



Board of Directors Regular Meeting & Budget Hearing

June 22, 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
- II. Call to Order Open Session & Budget Hearing – To begin at approximately 6:30pm
 1. Roll Call – Is Quorum Present?.....(action)
 2. Agenda Additions or Corrections and Motion to Approve.....(action)
 3. Reports from Executive Session:
 - a. Quality & Patient Safety Report
 - b. Risk & Compliance Report
 - c. Medical Staff Physician Credentialing & Privileging Report
 - d. Motion to Approve Reports from Executive Session.....(action)
 4. Public Input
- III. Consent Agenda
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**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
May 25, 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 6:38 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; Brenda Sund, Controller; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; Philip Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, III, Legal Counsel; Katelin Wirth, Financial Analyst; Kim Russell, Executive Assistant. **Press:** None.

2. **Approval of Agenda**

Mary Schamehorn **moved** to approve the agenda. Pam Hansen **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 Philip Keizer, MD, Chief of Staff, included privileging and credentialing report as follows:

2-Year Privileges –New

Bonnie Wong, DO – Provisional – Family Medicine
Garry Vallier, MD – Provisional – Orthopedic Surgery
Shannon Berry, MD – Provisional – Emergency Medicine

2-Year Privileges – Reappointments

Gregory Schutt – Courtesy – Emergency Medicine
Shaun Hobson, MD – Courtesy – Orthopedic Surgery
Jason Bell, MD – Courtesy – Orthopedic Surgery

Direct Radiology Appointments & Reappointments

After Hours Reading Radiology

Samuel S'Doia, MD (Radiology) – Courtesy - Resigned

Kristen Grubb, MD (Radiology) – Courtesy - Resigned

- d. **Approval of Policy 163.002 Credentialing and Privileging of Licensed Independent Practitioners and Advance Practice Providers.** Reformatting and revisions to existing policy.

Tom Bedell **moved** to accept the Quality & Patient Safety Report, the Risk & Compliance Report, Medical Staff Report and Policy 163.002. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

4. **Public Input**

None.

III. **Consent Agenda**

1. **Meeting Minutes**

- a. Regular Meeting–04/27/23
- b. Executive Session–04/27/23 (provided in Executive Session)

2. **Monthly Counsel Invoice Robert S. Miller III – Invoice #1258 4-29-23**

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

IV. **Staff Reports**

1. **CEO Report**

Ray Hino, CEO, provided a summary from his CEO Report for the month of April, including the update to the Covid-19 policy. New physicians approved tonight include Dr. Berry, a board-certified Emergency physician, returning Emergency physician, Dr. Fobi, and Dr. Wong who will see patients in the Clinic to begin June 5. Additional orthopedic surgery cases are being scheduled. Senate Bill 829 to approve \$250,000 for hospital expansion is now with the Joint Ways and Means Committee. National Hospital Week May 8-12 was a great success with thanks given to the Employee Activities Committee and staff and board member volunteers who helped. The Community Health Needs Assessment (CHNA) kickoff is May 26, with full report to be complete for presentation to the Board on June 22; we are excited to have community involvement including local minority group organizations.

2. **Clinic Report**

Dawn Gray, Clinic Manager, presented a summary of April Clinic operations. Dawn Gray is meeting weekly with Scott McEachern to develop an aggressive marketing plan. The number of patients seen per day has increased from prior months. Recruitment continues to replace Debra Guzman, FNP. Dr. Bonnie Wong's schedule is full in June and July while we complete additional insurance credentialing, with 181 patients on the wait list. Thank you to Leslie Tucker in Patient Financial Services for her work on the insurance credentialing. Quality Care metrics were reviewed, noting

2 measures where Southern Coos performs better than HRSA (Health Resources and Services Administration) standards. **Discussion:** Improvement in Clinic financials is anticipated with new physician ramp-up and implementation of the Coordinated Care program. The Strategic Plan goal was updated to be more realistic with that implementation timeline, noting also that funding is available from our CCO (Coordinated Care Organization), Advanced Health, for the related quality reporting.

3. CNO Report

Cori Valet, CNO, provided a summary of hospital clinical operations from the CNO Report for the month of April. Leah Hyman, lead mammographer, is stepping in as interim Medical Imaging Manager. We thank Debra Backman for her contributions as Manager and wish her well. Staffing report reviewed. Some vacations in May impacted surgery volume. RN Skills Days held April 24-25 were a big success with 100% attendance by full-time staff and options for per-diem staff to complete. These will continue with quarterly and annual recurring sessions. When the new Fall policy is complete this will be included in the curriculum; current content is as required by DNV. The new bed alarm system will add fall protection. Emergency department statistics were reviewed.

4. CFO Report

Brenda Sund, Controller, provided a summary of Finance Department operations for the month of April, on behalf of Jeremiah Dodrill, CFO. Budget work has concluded for the annual June 1 Budget Committee Meeting. This public meeting will be accessible in person or available via Southern Coos Hospital website link on the home page at www.southerncoos.org. The 35-page annual AHA (American Hospital Association) Survey was submitted this month; a copy will be made available to the Board of Directors. Payer contract negotiations are in process, these include Moda Health, Advanced Health and others. We now have a Bottle Drop account to benefit the Southern Coos Health Foundation. As of today we have collected \$106.70. Bags are available from Brenda Sund, or call the Administration office at 541-329-1031 for more information.

5. CIO Report

Scott McEachern, CIO, provided a summary of his for the month of April. The CCHC (Coast Community Health Center) & OCHIN (Oregon Community Health Information Network) interface is in progress. We are pleased to be working with Reese Electric on installation of USB ports in the hospital lobby for patient convenience. A new Point of Sale system for gift shop and Dietary is to be installed and “live” by end of June. Cybersecurity update: our system detected and blocked 1,085 malicious email types out of over 40,000 emails received in April. Internet traffic: 456.9M total artifacts were monitored. **Discussion:** Curry County has been the recent victim of a ransomware attack that has debilitated their systems due to being behind in infrastructure improvements. This is a highly critical area of concern for public and private organizations. Clinical Informatics projects reviewed. Two members of the HIM (Health Information Management) department attended the annual ORHIMA (Oregon Health Information Management Association) meeting in Portland this month benefitting from critical updates in Federal guidelines, protections changes,

networking and forming a cohort. The EMR/ERP (Electronic Medical Record/Enterprise Resource Planning) Request for Proposal went out May 22 with responses due June 16. Existing candidates discussed, with goal to have recommendations for the Board consideration via a Board Workshop to be determined and publicly announced prior to the August 24 regular meeting. Estimating 9-12 months or 12-14 months for implementation per vendor with staggered go-live roll-out September 2024.

6. SCHD Foundation Report

Mr. McEachern, SCH Foundation Executive Director, provided a of April Foundation activities. The Foundation is currently building new committee structures and working on fundraising objectives. The Golf for Health annual fundraiser is scheduled to be held on September 16 with a new Friday night event at the Punchbowl at Bandon Dunes. The Foundation is sponsoring a new community event scheduled to be held November 4, "Aging Well in Bandon."

7. Strategic Plan Report

Mr. Hino provided a summary review of the current status of the Strategic Plan "living document" updated monthly and available to the public via the hospital website at www.southerncoos.org and to staff on the internal intranet page. Reference to an external consultant is removed and physician contract reviews are almost complete with final negotiations to wrap up in June.

V. Monthly Financial Statements

Brenda Sund, Controller with the assistance of Katelin Wirth, Financial Analyst, reviewed the financial statements reported for the month of April. Gross revenue was slightly lower than budgeted at \$3.3M with ancillary volumes falling below budgeted expectations, however inpatient and Swingbed volume and revenue were slightly higher than budget. Discussion included Medicare payable adjustment that had been over-accruing and a cost center correction. Days of Cash on Hand closed at 119.8. Readers are directed to the full report in the meeting packet for further statistical details.

VI. Old Business

1. Electronic Health Record/Enterprise Resource Planning Request for Proposal

See the CIO Report, above.

VII. New Business

1. Budget Committee Appointments

The Budget Committee is comprised of 5 community members and the District Board of Directors. It is facilitated by a Board Member Liaison, Tom Bedell. They meet annually in a public meeting to review the proposed budget and if

accepted, recommend to the Health District Board of Directors for formal approval. Two members had resigned in the last year. A motion is requested for approval of the following two new volunteers from the community for the next annual meeting to be on June 1:

- a. **Steve Reber.** Mr. Reber serves on SCHF Board, has professional financial background.
- b. **Sean Suppes, CPA.** Mr. Suppes also serves on SCHF Board.

Mary Schamehorn **moved** to approve Steve Reber and Sean Suppes as new members of the Budget Committee. Tob Bedell **seconded** the motion. **All in favor. Motion passed.**

2. Policy Review

a. Policy 800.002 Hospital Leadership Structure

This is a new policy as required by DNV. Discussion regarding minor edits to be made. Quality Board Liaison, Norbert Johnson, to be added to page 39. Dr. Noel Pense is the Quality Medical Director.

b. Policy 800.006 Public Meetings

This Public Meeting policy is extrapolated from the existing Public Meetings and Records policy originally adopted in 2015 as provided by SDAO (Special Districts of Oregon). Two edits were made to update the regular meeting agenda format and to reflect new requirements for virtual meeting accessibility. Discussion: Written minutes do not require votes on motions by name when result is unanimous. This policy was also reviewed by legal counsel.

Pam Hansen **moved** to approve Policy 800.002 and Policy 800.006 with edits to 800.002 as discussed. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

VIII. Open Discussion & Adjournment

Discussion regarding orthopedic physicians Drs. Hobson, Ivanitsky and Bell. Drs. Hobson and Bell are already privileged with Southern Coos. Mr. Bischoff congratulated the newly re-elected board members Tom Bedell (Position 1), Mary Schamehorn (Position 2), and Pam Hansen (Position 3). They will be sworn in at the July 27 regular meeting.

At 7:52 p.m. the meeting adjourned.

Brent Bischoff, Chairman 6-22-2023

Mary Schamehorn, Secretary 6-22-2023

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.: 1294
Invoice date: 05/30/2023
Terms: Due on receipt
Due date: 05/30/2023

Product or service		Amount
1. Attorney	1 unit x \$500.00	\$500.00
Service date: 05/25/2023		
Executive Session and Regular Session, Board of Directors Meetings.		

Ways to pay



Total **\$500.00**

05/30/2023

Pay invoice



Chief Executive Officer Report

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

COVID Update

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

- The Federal government announced the end of the Public Health Emergency (PHE) effective May 11, 2023. The State of Oregon and the Oregon Health Authority announced that they are removing the mandate for health care workers to be vaccinated for COVID-19. However, the Centers for Medicare and Medicaid Services (CMS) has announced that they will continue to require the vaccines until August 8, 2023. So, the recommendation of our COVID-19 Committee is to continue to require vaccinations for staff until August 8.

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. 4 policies are submitted for Board approval this month.

Surgery Service

- In addition to previous reports of orthopedic surgeons that we anticipate will be bringing orthopedic surgery cases to SCHHC, I was approached earlier this month by Dr. Raphael El Youssef, a General Surgeon who is currently on our staff. I will be meeting with Dr. El Youssef about bringing general surgery procedures back to SCHHC.

Dietary Department Remodel

- We had reported earlier this year about the plumbing problem that caused a delay in re-opening our surgery department. It was also mentioned at that time that we have similar plumbing problems in other parts of the building. This summer we will be closing down a section of our dietary department to enlarge plumbing lines below the floor. Our Infection Control Nurse has created an Infection Control Risk Assessment and has advised our engineering team and our contractor of all of the precautions that need to be taken to perform this work safely. It is expected that the work will be completed in July or August.

Community Health Needs Assessment

- As reported last month, it is time to complete our Internal Revenue Services (IRS) required Community Health Needs Assessment. Per IRS regulations, the updated plan is required to be approved by our Board of Directors and posted on our website before the end of our fiscal year, which is June 30. David Sandberg will be calling into this month's Board meeting for the Community Health Needs Assessment (CHNA) presentation.

CEO Department Rounding and Shadowing

- As reported last month, I have resumed my schedule for departmental CEO rounds, in which I spend a major part of my day in each department. On June 8, I worked in the Dietary Department and assisted the staff and observed the preparation of breakfasts and lunches for our patients. I enjoy getting to see how each department works and what they do each day to serve our patients and our staff.

Western Flex Conference Meeting

- During the week of June 12 to June 15, I attended the Annual meeting of Critical Access Hospitals in the Western United States, which is called the Western Flex Conference. It gets its name from the original name of the Law the Enacted critical access hospitals, called the Medicare Rural Hospital Flexibility Program. The State of Oregon and the Oregon Office of Rural Health was asked to provide a hospital CEO representative to represent Oregon critical access hospitals on the panel presentation during the conference. I was asked by the Oregon Office of Rural Health to be that representative. I agreed to do it. The Oregon Office paid for my registration to the conference and my travel expenses to attend. This year, we heard about the newest designation for rural hospitals, called the Rural Emergency Hospital program, which is a program for CAHs and rural hospitals that are not sustainable as inpatient facilities, and offers an opportunity to become an outpatient only facility with a free-standing emergency department. It was explained that most CAHs with an existing inpatient census will probably not benefit from this new designation. My presentation on the CAH CEO panel was extremely well received. I talked about what we are currently doing to make SCHHC into a sustainable facility. I got a lot of positive response from the audience.



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 – June 22, 2023

Provider News – May

For the month of May, our primary care providers saw 436 patients. Although we had 37 fewer encounters than last month, the clinic saw a reduction of Excess of Revenue Over Expenses of \$26,325. The improvement can be attributed to:

- Dr. Adams contract changes effective in May.
- Increased patient volumes with Debra Guzman, Dr. Preslar, and Victoria Schmelzer
- Claims billing catch up.
- Increased intentional marketing through printed materials, billboard, and social media.

Additionally, Katelin discovered some coding differences and found that it spanned a couple of months. We are working with coding and billing to correct the situation. Although this will not effect the bottom line, it will correctly distribute revenue to the appropriate providers.

We have extended an offer of employment to a local Family Nurse Practitioner (FNP) and are negotiating a contract. Our hope is to have the FNP onboard by the end of September/beginning of October.

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

- Dr. Qadir, Nephrologist, was in clinic two days and saw 20 patients.
- Dr. Webster, ENT/Dermatology did not see patients in the month of May

Clinic Report – May

- We have successfully hired two new employees:
 - Care Coordination Program Specialist – Kirsten Aasen comes to us with extensive care coordination experience in both primary care and behavioral health and is comfortable working with patients of all ages.
 - Certified Medical Assistant – Chi Carson-Jensen comes to us with 8 years of medical experience with the past 3 years as a Certified Medical Assistant in an FQHC. Chi is replacing Connie Goodrow and will be working with Dr. Adams and Dr. Pense.
- We officially signed a contract with HealthTech to implement a Chronic Care Management (CCM) model for the clinic. By providing CCM to our patients, particularly Medicare patients, we help manage patients' chronic conditions more effectively, improve communication among other treating clinicians, and provide a way to optimize revenue for our clinic. At the time of this report, we successfully recruited the CCM Coordinator and expect to kick off CCM implementation the second week of July.
- Work on attesting to a Tier 3 PCPCH (Patient Centered Primary Care Home) continues to move forward and we anticipate meeting the September 30th timeline. The report below highlights where we are currently in the quality measures we are working on. Of note, I changed the Goals to reflect the benchmarks PCPCH requires.

- Telehealth visits for May totaled 30, which is 7% 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 and found during the recent Community Health Needs Assessment that 50% of respondents would like the option to receive care via a Telehealth visit.
- The No Show rate increased to 4% for the month of May. After investigating the cause, we found that patients who were not opted in for the text reminders were not receiving reminder phone calls. This has been resolved and a new workflow has been put into place.
- Our NRC survey scores improved in the month of May in almost all categories including the Net Promotor Score which increased to 77.8%. This data is now being shared with the providers as well as the clinic staff so we address areas of improvement together as a team.



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
Preslar, Paul (1437141793)	93.8	16	87.5	16	87.5	16	93.8	16	62.5	16	93.8	16	73.3	15	86.7	15	56.3	16
Guzman, Debra (1255627253)	91.7	12	76.9	13	85.7	14	69.2	13	84.6	13	92.3	13	91.7	12	91.7	12	84.6	13
Tyson, Vincent (1003245457)	50	10	66.7	12	66.7	12	63.6	11	45.5	11	72.7	11	72.7	11	54.5	11	18.2	11
Adams, Olixn (1306006143)	100	4	100	4	75	4	100	4	25	4	100	4	100	4	100	4	100	4
Schmelzer, Victoria (1417312893)	100	3	66.7	3	66.7	3	66.7	3	33.3	3	66.7	3	66.7	3	33.3	3	66.7	3
Grand Total	84.4	45	79.2	48	79.6	49	78.7	47	59.6	47	87.2	47	80	45	77.8	45	59.6	47
We had 1 resolved Service Alert																		

Provider	Days in Clinic	Patients	CXL'D	No Show	Total	Average	No Show	Cancellation	Total	Total
	Clinic	Scheduled			Seen	Seen	Rate	Rate	Telehealth	New Pts
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	As of 5/31/2023	Goals*
CMS122v11: Diabetes HbA1C Poor Control (>9) (lower is better)	25.0%				25.0%	23%
CMS165v11: Controlling High Blood Pressure	46.5%				49.6%	67%
CMS138v11: Tobacco Use: Screening and Cessation Intervention	90.1%				91.1%	82%
*Goals set according to PCPCH Benchmarks						
Green represents goal achieved						
Yellow represents ≤ 5 of goal						
Red represents > 5 under goal						

All Providers

For The Budget Year 2023

Provider Productivity Metrics

	Current Budget YTD											
	ACT	BUD	JUL	AUG	AUG	SEP	SEP	OCT	OCT	BUD	YTD	Variance
Clinic Days	55	78	67	78	78	75	75	63	82	83	78	877 (118)
Total Visits	420	910	508	910	910	892	892	460	946	955	929	5115 (5073)
Visits/Day	7.6	11.7	7.6	11.7	11.7	11.9	11.9	7.4	11.5	11.5	11.9	11.6 (4.9)
Total RVU	922.24	1,773.20	1,094.26	1,773.20	1,773.20	1,013.47	1,735.00	918.82	1,840.40	1,857.20	1,804.20	10,999.05 (9,213.55)
RVU/Visit	2.20	1.95	2.15	1.95	1.95	2.14	1.95	2.00	1.95	1.94	1.94	2.07 1.94 0.13
RVU/Clinic Day	16.77	22.73	16.33	22.73	22.73	16.75	23.13	14.70	22.44	22.38	23.13	13.96 22.59 (8.64)
Gross Revenue/Visit	363.05	334.33	370.58	334.33	334.33	490.68	334.68	363.51	337.07	337.72	337.72	336.61 335.00
Gross Revenue/RVU	163.34	171.58	172.04	171.58	171.58	210.78	172.06	181.99	173.26	173.66	173.62	173.09 173.09 6.68
Net Rev/RVU	71.54	72.37	74.18	72.37	72.37	90.18	72.35	77.88	72.98	73.13	73.13	72.92 74.61 58.23
Expense/RVU	121.74	75.68	102.40	75.68	75.68	98.95	76.15	141.38	73.52	74.22	74.26	74.61 74.61 58.23
Diff	(50.20)	(3.31)	(28.22)	(3.31)	(3.31)	(8.77)	(3.60)	(63.50)	(0.53)	(1.08)	(1.13)	(1.68) (53.58)
Net Rev/Day	1,109.30	1,645.18	1,211.56	1,645.18	1,645.18	1,510.64	1,678.30	1,144.95	1,638.06	1,636.39	1,636.39	1,647.42 (56.495)
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.46	1,720.46	1,657.58	1,761.55	2,078.45	1,650.01	1,662.76	1,662.76	1,683.75 1,683.75 168.30
Diff	(841.80)	(73.28)	(460.87)	(73.28)	(73.28)	(146.94)	(83.25)	(933.50)	(11.95)	(26.37)	(26.15)	(38.03) (73.25)

Patient Revenue

Outpatient												
Total Patient Revenue	132,481	304,240	188,252	304,240	304,240	213,623	298,533	167,213	318,867	322,524	312,240	1,905,380 (1,523,974)

Deductions From Revenue

Total Deductions From Revenue (Net)	86,308	175,916	107,078	175,916	175,916	122,230	172,660	95,653	184,546	186,704	181,306	1,083,343 (901,322)
Net Patient Revenue	65,973	128,324	81,174	128,324	128,324	91,394	125,872	71,559	134,321	135,820	131,934	822,137 (622,652)
Total Operating Revenue	65,973	128,324	81,174	128,324	128,324	91,394	125,872	71,559	134,321	135,820	131,934	822,137 (622,652)

Operating Expenses

Salaries & Wages	63,001	73,372	63,304	73,372	73,372	55,298	71,363	82,768	73,372	74,449	72,047	863,408 798,348 65,061
Benefits	9,853	9,325	9,883	9,320	9,320	8,081	9,076	10,487	9,320	9,720	9,756	101,351 105,352 (4,001)
Purchased Services	3,723	9,121	4,832	9,121	9,121	3,940	9,002	4,923	9,121	9,121	9,002	17,945 99,617 (81,671)
Medical Supplies	2,313	0	0	0	0	0	0	285	0	285	0	3,453 0 3,453
Other Supplies	0	853	33	853	853	12	853	0	853	853	853	1,659 9,378 (7,719)
Other Expenses	1,517	2,785	1,517	2,785	2,785	4,017	2,785	1,517	2,785	2,785	2,785	48,663 30,636 18,027
Allocation Expense	31,864	38,741	32,284	38,741	38,741	28,936	39,018	29,923	39,850	38,641	39,531	371,443 (63,370)
Total Operating Expenses	112,271	134,196	112,053	134,196	134,196	100,284	133,116	129,903	135,301	137,935	133,974	1,407,923 (1,478,144)

Excess of Operating Rev Over Exp

	(46,299)	(5,872)	(30,879)	(5,868)	(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) (47,228) (2,015) 28,412 (2,039) (58,786) (33,354) (552,432)
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

Excess of Revenue Over Expenses

	(46,299)	(5,872)	(30,879)	(5,868)	(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) (47,228) (2,015) 28,412 (2,039) (58,786) (33,354) (552,432)
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Chief Nursing Officer 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 Meeting – June 22, 2023

Clinical Department Staffing- May 2023

- **Medical-Surgical Department –**
 - 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).
 - Last remaining contract RN contract ending (last day 6/2/2023)
- **Surgical Services –**
 - Surgical Services Director has submitted her resignation.
 - Current full-time surgical RN, Stacie Duell, stepping in to serve as interim surgical services manager through recruitment period.
 - Current vacancies include: One Department manager, one full-time RN, one full-time and one per diem surgical technologists.
 - One contract RN and one surgical technologist utilized in May.
- **Medical Imaging –**
 - Recruitment efforts on-going for Medical Imaging Manager.
 - Four full-time Radiology Technologist vacancies remain.
 - Four Contract Radiology Technologists utilized in May.
- **Laboratory –**
 - Three Full time Medical Lab Technologist/Scientist positions vacant.
 - Two Contract Medical Lab Technologists Utilized to fill the need.
- **Pharmacy –**
 - Fully staffed.
- **Respiratory Therapy –**
 - Fully Staffed.
 - Zero Agency/Contract therapists utilized.

Initiation of Emergency Operations Plan - 06/13/2023

- Emergency Department physician unavailable to staff the Emergency Department beginning at 8:30 am on 06/13/2023. Emergency Operations Plan initiated.
- Bay Cities Ambulance provided on site paramedic to initiate emergency assessment and care.
- Services resumed at 3:04 pm.

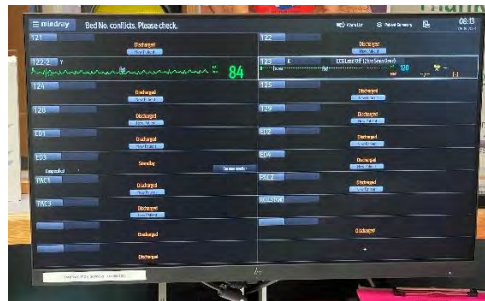
- Five patients impacted – 4 treated in the primary care office. One chose not to seek care at the primary care office. Zero patients required emergency care to be initiated via Bay Cities Ambulance paramedic.

