------|------------------|--|--------------------|------------------|-----------------------|------------------|--------------------|--------------------|
| | ACT MAY | BUD MAY | ACT YTD | | FY22 Budget | Variance | Proforma Target | Variance | Proforma Target | Variance |
| Provider Productivity Metrics | | | | | | | | | | |
| Clinic Days | 56 | 75 | 638 | | 787 | (149) | 787 | (149) | 787 | (149) |
| Total Visits | 384 | 484 | 4,942 | | 5,226 | (284) | 7,405 | (2,463) | 9,331 | (4,389) |
| Visits/Day | 6.9 | 6.5 | 7.7 | | 6.6 | 1.1 | 9.4 | (1.7) | 11.9 | (4.1) |
| Total RVU | 800.22 | 882.40 | 10,564.82 | | 9,542.80 | 1,022.02 | 13,854.86 | (3,290.04) | 17,477.73 | (6,912.91) |
| RVU/Visit | 2.08 | 1.82 | 2.14 | | 1.83 | 0.31 | 1.87 | 0.27 | 1.87 | 0.26 |
| RVU/Clinic Day | 14.29 | 11.77 | 16.56 | | 12.13 | 4.44 | 17.60 | (1.04) | 22.21 | (5.65) |
| Gross Revenue/Visit | 294.92 | 353.24 | 322.75 | | 353.25 | (30.50) | 381.55 | (58.80) | 388.76 | (66.01) |
| Gross Revenue/RVU | 141.52 | 193.75 | 150.98 | | 193.45 | (42.47) | 203.92 | (52.95) | 207.56 | (56.58) |
| Patient Revenue | | | | | | | | | | |
| Outpatient | | | | | | | | | | |
| Total Patient Revenue | 113,250 | 170,968 | 1,595,034 | | 1,846,063 | (251,029) | 2,825,298 | (1,230,264) | 3,627,634 | (2,032,600) |
| Deductions From Revenue | | | | | | | | | | |
| Total Deductions From Revenue (Note A) | 63,082 | 97,251 | 903,415 | | 1,050,122 | (146,706) | 1,618,106 | (714,691) | 2,081,720 | (1,178,305) |
| Net Patient Revenue | 50,168 | 73,716 | 691,619 | | 795,941 | (104,323) | 1,207,192 | (515,573) | 1,545,913 | (854,295) |
| Total Operating Revenue | 50,168 | 73,716 | 691,619 | | 795,941 | (104,323) | 1,207,192 | (515,573) | 1,545,913 | (854,295) |
| Operating Expenses | | | | | | | | | | |
| Salaries & Wages | 53,275 | 65,856 | 617,047 | | 707,939 | (90,892) | 707,939 | (90,892) | 707,939 | (90,892) |
| Benefits | 8,013 | 16,202 | 90,006 | | 166,385 | (76,379) | 166,385 | (76,379) | 166,385 | (76,379) |
| Purchased Services | 2,246 | 5,465 | 65,270 | | 60,113 | 5,156 | 60,113 | 5,156 | 60,113 | 5,156 |
| Medical Supplies | 0 | 508 | 0 | | 5,478 | (5,478) | 5,478 | (5,478) | 5,478 | (5,478) |
| Other Supplies | 0 | 455 | 188 | | 5,005 | (4,817) | 5,005 | (4,817) | 5,005 | (4,817) |
| Maintenance and Repairs | 0 | 316 | 0 | | 3,472 | (3,472) | 3,472 | (3,472) | 3,472 | (3,472) |
| Other Expenses | 1,517 | 1,251 | 23,611 | | 13,765 | 9,846 | 13,765 | 9,846 | 13,765 | 9,846 |
| Allocation Expense | 36,948 | 0 | 339,972 | | 0 | 339,972 | 0 | 339,972 | 0 | 339,972 |
| Total Operating Expenses | 101,999 | 90,053 | 1,136,094 | | 962,157 | 173,938 | 962,157 | 173,938 | 962,157 | 173,938 |
| Excess of Operating Revenue Over Expenses | (51,831) | (16,337) | (444,476) | | (166,215) | (278,261) | 245,035 | (689,511) | 583,757 | (1,028,232) |
| Total Non-Operating Income | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| Excess of Revenue Over Expenses | (51,831) | (16,337) | (444,476) | | (166,215) | (278,261) | 245,035 | (689,511) | 583,757 | (1,028,232) |





Quality Board Report

June 2022

Report by Barbara Snyder, RN, Quality and Risk Manager

Changes for Quality Metrics

In order to bring the Quality Assurance and Performance Improvement Program in line with the hospital's strategic plan, we are focused on achieving top 100 Hospital status (Quality 3.1.4). This will only be achievable with an effort to improve the metrics that we use.

We now have a goal and timeline for rolling out meaningful Quality Metrics for board oversight. We expect to have the Quality Metrics reported quarterly to the board in October 2022. The hospital metrics are being aligned with the CMS Star Ratings which summarize quality information on important topics. However, our hospital does not meet the minimum measures threshold to have a star rating. To have an Overall Hospital Quality Star Rating calculated, a hospital must have a minimum of 3 measures in at least 3 groups, 1 of which must be an outcome group (Safety of Care or Mortality). For your interest, the Care Compare Measures are attached to this report.

| Measure Group | Weight |
|-----------------------------|--------|
| Mortality | 22% |
| Safety of Care | 22% |
| Readmission | 22% |
| Patient Experience (HCAHPS) | 22% |
| Timely and Effective Care | 12% |

Below is a screen shot from the CMS Hospital Compare website that is readily available to the public.

1. [Southern Coos Hospital & Health Center](#)
0.6 mi

CRITICAL ACCESS HOSPITALS
900 11th Street SE
Bandon, OR 97411
(541) 347-2426

Overall star rating
Not available ¹⁵

Patient survey rating
Not available ¹⁵

Compare

To be eligible for *HCAHPS Star Ratings*, a hospital must have at least 100 completed HCAHPS surveys in the 12 month reporting period. Currently we had 44 responses to between May 2021 and April 2022. For this reason, we are reviewing our current vendor and their adequacy in fielding survey responses. We are focused on potentially changing the vendor from Survey Solutions to NRC. While Survey Solutions uses a mail only surveys over a period of 60 days, NRC is able to conduct phone calls, e-mails, and texts within 48 hours of a patient visit. NRC's response rate averages 30% for other hospitals.

Data Reporting

The Quality Office is in the process of identifying departmental metrics that are meaningful to the hospital as well as the departments. Examples of departmental data reporting are reducing falls, reducing medication errors, etc.

DNV and ISO 9001

DNV training is confirmed for July 12-14th and will be here on-site/in-person with a DNV trainer. There will be 12 employees who will be attending. Board members and executive leaders will be welcomed to “pass through” and check in on the training in progress. The hospital will likely be DNV certified at the conclusion of the DNV surveyor visit, and then the hospital will begin its journey toward ISO 9001.

ISO 9001 Certification

1 Consistency in the delivery of service

2 Customer (patient) satisfaction

3 Continual Improvements

ISO 9001 drives constant improvement of processes. As it sets goals and standards for businesses to build from. The major aim to continually improve the importance of consistency and customer satisfaction as they are directly impacted.

Welcome!

Please welcome Sharon Bischoff, BSN, RN to the RN Quality Coordinator role. She started on June 6th, 2022, and we are lucky to have her.

Care Compare Measures Utilized in the April 2021 Update of the Overall Hospital Quality Star Rating Methodology

| | | | | | |
|----------------|--------------------|--|------------------------------------|-------------|--------------------------------------|
| Mortality | MORT-30-AMI | Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | MORT-30-CABG | Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | MORT-30-COPD | Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | MORT-30-HF | Heart Failure (HF) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | MORT-30-PN | Pneumonia (PN) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | MORT-30-STK | Acute Ischemic Stroke (STK) 30-Day Mortality Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Mortality | PSI-4-SURG-COMP | Death Rate Among Surgical Inpatients with Serious Treatable Complications | NA--Automatically from Claims Data | CMS Claims | July 1, 2017 to June 30, 2019 |
| Readmission | EDAC-30-AMI | Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | READM-30-CABG | Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | READM-30-COPD | Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | EDAC-30-HF | Excess Days in Acute Care after Hospitalization for Heart Failure | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | READM-30-Hip-Knee | Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | EDAC-30-PN | Excess Days in Acute Care after Hospitalization for Pneumonia (PN) | NA--Automatically from Claims Data | CMS Claims | July 1, 2016 to June 30, 2019 |
| Readmission | READM-30-HOSP-WIDE | HWR Hospital-Wide All-Cause Unplanned Readmission | NA--Automatically from Claims Data | CMS Claims | July 1, 2018 to June 30, 2019 |
| Readmission | OP-32 | Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy | NA--Automatically from Claims Data | CMS Claims | January 1, 2016 to December 31, 2018 |
| Readmission | OP-35 ADM | Admissions for Patients Receiving Outpatient Chemotherapy | NA--Automatically from Claims Data | CMS Claims | January 1, 2018 to December 31, 2018 |
| Readmission | OP-35 ED | Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy | NA--Automatically from Claims Data | CMS Claims | January 1, 2018 to December 31, 2018 |
| Readmission | OP-36 | Hospital Visits after Hospital Outpatient Surgery | NA--Automatically from Claims Data | CMS Claims | January 1, 2018 to December 31, 2018 |
| Safety of Care | HAI-1 | Central-Line Associated Bloodstream Infection (CLABSI) | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |
| Safety of Care | HAI-2 | Catheter-Associated Urinary Tract Infection (CAUTI) | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |
| Safety of Care | HAI-3 | Surgical Site Infection from Colon Surgery (SSI-colon) | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |
| Safety of Care | HAI-4 | Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy) | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |
| Safety of Care | HAI-5 | MRSA Bacteremia | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |
| Safety of Care | HAI-6 | Clostridium Difficile (C.difficile) | Quarterly | NHSN Report | January 1, 2019 to December 31, 2019 |

| | | | | | |
|----------------|---------------|---|---------------------------------------|------------|------------------------------------|
| Safety of Care | COMP-HIP-KNEE | Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) | NA--Automatically from Claims Data | CMS Claims | April 1, 2016 to March 31, 2019 |
| Safety of Care | PSI-90-Safety | Patient Safety and Adverse Events Composite | NA--Automatically from Claims Data | CMS Claims | July 1, 2017 to June 30, 2019 |



Southern Coos Health District Bylaws

Amended December 16, 2021

Article 1 **Scope and Purpose**

1. **Nature of District**

Southern Coos Health District is a municipal corporation of the State of Oregon which is organized, existing and exercising the powers and functions of a health district under Oregon laws relating to municipal corporations, special districts and health districts **as approved by public vote in 1955**. These bylaws are subject to applicable provisions of Oregon Revised Statutes relating to units of local government and health care facilities, including government ethics, public records and meetings, local budgets, public purchasing and contracting, and district elections, as they now exist or may hereafter be amended.

