



**Board of Directors Executive Session & Regular Meeting
March 23, 2023 6:00 p.m.**

AGENDA

Executive Session Under ORS 192.660(2)(i) to evaluate the performance of an officer, employee or staff member if the person does not request an open meeting; 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decisions shall be made in Executive Session.

- I. Executive Session Call to Order
 - 1. CEO Annual Evaluation
 - 2. Quality & Patient Safety Report
 - 3. Risk & Compliance Report
 - 4. Medical Staff Credentialing & Privileging Report
- II. Open Session Call to Order
 - 1. Roll Call – Is Quorum Present.....(action)
 - 2. Motions from Executive Session:
 - a. Quality & Patient Safety Report.....(action)
 - b. Risk & Compliance Report.....(action)
 - c. Medical Staff Credentialing & Privileging Report.....(action)
 - 2. Approval of Agenda.....(action)
 - 3. Public Input
- III. Consent Agenda
 - 1. Meeting Minutes
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 - b. Executive Session–02/23/23 (provided in Executive Session)
 - 2. Monthly Counsel Invoices Robert S. Miller III – Invoice #1228 3/4/23.....6
 - 3. Motion to Approve Consent Agenda.....(action)
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- VI. Old Business
 - 1. None
- VII. New Business
 - 1. Employee Tuition Assistance Application.....41
 - 2. Consideration of Project Management Team for Selection of Electronic Health Record & Enterprise Resource Planning Products.....See CIO Report
- VIII. Open Discussion & Adjournment



**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
February 23, 2023**

- I. Executive Session Call to Order 6:00 p.m.** Under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decisions were made in Executive Session.
- II. Open Session Call to Order 6:34 p.m.**
- 1. Roll Call - Members Present (all via remote meeting link):** Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen and Tom Bedell, Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; P.J. Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.
- 2. Motions from Executive Session**
- a. Quality & Patient Safety, Risk & Compliance Report**
Presented in Executive Session by Barbara Snyder, RN, Risk and Quality Manager & Compliance Officer.
- Mary Schamehorn **moved** to accept the Quality, Patient Safety, Risk & Compliance Report as presented. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**
- b. Medical Staff Credentialing & Privileging**
Dr. Philip Keizer presented the following recommendations from Medical Staff for approval by the Board of Directors, including amendments to Medical Staff Bylaws section 3.3-2 Initial Appointments & Reappointment Periods & section 7.3 as reported and discussed in Executive Session:
- 2-Year Privileges – New Appointments**
Mark Stefanelli MD – Courtesy – Emergency Medicine
John Jacobson, MD – Courtesy – Emergency Medicine
- 2-Year Privileges – Reappointments**
Wesley Johnson, MD – Courtesy – Orthopedic Surgery
- Direct Radiology Appointments & Reappointments – After Hours Reading Radiology Group**
William Randazzo, MD – Courtesy – Appointment
- Medical Staff Status Change**
Jennifer Hall, MD – Courtesy – Emergency Med – privileges lapse 3/1/23
Barbra Villona, MD – Courtesy – Emergency Med – resigned 1/11/23

Philip Keizer, MD – Active - Radiologist Delineation of Privileges Update

Norbert Johnson **moved** to accept the Medical Staff recommendations as presented. Pam Hansen **seconded** the motion. **No further discussion. Motion passed.**

3. Approval of Agenda

Mary Schamehorn **moved** to approve the agenda. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

4. Public Input

None.

III. Consent Agenda

1. Meeting Minutes

- a. Special Meeting – 01/21/23
- b. Regular Meeting – 01/26/23
- c. Executive Session – 01/26/23

2. Monthly Counsel Invoice Robert S. Miller III – Invoice #1175

Mary Schamehorn **moved** to accept the Consent Agenda. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

IV. Staff Reports

1. CEO Report

Ray Hino, CEO, provided highlights from the CEO Report for the month of January and February. There are currently no changes to Covid policies though transmission rates are lower, we must remain compliant with the state who may issue changes to masking mandates in healthcare facilities in the near future. We are pleased to welcome Bonnie Wong, DO, to join the primary care clinic on June 1. The orthopedic surgery project has been delayed due to a sewage backflow event; mitigation and testing for contaminants is complete and the surgery department will be back in use next week. Mr. Hino provided a recap of recent travel, including Washington DC February 5-9 to attend the National Rural Health Association as one of 5 delegates from Oregon, actively seeking a reversal of the Rural Health Clinic Medicare reimbursement cap and meeting with legislators, with \$1,000 scholarship, and to the AHA Leadership Summit in San Antonio February 18-22, with a \$1,500 scholarship. Next week Mr. Hino, CEO, along with the CFO, CNO and CIO will attend the Oregon Association of Hospitals and Health Systems (OAHHS) inaugural Leadership Summit in Salem where they will also meet with legislators in support of SB829, introduced by Senator David Brock Smith, which is an appropriation for \$250,000 to be used to hire consultants and engineers to plan for a needed future physical plant expansion of Southern Coos Hospital. **Discussion:** Mr. Hino will forward to the Board of

Directors a presentation from the AHA Leadership Conference from Governance Subject Expert, Jamie Orlikoffa.

2. Clinic Report

Dawn Gray, Clinic Manager, presented highlights from her January report. January visits were up 111% from December and up 35% from prior year. No shows are decreasing with implementation of Dialog Health appointment reminder texting system. Vincent Tyson, FNP, has been instrumental in improving order sets. The clinic is now focusing on wellness visits and chronic care, and working with Advanced Health to increase access to care, with more to report in March. **Discussion:** Mr. Bedell noted the financial loss shown on page 50 of the packet relating to provider bonus payments that will begin to be accrued monthly, spreading that expense through the year, to begin with February report.

3. CNO Report

Cori Valet, CNO, reviewed the CNO Report for the month of January. Clinical department staffing stats were reviewed with Full Time Employee hours (FTEs) and Contract hours compared to budget. The first of 2 semi-annual Daisy Award presentations will be held on March 20. One winner will be selected from 10 nominees who are also recognized. We are pleased to be participating in this world-wide nurse recognition program.

4. CFO Report

Jeremiah Dodrill, CFO, provided a review department highlights for the month of January. Staff have been working on the Community Benefit Report due to CMS February 25. The report will be discussed later in this meeting. In preparation for the FY 2024 annual budgeting process, price benchmarking is in progress. The goal of this work is to make strategic pricing decisions in order to allocate the 5% chargemaster increase to services where we have pricing opportunities and to evaluate our overall prices competitively. Pricing for hospital services is one factor that determines overall reimbursements. Work has begun to create a baseline long-range financial plan for the Hospital with current operating and capital requirements for the hospital over a 5-year period and long-range baseline to be completed by April 30.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO report. The Information Technology team has been busy implementing Microsoft 365 in stages for all staff to be fully implemented by March 31. Additionally, the team will be selecting an outside company to project manage the selection of a new electronic health record and enterprise resource planning system (a system that includes supply chain management, finance/accounting). Clinical informatics continues to focus on clinic optimization and streamlining communication between medical records, revenue cycle, and the medical coders in an effort to reduce outstanding chart deficiencies. **Discussion:** Efforts made with current electronic medical record are beneficial now and will also support a future as yet undetermined EMR with staffing and workflow

improvements and addressing chart deficiencies to improve accounts receivable collections. Medical Staff Bylaws support provider charting requirements; remote charting is available.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, reviewed Foundation updates and performance indicators for the month of January. Women's Health Day will be this Saturday, February 25 at the Bandon Community Center and Sprague Theater. The program will also be live-streamed for those who cannot attend in person. The Foundation will recognize founding member and board appointee Roger Straus who has resigned from the Foundation Board but will remain involved with the new Legacy Society, with more information to be announced. Mr. McEachern asked for a motion to appoint new member Steve Reber to the now vacant board appointee position.

Mary Schamehorn **moved** to appoint Steve Reber to the Southern Coos Health Foundation Board of Directors. Tom Bedell **seconded** the motion. **Discussion:** Steve's enthusiasm and strategic planning experience were noted. **All in favor. Motion passed.**

7. Strategic Plan Report

Mr. Hino provided a review of progress or changes in the Strategic Plan document from prior month. The Exec Team continues to meet bi-weekly to review and update the plan document including adding the Community Health Needs Analysis goal to be completed by December 31 and Facility Master Plan with goal date of April 30. The document is updated monthly and posted to the Southern Coos Hospital website and internally for all staff to review on the intranet Pulse Page.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a review of the financial statements reported for the month of January.

VI. Old Business

1. None.

VII. New Business

1. Southern Coos Health Foundation Board Appointment

See above.

2. Small Rural Hospital Improvement Program (SHIP) Grant Request

Mr. Dodrill provided a review of the initial funds received of \$258K with \$115K remaining to be utilized before June 30. Formal authorization is requested to procure an Emergency Trailer, and used ¾-ton pickup truck for towing the trailer, to replace aging triage tents. **Discussion:** Other uses such as

marketing, etc. when not in use for emergencies. Will be “branded” for Southern Coos.

Mary Schamehorn **moved** to authorize the purchase as described above. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

3. Community Health Benefit Report

Mr. Dodrill described the CBR-1 report required from District non-profit Critical Access Hospitals receiving tax base funding that quantifies community benefit. Community benefit is intended health care-related services that Oregon's community hospitals provide, without compensation, to address critical health needs in the community. These include health services to vulnerable or underserved people; financial or in-kind support for public health programs; health education, screening, and prevention services; medical research; medical education; and more. Oregon's community hospitals provide these benefits through financial assistance, charity care and subsidies for services otherwise not available in the community. Charity Care was offered to 296 community members during the year. The total Community Benefit that Southern Coos Hospital will be reporting to the state is \$1,835,000 which is \$532,000 above the minimum required spending for FY22.

Tom Bedell **moved** to approve the CBR-1 Report for submission as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

Congratulations to The World Newspaper Best of the South Coast award recipients Dr. Adams and Dr. Crane. Ray Hino, CEO will celebrate one full year with Southern Coos on February 28, thanking the Board of Directors for the opportunity and expressing appreciation for hospital leadership and board. Dr. Keizer thanked Mr. Hino for his service on behalf of the Medical Staff.

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

At 8:11 p.m. the meeting adjourned.

Brent Bischoff, Chairman 3-23-2023

Mary Schamehorn, Secretary 3-23-2023

INVOICE

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Southern Coos Hospital & Health Center

Bill to	Ship to	Invoice details
Southern Coos Hospital & Health Center	Southern Coos Hospital & Health Center	Invoice no.: 1228
900 11th Street SE	900 11th Street SE	Invoice date: 3/4/23
Bandon, OR 97411 USA	Bandon, OR 97411 USA	Terms: Due on receipt
		Due date: 3/4/23

Product or service	Amount
1. Attorney	2.5 units × \$250.00
Service date: 2/23/23	\$625.00
Hospital Board, Executive Session and Regular Session.	

Ways to pay



Total **\$625.00**

Overdue 3/4/23

Pay invoice



CEO Report

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

COVID Update

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

- Due to the fact that the Oregon Health Authority (OHA) recently announced that, starting Monday, April 3, workers, patients and visitors in hospitals and outpatient facilities will no longer be required to wear masks, our SCHHC Covid-19 Committee has agreed that Southern Coos Hospital and our clinic, will no longer require masks to be worn on that day, with the following exception:
 - Staff members who have chosen to not be vaccinated for COVID-19 and/or Influenza will need to continue to wear a procedure mask when working with patients until Influenza season ends on May 15. This is consistent with our policy for patient care employees who have chosen to not be vaccinated for influenza in prior years.

DNV

- The primary activities that are currently underway in our preparation efforts for this year's DNV accreditation survey, are (1) conversion of all of our policies and procedures into a standardized format, and policy management system, including all appropriate approvals; (2) continuing to follow through in our Quality Management system, and (3) following through with all of the corrective actions that we have reported so far. Our Policy & Procedure Committee meets monthly, which has helped with standardization of our process.

Medical Staff

- Our Emergency Department Physicians Staffing Company has informed us that Dr. Adam Mankowski, who lives in Coos County and has been with us for approximately 1 year has accepted the position of Emergency Department Medical Director. He is replacing Dr. Tammie Marriott, who has decided to step down from the ED Medical Director position. Dr. Mankowski is an excellent physician and very supportive of SCHHC. We are happy to be working with him as our new ED Medical Director.

Orthopedic Surgery Service

- After some unfortunate delays, our first orthopedic surgery case is confirmed for Friday, March 24. We have all of the necessary staff, equipment, supplies and authorizations that are necessary.

Salem, Oregon Trip on February 28

- On February 28, we took our entire Executive Team to Salem, Oregon for a 1 ½ day meeting of hospital executives from all over the State of Oregon. We attended sessions that were led by the President of the Oregon Association of Hospitals & Health Systems (OAHHS), Matthew Bates, Managing Director at Kauffman Hall (National Healthcare Consulting firm), the Interim Director for the Oregon Health Authority (OHA) and a panel of Oregon State Legislators. On day 2, we visited with our elected officials, representing Southwest Oregon. They are Senator David Brock Smith and Representative, Court Boice. We received strong support and endorsement from both representatives on Senate Bill 829, which is an appropriation of \$250,000 for engineering and architectural studies and the creation of a Master Facility Plan for the expansion of SCHHC.
- During our trip to Salem, public hearings were underway for House Bill 2697, For Hospital Staffing Plans. Our concern, and the concern of every hospital that we know of in the State, is that if this law is enacted, as written, that it will encumber our hospital with bureaucratic committees and staffing requirements that will not be addressing the true problem in staffing our hospitals (which is a severe shortage of licensed nurses) and will result in restrictions on the number of beds that we can staff. The end result is expected to be a further reduction in the already short supply of hospital beds in our State. That would mean more difficulty to transfer patients, when necessary, and transfers further from home to find an available bed. We are urging our representatives to please protect our hospitals, our staff and our patients from these overburdensome and unnecessary new regulations.

