



**Board of Directors Executive Session & Regular Meeting
May 25, 2023 6:00 p.m.**

AGENDA

Executive Session Under 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decisions shall be made in Executive Session.

- I. Executive Session Call to Order
 1. Quality & Patient Safety Report
 2. Risk & Compliance Report
 3. Medical Staff
 - a. Credentialing & Privileging Report
 - b. Credentialing & Privileging Policy 163.002
- II. Open Session Call to Order – To begin at approximately 6:30pm
 1. Roll Call – Is Quorum Present
 2. Motion to Approve Agenda
 3. Motions from Executive Session:
 - a. Quality & Patient Safety Report.....(action)
 - b. Risk & Compliance Report.....(action)
 - c. Medical Staff Credentialing & Privileging Report.....(action)
 - d. Credentialing & Privileging Policy 163.002.....(action)
 4. Public Input
- III. Consent Agenda
 1. Meeting Minutes
 - a. Regular Meeting–04/27/23.....1
 - b. Executive Session–04/27/23 (provided in Executive Session)
 2. Monthly Counsel Invoices Robert S. Miller III – 4-29-23 #1258.....6
 3. Motion to Approve Consent Agenda.....(action)
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 7. Strategic Plan Report(under separate cover)
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- VI. Old Business
 1. Electronic Health Record/Enterprise Resource Planning Request for Proposal

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- VII. New Business
1. Budget Committee
 - a. Requirements-Information
 - b. Budget Committee Appointments - Action.....(action)
 2. Policy 800.002 Hospital Leadership Structure.....(action) 38
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- VIII. Open Discussion & Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
April 27, 2023**

- I. **Executive Session Call to Order 6:00 p.m.** Executive Session Under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decisions shall be made in Executive Session.

II. **Open Session Call to Order 6:30 p.m.**

1. **Roll Call – All Members Present:** 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; Douglas Crane, MD, Vice Chief of Staff. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

2. **Approval of Agenda**

Mr. Bischoff noted the addition to the agenda of item 3. Motions from Executive Session, d. Medical Staff Revisions to Rules and Regulations. And under Open Discussion to add topic of public live streaming open meetings over social media.

Mary Schamehorn **moved** to approve the agenda with additions as noted. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

3. **Motions from Executive Session**

- a. **Quality & Patient Safety Report.** Presented in Executive Session by Sharon Bischoff, Quality RN.
- b. **Risk & Compliance Report** presented in Executive Session by Barbara Snyder, Risk & Compliance
- c. **Medical Staff Report** presented in Executive Session by Douglas Crane, MD, Vice Chief of Staff, included privileging and credentialing report as follows:

2-Year Privileges –New

None

2-Year Privileges – Reappointments

Debra Guzman, NP – Active – Family Medicine
Stephen Quinn, MD – Courtesy - Radiology
Jane Gilbert, MD – Courtesy – Ophthalmology

Patricia Rotter, MD - Courtesy – Emergency Medicine
William Croson, MD – Courtesy – Pain Medicine

Medical Staff Status Change

Adam Mankowski (ED Medical Director)– Courtesy to Active

Direct Radiology Appointments & Reappointments
After Hours Reading Radiology

Kenneth Edgar, MD (Radiology) – Courtesy - Reappoint
Rashmi Hande, MD (Radiology) – Courtesy - Reappoint
Joshua Kuroiwas, DO (Radiology) – Courtesy - Reappoint
Allen Nawrocki, MD (Radiology) - Courtesy - Reappoint
William Phillips, MD (Radiology) – Courtesy - Reappoint
Asti Pilika, MD (Radiology) – Courtesy - Reappoint
William Rusnak, MD (Radiology) – Courtesy - Reappoint
Aaron Wickley, MD(Radiology) – Courtesy – Reappoint

- d. **Revision to Medical Staff Rules and Regulations** 1035–Physician Suspension for Incomplete Charts, Section A. Deficient and Delinquent Medical Records.

Norbert Johnson **moved** to accept the Quality & Patient Safety Report, the Risk & Compliance Report, Medical Staff Report and revisions to Medical Staff Rules and Regulations. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

4. Public Input

None.

III. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–03/23/23
- b. Executive Session–03/23/23 (provided in Executive Session)

2. Monthly Counsel Invoice Robert S. Miller III – Invoice #1242 4-5-23

Mary Schamehorn **moved** to accept the Consent Agenda with minutes amended to correct the vote tally in March 23 Regular Meeting minutes on page 5, to accept the proposal from Experis Project Management for Selection of Electronic Health Record & Enterprise Resource Planning Products, with 4 votes in favor instead of 3, with one abstention,. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

IV. Staff Reports

1. CEO Report

Ray Hino, CEO, provided highlights from his CEO Report for the month of March,

including the launch of orthopedic surgical cases, reporting excellent outcomes. Dr. Wesley Johnson has been very complimentary of our team. Senate Bill 829 is currently in the Ways and Means Committee. Mr. Hino will write a letter to Ways committee chairs and will forward contact information to the District Board members. **Discussion:** Mr. Hino indicated a target date of end of year to double the number of surgeries and procedures and is looking into adding other local surgical providers.

2. Clinic Report

Dawn Gray, Clinic Manager, presented highlights from her report on March Clinic operations. Ms. Gray noted the use of creative marketing letters for community outreach and the new billboard in Bandon on Highway 101 promoting the Primary Care Clinic providers and hospital emergency services. Vincent Tyson is seeing 9-12 patients per day, but unfortunately, he declined our offer of a permanent position. Recruitment efforts are in progress with 3 candidates. **Discussion:** Regarding statistics in the report, "knows medical history," Ms. Gray noted that a provider seeing someone else's patient will not already know the patient's medical history, which applies to primary care providers. The current electronic medical record can be a barrier to access of patient history.

3. CNO Report

Cori Valet, CNO, provided a summary of the CNO Report for the month of March including updates to contract staffing in Med/Surg, Emergency Department, and Surgical Services, and corrections to staffing statistics in Radiology. This week we held a successful 2-day RN Skills Training workshop with the new Nurse Educator. Thank you to Dr. Crane for the use of his building for this great event. There were 20 total surgical procedures in March and 19 in April with 3 orthopedic. In Medical Imaging, the Novarad rollout received excellent feedback as a smooth transition, and the portable X-ray calibration is complete. The Ultrasound team is very appreciative of the new equipment and improved productivity. Emergency Department visits are trending upward with admissions to inpatient status, while the number of transfers are down. **Discussion:** The RN Educator position is reflected under RN Admin in the staffing report due to serving multiple departments.

4. CFO Report

Jeremiah Dodrill, CFO, provided a summary of department highlights for the month of March. Department budget meetings are complete. Next steps include calculation of non-department depreciation expense, and more, to complete the baseline budget by May 15. Leadership then reviews the baseline budget against strategic initiatives and considers corrective measures. Thank you to Katelin Wirth and the Finance Team and all Managers for their work on the budget. The annual Budget Committee Meeting will be June 1 at 4:30 p.m. The Long Range Financial Plan in the Strategic Plan needs attention. Sewage System issues with backup in kitchen required estimates from contractors and a project plan is in progress to include Dietary downtime and possible service alternatives. Estimate is approximately \$10,400 to include preventive scoping of plumbing system and treatment of 25-year old cast iron pipes. **Discussion:** Tom Bedell, Board Liaison to the Budget & Finance Committees, thanked Mr. Dodrill and Katelin Wirth, Financial Analyst, for the thorough presentation

earlier today on the very impressive Axiom budget software program. Clinic provider turnover will unfortunately affect budget during transitions and ramp-up periods. The clinic looks forward to the addition of Bonnie Wong, DO, joining the care team on June 2. Dr. Wong may be able to accept Dr. Mitchell's and Debra Guzman's patient panels. Several targeted mailings are planned.

5. CIO Report

Scott McEachern, CIO, provided a summary of the CIO Report for the month of March. Microsoft 365 implementation is complete. The new corporate intranet and point of sale system live date is end of June. Critical Insight, our Cyber Security partner, caught a recent significant attempt on our system. Multi-factor authentication has been implemented on all devices with external access. We hope by the June board meeting to meet qualifications for higher cyber security insurance coverage. Clinical informatics serving all departments is focused on clinic workflows, revenue cycle and pharmacy. HIM workflow studies are in progress. Since the last board meeting we are engaged with Experis in our EMR/ERP (electronic medical record / enterprise resource planning) exploration with data gathering completed last week and formal kickoff tomorrow.

6. SCHD Foundation Report

Mr. McEachern, Foundation Executive Director, provided a review of the March Foundation Report. Per the Health Foundation 2023-2026 Strategic Plan, Board recruitment committee is formed with goal to expand from 8 to 11 members. Planning has begun for the annual Golf for Health Classic to be held September 16, 2023.

7. Strategic Plan Report

Mr. Hino reviewed highlights of status or changes in progress from prior month, commending Carrie Okey, HR Director, for near completion of benchmarking of staff positions, including every job classification in the matrix. We have employees who are above benchmark and some who are below. We will not be reducing pay rates but will come up with a strategy to eventually meet benchmarks. The CHNA (Community Health Needs Assessment) may be due before September. CMS and IRS requirement is to complete every 3 years, includes community survey and focus groups; we are currently soliciting vendor quotes. We look forward to progress on Senate Bill 829 regarding a grant of \$250,000 toward the Facility Master Plan objective. The Long Range Financial Plan goal date is moved from April 30 to June 30. **Discussion:** The Clinic physician champion for a new Electronic Health Record will be Paul Preslar, DO. Regarding status of local commercial payer employers, we are contracted with all payers who serve the area; Mr. Dodrill is in the process of renegotiating with Moda Health.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, reviewed the financial statements reported for the month of March. Deductions from revenue were unfavorably higher. Accounts Receivable aged and grew due to a very busy March. Labor is under budget, while contract labor was higher in March. Our goal is to be able to report surgical procedures and

orthopedic surgeries separately, but that is not possible at this time. On average the cost to run the facility is \$2.5M per month.

VI. Old Business

None.

VII. New Business

1. Review & Motion - Resolution No. 2023-01 To Adopt the 2023 Coos County Multi-Jurisdictional Natural Hazards Mitigation Plan

At the request of the Board of Directors the Coos County Multi-Jurisdictional Natural Hazards Mitigation Plan was reviewed in advance by Robert S. Miller, District Counsel. Having no concerns regarding the document, Mr. Miller deferred to Jason Cook, Plant Operations Manager for any specific facility concerns. Mr. Cook stated that all area hospitals have existing MOUs (Memorandums of Understanding) in place regarding mutual support in the event of natural hazards or other emergencies. With no concerns from Mr. Miller or Mr. Cook, Mr. Bischoff requested a motion.

Mary Schamehorn **moved** to approve Resolution 2023-01 Adoption of the 2023 Coos County Multi-Jurisdictional Natural Hazards Mitigation Plan. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

Discussion opened regarding the removal of Covid restrictions on public meetings and the action of live-streaming public meetings over social media. While live-streaming is convenient, it has not improved public input. Remote access must continue but at this time we may discontinue live-streaming and retaining video of past meetings on Facebook. Future meetings will be remain accessible via website link to the live meeting. Mary Schamehorn recently changed physicians to the Southern Coos Clinic and is very impressed with Dr. Preslar. Dr. Preslar's son, a local lawyer, is being mentored by Mr. Miller.

At 7:51 p.m. the meeting adjourned.

Brent Bischoff, Chairman 5-25-2023

Mary Schamehorn, Secretary 5-25-2023

INVOICE

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Southern Coos Hospital & Health Center

Bill to

Southern Coos Hospital & Health
Center
900 11th Street SE
Bandon, OR 97411 USA

Ship to

Southern Coos Hospital & Health
Center
900 11th Street SE
Bandon, OR 97411 USA

Invoice details

Invoice no.: 1258
Invoice date: 04/29/2023
Terms: Net 30
Due date: 05/29/2023

Product or service		Amount
1. Attorney	2.5 units × \$250.00	\$625.00
Service date: 04/06/2023		
Research and conference and follow-up email with Scott McEachern and Jeremiah Dodrill re: public contracting requirements for EMR/EHR vendor.		
2. Attorney	4.5 units × \$250.00	\$1,125.00
Service date: 04/27/2023		
Board Executive Session and Board General Meeting; review of 2023 Coos County Multi-Jurisdictional Natural Hazard Mitigation Plan (MJ-NHMP), brief conference with Jason Cook re: obligations imposed on Southern Coos.		

Ways to pay



BANK

Total **\$1,750.00**

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, May 2023

COVID Update

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

- Our COVID-19 Policy has been revised by our COVID Committee to include the changes for elimination of the mask mandates in our hospital. The policy is scheduled to go through the Policy & Procedure Committee this month and Medical Staff Committee next month, and then will come back to the Board at our June Board meeting.
- Denise Ebenal was able to secure an additional supply of COVID-19 antigen tests for home use. They are available for our employees while supplies last.

DNV

- The primary activities in preparation for our DNV survey later this year continue to be (1) Quality monitoring and (2) Policy and Procedure development and approval. 2 policies are submitted for Board approval this month. I anticipate that there will be more in the upcoming months.

Medical Staff

- 2 new Emergency Department physicians are starting this month. They are Shannon Berry, M.D. and Aloysius Fobi, M.D. Both are Board certified in emergency medicine and reside in the State of Oregon. We are delighted to have both of them onboard.
- Bonnie Wong, D.O., has moved to our area (from Phoenix) and is getting settled in. She has been hired to be a replacement for Dr. Christine Mitchell, who left at the end of January. Dr. Wong will start on June 1.

Orthopedic Surgery Service

- As reported last month, our orthopedic surgery service has been successfully relaunched with Dr. Wes Johnson. This month, I met with 2 more orthopedic surgeons who are interested in practicing here. They are Michael Ivanitsky, M.D. and Shaun Hobson, M.D.
- We are scheduled to perform our first total joint replacement surgery on June 2 with Dr. Johnson.

SB 829

- As reported last month, Senate Bill 829 has been held up in Ways & Means Committee on March 2. Our best strategy at this time is to reach out to Committee Chairs and Sub-Committee Chairs at the following e-mail addresses with short, to the point e-mails requesting that the Chairs please assign SB 829 to 1 of their subcommittees and approve this much needed funding.

Joint Ways & Means Sub-Committee on Human Services Co-chairs.

- Andrea Valderrama - Rep.AndreaValderrama@oregonlegislature.gov
- WInsvey Campos - Sen.WInsveyCampos@oregonlegislature.gov

Joint Ways & Means Full Committee Co-Chairs

- Elizabeth Steiner - Sen.ElizabethSteiner@oregonlegislature.gov
- Tawna D. Sanchez - Rep.TawnaSanchez@oregonlegislature.gov

National Hospital Week

- National Hospital Week was May 8 – May 12. Once again, our Employee Activities Committee (EAC), led by Carrie Okey, did a great job of planning and organizing a full week of activities for our staff. I want to especially thank Mary Schamehorn and Norbert Johnson, who came by the hospital and participated in our Staff BBQ on Wednesday, May 10. We had a great turnout of staff, Board members and Foundation Board members who came by to help us celebrate.

Community Health Needs Assessment

- It is time to perform our next Triennial (required every 3 years) Community Health Needs Assessment (CHNA), as required by the Internal Revenue Service and CMS. The last 1 was completed in 2020. We solicited multiple bids for a consultant/contractor to assist us with this work and selected the lowest bidder. The low bidder was David Sandberg, who we worked with last year on our Strategic Planning Retreat and our Strategic Plan. The entire process will include community surveys on perceived community needs and focus groups. The Board will be involved in this process, in the role of governance for our hospital. Our goal is to have the new CHNA completed by the end of this summer.
- David Sandberg included in his pricing for the CHNA, enough hours to also assist SCHHC with the completion of a Medical Staff Development Plan. This plan was identified in our 2022 Strategic Plan as 1 of our top priority needs. This plan works hand in hand with the CHNA and will help us to identify our physician recruitment needs for our primary service area.