2. **The Purposes of the District are:**

To assure quality health care with a personal touch is provided to every patient;
To improve the health of the community served by the District;
To assure the ongoing financial viability of facilities operated by the District;
To build a culture of service excellence for our customers;
To meet all provisions of Oregon law.

Article 2 **District Board**

1. **Members and Qualifications**

The business and affairs of the District shall be managed by a Board **of Directors consisting** of five (5) members. Board members shall be registered voters within the health district elected as provided by the applicable provisions of Oregon Revised Statutes relating to health care facilities. ~~Directors shall not have a direct or indirect financial interest in the District's facilities and shall not be engaged in any business transaction or professional activity which is in substantial conflict with the discharge of the powers and duties of a Director as defined in these bylaws.~~

2. **Conflicts of Interest**

Board members are strictly prohibited from using a position in public office for private financial gain. Board members must give public notice of any actual or potential conflict of interest at a public board meeting, and such notice will be reported in the meeting minutes. The disclosure shall be repeated and recorded in the meeting minutes in each instance where the matter is discussed.

- A. Potential Conflict of Interest: Exists when a decision being deliberated by the board could result in financial gain or avoidance of financial loss to the board member, a relative of the board member, or a business owned by the board member or a relative of the board member. A potential conflict must be disclosed, but the board member may still participate in the discussion and vote on the issue.**

- B. **Actual Conflict of Interest:** Exists when a decision by the board will result in a financial gain or avoidance of financial loss to the board member, a relative of the board member, or a business owned by the board member or a relative of the board member. An actual conflict must be disclosed and the board member may not participate in discussion of the matter or vote on the issue

3. Election and Terms of Office

Each newly **elected** Board member shall take an Oath of Office at the Board meeting in July. **Board members appointed to fill vacancies shall take the oath at the first Board meeting they attend.** The oath declares that the Board member will faithfully perform the duties of his or her office as required by law and will support the Constitution of the United States, the Constitution of the State of Oregon, and the laws made pursuant thereto. Each new Board member shall execute a Conflict of Interest Statement and a Confidentiality Statement. The term of office is **four (4)** years.

Article 3 Meetings of the Board

1. **All meetings of the Board shall be conducted in accordance with the requirements of Oregon law.**
2. District Boards must have a quorum in order to have an official meeting. A quorum shall consist of three **(3)** members **which** shall be sufficient to transact business. In Oregon, it takes a majority of the entire membership of the board to adopt a motion, resolution or ordinance or take any other action. A majority of a quorum is insufficient. This means that three affirmative votes on a five person board are required to pass a motion, ~~even if there is a quorum.~~ All official business of the board shall be conducted only during said regular or special meetings at which a quorum is present and all said meetings shall be open to the public, **except for executive sessions.**
3. **The agenda for Board meetings shall be developed by the Chairman of the Board. Any Director may request a matter be added to the next regular meeting of the Board for which there is sufficient time to fully comply with all notice and agenda posting requirements. ~~Additionally, items may be added to the agenda at the beginning of a regular meeting with approval of the Consent Agenda, or during open discussion but these items cannot be voted on until they are included in the regular agenda with public notice.~~ Board members and administration should make every effort to ensure that agenda items they wish to be considered are submitted in a timely manner in advance of the meeting. However, a board member may also move to add an item to the agenda at the beginning of a meeting, subject to unanimous board approval. If approved by the board, the item will be added to the agenda to be considered as the last item under New Business.**
4. Regular Meetings
The District Board shall hold at least one regular meeting each month at the Hospital or at such other location as determined by the Board. Notice of time and place designated for all regular meetings shall be posted in a public place and **public notice**

provided in the newspaper at least 48 hours before the meeting **by whatever means is considered most efficient and effective**. Notice of changes of date or time or place of regular meetings shall be posted as above providing at least three (3) days prior to such meeting if possible.

5. Special Meetings **Including Executive Sessions**

Special meetings of the Board may be called by ~~or at the direction of the Chair, or the CEO or~~ and shall be called upon the written request of any two members of the Board, ~~or upon the request of the Chief Executive Officer~~. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and **public notice provided by whatever means is considered most efficient and effective** in the newspaper at least 24 hours in advance of the meeting date, time and place

6. Emergency Meetings

An emergency meeting may be called and held in the same manner as a special meeting, except that the notice may be given less than 24 hours prior to the meeting and the Board shall place in the minutes the reason for the emergency.

Any member of the Board or any committee established by the Board may participate in a meeting by means of a conference telephone or similar communications equipment by which all persons participating in the meeting can hear each other at the same time. Such participation shall constitute presence in person at the meeting.

Article IV Board of Directors

1. Authority

Members of the Board of Directors may exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and during Board of Directors' meetings or meetings of authorized committees of the Board of Directors. **The** Chairman of the Board of Directors ~~who~~ is expected to confer with the Hospital Chief Executive Officer regarding ~~Board of Directors~~, committee agendas, and other matters between scheduled meetings of the Board of Directors. As individuals, Directors may not commit the District to any policy, act or expenditure.

2. Duties and Fiduciary Responsibilities

(a) The Board of Directors shall have responsibility for the oversight of operations, affairs of the District, and its facilities according to the best interests of the ~~public health~~ **District**. The Board of Directors shall make and enforce all rules and regulations necessary for the administration, governance, protection, and maintenance of **the** hospital and other facilities under its jurisdiction.

1. Duty of Care. Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.
2. Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
3. Duty of Obedience. Directors shall be faithful to the underlying purposes and mission of the District.
4. **Fiduciary duty. Directors act in the best interests of the District.**
5. If it is determined, by majority vote of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such

Director is subject to sanctions according to the procedures set forth in Article IV Section 6.

- (b) The Board of Directors shall determine membership of the Medical Staff as well as the bylaws for the governance of the Medical Staff as provided in Article 7 of the District Bylaws. The Board of Directors may delegate certain powers to the Medical Staff and other adjunct organizations in accordance with the Medical Staff Bylaws.
- (c) Review and approve the Hospital's **and clinic's** Quality Assurance Program. Responsible for the quality of care rendered to patients by both the medical and professional staff.
- d.** Responsible for the financial soundness and success of the organization, and for strategically planning its future. It shall, upon recommendation of the ~~Finance~~ **Budget** Committee, review the annual operating budget and capital expenditures, **and** evaluate and approve financial statements and all financial matters of the ~~hospital~~ **District**.
- e.** Hire the Chief Executive Officer (CEO) and approve the plans and budgets by which the CEO will accomplish the quality, financial and strategic goals of the Board. Develop a performance review document for the CEO. Plan and establish the Chief Executive Officer's compensation.
- f.** Act as trustee for District assets.
- g.** Grant physician staff clinical privileges.
- h.** Identify health needs of the community and establish the ~~Hospital's~~ **District's** role in meeting those needs.
- i.** ~~Establish programs and services of the Hospital~~ Periodically review and evaluate ~~their~~ **the effectiveness of programs and services offered by the District**.

- j. Establish an appropriate orientation program for new Board members. Board members are expected to participate in the entire Board Orientation process and additional ongoing training.
- k. The Board shall endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District's interests.

3. Officers

The officers of the District Board shall be a Chair, Secretary and Treasurer, all of whom shall be elected by the Board at the July meeting each year and shall hold office for a period of one year or until their successors have been elected.

- a. The **Board Chair** shall preside at all meetings of the Board, shall execute documents which are official acts of the District or its Board, stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote, shall make committee appointments **upon approval of the Board**, and implement processes designed to facilitate the collective awareness of the Board regarding major activities within the district so that all individual Board members are provided the opportunity to stay informed. During the absence of the Chair, any other Board member may perform the duties of the Chair.
- b. The **Secretary** shall attest to documents executed by the Board, shall review correspondence to and from the Board and shall review and sign minutes of Board meetings. The Secretary shall perform such other duties as usually pertain to this office.
- c. The **Treasurer** ~~is responsible to act as a liaison between the Board and the Hospital CFO. The Treasurer provides oversight to the CFO regarding complete, accurate financial reports for the Board's review. The Board makes decisions about the Hospital financial health based on these reports.~~ **Treasurer** shall execute financial and banking documents when appropriate or authorized by the District Board.

4. Resignations

Any member may resign from the Board at any time by giving written notice to the Chair or Secretary of the Board, and the acceptance of such resignation shall not be necessary to make it effective.

5.Vacancy

Board vacancies shall occur if a duly elected Board member **resigns or** cannot fulfill the duties of office. A vacancy shall be filled by vote of a majority of the remaining Board members. The appointee shall serve until the next regular election for that position. If the remaining Board members cannot agree on a majority vote, the selection of appointee shall be turned over to County Commission, who will make the selection.