Becker's Annual Meeting and Conference on April 3-6

- I have been invited to be a speaker and presenter at the Becker's Annual Meeting and Conference in Chicago, Illinois from April 3 to April 6. I will be speaking on the topic of "How to Build Nimble Teams With a Great Culture," on Wednesday, April 5 from 1:15 pm to 1:55 pm (Central Time Zone). I will be presenting with representatives from AdventHealth Medical Group, Florida Cancer Specialists & Research Institute and Charlotte Hungerford Hospital (in North Carolina). I think that my topic of "Building a Great Culture," is perfect for all of the work that we have accomplished at Southern Coos Hospital in the past year. The Becker's Hospital Conference is 1 of my favorite meetings of the entire year, and 1 that I have made presentations at before.

Collaboration Meetings

- Earlier this month, I met with the following individuals for collaboration and meetings on how we can work together to mutually benefit our respective organizations:
 - Jeff Lang, CEO, Coquille Valley Hospital (Coquille)
 - John Kinna, CEO, North Bend Medical Center (5 locations, including Bandon)
 - Melissa Cribbins, Interim CEO, Coast Community Health Center (Bandon, Port Orford)

Board Self Assessments and Board Education

- I have identified a vendor that has been working with California District Hospitals on Board Self Assessments (for District hospitals) for 7 years. This Self-Assessment model is already used in District hospitals, but can be further customized for the individual needs of any hospital. I anticipate bringing more information to the Board before June 1.



Multi-Specialty Clinic Report

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

From: Dawn Gray, Clinic Manager

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

Provider News – February

For the month of February, our primary care providers saw 345 patients. Overall, we saw a 28% decrease in total patients served in the Multi-Specialty clinic compared to January. This is due to fewer days in the clinic including 1.5 days of unexpected closure for inclement weather.

Based on a suggestion from Tom Bedell, I am now including the Clinic Provider Income Summary in my report. This will allow for greater transparency in clinic reporting. While we did see fewer patients per day overall, Dr. Preslar and Vincent Tyson are still building up the number of patients seen. Of note, Dr. Preslar and Vincent are both willing to see additional patients but we are experiencing a twofold challenge: 1) insurance credentialing and 2) lack of patients. To address number 1, our credentialing department works very hard to get the providers credentialed but we have faced a couple of challenges that have required Administration intervention. We expect this to be fully resolved by the end of March. For number 2, the number of patients seeking appointments has decreased. To address this, we are doing three things:

- Calling patients who are due for routine (diabetes, hypertension) exams and Medicare Annual Wellness Visit.
- Sending out a mass mailing to all patients who haven't been seen for over one year and reminding them to schedule their annual exams.
- Increasing the advertising for the clinic. This discussion is ongoing and has included the Executive Team. More to come!

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

- Dr. Qadir, Nephrologist, was not in the clinic in February.
- Dr. Webster, ENT/Dermatology was in clinic 1 day and saw 17 patients.

Clinic Report – February

- We have successfully hired a new Clinic Receptionist:
 - Jodi Fields, comes to us with many years of customer service experience and is a native to the Bandon area. Jodi is replacing Stacy Stevens who transitioned to the HR department at the beginning of January.
- We have been working closely with our Clinical Informatics Specialist, Shawn March, on several EHR (Electronic Health Record) projects including:
 - Streamlining workflows and documentation for annual appointments and screenings
 - Transitioning providers and medical assistants to the web-based version of the EHR.
 - Evaluating and improving Dialog Health to ensure patients are notified of appointment reminders as well as changes that may affect the clinic hours (i.e., clinic closure due to inclement weather).

- In preparation for PCPCH attestation, we will be conducting a CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey related to patient experience. Currently, the hospital utilizes NRC (National Research Corporation) Health for their patient experience surveys and NRC Health has agreed to conduct the CAHPS survey for the clinic. The results of the survey will be shared with staff, the Board of Directors, and the public. The survey asks a total of 22 questions in the following areas:
 - Getting timely appointments, care and information
 - How well providers communicate with patients
 - Providers' use of information to coordinate patient care
 - Helpful, courteous, and respectful office staff
 - Patient' rating of the provider
- Advanced Health will be providing the clinic with an After Hours Nurse Triage line to ensure their members have access to care 24 hours a day. Since Advanced Health is mandated by OHA (Oregon Health Authority) to provide members with access to 24/7 care, they are providing the service free of charge to the clinic. We had hoped to have it implemented by the middle of March, but Advanced Health is still working with the 3rd party vendor on the implementation.
- Telehealth visits for February totaled 38 which is 9% of the total patient visits. We continue to offer Telehealth appointments when appropriate.
- The No Show rate continues to be 3% for February. A combination of improved Dialog Health reminders and our front office staff calling patients when they No Show has resulted in maintaining a low percentage.

	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	14	172	27	4	141	10.1	2%	16%	16	10
Olixn Adams, DO	4	56	13	2	41	10.3	4%	23%	7	2
Noel Pense, DO	3	35	3	1	31	10.3	3%	9%	0	0
Paul Preslar, DO	11	92	13	2	77	7.0	2%	14%	1	42
Shane Matsui, LCSW	18	95	18	5	72	4.0	5%	19%	12	0
Vincent Tyson, FNP	18	60	5	0	55	3.1	0%	8%	1	0
COVID-19 Clinic	1	3	0	0	3	3.0	0%	0%	0	0
Outpatient Services	19	226	20	7	199	10.5	3%	9%	0	0
Schmelzer	6	27	4	0	23	3.8	0%	15%	1	7
Totals	94	766	103	21	642	6.8	3%	13%	38	61
Total telehealth	38				440	Clinic Registrations				
Provider	Same Day	PT Canceled	PHYS Canceled	Total	% PHYS Canceled					
Debra Guzman, FNP	1	14	12	27	44%					
Olixn Adams, DO	0	5	8	13	62%					
Noel Pense, DO	0	3	0	3	0%					
Paul Preslar, DO	1	8	4	13	31%					
Shane Matsui, LCSW	0	9	9	18	50%					
Vincent Tyson, FNP	0	5	0	5	0%					
COVID-19 Clinic	0	0	0	0	#DIV/0!					
Outpatient Services	0	15	5	20	25%					
Schmelzer	0	1	3	4	75%					
Totals	2	60	41	103						

Clinic Provider Income Summary

All Providers

For The Budget Year 2023

Current Budget YTD																			
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT YTD	FY23 Budget	Variance
Provider Productivity Metrics																			
Clinic Days	55	78	67	78	61	75	63	82	78	79	56	83	82	83	74	75	535	633	(99)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	440	863	3730	7,359	(3,629)
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	6.6	11.7	5.7	11.5	7.3	11.5	5.9	11.5	7.0	11.6	(4.6)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,013.77	1,735.00	916.72	1,840.40	1,043.88	1,802.20	625.37	1,857.20	1,281.29	1,857.20	826.78	1,674.40	7,719.26	14,312.80	(6,593.54)
RVU/Visit	2.18	1.95	2.16	1.95	2.14	1.95	1.99	1.95	2.04	1.94	1.95	1.94	2.15	1.94	1.88	1.94	2.07	1.94	0.12
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.76	23.13	14.67	22.44	13.47	22.81	11.17	22.38	15.63	22.38	11.17	22.33	14.44	22.61	(8.17)
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	363.51	337.07	225.31	337.46	535.51	337.72	361.29	337.72	385.66	336.86	373.58	336.30	37.28
Gross Revenue/RVU	166.47	171.58	171.85	171.58	210.72	172.06	182.40	173.26	110.29	173.77	274.02	173.66	168.34	173.66	205.24	173.62	180.52	172.91	7.61
Net Rev/RVU	72.02	72.37	74.10	72.37	90.15	72.55	78.06	72.98	48.75	73.17	118.54	73.13	71.98	73.13	88.78	73.12	77.83	72.86	4.97
Expense/RVU	122.57	75.68	102.29	75.68	98.92	76.15	141.70	73.52	124.18	73.18	215.53	72.46	132.01	73.95	155.38	76.57	131.69	74.60	57.09
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.77)	(3.60)	(63.64)	(0.53)	(75.43)	(0.01)	(96.99)	0.67	(60.03)	(0.81)	(66.60)	(3.45)	(53.86)	(1.74)	(52.12)
Net Rev/Day	1,199.50	1,645.18	1,211.56	1,645.18	1,510.64	1,678.30	1,144.95	1,638.06	656.70	1,669.23	1,323.77	1,636.39	1,124.77	1,636.39	991.95	1,632.37	1,123.97	1,647.36	(523.39)
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.40	1,657.58	1,761.55	2,078.45	1,650.01	1,672.65	1,669.49	2,406.86	1,621.46	2,062.76	1,654.59	1,736.04	1,709.34	1,901.85	1,686.79	215.06
Diff	(841.80)	(75.28)	(460.87)	(75.23)	(146.94)	(83.25)	(933.50)	(11.95)	(1,015.96)	(0.26)	(1,083.09)	14.93	(937.99)	(18.20)	(744.09)	(76.97)	(777.88)	(39.43)	(738.45)
Patient Revenue																			
Outpatient																			
Total Patient Revenue	152,481	304,240	188,252	304,240	213,623	298,533	167,213	318,867	115,131	313,160	171,363	322,524	215,690	322,524	169,691	290,714	1,393,444	2,474,803	(1,081,358)
Deductions From Revenue																			
Total Deductions From Revenue (Note A)	86,508	175,916	107,078	175,916	122,230	172,660	95,653	184,546	64,237	181,291	97,232	186,704	123,458	186,704	96,287	168,286	792,684	1,432,024	(639,340)
Net Patient Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	73,404	122,428	600,760	1,042,779	(442,018)
Total Operating Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	73,404	122,428	600,760	1,042,779	(442,018)
Operating Expenses																			
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	79,193	71,005	92,222	73,586	106,442	74,449	80,022	67,244	622,450	577,403	45,047
Benefits	9,853	9,325	9,883	9,320	8,081	9,076	10,487	9,320	8,469	8,430	8,065	8,110	13,270	9,997	10,025	9,642	78,134	73,842	4,292
Purchased Services	3,723	9,121	4,832	9,121	3,940	9,002	4,923	9,121	4,973	9,002	(4,446)	9,121	0	9,121	0	8,764	17,945	72,373	(54,427)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	0	0	2,883	0	2,883
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	0	853	1,007	6,821	(5,813)
Other Expenses	1,517	2,785	1,517	2,785	4,017	2,785	1,517	2,785	5,794	2,785	3,704	2,785	19,272	2,785	3,667	2,785	41,005	22,281	18,724
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,850	30,470	39,815	34,787	40,127	30,098	40,127	34,753	38,914	253,116	315,021	(61,905)
Total Operating Expenses	112,271	134,196	112,053	134,191	100,284	132,116	129,903	135,301	129,631	131,890	134,784	134,582	169,147	137,331	128,467	128,201	1,016,540	1,067,739	(51,200)
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(415,779)	(24,961)	(390,819)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(415,779)	(24,961)	(390,819)
Note A - Average Collection Rate = 41% of Gross Charges, therefore the Deduction Rate is 59% of Gross Charges																			



CNO Report

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

From: Cori Valet, RN, BSN, Chief Nursing Officer

RE: CNO Report for SCHD Board of Directors, March 23, 2023

Clinical Department Staffing- February 2023

- **Medical-Surgical Department –**
 - Two full-time and 1 per diem certified nurse assistants on-boarded.
 - One per diem RN initiated transition to full-time.
 - Four full-time nurse positions remain vacant (2 RN and 2 LPN).
 - Four CNAI/II positions remain vacant.
 - Two full time nurses out on medical leave.
 - Three contract RNs and one contract CNAII utilized to fill the need.
- **Emergency Department –**
 - Two new full-time RNs and one per diem on-boarded.
 - Two contract RNs utilized to fill the needs. Contracts will not be renewed as no vacancies remain.
 - Variance to budgeted FTEs is a result of increased ED census requiring a second RN during day shift hours.
- **Surgical Services –**
 - One new full-time Surgical RN began orientation 2/22/2023.
 - One new part-time Sterile Processor began orientation 3/8/2023
 - One full-time and one part-time RN positions remain vacant.
 - One contract RN utilized to fill the need.
- **Medical Imaging –**
 - One new part-time ultrasonographer on-boarded.
 - Four full-time Radiology Technologist vacancies remain.
 - Staff out on leave/vacation – 1.12 FTE
 - Three Contract Radiology Technologists utilized in February.
 - Variance to budgeted FTEs is a result of expanded mammography and ultrasound hours.
 - Additional FTE now required for surgical services.
- **Laboratory –**
 - Two Full time Medical Lab Technologist/Scientist positions remain vacant.
 - Two Contract Medical Lab Technologists Utilized to fill the need.
 - No applications for employment received.
- **Pharmacy –**
 - New per diem pharmacist began orientation.
 - Fully staffed.

- Respiratory Therapy –
 - Fully Staffed.
 - Zero Agency/Contract therapists utilized.