CEO Department Rounding and Shadowing

- I have resumed my schedule for departmental CEO rounds. My goal in the departmental rounding is to spend anywhere from a half day to a full day in each department, working side by side with the staff. Last year, I rounded in the emergency department, quality department and surgery (endoscopy) before I needed to discontinue the rounds to spend more time on DNV. I have resumed the practice this year. I rounded in Respiratory Therapy earlier this month. The next 3 departments are (1) clinic, (2) dietary, and (3) surgery.



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 – May 25, 2023

Provider News – April

For the month of April, our primary care providers saw 473 patients. Patient visits continue to be down and I am working closely with Scott McEachern on an aggressive advertising campaign. Vincent saw an increase in the number of patients seen per day largely due to seeing same day/walk-in patients as well as performing employment physicals for local employers. We anticipate the number of pre-employment/employment physicals to increase over the coming months as we partner with additional local employers.

The Clinic Provider Income Summary continues to show a loss, but the number of patients seen per day has increased. With the large turnover of providers, I do not anticipate seeing a significant difference before the end of FY23. With that said, we are working diligently to get every patient who calls or comes into our clinic a timely appointment. We are still recruiting a replacement for Debra Guzman and have one potential candidate that we are moving forward with an interview.

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

- Dr. Qadir, Nephrologist, was in clinic once and saw 7 patients.
- Dr. Webster, ENT/Dermatology was in clinic one day and saw 15 patients.

Clinic Report – April

- As part of the PCPCH (Patient Centered Primary Care Home) attestation, we will be focusing on several quality metrics and I will be including the report on a regular basis to fulfill the requirements of PCPCH Standard 2.B – Public Reporting. The goals were taken from the HRSA (Health Resources and Services Administration) benchmarks. As you can see, our performance is better than the HRSA benchmarks in Diabetes Control and Tobacco Use. We will be focusing on improving high blood pressure over the coming months.
- Telehealth visits for April totaled 29, which is 6% of the total patient visits. There have been fewer requests for Telehealth over the past couple of months. We will still be offering Telehealth visits as a way to improve access to care. Of note, Congress recently extended telehealth flexibilities under the Medicare program through the end of 2024.
- The No Show rate dropped to 2% for the month of April. 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.
- As reported last month, we have started patient experience surveys through NRC (National Research Corporation) and the results for April are listed below. Our NPS (Net Promoter Score), which asks how likely a patient is to recommend our facility, is 70.1%. While that is down from last month, we did have two

Service Alerts that affected the score. Both alerts were resolved but I want to point out that one of the alerts was actually an error due to the patient not understanding the instructions. The patient's comments were actually very good and he said he had meant to give us a 10 but the system didn't capture his entry (it only captured the 0 and not the 1). Of note, a score of 70.1% is still considered excellent.



Provider Name	Asked about medications		Care provider courtesy and respect		Care providers explain things		Care providers listened		Easy to get appt		Felt safe and secure		Human Understanding		NPS: Facility would recommend		Providers knew medical history	
	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Tyson, Vincent (1003245457)	77.3	22	70.8	24	58.3	24	73.9	23	66.7	24	70.8	24	73.9	23	60.9	23	26.1	23
Preslar, Paul (1437141793)	81	21	77.3	22	63.6	22	81	21	52.4	21	76.2	21	71.4	21	75	20	38.1	21
Guzman, Debra (1255627253)	93.8	16	94.1	17	76.5	17	82.4	17	58.8	17	82.4	17	82.4	17	70.6	17	70.6	17
Pense, Noel (1790118636)	71.4	7	85.7	7	57.1	7	85.7	7	42.9	7	85.7	7	100	7	71.4	7	71.4	7
Adams, Olixn (1306006143)	83.3	6	83.3	6	66.7	6	66.7	6	33.3	6	100	6	50	6	66.7	6	66.7	6
Schmelzer, Victoria (1417312893)	80	5	100	5	100	5	60	5	60	5	80	5	75	4	100	4	80	5
Grand Total	81.8	77	81.5	81	66.7	81	77.2	79	56.3	80	78.8	80	75.6	78	70.1	77	49.4	79
We had 2 resolved Service Alerts																		

Provider	Days in Clinic	Patients			Total Seen	Average Seen	No Show Rate	Cancellation Rate	Total Telehealth	Total New Pts
	Clinic	Scheduled	CXL'D	No Show						
Debra Guzman, FNP	12	124	14	3	107	8.9	2%	11%	8	0
Olixn Adams, DO	3	39	2	1	36	12.0	3%	5%	5	1
Noel Pense, DO	4	52	14	0	38	9.5	0%	27%	0	0
Paul Preslar, DO	12	102	16	2	84	7.0	2%	16%	2	31
Shane Matsui, LCSW	20	113	32	2	79	4.0	2%	28%	11	0
Vincent Tyson, FNP	18	117	4	4	109	6.1	3%	3%	3	8
COVID-19 Clinic	1	16	0	0	16	16.0	0%	0%	0	0
Outpatient Services	20	200	9	2	189	9.5	1%	5%	0	0
Schmelzer	5	24	0	4	20	4.0	17%	0%	0	6
Totals	95	787	91	18	678	7.1	2%	12%	29	46
Total telehealth	29									
473 Clinic Registrations										

Southern Coos Multi-Specialty Clinic eCQM Performance Report for 2023					
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Goals
CMS122v10: Diabetes HbA1C Poor Control (>9) (lower is better)	25.0%				32%
CMS165v10: Controlling High Blood Pressure	46.5%				60%
CMS138v10: Tobacco Use: Screening and Cessation Intervention	90.1%				82%
Green represents goal achieved					
Yellow represents ≤ 5% of goal					
Red represents > 5% of goal					

Clinic Provider Income Summary

All Providers

For The Budget Year 2023

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 MAR	BUD MAR	ACT APR	BUD APR	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	84	83	74	78	693	794	(102)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	440	863	476	955	473	919	4679	9,233	(4,554)
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	5.7	11.5	6.4	11.8	6.8	11.6	(4.9)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,009.63	1,735.00	916.72	1,840.40	1,041.16	1,802.20	623.67	1,857.20	1,281.38	1,857.20	900.24	1,674.40	941.44	1,857.20	743.38	1,785.40	9,469.07	17,955.40	(8,486.33)
RVU/Visit	2.18	1.95	2.16	1.95	2.13	1.95	1.99	1.95	2.04	1.94	1.95	1.94	2.15	1.94	2.05	1.94	1.98	1.94	1.57	1.94	2.02	1.94	0.08
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.69	23.13	14.67	22.44	13.43	22.81	11.14	22.38	15.63	22.38	12.17	22.33	11.21	22.38	10.05	22.89	13.67	22.61	(8.94)
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	351.61	337.72	306.28	336.78	364.54	336.49	28.05
Gross Revenue/RVU	166.47	171.58	171.85	171.58	211.39	172.06	182.40	173.26	110.58	173.77	274.77	173.66	168.33	173.66	188.50	173.62	177.78	173.66	194.88	173.35	180.13	173.03	7.10
Net Rev/RVU	72.02	72.37	74.10	72.37	90.52	72.55	78.06	72.98	48.88	73.17	118.86	73.13	71.98	73.13	81.54	73.12	77.66	73.13	85.50	73.02	77.88	72.90	4.98
Expense/RVU	122.57	75.68	102.29	75.68	99.33	76.15	141.70	73.52	124.51	73.18	216.11	72.46	132.00	73.95	142.70	76.57	129.94	74.31	184.44	75.36	134.75	74.65	60.11
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.81)	(3.60)	(63.64)	(0.53)	(75.62)	(0.01)	(97.25)	0.67	(60.03)	(0.81)	(61.16)	(3.45)	(52.29)	(1.18)	(98.94)	(2.34)	(56.88)	(1.75)	(55.13)
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	870.35	1,636.39	858.90	1,671.41	1,064.88	1,648.58	(583.70)
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	1,456.36	1,662.76	1,852.87	1,725.06	1,842.58	1,688.04	154.54
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)	(586.01)	(26.37)	(993.97)	(53.65)	(777.70)	(39.46)	(738.24)
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	167,365	322,524	144,871	309,503	1,705,681	3,106,830	(1,401,149)
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	94,256	186,704	81,312	179,133	968,252	1,797,861	(829,608)
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	73,109	135,820	63,559	130,370	737,428	1,308,969	(571,541)
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	73,109	135,820	63,559	130,370	737,428	1,308,969	(571,541)
Operating Expenses																							
Salaries & Wages	63,001	73,372	63,504	73,372	55,208	71,383	82,768	73,372	79,193	71,005	92,222	73,586	106,442	74,449	80,022	67,244	71,614	74,449	85,472	72,047	779,536	723,899	55,637
Benefits	9,853	9,325	9,883	9,320	8,080	9,076	10,487	9,320	8,469	8,430	8,065	8,110	13,270	9,997	10,025	9,642	5,854	10,675	9,644	10,330	93,631	94,847	(1,215)
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	0	9,121	0	9,002	17,945	90,496	(72,550)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	0	0	285	0	0	0	3,168	0	3,168
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	0	853	67	853	0	853	1,074	8,526	(7,452)
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	7,991	2,785	(1,167)	2,785	47,829	27,851	19,979
Allocation Expense	31,864	38,741	32,284	38,741	28,936	39,018	29,923	39,890	30,470	39,815	34,787	40,127	30,098	40,127	34,753	38,914	36,523	40,127	43,163	39,538	332,802	394,686	(61,884)
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	122,334	138,009	137,112	134,555	1,275,986	1,340,304	(64,318)
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(990)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(49,225)	(2,189)	(73,554)	(4,185)	(538,558)	(31,334)	(507,223)
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
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,868)	(8,890)	(6,244)	(58,344)	(990)	(78,737)	(20)	(60,653)	1,239	(76,916)	(1,511)	(55,063)	(5,773)	(49,225)	(2,189)	(73,554)	(4,185)	(538,558)	(31,334)	(507,223)



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, May 25, 2023

Clinical Department Staffing- April 2023

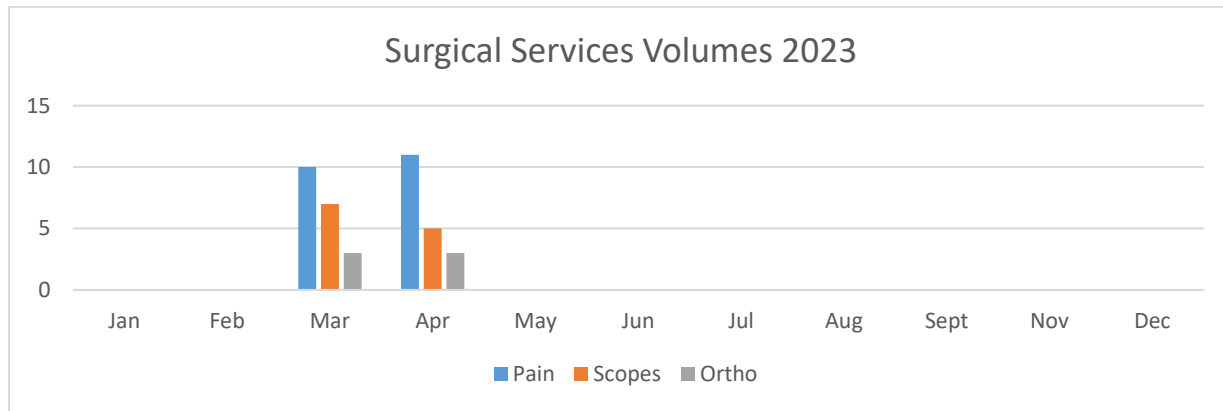
- **Medical-Surgical Department –**
 - One full-time CNA onboarded.
 - Three CNAI/II positions remain vacant.
 - Four full-time nurse positions remain vacant.
 - Two nurses out on medical leave
 - Five contract RNs and one contract CNAII utilized to fill vacancies.
- **Emergency Department –**
 - One LPN float position open (float between MS and ED).
 - Two contract RNs utilized.
 - Variance to budgeted FTEs is a result of increased ED census requiring a second RN during day shift hours.
- **Surgical Services –**
 - One full-time RN, one full-time and one per diem surgical technologist positions remain vacant.
 - Two contract RNs and one surgical technologist utilized in April. One contract has ended leaving only one contract RN and one surgical technologist for the month of May.
- **Medical Imaging –**
 - Four full-time Radiology Technologist vacancies remain.
 - Three Contract Radiology Technologists utilized in April.
 - Recruitment efforts for a Medical Imaging Manager have been initiated as a notice of resignation has been submitted by the current department manager.
- **Laboratory –**
 - Two Full time Medical Lab Technologist/Scientist positions remain vacant.
 - Two Contract Medical Lab Technologists Utilized to fill the need.
 - One application for employment was received, candidate interviewed and offer extended. Awaiting response.
- **Pharmacy –**
 - Fully staffed.
- **Respiratory Therapy –**
 - Fully Staffed.
 - Zero Agency/Contract therapists utilized.

Clinical Department FTE Statistics for April 2023

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	26.72	30.27	-3.55	5.18	2.71	2.47	31.90	32.98	-1.08
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA I	3.15	-	3.15	-	-	-	3.15	-	3.15
CNA II	2.76	3.50	-0.74	-	-	-	2.76	3.50	-0.74
Patient Activities Coordinator	1.00	0.60	0.40	-	-	-	1.00	0.60	0.40
Health Screener	-	3.55	-3.55	-	-	-	-	3.55	-3.55
Charge Nurse	2.95	3.94	-0.99	-	-	-	2.95	3.94	-0.99
RN	11.52	12.60	-1.08	5.18	2.71	2.47	16.70	15.31	1.39
LPN	2.12	3.37	-1.25	-	-	-	2.12	3.37	-1.25
Telemetry Tech	2.21	1.71	0.50	-	-	-	2.21	1.71	0.50
Swing Bed	0.97	1.02	-0.05	-	-	-	0.97	1.02	-0.05
Case Manager	0.97	1.02	-0.05	-	-	-	0.97	1.02	-0.05
LPN	-	-	0.00	-	-	-	-	-	0.00
Emergency Room	11.34	10.06	1.28	1.21	0.90	0.31	12.55	10.96	1.59
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA II	2.20	2.38	-0.18	-	-	-	2.20	2.38	-0.18
LPN	2.55	2.28	0.26	-	-	-	2.55	2.28	0.26
RN	5.59	4.39	1.20	1.21	0.90	0.31	6.80	5.30	1.51
Surgical Services	3.84	5.74	-1.91	1.75	-	1.75	5.59	5.74	-0.15
Director	1.00	-	1.00	-	-	-	1.00	-	1.00
Manager	-	1.00	-1.00	-	-	-	-	1.00	-1.00
RN	-	1.74	-1.74	-	-	-	-	1.74	-1.74
Surgical Nurse	1.24	1.00	0.24	1.75	-	1.75	3.00	1.00	2.00
Surgical Tech	1.59	2.00	-0.41	-	-	-	1.59	2.00	-0.41
Radiology	3.03	4.81	-1.78	1.58	1.62	-0.04	4.61	6.43	-1.82
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Coordinator	0.75	1.17	-0.42	-	-	-	0.75	1.17	-0.42
Medical Imaging Admin	1.00	1.13	-0.13	-	-	-	1.00	1.13	-0.13
Rad Tech IV	0.27	1.50	-1.23	1.58	1.62	-0.04	1.86	3.12	-1.26
RN	-	0.02	-0.02	-	-	-	-	0.02	-0.02
Ultrasound	1.17	1.50	-0.33	-	-	-	1.17	1.50	-0.33
Ultrasound Tech II	0.90	1.50	-0.60	-	-	-	0.90	1.50	-0.60
Ultrasound Tech IV	0.27	-	0.27	-	-	-	0.27	-	0.27
Mammography	1.45	0.90	0.55	-	-	-	1.45	0.90	0.55
Mammo Tech	1.45	0.90	0.55	-	-	-	1.45	0.90	0.55
Cat Scan	1.80	-	1.80	-	-	-	1.80	-	1.80
Rad Tech II	0.96	-	0.96	-	-	-	0.96	-	0.96
Ct/Rad Tech Reg	0.83	-	0.83	-	-	-	0.83	-	0.83
MRI	0.52	1.00	-0.48	-	-	-	0.52	1.00	-0.48
Rad Tech IV	0.52	1.00	-0.48	-	-	-	0.52	1.00	-0.48
Lab	8.87	10.89	-2.03	1.71	-	1.71	10.57	10.89	-0.32
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Assistant I	0.80	1.04	-0.24	-	-	-	0.80	1.04	-0.24
Assistant II	1.99	1.85	0.14	-	-	-	1.99	1.85	0.14
Assistant III	1.01	1.03	-0.02	-	-	-	1.01	1.03	-0.02
CNA II	0.58	-	0.58	-	-	-	0.58	-	0.58
Medical Lab Tech Lead	1.03	-	1.03	-	-	-	1.03	-	1.03
Medical Lab Scientist	0.34	0.99	-0.65	-	-	-	0.34	0.99	-0.65
Medical Lab Tech	2.11	4.98	-2.87	1.71	-	1.71	3.82	4.98	-1.16
Pharmacy	2.44	2.05	0.39	-	-	-	2.44	2.05	0.39
Pharmacist	1.26	1.00	0.26	-	-	-	1.26	1.00	0.26
RN	1.18	1.05	0.13	-	-	-	1.18	1.05	0.13
Respiratory	5.96	6.00	-0.04	-	-	-	5.96	6.00	-0.04
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Respiratory Therapist	4.96	5.00	-0.04	-	-	-	4.96	5.00	-0.04
Total Difference									0.05

Surgical Services –

- Case volumes consistent with prior month.