Clinical Department FTE Statistics for May 2023

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	25.73	30.27	-4.54	5.63	2.71	2.92	31.36	32.98	-1.62
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA I	2.97	-	2.97	-	-	-	2.97	-	2.97
CNA II	3.49	3.50	-0.01	-	-	-	3.49	3.50	-0.01
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	2.84	3.94	-1.10	-	-	-	2.84	3.94	-1.10
RN	10.16	12.60	-2.44	5.63	2.71	2.92	15.79	15.31	0.48
LPN	2.22	3.37	-1.15	-	-	-	2.22	3.37	-1.15
Telemetry Tech	2.06	1.71	0.34	-	-	-	2.06	1.71	0.34
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	12.32	10.06	2.26	1.39	0.90	0.49	13.71	10.96	2.75
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA II	1.57	2.38	-0.81	-	-	-	1.57	2.38	-0.81
LPN	3.07	2.28	0.78	-	-	-	3.07	2.28	0.78
RN	6.68	4.39	2.29	1.39	0.90	0.49	8.07	5.30	2.78
Surgical Services	4.59	5.74	-1.15	1.30	-	1.30	5.89	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	1.98	1.00	0.98	1.30	-	1.30	3.28	1.00	2.28
Surgical Tech	1.61	2.00	-0.39	-	-	-	1.61	2.00	-0.39
Radiology	3.41	4.81	-1.41	3.63	1.62	2.01	7.04	6.43	0.61
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	0.99	1.13	-0.13	-	-	-	0.99	1.13	-0.13
Rad Tech IV	0.66	1.50	-0.84	3.63	1.62	2.01	4.29	3.12	1.18
RN	-	0.02	-0.02	-	-	-	-	0.02	-0.02
Ultrasound	1.54	1.50	0.04	-	-	-	1.54	1.50	0.04
Ultrasound Tech II	0.88	1.50	-0.62	-	-	-	0.88	1.50	-0.62
Ultrasound Tech IV	0.66	-	0.66	-	-	-	0.66	-	0.66
Mammography	0.59	0.90	-0.31	-	-	-	0.59	0.90	-0.31
Mammo Tech	0.59	0.90	-0.31	-	-	-	0.59	0.90	-0.31
Cat Scan	1.88	1.25	0.63	-	-	-	1.88	1.25	0.63
Rad Tech II	1.00	1.25	-0.25	-	-	-	1.00	1.25	-0.25
Ct/Rad Tech Reg	0.88	-	0.88	-	-	-	0.88	-	0.88
MRI	-	1.00	-1.00	-	-	-	-	1.00	-1.00
Rad Tech IV	-	1.00	-1.00	-	-	-	-	1.00	-1.00
Lab	8.73	10.89	-2.16	1.56	-	1.56	10.29	10.89	-0.60
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Assistant I	0.15	1.04	-0.89	-	-	-	0.15	1.04	-0.89
Assistant II	2.61	1.85	0.76	-	-	-	2.61	1.85	0.76
Assistant III	1.02	1.03	-0.01	-	-	-	1.02	1.03	-0.01
CNA II	0.52	-	0.52	-	-	-	0.52	-	0.52
Medical Lab Tech Lead	1.04	-	1.04	-	-	-	1.04	-	1.04
Medical Lab Scientist	0.29	0.99	-0.70	-	-	-	0.29	0.99	-0.70
Medical Lab Tech	2.10	4.98	-2.88	1.56	-	1.56	3.66	4.98	-1.32
Pharmacy	2.23	2.05	0.18	-	-	-	2.23	2.05	0.18
Pharmacist	1.11	1.00	0.11	-	-	-	1.11	1.00	0.11
RN	1.12	1.05	0.07	-	-	-	1.12	1.05	0.07
Respiratory	5.88	6.00	-0.12	-	-	-	5.88	6.00	-0.12
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Respiratory Therapist	4.88	5.00	-0.12	-	-	-	4.88	5.00	-0.12
Total Difference									0.67

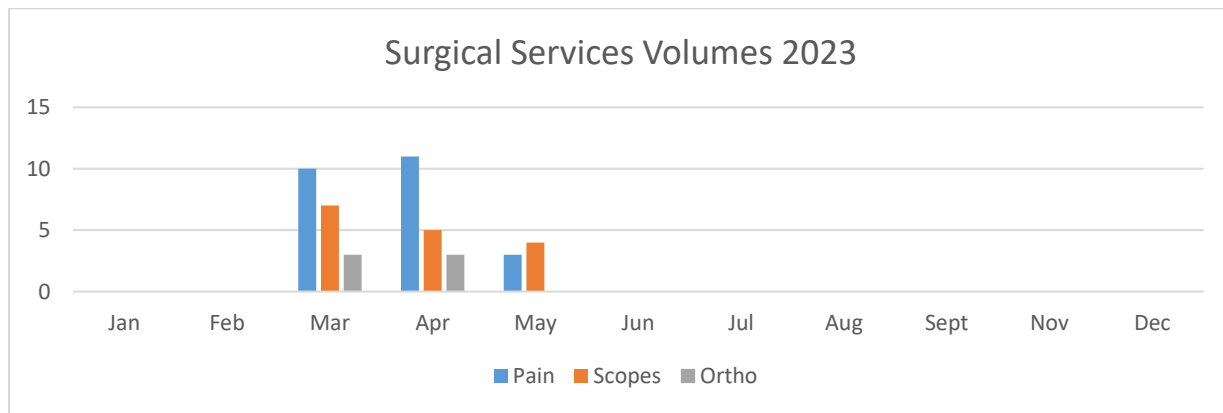
New Mindray Cardiac Monitoring System Installation –

- Superuser training occurred June 6 & 7. Trainer monitor placed on the Inpatient unit for on-going hands-on training June 7-13, 2023.
- Cardiac Monitor installation and Go-live occurred June 13-14.



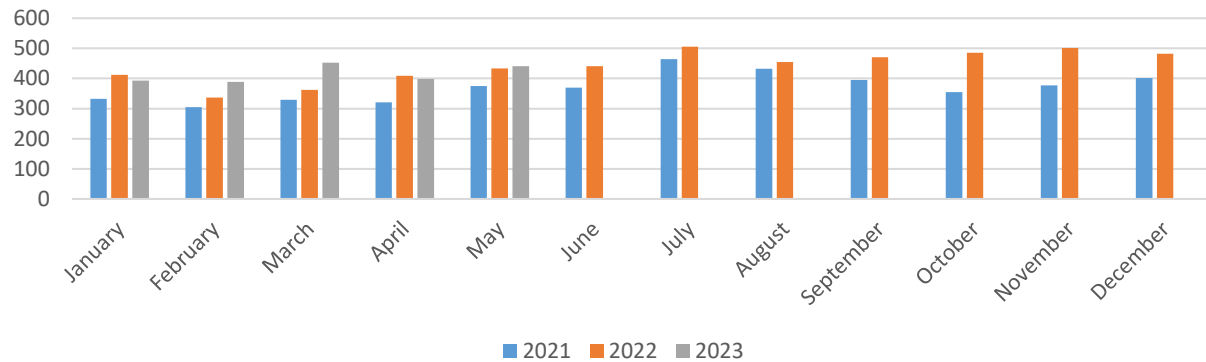
Surgical Services –

- Decrease in case volumes in May related to scheduled vacations.

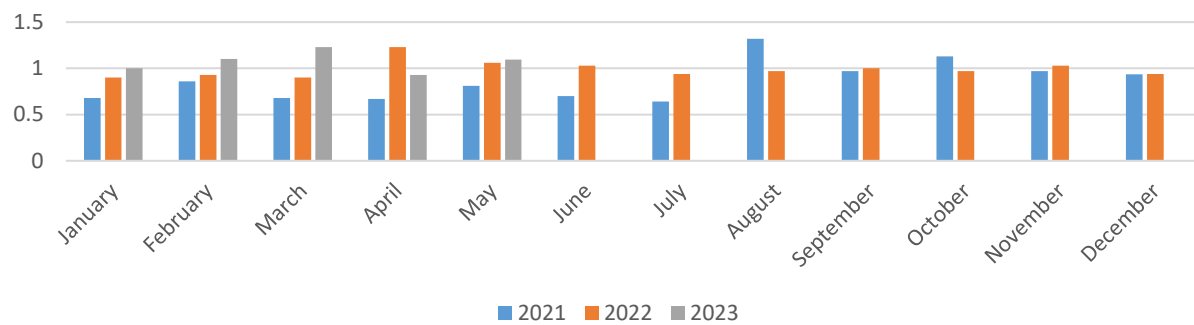


Emergency Department Statistics -

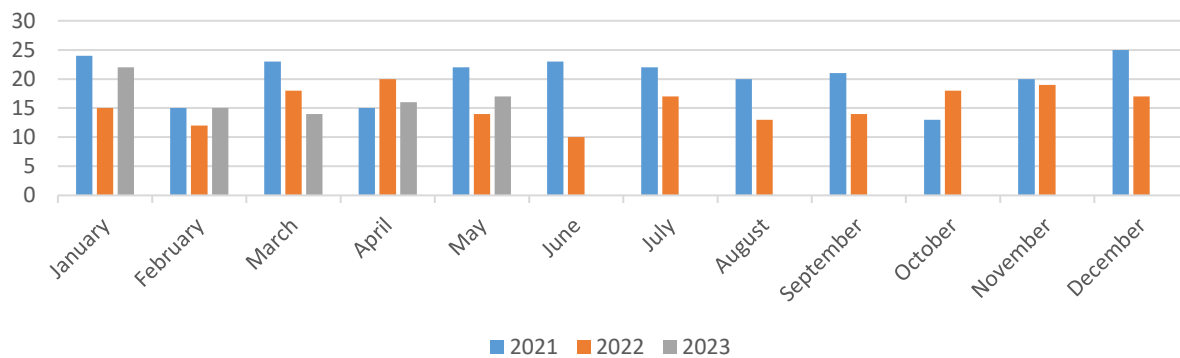
ED Census Tracking 2021-2023



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 – June 2023

Fiscal Year 2024 Budget Completion

The Finance Department has completed the budget for the fiscal year ended June 30, 2024 which was presented to the Budget Committee on June 1. The June 22 Board meeting serves as the public budget hearing for final ratification of the 2024 annual operating and capital budget. 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.

Workers Compensation Insurance

Risk Management and the Finance Department have worked to change its workers compensation insurance carrier, moving from SDAO to SAIF. This change resulted in a nominal \$3,800 increase in costs due primarily to a higher compensation base but avoided potential increases of approximately \$30,000 due to the lower base insurance rate against the higher payroll costs.

Banner Bank Deposits – Insured Cash Sweep

Administration and the Finance Department has changed its deposit program at Banner Bank from a traditional cash deposit account to an insured cash sweep deposit program. The benefit of this program is that a daily sweep of deposits in excess of the \$250,000 FDIC insurance limits are made into a consortium of banks each providing FDIC insurance coverage respectively. This program effectively indemnifies our deposits against bank insolvency and the resulting depository risk. The interest earned and paid to the District under this program exceeds the fees associated with the program thus providing a marginal return as well.



Chief Information Officer Report

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

From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, June 22, 2023

Information Systems

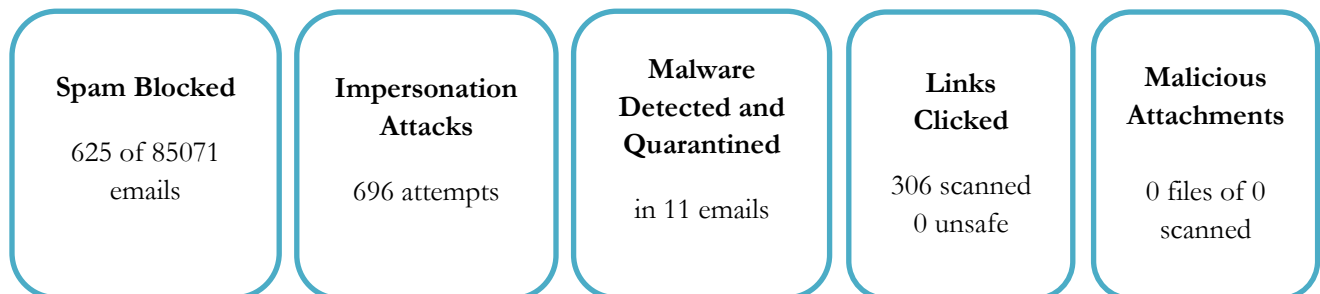
We are engaged with OCHIN (Oregon California Health Information Network) and Coast Community Health Center (CCHC) to build an interface between SCHHC lab and radiology and the CCHC Epic system. CCHC is considering adding capacity to the interface that will likely push out our initial go-live of end of July. The project is still in play and SCHHC is committed to finishing the project with CCHC.

Reese Electric recently installed USB ports in the SCHHC lobby plug-ins so patients and families may charge their portable devices.

The new Point of Sale (POS) system will go-live on June 30th in the Gift Shop and the Cafeteria. Reese Electric installed a data port in the cafeteria (along with plug-ins to accommodate coffee makers). The project team is finishing up last minute details with the vendor.

Cybersecurity

Email Protection provided by Mimecast



Internet Traffic Monitored by Critical Insight



Continued next page.

Clinical Informatics

Projects include the following:

- We are working with the clinic to attest to Patient Centered Primary Care Home (PCPCH), which is detailed in the Clinic Report.
- Onboarding Dr. Bonnie Wong in the Clinic, who has responded quickly and positively to training. Shawn March has built note templates and customized several aspects of Dr. Wong's workflow.
- Assisting Sharon Bischoff, Quality Nurse Coordinator, to identify gaps in quality reporting, particularly around Merit-Based Incentive Payment Program (MIPS); and Medicare Beneficiary Quality Improvement Project (MBQIP).

EMR/ERP Selection Process

The RFP for EMR vendors and ERP vendors was released on May 22nd and the deadline for returning the RFPs was June 16. As reported at last month's board of directors meeting, we had two Epic Community Connect partners who had indicated strong willingness to participate in the RFP process. Unfortunately, one of the potential partners, Myriadd/MultiCare, based out of the Seattle, Washington, area, made the decision to pause their Community Connect program. The decision was a surprise to the Myriadd team we'd been connecting with and the team expressed apologies but had to withdraw from consideration. Experis and Jeremiah and I reached out to several other health systems in Oregon who host Epic Community Connect programs, including OHSU, Salem Health, Asante, Good Samaritan, Legacy Health, and OCHIN. Several sent back replies to the effect that they have also paused their Connect programs or only allow hospitals within their system to be on the program. Only OCHIN responded positively to our requests. We may have to adjust the project timeline; however, at the time of this writing, we are on track to meet the August deadline for presenting to the board.

Epic Community Connect	ERP
Tegria/Providence	Premier
OCHIN (new vendor)	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	Completed
June 16, 2023	Last date for RFP response submission from vendors	Completed
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	

Marketing

We have hired Rachel Gray, an independent contractor based in Portland, Oregon, to lead a re-branding effort for Southern Coos Hospital & Health Center, the Southern Coos Health Foundation, and the SCH Primary Care Clinic. We will have a project kick-off meeting on Friday, July 14, 2023. The SCHD Board of Directors will be invited. More details to come.



Southern Coos Health Foundation Report

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

From: Scott McEachern, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, June 22, 2023

SCHF Strategic Plan Update

Board Recruitment: we have a goal of bringing on 3 new board members by the end of 2023. The committee, consisting of Joseph Bain and Steve Reber, and I met and built a list of five candidates. We are reaching out to them to assess their interest in serving.

SCHF Budget Update

The SCHF Board adopted the FY24 budget at our last meeting on June 15, 2023. Here is a high-level summary of the budget:

Southern Coos Health Foundation				
Budget Summary FY24				
6/15/2023				
	Amount	Expense	Variance	
Earned Revenue	\$ 26,250.00	\$ 20,527.83	\$ 5,722.17	
Unrestricted Donations	\$ 85,000.00	\$ 63,210.00	\$ 21,790.00	
Event Donations	\$ 16,750.00	\$ 16,500.00	\$ 250.00	
Program Support Donations	\$ 82,000.00	\$ 110,000.00	\$ (28,000.00)	
Misc. Restricted & Equipment	\$ 15,000.00	\$ 15,000.00	\$ -	
Investment Revenue*	\$ 12,963.48	\$ -	\$ 12,963.48	
TOTAL:	\$ 237,963.48	\$ 225,237.83	\$ 12,725.65	
Note: Investment Revenue is comprised of State Pool interest income and Oregon Community Foundation Endowment fund investment returns.				

Upcoming Events:

Golf for Health Classic: September 16th, 2023

Senior Health Day: November 11th



Monthly Financial Report & Statements

To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: May 2023 Month End Financial Results - June 22, 2023

Gross Revenue and Volumes – Gross revenues for May of \$3,627,000 were lower than budgeted expectations of \$3,680,000. OP gross revenues of \$2,697,000 were marginally higher than a budget of \$2,633,000. Imaging, Lab and Clinic volumes exceeded budgeted expectations while ER was flat to budget and RT volumes fell below budget expectations. IP and Swing Bed volumes and revenues of \$930,000 were lower than a budget of \$1,046,000 for the month with an Average Daily Census (ADC) equal to budgeted expectations at 7.

Deductions from Revenue – Revenue deductions at \$1,284,000 or 35.4% of gross revenue were higher than a budget of 33.6%. Deductions from revenue year-to-date at 36.8% 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 (\$636k) at May month end which reflects a reduction of \$20k in total estimated payable.

Total Operating Revenues of \$2,343,000 were lower than the budget of \$2,442,000 in May.

Labor Expenses were \$1,711,000 in May compared to a budget of \$1,688,000. Salaries and Benefits were lower than budget due to remaining open positions. Contract staffing for radiology, surgery, and lab had the highest variance compared to budget.

Professional Fees and Purchased Services combined were \$427,000 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 \$171,000 were lower compared to budgeted expectations of \$189,000.

Operating Expenses – Total operating expenses of \$2,544,000 for the month were slightly higher compared to a budget of \$2,527,000.

Operating Income / Loss – Operating loss for May was (\$201,000) compared to a budgeted loss of (\$85,000).

Decrease in Net Position was \$(66,000) compared to a budgeted decrease in the amount of \$12,000.

Days Cash on Hand for May was 134.2 days, up from April at 127.8. Cash was largely affected by a decrease in A/R days outstanding which decreased to 47.1 in May from 50.7 in April.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending May 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	105	102	147	2.9%	-28.6%	1,338	1,100	1,160	21.6%	15.3%
	Swing Bed Days	107	114	84	-6.1%	27.4%	1,274	1,231	1,185	3.5%	7.5%
	Total Inpatient Days	212	216	231	-1.9%	-8.2%	2,612	2,331	2,345	12.1%	11.4%
	Avg Daily Census	6.8	7.0	7.5	-1.9%	-8.2%	7.8	7.0	7.0	12.1%	11.4%
	Avg Length of Stay - IP	3.9	3.0	4.3	29.6%	-10.1%	4.2	3.4	3.6	20.5%	14.3%
	Avg Length of Stay - SWB	8.9	19.0	14.0	-53.1%	-36.3%	13.1	13.0	12.5	1.4%	5.3%
	ED Registrations	422	380	423	11.1%	-0.2%	4,824	4,107	4,174	17.5%	15.6%
	Clinic Registrations	402	955	387	-57.9%	3.9%	4,857	10,188	4,987	-52.3%	-2.6%
	Ancillary Registrations	1,050	1,030	1,030	1.9%	1.9%	10,660	12,187	12,187	-12.5%	-12.5%
	Total OP Registrations	1,874	2,365	1,840	-20.8%	1.8%	20,341	26,482	21,348	-23.2%	-4.7%
Key Income Statement Ratios	Gross IP Rev/IP Day	7,942	9,065	6,786	-12.4%	17.0%	8,047	9,069	8,277	-11.3%	-2.8%
	Gross SWB Rev/SWB Day	898	1,068	1,208	-15.9%	-25.6%	941	1,067	1,017	-11.9%	-7.5%
	Gross OP Rev/Total OP Registrations	1,439	1,114	1,306	29.3%	10.2%	1,385	1,069	1,125	29.6%	23.1%
	Collection Rate	64.6%	66.4%	64.0%	-2.7%	0.9%	63.2%	66.4%	66.9%	-4.7%	-5.5%
	Compensation Ratio	73.0%	69.1%	65.9%	5.6%	10.8%	67.2%	66.0%	66.5%	1.8%	1.2%
	OP EBIDA Margin \$	(117,783)	(19,923)	20,413	491.2%	-677.0%	(295,255)	434,007	(223,373)	-168.0%	32.2%
	OP EBIDA Margin %	-5.0%	-0.8%	0.9%	516.1%	-659.9%	-1.2%	1.7%	-1.0%	-170.1%	20.9%
	Total Margin	-2.8%	0.5%	2.2%	-663.3%	-228.0%	0.4%	3.2%	0.3%	-88.4%	7.4%
Key Liquidity Ratios	Days Cash on Hand	134.2	80.0	132.8	67.8%	1.1%					
	AR Days Outstanding	47.1	50.0	48.0	-5.8%	-1.9%					



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending May 31, 2023

	Current Month - May-2023					Year To Date - May-2023				
	May-2023 Actual	May-2023 Budget	Variance	Var %	May-2022 Actual	May-2023 Actual	May-2023 Budget	Variance	Var %	May-2022 Actual
Patient Revenue										
Inpatient	930,031	1,046,298	(116,267)	(11.1%)	1,098,957	11,965,071	11,289,569	675,502	6.0%	10,806,609
Outpatient	2,697,349	2,633,535	63,814	2.4%	2,403,455	28,162,473	28,298,606	(136,134)	(0.5%)	24,018,813
Total Patient Revenue	3,627,380	3,679,833	(52,453)	(1.4%)	3,502,412	40,127,544	39,588,176	539,368	1.4%	34,825,421
Deductions From Revenue										
Total Deductions	1,283,955	1,237,587	(46,368)	(3.7%)	1,260,482	14,753,943	13,314,144	(1,439,799)	(10.8%)	11,532,603
<i>Revenue Deductions %</i>	<i>35.4%</i>	<i>33.6%</i>			<i>36.0%</i>	<i>36.8%</i>	<i>33.6%</i>			<i>33.1%</i>
Net Patient Revenue	2,343,425	2,442,245	(98,821)	(4.0%)	2,241,930	25,373,601	26,274,031	(900,430)	(3.4%)	23,292,819
Other Operating Revenue	30	86	(56)	(65.1%)	31,955	135,456	946	134,510	14216.2%	32,775
Total Operating Revenue	2,343,455	2,442,331	(98,877)	(4.0%)	2,273,885	25,509,057	26,274,977	(765,920)	(2.9%)	23,325,593
Operating Expenses										
Total Labor Expenses	1,710,626	1,688,345	(22,281)	(1.3%)	1,498,605	17,152,942	17,351,385	198,442	1.1%	15,502,803
Total Other Operating Expenses	833,762	838,878	5,117	0.6%	806,724	9,515,931	9,151,185	(364,747)	(4.0%)	8,634,157
Total Operating Expenses	2,544,388	2,527,223	(17,165)	(0.7%)	2,305,329	26,668,873	26,502,569	(166,304)	(0.6%)	24,136,961
Operating Income / (Loss)	(200,933)	(84,892)	(116,042)	136.7%	(31,445)	(1,159,817)	(227,592)	(932,225)	409.6%	(811,367)
Net Non-Operating Revenues	135,248	97,044	38,205	39.4%	81,228	1,253,851	1,060,984	192,867	18.2%	891,453
Change in Net Position	(65,685)	12,152	(77,837)	(640.5%)	49,784	94,035	833,392	(739,357)	(88.7%)	80,086
Collection Rate %	64.6%	66.4%	(2.7%)	(2.7%)	64.0%	63.2%	66.4%	(4.7%)	(4.7%)	66.9%
Compensation Ratio %	73.0%	69.1%	5.6%	5.6%	65.9%	67.2%	66.0%	1.8%	1.8%	66.5%
OP EBIDA Margin \$	(117,783)	(19,923)	(97,860)	491.2%	20,413	(295,255)	434,007	(729,262)	(168.0%)	(223,373)
OP EBIDA Margin %	(5.0%)	(0.8%)	(4.2%)	516.1%	0.9%	(1.2%)	1.7%	(2.8%)	(170.1%)	(1.0%)
Total Margin (%)	(2.8%)	0.5%	(3.3%)	(663.3%)	2.2%	0.4%	3.2%	(2.8%)	(88.4%)	0.3%



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending May 2023

		Month				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	57.01%	63.75%	63.75%	-10.6%	-10.6%
	Medicaid	19.17%	17.20%	17.20%	11.5%	11.5%
	Commercial	14.01%	9.63%	9.63%	45.5%	45.5%
	Government	7.66%	7.51%	7.51%	1.9%	1.9%
	Other	0.46%	0.44%	0.44%	6.5%	6.5%
	Self Pay	1.69%	1.48%	1.48%	14.2%	14.2%
Total		100.00%	100.00%	100.00%		

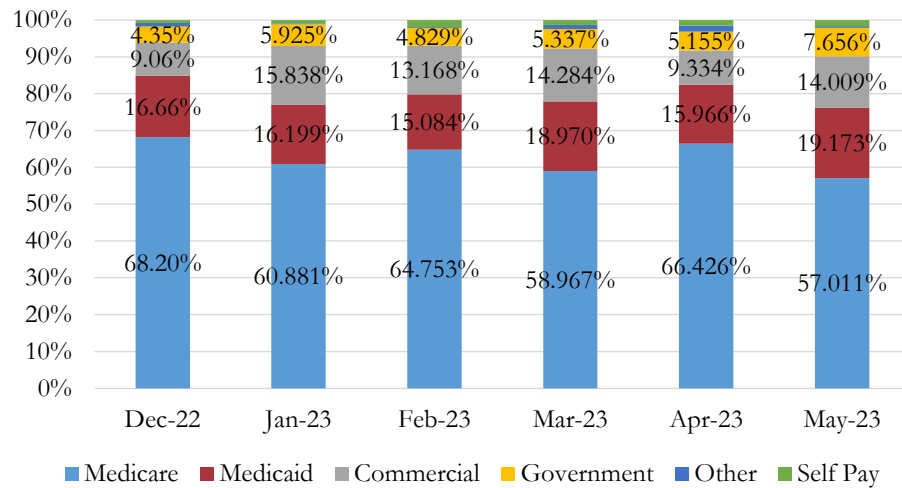
		Year to Date				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
		62.51%	61.70%	61.70%	1.3%	1.3%
		17.74%	18.12%	18.12%	-2.1%	-2.1%
		12.02%	11.81%	11.81%	1.7%	1.7%
		5.72%	6.25%	6.25%	-8.4%	-8.4%
		0.82%	0.43%	0.43%	90.6%	90.6%
		1.18%	1.68%	1.68%	-30.0%	-30.0%
Total		100.00%	100.00%	100.00%		

		Month				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
Patient Volumes	In Patient Days	105	102	147	2.9%	-28.6%
	Swing Bed Days	107	114	84	-6.1%	27.4%
	Total Patient Days	212	216	231	-1.9%	-8.2%
	Emergency Visits	422	380	423	11.1%	-0.2%
	Radiology Procedures	884	818	804	8.1%	10.0%
	Laboratory Tests	4,177	4,176	3,617	0.0%	15.5%
	Respiratory Visits	520	629	777	-17.3%	-33.0%
	Surgeries and Endoscopies	6	32	35	-81.3%	-82.9%
	Specialty Clinic Visits	190	198	183	-4.0%	3.8%
	Primary Care Clinic	436	955	399	-54.3%	9.3%