Clinical Department FTE Statistics for February 2023

	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
LPN	-	-	0.00	-	-	-	-	-	0.00
Emergency Room	12.78	10.05	2.73	1.28	1.00	0.28	14.07	11.05	3.02
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA II	2.30	2.38	-0.08	-	-	-	2.30	2.38	-0.08
LPN	2.30	2.28	0.02	-	-	-	2.30	2.28	0.02
RN	7.18	4.39	2.79	1.28	1.00	0.28	8.47	5.39	3.08
Surgical Services	3.03	5.74	-2.71	0.70	-	0.70	3.73	5.74	-2.01
Director	1.00	-	1.00	-	-	-	1.00	-	1.00
Manager	-	1.00	-1.00	-	-	-	-	1.00	-1.00
RN	0.11	1.74	-1.63	0.70	-	0.7	0.81	1.74	-0.93
Surgical Nurse	0.91	1.00	-0.09	-	-	-	0.91	1.00	-0.09
Surgical Tech	1.01	2.00	-0.99	-	-	-	1.01	2.00	-0.99
Radiology	3.84	4.82	-0.98	3.09	1.62	1.47	6.93	6.44	0.49
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Coordinator	0.82	1.17	-0.35	-	-	-	0.82	1.17	-0.35
Medical Imaging Admin	0.99	1.13	-0.14	-	-	-	0.99	1.13	-0.14
Rad Tech IV	1.03	1.50	-0.47	3.09	1.62	1.47	4.12	3.12	1.00
RN	-	0.02	-0.02	-	-	-	-	0.02	-0.02
Ultrasound	2.04	1.51	0.53	-	-	-	2.04	1.51	0.53
Ultrasound Tech II	2.04	1.51	0.53	-	-	-	2.04	1.51	0.53
Mammography	1.44	1.23	0.21	-	-	-	1.44	1.23	0.21
Mammo Tech	1.44	0.90	0.54	-	-	-	1.44	0.90	0.54
Rad Tech IV	-	0.33	-0.33	-	-	-	-	0.33	-0.33
Cat Scan	1.04	1.25	-0.21	-	-	-	1.04	1.25	-0.21
Rad Tech II	1.04	1.25	-0.21	-	-	-	1.04	1.25	-0.21
MRI	1.02	1.00	0.02	-	-	-	1.02	1.00	0.02
Rad Tech IV	1.02	1.00	0.02	-	-	-	1.02	1.00	0.02
Lab	9.36	10.89	-1.53	1.80	-	1.80	11.15	10.89	0.26
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Assistant I	0.81	1.04	-0.23	-	-	-	0.81	1.04	-0.23
Assistant II	2.00	1.85	0.15	-	-	-	2.00	1.85	0.15
Assistant III	1.01	1.03	-0.02	-	-	-	1.01	1.03	-0.02
CNA II	0.66	-	0.66	-	-	-	0.66	-	0.66
Medical Lab Scientist	0.41	0.99	-0.58	-	-	-	0.41	0.99	-0.58
Medical Lab Tech	3.46	4.98	-1.52	1.80	-	1.80	5.26	4.98	0.28
Pharmacy	2.23	2.05	0.18	-	-	-	2.23	2.05	0.18
Pharmacist	0.97	1.00	-0.03	-	-	-	0.97	1.00	-0.03
RN	1.25	1.05	0.20	-	-	-	1.25	1.05	0.20
Respiratory	6.08	6.00	0.08	-	-	-	6.08	6.00	0.08
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Respiratory Therapist	5.08	5.00	0.08	-	-	-	5.08	5.00	0.08
Total Difference									0.89

- **Surgical services -**
 - March 2, 2023 the restoration from the sewage backup was completed.
 - Advanced Indoor Diagnostics performed surface and air samples to confirm the surgical environment is free from contaminate.
 - Supplies and equipment restocked.
 - Areas terminally cleaned and ready for use as of March 3, 2023.
 - Next possible surgical date – March 24, 2023.
- **Medical Imaging –**
 - PACs system transition to Novarad March 22, 2023.
 - All medical imaging modalities will be live with new Novarad system.

Patient Satisfaction

NRC Health is our new partner assisting to collect patient satisfaction data which will help identify what we are excelling at vs. areas that may require improvement.

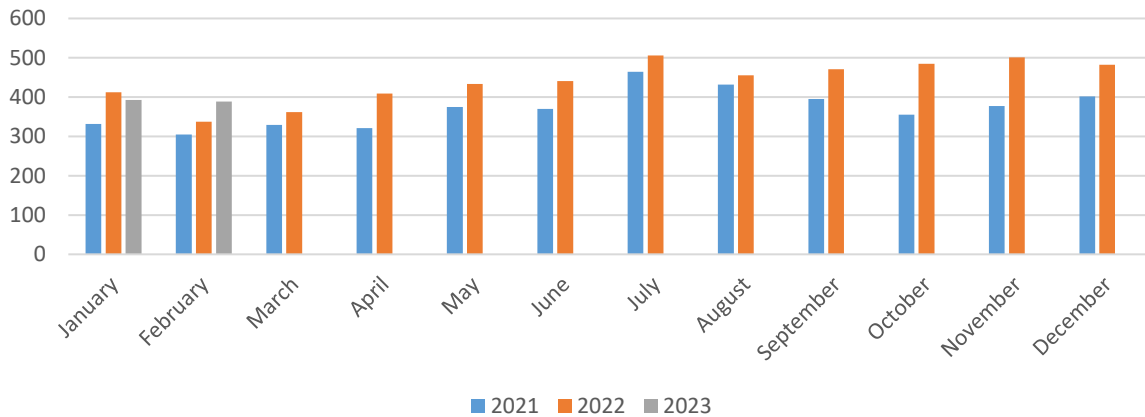
- HCAHPS data from 2022 Quarter 4 not valid as only 7 responses received at this time for October 1, 2022-December 31, 2023. HCAHPS surveys are paper forms, mailed to patients. No other methods are accepted at this time.
- Email, short messaging service (SMS) and interactive voice response (IVR) surveys are utilized to survey Emergency Department, Observation, Multi-Specialty Clinic, Medical Imaging & Respiratory Therapy patients.
 - As of March 12, 2023, 243 of 662 patients have completed a satisfaction survey (36.7% response rate).
 - 23.5% email, 39.9% IVR, 36.6% SMS
 - 1576 attempts/requests were made for 662 patients through the following methods.



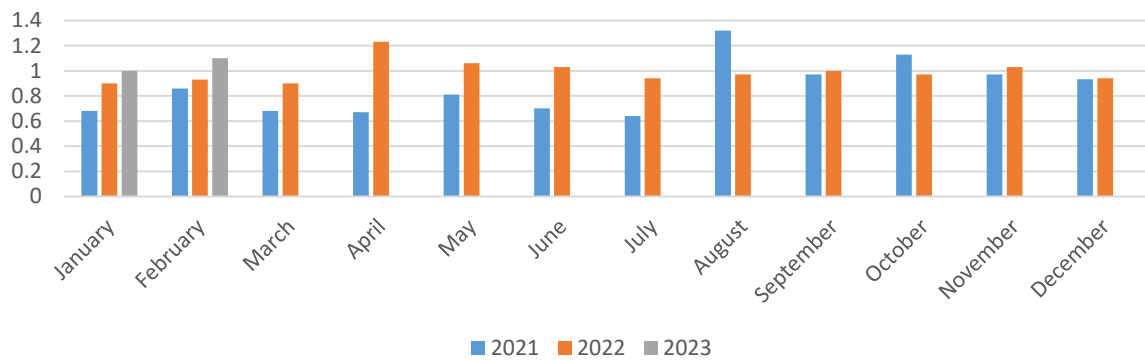
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Emergency Department Statistics -

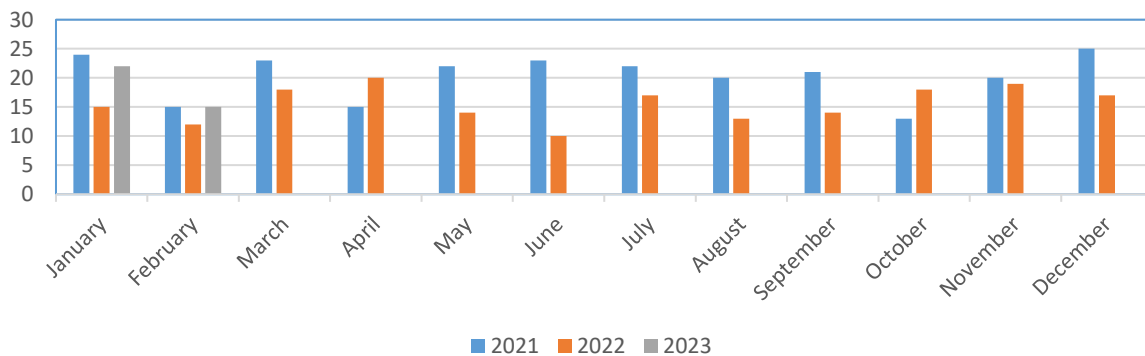
ED Census 2021-2023



Average ED Admissions to Med-Surg Unit per Day



ED Transfers





Chief Financial Officer Report

To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: CFO Report for Board of Directors Meeting – March 23, 2023

Fiscal Year 2024 Budget Preparation

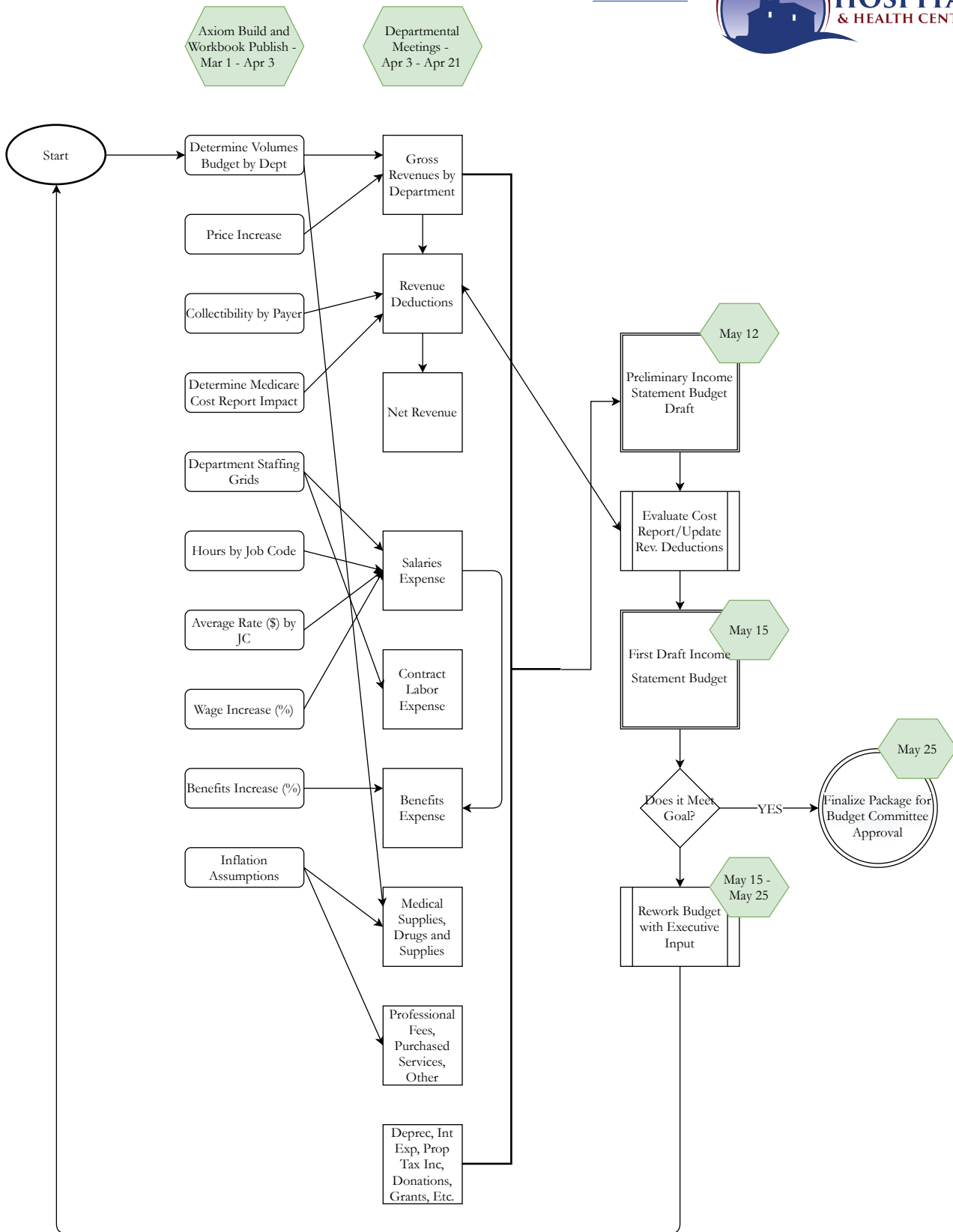
The Finance Department has begun the budget process for the fiscal year ended June 30, 2024. Attached is a timeline and overview of the budgeting process with relevant considerations. Department managers have begun capital budget reviews and receiving supplier quotes. This work has been heavily guided and assisted by Jonathon Yamasaki, Supply Chain Manager. Department operating budget meetings begin the week of April 3rd with an anticipated completion date of April 21st. The expected first draft of the budget is anticipated by May 15th.

Controller Recruitment

The Finance team is pleased to welcome Brenda Sund to Southern Coos Hospital & Health Center as the Controller. Marlene Rocha, former Controller, accepted a great role at Lane Community College in Eugene creating the vacancy in this important position. Brenda's previous experience includes roles of Interim CFO, Controller, Treasurer and Finance & Billing Manager for various organizations including North Bend Medical Center, Boys & Girls Club of Southwestern Oregon and Compliance Services of America, Inc., amongst other experience. Brenda was excited about the progress and positive direction of SCHHC.

Salary Benchmarking

The HR department has been made significant progress in its strategic initiative related to employee compensation philosophy and benchmarking. This process has consisted of a detailed review of all jobs by title and responsibilities and compared to industry benchmarks. Finance has assisted extensively in the salary and wage benchmarking project. This detailed analysis provided HR with the quantitative information to be able to compare our current salaries and wages to various percentiles (25th, 50th, 75th, 90th) and to develop a graded wage scale taking into account the benchmarks.