6.Determination of and Sanctions for Misconduct in Office

The Board shall establish a Board Sanction Policy to address individual Board misconduct or malfeasance in office. **Such Policy will be reviewed periodically.** The Policy will describe the process to be utilized by the Board in circumstances where an individual Board Member has been **found** by a **super** majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the laws of the Oregon Government Ethics Commission.

Article 5 Committees

1. Committees and Powers

A. Committees of the Board shall be ~~Standing, and Special~~ **and Advisory and** established by **majority vote(?)** ~~resolution~~ of the Board. Standing Committees shall be the Budget Committee, Quality & Patient Safety Committee, **Finance Committee** and such other standing committees as the Board may authorize.

B. The Chair and all members of each committee shall be appointed following the July meeting. Members of each committee shall hold office for one year or until their successors are appointed. The Committee chair may fill any vacancies that occur on committees for the remainder of the year.

C. Committees shall have power to act only as stated in these Bylaws or as conferred by the District Board in specific matters.

D. Committee members may include persons in advisory or consulting capacity, who are not members of the District Board.

E. Minutes shall be recorded for all committee meetings and filed ***in the appropriate manner per Southern Coos Health District & Health Center policy***

F. Qualifications for committee members will be as follows:

1. Committee members shall be residents of the district.

~~2. Committee members must conform with the operational policies of the district prior to appointment to a committee.~~ **?? What does this mean?**

3. Neither district employees nor persons having a contractual relationship with the district may serve on district committees as public members.

~~4. A member of the public may not simultaneously serve on more than two district **Standing** committees or **more than(?)** one district **Advisory** committee, **nor may a member of the public simultaneously serve as chair on two district committees, except relative to serve on the budget committee.**~~

~~5. Candidates for committees will complete a board approved application or statement of interest.~~

G. Board members may suggest persons for committee membership who have demonstrated interest and knowledge in the committee's area of responsibility.

H. The district will give public notice of committee vacancies.

I. The board may, by **majority vote(?) resolution**, remove a member of the public from a district committee prior to the expiration of the term of office.

J. Committees and their members have no authority to represent the district's official position on any matter except by express and explicit approval of the board for such.

K. All advisory committee meetings are public meetings under state law and subject to all requirements thereof. **(Tom: I think only the Budget Committee meeting has to be public.)**

2. **Standing Budget Committee**

The Budget Committee shall consist of the CEO, CFO, **all members of the Board** and at least **five (5)** ~~two (2)~~ members of the community. **One** ~~and one~~ (1) Board Member ~~liaison who~~ shall be appointed by the Chair of the Board, **following Board approval**, following the July meeting **to act as Board liaison to the Committee** and as ~~act as~~ the committee chair. The Budget committee shall meet ~~quarterly~~ **for work sessions, and once annually in a public meeting to review and approve the annual operating budget** including the annual operating budget review, approval for adoption by the District Board and submission to Coos County.

3. **Standing Quality and Patient Safety Committee**

The Quality and Patient Safety Committee shall consist of the CEO, CFO, CNO, Quality Risk Manager, hospital department managers and one (1) Board Member liaison who shall be appointed by the Chair of the Board, **following Board approval**, following the July meeting. The Quality Risk Manager shall act as the Committee chair.

- a. The Committee meets monthly to consider all matters concerning the clinical and safety operations of the facilities, the Medical Staff Bylaws, credentialing and privileges of medical staff, and other matters concerning professional practice.
- b. **The Committee** ensures the quality of care rendered in the District's facilities is at the highest level when compared to national standards and that actions **are** taken on behalf of the Board to ensure **the** safety and well-being of the citizens served. The duties of the Committee shall include but are not limited to:

1. Regularly review and approve the systems annual and long-term quality assurance plans to ensure the identification, assessment, and resolution of patient care issues.
 2. Review, assess and establish that the system is meeting regulatory and governmental requirements and standards pertaining to the delivery of quality medical ~~clinical~~ care in all its facilities and programs.
 3. Monitor institutional liability/risk experience and ensure proper systems are put in place to reduce exposure to loss.
 4. Review, assess and establish that credentials of Medical and Allied Health Staff are reviewed and privileges granted are renewed based on demonstrated professional competence and adherence to the bylaws and code of conduct set forth by the Medical Executive Committee.
 5. Provide oversight to the development and management of educational endeavors to improve staff performance and skills in the completion of their clinical care responsibilities.
 6. Regularly review and assess quality care reports, statistics and programs from Medical Staff and system departments to identify trends or clinical care issues and to recommend stewardship where appropriate.
 7. Perform such other duties as assigned by the Board.
- c. The Committee also serves as a formal means of liaison to assure effective communication between ~~the~~ Board of Directors and the Medical Staff.
 - d. The Quality and Patient Safety Committee shall report its findings and recommendations with respect to these issues ~~at~~ ~~to~~ the monthly District Board Meeting.

4. **Standing Finance Committee.**

The Finance Committee shall consist of the CEO, CFO, 1 Board member, and at least 3 members of the community. The Board member shall be appointed by the Chair of the Board, following Board approval, following the July meeting and will act as Board liaison to the Committee and as ~~act as~~ the committee chair.

The Finance Committee shall meet quarterly to review the financial status of the District and make recommendations based thereon.

5. Additional Standing Advisory Committees

A. The board will create **additional** standing advisory committees as needed for each major service area.

B. Terms for standing advisory committees will be determined by the District Board **Chair**.

C. Standing advisory committees will report and/or respond to questions from the Board as requested.

6. Ad Hoc Advisory Committees

The Board **Chair** may create ad hoc committees as needed to assess the needs of the district, evaluate existing programs and/or facilities, recommend long-range goals and plans, or any other needs as determined by the board. Any ad hoc advisory committees formed will operate for such time as needed to accomplish the assigned purpose and may be discharged after their recommendations to the board, or at any other time at the discretion of the board. All recommendations must be ratified by the Board prior to any action taken.

Article Compensation (Tom: put this in Article 2)

The members of the Board of Directors shall serve without compensation, except those expenses shall be allowed **for** his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board.

Article Indemnification (Tom: make this a separate Article)

To the extent consistent with applicable Oregon laws, Southern Coos Health District and Health Center shall indemnify any Board Member or officer in connection with proceedings that arise from their **Indemnitee's** service on behalf of the **Hospital District** **if (a)** they **Hospital Indemnitee** acted in good faith and in a manner that they **Hospital Indemnitee** reasonably believed to be in or not opposed to the best interests of the **Hospital District; and (b)** with respect to any criminal proceeding, they **Hospital Indemnitee** had no reasonable cause to believe conduct was unlawful. It is intended that the **Hospital Indemnitees'** rights of indemnification provided hereunder shall be as

broad as permitted under the Government Code of the State of Oregon. The Hospital District may advance Hospital indemnitee's expenses, including attorney's fees, for which the Board member or Officer is such indemnitees are indemnified pursuant to this Article.

The District authorizes Southern Coos Health District & Health Center to purchase and maintain insurance on behalf of directors and officers against liabilities imposed upon them by reason of actions taken in their official capacity, their status as an officer or director, or arising from Southern Coos Health District & Health Center request(s).

Article Changes to the Bylaws (Tom: put this in Article 1.1)

1. Amendment and Repeal. The Bylaws may be altered, amended, or replaced by the affirmative vote of a majority of the Board Members then in office at any annual, regular, or any special meeting of the Board of Directors called for that purpose.
2. Suspension. Any provision of these Bylaws may be suspended by the unanimous consent of the Board Members at any duly constituted meeting of the Board of Directors.

Article Other Matters (Tom: put this is Article 2)

1. Employment Restrictions

No member of the District Board of Directors may be an employee of Southern Coos Hospital District & Health Center.

Article Conflicts with Medical Staff Bylaws (Tom: this is already in Article 7.3)

In the event that any of the provisions hereof are in conflict with any of the provisions of the existing Medical Staff Bylaws or as they may be hereafter be adopted, the Southern Coos Hospital District & Health Center Bylaws and amendments thereto shall be deemed to be controlling.

Article 6 – Administrator (Amended Dec 16,2021)

The District Board shall employ a competent and qualified person to act as Administrator of the Health Care District, and the Board shall evaluate the performance of such administrator yearly. Such Chief Executive Officer (CEO) of the District shall have the **exercise** supervision and control of **over** the Administrative functions of the District. The Administrator shall have the following powers, duties, functions, and responsibilities.

1. Responsible for carrying out policies and programs adopted by the Board and **for following** regulations provided by law or by the District Board.
2. Develop a plan of organization for the personnel involved in the operation of the District facilities and programs, have responsibility for the selection, employment, control, and discharge of employees and the development and maintenance of personnel policies and practices, shall establish means for accountability on the part of subordinates and shall provide for lines of authority and communication within and between District facilities, medical staff, auxiliary, and other personnel.
3. Shall ensure that the established mechanisms relating to the functions of the Medical Staff organization are carried out and to act as the official channel of contact between the District Board and the Medical Staff. The Administrator shall have the following specific powers:
 - a. *To grant temporary privileges to Medical Staff whenever such action is in the best interest of patient care or safety in the District, or to prevent disruption of its operation.*
 - b. To summarily suspend all or any portion of the clinical privileges of a member of the medical staff whenever such action must be taken immediately in the best interest of patient care or safety in the hospital to prevent disruption of its **District** operations.
4. Shall attend meetings of the District Board and shall serve as liaison officer for official communications between the District Board, its committees, medical staff, and the auxiliary. **Foundation.**
5. Shall prepare a proposed strategic plan for approval and adoption of the District Board and shall annually **and as needed** recommend appropriate modifications to such plan.
6. Shall be responsible for preparation of a proposed annual budget and for carrying out the fiscal policies of the District.
7. Shall pursue a continuing program of education in health care, administrative, and management systems and procedures and may participate in community, state, and national hospital associations and other professional activities.
8. Shall be employed by the District Board and, after receiving and reviewing an annual evaluation, the administrator's compensation shall be determined by the Board **in conjunction with the recommendations of the Budget Committee.**
9. **Responsible for continual planning and marketing of District services activities including program evaluation and development of new services taking into account with respect to clearly defined service populations, current technology and financial viability.**

Article 7 Medical Staff

Section 1 - Medical Staff

The Medical Staff shall be organized in accordance with the Medical Staff Bylaws. The Medical Staff shall govern its own affairs, elect its own officers, and conduct meetings in accordance with Medical Staff Bylaws.