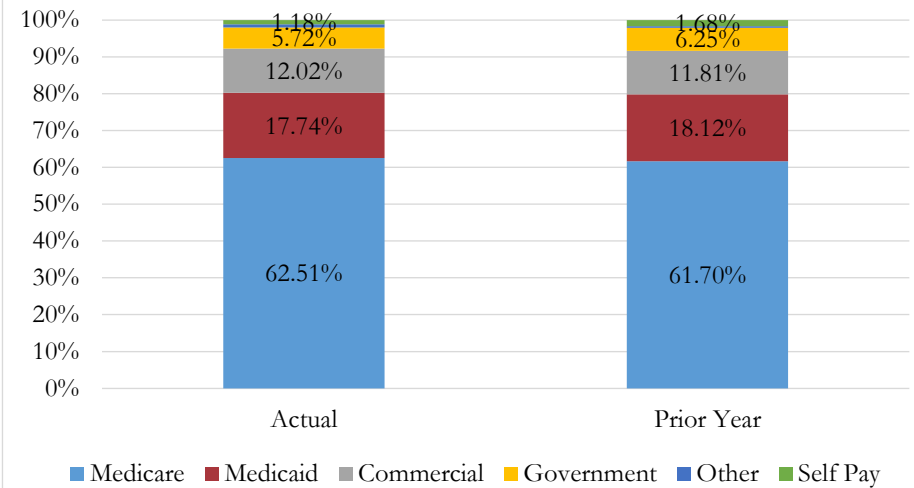
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
		1,338	1,100	1,160	21.6%	15.3%
		1,274	1,231	1,185	3.5%	7.5%
		2,612	2,331	2,345	12.1%	11.4%
		4,824	4,107	4,174	17.5%	15.6%
		9,223	8,526	7,890	8.2%	16.9%
		42,198	45,127	40,300	-6.5%	4.7%
		6,224	6,799	7,015	-8.5%	-11.3%
		140	346	234	-59.5%	-40.2%
		2,142	2,141	2,106	0.0%	1.7%
		5,115	10,188	4,957	-49.8%	3.2%



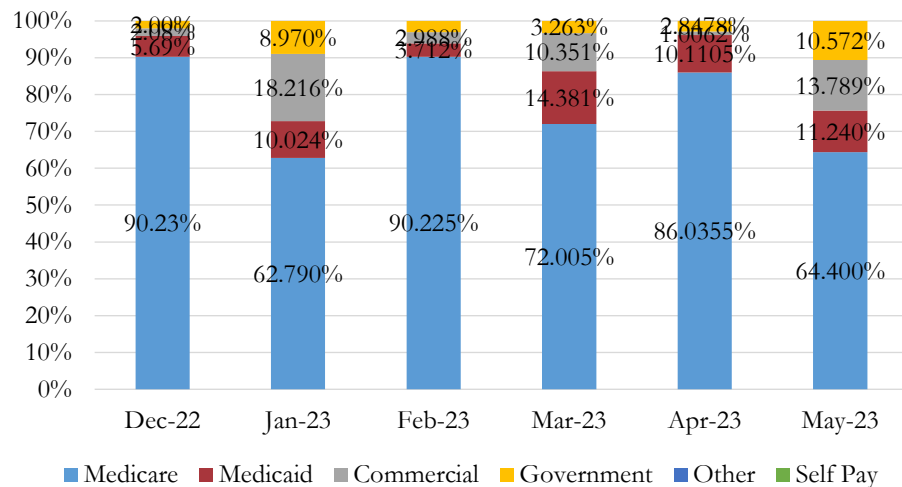
All Patients Payor Mix



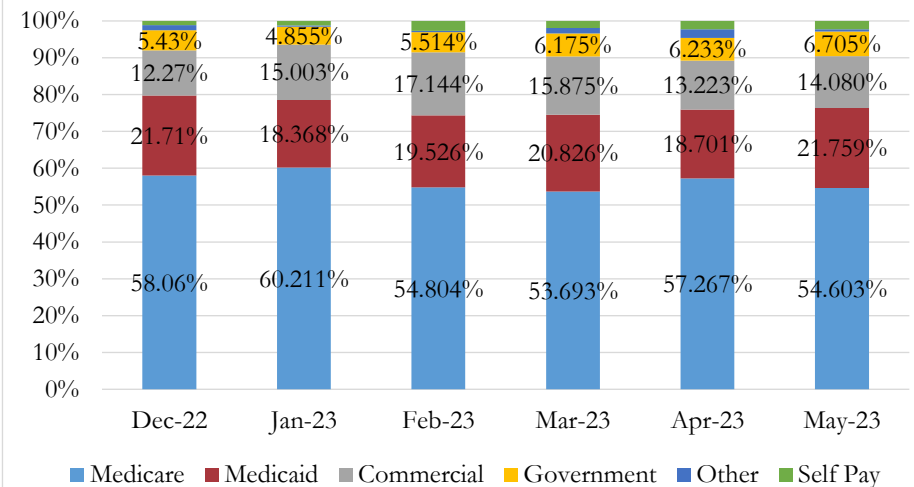
Year to Date Payor Mix



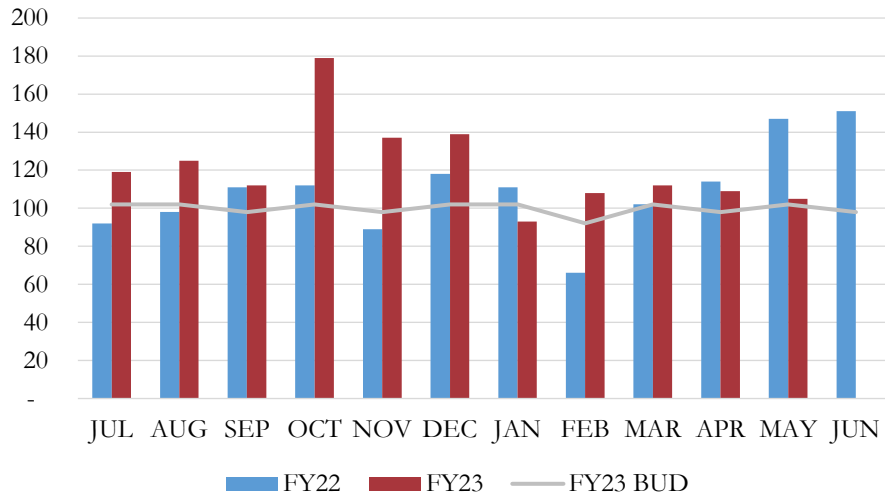
IP Payor Mix



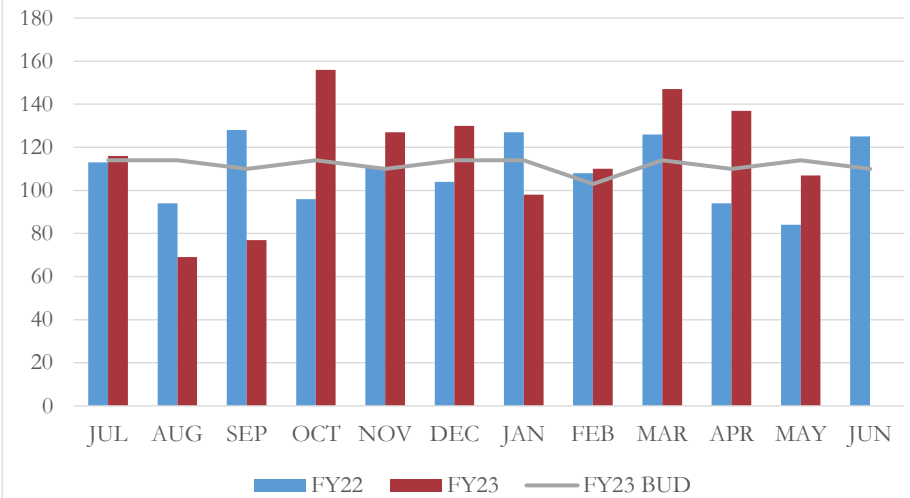
OP Payor Mix



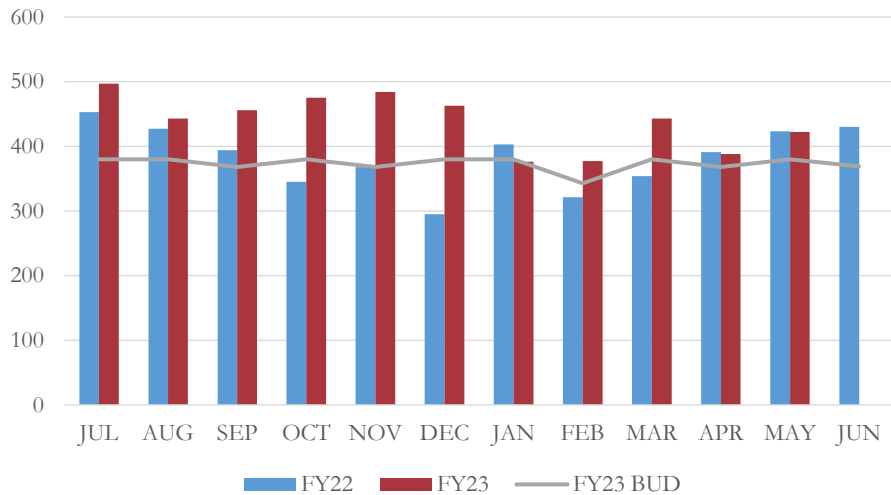
IP Days



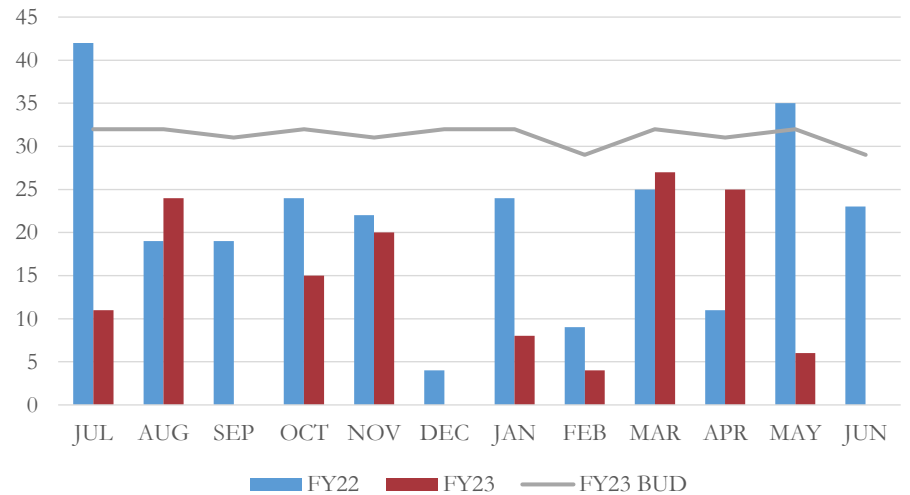
Swing Bed Days



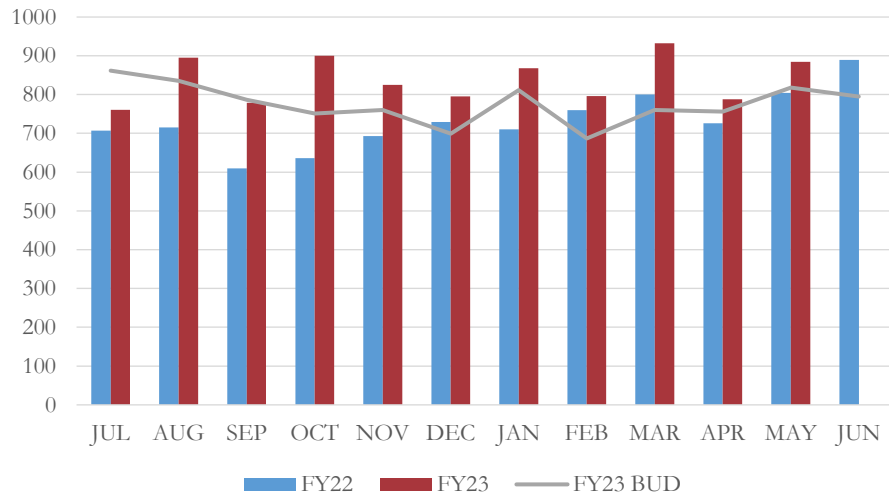
ER Visits



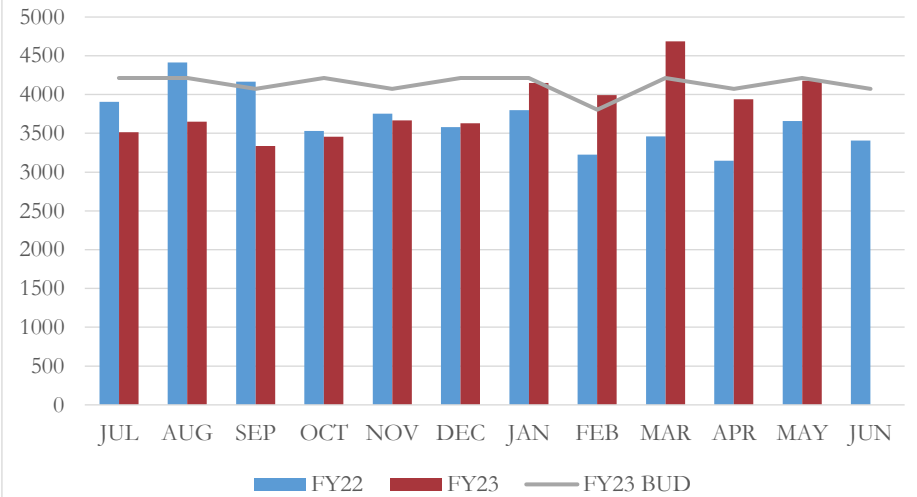
Surgery Patients



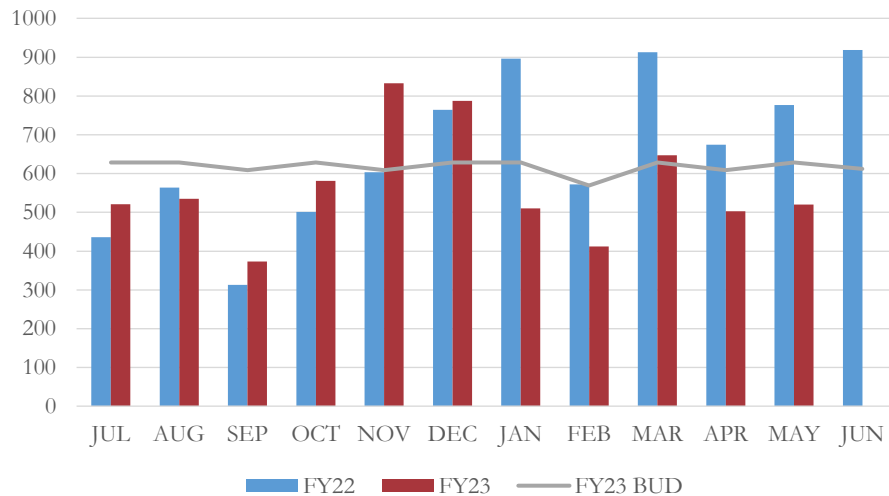
Imaging Visits



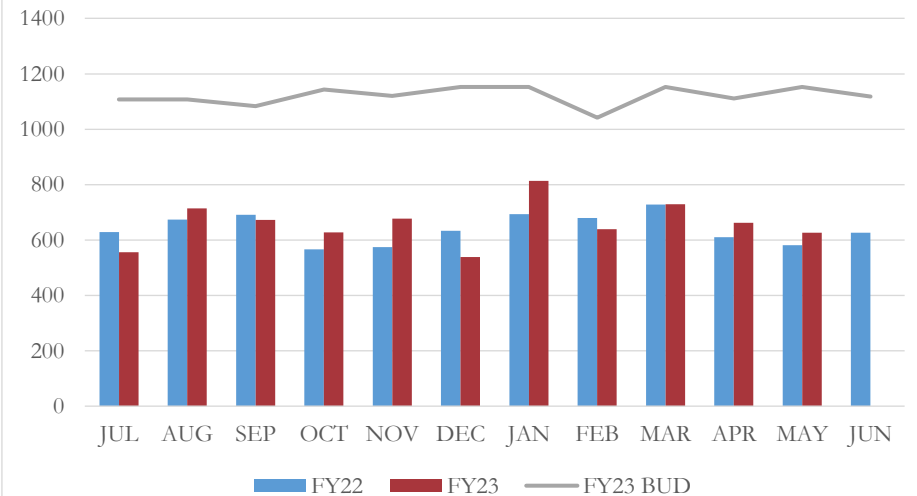
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending May 2023

	Balance as of May 2023	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	7,634,456	6,600,542	1,033,914	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	1,738,910	1,452,639	286,271	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	12,790,677	14,511,971	(1,721,294)	17,451,493
Patient Accounts Receivable	5,902,286	5,990,969	(88,684)	4,845,025
Allowance for Uncollectibles	(2,832,096)	(2,793,125)	(38,971)	(2,456,334)
Net Patient Accounts Receivable	3,070,190	3,197,844	(127,655)	2,388,691
Other Receivables	(23,295)	492,153	(515,447)	840,233
Inventory	168,808	163,375	5,434	239,072
Prepaid Expense	409,350	479,232	(69,882)	402,507
Total Current Assets	16,415,730	18,844,575	(2,428,845)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	19,081,351	17,205,488	1,875,863	16,154,324
Less: Accumulated Depreciation	(13,751,399)	(12,886,837)	(864,562)	(11,651,955)
Construction In Progress	312,738	67,081	245,656	31,125
Net PP&E	6,104,217	4,847,259	1,256,958	4,995,021
Total Assets	22,519,947	23,691,835	(1,171,888)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending May 2023

	Balance as of May 2023	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,475,394	772,657	702,736	924,534
Accrued Payroll and Benefits	1,102,551	1,195,908	(93,358)	1,054,435
Interest and Other Payable	914,001	712,471	201,530	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	4,939,609	7,170,179	(2,230,570)	9,474,016
Long-Term Debt	4,935,813	4,236,981	698,832	4,368,697
Less Current Portion of Long-Term Debt	19,488	(246,328)	265,816	(231,964)
Total Long-Term Debt, net	4,955,301	3,990,653	964,648	4,136,733
Total Liabilities	9,894,910	11,160,832	(1,265,922)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	94,035	(175,268)	269,303	8,172,906
Total Net Assets	12,625,037	12,531,002	94,035	12,706,270
Total Liabilities & Net Assets	22,519,947	23,691,835	(1,171,888)	26,317,018



Southern Coos Hospital & Health Center

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

For The Period Ending May 31, 2023

	Current Month - May-2023					Year To Date - May-2023				
	May-2023 Actual	May-2023 Budget	Variance	Var %	May-2022 Actual	May-2023 Actual	May-2023 Budget	Variance	Var %	May-2022 Actual
Patient Revenue										
Inpatient	930,031	1,046,298	(116,267)	(11.1%)	1,098,957	11,965,071	11,289,569	675,502	6.0%	10,806,609
Outpatient	2,697,349	2,633,535	63,814	2.4%	2,403,455	28,162,473	28,298,606	(136,134)	(0.5%)	24,018,813
Total Patient Revenue	3,627,380	3,679,833	(52,453)	(1.4%)	3,502,412	40,127,544	39,588,176	539,368	1.4%	34,825,421
Deductions From Revenue										
Total Deductions	1,283,955	1,237,587	(46,368)	(3.7%)	1,260,482	14,753,943	13,314,144	(1,439,799)	(10.8%)	11,532,603
Revenue Deductions %	35.4%	33.6%			36.0%	36.8%	33.6%			33.1%
Net Patient Revenue	2,343,425	2,442,245	(98,821)	(4.0%)	2,241,930	25,373,601	26,274,031	(900,430)	(3.4%)	23,292,819
Other Operating Revenue	30	86	(56)	(65.1%)	31,955	135,456	946	134,510	14216.2%	32,775
Total Operating Revenue	2,343,455	2,442,331	(98,877)	(4.0%)	2,273,885	25,509,057	26,274,977	(765,920)	(2.9%)	23,325,593
Operating Expenses										
Salaries & Wages	1,060,706	1,300,623	239,918	18.4%	1,039,750	11,785,524	13,141,485	1,355,960	10.3%	10,780,270
Contract Labor	342,212	88,213	(253,999)	(287.9%)	197,712	2,376,397	1,154,338	(1,222,058)	(105.9%)	2,043,636
Benefits	307,709	299,509	(8,200)	(2.7%)	261,144	2,991,022	3,055,562	64,540	2.1%	2,678,898
Total Labor Expenses	1,710,626	1,688,345	(22,281)	(1.3%)	1,498,605	17,152,942	17,351,385	198,442	1.1%	15,502,803
Professional Fees	237,823	181,378	(56,445)	(31.1%)	219,630	2,699,465	1,995,161	(704,305)	(35.3%)	2,371,035
Purchased Services	188,932	234,891	45,959	19.6%	236,029	2,504,520	2,583,082	78,561	3.0%	2,587,090
Drugs & Pharmaceuticals	51,603	61,943	10,340	16.7%	45,963	537,143	669,345	132,202	19.8%	596,837
Medical Supplies	23,619	19,275	(4,344)	(22.5%)	15,762	258,693	208,272	(50,421)	(24.2%)	158,217
Other Supplies	96,111	107,937	11,826	11.0%	83,229	1,015,409	1,187,103	171,694	14.5%	968,204
Lease and Rental	1,048	49,414	48,366	97.9%	26,277	164,152	543,554	379,403	69.8%	298,619
Maintenance & Repairs	18,155	17,703	(452)	(2.6%)	21,689	207,850	194,723	(13,128)	(6.7%)	163,641
Other Expenses	76,674	52,840	(23,834)	(45.1%)	64,035	669,753	574,527	(95,226)	(16.6%)	477,278
Utilities	26,595	22,037	(4,558)	(20.7%)	21,076	281,440	242,408	(39,031)	(16.1%)	239,603
Insurance	21,213	26,492	5,278	19.9%	21,176	236,199	291,411	55,212	18.9%	185,640
Interest	8,840	-	(8,840)	0.0%	-	76,746	-	(76,746)	0.0%	-
Depreciation & Amortization	83,150	64,969	(18,182)	(28.0%)	51,858	864,562	661,599	(202,963)	(30.7%)	587,994
Total Operating Expenses	2,544,388	2,527,223	(17,165)	(0.7%)	2,305,329	26,668,873	26,502,569	(166,304)	(0.6%)	24,136,961
Operating Income / (Loss)	(200,933)	(84,892)	(116,042)	136.7%	(31,445)	(1,159,817)	(227,592)	(932,225)	409.6%	(811,367)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	983,694	946,923	36,771	3.9%	933,010
Non-Operating Revenue	23,280	21,355	1,925	9.0%	4,394	147,462	234,609	(87,147)	(37.1%)	85,395
Interest Expense	(14,784)	(14,394)	(389)	2.7%	(15,136)	(165,014)	(160,618)	(4,396)	2.7%	(170,424)
Investment Income	37,326	4,539	32,787	722.3%	6,815	287,709	49,839	237,870	477.3%	51,472
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(9,769)	9,769	(100.0%)	-
Total Non-Operating	135,248	97,044	38,205	39.4%	81,228	1,253,851	1,060,984	192,867	18.2%	899,453
Change in Net Position	(65,685)	12,152	(77,837)	(640.5%)	49,784	94,035	833,392	(739,357)	(88.7%)	88,086