Southern Coos Health District 2023-2024 Budget Timeline

1/31/2023	Capital Budgets to Department Leaders
4/03/2023	Capital Budgets due back to Finance
4/03 – 4/21/2023	Departmental Operating Budget Meetings with Leadership
4/24/2023	Departmental Operating Budget Drafts Completed
5/01 – 5/12/2023	Finance Determine Non-Departmental Budgets (taxes, insurance, benefits, revenue deductions, cost-report model)
5/12/2023	Finance Complete Preliminary Hospital Budget
5/01 to 5/29/23	Submit Budget Committee Meeting Legal Public Notice to World Legal Dept. NLT 5/19 to publish NLT 5/22 (to meet min five to 30 days advance notice in local newspaper-BWW insert in The World)
5/15 – 5/19/2023	Executive Team Operating and Capital Budget Review and Budget Balancing <i>(if necessary)</i> Completed
5/22/2023	Budget Committee Meeting Public Notice posted on SCH Website <i>(min. 10 days in advance of meeting)</i>
5/25/2023	CFO Complete Budget Message and Packet for Budget Committee
5/25/2023	Budget Packets Sent by Email and/or Ready for Pick-up by Committee
6/01/2023	Public Budget Committee Meeting held for the purpose of receiving the budget message and budget document, and the first meeting at which questions and comments from the public will be heard
6/02 – 6/9/2023	Adjust budgets, Revise LB Forms <i>(if necessary)</i>
6/9/2023	Submit Budget Hearing Legal Public Notice / LB-1 Form to World Legals <i>(to publish NLT 6/17 in BWW insert; the LB-1 budget summary and hearing notice are published not less than five days or more than 30 days before the budget hearing)</i>
6/9/2023	Inform Board of Budget Hearing Form LB-1
6/15/2023	Prepare Budget Resolution for Board Signature
6/22/2023	Public Board Meeting/Budget Hearing
6/30/2023	Last date to Submit Form LB-50 & Budget Resolution to County Assessor before 5pm



Chief Information Officer Report

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

From: Scott McEachern, CHCIO, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, March 23, 2023

Information Systems

The IS team, led by Trevor Jurgenson, has been focused on several projects. First, the team is nearing completion of the enterprise-wide Microsoft 365 implementation. This has been a large-scale project and many kudos go to Trevor, Chris Cox, and Jeff Weymouth on the IS team.

Second, Jeff Weymouth is co-project managing, along with Deb Backman, Medical Imaging Manager, the implementation of Novarad in medical imaging. As of the date of the board meeting, we will have fully converted our picture archiving computer system (PACS) and radiology information system (RIS). The entire medical imaging team and Jeff deserve much credit for the hard work they put in throughout the process.

Chris Cox is leading the implementation of a new point of sale system in the SCHHC Gift Shop and in our cafeteria. This project was put on hold for about six months while we dealt with internal staffing and capacity issues. We re-started the project and our tentative go-live date is the end of June.

Clinical Informatics

The clinical informatics team, led by Shawn March, is working on several projects, including:

- Converting all users in the Multi-Specialty Clinic to the Evident Web Client, and subsequently, the Evident Patient Data Console.
- Implementation of Medicare Wellness Examinations in the Multi-Specialty Clinic
- Transitioning all dietary orders to e-forms in Evident. This will streamline patient meal orders and ensure a high level of reliability around patient nutritional needs.
- CI has implemented Dialog Health, our text-based appointment reminder platform, in all ancillary departments, including medical imaging, laboratory, respiratory therapy, and surgical services.

HIM

HIM, led by Lori Colby, welcomed back Samantha (Sami) Borgens, from maternity leave. She had a wonderful baby girl, Gabriella. The HIM team is operating at full capacity and has been integral in building new provider documentation deficiency tracking systems.

EMR/ERP Vendor Selection Recommendation

Summary

The SCHHC Executive Team proposes to the SCH District Board that SCHHC hire Experis Health Solutions, a third-party company to project manage the selection of a new electronic medical record (EMR) and enterprise resource planning (ERP) system for SCHHC. Experis will guide the SCHHC team through system demonstrations, vendor evaluation, and provide a final total cost of ownership for the acquisition, implementation, and maintenance of a new EMR and ERP.

We considered three vendor selection companies: Experis Health Solutions, Wipfli, and Pivot Point Consulting. Members of the executive team checked references for all three vendors through email and video conferences.

We have selected Experis Health Solutions as SCHHC's vendor of choice due to their cost-effectiveness, adaptability to SCHHC's specific circumstances, and the company's focus on EMR/ERP vendor selection and implementation project management.

Experis has proposed to deliver a final report containing vendor recommendations and a total project cost of ownership estimate by the August 2023 SCHD Board of Directors regular meeting. We are hopeful that this selection timeline will preserve our stated goal of going live with a new EMR and ERP by early fall 2024.

At the time of this writing, Experis is revising its initial proposal that we will send to the district board before the board meeting. We plan to review the proposal at the board meeting.

The following is an overview of the situation, background, and assessment of our process of choosing Experis Health Solutions.

Situation

Southern Coos Hospital & Health Center (SCHHC) currently uses a CPSI product, Evident Thrive, for its electronic health record (EHR). SCHHC does not currently have a formal enterprise resource planning (ERP) system. SCHHC is at a critical stage in our growth where our current EMR and lack of formal ERP system will pose a threat to meeting the healthcare needs of our community and to continued, sustainable revenue growth.

SCHHC does not have the internal capacity to appropriately guide the selection of a system as complex as an EMR/ERP. In addition, based on experience, I believe staff will engage at a higher level in the selection process with an external company providing objective input and guidance throughout the process.

Background

SCHHC has attempted to internally manage past EMR conversions. These attempts resulted in a lack of accurate system configuration, undue stress on SCHHC staff, and lack of staff trust in management.

Thrive EMR has significant issues (outlined below).

- Reduced functionality for staff, clinical and non-clinical
- Low confidence in data and thus reporting
- Difficult interoperability with outside medical facilities
- Lackluster Support for the EMR product

Nationally, CPSI is losing market share to other companies, particularly Epic and Cerner. In 2023, CPSI's market share has fallen to 8% of the hospital market. Over the past ten years, Epic and Cerner have both made significant headway into the rural healthcare market by offering instances of their respective electronic health record systems. Epic offers Community Connect, and Cerner offers CommunityWorks.

Epic has significant market share in Oregon, including many of the largest health systems that SCHHC formally or informally works with.

Assessment

Over the past several months, we connected with several prospective companies that provide EMR/ERP selection services. As mentioned, we narrowed our final choices to Experis Health, Wipfli, and Pivot Point Consulting. We evaluated each company for cost, travel expenses, proposed project timeline, expertise in the field, and references. I am happy to share our evaluation matrix with the board if needed.

After evaluating each vendor, Experis Health Solutions was a clear preference for this project. In addition to the proposal that we will forward to the board in advance of the board meeting, Experis' references were very positive.



Southern Coos Health Foundation Report

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

From: Scott McEachern, CHCIO, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, March 23, 2023

SCHF Strategic Plan Update

I presented the final draft of the 2023-2026 Strategic Plan to the SCHF board on March 16, 2023 and the board voted to approve it. A summary of SCHF's new strategic plan follows. A full copy of the SCHF Strategic plan is available upon request. We will track progress toward the goals in the SCHF strategic plan with a monthly high-level review.

Summary of the 2023-2026 SCHF Strategic Plan

Mission Statement

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

Vision Statements

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

Objectives in support of the vision statements

Provide Financial Support

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

Enhance Health Education

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

Facilitate Community Advocacy

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



To: Board of Directors and Southern Coos Management
From: Jeremiah Dodrill, CFO
Re: February 2023 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for February of \$3,267,000 were lower than budgeted expectations of \$3,303,000. OP gross revenues of \$2,294,000 were slightly lower than a budget of \$2,360,000. Lab, Imaging and ER exceeded budgeted expectations while Clinic, RT, and Surgery volumes were lower than budgeted expectations. IP and Swing Bed volumes and revenues of \$973,000 were slightly higher than a budget of \$944,000 for the month with an Average Daily Census (ADC) of 7.8 in February compared to budgeted ADC of 7.0.

Deductions from Revenue – Revenue deductions at \$1,089,000 or 33.3% of gross revenue were marginally lower than a budget of 33.6%. Deductions from revenue year-to-date at 37.0% are higher than budgeted expectations of 33.6% due primarily to Medicare cost-report reserves. YTD settlement reserves remain at a payable of approximately (\$633k).

Total Operating Revenues of \$2,178,000 were slightly lower than budget of \$2,193,000 in February.

Labor Expenses was \$1,570,000 in February compared to a budget of \$1,544,000. Contract staffing for nursing, radiology, and the clinic continues to be high, approximately \$160k over budget.

Professional Fees and Purchased Services combined were \$545,000 which was higher than a budget of \$416,000 due largely in part to the final settlement payment of \$75,000 to Western Healthcare as well as not yet realizing sufficient professional fees saving compared to budgeted expectations. Hospital based physician professional fees are not reimbursable on the cost report.

Medical Supplies, Drugs and Other Supplies combined at \$148,000 were lower compared to budgeted expectations of \$181,000.

Operating Expenses – Total operating expenses of \$2,517,000 for the month overall were higher than a budget of \$2,370,000.

Operating Income / Loss – Operating loss for February was (\$339,000) compared to a budgeted loss of (\$178,000).

Decrease in Net Position was (\$225,000) compared to a budgeted decrease in the amount of (\$81,000).

Days Cash on Hand for February was 140.1 days, up from December at 138.6. A/R days outstanding decreased from 50.4 to 48.4.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending February 2023

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	108	92	66	17.4%	63.6%	1,012	798	797	26.8%	27.0%
	Swing Bed Days	110	103	108	6.8%	1.9%	883	893	881	-1.1%	0.2%
	Total Inpatient Days	218	195	174	11.8%	25.3%	1,895	1,691	1,678	12.1%	12.9%
	Avg Daily Census	7.8	7.0	6.2	11.8%	25.3%	7.8	7.0	6.9	12.1%	12.9%
	Avg Length of Stay - IP	3.5	5.1	3.7	-31.8%	-5.0%	4.2	3.6	3.6	16.7%	16.9%
	Avg Length of Stay - SWB	18.3	20.6	21.6	-11.0%	-15.1%	13.2	12.4	12.2	6.3%	7.7%
	ED Registrations	377	343	321	9.9%	17.4%	3,571	2,979	3,006	19.9%	18.8%
	Clinic Registrations	417	863	461	-51.7%	-9.5%	3,560	7,359	3,615	-51.6%	-1.5%
	Ancillary Registrations	904	676	676	33.7%	33.7%	7,573	9,558	9,558	-20.8%	-20.8%
	Total OP Registrations	1,698	1,882	1,458	-9.8%	16.5%	14,704	19,896	16,179	-26.1%	-9.1%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,138	9,063	9,892	-10.2%	-17.7%	7,891	9,069	8,514	-13.0%	-7.3%
	Gross SWB Rev/SWB Day	851	1,065	982	-20.1%	-13.3%	887	1,067	963	-16.9%	-7.9%
	Gross OP Rev/Total OP Registrations	1,351	1,254	1,490	7.8%	-9.3%	1,387	1,031	1,069	34.5%	29.8%
	Collection Rate	66.7%	66.4%	78.1%	0.5%	-14.7%	63.0%	66.4%	66.9%	-5.1%	-5.8%
	Compensation Ratio	72.1%	70.4%	60.2%	2.3%	19.7%	66.5%	64.9%	67.5%	2.4%	-1.6%
	OP EBIDA Margin \$	(262,826)	(115,315)	149,149	127.9%	-276.2%	(116,844)	523,357	(340,554)	-122.3%	-65.7%
	OP EBIDA Margin %	-12.1%	-5.3%	6.5%	129.4%	-285.3%	-0.6%	2.7%	-2.0%	-123.0%	-69.1%
	Total Margin	-10.3%	-3.7%	4.0%	180.0%	-361.4%	0.6%	4.3%	-0.8%	-86.1%	-177.3%
Key Liquidity Ratios	Days Cash on Hand	140.1	80.0	125.1	-75.1%	12.0%					
	AR Days Outstanding	48.4	50	55.2	-3.2%	-12.3%					