Section 2 - Medical Staff Bylaws

Medical Staff Bylaws and related rules and regulations for the government and operation of the Medical Staff may be proposed and recommended by the Medical Staff to the District Board, but only those bylaws, rules and regulations which are adopted by the District Board shall become effective. In the exercise of the powers and functions delegated to it by the laws of the State of Oregon, the District Board shall adopt, amend, carry out and enforce rules and regulations for the government and operation of the Medical Staff and any of its functions and services.

Section 3 - Conflicts with Medical Staff Bylaws

In the event that any of the provisions **of the Medical Staff Bylaws** hereof are in conflict with any of the provisions of the ~~existing Medical Staff Bylaws or as they may be hereafter be adopted,~~ the Southern Coos Hospital District & Health Center Bylaws and amendments thereto the **District bylaws shall** be deemed to be controlling.

Section 4 - Medical Staff Membership

1. Membership on the Medical Staff is a privilege which shall be extended only to **persons** professionally competent in their related fields, licensed to practice in the State of Oregon, **and** whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgement of the District Board, that any patient admitted to or treated in Southern Coos Hospital and Health Clinic will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Hospital & Clinic Policies and Procedures, Medical Staff Bylaws and Rules and Regulations.
2. The District Board shall review and act upon the advice and recommendations of the Medical Staff, and shall give careful consideration for clinical privileges at our healthcare facilities.
3. Duration. Appointment to the Medical Staff shall be for a maximum term of two (2) years. Medical Staff members shall be reappointed bi-annually in the birth month of the applicant.
4. The Medical Staff will also make recommendations to the District Board concerning appointments, reappointments, alterations of staff status, the granting of clinical appointments, disciplinary actions, other matters relating to professional competency, and such other related matters as may be referred to it by the District Board.

Section 5 Allied Health Professionals

The categories of allied health professionals eligible to hold specific practice privileges to perform services within the scope of their licensure, certification, or other legal authorization and corresponding privileges, prerogatives, terms and conditions for each such allied health professional category or practitioner shall be determined by the District Board upon recommendations received from the Medical Staff executive committee. (not sure about this one, should this be the responsibility of the CEO?)

Section 6. Accountability

The Medical Staff shall conduct continuing review and appraisal of the quality of professional care provided in District facilities, and shall, at least annually report such activities and their results to the District Board.

Section 7. Exclusion from the Medical Staff

The District Board shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to retract privileges, of anyone who has not exhibited that standard of education, training, experience, and demonstrated competence, which will assure, in the judgement of the District Board, that any patient admitted to or treated in the Hospital or Health Clinic will be given high quality professional care.

Article 8 Compensation (Tom: put this in Article 2)

The members of the Board of Directors shall serve without compensation, except those expenses shall be allowed **for** his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board.

Article 9 Indemnification (Tom: make this a separate Article)

To the extent consistent with applicable Oregon laws, Southern Coos Health District and Health Center shall indemnify any Board Member or officer in connection with proceedings that arise from their ~~Indemnatee's~~ service on behalf of the ~~Hospital~~ **District if (a) they** ~~Hospital Indemnatee~~ acted in good faith and in a manner that they ~~Hospital Indemnatee~~ reasonably believed to be in ~~or not~~ **opposed to** the best interests of the ~~Hospital~~ **District; and** (b) with respect to any criminal proceeding, they ~~Hospital Indemnatee~~ had no reasonable cause to believe conduct was unlawful. It is intended that the ~~Hospital Indemnitees'~~ rights of indemnification provided hereunder shall be as broad as permitted under the Government Code of the State of Oregon. The ~~Hospital~~ **District** may advance ~~Hospital indemnatee's~~ expenses, including attorney's fees, for which **the Board member or Officer is** ~~such indemnitees are~~ indemnified pursuant to this Article.

The District authorizes Southern Coos Health District & Health Center to purchase and maintain insurance on behalf of directors and officers against liabilities imposed upon them by reason of actions taken in their official capacity, their status as an officer or director, or arising from Southern Coos Health District & Health Center request(s).

Article 10 Changes to the Bylaws (Tom: put this in Article 1.1)

1. Amendment and Repeal. The Bylaws may be **changed** ~~altered, amended,~~ ~~or replaced by the affirmative vote of~~ a majority **vote** of the Board ~~Members then in office~~ at any annual, regular, ~~or any special~~ meeting of the Board of Directors ~~called for that purpose~~.

2. Suspension. Any provision of these Bylaws may be suspended by the unanimous consent of the Board Members at any duly constituted meeting of the Board of Directors.

Article 11 Foundation (Tom: make this a separate Article)

The District Foundation shall develop and adopt Bylaws to delineate the purpose and function of the organization, form its own Board of Directors to include one (1) Board Member liaison, and establish a means of accountability to the District Board. Such Bylaws shall be in conformity with the policy of the Board and shall become effective upon approval of the Board.

Article 12 Other Matters (Tom: put this in Article 2)

1. Employment Restrictions

No member of the District Board of Directors may be an employee of Southern Coos Hospital District & Health Center.



2022/2023 Fiscal Operating and Capital Budgets

Date: June 2, 2022

To: Budget Committee, Board of Directors, Raymond Hino and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: 2022/2023 Fiscal Operating and Capital Budgets

Executive Summary

Attached is Southern Coos Hospital and Health Center 2022/2023 Annual Operating Budget, Capital Budget and Cash Flows. Our approach to the budget is to build a baseline that consists of a rational representation of our current state cost structure and volume levels. Due to inflationary considerations, the current state cost structure projected into the subsequent fiscal period puts pressure on the hospital's operating results. If we do nothing, the financial results will continue to not be sufficient to avoid drawing down cash reserves to fund operations. The baseline budget yields an operating loss of (\$1,678,000) and a total margin of a loss of (\$529,000).

In response to this, management has identified several financial improvement initiatives. These initiatives align with various aspects of our strategic plan as adopted by the District Board in their May 26, 2022 regular meeting. As a result of modelling these financial improvement initiatives, the operating loss is reduced to (\$399,000) and the total margin improves to a gain of (\$759,000).

Financial Improvement Initiatives

Clinic Productivity – Annualized current state, the clinic is loses around \$470,000 per year. The budgeted improvements are the result of adding a Family Nurse Practitioner to the clinic as well as improving the productivity of the providers. Average visits/provider day increase from 7.83 to 11.64 while total clinic days increase from 698 to 995. As a result of these changes, the clinic operating margin improves by \$377,000 reaching nearly break-even financial performance.

Outpatient Services Growth – A critical component to the strategic plan is the growth of outpatient services. Southern Coos Hospital's aim to be the healthcare provider of choice is an effort to increase market share within for outpatient services, particularly Radiology, Lab and OP Surgery. As a result of the focused effort, Management has set volume growth targets for Radiology, Lab and OP Surgery of 10%, 10% and 50%, respectively. These cumulative operating margin improvement of this growth, assuming stable payer mix, is expected to be approximately \$412,000.

Provider Contract Efficiencies – The strategic plan directs the development of a hospital medical staff plan. A significant part of the development of the plan requires benchmarking of each of our physician

arrangements, employed or contracted. Federal regulations require that hospitals contract efficiently within the confines of fair-market value (FMV) considerations. We established an annualized efficiency target of \$500,000 in improved performance related to hospital based provider economics.

Impact of COVID-19

SCHHC continues to experience the impacts of the COVID-19 pandemic, including higher than average cost structures for contract nursing staff, enhanced PPE, door screeners and operational challenges such as OHSA social distancing mandates. These impacts are assumed to continue throughout the fiscal 2022/2023 budget period.

Operating Budget

Gross Revenue and Volumes – Gross revenues for fiscal 2023 of approximately \$43,149,000 are higher than annualized 2022 revenues due to a 5% price increase and the continued development of clinic volumes for providers. Lab and Radiology volumes are anticipated to increase by 10% and Surgery volumes by 50%.

Deductions from Revenue – Revenue deductions budget at \$14,512,000 or 34% of gross revenue is consistent with annualized FY22 at 33% of gross revenue including consideration of cost based reimbursement impacts of the Medicare cost report.

Total Revenues of \$28,638,000 are 13% higher than fiscal year 2022 projections of \$25,262,000.

Salaries and Benefits in fiscal 2022 are budgeted for a combined \$17,819,000 which is approximately 22% higher than annualized 2022 and takes into account current staffing levels, scheduled annual pay increases, a market increase, and filling vacant positions including a Nurse Practitioner in the Clinic.

Contract Labor has been budgeted at \$1,243,000 which represents a 44% improvement over projected 2022 levels reflecting efforts to reduce reliance on traveler RN's and other medical staff.

Professional Fees and Purchased Services have been budgeted at \$2,177,000 and \$3,078,000, respectively. Professional fees have been adjusted to alignment with financial improvement initiatives noted above and the strategic plan, namely increased due to radiology growth and decreased due to provider efficiencies. Purchased services increased due to inflationary increases and to add external support related to strategic priorities.