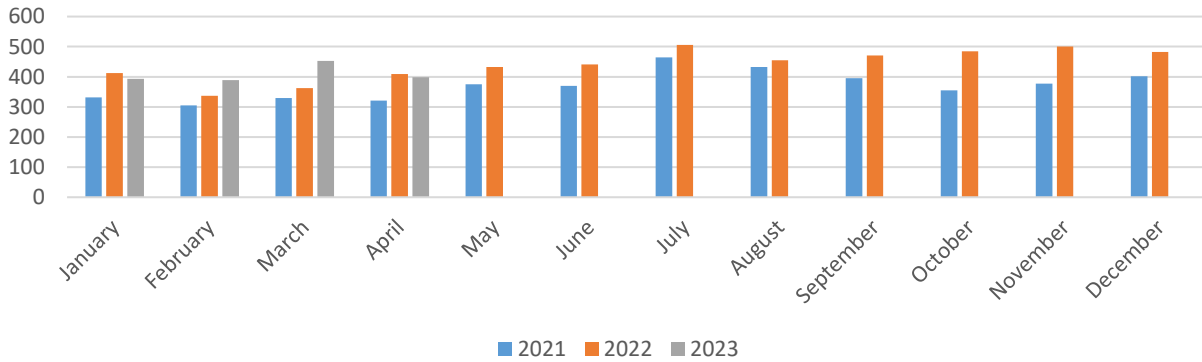
Nursing Skills Day –

- The first nursing skills day occurred April 24th and 27th.
- The nursing skills day presents an opportunity for nursing staff members to learn and demonstrate their competency in a hands-on learning environment.
- The subjects selected for the skills day include high risk, low volume procedures, all required competencies required by DNV as well as Oregon state requirements.
- Topics covered at the April skills day:
 - Infection control overview
 - Advance Directives vs. POLST forms
 - IV Therapy including: Aseptic technique, Implanted port access/de-access, and central line dressing change.
 - Critical drips: Available resources, set up, protocols with Diltiazem being the medication highlighted.
 - Blood draws – Order of draw and methods to reduce hemolysis.
 - Defibrillator (Zoll) training
 - Post-operative orthopedic care
 - Transfer to a higher level of care and EMTALA training.

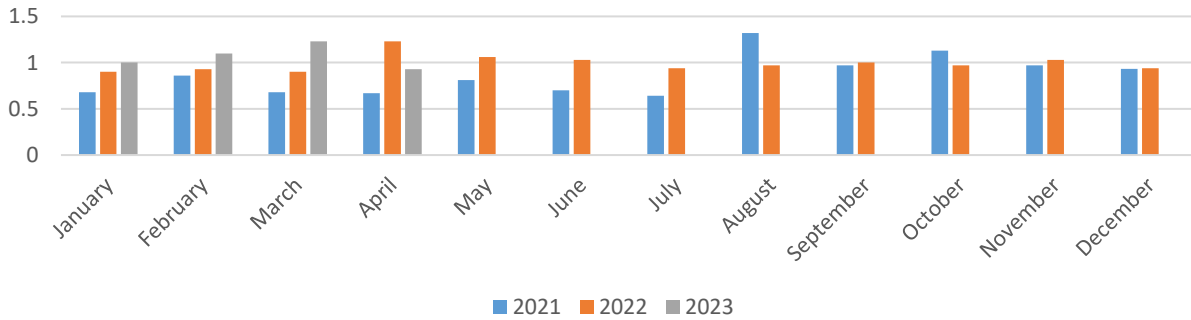


Emergency Department Statistics

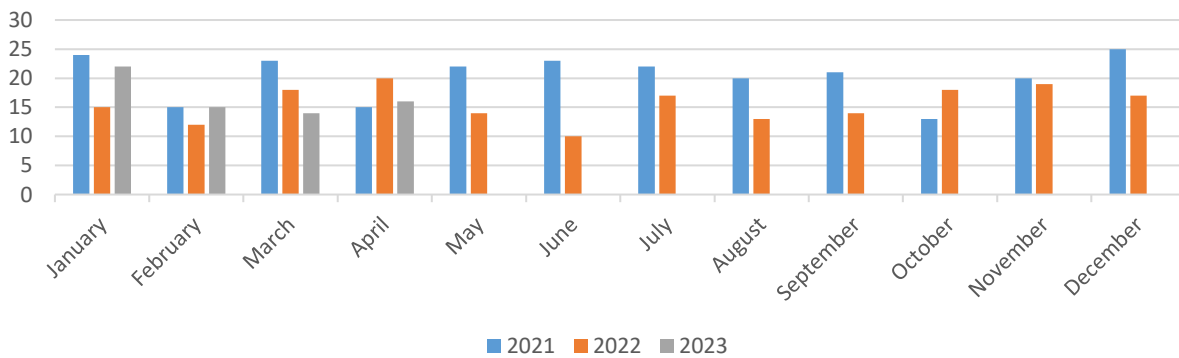
ED Census Tracking 2021-2023



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 – May 25, 2023

Fiscal Year 2024 Budget Preparation

The Finance Department is wrapping up the budget process for the fiscal year ending June 30, 2024. The Budget Committee meeting is scheduled for June 1 and the public budget hearing for approval will be the Board meeting on June 22nd. Significant initiatives contemplated in the 2024 budget include continued growth in outpatient volumes, particularly Lab, Imaging and Surgical Services as well as increased swing bed census. The budget reflects an increase in net assets of approximately \$500k with capital spending of \$750k, inclusive of equipment leases.

AHA Survey

The Finance Department has been completing its annual American Hospital Association (AHA) Survey of hospitals. This in-depth survey is required by the State of Oregon to be completed by every hospital annually and is due May 25. This 34-page survey details financial information, volume/utilization data, information about clinical programs, employment details, community socioeconomic details, data about the physical plant and various other information.

Payer Contract Negotiations

The Finance Department with the support of Dawn Gray, Clinic Manager, has been in active discussions with Moda and Advanced Health to update and revise our contracts. The Moda contract discussions are nearing completion with a new base agreement, improved terms and improved payment rates, particularly for professional services. We anticipate that we will have an updated contract in place with Moda by July. Moda covers many large local employers including the Bandon School District and SCHHC. In addition, we are in discussions with Advanced Health to update our Medicaid contract. Advanced Health is the local Coordinated Care Organization (CCO) that administers the vast majority of Medicaid lives in Coos and part of Curry counties. The main focus of these discussions is increasing our patient panels, updating payment rates and payment methodologies focusing on value-based payment models. We are hopeful to wrap-up these discussions within the next month or two.



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, May 25, 2023

Information Systems

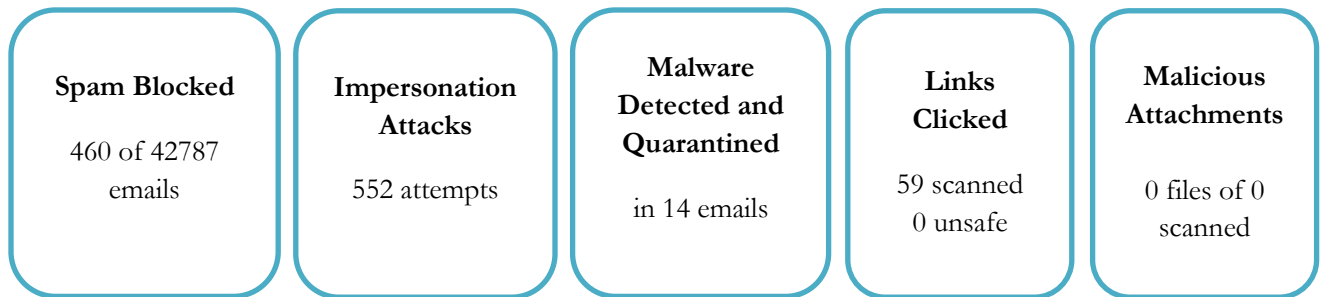
We are engaged with OCHIN (Oregon California Health Information Network) and Coast Community Health Center (CCHC) to build an interface between SCHHC lab and radiology and the CCHC Epic system. The current go-live is the end of July.

We are working with Reese Electric to install USB ports in the SCHHC lobby plug-ins so patients and families may charge their portable devices.

Several members of the SCHHC staff are installing a new Point of Sale (POS) system in the Gift Shop and the Cafeteria. The tentative go-live is the end of June.

Cybersecurity

Email Protection provided by Mimecast



Internet Traffic Monitored by Critical Insight



Clinical Informatics

Projects include the following:

- We have completed implementing Patient Event Notifications in Evident: the PEN is a system by which members of a patient's care team are notified when they are seen in other departments of the organization.
- We have converted all providers in the clinic to the Evident Web Client and are now converting the ED providers. The Evident Web Client is a browser based version of the desktop Evident client and gives the provider an improved, faster workflow.
- Updating Clinical Patient Summaries (commonly known as CCDA documents) for providers in the clinic.
- We are working with the clinic to attest to Patient Centered Primary Care Home (PCPCH), which is detailed in the Clinic Report.

HIM

Two members of the HIM staff, Lori Colby, HIM Supervisor, and Alicia Coffey, HIM Specialist II, attended the Oregon Health Information Management Association Conference on May 18 and 19.

EMR/ERP Selection Process

We are well underway in the EMR/ERP Selection process, guided by Experis Health Solutions. The RFP for EMR vendors and ERP vendors was released on May 22nd. The SCHHC and Experis teams worked well together to clarify the RFP outline and process.

Thus far, we have made contact with all four of our preferred vendors: two Epic Community Connect businesses, and two ERP firms:

Epic Community Connect	ERP
Myriad/Multi-Care	Premier
Tegria/Providence	Sage/Intacct

Date	Milestone	Status
May 22, 2023	RFP issued to vendors.	Completed
May 24, 2023	Questions and clarifications submission deadline	Completed
May 31, 2023	Responses to questions and clarifications deadline	
June 16, 2023	Last date for RFP response submission from vendors	
July 10 to July 21, 2023	Weeks for remote Vendor Demos	
August 2, 2023	Completion of reference calls or site-visits	
August 24, 2023	Board approval / contract signing	
Early September 2023	Vendor of choice announced	
Fall 2023	Commence implementation process	



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, May 25, 2023

SCHF Strategic Plan Update

We are working on the following items from the SCHF Strategic Plan:

- Updating the SCHF Policies and Procedures: the SCHF board has a set of by-laws but doesn't have a set of policies and procedures detailing specific foundation-related practices. For example, we are developing several donor gift policies that will govern the types of gifts the foundation accepts, how we accept them, and how we acknowledge the gifts.
- Building Board Committees: we are working on populating three SCHF board committees.
 - Board Recruitment: we have a goal of bringing on 3 new board members by the end of 2023. We have several candidates in mind and encourage the District board members to help promote the foundation board service.
 - Fundraising: SCHF has a goal of raising \$250,000 by the end of the calendar year 2023. This is an ambitious goal and will be anchored by our golf fundraising efforts and the year-end campaign.
 - Education & Events: SCHF is committed to our core event assets, including Women's Health Day, Golf for Health Classic, and the Senior Health Day. This committee also oversees the school nurse program at Bandon School District.
- Conducting a wealth analysis of local households, businesses, and foundations to better target our annual fundraising campaign.

Upcoming Events:

Senior Health Day: Date TBD, but likely in November

Golf for Health Classic: September 16th, 2023



Monthly Financial Report

To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: April 2023 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for April of \$3,263,000 were lower than budgeted expectations of \$3,542,000. OP gross revenues of \$2,204,000 were lower than a budget of \$2,534,000. Imaging and ER volumes exceeded budgeted expectations while RT, Lab, Surgery and Clinic volumes fell below budget expectations. IP and Swing Bed volumes and revenues of \$1,059,000 were slightly higher than a budget of \$1,008,000 for the month with an Average Daily Census (ADC) of 7.9 in April compared to budgeted ADC of 6.7.

Deductions from Revenue – Revenue deductions at \$995,000 or 30.5% of gross revenue were lower than a budget of 33.6% due primarily to a reduction in AR over 120 days. Deductions from revenue year-to-date at 36.9% are higher than budgeted expectations of 33.6% due primarily to Medicare cost-report reserves. YTD settlement reserves were adjusted to a payable of approximately (\$656k) at April month end which reflects a reduction in total estimated payable.

Total Operating Revenues of \$2,268,000 were slightly lower than the budget of \$2,351,000 in April.

Labor Expenses were \$1,570,000 in April compared to a budget of \$1,638,000. Salaries and Benefits were lower than budget due to remaining open positions. Contract staffing for nursing, radiology, surgery, lab, and the clinic continues to be high but is offset by the lower hospital labor and benefit expenses.

Professional Fees and Purchased Services combined were \$494,000 which was higher than the budget of \$416,000 due largely in part to not yet realizing sufficient professional fees savings compared to budgeted expectations.

Medical Supplies, Drugs and Other Supplies combined at \$164,000 were lower compared to budgeted expectations of \$186,000.

Operating Expenses – Total operating expenses of \$2,474,000 for the month were flat to a budget of \$2,474,000.

Operating Income / Loss – Operating loss for April was (\$206,000) compared to a budgeted loss of (\$123,000).

Decrease in Net Position was \$(48,000) compared to a budgeted decrease in the amount of (\$26,000).