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 February 28, 2023

	Current Month - Feb-2023					Year To Date - Feb-2023				
	Feb-2023 Actual	Feb-2023 Budget	Variance	Var %	Feb-2022 Actual	Feb-2023 Actual	Feb-2023 Budget	Variance	Var %	Feb-2022 Actual
Patient Revenue										
Inpatient	972,522	943,513	29,009	3.1%	758,958	8,768,512	8,189,763	578,748	7.1%	7,633,986
Outpatient	2,294,339	2,359,929	(65,590)	(2.8%)	2,172,303	20,396,991	20,516,446	(119,454)	(0.6%)	17,288,436
Total Patient Revenue	3,266,860	3,303,441	(36,581)	(1.1%)	2,931,260	29,165,503	28,706,209	459,294	1.6%	24,922,421
Deductions From Revenue										
Total Deductions	1,088,540	1,111,001	22,460	2.0%	640,749	10,793,493	9,654,363	(1,139,130)	(11.8%)	8,255,844
<i>Revenue Deductions %</i>	<i>33.3%</i>	<i>33.6%</i>			<i>21.9%</i>	<i>37.0%</i>	<i>33.6%</i>			<i>33.1%</i>
Net Patient Revenue	2,178,320	2,192,440	(14,120)	(0.6%)	2,290,511	18,372,011	19,051,846	(679,835)	(3.6%)	16,666,577
Other Operating Revenue	15	86	(71)	(82.6%)	30	135,386	688	134,698	19574.6%	745
Total Operating Revenue	2,178,335	2,192,526	(14,191)	(0.6%)	2,290,541	18,507,397	19,052,534	(545,138)	(2.9%)	16,667,322
Operating Expenses										
Total Labor Expenses	1,570,141	1,544,494	(25,646)	(1.7%)	1,379,683	12,298,573	12,365,583	67,010	0.5%	11,253,854
Total Other Operating Expenses	947,293	825,928	(121,364)	(14.7%)	817,020	6,938,980	6,632,625	(306,355)	(4.6%)	6,179,448
Total Operating Expenses	2,517,433	2,370,423	(147,011)	(6.2%)	2,196,703	19,237,553	18,998,208	(239,345)	(1.3%)	17,433,302
Operating Income / (Loss)	(339,098)	(177,896)	(161,202)	90.6%	93,838	(730,156)	54,326	(784,483)	(1444.0%)	(765,980)
Net Non-Operating Revenues	113,718	96,891	16,827	17.4%	(3,181)	841,267	769,907	71,360	9.3%	636,561
Change in Net Position	(225,380)	(81,005)	(144,375)	178.2%	90,658	111,111	824,233	(713,122)	(86.5%)	(129,419)
Collection Rate %	66.7%	66.4%	0.5%	0.5%	78.1%	63.0%	66.4%	(5.1%)	(5.1%)	66.9%
Compensation Ratio %	72.1%	70.4%	2.3%	2.3%	60.2%	66.5%	64.9%	2.4%	2.4%	67.5%
OP EBIDA Margin \$	(262,826)	(115,315)	(147,511)	127.9%	149,149	(116,844)	523,357	(640,201)	(122.3%)	(340,554)
OP EBIDA Margin %	(12.1%)	(5.3%)	(6.8%)	129.4%	6.5%	(0.6%)	2.7%	(3.4%)	(123.0%)	(2.0%)
Total Margin (%)	(10.3%)	(3.7%)	(6.7%)	180.0%	4.0%	0.6%	4.3%	(3.7%)	(86.1%)	(0.8%)



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending February 2023

		Month				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	64.75%	58.26%	58.26%	11.1%	11.1%
	Medicaid	15.08%	16.63%	16.63%	-9.3%	-9.3%
	Commercial	13.17%	14.61%	14.61%	-9.9%	-9.9%
	Government	4.83%	8.88%	8.88%	-45.6%	-45.6%
	Other	0.23%	0.47%	0.47%	-51.6%	-51.6%
	Self Pay	1.94%	1.15%	1.15%	68.8%	68.8%
Total		100.00%	100.00%	100.00%		

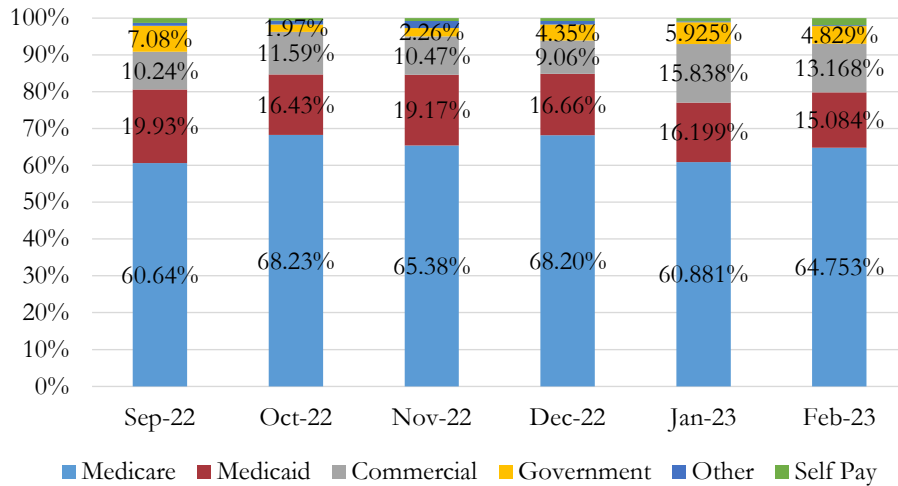
Year to Date				
Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
63.26%	60.40%	60.40%	4.7%	4.7%
17.60%	18.92%	18.92%	-7.0%	-7.0%
11.76%	12.28%	12.28%	-4.3%	-4.3%
5.60%	6.11%	6.11%	-8.4%	-8.4%
0.74%	0.40%	0.40%	86.1%	86.1%
1.05%	1.90%	1.90%	-44.6%	-44.6%
100.00%	100.00%	100.00%		

		Month				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
Patient Volumes	In Patient Days	108	92	66	17.4%	63.6%
	Swing Bed Days	110	103	108	6.8%	1.9%
	Total Patient Days	218	195	174	11.8%	25.3%
	Emergency Visits	377	343	321	9.9%	17.4%
	Radiology Procedures	796	687	760	15.9%	4.7%
	Laboratory Tests	3,994	3,772	3,193	5.9%	25.1%
	Respiratory Visits	412	569	572	-27.5%	-28.0%
	Surgeries and Endoscopic	4	29	9	-86.2%	-55.6%
	Specialty Clinic Visits	199	179	219	11.2%	-9.1%
	Primary Care Clinic	440	863	461	-49.0%	-4.6%

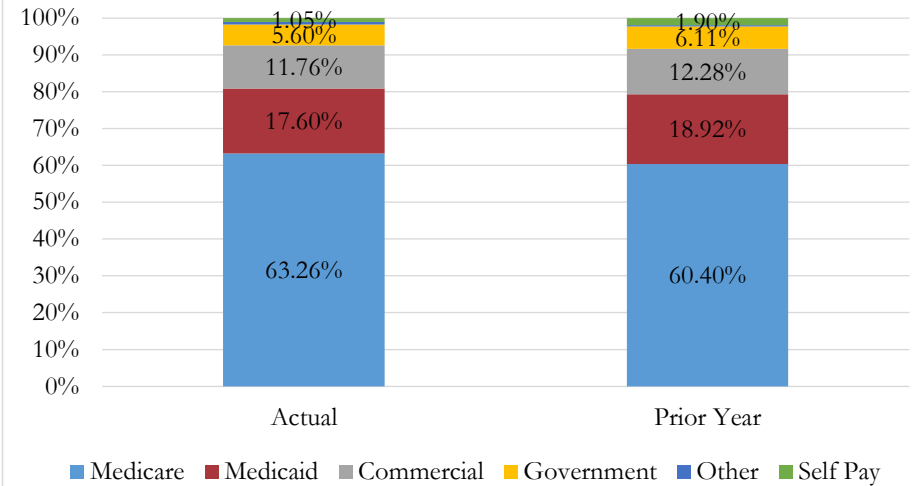
Year To Date				
FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
			To Budget	To Prior Year
1,012	798	797	26.8%	27.0%
883	893	881	-1.1%	0.2%
1,895	1,691	1,678	12.1%	12.9%
3,571	2,979	3,006	19.9%	18.8%
6,619	6,192	5,560	6.9%	19.0%
29,396	32,734	30,127	-10.2%	-2.4%
4,553	4,932	4,650	-7.7%	-2.1%
82	251	163	-67.3%	-49.7%
1,510	1,553	1,530	-2.8%	-1.3%
3,730	7,359	3,613	-49.3%	3.2%