Medical Supplies, Drugs, Other Supplies and Other Operating Expenses are generally budgeted at 2022 utilization with estimated inflationary adjustments based on GPO (Group Purchasing Organization) provided industry benchmarks. They range between 3-7% based on expense category.

Insurance and Utilities are budgeted at \$582,000 which approximates current utilization.

Depreciation is budgeted at \$726,000 reflecting the straight-line depreciation of new and existing assets.

Operating Expenses are budgeted at \$29,037,000. This represents an 11% increase over projected fiscal 2022 levels.

Operating Losses of (\$399,000) are budgeted for fiscal 2023 which represents as 57% improvement over projected FY 2022.

Non-Operating Income and Expenses – Property tax revenues are budgeted at \$1,033,000 based on assessment estimates received from Coos County and are consistent with prior periods. Interest expense of \$179,000 is based on our current debt-service obligation. Investment income of \$54,000 is budgeted based on current yields in the State Investment Pool. In 2022, we anticipate recognizing \$1,197,000 of Phase 4 Provider Relief Funds (PRF), which we don't anticipate receiving in fiscal 2023. We have budgeted \$156,000 in grant proceeds to fund the school nurse program.

Increase in Net Assets of \$756,000 reflects improvements from FY 2022 projected gains of \$36,000 (excluding Phase 4 PRF non-operating revenues of \$1,197,000).

Capital Budget

Capital requests of \$914,000 primarily reflect the deferred replacement of many existing end of life assets. Of the amount requested, \$236,000 is reauthorized from prior year approved capital purchases that were not completed.

Cash Flows Analysis

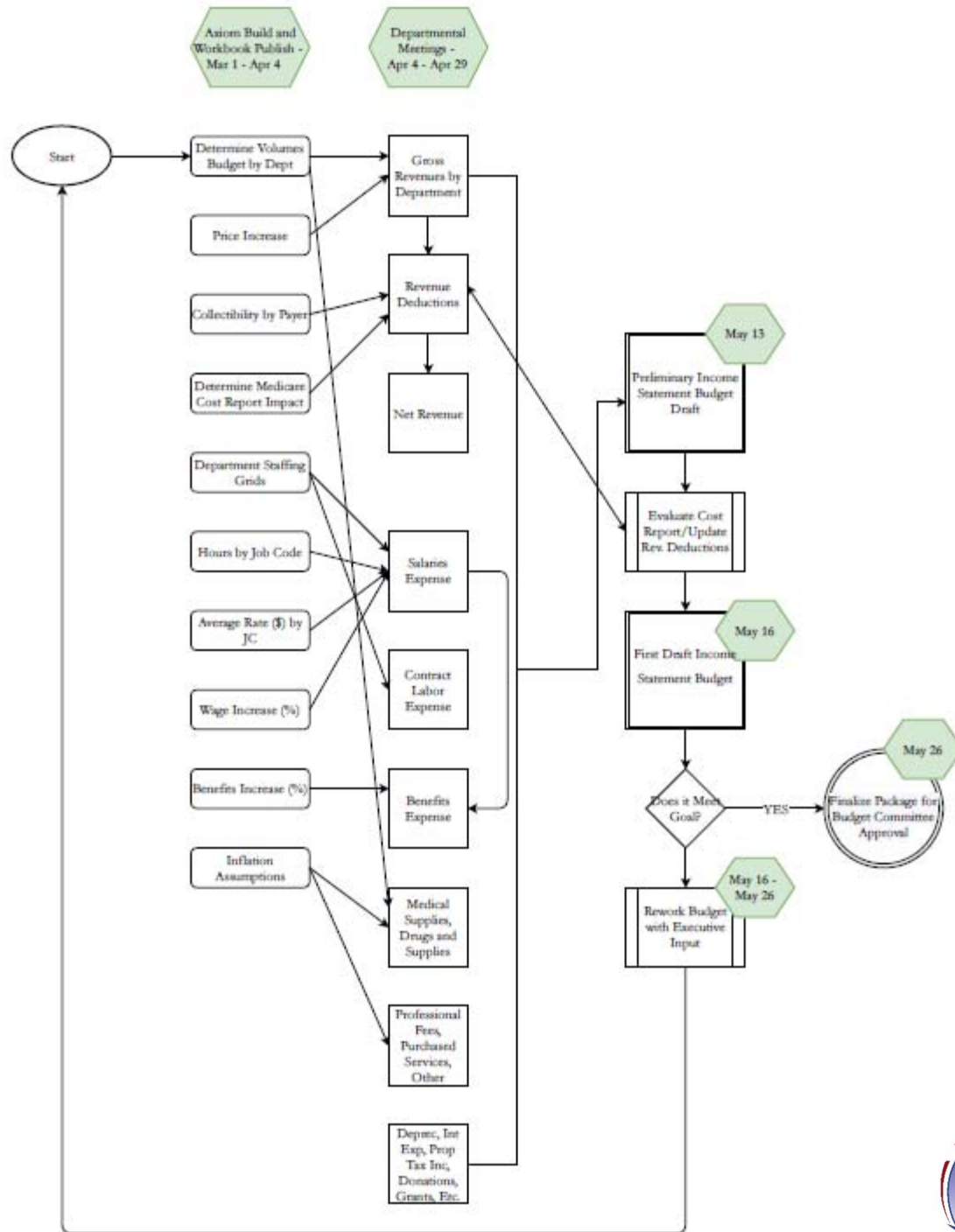
Cash Balances are anticipated to decrease by approximately (\$2,856,000) due primarily to the repayment of the Medicare Advanced Payments in the amount of (\$3,187,000). Cash provided by Operations is expected to be positive in amount of \$328,000. Additionally, capital spending is expected to reduce cash by (\$920,000) but will be offset by Property Tax receipts of \$1,033,000. Debt Service payments for principal and interest on existing obligations are (\$421,000). Ending cash balances are expected to be \$12,546,000, down from \$15,403,000.



FY23 Budget Timeline

| | |
|-------------|---|
| March 24 | Capital Budget request forms and details sent to Department Leaders |
| April 11 | Capital Budget requests completed and returned to Finance |
| April 11-16 | Initial Budget meetings between Finance and Department Leaders |
| April 17-23 | Follow-up Budget meetings between Finance and Department Leaders |
| May 2 - 6 | Finance complete departmental budgets |
| May 9-14 | Finance complete preliminary Hospital Budget |
| May 9-13 | Executive team review of Hospital Operating and Capital Budgets |
| May 16-20 | Executive and Finance balance Operating and Capital Budgets to target |
| May 26 | Budget Committee Package Finalized |
| June 2 | Budget Committee Meeting |
| June 23 | Budget Presentation and Adoption – Board of Directors Meeting |

FY23 Budget Process



FY23 Operating Budget Assumptions

| Budget Driver | Assumptions |
|--------------------------------------|--|
| Volumes | IP and Swingbed - 6.9 ADC in FY22 to 7.0 ADC in FY23 OP Ancillaries - 10% Lab and Radiology volume growth - 50% Surgical volume growth - Clinic volumes increased to break-even performance |
| Chargemaster | 5% price increase |
| Revenue Deductions | Expected to remain around 35% of Gross Patient Revenue Modeled cost report impact based on CLA tool |
| Salaries | Budgeted at current approved staffing levels Annual wage increases modeled by Department |
| Benefits | Expected to remain consistent as a percentage of salaries |
| Contract Labor | Reduced as we implement employee new hire and retention programs for critical positions Increased during flu season to cover potential staff shortages |
| Supplies and other procured expenses | Adjusted for known changes Inflationary increases based on GPO benchmarking (3-7% depending upon expense category) |
| Property Tax Revenues | Based on current tax levy and assessed values for FY22 |



FY23 Financial Improvement Initiatives

| Improvement Initiative | Assumptions |
|---------------------------------|---|
| Clinic Provider Productivity | Budgeted at increased volumes over baseline. Budgeted to break-even levels - 11 to 18 patients per provider clinic day - New FNP budgeted at 16 patients per provider clinic day - LCSW at 4 visits per day - Pain clinic budgeted to ramp (starting 1 clinic day per week to 2 days in October with 9 visits per day) |
| Radiology | 10% growth annually |
| Lab | 10% growth annually |
| Surgical Volumes | 50% growth annually |
| Provider Contracts Efficiencies | Hospital provider contracts are currently being benchmarked with MD Ranger. We have set a target of \$500k annualized savings for improvements in hospital based provider efficiencies subsequent to completion of benchmarking project. |

Note> These financial improvement initiatives are consistent with the Board Approved strategic plan. Management believes that these assumptions represent a stretch, albeit achievable goal for the upcoming fiscal year. These improvements are dependent upon the success of these organizational initiatives.