Days Cash on Hand for April was 119.8 days, down from March at 130.3. Cash was largely affected by capital spending, annual insurance payments, and renewals of annual dues and subscriptions in April. A/R days outstanding increased from 50.3 to 50.7.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending April 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	109	98	114	11.2%	-4.4%	1,233	998	1,013	23.5%	21.7%
	Swing Bed Days	137	110	94	24.5%	45.7%	1,167	1,117	1,101	4.5%	6.0%
	Total Inpatient Days	246	208	208	18.3%	18.3%	2,400	2,115	2,114	13.5%	13.5%
	Avg Daily Census	7.9	6.7	6.7	18.3%	18.3%	8.8	7.7	7.7	13.5%	13.5%
	Avg Length of Stay - IP	4.7	3.2	3.7	49.9%	28.9%	4.2	3.5	3.6	19.4%	17.6%
	Avg Length of Stay - SWB	13.7	13.8	11.8	-0.4%	16.6%	13.7	12.6	12.4	9.4%	11.0%
	ED Registrations	388	368	391	5.4%	-0.8%	4,402	3,727	3,751	18.1%	17.4%
	Clinic Registrations	454	919	436	-50.6%	4.1%	4,455	9,233	4,600	-51.7%	-3.2%
	Ancillary Registrations	958	818	818	17.1%	17.1%	9,610	11,157	11,157	-13.9%	-13.9%
	Total OP Registrations	1,800	2,105	1,645	-14.5%	9.4%	18,467	24,117	19,508	-23.4%	-5.3%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,183	9,088	8,058	-10.0%	1.6%	8,056	9,069	8,494	-11.2%	-5.2%
	Gross SWB Rev/SWB Day	1,222	1,069	1,057	14.2%	15.6%	944	1,067	1,002	-11.5%	-5.8%
	Gross OP Rev/Total OP Registrations	1,224	1,204	1,210	1.7%	1.2%	1,379	1,064	1,108	29.6%	24.5%
	Collection Rate	71.7%	66.4%	67.1%	8.1%	6.8%	63.3%	66.4%	67.2%	-4.6%	-5.8%
	Compensation Ratio	72.7%	69.7%	65.5%	4.3%	11.0%	67.0%	65.7%	66.5%	2.0%	0.7%
	OP EBIDA Margin \$	(179,992)	(57,734)	(20,458)	211.8%	779.8%	(236,454)	453,930	(243,787)	-152.1%	-3.0%
	OP EBIDA Margin %	-7.7%	-2.5%	-1.0%	213.2%	659.1%	-1.0%	1.9%	-1.2%	-153.4%	-12.1%
	Total Margin	-4.6%	-1.1%	0.4%	316.0%	-1207.5%	0.4%	3.4%	0.1%	-87.4%	201.2%
Key Liquidity Ratios	Days Cash on Hand	119.8	80.0	131.5	49.8%	-8.9%					
	AR Days Outstanding	50.7	50	46.9	1.4%	8.1%					



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 April 30, 2023

	Current Month - Apr-2023					Year To Date - Apr-2023				
	Apr-2023 Actual	Apr-2023 Budget	Variance	Var %	Apr-2022 Actual	Apr-2023 Actual	Apr-2023 Budget	Variance	Var %	Apr-2022 Actual
Patient Revenue										
Inpatient	1,059,282	1,008,253	51,029	5.1%	1,017,891	11,035,040	10,243,271	791,769	7.7%	9,707,652
Outpatient	2,203,623	2,534,015	(330,392)	(13.0%)	1,989,778	25,465,124	25,665,072	(199,948)	(0.8%)	21,615,358
Total Patient Revenue	3,262,905	3,542,268	(279,363)	(7.9%)	3,007,670	36,500,164	35,908,343	591,821	1.6%	31,323,010
Deductions From Revenue										
Total Deductions	994,738	1,191,322	196,584	16.5%	988,470	13,469,988	12,076,557	(1,393,431)	(11.5%)	10,272,121
Revenue Deductions %	30.5%	33.6%			32.9%	36.9%	33.6%			32.8%
Net Patient Revenue	2,268,167	2,350,946	(82,779)	(3.5%)	2,019,200	23,030,176	23,831,786	(801,609)	(3.4%)	21,050,889
Other Operating Revenue	20	86	(66)	(76.7%)	45	135,426	860	134,566	15644.3%	820
Total Operating Revenue	2,268,187	2,351,032	(82,845)	(3.5%)	2,019,245	23,165,602	23,832,646	(667,043)	(2.8%)	21,051,709
Operating Expenses										
Total Labor Expenses	1,570,415	1,638,261	67,845	4.1%	1,323,133	15,442,316	15,663,040	220,724	1.4%	14,004,198
Total Other Operating Expenses	903,335	835,524	(67,810)	(8.1%)	772,064	8,682,170	8,312,306	(369,863)	(4.4%)	7,827,433
Total Operating Expenses	2,473,750	2,473,785	35	0.0%	2,095,196	24,124,485	23,975,346	(149,140)	(0.6%)	21,831,631
Operating Income / (Loss)	(205,563)	(122,753)	(82,810)	67.5%	(75,952)	(958,883)	(142,700)	(816,183)	572.0%	(779,923)
Net Non-Operating Revenues	157,882	96,993	60,889	62.8%	84,262	1,118,603	963,940	154,663	16.0%	810,225
Change in Net Position	(47,681)	(25,760)	(21,921)	85.1%	8,310	159,720	821,240	(661,520)	(80.6%)	30,302
Collection Rate %	69.5%	66.4%	4.7%	4.7%	67.1%	63.1%	66.4%	(4.9%)	(4.9%)	67.2%
Compensation Ratio %	69.2%	69.7%	(0.6%)	(0.6%)	65.5%	66.7%	65.7%	1.4%	1.4%	66.5%
OP EBIDA Margin \$	(121,009)	(57,734)	(63,275)	109.6%	(20,458)	(177,472)	453,930	(631,402)	(139.1%)	(243,787)
OP EBIDA Margin %	(5.3%)	(2.5%)	(2.9%)	117.3%	(1.0%)	(0.8%)	1.9%	(2.7%)	(140.2%)	(1.2%)
Total Margin (%)	(2.1%)	(1.1%)	(1.0%)	91.9%	0.4%	0.7%	3.4%	(2.8%)	(80.0%)	0.1%



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending April 2023

		Month				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	66.43%	65.75%	65.75%	1.0%	1.0%
	Medicaid	15.97%	15.59%	15.59%	2.4%	2.4%
	Commercial	9.33%	11.25%	11.25%	-17.0%	-17.0%
	Government	5.16%	5.59%	5.59%	-7.7%	-7.7%
	Other	1.59%	0.88%	0.88%	81.4%	81.4%
	Self Pay	1.53%	0.95%	0.95%	60.8%	60.8%
Total		100.00%	100.00%	100.00%		

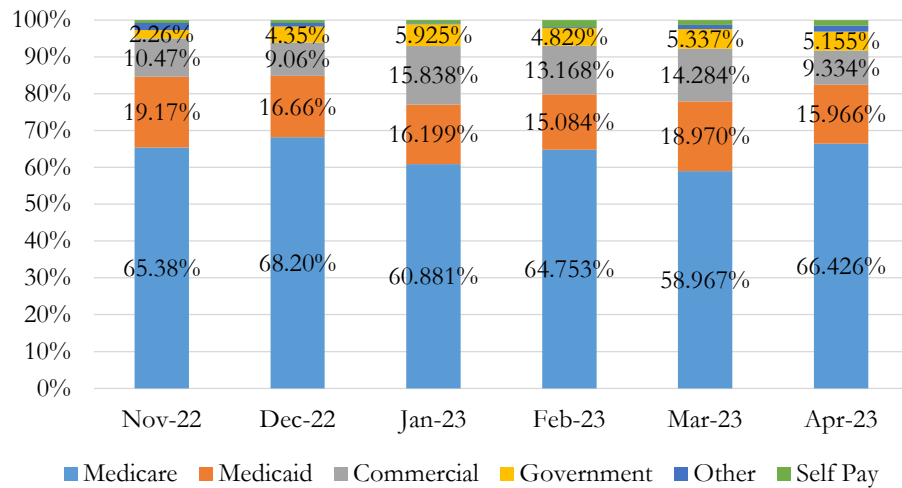
		Year to Date				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
		63.06%	61.47%	61.47%	2.6%	2.6%
		17.60%	18.23%	18.23%	-3.4%	-3.4%
		11.82%	12.06%	12.06%	-2.0%	-2.0%
		5.53%	6.11%	6.11%	-9.5%	-9.5%
		0.86%	0.43%	0.43%	99.1%	99.1%
		1.13%	1.70%	1.70%	-33.9%	-33.9%
Total		100.00%	100.00%	100.00%		

		Month				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
Patient Volumes	In Patient Days	109	98	114	11.2%	-4.4%
	Swing Bed Days	137	110	94	24.5%	45.7%
	Total Patient Days	246	208	208	18.3%	18.3%
	Emergency Visits	388	368	391	5.4%	-0.8%
	Radiology Procedures	788	756	726	4.2%	8.5%
	Laboratory Tests	3,940	4,041	3,130	-2.5%	25.9%
	Respiratory Visits	503	609	675	-17.4%	-25.5%
	Surgeries and Endoscopies	25	31	11	-19.4%	127.3%
	Specialty Clinic Visits	189	192	174	-1.6%	8.6%
	Primary Care Clinic	473	919	436	-48.5%	8.5%

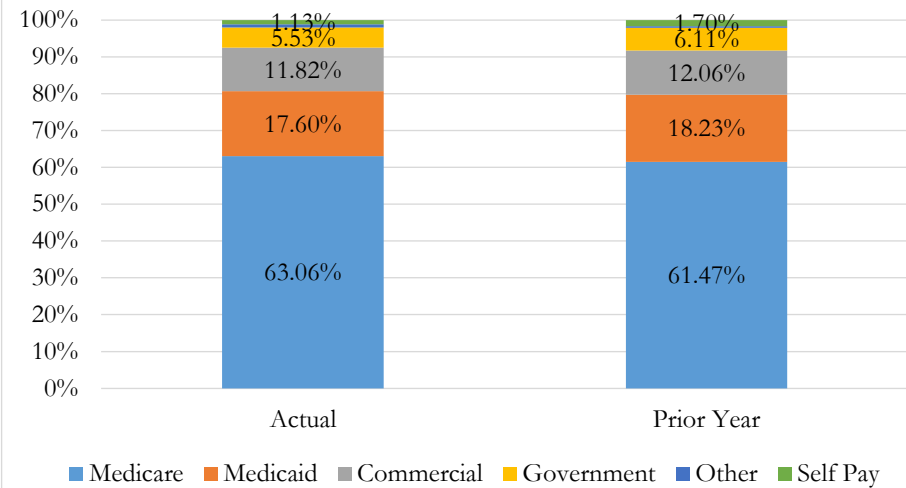
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
		1,233	998	1,013	23.5%	21.7%
		1,167	1,117	1,101	4.5%	6.0%
		2,400	2,115	2,114	13.5%	13.5%
		4,402	3,727	3,751	18.1%	17.4%
		8,339	7,708	7,086	8.2%	17.7%
		38,021	40,951	36,683	-7.2%	3.6%
		5,704	6,170	6,238	-7.6%	-8.6%
		134	314	199	-57.3%	-32.7%
		1,952	1,943	1,923	0.5%	1.5%
		4,679	9,233	4,558	-49.3%	2.7%