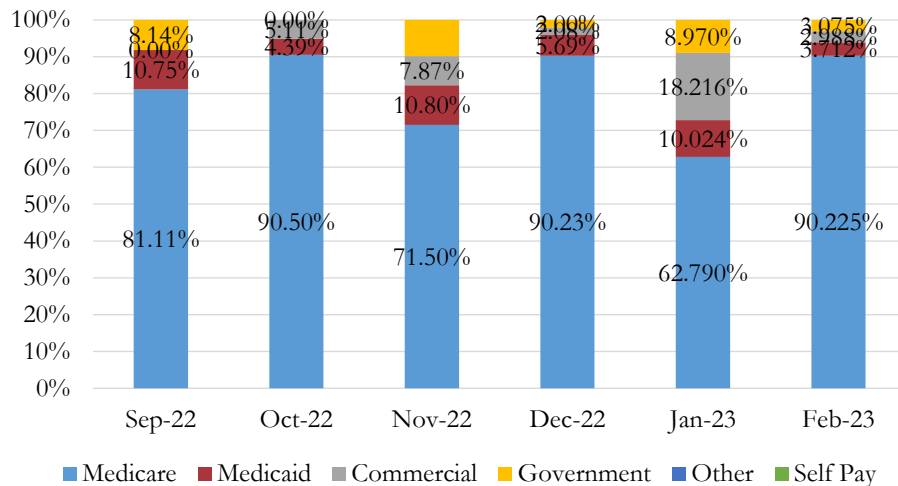
All Patients Payor Mix



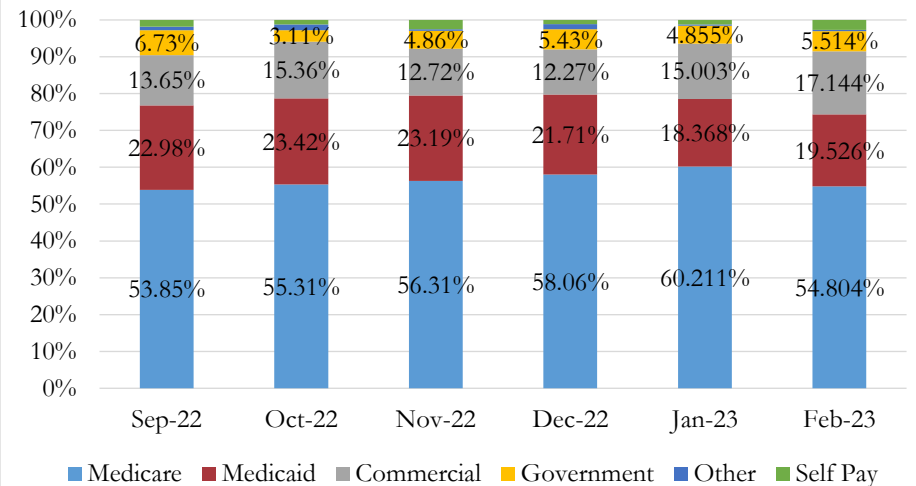
Year to Date Payor Mix



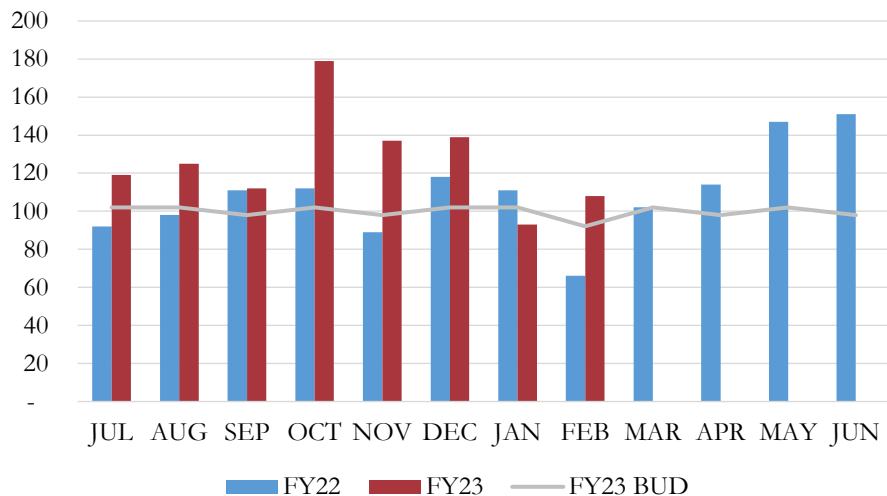
IP Payor Mix



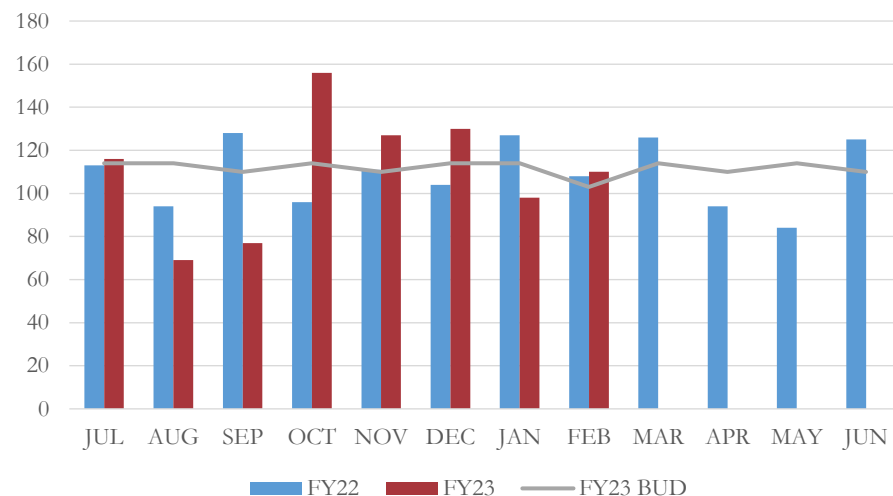
OP Payor Mix



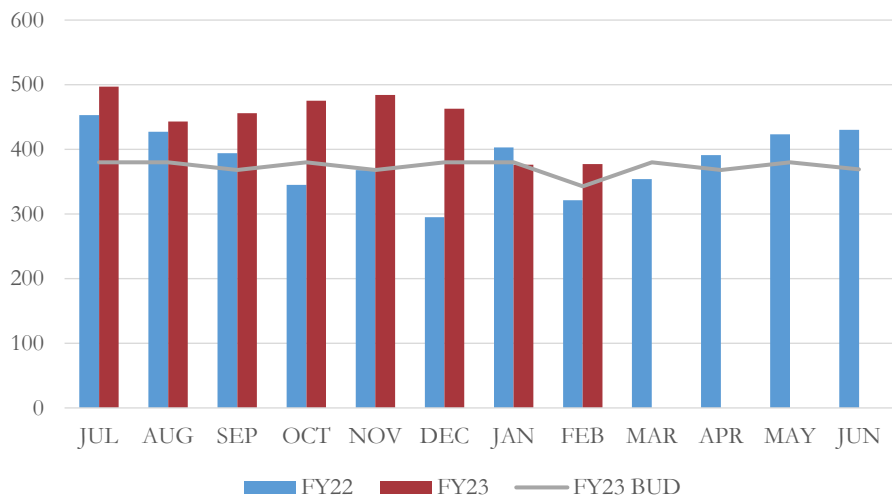
IP Days



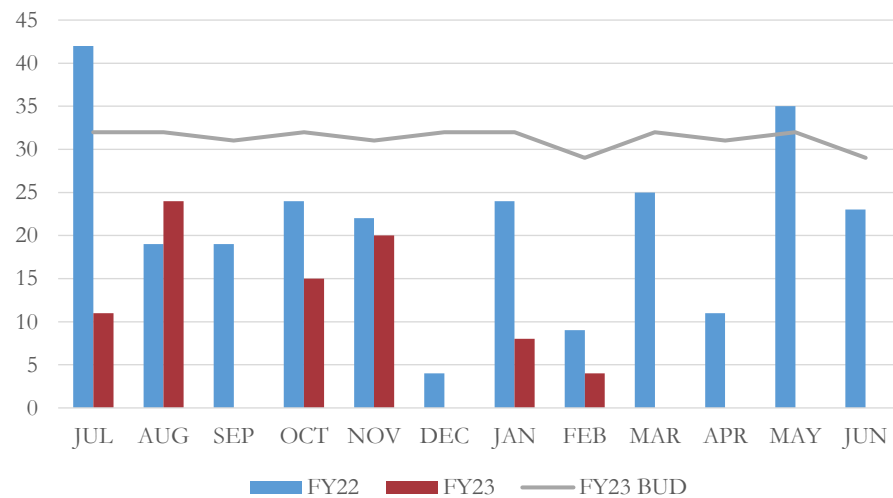
Swing Bed Days



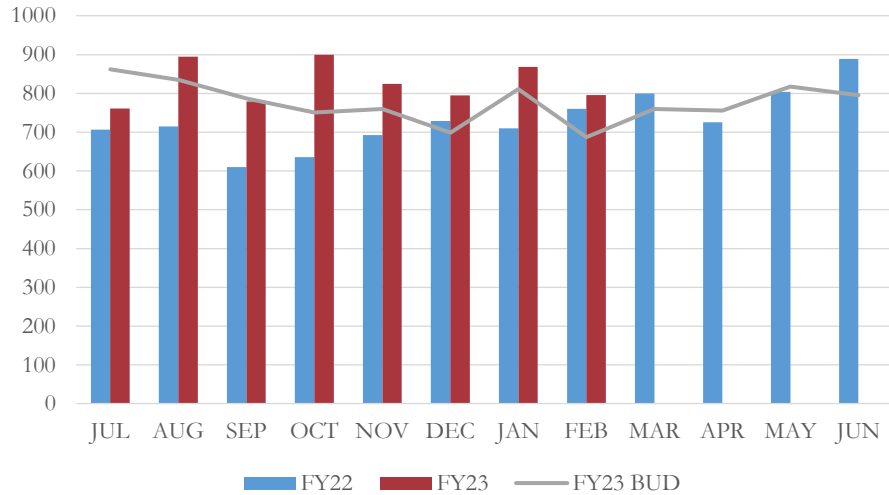
ER Visits



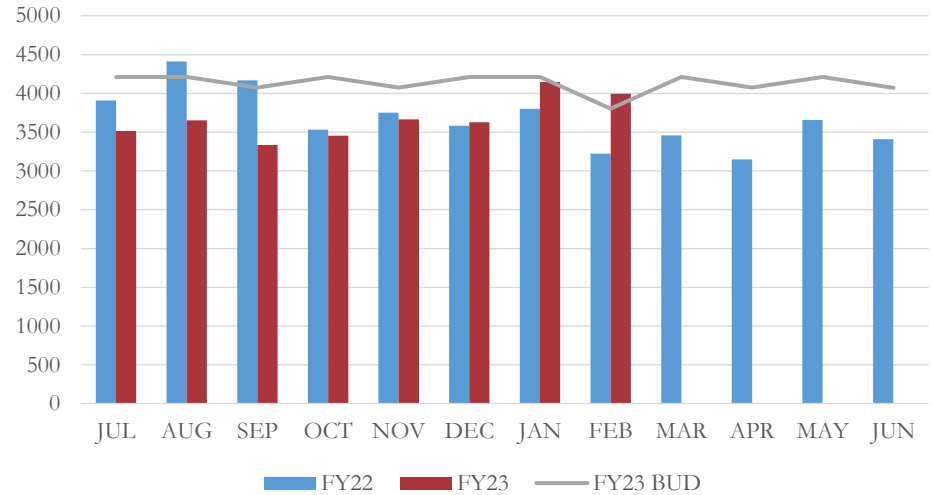
Surgery Patients



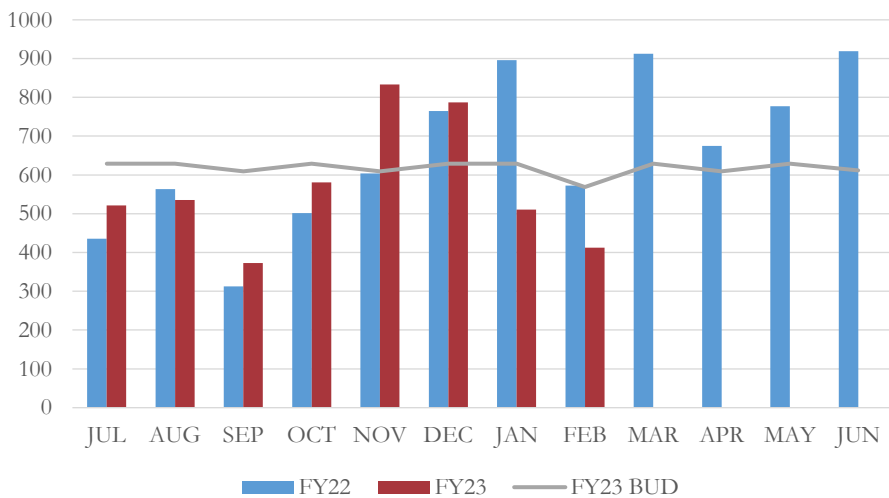
Imaging Visits



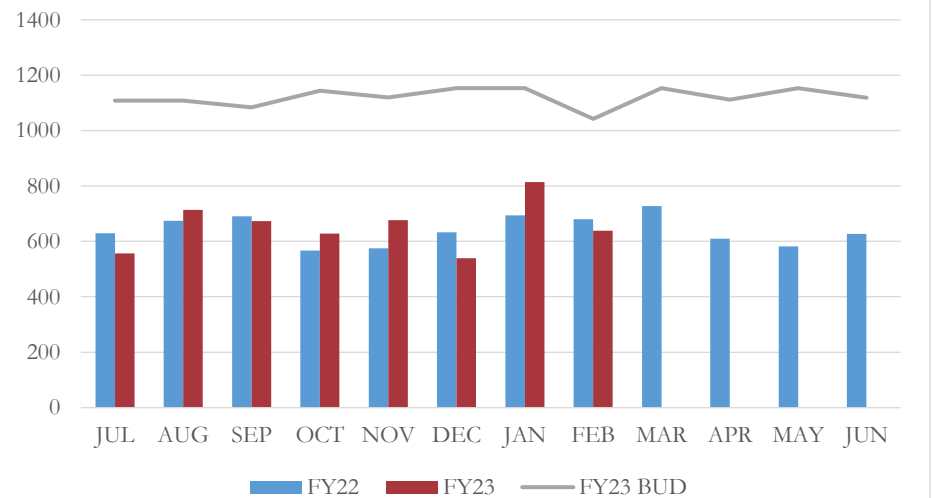
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending February 2023

	Balance as of February 2023	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	8,464,987	6,600,542	1,864,445	7,830,681
Covid-19 Relief Funds	1,201,335	1,201,335	-	(0)
Medicare Accelerated Payments	-	3,041,479	(3,041,479)	6,952,217
Investments - Unrestricted	1,631,520	1,452,639	178,881	452,620
Investments - Restricted	9,488	9,488	-	9,488
Investment - USDA Restricted	233,705	233,705	-	233,705
Investment - Board Designated	1,972,783	1,972,783	-	1,972,783
Cash and Cash Equivalents	13,513,819	14,511,971	(998,152)	17,451,493
Patient Accounts Receivable	6,042,373	5,990,969	51,404	4,845,025
Allowance for Uncollectibles	(2,866,861)	(2,793,125)	(73,736)	(2,456,334)
Net Patient Accounts Receivable	3,175,512	3,197,844	(22,332)	2,388,691
Other Receivables	(255,535)	492,153	(747,688)	840,233
Inventory	163,932	163,375	557	239,072
Prepaid Expense	299,665	479,232	(179,568)	402,507
Total Current Assets	16,897,393	18,844,575	(1,947,182)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	18,621,804	17,205,488	1,416,316	16,154,324
Less: Accumulated Depreciation	(13,500,149)	(12,886,837)	(613,313)	(11,651,955)
Construction In Progress	143,798	67,081	76,716	31,125
Net PP&E	5,726,979	4,847,259	879,720	4,995,021
Total Assets	22,624,372	23,691,835	(1,067,462)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending February 2023

	Balance as of February 2023	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,533,271	772,657	760,613	924,534
Accrued Payroll and Benefits	1,512,251	1,195,908	316,342	1,054,435
Interest and Other Payable	819,649	712,471	107,178	310,866
Current Portion of Long Term Debt	246,328	246,328	-	231,964
Medicare Accelerated Fund	-	3,041,479	(3,041,479)	6,952,217
Provider Relief Funds	1,201,335	1,201,335	-	-
Current Liabilities	5,312,834	7,170,179	(1,857,346)	9,474,016
Long-Term Debt	4,915,754	4,236,981	678,773	4,368,697
Less Current Portion of Long-Term Debt	(246,328)	(246,328)	-	(231,964)
Total Long-Term Debt, net	4,669,425	3,990,653	678,773	4,136,733
Total Liabilities	9,982,259	11,160,832	(1,178,573)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	111,111	(175,268)	286,379	8,172,906
Total Net Assets	12,642,113	12,531,002	111,111	12,706,270
Total Liabilities & Net Assets	22,624,372	23,691,835	(1,067,462)	26,317,018



Southern Coos Hospital & Health Center

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

For The Period Ending February 28, 2023

	Current Month - Feb-2023					Year To Date - Feb-2023				
	Feb-2023 Actual	Feb-2023 Budget	Variance	Var %	Feb-2022 Actual	Feb-2023 Actual	Feb-2023 Budget	Variance	Var %	Feb-2022 Actual
Patient Revenue										
Inpatient	972,522	943,513	29,009	3.1%	758,958	8,768,512	8,189,763	578,748	7.1%	7,633,986
Outpatient	2,294,339	2,359,929	(65,590)	(2.8%)	2,172,303	20,396,991	20,516,446	(119,454)	(0.6%)	17,288,436
Total Patient Revenue	3,266,860	3,303,441	(36,581)	(1.1%)	2,931,260	29,165,503	28,706,209	459,294	1.6%	24,922,421
Deductions From Revenue										
Total Deductions	1,088,540	1,111,001	22,460	2.0%	640,749	10,793,493	9,654,363	(1,139,130)	(11.8%)	8,255,844
Revenue Deductions %	33.3%	33.6%			21.9%	37.0%	33.6%			33.1%
Net Patient Revenue	2,178,320	2,192,440	(14,120)	(0.6%)	2,290,511	18,372,011	19,051,846	(679,835)	(3.6%)	16,666,577
Other Operating Revenue	15	86	(71)	(82.6%)	30	135,386	688	134,698	19574.6%	745
Total Operating Revenue	2,178,335	2,192,526	(14,191)	(0.6%)	2,290,541	18,507,397	19,052,534	(545,138)	(2.9%)	16,667,322
Operating Expenses										
Salaries & Wages	1,018,773	1,166,775	148,002	12.7%	964,708	8,696,045	9,323,333	627,288	6.7%	7,746,193
Contract Labor	269,339	106,613	(162,726)	(152.6%)	150,430	1,437,876	871,301	(566,575)	(65.0%)	1,529,130
Benefits	282,029	271,107	(10,922)	(4.0%)	264,545	2,164,652	2,170,950	6,297	0.3%	1,978,531
Total Labor Expenses	1,570,141	1,544,494	(25,646)	(1.7%)	1,379,683	12,298,573	12,365,583	67,010	0.5%	11,253,854
Professional Fees	298,568	181,378	(117,190)	(64.6%)	233,668	2,009,107	1,451,026	(558,081)	(38.5%)	1,723,624
Purchased Services	246,809	234,533	(12,275)	(5.2%)	230,834	1,807,182	1,878,529	71,347	3.8%	1,823,496
Drugs & Pharmaceuticals	55,956	55,937	(19)	(0.0%)	64,169	382,295	485,523	103,228	21.3%	462,019
Medical Supplies	19,330	17,418	(1,912)	(11.0%)	14,994	179,135	151,079	(28,056)	(18.6%)	110,438
Other Supplies	72,688	107,684	34,996	32.5%	97,315	742,618	862,126	119,508	13.9%	673,041
Lease and Rental	23,201	49,414	26,213	53.0%	28,533	183,537	395,312	211,775	53.6%	219,964
Maintenance & Repairs	21,629	17,699	(3,930)	(22.2%)	12,138	141,923	141,616	(307)	(0.2%)	121,305
Other Expenses	82,916	50,754	(32,162)	(63.4%)	41,440	458,472	410,151	(48,322)	(11.8%)	312,234
Utilities	21,177	22,037	860	3.9%	20,463	197,525	176,297	(21,228)	(12.0%)	165,692
Insurance	21,824	26,492	4,668	17.6%	18,154	172,143	211,935	39,792	18.8%	142,211
Interest	6,922	-	(6,922)	0.0%	-	51,730	-	(51,730)	0.0%	-
Depreciation & Amortization	76,272	62,581	(13,691)	(21.9%)	55,311	613,313	469,031	(144,282)	(30.8%)	425,426
Total Operating Expenses	2,517,433	2,370,423	(147,011)	(6.2%)	2,196,703	19,237,553	18,998,208	(239,345)	(1.3%)	17,433,302
Operating Income / (Loss)	(339,098)	(177,896)	(161,202)	90.6%	93,838	(730,156)	54,326	(784,483)	(1444.0%)	(765,980)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	715,414	687,626	27,788	4.0%	677,546
Non-Operating Revenue	6,889	21,207	(14,318)	(67.5%)	(76,780)	66,800	170,593	(103,793)	(60.8%)	58,395
Interest Expense	(14,784)	(14,394)	(389)	2.7%	(15,135)	(120,662)	(117,435)	(3,228)	2.7%	(125,016)
Investment Income	32,186	4,534	27,652	609.9%	3,580	179,716	36,227	143,489	396.1%	33,636
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(7,105)	7,105	(100.0%)	-
Total Non-Operating	113,718	96,891	16,827	17.4%	(3,181)	841,267	769,907	71,360	9.3%	644,560
Change in Net Position	(225,380)	(81,005)	(144,375)	178.2%	90,658	111,111	824,233	(713,122)	(86.5%)	(121,420)