Southern Coos Hospital & Health Center

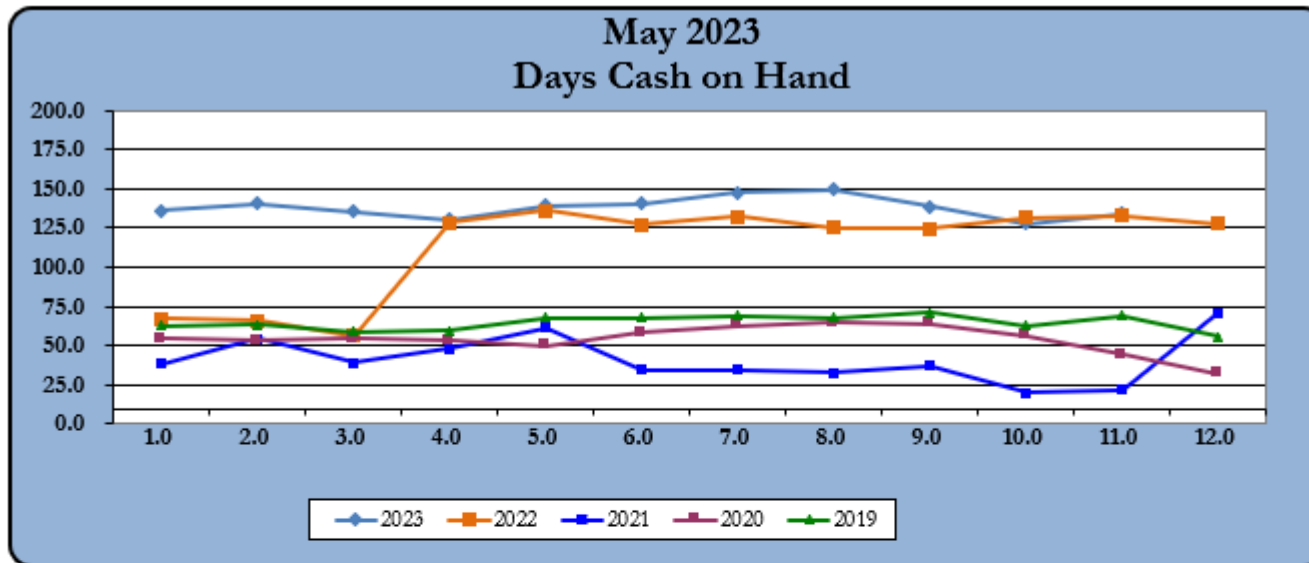
Income Statement

For The Period Ending May 2023

Comparison to Prior Months

	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023
Patient Revenue						
Inpatient	1,199,820	948,973	972,522	1,207,247	1,059,282	930,031
Outpatient	2,671,277	2,611,992	2,294,339	2,864,509	2,203,623	2,697,349
Total Patient Revenue	3,871,096	3,560,966	3,266,860	4,071,756	3,262,905	3,627,380
Deductions From Revenue						
Charity Services	12,589	8,392	16,445	12,236	31,130	13,282
Contractual Allowances	1,630,796	1,270,135	911,488	1,510,225	845,438	1,174,490
Other Discounts	89,366	130,136	168,337	171,461	133,715	108,031
Bad Debt	(15,453)	(6,240)	(7,730)	(12,165)	(15,545)	(11,848)
Total Deductions	1,717,299	1,402,423	1,088,540	1,681,757	994,738	1,283,955
Net Patient Revenue	2,153,798	2,158,543	2,178,320	2,389,999	2,268,167	2,343,425
Other Operating Revenue	5	135,266	15	20	20	30
Total Operating Revenue	2,153,803	2,293,809	2,178,335	2,390,019	2,268,187	2,343,455
Operating Expenses						
Salaries & Wages	1,150,435	1,127,972	1,018,773	1,057,860	970,914	1,060,706
Benefits	282,079	308,927	282,029	211,930	306,730	307,709
Contract Labor	225,526	162,442	269,339	303,537	292,771	342,212
Professional Fees	262,739	236,918	298,568	228,924	223,611	237,823
Purchased Services	229,539	204,958	246,809	237,821	270,586	188,932
Medical Supplies	17,812	19,781	19,330	22,462	33,478	23,619
Drugs & Pharmaceuticals	47,567	43,791	55,956	56,672	46,573	51,603
Other Supplies	115,470	89,385	72,688	92,776	83,905	96,111
Depreciation & Amortization	75,165	76,085	76,272	83,545	84,554	83,150
Lease and Rental	24,493	27,115	23,201	(26,293)	5,860	1,048
Maintenance & Repairs	4,660	21,795	21,629	17,387	30,385	18,155
Utilities	25,683	22,809	21,177	28,914	28,406	26,595
Insurance	21,184	22,719	21,824	21,629	21,213	21,213
Interest	5,832	7,034	6,922	8,575	7,601	8,840
Other Expenses	37,177	44,870	82,916	67,445	67,162	76,674
Total Operating Expenses	2,525,362	2,416,600	2,517,433	2,413,183	2,473,750	2,544,388
Excess of Revenue Over Expenses from Operations	(371,559)	(122,791)	(339,098)	(23,164)	(205,563)	(200,933)
Non-Operating						
Unrestricted Contributions	89,427	89,427	89,427	89,427	89,427	89,427
Other NonOperating Revenue\Expense	1,178	29,149	6,889	9,000	48,382	23,280
Investment Income	28,838	32,086	32,186	35,811	34,857	37,326
Total Non-Operating	119,442	150,661	128,501	134,238	172,666	150,032
Interest Expense	(14,782)	(14,788)	(14,784)	(14,784)	(14,784)	(14,784)
Excess of Revenue Over Expenses	(266,898)	13,083	(225,380)	96,290	(47,681)	(65,685)





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	138.3
2022	113.0
2021	41.2
2020	54.0
2019	64.7

Benchmark

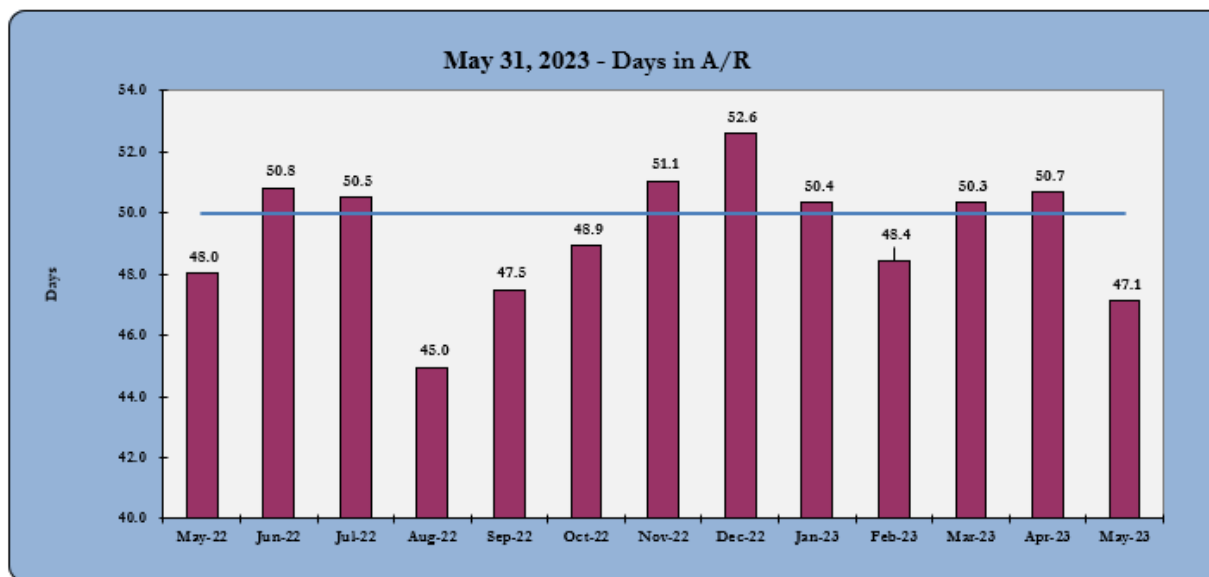
80 Days

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	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2023	135.9	140.8	135.2	130.5	139.4	140.7	147.8	149.7	138.9	127.8	134.2	
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: Gross Accounts Receivable

Average Daily Revenue

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

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

Benchmark *50*

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

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
A/R (Gross)	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	5,617,678
Days in AR	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1
	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
A/R (Gross)	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	5,617,678
Days in Month	31	30	31	31	30	31	30	31	31	28	31	30	31
Monthly Revenue	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	3,627,380
3 Mo Avg Daily Revenue	107,641	112,123	117,143	119,932	115,748	120,289	122,264	127,053	122,287	118,877	121,106	119,118	119,153
Days in AR	48.0	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPTIAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
Non-Threshold Capital Purchases (<\$15,000)					
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	\$ -	\$ -	N/A
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 Biobay Somp	Surgery	\$ -	\$ 7,700	\$ -	10/31/2022
Portable OR Light	Surgery	\$ -	\$ 4,723.00	\$ -	1/31/2023
Warming Blanket & Cabinet	Surgery	\$ -	\$ 7,794	\$ -	
Carpel Tunnel System	Surgery	\$ -	\$ 8,473	\$ -	
Modular Knee Positioner	Surgery	\$ -	\$ 11,242	\$ -	
Laboratory Refrigerator	Laboratory	\$ -	\$ 11,494	\$ -	5/31/2023
OR Tourniquets	Surgery	\$ -	\$ 10,575	\$ -	
OR Universal Driver	Surgery	\$ -	\$ 7,641	\$ -	
		\$ 101,400	\$ 135,320	\$ (33,920)	



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPTIAL PURCHASES SUMMARY

FY2023

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
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	\$ -	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	
Reauthorized Two Bin Implementation	Material Management	\$ 100,000.00	\$ -	\$ 100,000.00	
Cardiac Monitors	MedSurge	\$ 230,000.00	\$ 235,465.18	\$ -	
Reauthorized Butterfly Ultrasound	MedSurge	\$ 18,000.00	\$ -	\$ 18,000.00	
IV Pumps	MedSurge	\$ 16,200.00	\$ 12,800.00	\$ -	1/31/2023
Reauthorized Generator 10 / 8 (Cautery)	Surgery	\$ 40,000.00	\$ 32,973.31	\$ -	2/28/2023
Reauthorized Crash Cart Defibrillator	Surgery	\$ 25,000.00	\$ 14,952.60	\$ -	11/30/2022
RFA Generator	Surgery - Pain Management	\$ 50,000.00	\$ 55,515.00	\$ -	10/31/2023
Reauthorized Scope Reprocessor (System 1E)	Surgery-Endo	\$ 48,000.00	\$ 41,613.99	\$ -	
Not in Budget (>\$15,000)					
Equipment Updrade for RAD Equipmnet	Radiology	\$ -	\$ 17,200.00	\$ -	1/31/2023
Smart Pump	Surgery	\$ -	\$ 18,890.91	\$ -	3/31/2023
OR Lights	Surgery	\$ -	\$ 23,923.36	\$ -	
Surgery Tools (System 8)	Surgery	\$ -	\$ 26,455.00	\$ -	
Anesthesia Machine	Surgery	\$ -	\$ 62,983.87	\$ -	2/28/2023
		\$ 818,600	\$ 577,772	\$ 240,828	
Grand Total		\$ 920,000	\$ 713,093	\$ 206,907	

FY2023

Grant Funded Projects:

Grant Source	Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed
SHIP ARPA	Vapotherm HVT Unit	Respiratory Therapy	\$ -	\$ 14,500	\$ -	8/31/2022
SHIP ARPA	Stat Profile Prime Plus Analyzer	Laboratory	-	14,000	-	12/31/2022
SHIP ARPA	Emergency Response Trailer	Hospital	-	63,163	-	In Progress
			\$ -	\$ 91,663	\$ -	



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 MAY	BUD MAY	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	67	83	760	877	(118)
Total Visits	420	910	508	910	474	892	460	946	511	928	320	955	597	955	440	863	476	955	473	919	436	955	5115	10,188	(5,073)
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	6.5	11.5	6.7	11.6	(4.9)
Total RVU	922.24	1,773.20	1,094.26	1,773.20	1,013.47	1,735.00	918.82	1,840.40	1,042.38	1,802.20	619.77	1,857.20	1,281.46	1,857.20	904.78	1,674.40	967.84	1,857.20	971.26	1,785.40	862.77	1,857.20	10,599.05	19,812.60	(9,213.55)
RVU/Visit	2.20	1.95	2.15	1.95	2.14	1.95	2.00	1.95	2.04	1.94	1.94	1.94	2.15	1.94	2.06	1.94	2.03	1.94	2.05	1.94	1.98	1.94	2.07	1.94	0.13
RVU/Clinic Day	16.77	22.73	16.33	22.73	16.75	23.13	14.70	22.44	13.45	22.81	11.07	22.38	15.63	22.38	12.23	22.33	11.52	22.38	13.13	22.89	12.88	22.38	13.96	22.59	(8.64)
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	458.03	337.72	372.51	336.61	35.90
Gross Revenue/RVU	165.34	171.58	172.04	171.58	210.78	172.06	181.99	173.26	110.45	173.77	276.50	173.66	168.32	173.66	187.55	173.62	172.93	173.66	149.16	173.35	231.46	173.66	179.77	173.09	6.68
Net Rev/RVU	71.54	72.37	74.18	72.37	90.18	72.55	77.88	72.98	48.82	73.17	119.61	73.13	71.97	73.13	81.13	73.12	75.54	73.13	65.44	73.02	98.18	73.13	77.57	72.92	4.64
Expense/RVU	121.74	75.68	102.40	75.68	98.95	76.15	141.38	73.52	124.36	73.18	217.47	72.46	132.00	73.95	141.99	76.57	126.40	74.31	141.17	75.36	152.92	74.22	132.83	74.61	58.23
Diff	(50.20)	(3.31)	(28.22)	(3.31)	(8.77)	(3.60)	(63.50)	(0.53)	(75.54)	(0.01)	(97.86)	0.67	(60.02)	(0.81)	(60.86)	(3.45)	(50.86)	(1.18)	(75.73)	(2.34)	(54.74)	(1.08)	(55.27)	(1.68)	(53.58)
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	1,264.31	1,636.39	1,082.47	1,647.42	(564.95)
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	1,969.21	1,660.66	1,853.75	1,685.45	168.30
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)	(704.90)	(24.27)	(771.28)	(38.03)	(733.25)
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	199,700	322,524	1,905,380	3,429,354	(1,523,974)
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	114,991	186,704	1,083,243	1,984,565	(901,322)
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	84,709	135,820	822,137	1,444,790	(622,652)
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	84,709	135,820	822,137	1,444,790	(622,652)
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	83,873	74,449	863,408	798,348	65,061
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	7,720	10,505	101,351	105,352	(4,001)
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	0	9,121	17,945	99,617	(81,671)
Medical Supplies	2,313	0	0	0	0	0	285	0	0	0	0	0	285	0	0	0	285	0	0	0	285	0	3,453	0	3,453
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	(220)	853	0	853	67	853	0	853	585	853	1,659	9,378	(7,719)
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	833	2,785	48,663	30,636	18,027
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	38,641	40,122	371,443	434,813	(63,370)
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	131,937	137,835	1,407,923	1,478,144	(70,220)
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)	(47,228)	(2,015)	(585,786)	(33,354)	(552,432)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(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)	(47,228)	(2,015)	(585,786)	(33,354)	(552,432)

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



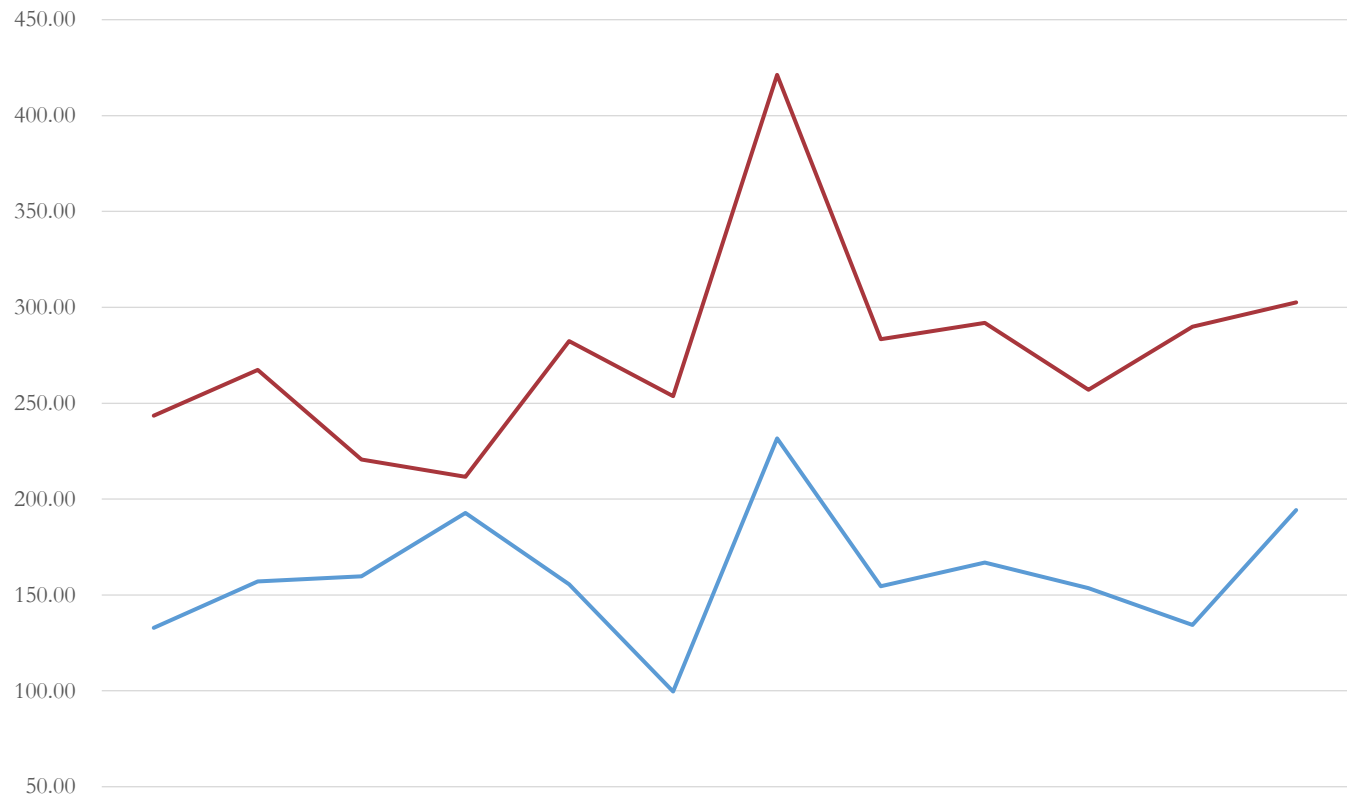
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending May 31, 2023

	Current Month - May-2023			Year To Date - May-2023		
	Hospital Actual	Clinic Providers Actual	May-2023 Actual	Hospital Actual	Clinic Providers Actual	May-2023 Actual
Patient Revenue						
Inpatient	930,031	-	930,031	11,965,071	-	11,965,071
Outpatient	2,497,649	199,700	2,697,349	26,257,092	1,905,380	28,162,473
Total Patient Revenue	3,427,680	199,700	3,627,380	38,222,164	1,905,380	40,127,544
Deductions From Revenue						
Total Deductions	1,168,965	114,991	1,283,955	13,670,700	1,083,243	14,753,943
<i>Revenue Deductions %</i>	<i>34.1%</i>	<i>57.6%</i>	<i>35.4%</i>	<i>35.8%</i>	<i>56.9%</i>	<i>36.8%</i>
Net Patient Revenue	2,258,716	84,709	2,343,425	24,551,463	822,137	25,373,601
Other Operating Revenue	30	-	30	135,456	-	135,456
Total Operating Revenue	2,258,746	84,709	2,343,455	24,686,920	822,137	25,509,057
Operating Expenses						
Total Labor Expenses	1,619,034	91,592	1,710,626	16,188,183	964,759	17,152,942
Total Other Operating Expenses	793,417	40,345	833,762	9,072,767	443,164	9,515,931
Total Operating Expenses	2,412,451	131,937	2,544,388	25,260,950	1,407,923	26,668,873
Operating Income / (Loss)	(153,705)	(47,228)	(200,933)	(574,031)	(585,786)	(1,159,817)
Net Non-Operating Revenues	135,248	0	135,248	1,253,851	0	1,253,851
Change in Net Position	(18,457)	(47,228)	(65,685)	679,821	(585,786)	94,035
Collection Rate %	65.9%	42.4%	64.6%	64.2%	43.1%	63.2%
Compensation Ratio %	71.7%	108.1%	73.0%	65.6%	117.3%	67.2%
OP EBIDA Margin \$	(70,555)	(47,228)	(117,783)	290,531	(585,786)	(295,255)
OP EBIDA Margin %	(3.1%)	(55.8%)	(5.0%)	1.2%	(71.3%)	(1.2%)
Total Margin (%)	(0.8%)	(55.8%)	(2.8%)	2.8%	(71.3%)	0.4%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Net Rev/Visit	132.85	157.08	159.79	192.81	155.56	99.60	231.66	154.49	166.83	153.59	134.37	194.29
Expenses/Visit	243.46	267.31	220.58	211.57	282.40	253.68	421.20	283.33	291.97	257.00	289.88	302.61



**COMMUNITY HEALTH
NEEDS ASSESSMENT
SOUTHERN COOS HOSPITAL & HEALTH
CENTER
2023**



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BACKGROUND

ABOUT SOUTHERN COOS HOSPITAL & HEALTH CENTER

Like many rural hospitals, Southern Coos Hospital & Health Center (SCHHC) has a long history of fulfilling health needs in the community. Their history also demonstrates the unique challenges of rural hospitals. In 1912 a Coos County native Dr. Roland V. Leep M.D. settled in Bandon Oregon and started his practice. Shortly after beginning his practice, he opened an Emergency Hospital across from the local Masonic Temple on the corner of Alabama and Wall Streets. His dream of starting a hospital was unfortunately cut short with his premature death from a hunting accident in 1929.

Dr. Leep's memory was not forgotten. In 1937 the R.V. Leep Memorial Hospital opened with two sperate wards that had 3 beds each and one operating room. The building was originally the Red Cross Headquarters used to serve the survivors of the 1936 Bandon Fire but was converted to the hospital where it operated until 1955.

In July of 1955 the Southern Coos Health District was organized through a vote of registered voters within the District Boundaries. In February of 1956 a \$203,000 bond issue was passed, and construction of Southern Coos General Hospital was started. The Hospital officially opened in 1960 and remained open in that location until December of 1999 when the hospital moved to its current location.

"Since I moved to Bandon six months ago, I have had the best medical care. Everybody from my primary care doctor, to the pain clinic, to physical therapy has been first rate."

Located at 900 11th Street, SE in Bandon Oregon the Southern Coos Hospital & Health Center opened in its current location December of 1999 as a 21-bed hospital. The next year in November of 2000 it was granted Critical Access Hospital Status and continues to service the people of Southern Coos County and Northern Curry County.

Southern Coos Hospital & Health Center continues to operate in that location and has focused its efforts on bringing quality healthcare services to the people in the community. In its efforts to become a benefit to the community it has faced its ups and downs. However, over the last year there has been a large push by leadership and staff to improve the facility,

level of care and the perception of those who would choose to receive their healthcare at Southern Coos Hospital & Health Center.

The results were evident in the comments of this year's Community Health Needs Assessment. Many community members commented on the efforts the hospital has made. They mentioned the different atmosphere, the efforts to bring in better doctors to replace departing ones and they mentioned the improved culture that is beginning to show.

There is still work to be done and SCHHC Leadership they have taken the feedback from this survey to outline a plan to improve healthcare for the community, and to change their perception in the community. This effort to win back the community through relevant services, increasing the level of service, and increasing their connection to the community is now integrated into the SCHHC strategic plan and will guide the organization to meet their goal to provide the best health care to the community now and in the future.

ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS

The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospitals must satisfy in order to be described as a nonprofit 501(c)(3) hospital. It also included new reporting and an excise tax in the case of non-compliance.

These new requirements for charitable 501(c)(3) hospitals are articulated in section 501(r). The ACA imposed the following new rules on organizations that operate one or more hospital facilities (Hospital Organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies.
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy.
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial policy before engaging in extraordinary collection actions against the individual.
- Conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years.

These CHNA requirements are effective for tax years beginning after March 23, 2012. They carry the minimum requirement of once every three years; however, hospitals are not penalized for doing them more often.

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- Emergency room care is open to all, regardless of ability to pay.
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders.
- All available qualified physicians are privileged.

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for not-for-profit hospitals. Under this provision, not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years. The health needs identified in the CHNA must be addressed in an action or implementation plan. Other requirements of the new IRS provision include:

- The CHNA must take into account the broad interests of the community.
- The Assessment must involve individuals with expertise in public health.
- The findings must be made widely available to the public.

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's fiscal year end in the year that it is due. In addition an implementation plan must be created and adopted within the 6-month period following the fiscal year end. Failure to complete a CHNA could result in a \$50,000 excise tax and possible loss of tax-exempt status.

Southern Coos Hospital & Health Center (SCHHC) engaged Cycle of Business (COB) to:

- Complete a Community Health Needs Assessment
- Provide Southern Coos Hospital & Health Center with the requirement necessary to be compliant on the IRS Form 990
- Provide information needed for the hospital to issue an assessment of community health needs and to document how it intends to respond to the identified needs. This will be done in a Community Health Implementation Plan (CHIP) which will be part of this assessment and will also be incorporated in their Strategic Plan.

SERVICE AREA

The primary and secondary service areas for Southern Coos Hospital & Health Center cover the residents of Southern Coos County, Oregon and Northern Curry County, Oregon. When expanding to their secondary service area, SCHHC treats people who come in from as far north as Lakeside, extending east past Sitkum, and as far south to Illahe. However, the primary service area is comprised of residents of Bandon, Coquille, Port Orford and Langlois.