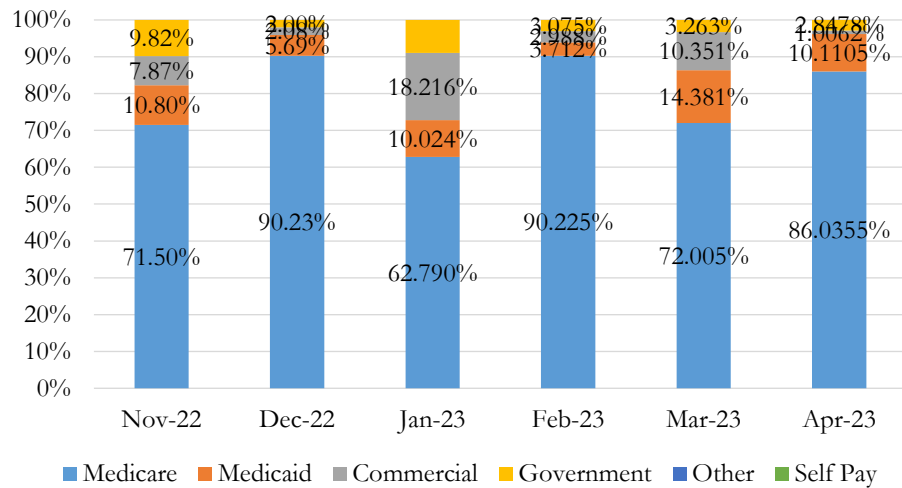
All Patients Payor Mix



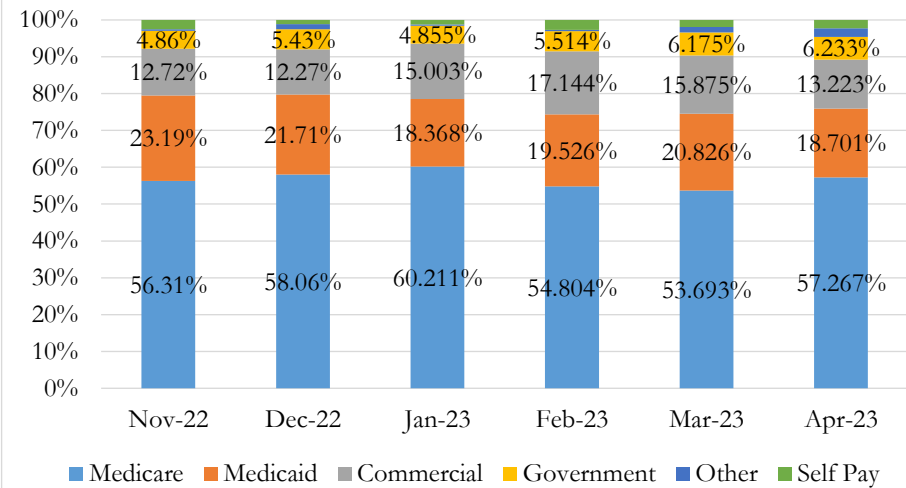
Year to Date Payor Mix



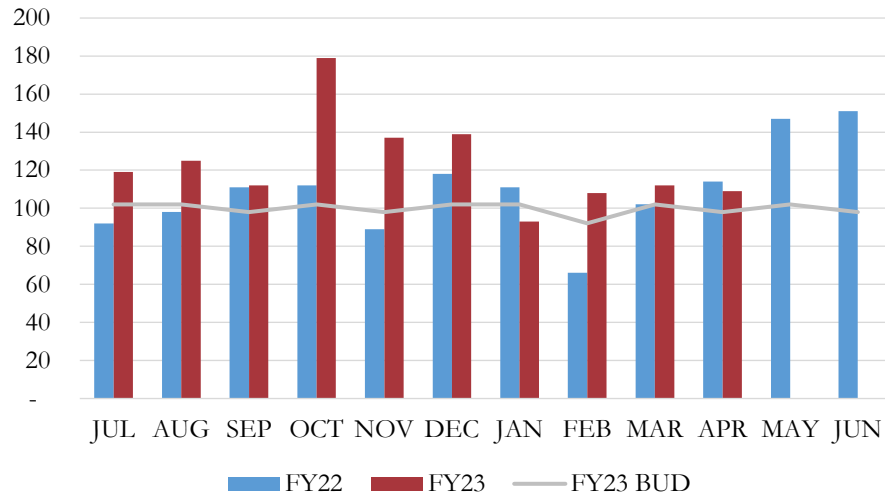
IP Payor Mix



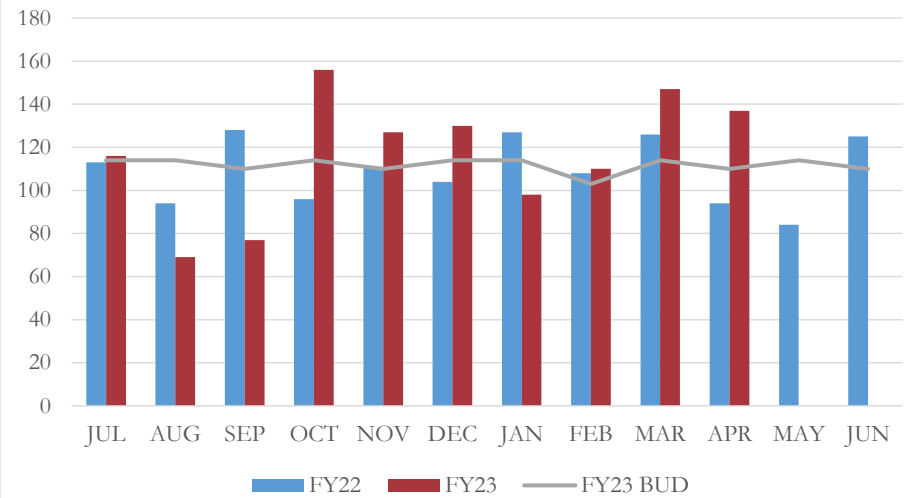
OP Payor Mix



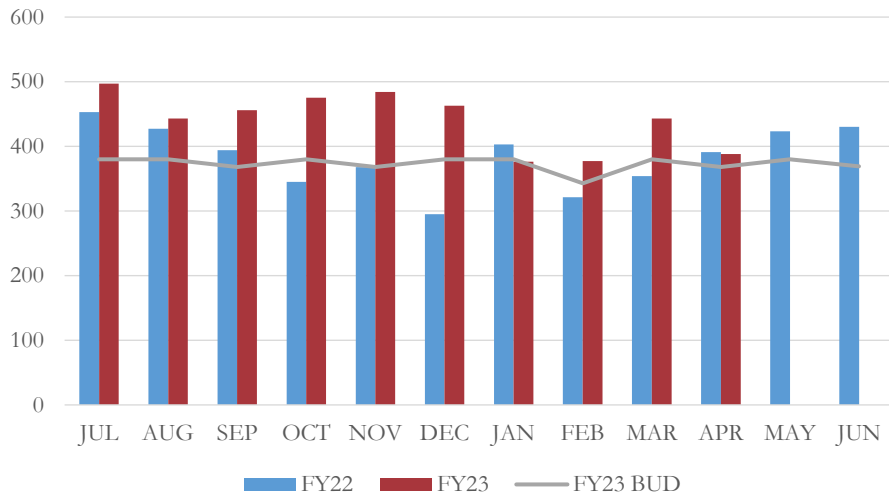
IP Days



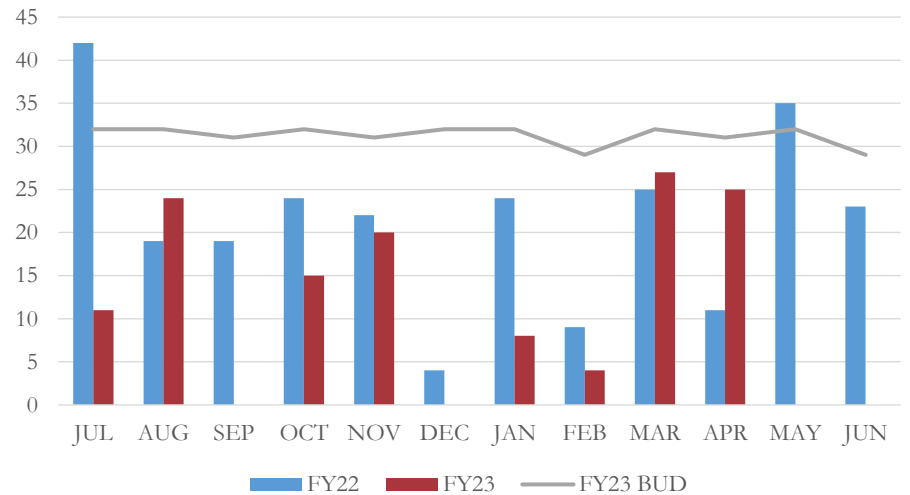
Swing Bed Days



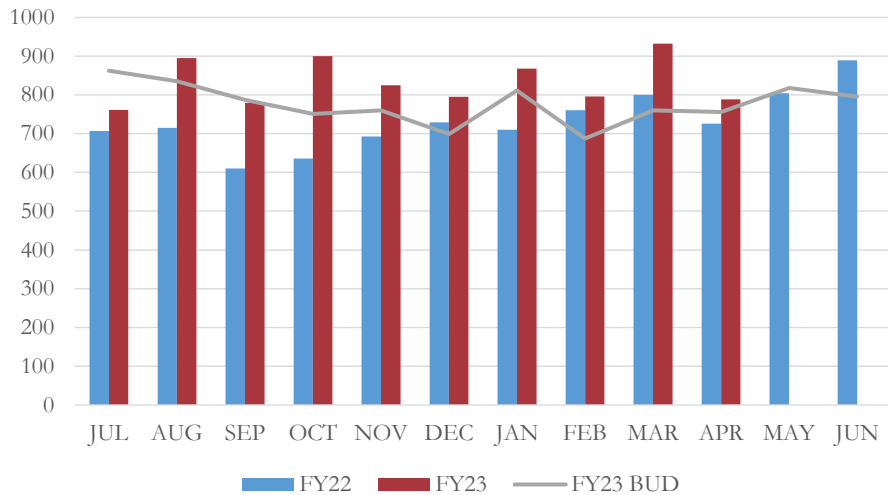
ER Visits



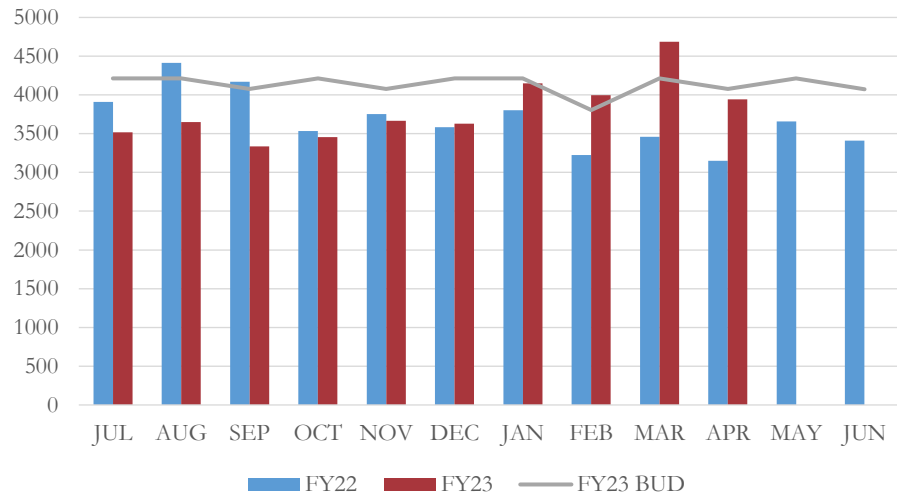
Surgery Patients



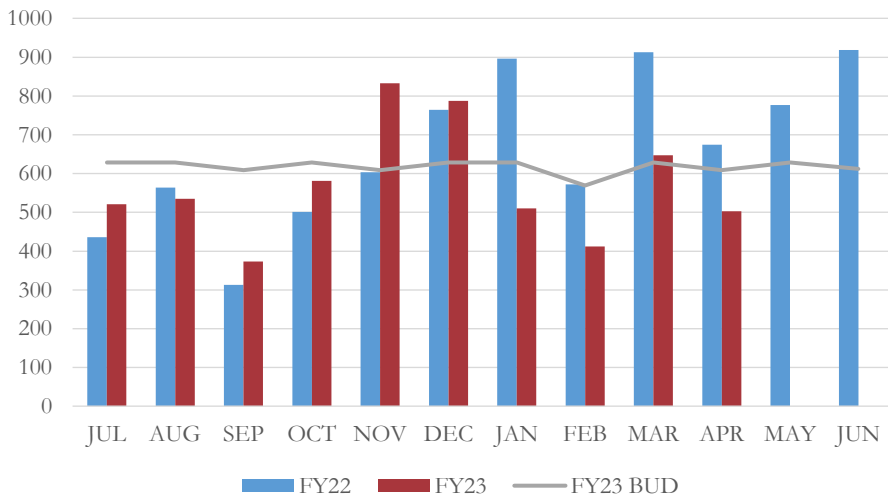
Imaging Visits



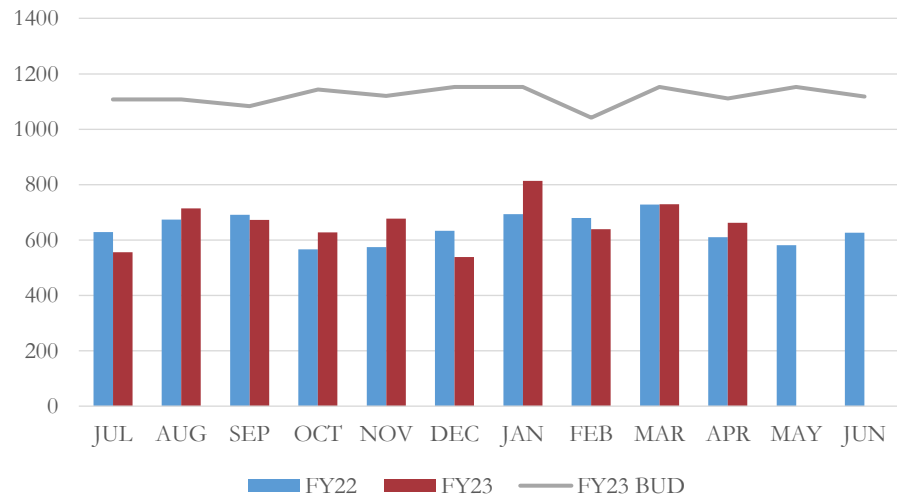
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending April 2023

	Balance as of April 2023	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	7,141,109	6,600,542	540,567	7,830,681
Covid-19 Relief Funds	1,201,335	1,201,335	-	(0)
Medicare Accelerated Payments	-	3,041,479	(3,041,479)	6,952,217
Investments - Unrestricted	1,701,812	1,452,639	249,173	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	12,260,232	14,511,971	(2,251,739)	17,451,493
Patient Accounts Receivable	6,324,480	5,990,969	333,511	4,845,025
Allowance for Uncollectibles	(2,768,895)	(2,793,125)	24,230	(2,456,334)
Net Patient Accounts Receivable	3,555,585	3,197,844	357,741	2,388,691
Other Receivables	(105,519)	492,153	(597,671)	840,233
Inventory	170,724	163,375	7,349	239,072
Prepaid Expense	447,198	479,232	(32,034)	402,507
Total Current Assets	16,328,221	18,844,575	(2,516,354)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	19,069,857	17,205,488	1,864,370	16,154,324
Less: Accumulated Depreciation	(13,668,248)	(12,886,837)	(781,412)	(11,651,955)
Construction In Progress	292,683	67,081	225,601	31,125
Net PP&E	6,155,819	4,847,259	1,308,560	4,995,021
Total Assets	22,484,040	23,691,835	(1,207,794)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending April 2023

	Balance as of April 2023	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,442,438	772,657	669,780	924,534
Accrued Payroll and Benefits	1,040,929	1,195,908	(154,979)	1,054,435
Interest and Other Payable	882,551	712,471	170,079	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	4,813,581	7,170,179	(2,356,599)	9,474,016
Long-Term Debt	4,960,870	4,236,981	723,890	4,368,697
Less Current Portion of Long-Term Debt	18,867	(246,328)	265,195	(231,964)
Total Long-Term Debt, net	4,979,737	3,990,653	989,085	4,136,733
Total Liabilities	9,793,318	11,160,832	(1,367,514)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	159,720	(175,268)	334,988	8,172,906
Total Net Assets	12,690,722	12,531,002	159,720	12,706,270
Total Liabilities & Net Assets	22,484,040	23,691,835	(1,207,794)	26,317,018



Southern Coos Hospital & Health Center

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

For The Period Ending April 30, 2023

	Current Month - Apr-2023					Year To Date - Apr-2023				
	Apr-2023 Actual	Apr-2023 Budget	Variance	Var %	Apr-2022 Actual	Apr-2023 Actual	Apr-2023 Budget	Variance	Var %	Apr-2022 Actual
Patient Revenue										
Inpatient	1,059,282	1,008,253	51,029	5.1%	1,017,891	11,035,040	10,243,271	791,769	7.7%	9,707,652
Outpatient	2,203,623	2,534,015	(330,392)	(13.0%)	1,989,778	25,465,124	25,665,072	(199,948)	(0.8%)	21,615,358
Total Patient Revenue	3,262,905	3,542,268	(279,363)	(7.9%)	3,007,670	36,500,164	35,908,343	591,821	1.6%	31,323,010
Deductions From Revenue										
Total Deductions	994,738	1,191,322	196,584	16.5%	988,470	13,469,988	12,076,557	(1,393,431)	(11.5%)	10,272,121
<i>Revenue Deductions %</i>	<i>30.5%</i>	<i>33.6%</i>			<i>32.9%</i>	<i>36.9%</i>	<i>33.6%</i>			<i>32.8%</i>
Net Patient Revenue	2,268,167	2,350,946	(82,779)	(3.5%)	2,019,200	23,030,176	23,831,786	(801,609)	(3.4%)	21,050,889
Other Operating Revenue	20	86	(66)	(76.7%)	45	135,426	860	134,566	15644.3%	820
Total Operating Revenue	2,268,187	2,351,032	(82,845)	(3.5%)	2,019,245	23,165,602	23,832,646	(667,043)	(2.8%)	21,051,709
Operating Expenses										
Salaries & Wages	970,914	1,258,460	287,546	22.8%	1,013,836	10,724,819	11,840,861	1,116,043	9.4%	9,740,520
Contract Labor	292,771	88,213	(204,559)	(231.9%)	127,682	2,034,185	1,066,126	(968,059)	(90.8%)	1,845,924
Benefits	306,730	291,588	(15,142)	(5.2%)	181,614	2,683,312	2,756,053	72,740	2.6%	2,417,754
Total Labor Expenses	1,570,415	1,638,261	67,845	4.1%	1,323,133	15,442,316	15,663,040	220,724	1.4%	14,004,198
Professional Fees	223,611	181,378	(42,233)	(23.3%)	205,955	2,461,642	1,813,782	(647,860)	(35.7%)	2,151,405
Purchased Services	270,586	234,771	(35,814)	(15.3%)	274,028	2,315,588	2,348,191	32,603	1.4%	2,351,061
Drugs & Pharmaceuticals	46,573	59,936	13,363	22.3%	34,434	485,540	607,402	121,862	20.1%	550,875
Medical Supplies	33,478	18,642	(14,835)	(79.6%)	13,824	235,074	188,997	(46,077)	(24.4%)	142,454
Other Supplies	83,905	107,903	23,998	22.2%	70,665	919,298	1,079,166	159,868	14.8%	884,975
Lease and Rental	5,860	49,414	43,554	88.1%	23,567	163,104	494,140	331,037	67.0%	272,342
Maintenance & Repairs	30,385	17,701	(12,684)	(71.7%)	7,311	189,696	177,020	(12,676)	(7.2%)	141,951
Other Expenses	67,162	52,229	(14,932)	(28.6%)	55,632	593,079	521,687	(71,392)	(13.7%)	413,243
Utilities	28,406	22,037	(6,369)	(28.9%)	27,647	254,845	220,371	(34,474)	(15.6%)	218,527
Insurance	21,213	26,492	5,278	19.9%	3,506	214,985	264,919	49,934	18.8%	164,464
Interest	7,601	-	(7,601)	0.0%	-	67,906	-	(67,906)	0.0%	-
Depreciation & Amortization	84,554	65,019	(19,535)	(30.0%)	55,493	781,412	596,630	(184,781)	(31.0%)	536,136
Total Operating Expenses	2,473,750	2,473,785	35	0.0%	2,095,196	24,124,485	23,975,346	(149,140)	(0.6%)	21,831,631
Operating Income / (Loss)	(205,563)	(122,753)	(82,810)	67.5%	(75,952)	(958,883)	(142,700)	(816,183)	572.0%	(779,923)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	894,267	860,490	33,777	3.9%	847,856
Non-Operating Revenue	48,382	21,306	27,076	127.1%	8,706	124,182	213,254	(89,072)	(41.8%)	81,000
Interest Expense	(14,784)	(14,394)	(389)	2.7%	(15,135)	(150,230)	(146,223)	(4,007)	2.7%	(155,287)
Investment Income	34,857	4,537	30,319	668.2%	5,536	250,383	45,300	205,084	452.7%	44,656
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(8,881)	8,881	(100.0%)	-
Total Non-Operating	157,882	96,993	60,889	62.8%	84,262	1,118,603	963,940	154,663	16.0%	818,225
Change in Net Position	(47,681)	(25,760)	(21,921)	85.1%	8,310	159,720	821,240	(661,520)	(80.6%)	38,302