Southern Coos Hospital and Health Center

Annual Operating Budget Income Statement (excludes Southern Coos Foundation)

Fiscal Years Ending June 30

| | FY21 Actual | | FY22 Annualized * | | FY23 Budget | | Annualized Variance | Var % |
|---|--------------------|------|----------------------|------|-------------------|------|------------------------|-------|
| Total Patient Revenue | 33,350,206 | | 37,587,612 | | 43,148,604 | | 5,560,992 | 15% |
| Deductions From Revenue | (10,748,049) | -32% | (12,326,546) | -33% | (14,511,574) | -34% | (2,185,028) | 18% |
| Net Patient Revenue | 22,602,157 | | 25,261,066 | | 28,637,030 | | 3,375,964 | 13% |
| Other Operating Revenue | 37,008 | | 984 | | 1,032 | | 48 | 5% |
| Total Operating Revenue | 22,639,165 | | 25,262,050 | | 28,638,062 | | 3,376,012 | 13% |
| Operating Expenses | | | | | | | | |
| Total Labor Costs | 15,018,910 | | 16,805,037 | | 19,061,650 | | 2,256,613 | 13% |
| Professional Fees | 2,521,745 | | 2,581,686 | | 2,176,539 | | (405,147) | -16% |
| Purchased Services | 2,999,309 | | 2,821,274 | | 3,078,253 | | 256,979 | 9% |
| Drugs, Medical and Other Supplies | 1,725,479 | | 1,921,206 | | 2,250,230 | | 108,214 | 6% |
| Depreciation and Amortization | 665,541 | | 643,363 | | 726,450 | | 83,087 | 13% |
| Insurance, Maintenance and Other Expenses | 1,614,443 | | 1,425,391 | | 1,743,657 | | 224,520 | 16% |
| Total Operating Expenses | 24,545,427 | | 26,197,957 | | 29,036,779 | | 2,838,822 | 11% |
| Deficit of Revenue Under Expenses - Operations | (1,906,262) | | (935,907) | | (398,717) | | 537,190 | -57% |
| Property Taxes and Non-Operating Income, net | 10,079,168 | | 2,176,071 | | 1,157,984 | | (1,018,087) | -47% |
| Total Margin (Deficit) | 8,172,906 | | 1,240,164 | | 759,267 | | (480,897) | -39% |
| Income Statement Ratios | | | | | | | | |
| Compensation Ratio % | 66.3% | | 66.5% | | 66.6% | | 0.0% | 0% |
| Operating EBIDA + Property Tax % | -1.3% | | 2.9% | | 4.8% | | 1.9% | 66% |
| Total Margin (Deficit) % | 36.1% | | 4.9% | | 2.7% | | -2.3% | -46% |

Southern Coos Hospital and Health Center

Budget Income Summary

For The Budget Year 2023

| | | | | | | Fiancial Improvement Initiatives | | | | | Adjusted Budget | Annualized Yr Variance | Annualized Var % |
|--|--------------------|----------------------|-------------------|--------------------------|--------------------|-----------------------------------|---------------------|----------------|--------------------|-----------------------|--------------------|---------------------------|---------------------|
| | Last Yr Actual | Current Yr Budget | Current Yr YTD | Current Yr Annualized | Baseline Budget | Clinc Provider Productivity | Radiology Volume | Lab Volumes | Surgery Volumes | Provider Contracts | | | |
| Patient Revenue | | | | | | | | | | | | | |
| Inpatient | 10,433,937 | 12,423,412 | 8,689,760 | 11,586,347 | 12,235,191 | - | - | 63,924 | - | - | 12,299,114 | 712,768 | 6.2% |
| Outpatient | 22,916,269 | 24,384,922 | 19,625,580 | 26,167,440 | 27,638,936 | 1,467,037 | 908,367 | 370,150 | 465,000 | - | 30,849,490 | 4,682,050 | 17.9% |
| Total Patient Revenue | 33,350,206 | 36,808,334 | 28,315,340 | 37,753,787 | 39,874,127 | 1,467,037 | 908,367 | 434,074 | 465,000 | - | 43,148,604 | 5,394,818 | 14.3% |
| | | | | | | | | | | | | | |
| Deductions From Revenue | 32.23% | 35.45% | 32.79% | 32.79% | 31.70% | 59.00% | 57.50% | 57.50% | 57.50% | 0.00% | 33.71% | 0.92% | |
| Total Deductions From Revenue | 10,748,049 | 13,050,206 | 9,283,651 | 12,378,202 | 12,606,744 | 865,552 | 522,311 | 249,593 | 267,375 | - | 14,511,574 | 2,133,372 | 17.2% |
| | | | | | | | | | | | | | |
| Net Patient Revenue | 22,602,157 | 23,758,128 | 19,031,689 | 25,375,585 | 27,267,383 | 601,485 | 386,056 | 184,481 | 197,625 | - | 28,637,030 | 3,261,446 | 12.9% |
| | | | | | | | | | | | | | |
| Other Operating Revenue | 37,008 | 49,086 | 775 | 1,033 | 1,032 | - | - | - | - | - | 1,032 | (1) | -0.1% |
| | | | | | | | | | | | | | |
| Total Operating Revenue | 22,639,165 | 23,807,213 | 19,032,464 | 25,376,619 | 27,268,416 | 601,485 | 386,056 | 184,481 | 197,625 | - | 28,638,062 | 3,261,445 | 12.9% |
| | | | | | | | | | | | | | |
| Operating Expenses | | | | | | | | | | | | | |
| Salaries & Wages | 10,549,690 | 11,947,042 | 8,726,684 | 11,635,578 | 14,185,992 | 150,000 | 127,671 | - | - | - | 14,463,663 | 2,812,400 | 24.2% |
| Benefits | 3,017,690 | 3,254,652 | 2,236,140 | 2,981,520 | 3,305,326 | 28,395 | 21,715 | - | - | - | 3,355,436 | 346,575 | 11.6% |
| Contract Labor | 1,451,531 | 517,315 | 1,718,242 | 2,290,989 | 1,199,526 | 43,025 | - | - | - | - | 1,242,551 | (1,005,413) | -43.9% |
| Professional Fees | 2,521,745 | 2,568,539 | 1,945,450 | 2,593,933 | 2,561,539 | - | 55,000 | - | 60,000 | (500,000) | 2,176,539 | (417,394) | -16.1% |
| Purchased Services | 2,999,309 | 2,974,572 | 2,077,034 | 2,769,378 | 3,078,253 | - | - | - | - | - | 3,078,253 | 308,875 | 11.2% |
| Medical Supplies | 187,698 | 205,963 | 128,630 | 171,506 | 134,744 | - | - | 62,000 | 30,000 | - | 226,744 | 116,078 | 67.7% |
| Drugs & Pharmaceuticals | 612,223 | 576,369 | 516,440 | 688,587 | 729,242 | - | - | - | - | - | 729,242 | 40,655 | 5.9% |
| Other Supplies | 925,558 | 1,010,356 | 835,228 | 1,113,638 | 1,294,244 | - | - | - | - | - | 1,294,244 | 119,766 | 10.8% |
| Depreciation and Amortization | 665,541 | 773,991 | 480,642 | 640,857 | 726,450 | - | - | - | - | - | 726,450 | 85,593 | 13.4% |
| Lease and Rental | 294,138 | 308,857 | 248,775 | 331,700 | 332,569 | - | - | - | - | - | 332,569 | 868 | 0.3% |
| Maintenance and Repairs | 259,989 | 292,922 | 134,640 | 179,520 | 212,424 | - | - | - | - | - | 212,424 | 32,404 | 18.1% |
| Utilities | 224,155 | 240,110 | 190,880 | 254,507 | 264,445 | - | - | - | - | - | 264,445 | 9,939 | 3.9% |
| Insurance | 160,753 | 145,234 | 160,958 | 214,610 | 317,902 | - | - | - | - | - | 317,902 | 96,431 | 44.9% |
| Other Expenses | 675,408 | 652,174 | 336,693 | 448,923 | 612,817 | 3,500 | - | - | - | - | 616,317 | 174,755 | 38.9% |
| Total Operating Expenses | 24,545,427 | 25,468,095 | 19,736,435 | 26,315,247 | 28,955,474 | 224,920 | 204,386 | 62,000 | 90,000 | (500,000) | 29,036,779 | 2,721,532 | 10.3% |
| | | | | | | | | | | | | | |
| Excess of Revenue Over Expenses | (1,906,262) | (1,660,881) | (703,971) | (938,628) | (1,687,058) | 376,565 | 181,670 | 122,481 | 107,625 | 500,000 | (398,717) | 539,912 | -57.5% |
| | | | | | | | | | | | | | |
| Non-Operating Income | | | | | | | | | | | | | |
| Unrestricted Contributions | 1,023,088 | 1,037,963 | 762,701 | 1,016,934 | 1,033,355 | - | - | - | - | - | 1,033,355 | 16,421 | 1.6% |
| Non Operating Revenue | 9,171,864 | 364,129 | 72,294 | 96,392 | 255,918 | - | - | - | - | - | 255,918 | 9,525 | 9.9% |
| Non Operating Revenue - Other | (194,373) | (195,479) | (140,152) | (186,869) | (175,012) | - | - | - | - | - | (175,012) | 8,200 | -4.4% |
| Investment Income | 78,589 | 84,930 | 39,120 | 52,160 | 54,379 | - | - | - | - | - | 54,379 | 2,219 | 4.3% |
| Gain(Loss) on Sale of Assets | - | - | (8,000) | (10,667) | (10,657) | - | - | - | - | - | (10,657) | 10 | -0.1% |
| Total Non-Operating Income | 10,079,168 | 1,291,543 | 725,963 | 967,951 | 1,157,983 | - | - | - | - | - | 1,157,983 | 36,375 | 3.8% |
| | | | | | | | | | | | | | |
| Excess of Revenue Over Expenses | 8,172,906 | (369,338) | 21,992 | 29,323 | (529,075) | 376,565 | 181,670 | 122,481 | 107,625 | 500,000 | 759,267 | 576,287 | 1965.3% |