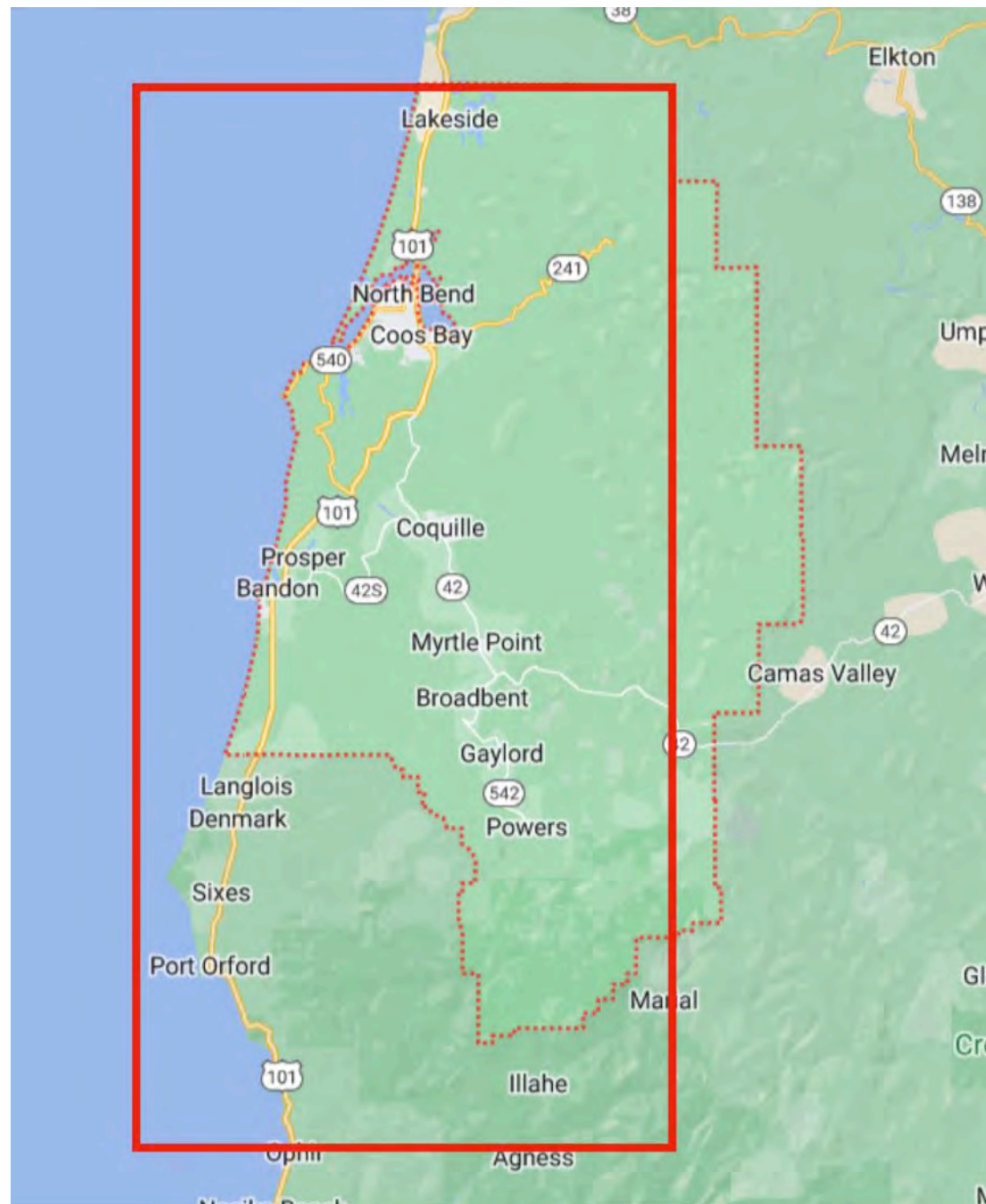
Community	Zip Code	Population-2015
Bandon, OR	97411	7,119
Lakeside, OR	97449	1,959
North Bend, OR	97459	15,218
Coos Bay, OR	97420	27,473
Coquille, OR	97423	6,654
Broadbent, OR	97414	273
Langlois, OR	97450	679
Port Orford, OR	97465	2,145
Agness, OR	97406	284
Estimated Potential for Total Service Area Population		61,804

The population of the primary and secondary service areas for Southern Coos Hospital & Health Clinic is hovering around 60,000 to 62,000 people. This population is made up of nine main zip codes covering the cities of Bandon, Lakeside, North Bend, Coos Bay, Coquille, Broadbent, Langlois, Port Orford, and Agness. Within that area, there are several smaller towns that are included in the population of each ZIP code.

In addition to the residents of the area, the area lends itself to visitors during the summer months. Bandon is the home of the Bandon Dunes Golf Resort, a world-class golf destination featuring six(6) golf courses that attract people from all over the world. In addition to golf, there are other attributes of the area that make it a fantastic place for tourists. Located on the Pacific Ocean, the region surrounding Bandon offers beaches, mountains, lakes, and other attractions for people who want a fantastic place to relax.

Given the region's recreational advantage the population of the area can expand during the summertime and include people from all over the world. Due to the recreational, tourist, and retirement demographics, SCHHC deals with multiple challenges other rural hospitals may not have to deal with.

The area is designated as a rural area by the Oregon Office of Rural Health and the Health Resources & Services Administration. Hospitals in rural areas of the country face some unique challenges.



Southern Coos Hospital & Health Center Total Service Area

Because of their importance in the overall health of the community they serve, they will often provide services that cover a large continuum of care from primary care to long-term care. Southern Coos Hospital & Health Center is no different. They play a vital role in the health and well-being of the community they serve. This community includes a large number of elderly patients. The population of the area is aging and as it does so, SCHHC finds itself in the unique position of focusing on the elderly and aging in the community.

The CHNA process, although

not intending to focus on the elderly, included many respondents that fell into the 55 and above age group. This gave SCHHC insight into this population that is expanding throughout the community.

PROCESSES AND METHODOLOGY

Completion of the Southern Coos Hospital & Health Center's Community Health Needs Assessment followed a modified outline designed by the Center for Rural Health the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA follow their suggested methodology of meetings with community members and healthcare professionals.

An initial meeting was held in person on May 26, 2023. This meeting was a general review of health information on a county level and a review of the survey that would be administered to the community. The people in this meeting were hand-picked by Southern Coos Hospital & Health Center based on the following criteria. First, they were chosen to represent a specific demographic of the community. Second, they would be able to help SCHHC get feedback from that demographic. Finally, members of the healthcare community were chosen to represent the hospital and the viability and sustainability of the programs that would ultimately come from the desires of the community.

After the initial meeting, the survey was revised by Cycle of Business and Southern Coos Hospital & Health Center to ensure the questions asked would include input from the community and help Executive Leadership and the Board of Directors decide on the best course of action for the SCHHC. Before the survey was distributed to the community, special care was taken to ensure the verbiage was inclusive. In fact, the format for gender and race came from the Oregon Health Authority (OHA) guidelines for ensuring inclusivity and eliminating any bias in its language. In addition, the survey was translated into Spanish to reach out to the Hispanic/Latinx community.

Once the survey was complete, it was distributed to the community via email and other means with the help of the team members present in the first meeting. Respondents were given one week to fill out the survey and give their feedback. By setting a shorter timeline SCHHC and COB hoped to create an urgency in giving feedback through the survey. A total of 137 community members completed the survey and were representative of the community demographics.

Seventy-two percent (72%) of the respondents of the survey were between the ages of 55 and above. Women were the most common gender to respond with 72% of the people responding identifying themselves as female and 28% identifying as male. The community is mostly white with low minority numbers. While Caucasians were represented slightly higher than their demographic, we were able to receive feedback from Native American, Asian, and Hispanic communities. SCHHC did reach out to the South Coast Equity Council,

a local diversity and inclusion group, to ensure they understood the LGBTQIA+ community. It is evident that SCHHC was able to reach this community through feedback in some of the comments. Additionally, members of the focus group work directly with that community and were key in ensuring our ability to understand their needs. Continued work with this demographic will be done as SCHHC continues to refine their Community Health Implementation Plan.

The survey data was collected and analyzed by Cycle of Business and the organized data was then brought to the second meeting for discussion. Community members were given the opportunity for input and suggestions were made about what they felt were the most important things the hospital could do for the community.

As the survey was reviewed by the focus group from the hospital, direction and clarification were formulated. The Senior Executive Team wanted to ensure the CHNA was not only dealing with the opinions of the community, but they also wanted to make sure they had the data to make appropriate decisions. Hospital staff had a chance to review the data and community suggestion with COB. With the help of this information, staff members decided what would be feasible to do over the next few years and what would benefit the community and SCHHC alike. Finally, a revised CHNA was prepared and taken to the Southern Coos Health District Board of Directors for their input and approval.

RESOURCES AND SECONDARY INFORMATION

The CHNA for Southern Coos Hospital & Health Center utilized data from:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2016.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Coos County, Oregon was conducted in 2015.

Survey Conducted Through the Hospital and Community. A survey was designed in conjunction with Cycle of Business and Southern Coos Hospital & Health Center to gather information from the community on the immediate needs of the population.

Broad Interests of the Community Were Considered:

Special care was used to find individuals who could help define the health care needs of the community representing the youth, the elderly, and varied cultures, that may not be fully represented in the region's demographics. Members of the focus group who specialize in equity and inclusion were relied upon to help make sure the survey would be inclusive and inspire minorities and people with alternative views to find their voice and help SCHHC understand their unique needs better. In addition, SCHHC has staff and leadership who participate in an equity and inclusion focus group, the South Coast Equity Council, and has made understanding that community an important part of their conduct at the hospital.

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general to give input on the survey. A link to the survey was sent out to the major employers in the community, disbursed via social media, posted to the hospital website, and emailed from the hospital to their patients and through the database of people to whom they send their regular newsletter.

PARAMETERS FOR DATA COLLECTION

COB and SCHHC used the most recent population and demographic information available to ensure the community needs were being met. The federal government also tracks certain health statistics across the U.S. by county. This information was compiled to give a good baseline of where certain health needs were being met and areas that needed improvement. The survey was used to identify the specific needs of the community that are not being tracked on a national basis. This data is more precisely designed to give the hospital an understanding from the community about services they currently offer, services they should investigate offering, and general opinion of the community toward the hospital.

By understanding this information, the hospital staff is better informed and able to meet the needs of the community.

DEMOGRAPHICS

The demographics for the area were collected using census data and other reports. The census data was as recent as 2021 American Community Survey (ACS) data. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

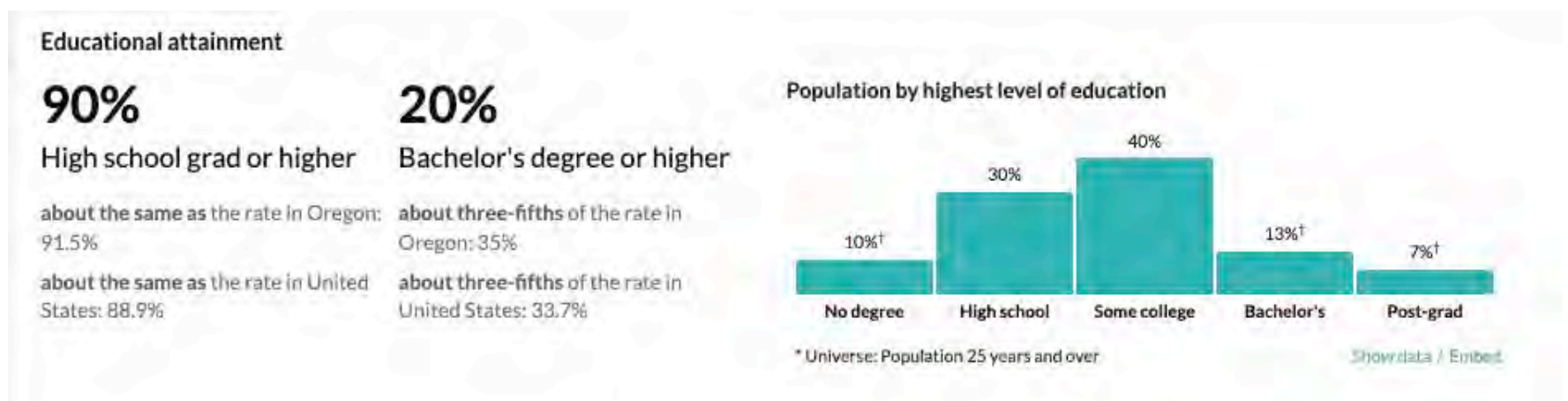
The population of Coos County, our primary service area, was approximately 65,000 people in 2021. As mentioned earlier the primary and secondary areas incorporate only a portion of Southern Coos County and Northern Curry County. Because Curry County is similar in makeup to Coos County with the exception of it ranking slightly better in the national health records, COB decided to base the information on what we know from Coos County:

- 56% of the population are between the ages of 18 and 64.
- 35% are 60 or older.
- 51% of the population identify as women.
- 84% are white.
- 7% regard themselves as Hispanic.



censusreporter.org

- 90% of Coos County residents have graduated from high school compared to the Oregon average of 91.5%.



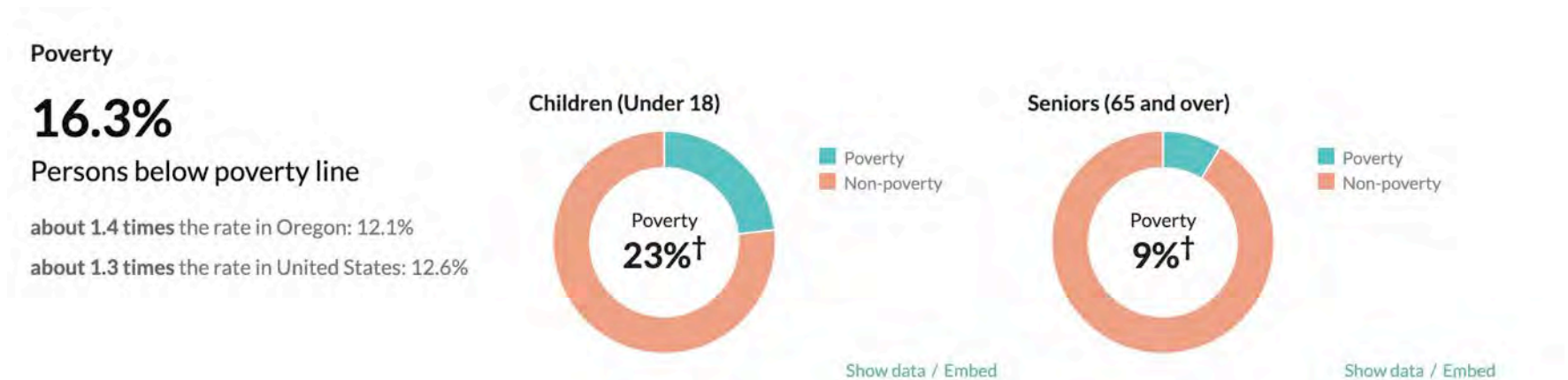
censusreporter.org

- 20% of Coos County residents have a bachelor's degree or higher.
- This is three-fifths the rate of the State of Oregon which is around 35%.
- The median household income in Coos County is \$52,548.



censusreporter.org

- 16.3% of the population live in poverty, as opposed to 12.1% in the State of Oregon.
- 23% of children live in poverty.



censusreporter.org

To get a better look at the community and how it ranks next to the rest of the counties in Oregon and the best performing counties in the US, we used countyhealthrankings.org. This data is collected nationally and compares counties across the United States to their state averages as well as how they compare to the best ranking counties. This data allows for benchmarking to see areas we might want to focus on for improvement.

For example, Coos County, Oregon, shows there is a ratio for Primary Care Physicians of 1,140:1, compared to the top performing counties in the U.S. have an average of 1,310:1 ratio of patients per physician. That means that SCHHC has more physicians per person than the best counties in the nation. Although Coos County ranks lower than many of the other counties in Oregon, they still rank as one of the better counties in the nation to live.

HEALTH STATISTICS

Coos County has some positive health factors that should be mentioned:

- Oregon appears to be a very active state. Coos County, although ranking slightly higher than the state for inactivity numbers, was still right around the same number as the top performing counties in the United States. Coos had a physical inactivity number of 21% compared to 18% at the State level and 22% for top performing Counties in the U.S.
- Although drug overdose is ranked lower than the state number of 16% and the top performing Counties of 22%, Coos County's number of 11% has changed since these numbers were last reported. In the last year there has been a large spike in that number.

- Another positive for the community in general is the number of healthcare providers in the area. Primary Care Physicians, Dentists, and Mental Health providers all were beating national Top Performer numbers.

Positive Health Statistics

	Coos County	Curry County	Top Performers	Oregon
Physical Inactivity	21%	19	22%	18%
Drug Overdose	11	14	23	16
Primary Care Physicians	1140:1	1660:1	1310:1	1061:1
Dentists	1120:1	1580:1	1380:1	1061:1
Mental Health	200:1	200:1	340:1	160:1

When it comes to comparing areas where

CHNA Survey Results

Coos County did not perform as well as the Top Performers in the nation, Coos County still was not significantly off from those top numbers. This made the survey and focus groups more relevant as they helped us understand where health needs could be better met.

- Adult Smoking was at 19% compared to 14% at the State level and 16% at the National level.
- Adult Obesity reported in at 34% compared to 28% at the State level and 32% at the National level.
- The number of children living in poverty was higher than we would like to see at 24% compared to 14% at the State level and 17% at the national level, however the hospital is limited in their ability to help in that arena.

Contributing Factors To Poor Health

	Coos County	Curry County	Top Performers	Oregon
Adult Smoking	19%	17%	16%	14%
Adult Obesity	34%	29%	32%	28%
Children in Poverty	24%	22%	17%	14%
Food Insecurity	15%	13%	12%	10%

- An outcome of children living in poverty is food insecurity. Coos County, Oregon is reporting 12% of their residents are experiencing food insecurity, compared to 12% in the Top Performing counties and 10% in the state of Oregon.

Other areas deserving review are:

- The uninsured population is at the same level as the top performing counties. This number, 12%, is slightly higher than the numbers in Oregon which is at 10%.
- Preventable hospital stays are below the Top Performing Counties, but still higher than the state of Oregon.

- Flu Vaccinations and Mammogram screenings are both lower than the State and Top Performing Counties numbers.

- Finally, Suicide is sitting at 25 per 100,000 people. This is much higher than 14 at the National Level and 19 at the State.

Other Areas To Review

	Coos County	Curry County	Top Performers	Oregon
Uninsured	12%	9%	12%	10%
Preventable Hospital Stays	2533	1351	2809	1884
Flu Vaccinations	43%	37%	51%	45%
Mammograms	34%	29%	37%	36%
Suicide	25	31	14	19

CHNA Survey Results

From the preliminary data we can see that healthcare in the county is in alignment with state and national numbers. None of the areas were so far away from the national numbers that they called for attention. Therefore, SCHHC used the information from the survey to better understand areas of concern for the direct members of their hospital service area. This data will lead to a Community Health Implementation Plan designed to address more specific needs.

THE ACTUAL PROCESS

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

INITIAL MEETING

On May 26, 2023, a meeting was held with members of the community. People representing the healthcare community as well as all demographics were invited to attend. This meant reaching out to large employers as well as special interest groups who would help ensure all demographics were well represented. Discussions took place to review a template of the survey to be distributed, and suggestions were made to ensure the survey would be acceptable to all potential respondents. The focus group recognized that health care needs may differ between genders, ethnicity, sexual preference, gender identity and age. Special care was taken to ensure all people would be represented in the results of the survey.

Many people were excited to contribute to the survey and added substantially to the questions on the survey. Cycle of Business and Southern Coos Hospital & Health Center were able to get great feedback, particularly with questions of gender affirming language, potential services that might be desired in the community, and inclusive language designed to help all respondents feel respected. As part of the process, COB and SHHC reviewed the initial survey and modified it as necessary to create an inclusive document that would give more insight into the health needs in the community.

The survey was written to go beyond the current national data that is readily available. SCHHC wanted to be able to specifically look at the results needed to meet the service needs of the community.

DISTRIBUTION OF SURVEY

After reviewing and revising the CHNA survey, SCHHC sent a link to the survey out to community members who represented the population at large and specific demographics within the community. The representatives then forwarded that link to their respective connections to ensure the population was appropriately represented in the answers of the survey.

Additional links to the survey were also placed on the hospital's website, Facebook page and community groups to make sure the community would know how to access the survey. The

Survey was translated into Spanish and that survey was specifically sent to native Spanish speakers.

After giving the community one week to respond to the survey, 137 people from the community had completed the survey giving feedback that was needed. The responses were gathered and analyzed to be presented to the community to ensure the needs of the population were met. The hospital leadership team met the next day to review the feedback and decide on next steps.

COMMUNITY ENGAGEMENT

Representatives from the community were involved in the process and their assistance was used to ensure the survey met the needs of the community they represented. Southern Coos Hospital & Health Center staff wanted to ensure any hospital needs were also included with the results of the survey when the results were shared with the community representatives. The initial focus group was invited back to review the results of the survey and input. In addition, the hospital will be taking the CHIP to certain members of the community to ensure minorities are benefiting from the areas SCHHC has chosen to improve.

Respondents to the survey covered all demographics of the community. Their feedback was enlisted to articulate the health needs of the community. They were candid in their responses and gave the hospital information that will assist SCHHC to improve their services to the community. Although there was great effort to reach out to minorities and the LGBTQIA+ community, participation from people in those demographic groups was not easily visible. The survey did not ask a question on sexual preference and participants were not required to answer questions they felt uncomfortable responding.

The feedback from this survey was then utilized to create a Community Health Implementation Plan as well as incorporated into Southern Coos Hospital & Health Center's Strategic Plan for the year 2023-2025.

THE RESULTS

SURVEY RESULTS

Results of the survey centered around five key areas.

Expanding Access to Health Care: One of the challenges the community has is affordable healthcare during inconvenient times. Clinics in the area are open during regular work hours, however, one cannot always plan their illnesses. Often people arrive in the emergency department when there is not a real need for those services. This puts a burden on the



Dr. Paul Preslar in front of the clinic

Emergency Department as well as a financial burden on the patient. The challenge is how to make it work for the hospital.

SCHHC decided they would like to expand service to the community without undue financial strain on the hospital. One of challenges they face is helping people understand how use expanded service. They will need to change the way the community thinks about after-hours care.

Currently after-hours care can only be received in the emergency department. Unfortunately, this comes with a higher price tag. To change the culture of the community, SCHHC plans to first expand the service hours in the clinic by one (1) hour in the evening. They are also looking to

promote an after-hours care hotline patients can call for help. If more personal care is needed than the hotline can provide, SCHHC is looking into the option of allocating on call staff that could meet patients at the clinic during off hours to provide in person care. The hope is SCHHC will be able to track hours and create more standard clinic hours during high volume off hour times.

Assess Potential Specialties to Improve Local Access: In conjunction with expanded access, SCHHC realized there were several specialties community members wanted to receive locally. Some of these services the hospital already provides. Others were services that they would need to review to decide on the viability of those services.

Specialties: Eleven (11) specialties were identified in the survey and in discussion with the hospital leadership as potential new services to be offered at SCHHC. To decide what would be appropriate and profitable, more research is required to ensure the lines are feasible.

SCHHC will analyze these areas to discover whether they will be beneficial additions to the hospital's service lines. The 11 specialties are:

- Dermatology
- Urology
- Gynecology
- Endocrinology
- Ophthalmology
- Podiatry
- ENT
- Nephrology
- Pediatric
- Telemedicine
- Psychiatric Services



Southern Coos Hospital has an excellent imaging staff to take care of your needs.

Each of these services will need to be studied and viable specialties will be added to the services offered at the hospital.

Improve Service Areas to the Patients: Three service areas were identified in the CHNA as areas that could better service the community. They are areas where more attention was needed to help patients receive personalized service, including:

Chronic Care Management. Patients in need of this service need more attention to detail and additional contact with the providers. SCHHC felt that if they could improve the attention to the service offered to these patients, it would go a long way to improve their quality of life.

School Nurse Replacement. Currently SCHHC provides a nurse to address the needs of the School District. However, that nurse will be leaving soon. One of the top priorities of the hospital is to continue that care of the students in the area. SCHHC will be looking to replace that nurse and make a smooth transition to the new nurse.

Concierge Service. SCHHC is dedicated to ensuring their patients understand they are the priority. To ensure top quality service they will be creating a concierge service that will improve customer service through a more personalized approach. This concierge service will also be a reminder to the staff of the value SCHHC is placing on the patient and benefit they are to the hospital.

Increase Community Awareness About SCHHC Services: One of the challenges to caring for the community comes in the perception of the hospital. SCHHC is currently under new leadership and is desirous to break away from old stereotypes and perceptions. To accomplish this goal SCHHC is in the process of rebranding their hospital and connecting more directly with residents and tourists alike. This rebranding process will take place with new name, logo, and an extensive marketing campaign. The goal is to let the community know they are under new leadership, and they are bringing in new services that will help the community and personalize the service patients receive.

Staff Education: Finally, SCHHC leadership understands the need for training staff to create an accepting and caring culture for the hospital. This training consists of three areas.

The first step is the importance for staff to build their knowledge base to better serve the patient. Understanding of accepted insurances and processes utilized in the hospital will improve the experience for the patient.

Second, staff will undergo a cultural competency and trauma-informed care education program. This training will ensure the hospital staff is better equipped to offer all people, regardless of personal beliefs, gender orientation, or background, from receiving the care they need.

Finally, staff will take privacy training courses designed to help them understand and comply with HIPPA standards. SCHHC understands that keeping patients' medical needs private not only builds confidence and trust with the patients, but it's also the law. SCHHC wants to make sure their staff understand this is a vital component of proper health care.

TOP REQUESTED SERVICES FROM CHNA

When asked what services the respondent, a member of their family, or a person they know from the community needed for their own health, respondents prioritized the following as the top services. Many of these are already provided by SCHHC. Other specialties that ranked high on the list, were not already provided by Southern Coos Hospital & Health Center, and merited looking into are:

Top Services SCHHC Already Offers:

- Emergency Medical Services
- Diagnostic Lab, MRI and X-ray
- Primary Care Services
- Mammography
- Wellness Clinic
- Colonoscopy / Endoscopy

Top Services SCHHC Does Not Offer:

- Urgent Care/After-Hours Care
- Internal Medicine
- Dermatology
- Cardiology
- Ear, Nose, Throat
- Allergist



3D Mammography is improving care for women by finding issues sooner.

These and other areas were reviewed and will continue to be reviewed by the hospital and the physicians, to see how they will ultimately benefit the community.

Telemedicine:

Telemedicine has become more of a staple in healthcare as a result of the COVID-19 pandemic. Many healthcare professionals realized that they could treat certain patients using this technology. Some services have improved since the introduction of telemedicine. For example, dermatology is an area where the doctor can see the skin issues in more detail through zooming in on the areas of concern and see things they could not see with the natural eye.

Public perception of this technology is a factor in whether it will be used. When SCHHC asked if telemedicine was a technology their community would feel comfortable in using most people said they would. 58.4% said they would be OK with using telemedicine, while only 16% said they would not, and a little over 25.5 saying they were unsure at this time.

With the community open to this form of treatment, SCHHC could open options for certain specialties that are difficult to find physicians to treat in person.

Supportive Services:

When asked how people felt about the supportive services SCHHC provides to their patients, the top five services where SCHHC was doing well were as follows:

1. Referral to Other Locations
2. Follow-up/Discharge Planning
3. Health Education
4. Help Understanding Recommended Medical Care
5. Care Management

However, there were areas where SCHHC could improve. These areas include:

1. Bariatric Services
2. Counseling/Assessment/Life Coaching
3. Help With Enrollment Services for Medicaid
4. Help Understanding Recommended Medical Care
5. Medical Supplies for In Home Use

"The tech that did my mammogram was fantastic I was having trouble and she was there to help me through it all."