Southern Coos Hospital & Health Center

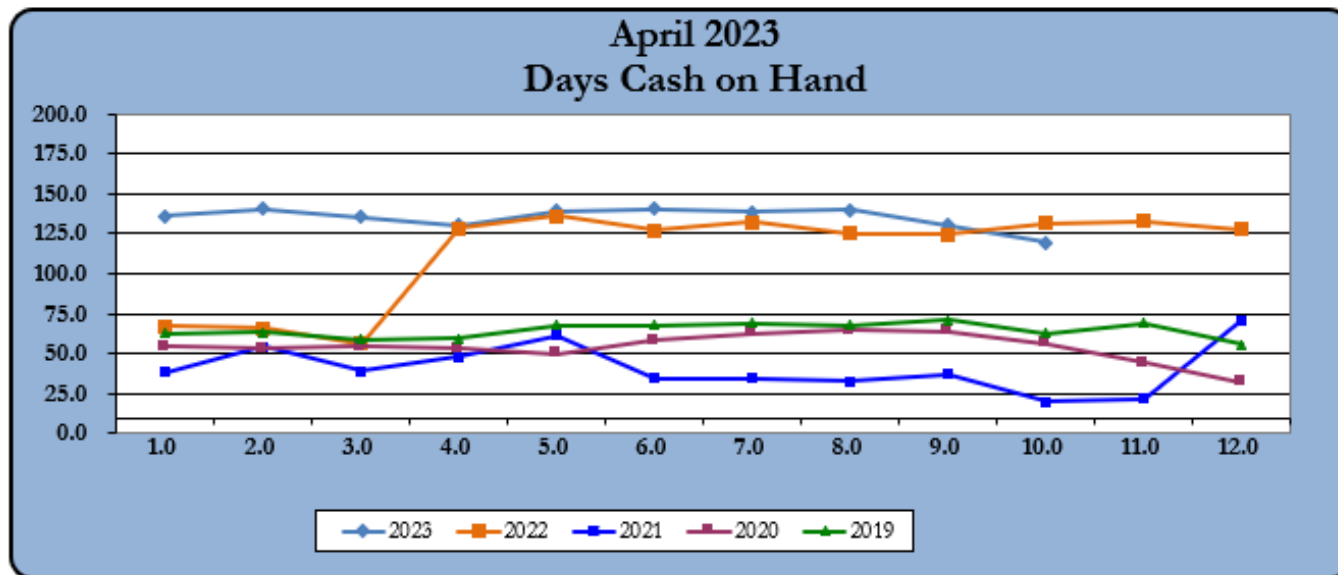
Income Statement

For The Period Ending April 2023

Comparison to Prior Months

	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023
Patient Revenue						
Inpatient	1,242,120	1,199,820	948,973	972,522	1,207,247	1,059,282
Outpatient	2,576,250	2,671,277	2,611,992	2,294,339	2,864,509	2,203,623
Other Patient Revenue	0	0	0	0	0	0
Total Patient Revenue	3,818,370	3,871,096	3,560,966	3,266,860	4,071,756	3,262,905
Deductions From Revenue						
Charity Services	12,580	12,589	8,392	16,445	12,236	31,130
Contractual Allowances	1,503,142	1,630,796	1,270,135	911,488	1,510,225	845,438
Other Discounts	102,380	89,366	130,136	168,337	171,461	133,715
Bad Debt	(10,111)	(15,453)	(6,240)	(7,730)	(12,165)	(15,545)
Total Deductions	1,607,991	1,717,299	1,402,423	1,088,540	1,681,757	994,738
Net Patient Revenue	2,210,379	2,153,798	2,158,543	2,178,320	2,389,999	2,268,167
Other Operating Revenue	25	5	135,266	15	20	20
Total Operating Revenue	2,210,404	2,153,803	2,293,809	2,178,335	2,390,019	2,268,187
Operating Expenses						
Salaries & Wages	1,121,878	1,150,435	1,127,972	1,018,773	1,057,860	970,914
Benefits	284,341	282,079	308,927	282,029	211,930	306,730
Contract Labor	160,186	225,526	162,442	269,339	303,537	292,771
Professional Fees	253,413	262,739	236,918	298,568	228,924	223,611
Purchased Services	199,016	229,539	204,958	246,809	237,821	270,586
Medical Supplies	22,917	17,812	19,781	19,330	22,462	33,478
Drugs & Pharmaceuticals	39,458	47,567	43,791	55,956	56,672	46,573
Other Supplies	89,973	115,470	89,385	72,688	92,776	83,905
Depreciation & Amortization	181,987	75,165	76,085	76,272	83,545	84,554
Lease and Rental	(85,151)	24,493	27,115	23,201	(26,293)	5,860
Maintenance & Repairs	15,785	4,660	21,795	21,629	17,387	30,385
Utilities	19,761	25,683	22,809	21,177	28,914	28,406
Insurance	21,309	21,184	22,719	21,824	21,629	21,213
Interest	31,943	5,832	7,034	6,922	8,575	7,601
Other Expenses	59,330	37,177	44,870	82,916	67,445	67,162
Total Operating Expenses	2,416,145	2,525,362	2,416,600	2,517,433	2,413,183	2,473,750
Excess of Revenue Over Expenses from	(205,741)	(371,559)	(122,791)	(339,098)	(23,164)	(205,563)
Non-Operating						
Operations						
Unrestricted Contributions	89,427	89,427	89,427	89,427	89,427	89,427
Other NonOperating Revenue\Expense	4,715	1,178	29,149	6,889	9,000	48,382
Investment Income	24,392	28,838	32,086	32,186	35,811	34,857
Total Non-Operating	118,534	119,442	150,661	128,501	134,238	172,666
Interest Expense	(17,174)	(14,782)	(14,788)	(14,784)	(14,784)	(14,784)
Excess of Revenue Over Expenses	(104,381)	(266,898)	13,083	(225,380)	96,290	(47,681)





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	135.1
2022	113.0
2021	41.2
2020	54.0
2019	64.7

Benchmark

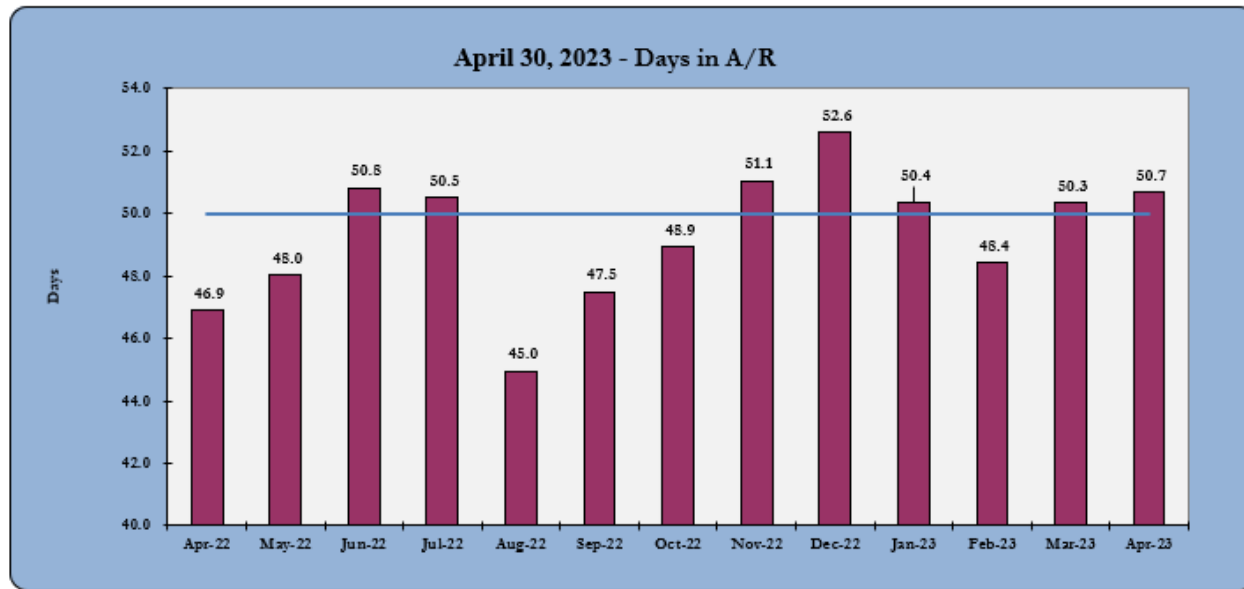
80 Days

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	130.3	119.8		
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5
2021	38.7	54.6	39.1	48.2	61.6	34.4	34.6	33.0	37.2	19.9	21.9	70.8
2020	54.3	53.4	54.2	53.3	50.3	58.3	62.6	64.9	63.8	56.4	44.0	32.0
2019	63.0	63.5	59.0	59.6	67.6	67.6	69.3	67.8	71.2	62.8	69.0	55.7





Calculation: $\frac{\text{Gross Accounts Receivable}}{\text{Average Daily Revenue}}$

Definition: Considered a key "liquidity ratio" that calculates how quickly accounts are being paid.

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

Benchmark **50**

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

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
A/R (Gross)	4,918,498	5,171,134	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	6,096,420	6,038,783
Days in AR	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
A/R (Gross)	4,918,498	5,171,134	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	6,096,420	6,038,783
Days in Month	30	31	30	31	31	30	31	30	31	31	28	31	30
Monthly Revenue	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	4,071,756	3,262,905
3 Mo Avg Daily Revenue	104,852	107,641	112,123	117,143	119,932	115,748	120,289	122,264	127,053	122,287	118,877	121,106	119,118
Days in AR	46.9	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7



**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY**

FY2023

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Non-Threshold Capital Purchases (<\$15,000)					
Lucas	Emergency	\$ 12,000.00	\$ -	\$ 12,000.00	
Under Cabinet Commodes x 2	Emergency	\$ 10,000.00	\$ -	\$ 10,000.00	
Portable RN Workstation - Ergotron	Emergency	\$ 6,000.00	\$ -	\$ 6,000.00	
Slit Lamp	Emergency	\$ 5,000.00	\$ -	\$ 5,000.00	
Decontamination Shower	Emergency	\$ 5,000.00	\$ -	\$ 5,000.00	
Parking Lot Repair & Resurface	Engineering	\$ 15,000.00	\$ -	\$ 15,000.00	
DataCenter Battery Backup Replacements	Information Systems	\$ 6,000.00	\$ -	\$ 6,000.00	
Storage Server Replacement	Information Systems	\$ 8,400.00	\$ -	\$ 8,400.00	
Security Camera System Expansion	Information Systems	\$ 5,500.00	\$ 11,995.00	\$ -	1/31/2023
Coag Replacement Reagents	Laboratory	\$ 15,000.00	\$ 15,000.00	\$ -	2/28/2023
Flooring	Respiratory	\$ 5,000.00	\$ -	\$ 5,000.00	
NuStep Bike	Swing Bed	\$ 8,500.00	\$ -	\$ 8,500.00	
Not in Budget (<\$15,000)					
Vscan Air Handheld Ultrasound & Tablet	ER	\$ -	\$ 6,613	\$ -	3/31/2023
Horizon Blood Bank & Plasma Thawing System	Laboratory	\$ -	\$ 8,472	\$ -	2/28/2023
Gen 2 Iovera Hand Held	Pain Management	\$ -	\$ 14,000	\$ -	8/31/2022
Prodigy iDXA Machine	Radiology	\$ -	\$ 9,600	\$ -	8/31/2022
Transducer Biopsy Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022
Portable OR Light	Surgery	\$ -	\$ 4,723.00	\$ -	1/31/2023
Generator 8	Surgery	\$ -	\$ 10,613	\$ -	3/31/2023
Allen Lift Assist Beach Chair	Surgery	\$ -	\$ 10,101	\$ -	In Progress
Warming Blanket & Cabinet	Surgery	\$ -	\$ 7,794	\$ -	In Progress
Carpel Tunnel System	Surgery	\$ -	\$ 8,473	\$ -	In Progress
Modular Knee Positioner	Surgery	\$ -	\$ 11,242	\$ -	In Progress
		\$ 101,400	\$ 126,325	\$ (24,925)	
Threshold Projects (>\$15,000)					
Air Handler Repairs	Engineering	\$ 55,000.00	\$ -	\$ 55,000.00	
Phone System Upgrade	Information Systems	\$ 35,000.00	\$ 34,999.20	\$ 0.80	12/31/2022
Wifi System Upgrade	Information Systems	\$ 19,300.00	\$ -	\$ 19,300.00	
Nova BioMedical Prime Plus	Laboratory	\$ 125,100.00	\$ -	\$ 125,100.00	N/A
BacT Alert Replacement	Laboratory	\$ 32,000.00	\$ -	\$ 32,000.00	N/A
Stat Profile Prime Plus Analyzer	Laboratory	\$ 25,000.00	\$ -	\$ 25,000.00	
Two Bin Implementation	Material Management	\$ 100,000.00	\$ -	\$ 100,000.00	
Cardiac Monitors	MedSurge	\$ 230,000.00	\$ -	\$ 230,000.00	
Butterfly Ultrasound	MedSurge	\$ 18,000.00	\$ -	\$ 18,000.00	
IV Pumps	MedSurge	\$ 16,200.00	\$ 12,800.00	\$ 3,400.00	1/31/2023
Cautery	Surgery	\$ 40,000.00	\$ -	\$ 40,000.00	
Crash Cart Defibrillator	Surgery	\$ 25,000.00	\$ 14,952.60	\$ 10,047.40	11/30/2022
RFA Generator	Surgery - Pain Management	\$ 50,000.00	\$ 55,515	\$ -	10/31/2023
Scope Reprocessor	Surgery-Endo	\$ 48,000.00	\$ -	\$ 48,000.00	
Not in Budget (>\$15,000)					
Equipment Upgrade for RAD Equipmnet	Radiology	\$ -	\$ 17,200.00	\$ -	1/31/2023
Generator 10 & 8	Surgery	\$ -	\$ 32,973.31	\$ -	2/28/2023
Smart Pump	Surgery	\$ -	\$ 18,890.91	\$ -	3/31/2023
System 1E	Surgery	\$ -	\$ 23,421.86	\$ -	
OR Lights	Surgery	\$ -	\$ 23,923.36	\$ -	In progress
Surgery Tools (System 8)	Surgery	\$ -	\$ 26,455.00	\$ -	In progress
Anesthesia Machine	Surgery	\$ -	\$ 62,983.87	\$ -	2/28/2023
		\$ 818,600	\$ 324,115	\$ 494,485	
Grand Total		\$ 920,000	\$ 450,440	\$ 469,560	
Grant Funded Projects:					
Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Vapotherm HVT Unit	Respiratory Therapy	\$ -	\$ 14,500	\$ -	8/31/2022
Stat Profile Prime Plus Analyzer	Laboratory	\$ -	\$ 14,000	\$ -	12/31/2022
		\$ -	\$ 28,500	\$ -	