FY23 Clinic Budget Summary

FY23 Clinic Budget Comparison

For The Budget Year 2023

| | Current Yr YTD | Current Yr Annualized | FY23 Current Budget | |
|--|-------------------|--------------------------|---------------------|--------------------------|
| | | | Proposed Budget | Projected Yr Variance |
| DEPT (1053, 1054, 1056, 1057, 1059, 1064, 1068, 10 | | | | |
| Provider Productivity Metrics | | | | |
| Clinic Days | 582 | 698 | 955 | 257 |
| Total Visits | 4,558 | 5,470 | 11,117 | 5,647 |
| Visits/Day | 7.83 | 7.83 | 11.64 | 3.81 |
| Total RVU | 9,725 | 11,670 | 21,617 | 9,947 |
| RVU/Visit | 2.13 | 2.13 | 1.94 | (0.19) |
| RVU/Clinic Day | 16.71 | 16.71 | 22.64 | 5.93 |
| Gross Revenue/Visit | 325.10 | 325.10 | 336.66 | 11.56 |
| Gross Revenue/RVU | 152.37 | 152.37 | 173.13 | 20.76 |
| Patient Revenue | | | | |
| Outpatient Gross Revenue | 1,481,784 | 1,778,141 | 3,742,595 | 1,964,454 |
| Total Patient Revenue | 1,481,784 | 1,778,141 | 3,742,595 | 1,964,454 |
| Deductions From Revenue | | | | |
| Total Deductions From Revenue (Note A) | (840,334) | (1,008,401) | (2,165,871) | (1,157,470) |
| Net Patient Revenue | 641,450 | 769,740 | 1,576,724 | 806,984 |
| Total Operating Revenue | 641,450 | 769,740 | 1,576,724 | 806,984 |
| Operating Expenses | | | | |
| Salaries & Wages | 563,773 | 676,528 | 870,772 | 194,245 |
| Benefits | 81,992 | 98,390 | 114,486 | 16,096 |
| Purchased Services | 63,023 | 75,628 | 108,619 | 32,991 |
| Medical Supplies | - | - | - | - |
| Other Supplies | 188 | 226 | 10,231 | 10,005 |
| Maintenance and Repairs | - | - | - | - |
| Other Expenses | 325,119 | 390,143 | 508,073 | 117,930 |
| Total Operating Expenses | 1,034,095 | 1,240,914 | 1,612,181 | 371,267 |
| Excess of Revenue Over Expenses from Operatio | (392,645) | (471,174) | (35,457) | 435,717 |

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



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

| | | FY21 Actual | FY22 Projected | FY22 Budget | FY23 Budget | % Variance To Projected |
|--------------------------------|-------------------------------------|----------------|-------------------|----------------|----------------|----------------------------|
| Volume Summary | IP Days | 857 | 1,215 | 940 | 1,198 | -1.4% |
| | Swing Bed Days | 1,815 | 1,321 | 1,732 | 1,341 | 1.5% |
| | Total Inpatient Days | 2,672 | 2,536 | 2,672 | 2,539 | 0.1% |
| | Avg Daily Census | 7.3 | 6.9 | 7.3 | 7.0 | 0.1% |
| | Avg Length of Stay - IP | 3.4 | 3.6 | 3.7 | 3.5 | -1.4% |
| | Avg Length of Stay - SWB | 11.6 | 12.3 | 11.0 | 12.5 | 1.5% |
| | ED Registrations | 3,318 | 4,501 | 3,318 | 4,477 | -0.5% |
| | Clinic Registrations | 3,871 | 5,468 | 3,871 | 11,117 | 103.3% |
| | Ancillary Registrations | 11,094 | 14,065 | 11,094 | 14,528 | 3.3% |
| | Total OP Registrations | 18,283 | 24,035 | 18,283 | 30,122 | 25.3% |
| Key Income Statement Ratios | Gross IP Rev/IP Day | 9,620 | 8,498 | 10,696 | 9,071 | 6.7% |
| | Gross SWB Rev/SWB Day | 1,206 | 1,003 | 1,365 | 1,068 | 6.5% |
| | Gross OP Rev/Total OP Registrations | 1,253 | 1,079 | 1,334 | 1,024 | -5.1% |
| | Collection Rate | 67.8% | 67.2% | 64.5% | 66.4% | -1.2% |
| | Compensation Ratio | 66.3% | 66.5% | 66.0% | 66.6% | 0.1% |
| | OP EBIDA Margin \$ | (1,240,721) | (1,240,721) | (293,528) | 327,733 | -126.4% |
| | OP EBIDA Margin % | -5.5% | -4.9% | -1.2% | 1.1% | -123.3% |
| | Total Margin | 36.1% | 0.1% | -1.6% | 2.1% | 1409.9% |



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

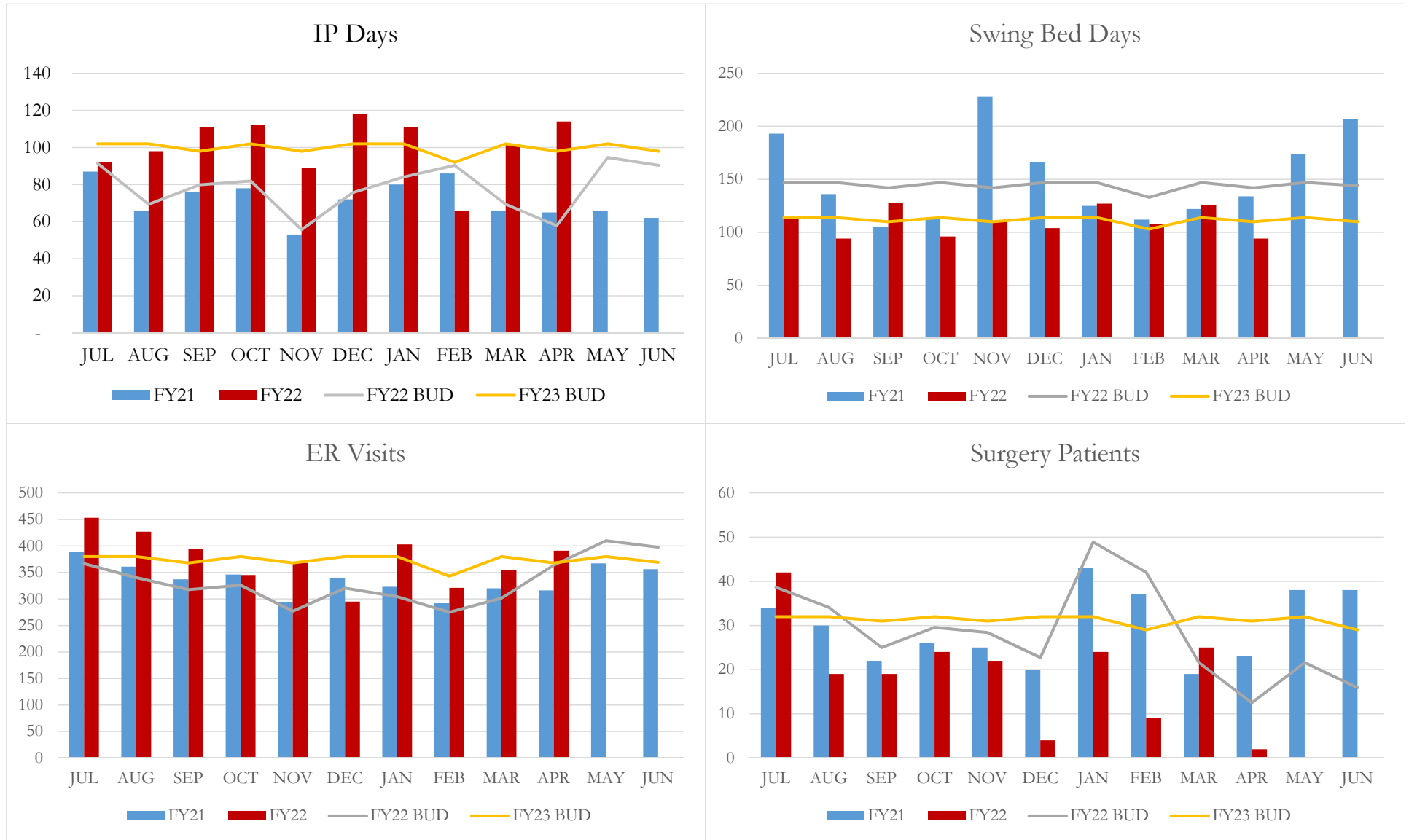
Volume and Key Performance Ratios

| | | FY21 Actual | FY22 Actual | FY23 Budget | Variance to FY21 |
|---------------------------|------------|----------------|----------------|----------------|---------------------|
| Payor Mix - Gross Charges | Medicare | 65.60% | 61.47% | 61.47% | -4.1% |
| | Medicaid | 18.00% | 18.23% | 18.23% | 0.2% |
| | Commercial | 10.49% | 12.06% | 12.06% | 1.6% |
| | Government | 4.15% | 6.11% | 6.11% | 2.0% |
| | Other | 0.68% | 0.43% | 0.43% | -0.3% |
| | Self Pay | 1.08% | 1.70% | 1.70% | 0.6% |
| Total | | 100.00% | 100.00% | 100.00% | |