Demographic Services:

When looking at groups the community felt needed special attention from the hospital, three main categories appeared:

The first category was people who may have trouble paying. They showed up in the following categories:

1. People with minimal insurance
2. People with low income
3. People with no insurance
4. People who are eligible for Medicare

The second category was specialty groups SCHHC should make a concerted effort to ensure they are being cared for. They included:

1. The houseless
2. LGBTQIA+
3. People with disabilities
4. People with behavioral health or substance abuse issues

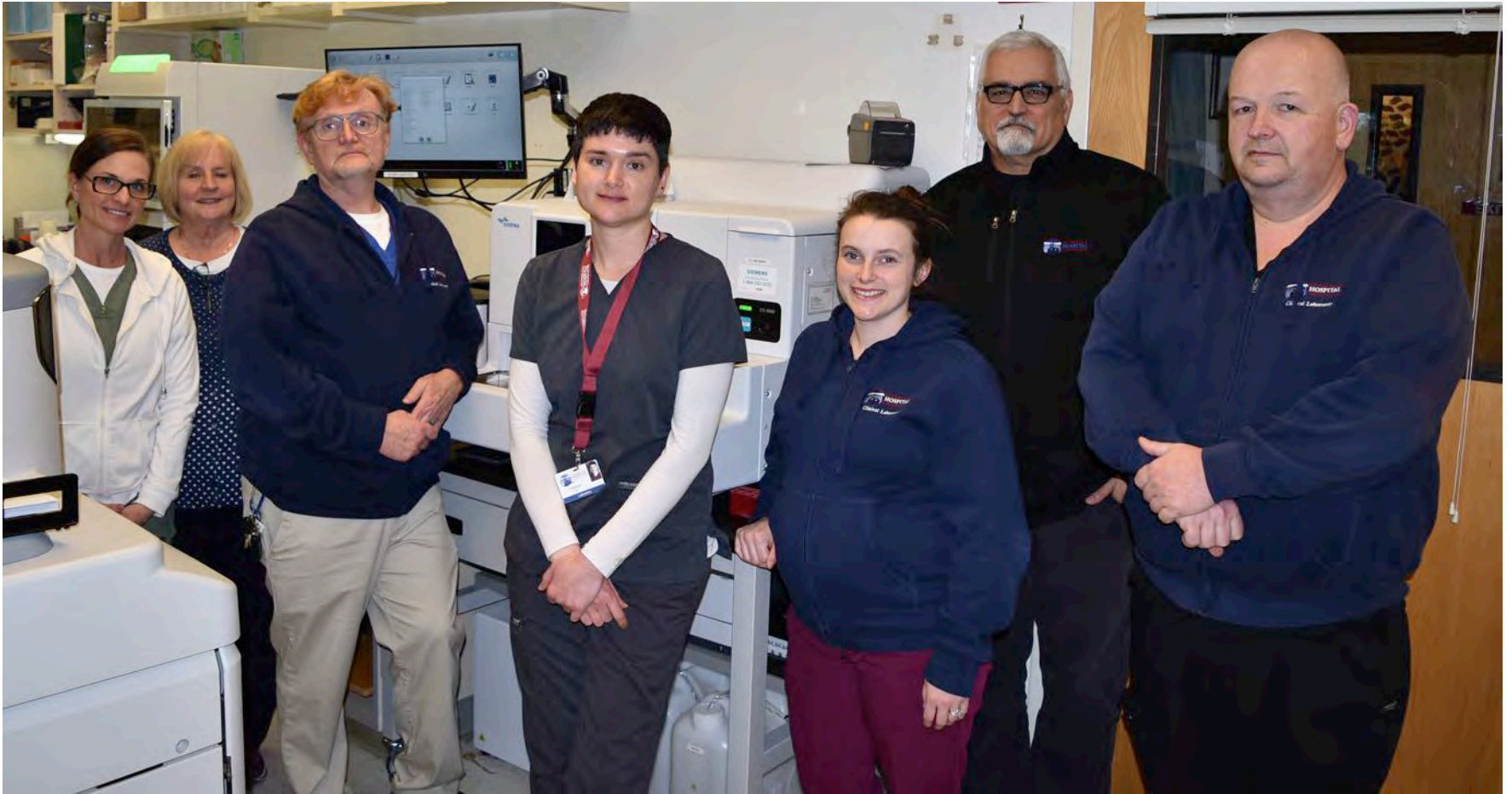
The third category was defined by the age of the individuals in need of care. They included:

1. Children
2. Youth
3. Adults
4. Seniors

When asked what aspects of healthcare are most important to the people personally, the top five most important areas centered around convenience and patient experience. They were:

1. Fast track/same day clinic appointments
2. Convenient retail pharmacy
3. Weekend clinic availability
4. Evening clinic availability
5. More active care management

To Southern Coos Hospital & Health Center's credit most of these are areas SCHHC was already working on based on the feedback from the systems they currently have in place. They were already in discussions on how to extend clinic hours. In addition, SCHHC has been working on a more personalized concierge approach to healthcare.



Southern Coos Hospital has a full-service state of the art laboratory.

Barriers to Using SCHHC:

When asked if there were barriers to using SCHHC, comments were very constructive. They fell into four main categories. They consisted of needs for specialty services, training for staff, improving processes, and financial concerns of the patient.

First there is a real need in the area for additional specialty services. With the demographic makeup and the challenges facing most rural hospitals it is difficult to bring in specialties in a profitable way. SCHHC is dedicated to finding a way to profitably serve the health needs of the community. As a result, they will be looking for ways to meet the specialty needs of the community.

The second area centered around issues with staff awareness and training. These comments covered areas like sensitivity training, customer service training, training around insurance coverage and more. SCHHC realizes that the experience the patient has in the hospital

needs to be at the highest level and they are looking into the training necessary to achieve that level of care in their hospital and clinics.

The third area that became apparent in the through the comments were that some of the process staff are following needed to be revisited and improved. Certain areas of follow up with the patient and transferring of information to other providers need to be improved. By doing so the patient experience would be greatly improved.

"I'm from out-of-state and was in need of an infusion. My doctor faxed the order and I was able to get in an get it in a timely manner. Everyone at the facility was very personable and friendly. They took great care of me from the check-in process all the way until I left!"

The fourth area of improvement came in financial concerns the patients voiced.

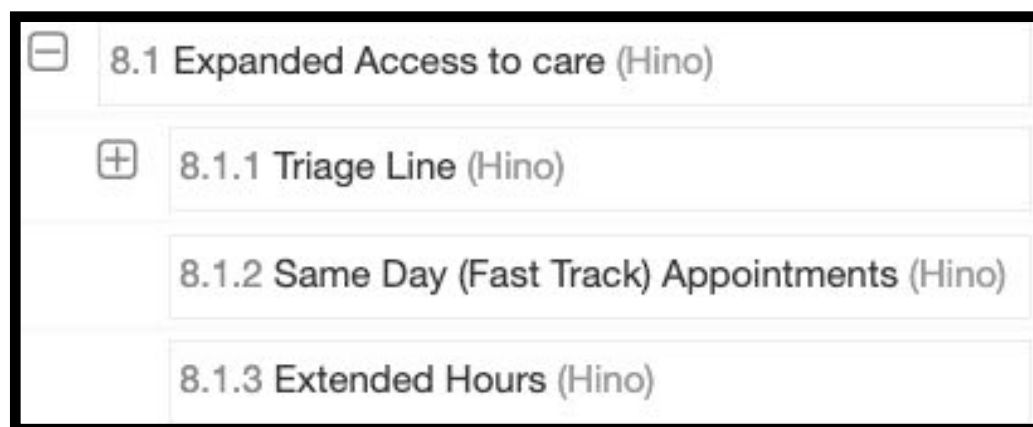
Questions arose on acceptance of insurance, payment plans, and even cost of traveling to the hospital. For many of these people their overall concern was the cost of healthcare in general and not anything that the hospital was doing specifically.

IMPLEMENTATION PLAN

According to the guidelines set forth by the IRS and the ACA, SCHHC must document a Community Health Implementation Plan no later than 6 months following their fiscal year end. This document will illustrate the initial plan as it stands, with the understanding that this plan will be refined over the next several months and that by incorporating it into their strategy for the hospital in may change slightly or grow over the next 3 years. Those changes and processes will be seen in the ActionStrategy web tool which is where their plan and CHIP will reside.

EXPANDED ACCESS TO CARE

Expanded access to care came through as an area that SCHHC needed to explore further. There are many healthcare organizations in the area where people can go to receive their healthcare. However, none have succeeded in bringing affordable after-hours care to the community. SCHHC realizes there is a need and that perhaps a new way to look at care is needed to fulfill that need.



One of the first steps will be to create a triage line that will assist in tracking hours of need as well as help service many of the patients who end up going to the emergency department to get treated for non-emergent medical issues.

In addition to the triage line, SCHHC also would like to create a system where you can call to set up fast-track appointments. These appointments will allow patients to see a healthcare provider working the day they realize they are in need.

Through tracking the needs of the community and looking at when the needs are greatest, SCHHC looks forward to understanding the flow of patients better and ultimately staff the clinic in a way that people could receive same day service when necessary. They will also know how they can profitably expand the clinic hours to provide extended hours to help patients who need assistance during the normal off hours for the clinic.

ACCESS TO SPECIALTIES

Southern Coos Hospital & Health Center reviewed the feedback from the community on the

8.2 Assess Potential Specialties to improve local access (Hino)
8.2.1 Dermatology (Hino)
8.2.2 Urology (Hino)
8.2.3 Gynecology (Hino)
8.2.4 Endocrinology (Hino)
8.2.5 Ophthalmology (Cataracts) (Hino)
8.2.6 Podiatry (Hino)
8.2.7 ENT (Hino)
8.2.8 Nephrology (Hino)
8.2.9 Pediatric (Hino)
8.2.10 Telemedicine (Hino)
8.2.11 Psychiatric services (Hino)

specialties they would like to see the hospital provide. SCHHC was already providing many of the most needed and desired services and will be promoting the availability of those services. There were, however, specialties that SCHHC does not currently provide which warrant a look. As a result of reviewing the current offerings, SCHHC is looking into the following specialties to better serve the people in their community:

- Dermatology
- Urology
- Gynecology
- Endocrinology
- Ophthalmology
- Podiatry
- ENT
- Nephrology
- Pediatrics
- Telemedicine
- Psychiatric services

SCHHC will research these specialties and decide whether they can responsibly be offered at the hospital and or clinic. Some of these services may need to be incorporated through a tele-health program. The survey discovered that a majority of the community members who filled out the CHNA would in fact utilize a tele medical option if it were offered.

IMPROVE SERVICE AREAS TO THE PATIENTS

The survey revealed a few service area opportunities to improve for the hospital. Some of these the hospital was already doing for the community and others were areas they were already working on.

For example, the Bandon School District School Nurse program is something that SCHHC has had in place for a while now. It has been a great benefit to the community and especially the school athlete program. However, the nurse who runs that program will be leaving soon

and SCHHC wants to replace her with someone that will continue the same quality care the schools have been used to.

In addition, SCCHC’s Chronic Care Management program will launch in July of 2023. SCHHC Leadership is designing a Concierge Service program will be designed to take care of those people who come to the hospital and clinics. It will improve customer service and confidence in the quality care patients receive at the hospital.

8.3 Improve Service Areas to the Patients (Hino)
8.3.1 Chronic Care Management (Hino)
8.3.2 School Nurse Replacement (Hino)
8.3.3 Concierge Service (Hino)

INCREASE COMMUNITY AWARENESS

To meet the needs of the community and service them better, the community needs to be aware of the hospital and how it has been improving. Some people in the community think of past experiences they had with the hospital and judge today’s service based on past experience.

However, Southern Coos is constantly improving and with the recent leadership change a huge focus has been placed on changing any past negative perceptions based on current levels of service.

8.4 Increase community awareness about our services (Hino)
8.4.1 Google (Hino)
8.4.2 Employers (Hino)
+ 8.4.3 Branding (Hino)
8.4.4 SEO (Hino)
8.4.5 Same Day Billboard (Hino)

SCHHC is going to be going through a complete branding experience to get the word out that things are changing for the better. Part of that is through marketing to help residents and visitors alike understand the level and commitment to service they receive at SCHHC.

Another part is in branding of the hospital. The city of Bandon Oregon has international recognition due to the world class golf courses that are located there. However, the majority of visitors would not even know that Southern Coos Hospital & Health Center is located in Bandon, let alone located in Coos County. For someone visiting, they may never know that there is a hospital in Bandon because by the name of the hospital they did not understand the relation to the city. SCHHC is looking to rebrand and capitalize on the name recognition of Bandon to better serve the community.

STAFF EDUCATION

Southern Coos Hospital & Health Center has been on a quest to continually improve the care given at the hospital and the clinic. They were excited to get feedback from the community in areas they can improve that will help to win the community over. This feedback illustrated three areas where education needed to take place to improve their service to people in the area.

First was in making the process of using the hospital more convenient for the patient. Although almost all insurances are accepted by the hospital not all the staff are aware of which ones are accepted.

Patients find it easier to get to a live person at the hospital than their insurance company. SCHHC wants to make sure the patient can always get their answer while on the phone setting up their appointment.

No one wants to come to the hospital and feel like they are being judged or in an environment where they feel their caregiver may not understand them. For this reason, SCHHC will be putting their staff through a Cultural Competency and Trauma-Informed Care education program. This will help ensure patients feel safe and understood when receiving care in their facilities.

Finally, part of feeling safe is that you know that your care is confidential. SCHHC will be reviewing HIPPA requirements with their staff on confidentiality. They want to make sure that you come to the hospital you can rest assured that you and your healthcare professional are the only ones who know your health issues.

Southern Coos Hospital & Health Center Executive Leadership will take an aggressive stance with their CHIP. They are dedicated to improving the health care of those in the community and especially the experience you will have when you enter either the hospital or one of the health centers. They have confidence they can achieve much of this plan because over the last year they have completed their aggressive strategic plan. They are looking forward to seeing their community thrive and being an integral part of a healthier community.

8.5 Staff Education (Hino)	
<input type="checkbox"/>	8.5.1 increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services (Hino)
	8.5.2 Cultural Competency and trauma-informed care education (Hino)
	8.5.3 Expanded Privacy training (Hino)

APPENDIX

CHNA TEAM

Name	Company	Representing
Cori Valet	SCHHC	Healthcare
Scott McEachern	SCHHC	Healthcare
Steve Reber	SCHHC	Healthcare
Margaret Pounder	Chamber of Commerce	Local Businesses
Amy Moss Strong	SCHHC	Healthcare
Hank Holmes	CCHC	Healthcare
Dave Gilmore	CCHC	Healthcare
Dawn Gray	SCHHC	Healthcare
Joseph Bain	SCHHC Foundation	Community
Charlotte Carver	SCREL	Community/Diversity
Diana Pedregon	South Coast Equity Coalition	Community/Diversity
Ray Hino	SCHHC	Healthcare and Diversity
Jeremiah Dodrill	SCHHC	Healthcare
Carrie Okey	SCHHC	Healthcare



Southern Coos Hospital & Health Center
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QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN

Fiscal Year 2023-2024

Southern Coos Hospital and Health Center

Organization-wide Quality Assurance and Performance Improvement Program FY (Fiscal Year)

2023 - 2024

Formulated By: SCHHC (Southern Coos Hospital & Health Center) QAPI (Quality Assurance and Performance Improvement) Committee

Norbert Johnson, Board of Directors Liaison

Raymond Hino, CEO (Chief Executive Officer)

Noel Pense, DO, Quality and Patient Safety Medical Director

Phillip Keizer, MD (Medical Doctor), Medical Chief of Staff

Cori Valet, RN (Registered Nurse), BSN, Chief Nursing Officer

Barbara Snyder, RN, BSN, MBA, Quality, Risk, Compliance Officer

Sharon Bischoff, RN, BSN, Quality Coordinator

Approved By: _____ Quality and Patient Safety Committee
_____ Board of Directors Meeting

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I. Mission and Vision

Mission Statement

Quality Healthcare with a Personal Touch

Vision Statement

SCHHC will improve the health and viability of the community by working to be the best place for patients to receive care, for employees to work, and for providers to practice medicine.

Strategic Plan Pillars

People:	Improve employee experience and become an employer of choice.
Service:	Build a culture of service excellence by providing a phenomenal experience for our customers (patients and each other).
Quality:	Enhancing quality of care, improving patient safety, and ensuring our standards align with regulatory requirements.
Growth:	Increase market share through enhancement of existing and development of new services.
Finance:	Achieve profitability by increasing net revenue, controlling costs, maintaining an effective investment strategy, and streamlining the revenue.

II. INTRODUCTION:

A. Purpose

SCHHC is dedicated to meeting the needs of our patients in a manner which is consistent with our mission, vision, and strategic pillars. The Organizational Quality Assurance and Performance Improvement plan is designed to provide a systematic and organized program for promoting safe, quality patient care and services. The plan outlines improvement principles, organizational structure, and approach to continually strive toward our purpose of (1) doing the right things, (2) doing the right things well, and (3) continually improving. Activities are interdisciplinary and collaborative to respond to the needs of the customer, patient, physician, employee, and community.

Through an interdisciplinary and integrated process, patient care and processes that affect patient care outcomes shall be continuously monitored and evaluated to promote optimal achievements, with appropriate accountability assumed by the Board of Directors, Medical Staff, Administration, and support personnel.

B. Quality Definition

SCHHC defines quality as the degree to which care services influence the probability of optimal patient outcomes.

C. Quality Values and Assumptions

Our quality values are focused around the five pillars from our Strategic Plan: people, service, quality, growth, and finance.

Our assumptions for quality are based on the following:

1. Quality of a service or product is determined by a careful understanding of the needs & expectations of our internal and external customers;
2. Improvement of the quality of a product or service is continuous; and
3. Quality improvement involves every staff member in the organization.

D. Goals

Organizational goals are presented to the Board of Directors by the CEO and Executive Leadership for approval annually. A dashboard of organizational metrics, objectives, and goals are maintained each year following Board of Directors approval. The QAPI plan and organizational goals shall be set each Fiscal Year. All changes to the QAPI plan will be approved by the Board of Directors. Goals of the Quality Improvement Program are as follows:

- 1) Departmental Goals (People)
 - a. Utilize information from the upcoming DNV Survey of August/September 2023 to determine ongoing departmental quality improvement goals.
- 2) Improve Patient Satisfaction Data (Service)
 - a. Use patient satisfaction data to drive improved patient care.
- 3) Standardization of supplies and services safety (Service)
 - a. Monitor the system to Identify manufacturer or vendor recalls.
- 4) Antimicrobial Stewardship Improvements (Quality)
 - a. Collect data of patient antibiotic orders to verify antimicrobial stewardship efforts.
 - b. Achieve industry and DNV standard of care for antimicrobial stewardship.
 - c. Report to National Healthcare Safety Network (NHSN).
- 5) Patient safety goals (Quality)
 - a. Adopt the Joint Commission 2023 National Patient Safety Goals to help improve patient outcomes:
 1. Identify patients correctly.
 - a. Use at least two ways to identify patients.

2. Improve staff communication.
 - a. Get important test results to the right staff or provider on time.
3. Use medicines safely.
 - a. Ensure all medications are labeled.
 - b. Take extra care with patients who take anticoagulants.
 - c. Document and communicate correct information about a patient's medications.
 - d. Reconcile patient medications, emphasizing bringing updated list at any visit.
 - e. Give the patient written information about newly prescribed medications.
 - f. Proper technique for mixing IV fluids and medications.
4. Use alarms safely.
 - a. Prevent alarm fatigue.
 - b. Ensure that alarms are heard and responded to on time.
5. Prevent infection.
 - a. Use hand cleaning guidelines from the Center for Disease Control and Prevention.
 - b. Support Infection control in hand washing initiative.
6. Identify patient safety risks.
 - a. Reduce the risks of patient falls and screen patients for suicide.
 - b. Support the Fall Prevention program.
7. Prevent mistakes in surgery.
 - a. Ensure provider has obtained informed consent and verified with patient surgery.
 - b. Follow standardized safety procedures for surgery and procedures.
 - c. Ensure "time out" is being performed before any procedure or surgery.

6) Communication Strategies (Growth)

- a. Develop an effective communication plan between staff, managers, department heads, executive leadership team, providers, and the Board of Directors.

7) Performance Improvement Metrics (Growth)

- a. Focus departmental goals on the Hospital strategic plan (2022).
- b. Develop facility wide accountable monthly quality report.

E. Scope of Activities

The scope of the Organizational Quality Assurance and Performance Improvement Program encompasses measurement and the action taken to correct activities of the Medical Staff, Nursing and Ancillary or support services. Data will be collected from every department and service of the hospital. Processes and outcomes of care are designed, measured, and analyzed.

Quality Improvement activities will address both clinical and organizational services. These activities are designed to assess key functions of patient care. We will study, identify, and correct problems or improvement opportunities found during processes of patient care delivery.

The Board of Directors, CEO, Executive Leadership Team, Department Managers and Directors, and Medical Staff leaders regularly communicate with each other on issues of patient safety and quality.

Key Focus Areas:

1. Shift the primary focus from the performance of individuals to the performance of the organization's systems and processes, while continuing to recognize the importance of the individual competence of credentialed clinical staff and other ancillary staff.
2. To utilize internal and external customer feedback to improve the services necessary to excel in a competitive health care environment.
3. To organize data into useful information, including comparison to internal and external data sources.
4. To utilize external information sources representing "Best Practices" in the design of systems to improve patient outcomes and processes.
5. To promote a culture of continual survey readiness.
6. To promote a culture of safety within the organization.
7. To enhance communication between Administration, Medical Staff, Hospital Department/Services, and the Board of Directors regarding the conclusions and recommendations from the data analysis. The appropriate actions taken to address the findings and recommendations.

III. Organization and Responsibilities of Leaders

A. Responsibilities

Participation in Quality Improvement activity is the responsibility of Medical Staff, and everyone employed by or contracted staff with Southern Coos Hospital and Health System. The organizational Plan for Quality is reviewed and approved annually by the CEO and the Board of Directors.

Board of Directors

The Board of Directors shall be responsible for ensuring the provision of optimal quality care, safety, and organization-wide performance. The Board is accountable for the safety and quality of patient care provided in every department and service of the hospital.

The Board of Directors, which maintains overall responsibility, delegates patient safety, quality of patient care, and overall operations authority to the Hospital CEO. The Board of Directors considers and acts upon recommendations from Hospital Leadership and staff to develop, train,

and implement QAPI.

The CEO and the Medical Staff in collaboration with the Board of Directors facilitate Quality Improvement by:

1. Authorizing the establishment of a committee structure to implement the Quality Assurance and Performance Improvement (QAPI) Program.
2. Providing direction in setting performance improvement priorities based on our mission, vision, and strategic goals;
3. Establishing an organizational culture that supports a commitment to quality and patient safety;
4. Ensuring the quality program reflects the complexity of the hospital's organization and services;
5. Ensuring the quality program is focused on metrics related to improved health outcomes and the prevention and reduction of medical errors;
6. Approving the Quality Assurance and Performance Improvement Plan (QAPI);
7. Providing adequate resources, both material and staff, to accomplish the QAPI function;
8. Receiving monthly reports of QAPI data from departments and services of the hospital including those provided through contracts;
9. Reviewing, accepting, or rejecting periodic action plans based on findings, actions, and results of program activities regarding the effectiveness of organization-wide quality and safety activities;
10. Evaluating the effectiveness of the quality program annually, and if necessary, requiring modification to organizational structure and systems to improve outcomes;
11. Requiring a process designed to assure that all individuals responsible for the treatment and/or care of patients, whether provided through internal mechanisms or contracted services, are competent.
12. Specifying the detail and frequency of data collection;

Chief of Staff, Quality Medical Director, Emergency Department Medical Director, and Medical Staff

The Chief of Staff, accountable to the CEO, has the primary authority for activities related to self-governance of the medical staff and for performance improvement of the professional services provided by licensed independent practitioners and other practitioners privileged through the medical staff process. The Chief of Staff makes recommendations directly to the CEO based on the reports from medical staff committees, hospital departments, and other assigned groups.

The Medical Director of Quality provides leadership for measuring, assessing, and improving processes that primarily depend on the activities of one or more licensed independent practitioners, other credentialed practitioners, and privileged practitioners through the medical staff process. The Medical Director of Quality is actively involved in the measurement, assessment, and improvement of the following:

Data on individual practitioners as well as aggregated data for:

- The quality of Histories and Physicals.
- Medical assessment and treatment of patients.
- Appropriateness of clinical practice patterns including significant departures from established patterns of clinical practice.
- Unexpected Complications.
- Review Medication Use Monitoring.
- Accurate, timely, and legible completion of patient's medical records.
- Blood / Blood Component Usage Review.
- Operative / Invasive Procedure and Anesthesia.
- Review Risk Management / FMEA (Failure Mode and Effects Analysis).
- Sentinel/ Serious Safety Event.
- Patient Safety including safe opioid.
- Antibiotic Prescribing Practices.
- Utilization Management Publicly reported metrics/ data.

The Medical Staff, led by the Chief of Staff, reviews findings of the Assurance process relevant to an individual's performance and Focused Professional Practice Evaluation (FPPE) and Professional Practice Evaluation (OPPE).

The Medical Staff is committed to developing and continuing to improve active involvement in the measurement, assurance, and improvement of data on individual credentialed practitioners from the aggregated data.