All Providers																							
For The Budget Year 2023																							
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	Current Budget YTD		
	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	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	84	83	74	78	693	794	(102)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	440	863	476	955	473	919	4679	9,233	(4,554)
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	5.7	11.5	6.4	11.8	6.8	11.6	(4.9)
Total RVU	915.98	1,773.20	1,095.47	1,773.20	1,009.63	1,735.00	916.72	1,840.40	1,041.16	1,802.20	623.67	1,857.20	1,281.38	1,857.20	900.24	1,674.40	941.44	1,857.20	743.38	1,785.40	9,469.07	17,955.40	(8,486.33)
RVU/Visit	2.18	1.95	2.16	1.95	2.13	1.95	1.99	1.95	2.04	1.94	1.95	1.94	2.15	1.94	2.05	1.94	1.98	1.94	1.57	1.94	2.02	1.94	0.08
RVU/Clinic Day	16.65	22.73	16.35	22.73	16.69	23.13	14.67	22.44	13.43	22.81	11.14	22.38	15.63	22.38	12.17	22.33	11.21	22.38	10.05	22.89	13.67	22.61	(8.94)
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	351.61	337.72	306.28	336.78	364.54	336.49	28.05
Gross Revenue/RVU	166.47	171.58	171.85	171.58	211.59	172.06	182.40	173.26	110.58	173.77	274.77	173.66	168.33	173.66	188.50	173.62	177.78	173.66	194.88	173.35	180.13	173.03	7.10
Net Rev/RVU	72.02	72.37	74.10	72.37	90.52	72.55	78.06	72.98	48.88	73.17	118.86	73.13	71.98	73.13	81.54	73.12	77.66	73.13	85.50	73.02	77.88	72.90	4.98
Expense/RVU	122.57	75.68	102.29	75.68	99.33	76.15	141.70	73.52	124.51	73.18	216.11	72.46	132.00	73.95	142.70	76.57	129.94	74.31	184.44	75.36	134.75	74.65	60.11
Diff	(50.55)	(3.31)	(28.19)	(3.31)	(8.81)	(3.60)	(63.64)	(0.53)	(75.62)	(0.01)	(97.25)	0.67	(60.03)	(0.81)	(61.16)	(3.45)	(52.29)	(1.18)	(98.94)	(2.34)	(56.88)	(1.75)	(55.13)
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	870.35	1,636.39	858.90	1,671.41	1,064.88	1,648.58	(583.70)
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	1,456.36	1,662.76	1,852.87	1,725.06	1,842.58	1,688.04	154.54
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)	(586.01)	(26.37)	(993.97)	(53.65)	(777.70)	(39.46)	(738.24)
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	167,365	322,524	144,871	309,503	1,705,681	3,106,830	(1,401,149)
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	94,256	186,704	81,312	179,133	968,252	1,797,861	(829,608)
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	73,109	135,820	63,559	130,370	737,428	1,308,969	(571,541)
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	73,109	135,820	63,559	130,370	737,428	1,308,969	(571,541)
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	71,614	74,449	85,472	72,047	779,536	723,899	55,637
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	5,854	10,675	9,644	10,330	93,631	94,847	(1,215)
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	0	9,121	0	9,002	17,945	90,496	(72,550)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	0	0	285	0	0	0	3,168	0	3,168
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	0	853	67	853	0	853	1,074	8,526	(7,452)
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	7,991	2,785	(1,167)	2,785	47,829	27,851	19,979
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	36,523	40,127	43,163	39,538	332,802	394,686	(61,884)
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	122,334	138,009	137,112	134,555	1,275,986	1,340,304	(64,318)
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)	(49,225)	(2,189)	(73,554)	(4,185)	(538,558)	(31,334)	(507,223)
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
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)	(49,225)	(2,189)	(73,554)	(4,185)	(538,558)	(31,334)	(507,223)

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

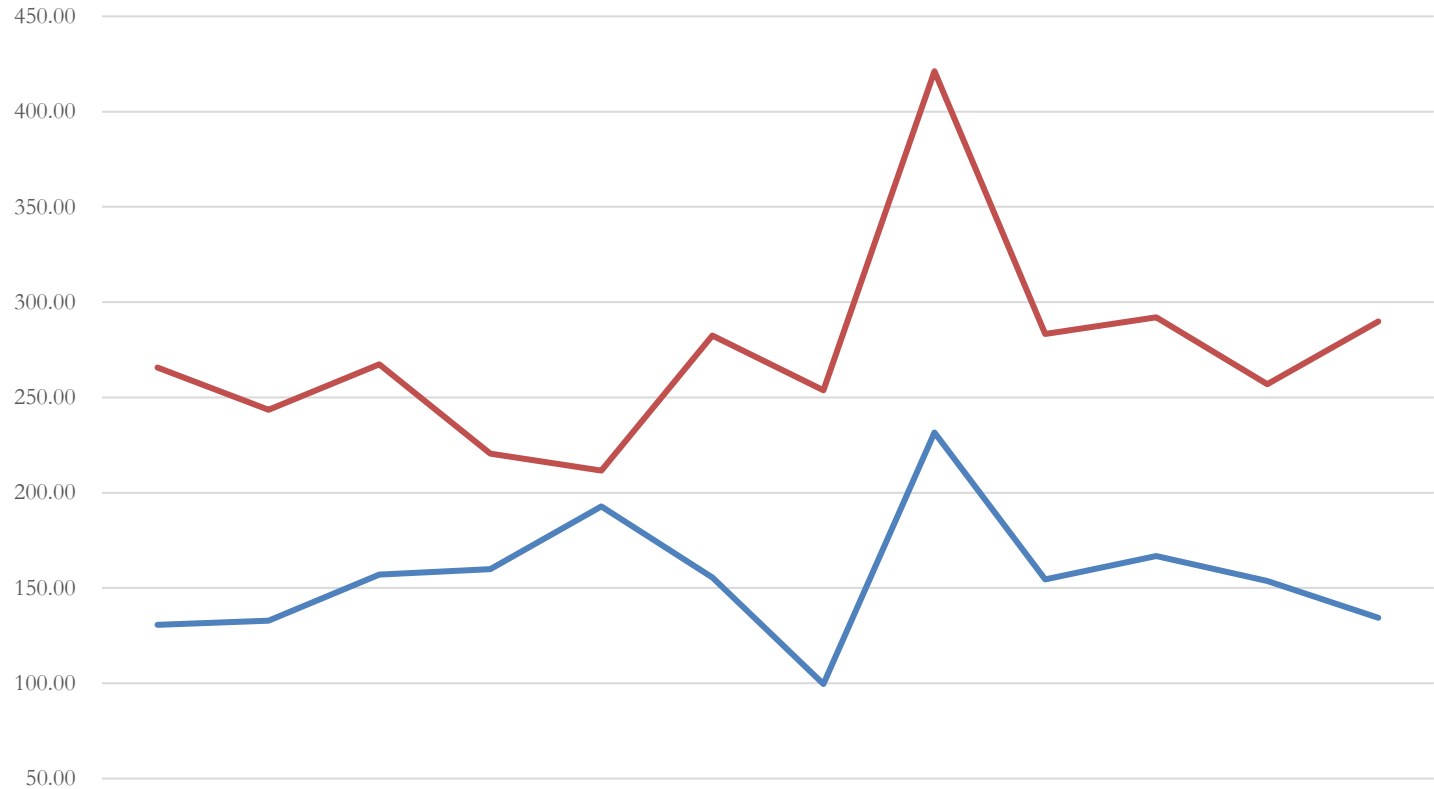
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending April 30, 2023

	Current Month - Apr-2023			Year To Date - Apr-2023		
	Hospital	Clinic Providers	Apr-2023	Hospital	Clinic Providers	Apr-2023
	Actual	Actual	Actual	Actual	Actual	Actual
Patient Revenue						
Inpatient	1,059,282	-	1,059,282	11,035,040	-	11,035,040
Outpatient	2,058,752	144,871	2,203,623	23,759,443	1,705,681	25,465,124
Total Patient Revenue	3,118,034	144,871	3,262,905	34,794,483	1,705,681	36,500,164
Deductions From Revenue						
Total Deductions	913,426	81,312	994,738	12,501,735	968,252	13,469,988
<i>Revenue Deductions %</i>	<i>29.3%</i>	<i>56.1%</i>	<i>30.5%</i>	<i>35.9%</i>	<i>56.8%</i>	<i>36.9%</i>
Net Patient Revenue	2,204,608	63,559	2,268,167	22,292,748	737,428	23,030,176
Other Operating Revenue	20	-	20	135,426	-	135,426
Total Operating Revenue	2,204,628	63,559	2,268,187	22,428,174	737,428	23,165,602
Operating Expenses						
Total Labor Expenses	1,475,299	95,116	1,570,415	14,569,149	873,167	15,442,316
Total Other Operating Expenses	861,338	41,997	903,335	8,279,351	402,819	8,682,170
Total Operating Expenses	2,336,637	137,112	2,473,750	22,848,499	1,275,986	24,124,485
Operating Income / (Loss)	(132,009)	(73,554)	(205,563)	(420,326)	(538,558)	(958,883)
Net Non-Operating Revenues	157,882	0	157,882	1,118,603	0	1,118,603
Change in Net Position	25,873	(73,554)	(47,681)	698,278	(538,558)	159,720
Collection Rate %	70.7%	43.9%	69.5%	64.1%	43.2%	63.1%
Compensation Ratio %	66.9%	149.7%	69.2%	65.0%	118.4%	66.7%
OP EBIDA Margin \$	(47,455)	(73,554)	(121,009)	361,086	(538,558)	(177,472)
OP EBIDA Margin %	(2.2%)	(115.7%)	(5.3%)	1.6%	(73.0%)	(0.8%)
Total Margin (%)	1.2%	(115.7%)	(2.1%)	3.1%	(73.0%)	0.7%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Net Rev/Visit	130.65	132.85	157.08	159.79	192.81	155.56	99.60	231.66	154.49	166.83	153.59	134.37
Expenses/Visit	265.62	243.46	267.31	220.58	211.57	282.40	253.68	421.20	283.33	291.97	257.00	289.88



DEPARTMENT: Administration	NUMBER: 800.002
SUBJECT: Hospital Leadership Structure	PAGE: 1 of 4
EFFECTIVE DATE: June 1, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: CEO, Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

POLICY:

Southern Coos Hospital & Health Center shall maintain a description of its organizational and functional leadership structure. The structure will include the role of the hospital's governing body, executive management, and medical staff leadership, including committee structures, internal relationships, reporting lines, communications lines, and the management concept that is not demonstrated by the organization's basic organization chart for lines of authority.

ROLES AND RESPONSIBILITIES:

The major structures of the organizational chart are listed below and have a brief statement of general membership and frequency of meetings. This is not an all-inclusive listing of all responsibilities and activities of each body.

- **Governing Board:**
 - Works with senior managers and medical staff leadership
 - Board members are either: (1) publicly elected by the voters of the Southern Coos Healthcare District, or (2) appointed by the existing Governing Board to fill a vacancy, created by a departure of a duly elected or appointed Board member.
 - Selects the Chief Executive Officer
 - Identifies those responsible for the provision of care, treatment, and services.
 - Approves the hospital's scope of services.
 - Provides resources necessary for the provision of care, treatment, and services.
 - Meetings are held monthly, and as a public body, they are open to the public.
 - Annually evaluates the hospital's performance in relation to the hospital's established mission, vision, and goals.
 - Line of communication established with Hospital CEO, Chief of Staff and Medical Executive Committee.
- **Medical Executive Committee:**
 - The membership is composed of all active staff members of the hospital's medical staff.
 - The Medical Executive Committee meetings are chaired by the elected Chief of Staff.
 - Meetings are held monthly.
 - Is self-governing.
 - Line of communication established with the Governing Board, CEO, and executive management team.
- **Chief Executive Officer (CEO):**
 - The CEO actively participates in the critical access hospital's decision-making structure and process.
 - Attends meetings of the Governing Board, medical staff, management, and clinical leaders.
 - The CEO's authority is written in a job description.
 - Line of communication established with Governing Board, Medical Executive Committee, and executive management team.
- **Quality and Patient Safety Committee:**

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- The membership is composed of the CEO, Executive Team, Quality Medical Director, Director of Quality, Safety Officer and at least 1 representative from each SCHHC department.
 - Meetings are held monthly.
 - Reports to the Governing Board.
 - Lines of communication established with Governing Board, Medical Executive Committee, other medical staff committees and executive management team.
- All Other Medical Committees:
 - Membership is composed of committee chairpersons, medical staff, and hospital staff as required by policy or law.
 - Meetings are monthly or as required by law/bylaws.
 - Reports to the Medical Executive Committee.
 - Line of communication established with the executive management team.
- Executive Management Team:
 - Membership is composed of the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Nursing Officer (CNO), Chief Information Officer (CIO), Director of Human Resources and Clinic Manager.
 - Meetings are weekly and as required.
 - Reports to the CEO.
 - Lines of communication established with the Medical Executive Committee and other medical staff committees.
- Department Manager Meetings:
 - Membership is composed of the members of the executive management team and all department managers and supervisors.
 - Meetings are monthly.
 - Reports to the executive management team.
 - Line of communication established with non-medical hospital committees.
- Hospital Committees (non-medical – e.g., Safety Committee, Product Evaluation Committee, etc.)
 - Membership is composed of a mixture of management and non-management staff and may include members of the medical staff.
 - Meetings are monthly or as required by policy or law.
 - Reports to the executive management team.
 - Established lines of communication with the departmental committees.
- Tier II Inter-Departmental Meetings
 - Membership is composed of 1 representative from each department of the hospital.
 - Meetings are held 1 time per day on Monday through Friday
 - Meetings are normally no more than 15 minutes long.

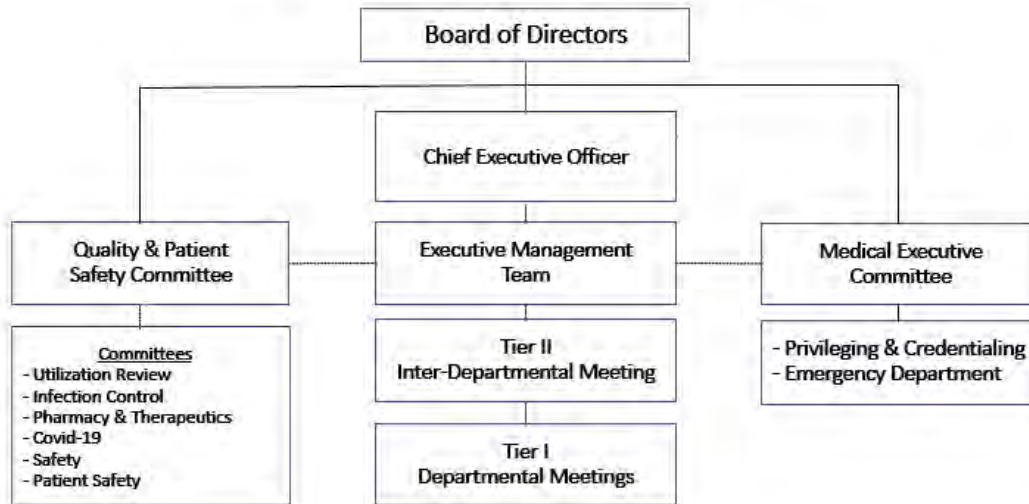
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- Meeting updates and actions are documented on a Tier II Huddle Board, which is maintained electronically.
- Reports to Executive Management Team
- Line of communication established with executive management team and Tier I Department Meetings.
- Tier I Department Meetings:
 - Composed of the staff and management staff of the various hospital departments and/or sections.
 - Meetings are regularly scheduled.
 - Meetings are normally 5-7 minutes long.
 - Reports to department managers, and upward to Tier II Meetings.
- Departmental Committees:
 - Composed of the staff and management staff of the department.
 - Meetings are determined by the department regarding frequency.
 - Reports to the department manager meetings.
 - Establishes lines of communication with the hospital committees (nonmedical) and may independently establish lines of communication with selected medical staff committees on a permanent or temporary basis.
- All the structures/committees in the organizational leadership chart are required to maintain attendance records, minutes, and membership lists providing copies as required to the structure to which it reports.
- Individual leaders may participate in more than one leadership group.