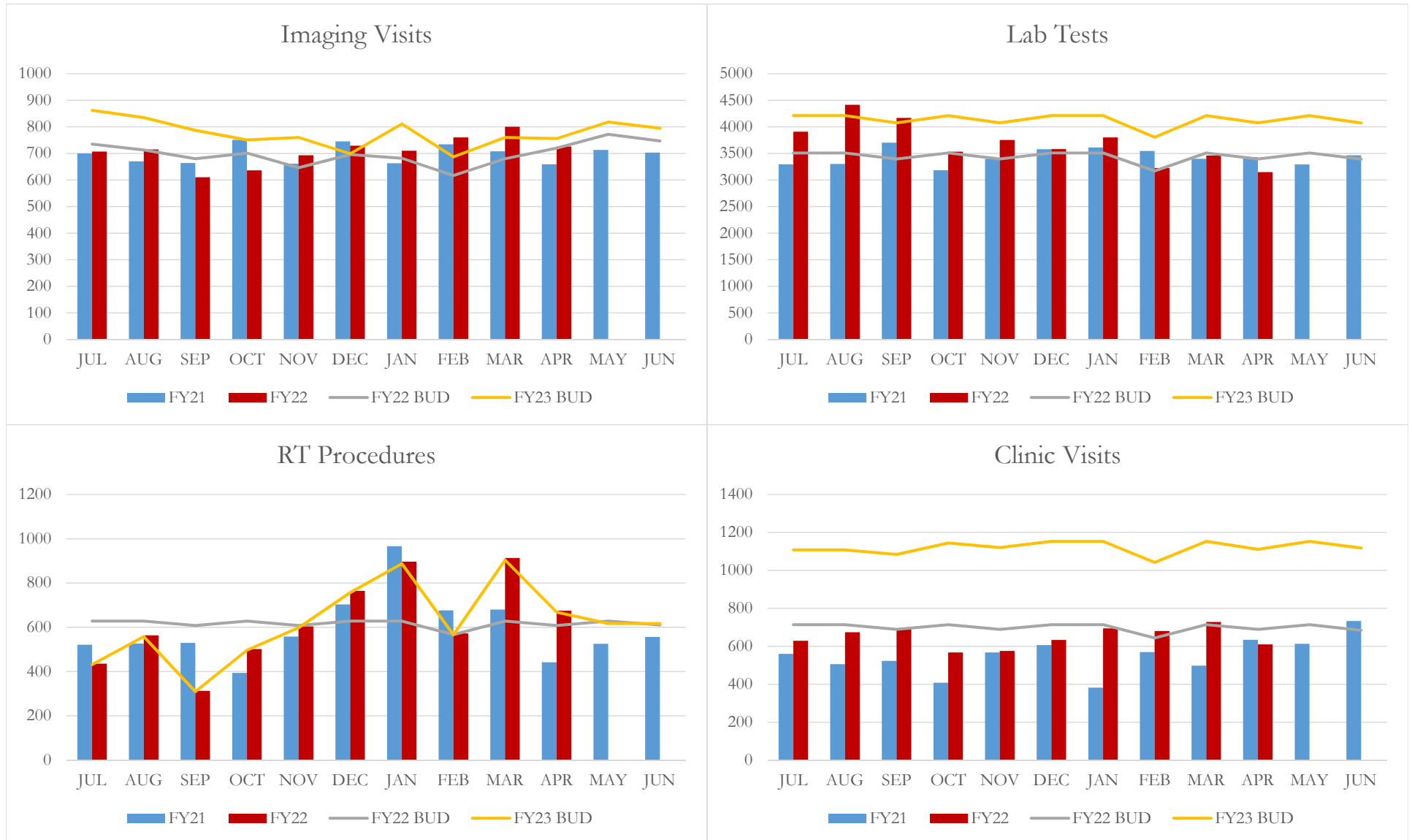
| | | FY21 Actual | FY22 Projected | FY22 Budget | FY23 Budget | Variance % To Projected |
|-----------------|---------------------------|----------------|-------------------|----------------|----------------|-------------------------------|
| Patient Volumes | In Patient Days | 857 | 1,216 | 940 | 1,198 | -1.5% |
| | Swing Bed Days | 1,815 | 1,321 | 1,732 | 1,341 | 1.5% |
| | Total Patient Days | 2,672 | 2,537 | 2,672 | 2,539 | 0.1% |
| | Emergency Visits | 4,041 | 4,501 | 4,000 | 4,476 | -0.6% |
| | Radiology Procedures | 8,371 | 8,503 | 8,389 | 9,321 | 9.6% |
| | Laboratory Tests | 40,928 | 44,020 | 41,056 | 49,167 | 11.7% |
| | Respiratory Visits | 7,078 | 7,485 | 7,398 | 7,411 | -1.0% |
| | Surgeries and Endoscopic | 355 | 228 | 341 | 375 | 64.5% |
| | Specialty Clinic Visits | 2,613 | 2,308 | 2,704 | 2,330 | 1.0% |
| | Primary Care Clinic | 3,986 | 5,470 | 5,689 | 11,421 | 108.8% |



FY23 Operating Budgeted Volumes



FY23 Operating Budgeted Volumes



Days Cash on Hand – Starting Place

Operating Cash Needs (FY23 Budget)

| | |
|---------------------------------------|-------------|
| Total Operating Expenses | 29,036,779 |
| Depreciation and Amortization Expense | (726,450) |
| Interest Expense | 175,012 |
| | <hr/> |
| | 28,485,341 |
| Average Daily Operating Cash Needs | <hr/> <hr/> |
| | 78,042 |

Expected Days Cash on Hand @ 6/30/22

| Operating Funds @ 06/30/22: | Balance | Days |
|---------------------------------------|-------------|--------|
| Operating Cash | 11,992,115 | 153.7 |
| Investment - Unrestricted | 1,437,640 | 18.4 |
| Board Designated Investments | 1,972,783 | 25.3 |
| Total Operating Cash | 15,402,538 | 197.4 |
| COVID Funds: | | |
| Medicare Advanced Payments in Reserve | (3,186,580) | (40.8) |
| Total Operating Cash on Hand | 12,215,958 | 156.5 |



Southern Coos Hospital and Health Center
Cash Flows Analysis
Projected Fiscal Years Ending June 30 2022 and 2023

| | FY22 Projected | FY23 Budgeted | Days Cash Equivalent |
|--|-----------------------|----------------------|-----------------------------|
| Net Cash (Used by) Provided by Operating Activities | (292,544) | 327,733 | 4.2 |
| Cash Flows from Non-Capital Financing Activities | | | |
| Property Tax Reciepts | 1,017,427 | 1,033,355 | 13.2 |
| Repayments of Medicare Advanced Payment Loans | (3,765,637) | (3,186,580) | (40.8) |
| Total Cash Flows Used by Capital and Related Financing Activities | (2,748,210) | (2,153,225) | (27.6) |
| Cash Flows Used by Capital and Related Financing Activities | | | |
| Proceeds from Grants and Donations | 1,196,809 | 156,029 | 2.0 |
| Capital Purchases | (267,950) | (920,000) | (11.8) |
| Proceeds from Capital Financing | - | - | - |
| Principal Payments on Debt | (231,964) | (246,328) | (3.2) |
| Interest Payments | (183,879) | (175,012) | (2.2) |
| Total Cash Flows Provided by (Used by) Capital and Related Financing Activities | 513,016 | (1,185,311) | (15.2) |
| Total Cash Flows From Investing Activities | 155,314 | 154,269 | 2.0 |
| Net (Decreases) in Cash & Cash Equivalents | (2,372,424) | (2,856,534) | (36.6) |
| Beginning Balance of Cash and Cash Equivalents | 17,774,962 | 15,402,538 | 197.4 |
| Ending Balance of Cash and Cash Equivalents | 15,402,538 | 12,546,004 | 160.8 |



FY23 Capital Budget Requests

| <u>Department</u> ▼ | <u>Description</u> ▼ | FY23 Capital Budget | |
|--|-----------------------------|-----------------------|--|
| | | <u>New Requests</u> ▼ | <u>PY</u> <u>Reauthorizations</u> ▼ |
| MedSurg | Cardiac Monitors | 230,000 | |
| Lab | Nova BioMedical Prime Plus | 125,100 | |
| Engineering | Air Handler Repairs | 55,000 | |
| Surgery-Pain | RFA Generator | 50,000 | |
| Information Systems | Phone System Upgrade | 35,000 | |
| Lab | BacT Alert Replacement | 32,000 | |
| Lab | Stago Satellite Replacement | 25,000 | |
| Information Systems | Wifi System Upgrade | 19,301 | |
| MedSurg | IV Pumps | 16,200 | |
| Materials | Two Bin Implementation | | 100,000 |
| Surgery-Endo | Scope Reprocessor | | 48,000 |
| Surgery | Cautery | | 40,000 |
| Surgery | Crash Cart Defibrillator | | 25,000 |
| MedSurg | Butterfly Ultrasound | | 18,000 |
| Threshold Requests (> \$15k) | | 587,601 | 231,000 |
| Non-threshold Requests (< \$15k) | | 96,399 | 5,000 |
| Total Capital Budget Authorization | | 684,000 | 236,000 |
| | | | 920,000 |



Budget Authorization

Administration is requesting that the fiscal 2022/23 budgets be accepted as presented as per the attached Form LB-1 (as required by the State):

Operating Budget – Authorize as presented with no modifications.

Capital Budget – Authorize the allocation of \$920,000





Resolution 2022-01
ADOPTING THE BUDGET

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby adopts the budget for fiscal year 2022-2023 in the total amount of \$27,554,653 as is now on file at the Southern Coos Hospital and Health Center's administrative offices.

MAKING APPROPRIATIONS

BE IT RESOLVED that the amounts for the fiscal year beginning July 1, 2021 and for the purposes shown below are hereby appropriated:

| | |
|------------------------------------|---------------------------------|
| Hospital Fund | |
| Personal Services | \$ 19,061,650 |
| Materials & Services | 9,248,679 |
| Capital Outlay | 920,000 |
| Debt Services | 421,340 |
| Contingencies | <u>50,000</u> |
| Total Appropriations | \$ 29,701,669 |
| Unappropriated / Reserve Funds | <u>\$ 15,946,780</u> |
| TOTAL BUDGET | <u>\$ 45,648,449</u> |

IMPOSING THE TAX

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby imposes the taxes provided for in the adopted budget for operations at the rate of \$0.8892 per \$1,000 of assessed value and that these taxes are hereby imposed for the tax year 2022-2023 upon the assessed value of all taxable property within the district and categorized as follows:

CATEGORIZING THE TAX

General Government Limitation

General Fund \$0.8892/\$1,000

The above resolution statements were approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 23rd day of June 2022.

AYES _____ NAYS _____

ATTEST:

Brent Bischoff, Chairman

Norbert Johnson, Treasurer