The Medical Staff shall conduct the following:

- Participate in developing specific indicators to systematically evaluate practitioner care. This may be accomplished by individual medical staff departments or medical staff committees approved by Medical Staff.
- Identify, analyze issues, opportunities, and recommend actions to Medical Staff Department Directors. Monitors the effect of the actions taken to determine that any issue has been resolved.
- Monitors the appropriateness of clinical practice patterns and significant departures from established standards of clinical practice;

- Report medical staff quality information monthly to the Quality and Patient Safety Committee, Medical Staff Department Directors, Medical Staff and the Board of Director by written reports, summaries, or conclusions.

CEO and Executive Leadership

Administration supports maintaining the QAPI process through allocation of staff and resources necessary to fulfill the program requirements.

Administration also:

- Analyzes data and information in decision-making that supports patient safety and quality of care;
- Performs evaluations of clinically contracted services in collaboration with the respective department directors and reporting the results of the evaluation through the QAPI Committee structure to the Board and Medical Staff;
- Regularly evaluates the culture of safety and quality using valid and reliable tools.
- Ensures the participation of appropriate staff members of all departments and services in the Hospital through collaborative monitoring, evaluation of patient outcomes, and essential functions to the QAPI Committee structure.

Quality Improvement

The Quality Department shall be responsible to support the organization's Quality Improvement principles, strategies, priorities, approach, and methodologies, which includes but is not limited to the following tasks:

- Working with the Medical Staff, all hospital departments/services, and staff to effectively measure, assess, analyze, and improve the quality and safety of care and services.
- Coordinate Quality Improvement orientation, education, and training.
- Facilitate and support Quality Improvement efforts.
- Coordinate survey preparations and facilitate a culture of continual survey readiness.
- Maintain the database for all QAPI activities including quality improvement initiatives, departmental quality measures, physician quality, credentialing, and peer review activities.
- Support Quality and Risk Manager to prepare an annual organization-wide evaluation of the Quality Program.
- Facilitate communication of quality improvement activities throughout the organization

and the Quality and Patient Safety Committee to the Medical Staff and Board of Directors at least quarterly.

- Work closely with Risk Management to monitor or analyze any serious patient safety event and/or sentinel event and promote patient safety.
- Work with the Medical Chief of Staff, Executive Leadership, and Department Directors to select meaningful quality measures that address patient quality or safety needs.
- Provide reports using statistical tools & techniques to analyze and display data.
- Compare internal data over time to identify any patterns, trends, or variations.
- Compare data with external sources.

Hospital Departments

The Department Directors, Managers and Executive Team Members are accountable for the quality and patient safety during the performance of their staff for the care of service provided.

Executive Team Members, Department Directors or Managers will:

- Communicate and prioritize opportunities for improvement
- Promote the development of standards of care and criteria to objectively measure the quality and safety of care/services rendered in their departments.
- Monitor, analyze and report the processes in their areas that affect patient care, safety, outcomes, and satisfaction.
- Design and redesign work processes to improve safety and quality.
- Participate in the evaluation of the performance of contracted services.
- Participate in quality improvement initiatives.
- Report QAPI data and actions taken as appropriate.
- Communicate the status of departmental quality, patient safety, and survey readiness initiatives regularly to departmental staff members.

The Quality and Patient Safety Committee

The Quality and Patient Safety Committee is the hospital-based multidisciplinary committee that coordinates organizational quality improvement activities. Membership includes: A Board of Director member, CEO, Executive Team, Medical Staff, Department Directors or Managers, Human Resources, Communications, and Department Supervisors.

Quality meetings are scheduled monthly. Activities include but are not limited to:

1. Reviewing in-depth information and data regarding specific hospital departments or areas on an approved schedule;
2. Reviewing quality data and process improvement efforts;
3. Recommending improvement efforts for consideration by the Board of Directors;
4. Reviewing and approving recommendations from the Policy Committee to take to the

Board of Directors.

Quality and Patient Safety Integration

It is essential the Patient Safety Program and Quality Assurance and Performance Improvement Program are integrated to ensure the flow of information to the appropriate areas for review, action, and/or follow-up.

The Quality and Risk Management programs seek to reduce the frequency and severity of adverse events, thus minimizing loss and contributing to Quality Improvement through risk identification, evaluation, control, and education.

The Quality and Risk Manager identifies conditions and events which could or have caused injury or loss; monitor resolution of risk-related problems; plan/provide appropriate education to employees, Medical Staff, and Board of Directors; and interact with the Medical Staff, Administration, Nursing and Clinical Services.

B. Establishing Priorities for Quality Improvement

Priorities for Quality Improvement shall be established collaboratively by the Board, Administration, Medical Staff, and the Quality and Patient Safety Committee. The following criteria will be considered in establishing priorities:

- Mission, Vision, and Values.
- Strategic Plan, Community needs.
- Needs and expectations of patients and families and other customers.
- Input from Medical Staff and Employees.
- High Volume diagnoses/procedures/processes.
- High Risk diagnoses/procedures/processes.
- High-cost diagnoses/procedures/processes.
- Problem prone procedures/processes.
- Input from external sources (licensing, regulatory agencies.)
- Clinical competency and training needs.
- Resources required to make the improvement, both human and material.
- Prioritization Matrix.

Prioritization

The Quality and Risk Manager will oversee the setting of priorities for quality improvement activities. Items/topics will be evaluated by the Quality and Patient Safety Committee. Quality improvement activities may be re-prioritized by the committee based on needs and resources. Issues may be reprioritized in response to sentinel/serious safety events identified, through quality indicators tracking and trending, unanticipated adverse occurrences affecting patients, changes in regulatory requirement, changes in patient population, in the physical environment,

and/or changes in the expectations or needs of patients, staff or the community.

Reporting

Quality Improvement results of monitoring activities and the improvement action plans are reported to Administration, the Board of Directors, and Medical Staff at least quarterly.

C. Quality and Patient Safety Committee

The Quality and Patient Safety Committee is a formal sub-committee of the Board of Directors, and thus a board member is a liaison to the board and is present at the Quality and Patient Safety Committee meetings. Per the SCHHC Board of Directors bylaws, the Quality and Patient Safety Committee meets monthly on the third Tuesday of the month and the meeting summary is presented to the board monthly in Executive Session. All Committee actions are tentative pending official Board of Directors approval. Members of the Quality and Patient Safety Committee include a member from the Medical Staff, CEO, Executive Team, departmental managers, and medical staff.

The Quality and Patient Safety Committee evaluates all Dashboards and assists in the development of the yearly Quality Improvement Goals and Strategies. In addition, the Quality and Patient Safety Committee reviews action plans and may make recommendations for audits of department processes. Any employee or Medical Staff member may forward concerns regarding quality to the Quality and Patient Safety Committee.

IV. Design – Quality Approach and Framework

A. Methodology

The PDSA model/process for performance improvement is utilized as the methodical approach to Quality Assurance and Performance Improvement initiatives.

Data Collection

The staff collects, organizes, and analyzes data necessary to determine root causes, track performance, benchmarking, etc. Data is organized to facilitate comparison and trends. The data collection is conducted promptly and efficiently. Statistical techniques and data displaying “tools” will be utilized. Tools may include charts and graphs, Run Charts, Histograms, Pareto Charts, Flow Charts, Cause and Effect diagrams (Fishbone Diagrams), Control Charts, etc.

Frequency of Data Collection

The frequency of data collection and measurement is related to:

1. The frequency of the event (affect a significant percentage of patients);
2. Problem prone processes;
3. The significance of the event or process monitored, such as
 - a. What the leaders view as most important,
 - b. The extent to which the important aspect of care, processes, and outcomes monitored has been demonstrated to meet expectation or be problem free,
 - c. Customer satisfaction responses;
4. Priority issues and adverse events may require more detail and frequency of measurement activities.

B. Measure

The monitoring and analysis process will include at least the following evaluations:

- (SR.1) Evaluation of patient care services and other services provided affecting patient health and safety, quality and appropriateness of the diagnosis and treatment (including outcomes) provided by the QLP clinical staff. This evaluation shall be performed by a CAH (Critical Access Hospital) staff member who is a Doctor of Medicine or Osteopathy or by another Doctor of Medicine or Osteopathy under contract with the CAH.
- (SR.2) Credentialing and quality and appropriateness of diagnosis and treatment (including outcomes) provided by Physicians. This credentialing and clinical review shall be performed by:
 - (SR.2a) Representative(s) of a hospital that is a member of the network, if applicable;
 - (SR.2b) A QIO (Quality Improvement Organization) (or equivalent) entity; or,
 - (SR.2c) An entity qualified by the state rural health care plan.
- (SR.3) Threats to patient safety (e.g., falls, patient identification, injuries);
- (SR.4) Medication therapy/medication use: to include medication reconciliation, high-risk medications, lookalike sound-alike medications and the use of dangerous abbreviations;
- (SR.5) Operative and invasive procedures (including wrong site/wrong patient/wrong procedure surgery);
- (SR.6) Anesthesia/moderate sedation adverse events;
- (SR.7) Blood and blood components;
- (SR.8) Restraint use/seclusion;
- (SR.9) Effectiveness of pain management system;
- (SR.10) Infection prevention and control program metrics, including but not limited to:
 - (SR.10a) CMS required Hospital Acquired Infection reporting; and,
 - (SR.10b) Antimicrobial stewardship.
- (SR.11) Utilization Management System;
- (SR.12) Patient flow issues, to include reporting of patients held in the Emergency Department or the PACU for extended periods of time (as defined by the CAH);
- (SR.13) Customer satisfaction, both clinical and support areas, including SR.13a Grievances;

- (SR.14) Discrepant pathology reports;
- (SR.15) Unanticipated deaths;
- (SR.16) Adverse events/near misses;
- (SR.17) Readmissions and unplanned returns to surgery (as defined by the CAH);
- (SR.18) Critical and/or pertinent processes, both clinical and supportive;
- (SR.19) Medical record delinquency; and,
- (SR.20) Physical Environment Management Systems.

The hospital will conduct a root cause analysis, and other investigations as appropriate, in response to a sentinel event, serious safety event or significant near miss. The root cause analysis involves an internal investigation and analysis of the sentinel event to reduce variations and prevent the event from recurring in the future.

Design of New Processes

When it is established that there is a need or opportunity to initiate a new service, extend product lines, occupy a new facility, or significantly change existing functions or processes, the design will be based upon the organization's mission, vision, and plans. The needs of the patients, staff, and all who use this service will be considered and up-to-date sources of information shall be used to design the process or service.

C. Improvement

Improvement opportunities are identified by departmental and organizational QI (Quality Improvement) activities, customer satisfaction surveys, sentinel/serious safety events, hospital/medical staff committees, opportunity for improvement forms and through formal and informal networking of all Employees.

Appropriate action will be recommended and implemented to eliminate or reduce variations identified or to improve quality of care. The Quality and Patient Safety Committee may refer to the specialized Performance Improvement groups to audit implementation of and compliance with the quality improvement process

Re-design/Design of Improvement Initiatives (Re-Assurance Process)

The effectiveness of any action taken is assessed and documented. Periodic monitoring of the results of correction action, including re-design of processes, will be conducted to make sure that any problems identified have been alleviated or eliminated and the improvement sustained. Any design/re-design initiative(s) will be evaluated for their effectiveness. If the specific department does not show improvement, new actions will be taken and, once again, the effectiveness will be assessed.

V. Communication and Reporting

To coordinate the quality improvement activities throughout the organization, the Quality / Risk

Manager will receive and have access to all QI information. Department managers communicate their quality activities and performance to their employees, to the administrator to whom they report, and/or to using dashboards.

Feedback from organizational QAPI activities is provided at CEO, Leadership Executive meetings, in departmental staff meetings, Medical Staff and Board of Directors as appropriate.

VI. Staff Development/Education

Staff will be introduced to Quality Assurance and Performance Improvement concepts and objectives during the new Employee orientation, department staff meetings, and in-services as needed. Employees are encouraged to participate in the team process which provides additional “just in time” training.

VII. Annual Program Evaluation

The effectiveness of the Quality Assurance and Performance Improvement Program is evaluated annually and revised as necessary by Quality and Risk Manager. Any changes are reported to the Board of Directors, CEO, and Executive Leadership.

VIII. Confidentiality

Confidentiality shall be maintained, based on full respect of the patient’s right to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality of quality improvement work products.

IX. Retention of Records

All minutes of meetings are maintained as defined in the Record Retention policy. Cumulative quality improvement activity reports are maintained for three years either in their original form, or electronically.

_____ Quality and Patient Safety Medical Director	_____ Date
_____ CEO	_____ Date
_____ Board of Director Chair	_____ Date

Supporting Documents and Sources

Agency for Healthcare Research and Quality. Quality and Patient Safety.
https://www.ahrq.gov/programs/index.html?search_api_views_fulltext=&field_program_topics=14177

Institute for Healthcare Improvement. Patient Safety.
<https://www.ihi.org/Topics/PatientSafety/Pages/default.aspx>

The Joint Commission. 2023 National Patient Safety Goals.
<https://www.jointcommission.org/standards/national-patient-safety-goals/>

National Association of Healthcare Quality. NAHQ (National Association for Healthcare Quality) Healthcare Quality Competency Framework.
<https://nahq.org/nahq-intelligence/>

DNV. National Integrated Accreditation for Healthcare Organizations (NIAHO®).
<https://www.dnv.us/supplychain/healthcare/forms/Niaho-Ac-DL-Form.html>

DEPARTMENT:	Quality Management – Performance Improvement	NUMBER: 155.003
SUBJECT:	Culture of Quality and Patient Safety	PAGE: 1 of 4
EFFECTIVE DATE:	June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY:	Policy & Procedure, Quality, Medical Staff, & Board of Directors	DISTRIBUTION: Organization wide

POLICY:

Southern Coos Hospital and Health Center (SCHHC) a critical access hospital (CAH) shall be committed to encouraging, promoting, and supporting a culture of safety throughout the organization through:

1. Acknowledgment that the hospital environment is high-risk and error prone by nature of the organization's responsibilities.
2. Developing and implementing an organization wide policy of transparency regarding all adverse events and patient safety issues within the organization.
3. The establishment of a blame-free environment where staff, patients and visitors are supported in reporting adverse events, errors, "close calls," or potential vulnerabilities without punishment or recrimination.
 - a. The encouragement of internal and external reporting of safety and quality issues.
 - b. The focus is on the performance of systems and processes, not the individual.
4. The establishment of a team-based environment that supports communication and collaboration across all levels of the organization to identify and seek solutions for safety vulnerabilities.
5. Encouragement of patient-provider communication.
6. Dedication of direct resources to address safety concerns and, therefore, improve performance.
7. A commitment to ongoing education and the flexibility to accommodate changes in technology, science and the environment.

PURPOSE:

Improving the culture of safety within health care is an essential component of preventing or reducing errors and improving overall health care quality, and lowering risk for staff and patients.

PROCEDURE:

1. The Culture of Safety shall be overseen by the Quality and Patient Safety Committee in conjunction with other active committees of the hospital, including, but not limited to, Infection Prevention, human resource activities, Safety Committee and other hospital committees, as applicable.
2. The Quality and Patient Safety Committee shall delegate the day-to-day operations of the Culture of Safety Program to Quality & Patient Safety Coordinator.

DEPARTMENT:	Quality Management – Performance Improvement	NUMBER: 155.003
SUBJECT:	Culture of Quality and Patient Safety	PAGE: 2 of 4
EFFECTIVE DATE:	June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY:	Policy & Procedure, Quality, Medical Staff, & Board of Directors	DISTRIBUTION: Organization wide

3. Staff Education:

- a. The following groups shall be educated about the Culture of Safety Program:
 - i. Governing Body
 - ii. Senior Management
 - iii. Medical Staff
 - iv. Residents and Medical Students
 - v. Clinical Staff
 - vi. Non-clinical Staff
 - vii. Volunteers
 - viii. Contracted/Agency Staff and Students
- b. Culture of Safety and Quality education shall occur at orientation and annually thereafter.
- c. Education shall focus on safety and quality for all individuals within the hospital community and shall stress the importance of open communication regarding issues of safety and quality.
- d. Education shall include a review of the following policies and procedures:
 - i. SCHHC Code of Conduct
 - ii. Patient Safety Plan
 - iii. Performance Improvement Plan
 - iv. Incident Reporting
 - v. Risk Management Plan
 - vi. Sentinel Event Policy
 - vii. Disruptive and Inappropriate Behavior Policy
 - viii. Patient-Provider Communication

DEPARTMENT:	Quality Management – Performance Improvement	NUMBER: 155.003
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ix. Patient Hand-off Communication

x. Universal Fall Precautions

xi. Universal Precautions

e. Performance Evaluation:

i. Overall safety performance shall be included in evaluation of the CEO, leadership and staff.

4. Patient Safety Literature and Advisories:

a. Patient Safety Literature and Advisories shall be made available to individuals who work in the hospital through staff newsletters, e-mails, in-services, etc.

5. Data Collection and Analysis:

a. The Quality & Patient Safety Coordinator is responsible for regularly evaluating the culture of safety and quality of this organization using valid and reliable tools.

b. Evaluation shall include an annual survey of all staff that assess opinions about patient safety issues, medical error, and event reporting within the hospital using the Hospital Survey on Patient Safety Culture (SOPS) issued by the Agency for Healthcare Research and Quality.
<https://www.ahrq.gov/sops/surveys/hospital/index.html>

c. Evaluation shall also include patient survey results.

d. The Quality and Patient Safety Coordinator shall monitor and review the activities of other relevant hospital committees targeting a specific patient safety initiative.

e. The Quality and Patient Safety Coordinator shall select at least one (1) high-risk process/procedure every 18 months to conduct a proactive risk assessment. The high-risk process/procedure can be chosen from a variety of sources, including, but not limited to, Sentinel Event Alerts or other literature, internal occurrence reporting information, quality management program information, patient feedback or employee input in order to identify particular steps in the process/procedure that might cause harm. The "failure mode, effects, and criticality analysis" shall be used to identify the steps in the process/procedure where there is undesirable variation (e.g., potential failure modes).

DEPARTMENT:	Quality Management – Performance Improvement	NUMBER: 155.003
SUBJECT:	Culture of Quality and Patient Safety	PAGE: 4 of 4
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- f. Issues identified by the above activities shall be prioritized, and changes or corrective actions implemented, as necessary as outlined by the QAPI (Quality Assessment and Performance Improvement) Plan.

6. Data collection may also be obtained from Community-Based Patient Safety Advisory Council:

- a. The AHRQ's *Guide for Developing a Community-Based Patient Safety Advisory Council* is being made available to readers with the intent that it will provide information and guidance to empower individuals and organizations to develop community-based advisory councils. The information in this guide can help convene advisory councils that involve patients, consumers, practitioners and professionals from healthcare and community organizations for the purpose of driving change in patient safety through education, collaboration, and consumer engagement. <https://www.ahrq.gov/research/findings/final-reports/advisorycouncil/index.html>

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DEPARTMENT: Administration	NUMBER: 800.011
SUBJECT: Board Orientation	PAGE: 1 of 2
EFFECTIVE DATE: June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Policy:

Individual members of the Governing Body shall be oriented to all facets of the organizational structure of Southern Coos Health District and legal requirements, as well as his or her duties and responsibilities as a member of the Board of Directors.

Procedures:

Within 30 days of Governing Board members official start date on the Southern Coos Health District Board of Directors, it shall be the responsibility of the Hospital CEO to schedule a date for Board orientation for new Board members.

During the Board orientation meeting, the following topics will be covered by the Hospital C.E.O:

- The organization's mission, vision, values, and goals
- The organization's safety and quality goals
- The organization's structure and the decision-making process
- The development of the organization's budget
- Interpretation of the organization's financial statements
- Population served by the organization.
- Any issues related to the population served.
- Cultural diversity and sensitivity
- Confidentiality/Health Information Portability and Accountability Act (HIPAA)
- Patient rights and ethical aspects of care, treatment, and services and the process used to address ethical issues.
- Emergency procedures
- The organization's policies and procedures and all employee benefits
- The individual and interdependent responsibilities and accountabilities of the Governing Body, senior management, and medical staff leaders

DEPARTMENT: Administration	NUMBER: 800.011
SUBJECT: Board Orientation	PAGE: 2 of 2
EFFECTIVE DATE: June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

- How these responsibilities and accountabilities support the mission of the organization and providing safe, quality care
- Applicable laws and regulations, including accrediting organization standards and federal and state regulations.
- The organization's channels of communication regarding:
 - Clinical issues
 - Security Issues
 - Administrative Issues
- Additional training and information shall be provided by the C.E.O., the Executive Team, Director of Quality, Director of Human Resources and Medical Staff leaders, and other as necessary that may be required for additional skills or expertise to carry out their job responsibilities.



DEPARTMENT:	Administration	NUMBER:	800.014
SUBJECT:	Chief Executive Officer (CEO) Job Description	PAGE:	1 of 3
EFFECTIVE DATE:	June X, 2023	REPLACES POLICY DATED:	N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION:	Organization wide

Policy:

It is the policy of the Southern Coos Health District (SCHD) to employ a Chief Executive Officer (CEO), who has the requisite education, skills, knowledge and experience, as defined in a written job description, to lead and direct the overall operations of Southern Coos Hospital & Health Center (SCHHC). The CEO is hired by and is accountable to the Board of Directors for the District, for overall leadership and strategic planning of SCHHC in concert with the Mission, Vision and Guiding Principles for the District.

Procedures:

1. The Board of Directors, working in conjunction with Executive Team leadership at SCHHC, shall create a CEO Job Description, which include, at minimum, the job performance responsibilities, duties, qualifications, accountabilities and criteria for success.
2. The CEO Job Description shall be maintained and reviewed and updated, as necessary, by the CEO and Human Resources Director with guidance and approval from the Board of Directors.
3. The Board of Directors shall, annually, conduct a CEO Performance Evaluation, using the CEO Job Description criteria to identify if the CEO job performance is continuing to meet the necessary requirements, and where there may be opportunities for improvement.
4. The CEO Job Description shall be attached to this policy and maintained in the Southern Coos Hospital & Health Center electronic Administrative Policy Manual.

Attachments:

1. The SCHHC Chief Executive Officer (CEO) Job Description shall be attached to this policy.

DEPARTMENT: Administration	NUMBER: 800.014
SUBJECT: Chief Executive Officer (CEO) Job Description	PAGE: 2 of 3
EFFECTIVE DATE: June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Position Summary:

The Chief Executive Officer (CEO) provides leadership and direction to all aspects of District operations to ensure high quality of care, fiscal integrity, and proper utilization of human resources. The CEO reflects the key moral commitments, ethical principles, values and philosophy of the Southern Coos Health District (SCHD). The CEO reports to the SCHD Board. Performance will be measured by the CEO's ability to uphold and accomplish the Mission, Vision and Values of the District as follows:

- Mission: Quality healthcare with a personal touch
- Vision: To improve the health and viability of the community by working to be the best place for patients to receive care, for employees to work, and for providers to practice medicine.
- Values: Compassion, Patient-Centered Care, Teamwork, Community, Professionalism, Integrity

Responsibilities & Essential Functions:

(This list does not include all the duties that may be assigned.)

- Implements policy established by the SCHD Board and advises the Board on the development of policies.
- Provides liaison among the Board, the Medical Staff, and SCHD facilities and departments.
- Organizes the functions of the SCHD through appropriate departmentalization and the delegation of duties.
- Applies District policies and procedures consistently and fairly.
- Oversees all personnel matters, providing direction to Department Managers relative to employment practices.
- Resolves employee performance problems in a timely manner with Human Resource department assistance
- Oversees the delivery of care and works with all departments to assure high quality care.
- Oversees financial operations; works to assure efficient effective fiscal management.
- Assures continued licensure relative to the various authorized inspecting agencies.
- Represents SCHD in its relationships with other health care agencies.
- Regularly attends meetings including District Board, Medical Staff, Foundation Board, Home Health, and others as appropriate.
- Participates in community, state, national healthcare associations and professional activities which define the delivery of health care services and aids in the development of short and long range planning for health services and facilities.
- Presents to the Board, or its authorized committees periodic reports reflecting the professional services and financial activities of the SCHD and such special reports as may be required by the State District law and by the Board.
- Assists the Medical staff with its organization and acts as a liaison between Medical Staff and the Governing Board.
- Promotes an active public relations program for SCHD.
- Performs other duties which may be necessary or in the best interests of the SCHD as approved by the Board.
- Uses a systematic approach to develop and maintain a organizational culture that promotes the mission, vision, and values.

Has overall responsibility for leadership and oversight of all departments and functions of Southern Coos Health District. Directly supervises the executive leaders as defined in the organization chart.

DEPARTMENT: Administration	NUMBER: 800.014
SUBJECT: Chief Executive Officer (CEO) Job Description	PAGE: 3 of 3
EFFECTIVE DATE: June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Skills, Knowledge, & Experience Requirements:

The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions:

- Master's Degree in Health Services, Health Science, Business, Hospital Administration or related program and/or have a current unrestricted license (MD or DO) to practice medicine in the State of Oregon is required.
- A minimum of 3 years of experience as a senior healthcare manager, preferably in an acute care environment. FACHE preferred.
- Knowledge of healthcare systems, medical quality assurance, quality improvement and risk management.
- Strategic and innovative thinker with proven ability to communicate a vision and utilize group process to achieve results.
- Demonstrated leadership, organizational and interpersonal skills.
- Ability to solve problems and execute on initiatives.
- Ability to work collaboratively internally and externally.
- Self-assured and results oriented.
- Demonstrated ability to assess business needs, design and implement programs and evaluate results.

Position Specific Competencies:

- Thorough knowledge of healthcare strategic plan development and implementation.
- Knowledge of applicable state and federal regulations.
- Ability and skills to effectively build teams and empower staff.
- Excellent interpersonal skills.
- Critical Thinking: using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Judgment and Decision Making: considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Complex Problem Solving: identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- Monitoring and assessing performance of yourself, other individuals, and the organization to make improvements or take corrective action.
- Service Orientation: actively looking for ways to help people.
- Management of Personnel Resources: motivating, developing, and directing people as they work, identifying the best people for the job.
- Negotiation: bringing others together and reconciling differences.
- Originality: ability to come up with new and innovative solutions to solve problems.
- Delegation: empowers staff to succeed in their assigned responsibilities and facilitates team-based problem solving.