Southern Coos Hospital & Health Center

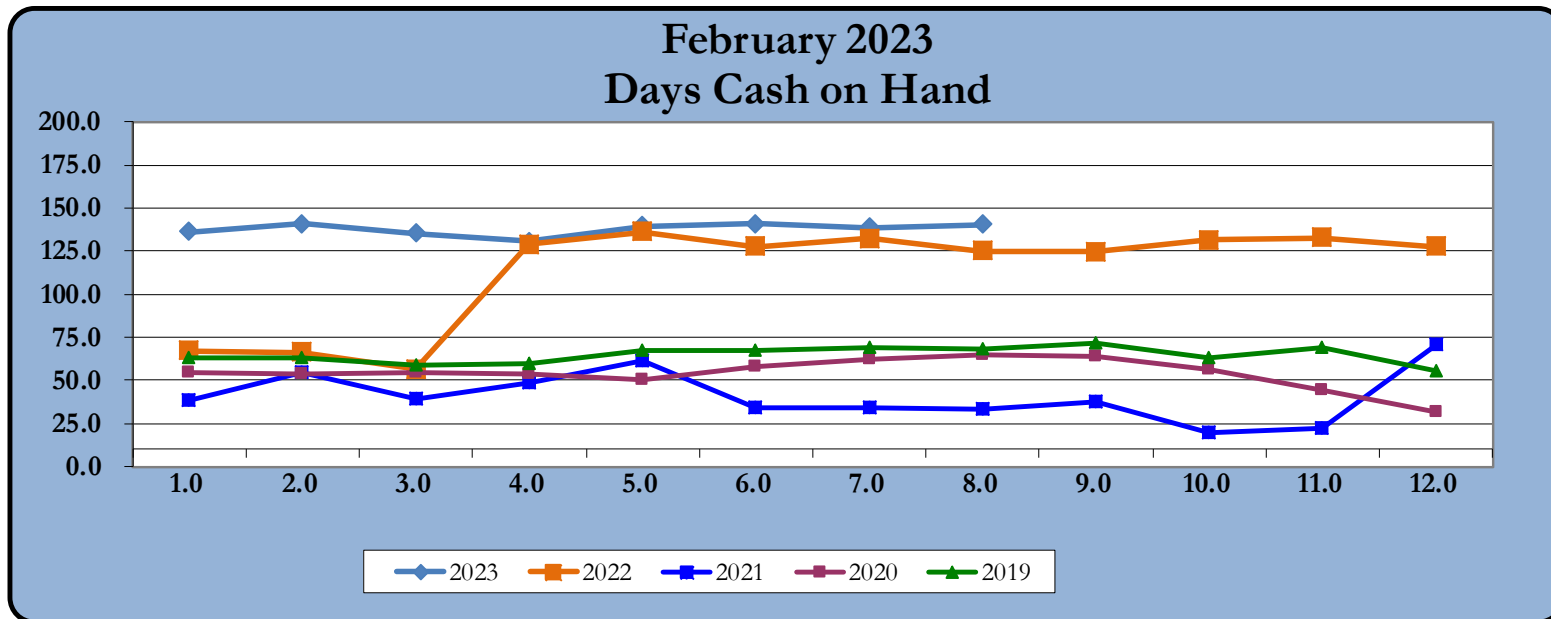
Income Statement

For The Period Ending February 2023

Comparison to Prior Months

	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023
Patient Revenue						
Inpatient	854,833	1,465,820	1,242,120	1,199,820	948,973	972,522
Outpatient	2,453,351	2,533,610	2,576,250	2,671,277	2,611,992	2,294,339
Total Patient Revenue	3,308,184	3,999,429	3,818,370	3,871,096	3,560,966	3,266,860
Deductions From Revenue						
Charity Services	25,722	18,074	12,580	12,589	8,392	16,445
Contractual Allowances	754,486	1,267,584	1,503,142	1,630,796	1,270,135	911,488
Other Discounts	173,246	157,798	102,380	89,366	130,136	168,337
Bad Debt	(19,713)	(7,453)	(10,111)	(15,453)	(6,240)	(7,730)
Total Deductions	933,741	1,436,002	1,607,991	1,717,299	1,402,423	1,088,540
Net Patient Revenue	2,374,443	2,563,427	2,210,379	2,153,798	2,158,543	2,178,320
Other Operating Revenue	30	30	25	5	135,266	15
Total Operating Revenue	2,374,473	2,563,457	2,210,404	2,153,803	2,293,809	2,178,335
Operating Expenses						
Salaries & Wages	1,037,955	1,056,924	1,121,878	1,150,435	1,127,972	1,018,773
Benefits	189,855	292,399	284,341	282,079	308,927	282,029
Contract Labor	101,069	199,894	160,186	225,526	162,442	269,339
Professional Fees	273,677	256,985	253,413	262,739	236,918	298,568
Purchased Services	186,242	273,174	199,016	229,539	204,958	246,809
Medical Supplies	16,758	25,343	22,917	17,812	19,781	19,330
Drugs & Pharmaceuticals	65,592	44,125	39,458	47,567	43,791	55,956
Other Supplies	114,219	99,481	89,973	115,470	89,385	72,688
Depreciation & Amortization	51,773	49,597	181,987	75,165	76,085	76,272
Lease and Rental	48,976	48,459	(85,151)	24,493	27,115	23,201
Maintenance & Repairs	28,162	10,664	15,785	4,660	21,795	21,629
Utilities	25,143	25,973	19,761	25,683	22,809	21,177
Insurance	21,309	21,309	21,309	21,184	22,719	21,824
Interest	-	-	31,943	5,832	7,034	6,922
Other Expenses	42,147	84,632	59,330	37,177	44,870	82,916
Total Operating Expenses	2,202,876	2,488,959	2,416,145	2,525,362	2,416,600	2,517,433
Excess of Revenue Over Expenses from Op	171,598	74,499	(205,741)	(371,559)	(122,791)	(339,098)
Non-Operating						
Unrestricted Contributions	85,155	102,242	89,427	89,427	89,427	89,427
Other NonOperating Revenue\Expense	1,995	1,849	4,715	1,178	29,149	6,889
Investment Income	16,573	19,840	24,392	28,838	32,086	32,186
Total Non-Operating	103,722	123,932	118,534	119,442	150,661	128,501
Interest Expense	(14,784)	(14,784)	(17,174)	(14,782)	(14,788)	(14,784)
Excess of Revenue Over Expenses	260,536	183,646	(104,381)	(266,898)	13,083	(225,380)





Calculation:

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition:

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

Desired Position:

Upward trend, above the median

Year	Average
2023	137.7
2022	113.0
2021	41.2
2020	54.0
2019	64.7

Benchmark

80 Days

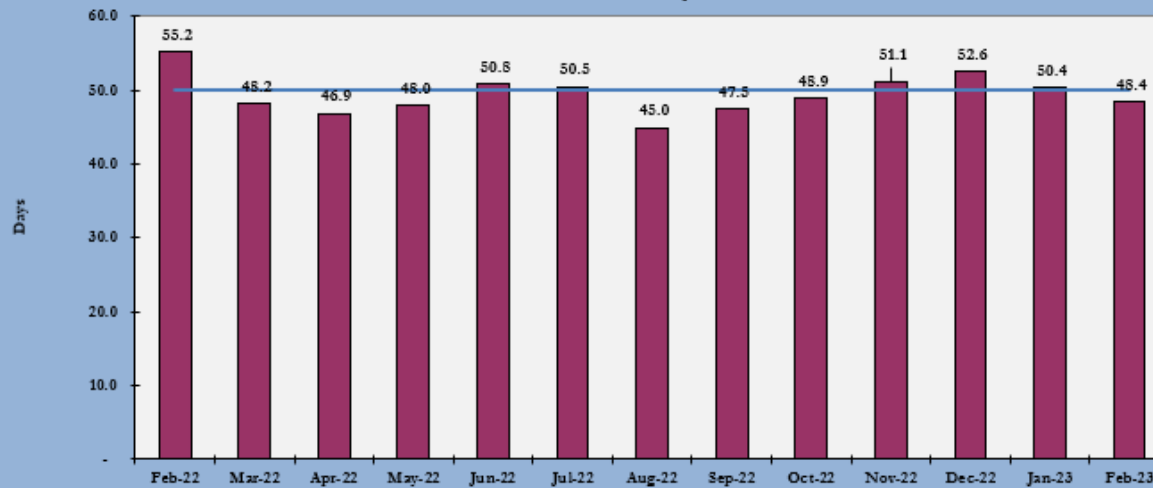
How ratio is used:

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.

Fiscal	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2023	135.9	140.8	135.2	130.5	139.4	140.7	138.6	140.1				
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5
2021	38.7	54.6	39.1	48.2	61.6	34.4	34.6	33.0	37.2	19.9	21.9	70.8
2020	54.3	53.4	54.2	53.3	50.3	58.3	62.6	64.9	63.8	56.4	44.0	32.0
2019	63.0	63.5	59.0	59.6	67.6	67.6	69.3	67.8	71.2	62.8	69.0	55.7



February 28, 2023- Days in A/R



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.

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A/R (Gross)	5,831,926	5,206,299	4,918,498	5,171,194	5,698,606	5,920,336	5,391,457	5,497,910	5,886,139	6,242,296	6,684,720	6,158,963	5,756,386
Days in AR	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A/R (Gross)	5,831,926	5,206,299	4,918,498	5,171,194	5,698,606	5,920,336	5,391,457	5,497,910	5,886,139	6,242,296	6,684,720	6,158,963	5,756,386
Days in Month	28	31	30	31	30	31	31	30	31	30	31	31	28
Monthly Revenue	2,931,260	3,392,919	3,007,670	3,502,412	3,693,131	3,581,626	3,758,971	3,308,183	3,999,429	3,818,370	3,871,096	3,560,966	3,266,860
3 Mo Avg Daily Revenue	105,725	107,981	104,852	107,641	112,123	117,143	119,932	115,748	120,289	122,264	127,053	122,287	118,877
Days in AR	55.2	48.2	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPTIAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Non-Threshold Capital Purchases (<\$15,000)		\$ 101,400			
Security Camera System Expansion	Information Systems	\$ 5,500.00	\$ 11,995.00	\$ -	1/31/2023
Portable OR Light	OR	\$ 4,723.00	\$ 4,723.00	\$ -	1/31/2023
Coag Replacement Reagents	Laboratory	\$ 15,000.00	\$ 15,000.00	\$ -	2/28/2023
Not in Budget (>\$15,000)					
Gen 2 Iovera Hand Held	Pain Management	\$ -	\$ 14,000	\$ -	7/31/2022
Prodigy iDXA Machine	Radiology	\$ -	\$ 9,600	\$ -	8/31/2022
Transducer Biopsy Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022
Horizon Blood Bank & Plasma Thawing System	Laboratory	\$ -	\$ 8,472	\$ -	2/28/2023
		\$ 101,400	\$ 71,490	\$ 29,910	

Threshold Projects (>\$15,000)

eauthorized	Cardiac Monitors	MedSurge	\$	230,000	\$	-	\$	230,000	
	Nova BioMedical Prime Plus	Laboratory	\$	125,100	\$	-	\$	125,100	
	Two Bin Implementation	Material Management	\$	100,000	\$	-	\$	100,000	
	Air Handler Repairs	Engineering	\$	55,000	\$	-	\$	55,000	
eauthorized	RFA Generator	Surgery - Pain Management	\$	50,000	\$	55,515	\$	-	In Progress
eauthorized	Scope Reprocessor	Surgery-Endo	\$	48,000	\$	-	\$	48,000	
	Cautery	Surgery	\$	40,000	\$	-	\$	40,000	
	Phone System Upgrade	Information Systems	\$	35,000	\$	34,999	\$	1	12/31/2022
	BacT Alert Replacement	Laboratory	\$	32,000	\$	-	\$	32,000	
	Stago Satellite Replacement	Laboratory	\$	25,000	\$	-	\$	25,000	
eauthorized	Crash Cart Defibrillator	Surgery	\$	25,000	\$	14,953	\$	10,047	11/30/2022
	Wifi System Upgrade	Information Systems	\$	19,300	\$	-	\$	19,300	
eauthorized	Butterfly Ultrasound	MedSurge	\$	18,000	\$	-	\$	18,000	
	IV Pumps	MedSurge	\$	16,200	\$	12,800	\$	3,400	1/31/2023
Not in Budget (>\$15,000)									
	Equipment Updrade for RAD Equipmnet	Radiology	\$	-	\$	17,200.00	\$	-	1/31/2023
	Generator 10	Surgery	\$	-	\$	32,973.31	\$	-	2/28/2023
	Smart Pump	Surgery	\$	-	\$	18,890.91	\$	-	In progress
	System 1E	Surgery	\$	-	\$	23,421.86	\$	-	In progress
	OR Lights	Surgery	\$	-	\$	23,923.36	\$	-	In progress
	Surgery Tools (System 8)	Surgery	\$	-	\$	26,455.00	\$	-	In progress
	Anesthesia Machine	Surgery	\$	-	\$	62,983.87	\$	-	In progress
			\$	818,600	\$	324,115	\$	494,485	