[See chart next page.]

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Organizational Leadership Structure Chart



Legend
Reporting Lines: ———
Communication Lines: - - - - -

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POLICY:

The Southern Coos Health District, doing business as (dba) Southern Coos Hospital & Health Center, shall comply with Oregon Public Meeting Law, ORS 192.610 – 192.710, and 192.990.

PURPOSE:

As a public entity, Southern Coos Health District has a legal responsibility to conduct meetings that are properly noticed to the public and conducted in such a manner that the general public can attend Board meetings and Board subcommittee meetings held by the Health District Board.

PROCEDURES:

1. Preparation for Board Meetings.

A. Distribution of Materials to Board Members.

- The consent agenda (Minutes for approval and Foundation Report), CEO Report, CFO Report, and Benchmark reports shall be given to each member of the Board of Directors at least four (4) days prior to any regularly scheduled Board meeting.
- At the same time, the Chief Executive Officer shall provide members with detailed information relative to the agenda, including existing Board policy pertinent to Agenda items.

B. Distribution of Agenda to the Public.

- The proposed Agenda will simultaneously be posted on the District website for review by District personnel and the public.

C. Board Meeting Agenda.

- The CEO and/or Board Chair shall draft the agenda with the following general order observed.
 - Call to order
 - Roll Call
 - Public Input
 - Approval of the Minutes or Consent Agenda
 - CEO Report
 - CFO Report
 - Staff Reports and Scheduled Benchmark Reports
 - Old Business
 - New Business
 - Open Discussion – Board and Staff Participation
 - Adjournment

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2. Notice and Location of Meetings

- A. Application – This policy applies to all meetings of the Board of Directors of the District, and to any meetings of subcommittees, or advisory groups appointed by the Board if such subcommittees or advisory groups normally have a quorum requirement, take votes, and form recommendations as a body for presentation to the Board of Directors.
- B. Compliance with Law – All meetings shall be conducted in accordance with the Oregon Public Meetings Law, ORS 192.610-192.710, and 192.990.
- C. Location of Meetings – All meetings shall be held within the geographic boundaries of the District, except for training sessions held without any deliberative action. No meeting shall be held in any place where discrimination on the basis of race, creed, color, sex, age, national origin, or disability is practiced. All meetings shall be held in places accessible to the handicapped.
- D. Virtual Accessibility – All meetings held by the Board, excluding executive sessions, shall provide members of the general public, to the extent reasonably possible, with an opportunity to:
 - Access and attend the meeting by telephone, video or other electronic or virtual means.
 - If in-person oral testimony is allowed, submit during the meeting oral testimony by telephone, video or other electronic or virtual means; and
 - If in-person written testimony is allowed, submit written testimony, including by electronic mail or other electronic means, so that the Board is able to consider the submitted testimony in a timely manner.
- E. Meetings Held by Telephone – Meetings held by telephone or other electronic communication are subject to the Public Meetings Law if they otherwise qualify by virtue of their deliberative purpose and the presence of a quorum. ORS 192.670(1). Notice and opportunity for public access shall be provided when meetings are conducted by electronic means. At least one location shall be provided where meetings held by telephone or other electronic means may be listened to by members of the public. ORS 192.670(2).
- F. Regular Meetings – The Board shall hold regular meetings on the fourth Thursday of each month. Such meetings shall be held at Southern Coos Hospital, at 6:00 p.m., or at such other places and times as the Board may designate from time to time.
- G. Special Meetings – The Board shall hold special meetings at the request of the Chairperson or any three members of the Board. If the Board Chair is absent from the District, special board meetings

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may be held at the request of the Secretary. No special meeting shall be held upon less than 24 hours public notice.

H. Emergency Meetings – Emergency meetings may be held at the request of persons entitled to call special meetings, upon less than 24 hours’ notice in situations where a true emergency exists. An emergency exists where are objective circumstances which, in the judgment of the person or persons calling the meeting, create a real and substantial risk of harm would be substantially increased if the Board were to delay in order to give 24-hours’ notice before conducting the meeting. The convenience of Board members is not grounds for calling an emergency meeting.

- At the beginning of any emergency meeting, the Director or Directors calling such meeting shall recite the reasons for calling such meeting, and the reasons the meeting could not have been delayed in order to give 24-hours’ notice, which reasons shall be noted in the minutes. The Board shall then determine if the reasons are sufficient to hold an emergency meeting and, if not, shall immediately adjourn the meeting. Only business related directly to the emergency shall be conducted at an emergency meeting.

H. Notice of Meetings - Notice of the time, place, principal subjects to be considered, and notice of opportunities for virtual accessibility shall be given for all meetings. For regular meetings, the notice shall be in the form of an agenda, which shall be sent to all Board members, local media, and to all persons or other media representatives having requested notice in writing of every meeting. The agenda shall also be posted at the following locations within the District: Hospital PCS Desk and District Website. Written notice shall also be sent to any persons who the District knows may have a special interest in a particular action unless such notification would be unduly burdensome or expensive. For special meetings, press releases shall be issued, or phone calls made to wire services and other media; and interested persons shall be notified by mail or telephone. For emergency meetings, the District shall attempt to contact local media and other interested persons by telephone to inform them of the meeting.

I. Executive Sessions – Notice for meetings called only to hold executive sessions shall be given in the same manner as notice for regular, special, and emergency meetings set forth above, except that the notice need only indicate the general subject matter to be considered at the executive session, but it shall also set forth the statutory basis for calling the executive session.

The Chairperson or other presiding officer shall announce the statutory authority for the executive session before going into closed session. Once the executive session has been convened, the Chairperson shall direct any representatives of the news media who are present not to report certain specified information from the executive session. In general, the extent of the non-disclosure requirement should be no broader than the public interest requires, and the news media will ordinarily be allowed to report the general topic of discussion in the executive session. Board members, staff and other persons present shall not discuss or disclose executive session proceedings outside the executive session without prior authorization of the Board as a whole.

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J. Interpreters For the Hearing Impaired – The District shall comply with ORS 192.630(5) regarding the provision of interpreters for the hearing impaired at Board meetings, in accordance with the following rules:

- The District shall make a good faith effort to have an interpreter for hearing impaired persons provided at any regularly scheduled meeting if the person requesting the interpreter has given the District at least 48-hours' notice of the request, provided the name of the requester, the requester's sign language preference, and any other relevant information which the District may require. "Good faith efforts" shall include contacting the Oregon Disabilities Commission, or other state or local agencies that maintain a list of qualified interpreters.
- If a meeting is held upon less than 48-hours' notice, the District shall make reasonable efforts to have an interpreter present.
- The requirement for an interpreter does not apply to emergency meetings.
- The Chief Executive Officer shall be responsible for developing and maintaining a list of qualified interpreters and shall have the responsibility for making the required good faith effort to arrange for attendance of an interpreter at any meeting for which an interpreter is requested.

3. Board Meeting Conduct

- A. Presiding Officer – The Board Chairperson shall preside at Board meetings. In the Chairperson's absence, the Secretary shall preside. If both the Chairperson and Secretary are absent, any other member of the Board may preside.
- B. Authority to Conduct Meetings – The Chairperson or other presiding officer at any Board meeting shall have full authority to conduct the meeting. Meetings shall be conducted in such a manner as to provide a full and fair opportunity for discussion of the issues in an efficient and timely manner. Any decision of the Board Chair or other presiding officer at the meeting may be overridden by a majority vote of the Board.
- C. Public Participation – If public participation is to be a part of the meeting, the presiding officer may regulate the order and length of appearances, and limit appearances to presentations of relevant points. Persons failing to comply with the reasonable rules of conduct outlined by the presiding officer, or causing any disturbance, may be asked, or required to leave. Upon failure to do so, such persons become trespassers.
- D. Electronic Equipment – The authority to control the meetings of the District Board extends to control over equipment such as cameras, video recording, tape recorders and microphones. The presiding officer shall inform persons attending any meeting of the District Board of reasonable rules necessary to assure an orderly and safe meeting. The physical comfort and safety of

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members of the Board and the public attending the meeting shall be of primary concern in formulating such rules.

- E. Recording of Votes – Votes shall be recorded. Any member may request that his or her vote be changed, if such a request is made prior to consideration of the next order of business.
- F. Quorum Requisites – Three of five members shall constitute a quorum. If only a quorum is present, a unanimous vote shall be required to take final action.
- G. Vote Explanations – Members of the Board may append the record, at the time of voting, a statement indicating either the reason for their vote or abstention.
- H. Conflict of Interest/Ex Parte Contacts – In the event of a potential conflict of interest, a member of the Board shall declare such conflict but may participate in discussions and vote. In the event any member of the Board has had any ex parte contact in a quasi-judicial matter, the member shall declare such contact prior to participating in discussion on the matter.
- I. Smoking – Pursuant to ORS 192.710, no person shall smoke or carry any lighted cigar, cigarette, pipe, or other smoking equipment into a room where a meeting is being held by the Board or is to continue after a recess. For purposes of the statute, a meeting is deemed to have started at the time the agenda or meeting notice indicates it is to commence, regardless of the time the meeting actually begins. This rule shall apply at any regular, special, or emergency meetings at which the Board intends to “exercise or advise in the exercise of any power of government.” Southern Coos Hospital is a Tobacco and Vapor Free workplace.

No quorum requirement shall apply for this smoking ban to apply. If the Board intends to reconvene after leaving a meeting room for an executive session, the Board will be deemed to be in a “recess” during which smoking shall be prohibited in the meeting room.

- Smoking Policy at Other Locations – If a meeting is held at a location other than one which is “rented, leased or owned” by the District, such as a hotel meeting room, where no separate charge is made for the room, the smoking ban of ORS 192.710 shall not apply, but other laws prohibiting smoking except in designated areas, such as that found in ORS 433.845, may apply.

- J. Adjournment – The meeting shall be adjourned by a majority vote or as a result of the loss of a quorum.

4. Executive Sessions

- A. Notice – Notice for meetings called only to hold executive sessions shall be given in the same manner as notice for regular, special, and emergency meetings set forth above, except for that the notice need only indicate the general subject matter to be considered at the executive session, but it shall also set forth the statutory basis for calling the executive session.

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B. No Final Decisions- The Board shall not make any final decisions during any executive session. This policy, however, shall not prohibit full discussion of Board members' views during executive sessions.

C. Purposes – Executive sessions shall be held only for the following purposes.

- Employment of Personnel: ORS 192.660(2)(a). To discuss the employment of a public officer employee, or staff member, but only if the following requirements have been met:
 - The vacancy for the position has been advertised.
 - Regularized procedures for hiring have been adopted.
 - There has been an opportunity for public input into the employment of such employee or officer.
 - Where employment of a Chief Executive Officer is under consideration, the standards, criteria, and policy directives to be used in hiring such officer must have been adopted at a meeting open to the public at which the public has had an opportunity to comment. No executive sessions may be held under ORS 192.660(2)(a) for purposes of filling a vacancy in an elective office.
- Discipline of Public Officers and Employees: ORS 192.660(2)(b). To consider the dismissal or disciplining of a public officer, employee, staff member or individual agent, or to hear complaints or charges brought against such persons, unless the person complained against requests an open hearing.
- Medical Staff of a Public Hospital: ORS 192.660(2)(c). To consider matters pertaining to the function of the medical staff of a public hospital including, but not limited to, all clinical committees, executive, credentials, utilization review, peer review, committees and all other matters relating to medical competency in the hospital.
- Consultation with Labor Negotiator: ORS 192.660(2)(d). To conduct deliberations with persons designated by the Board to carry on labor negotiations on its behalf. News media representatives may be excluded from executive sessions called under this section.
- Real Property Transactions: ORS 192.660(2)(e). To conduct deliberations with persons designated by the Board to negotiate real property transactions.
- Exempt Records: ORS 192.660(2)(f). To consider records which are exempt by law from public inspection. Examples of such records include medical records pertaining to personnel, confidential communications from legal counsel, employment tests or examination materials, and other materials exempted from public disclosure under the Public Records Law, ORS 192.501 and 192.502.

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- Trade or Commerce: ORS 192.660(2)(g). To consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies in other states or nations.
 - Litigation/Consultation with Legal Counsel: ORS 192.660(2)(h). To consult with legal counsel concerning the District's legal rights and duties, as well as current litigation or litigation likely to be filed. Whenever written legal advice received from counsel is to be discussed, the Board may utilize an executive session to discuss the writing under the authority of ORS 192.660(2)(f), . This section authorizes an executive session to consider records which are exempt by law from public inspection.
 - Performance Evaluations: ORS 192.660(2)(i). To review and evaluate the employment-related performance of the Chief Executive Officer, other officers, employees, or staff members, pursuant to standards, criteria and policy directives adopted by the District, unless the person whose performance is being reviewed and evaluated requests an open hearing. The standards, criteria, and policy directives to be used in evaluating chief executive officers must first be adopted by the Board in meetings open to the public in which there was an opportunity for public comment. Executive sessions called pursuant to this section may not include a general evaluation of any District goal, objective, or operation, and may not include any directive to the Chief Executive Officer or other District personnel concerning agency goals, objectives, operations, or programs.
 - Public Investments: ORS 192.660(2)(j). An executive session may be called to negotiate with private persons or businesses regarding proposed acquisition, exchange, or liquidation of public investments.
 - Health Professional Licensee Investigation: ORS 192.660(2)(k). A meeting to consider information obtained as part of an investigation or licensee or applicant conduct. Confidential information must be protected even when the Board convenes in public sessions for the purposes of deciding whether or not to issue a notice of intent to impose a disciplinary sanction on a licensee or to deny or approve an application for licensure.
 - Labor Negotiations: ORS 192.660(2)(n). Labor negotiations may be held in executive session if either side requests an executive session.
- D. Conduct of Executive Session: The Board Chairperson or other presiding officer shall announce the statutory authority for the ex before going to closed session. Once the executive session has been convened, the Chairperson shall direct any representatives of the news media who are present not to report certain specified information from the executive session. In general, the extent of the non-disclosure requirement should be no broader than the public interest requires, and the news media will ordinarily be allowed to report the general topic of discussion in the

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executive session. Board members, staff and other persons present shall not discuss or disclose executive session proceedings outside of the executive session without prior authorization of the Board as a whole.

5. Minutes of Board Meetings

A. Written Minutes – The Board shall keep written minutes of all its meetings in accordance with the requirements of ORS 192.650. Minutes of public meetings shall include at least the following information:

- List of all members of the Board present.
- All motions, proposals, resolutions, orders, ordinances, and measures proposed and their disposition.
- Results of all votes, including the vote of each member by name.
- The substance of any discussion on any matter.
- Subject to ORS 192.410 – 192.505 relating to public records, a reference to any document discussed at the meeting.

B. Minutes of Executive Session - Minutes of executive sessions shall be kept separately from minutes of public meetings. Minutes of executive sessions may be kept either in writing, in the same manner as minutes of public sessions, or by tape or digital recording. If minutes of an executive session are kept by tape or digital recording, written minutes are not required, unless otherwise provided by law. ORS 92.650(2).

- Disclosure of Executive Session Matters – If disclosure of material in the executive session minutes would be inconsistent with the purpose for which the executive session was held, the material may be withheld from disclosure. No executive session minutes may be disclosed without prior authorization of the Board. ORS 192.650(2).
- Retention – Any tape or digital recordings or written minutes of public Board meetings or executive sessions shall be retained by the District until such time as their disposal is authorized by rule or specific authorization of the State Archivist pursuant to ORS 192.105. It is recommended that minutes be retained forever.
- Availability to the Public – Written minutes of public sessions shall be made available to the public within a reasonable time after the meeting. ORS 192.650(1).