Total

\$ 920,000 \$ 395,605 \$ 524,395

FY2023

Grant Funded Projects:

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



Clinic Provider Income Summary

All Providers

For The Budget Year 2023

Current Budget YTD																			
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT YTD	FY23 Budget	Variance
Provider Productivity Metrics																			
Clinic Days	55	78	67	78	61	75	63	82	78	79	56	83	82	83	74	75	535	633	(99)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	440	863	3730	7,359	(3,629)
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	6.6	11.7	5.7	11.5	7.3	11.5	5.9	11.5	7.0	11.6	(4.6)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,013.77	1,735.00	916.72	1,840.40	1,043.88	1,802.20	625.37	1,857.20	1,281.29	1,857.20	826.78	1,674.40	7,719.26	14,312.80	(6,593.54)
RVU/Visit	2.18	1.95	2.16	1.95	2.14	1.95	1.99	1.95	2.04	1.94	1.95	1.94	2.15	1.94	1.88	1.94	2.07	1.94	0.12
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.76	23.13	14.67	22.44	13.47	22.81	11.17	22.38	15.63	22.38	11.17	22.33	14.44	22.61	(8.17)
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	363.51	337.07	225.31	337.46	535.51	337.72	361.29	337.72	385.66	336.86	373.58	336.30	37.28
Gross Revenue/RVU	166.47	171.58	171.85	171.58	210.72	172.06	182.40	173.26	110.29	173.77	274.02	173.66	168.34	173.66	205.24	173.62	180.52	172.91	7.61
Net Rev/RVU	72.02	72.37	74.10	72.37	90.15	72.55	78.06	72.98	48.75	73.17	118.54	73.13	71.98	73.13	88.78	73.12	77.83	72.86	4.97
Expense/RVU	122.57	75.68	102.29	75.68	98.92	76.15	141.70	73.52	124.18	73.18	215.53	72.46	132.01	73.95	155.38	76.57	131.69	74.60	57.09
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.77)	(3.60)	(63.64)	(0.53)	(75.43)	(0.01)	(96.99)	0.67	(60.03)	(0.81)	(66.60)	(3.45)	(53.86)	(1.74)	(52.12)
Net Rev/Day	1,199.50	1,645.18	1,211.56	1,645.18	1,510.64	1,678.30	1,144.95	1,638.06	656.70	1,669.23	1,323.77	1,636.39	1,124.77	1,636.39	991.95	1,632.37	1,123.97	1,647.36	(523.39)
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.40	1,657.58	1,761.55	2,078.45	1,650.01	1,672.65	1,669.49	2,406.86	1,621.46	2,062.76	1,654.59	1,736.04	1,709.34	1,901.85	1,686.79	215.06
Diff	(841.80)	(75.28)	(460.87)	(75.23)	(146.94)	(83.25)	(933.50)	(11.95)	(1,015.96)	(0.26)	(1,083.09)	14.93	(937.99)	(18.20)	(744.09)	(76.97)	(777.88)	(39.43)	(738.45)
Patient Revenue																			
Outpatient																			
Total Patient Revenue	152,481	304,240	188,252	304,240	213,623	298,533	167,213	318,867	115,131	313,160	171,363	322,524	215,690	322,524	169,691	290,714	1,393,444	2,474,803	(1,081,358)
Deductions From Revenue																			
Total Deductions From Revenue (Note A)	86,508	175,916	107,078	175,916	122,230	172,660	95,653	184,546	64,237	181,291	97,232	186,704	123,458	186,704	96,287	168,286	792,684	1,432,024	(639,340)
Net Patient Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	73,404	122,428	600,760	1,042,779	(442,018)
Total Operating Revenue	65,973	128,324	81,174	128,324	91,394	125,872	71,559	134,321	50,894	131,869	74,131	135,820	92,231	135,820	73,404	122,428	600,760	1,042,779	(442,018)
Operating Expenses																			
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	79,193	71,005	92,222	73,586	106,442	74,449	80,022	67,244	622,450	577,403	45,047
Benefits	9,853	9,325	9,883	9,320	8,081	9,076	10,487	9,320	8,469	8,430	8,065	8,110	13,270	9,997	10,025	9,642	78,134	73,842	4,292
Purchased Services	3,723	9,121	4,832	9,121	3,940	9,002	4,923	9,121	4,973	9,002	(4,446)	9,121	0	9,121	0	8,764	17,945	72,373	(54,427)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	0	0	2,883	0	2,883
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	0	853	1,007	6,821	(5,813)
Other Expenses	1,517	2,785	1,517	2,785	4,017	2,785	1,517	2,785	5,794	2,785	3,704	2,785	19,272	2,785	3,667	2,785	41,005	22,281	18,724
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,850	30,470	39,815	34,787	40,127	30,098	40,127	34,753	38,914	253,116	315,021	(61,905)
Total Operating Expenses	112,271	134,196	112,053	134,191	100,284	132,116	129,903	135,301	129,631	131,890	134,784	134,582	169,147	137,331	128,467	128,201	1,016,540	1,067,739	(51,200)
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(415,779)	(24,961)	(390,819)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(415,779)	(24,961)	(390,819)
Note A: Average Collection Rate = 41% of Gross Charges, therefore the Deduction Rate is 59% of Gross Charges																			

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

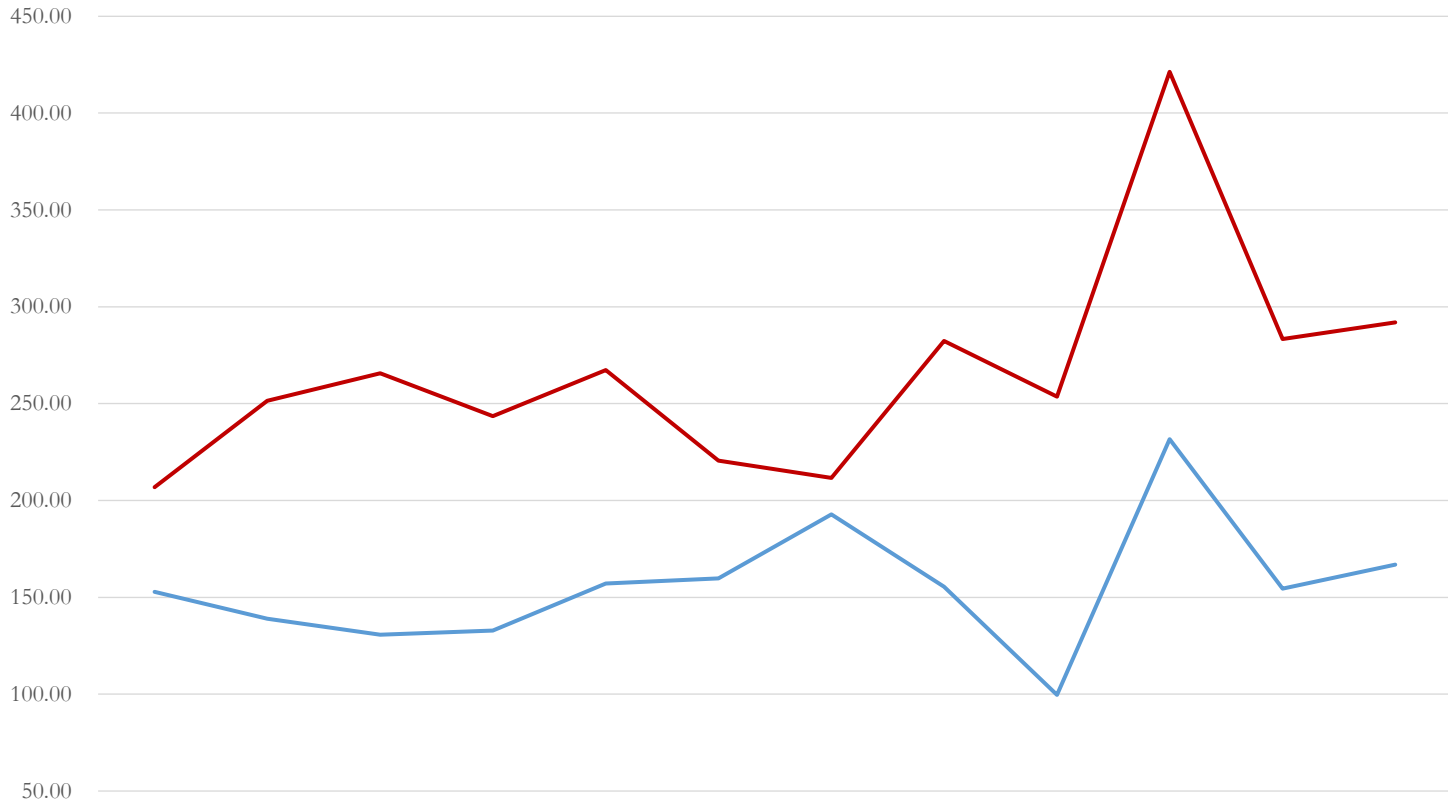
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending February 28, 2023

	Current Month - Feb-2023			Year To Date - Feb-2023		
	Hospital	Clinic Providers	Feb-2023	Hospital	Clinic Providers	Feb-2023
	Actual	Actual	Actual	Actual	Actual	Actual
Patient Revenue						
Inpatient	972,522	-	972,522	8,768,512	-	8,768,512
Outpatient	2,124,647	169,691	2,294,339	19,003,547	1,393,444	20,396,991
Total Patient Revenue	3,097,169	169,691	3,266,860	27,772,059	1,393,444	29,165,503
Deductions From Revenue						
Total Deductions	992,253	96,287	1,088,540	10,000,808	792,684	10,793,493
<i>Revenue Deductions %</i>	<i>32.0%</i>	<i>56.7%</i>	<i>33.3%</i>	<i>36.0%</i>	<i>56.9%</i>	<i>37.0%</i>
Net Patient Revenue	2,104,916	73,404	2,178,320	17,771,250	600,760	18,372,011
Other Operating Revenue	15	-	15	135,386	-	135,386
Total Operating Revenue	2,104,931	73,404	2,178,335	17,906,636	600,760	18,507,397
Operating Expenses						
Total Labor Expenses	1,480,094	90,047	1,570,141	11,597,990	700,584	12,298,573
Total Other Operating Expenses	908,873	38,420	947,293	6,623,024	315,956	6,938,980
Total Operating Expenses	2,388,966	128,467	2,517,433	18,221,013	1,016,540	19,237,553
Operating Income / (Loss)	(284,035)	(55,063)	(339,098)	(314,377)	(415,779)	(730,156)
Net Non-Operating Revenues	113,718	0	113,718	841,267	0	841,267
Change in Net Position	(170,318)	(55,063)	(225,380)	526,890	(415,779)	111,111
Collection Rate %	68.0%	43.3%	66.7%	64.0%	43.1%	63.0%
Compensation Ratio %	70.3%	122.7%	72.1%	64.8%	116.6%	66.5%
OP EBIDA Margin \$	(207,763)	(55,063)	(262,826)	298,935	(415,779)	(116,844)
OP EBIDA Margin %	(9.9%)	(75.0%)	(12.1%)	1.7%	(69.2%)	(0.6%)
Total Margin (%)	(8.1%)	(75.0%)	(10.3%)	2.9%	(69.2%)	0.6%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Net Rev/Visit	152.82	138.98	130.65	132.85	157.08	159.79	192.81	155.56	99.60	231.66	154.49	166.83
Expenses/Visit	206.83	251.44	265.62	243.46	267.31	220.58	211.57	282.40	253.68	421.20	283.33	291.97





Tuition Assistance Recommendation

SBAR Situation/Background/Assessment/Recommendation

S: Kaitlynn Rice is a current full-time medical laboratory assistant II who is currently enrolled in an online Medical Laboratory Technologist (MLT) degree program through Weber State University. She is seeking tuition assistance to help ease the financial burden of the program.

B: The online MLT program to which Kaitlynn is currently enrolled, began in the Fall of 2022 and will conclude mid-December 2023. The total cost of the program is \$12,036.00. The current tuition assistance policy states that secondary degrees may be reimbursed at 50 percent if the advanced degree is in a field of study applicable to the employee's current or impending position. Kaitlynn plans to apply for one of the vacant MLT positions currently filled by travel/contract staff.

A: Kaitlynn holds a degree in biology therefore she would qualify for a 50% reimbursement if approved. With on-going staff shortages in critical positions that require advanced or specialty degrees, we are seeing the need to support advancing the education of existing staff members to assume higher skilled positions, rather than depending on continued use of high cost travel/agency technologists. Kaitlynn demonstrated high quality skills in her current role as an MLAII and clearly demonstrates her drive for ongoing growth. By providing tuition assistance for this individual, we will be able to fill one of the critical staff member vacancies that have remained open for over 12 months.

R: Award Kaitlynn Rice tuition assistance in the amount of \$6,000.00. The tuition assistance will be subject to a required reimbursement back to the Hospital if for any reason she should voluntarily leave employment of the Hospital District or be released from employment for cause, including poor performance, within 24 months.