FY24 Budget Message

Date: June 1, 2023

To: SCHD Budget Committee, Board of Directors, Raymond Hino, CEO, and SCHD Management

From: Jeremiah Dodrill, CFO

Re: 2023/2024 Fiscal Operating and Capital Budgets – June 22 Budget Hearing

Executive Summary

Attached is Southern Coos Hospital and Health Center 2023/2024 Annual Operating Budget, Capital Budget and Cash Flows. Our approach to the budget is to build a baseline that consists of a rational representation of our current state cost structure and volume levels. Due to inflationary considerations, the current state cost structure projected into the subsequent fiscal period puts pressure on the hospital's operating results. If we do nothing, the financial results will continue to not be sufficient to avoid drawing down cash reserves to fund operations. The baseline budget yields an operating loss of (\$1,520,000) and a total margin of a loss of (\$306,000).

In response to this, management has identified several financial improvement initiatives. These initiatives align with various aspects of our strategic plan as adopted by the District Board in their May 26, 2022 regular meeting. As a result of modelling these financial improvement initiatives, the operating loss is reduced to (\$714,000) and the total margin improves to a gain of \$500,000.

Financial Improvement Initiatives

Provider Contract Efficiencies – In FY 2023, Administration has completed the renegotiations of many of its hospital based providers. Administration is nearly completed with the remaining provider contract negotiations and are expecting to yield savings based on the status of those negotiations beginning in July 2023.

Outpatient Services Growth – A critical component to the strategic plan is the growth of outpatient services. Southern Coos Hospital's aim to be the healthcare provider of choice is an effort to increase market share for outpatient services, particularly in Radiology and Lab. As a result of the focused effort, Management has set volume growth targets for Radiology and Lab of 10%. The cumulative operating margin improvement of this growth, assuming stable payer mix, is expected to be approximately \$615,000. This represents a continuation of the success in growth in these areas from FY 2023.

Swing Bed Growth – Management has identified the opportunity to grow its Swing Bed program. This budget increases the average daily census from 3.5 ADC to 5.5 ACD in 2024. Due to the high Medicare payer mix for Swing Bed patients and the cost-based reimbursement, the additional patient charges do not result in much additional net revenues. We do, however, believe that growth in our Swing Bed program is a critical initiative to help address post-acute patient placement issues in our community.

Other Significant Budget Considerations

Clinic Productivity – Projected Clinic direct losses are anticipated to be around (\$646,000) in fiscal 2023 due primarily to provider and clinic leadership turnover. During fiscal 2023, the clinic replaced two D.O. practitioners and experienced the loss of its primary Family Nurse Practitioner (FNP), which remains vacant and is currently being staffed by a contract FNP. We are currently recruiting a full-time FNP replacement. The Clinic budgeted direct losses for fiscal 2024 are (\$357,000). These losses are due to the continuing impact of provider turnover and the resulting ramp-up of patient panels throughout the year as well as the ongoing subsidization of LCSW and the Pain Management Clinic. The budgeted ramp up of the primary clinic providers results in their practices achieving nearly break-even performance by the end of the fiscal year. Average visits increase from 5 to 13 per provider day for the new providers. Total clinic days in fiscal 2024 are expected to be 848 compared to 832 in fiscal 2023 projections.

Surgical Volumes – Consistent with FY 2023 investments and strategic initiatives, we have budgeted for the continued growth of our orthopedic surgical program. The budgeted volumes reflect estimates of anticipated case volumes by our surgical providers. Additionally, pain procedures have been budgeted at recent existing volume levels. As a note, these surgical volumes are represented within the Baseline Budget column of the Budget Income Summary slide and not separate as column.

Operating Budget

Gross Revenue and Volumes – Gross revenues for fiscal 2024 of approximately \$51,770,000 are approximately 18% higher than annualized 2023 revenues due to an overall 5% price increase and the continued growth in Outpatient services and Swing Bed volumes. Lab and Radiology volumes are anticipated to increase by 10% while Surgical volumes increase by 180%.

Deductions from Revenue – Revenue deductions budget at \$19,743,000 or 38% of gross revenue is slightly higher than the annualized FY23 of 37% of gross revenue after consideration of cost-based reimbursement impacts of the Medicare cost report and price increase by payer category.

Total Revenues of \$32,152,000 are 13.2% higher than fiscal year 2023 projections of \$27,799,000.

Salaries and Benefits in fiscal 2023 are budgeted for a combined \$18,827,000 which is approximately 17% higher than projected fiscal 2023 and considers approved staffing levels, scheduled annual pay increases and filling vacant positions including a Nurse Practitioner in the Clinic.

Contract Labor has been budgeted at \$2,324,000 which represents a 5% improvement over projected 2023 levels due to lower rates by contract staffing companies.

Professional Fees and Purchased Services have been budgeted at \$2,731,000 and \$3,436,000, respectively. Professional fees have been adjusted to alignment with the financial improvement initiatives noted above and the strategic plan. Purchased services increased due to inflationary increases and the addition of external consultant support related to strategic priorities such as EHR/ERP vendor evaluation and Facilities Master Plan Development.

Medical Supplies, Drugs, Other Supplies and Other Operating Expenses are generally budgeted at 2023 utilization with estimated inflationary adjustments based on GPO (Group Purchasing Organization) provided industry benchmarks. They range between 3-7% based on expense category. Increases in the medical supplies budget is also due to the surgical volume increases discussed above.

Insurance and Utilities are budgeted at \$577,000 which approximates current utilization.

Depreciation is budgeted at \$1,479,000 reflecting the straight-line depreciation of new and existing assets, including capital leases accounted for under GASB 87.

Operating Expenses are budgeted at \$32,866,000. This represents a 13.5% increase over projected fiscal 2023 levels.

Operating Losses of (\$714,000) are budgeted for fiscal 2024 which represents a 33% improvement over projected FY 2023.

Non-Operating Income and Expenses – Property tax revenues are budgeted at \$1,097,000 based on assessment estimates received from Coos County and are consistent with prior periods. Interest expense budget of \$297,000 is based on our current debt-service obligations inclusive of capital leases recorded under GASB 87. Investment income of \$301,000 is budgeted based on current interest rates provided by the State Investment Pool.

Increase in Net Assets of \$500,000 reflects improvements from FY 2023 projected increase in Net Assets of \$192,000.

Capital Budget

Capital requests of \$750,000 primarily reflect the deferred replacement of many existing end-of-life assets. Threshold capital requests, those projects with anticipated costs above \$15,000 represent \$631,000 of the total budget while the balance of \$119,000 is reserved for non-threshold and contingency. Of the amounts requested, \$105,000 are reauthorizations of prior year approved capital purchases that were not completed. Additionally, we anticipate financing the acquisition of the drug dispensing system via lease agreement.

Cash Flows Analysis

Cash Balances are anticipated to increase by approximately \$751,000 due primarily to cash provided by operations. Operations are expected to generate \$765,000. Additionally, capital spending is expected to reduce cash by (\$580,000), net of capital lease acquisitions. Property Tax receipts are expected to be \$1,097,000. Debt Service payments for principal and interest on existing obligations including capital lease accounted for under GASB 87 are (\$945,000). Ending cash balances are expected to be \$15,352,000, up from \$14,601,000.



Annual Budget Hearing

June 22, 2023

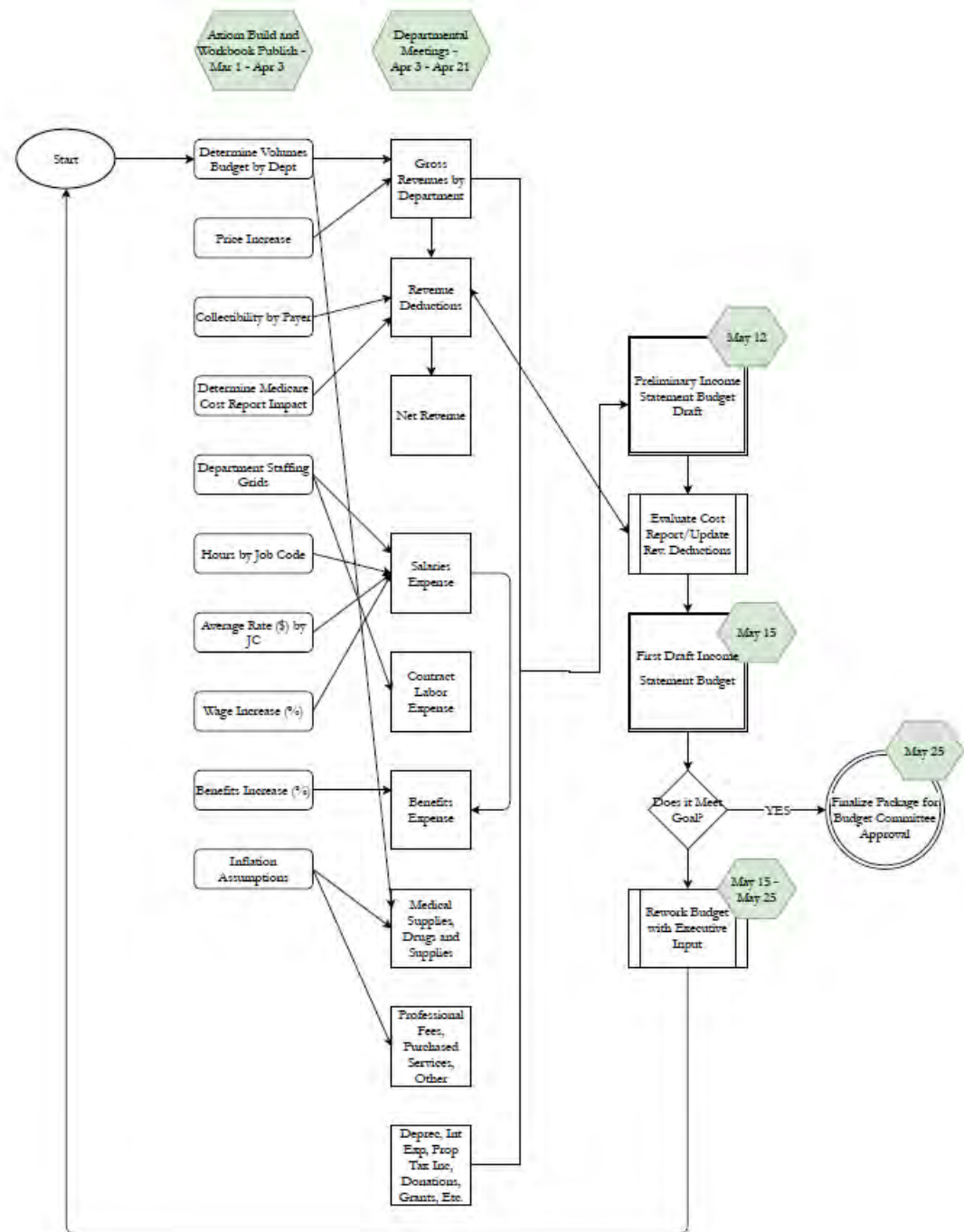
as presented at June 1, 2023 Budget Committee Meeting

FY24 Budget Timeline

January 31	Capital Budget request forms and details sent to Department Leaders
April 3	Capital Budget requests completed and returned to Finance
April 10-14	Initial Budget meetings between Finance and Department Leaders
April 17-21	Follow-up Budget meetings between Finance and Department Leaders
April 24-28	Finance complete departmental budgets
May 1-5	Finance complete preliminary Hospital Budget
May 8-12	Executive team review of Hospital Operating and Capital Budgets
May 15-19	Executive and Finance balance Operating and Capital Budgets to target
May 25	Budget Committee Package Finalized
June 1	Budget Committee Meeting
June 22	Budget Presentation and Adoption – Board of Directors Meeting



FY24 Budget Process



FY24 Operating Budget Assumptions

Budget Driver	Assumptions
Volumes	<p>Inpatient volumes held constant</p> <p>Swing Bed program growth</p> <ul style="list-style-type: none"> - 3.8 ADC in FY23 to 5.5 ADC in FY24 <p>OP Ancillaries</p> <ul style="list-style-type: none"> - 10% Lab and Radiology volume growth - 180% Surgical volume growth - Clinic volumes increased gradually to break-even performance for new providers
Chargemaster	5% price increase, additional schedule provided to explain price increase and benchmarking
Revenue Deductions	<p>Expected to remain around 38% of Gross Patient Revenue</p> <p>Modeled cost report impact based on CLA tool</p>
Salaries	<p>Budgeted at current approved staffing levels</p> <p>Annual wage increases modeled by Department</p>
Benefits	Expected to remain consistent as a percentage of salaries
Contract Labor	<p>Budgeted at current usage based on shortages in clinical areas</p> <p>Increased during flu season to cover potential staff shortages</p>
Supplies and other procured expenses	<p>Adjusted for known changes</p> <p>Inflationary increases based on GPO benchmarking (3-7% depending upon expense category)</p>
Property Tax Revenues	Based on current tax levy and assessed values for FY23



FY24 Financial Improvement Initiatives

Improvement Initiative	Assumptions
Clinic Provider Productivity	Budgeted at increased volumes over baseline. Budgeted to break-even levels - 13 per provider clinic day - New FNP budgeted ramps up to 12 patients per provider clinic day - LCSW at 4 visits per day - Pain clinic at 4 visits per provider clinic day
Radiology	10% growth annually - Reflects continued efforts to market services to community and referring providers
Lab	10% growth annually - Reflects continued efforts to market services to community and referring providers
Surgical Volumes	180% growth annually - Reflects growth in orthopedic surgical program
Provider Contracts Efficiencies	Approximately \$240k savings on remain hospital provider contract renegotiations - Currently finalizing renegotiations of remaining provider contracts are estimated to yield savings beginning in July.

Note> These financial improvement initiatives are consistent with the Board Approved strategic plan. Management believes that these assumptions represent achievable goals for the upcoming fiscal year.



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

		FY22 Actual	FY23 Annualized	FY23 Budget	FY24 Budget	% Var To Annualized
Volume Summary	IP Days	1,311	1,480	1,198	1,520	2.7%
	Swing Bed Days	1,310	1,400	1,341	2,006	43.2%
	Total Inpatient Days	2,621	2,880	2,539	3,526	22.4%
	Avg Daily Census	7.2	7.9	7.0	9.7	22.4%
	Avg Length of Stay - IP	3.7	4.2	3.4	4.2	1.3%
	Avg Length of Stay - SWB	12.8	13.7	13.1	14.2	3.6%
	ED Registrations	4,605	5,282	4,476	5,364	1.5%
	Clinic Registrations	5,419	5,346	11,117	5,370	0.4%
	Ancillary Registrations	13,230	11,532	14,528	13,768	19.4%
	Total OP Registrations	23,254	22,160	30,121	24,502	10.6%
Key Income Statement Ratios	Gross IP Rev/IP Day	4,076	4,252	4,331	4,297	1.1%
	Gross SWB Rev/SWB Day	1,702	1,494	1,793	1,580	5.8%
	Gross OP Rev/Total OP Registrations	1,135	1,379	1,024	1,501	8.9%
	Collection Rate	65.7%	63.1%	66.4%	61.9%	-2.0%
	Compensation Ratio	66.6%	66.7%	66.3%	65.9%	-1.1%
	OP EBIDA Margin \$	(165,184)	(212,966)	391,859	391,237	-283.7%
	OP EBIDA Margin %	-0.7%	-0.8%	1.4%	1.2%	-259.3%
	Total Margin	-0.5%	0.7%	2.9%	1.6%	128.7%



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending April 2023

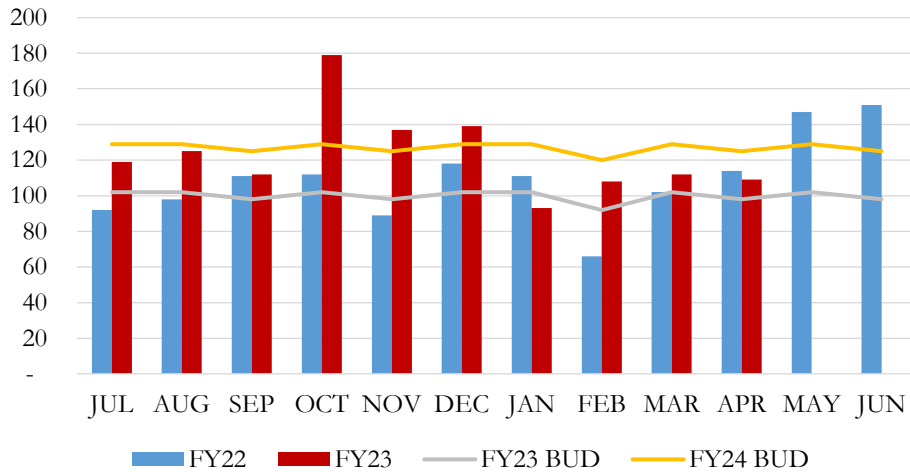
		FY22 Actual	FY23 Projected	FY23 Budget	FY24 Budget	Variance % Projected
Payor Mix - Gross Charges	Medicare	61.47%	63.06%	61.47%	63.06%	0.0%
	Medicaid	18.23%	17.60%	18.23%	17.60%	0.0%
	Commercial	12.06%	11.82%	12.06%	11.82%	0.0%
	Government	6.11%	5.53%	6.11%	5.53%	0.0%
	Other	0.43%	0.86%	0.43%	0.86%	0.0%
	Self Pay	1.70%	1.13%	1.70%	1.13%	0.0%
Total		100.00%	100.00%	100.00%	100.00%	

		FY22 Actual	FY23 Projected	FY23 Budget	FY24 Budget	Variance % Projected
Patient Volumes	In Patient Days	1,311	1,480	1,198	1,523	2.9%
	Swing Bed Days	1,310	1,325	1,341	2,005	51.4%
	Total Patient Days	2,621	2,804	2,539	3,528	25.8%
	Emergency Visits	4,604	5,282	4,476	5,363	1.5%
	Radiology Procedures	8,779	9,950	9,321	10,945	10.0%
	Laboratory Tests	44,053	44,155	49,586	48,570	10.0%
	Respiratory Visits	7,933	6,844	7,411	6,839	-0.1%
	Surgeries and Endoscopies	257	124	375	348	180.0%
	Specialty Clinic Visits	2,279	2,265	2,330	2,268	0.1%
	Primary Care Clinic	4,558	4,679	9,233	6,325	35.2%

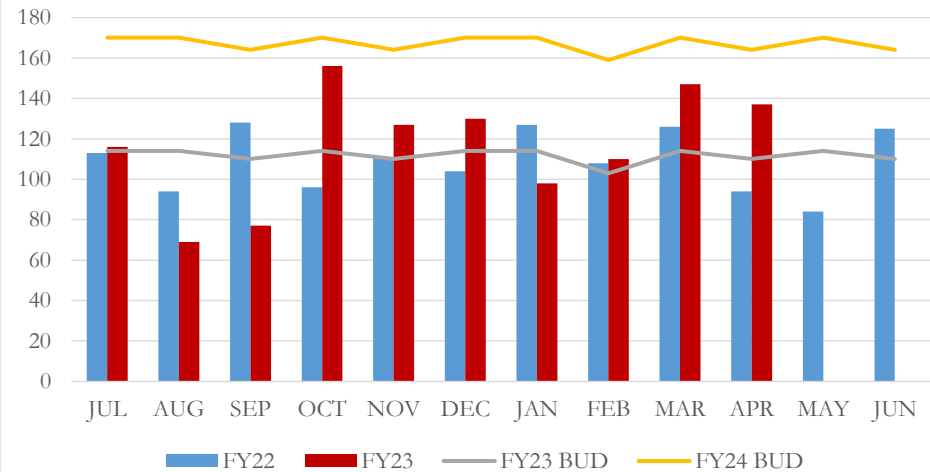


FY24 Operating Budgeted Volumes

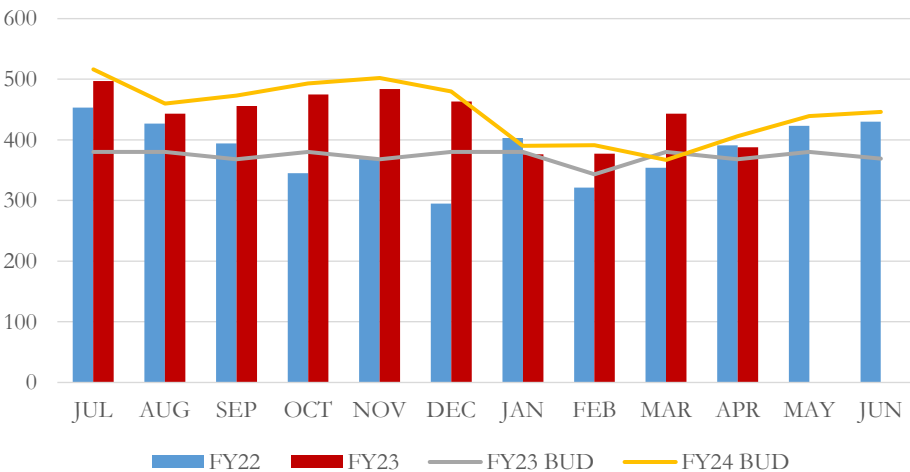
IP Days



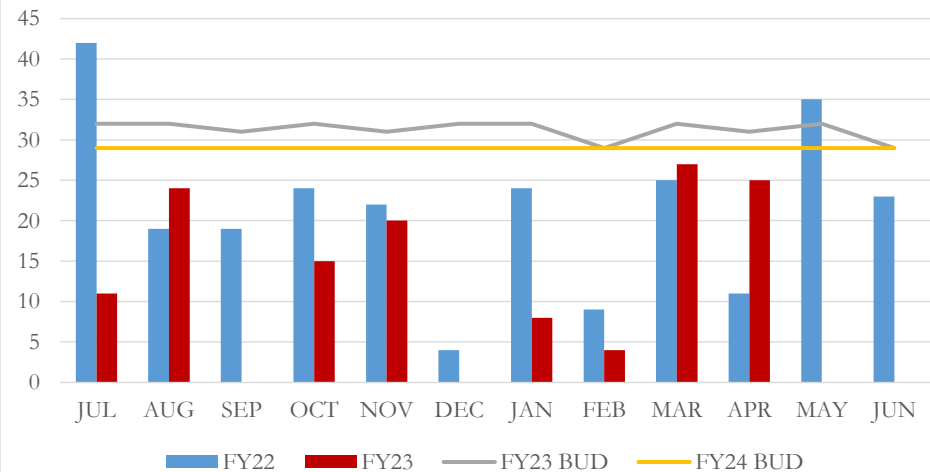
Swing Bed Days



ER Visits

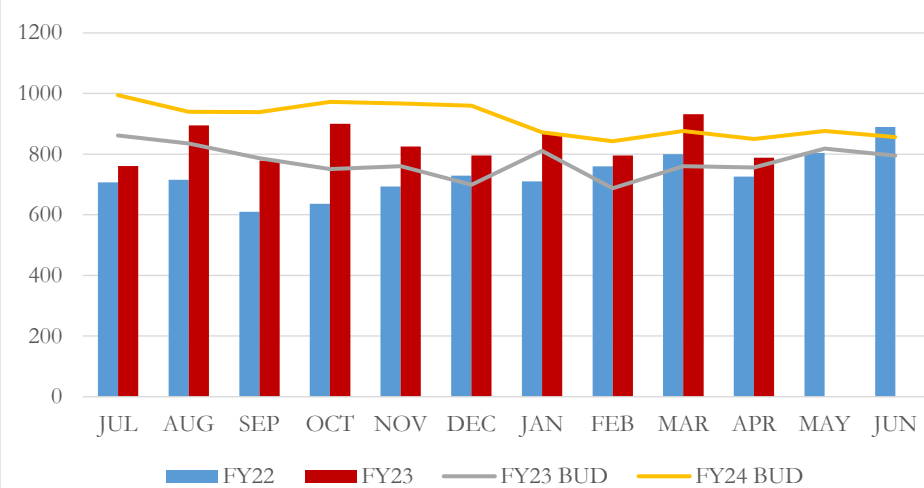


Surgery Patients

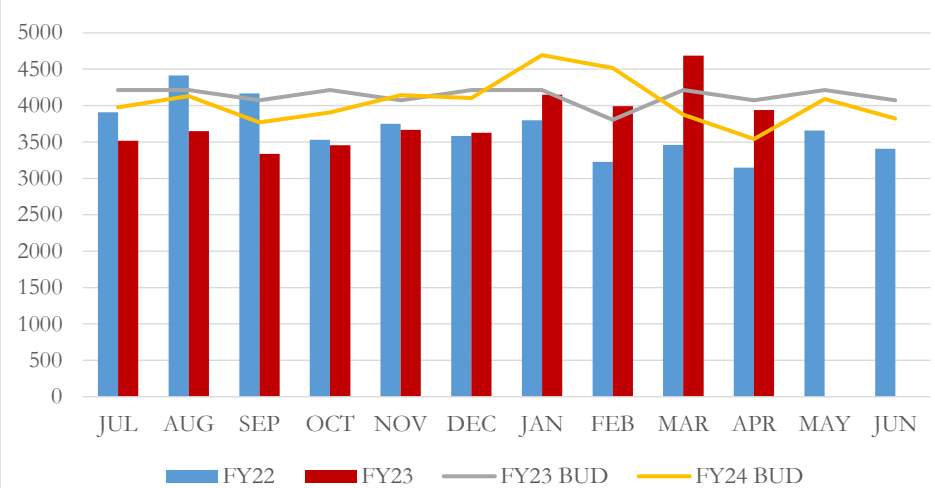


FY24 Operating Budgeted Volumes

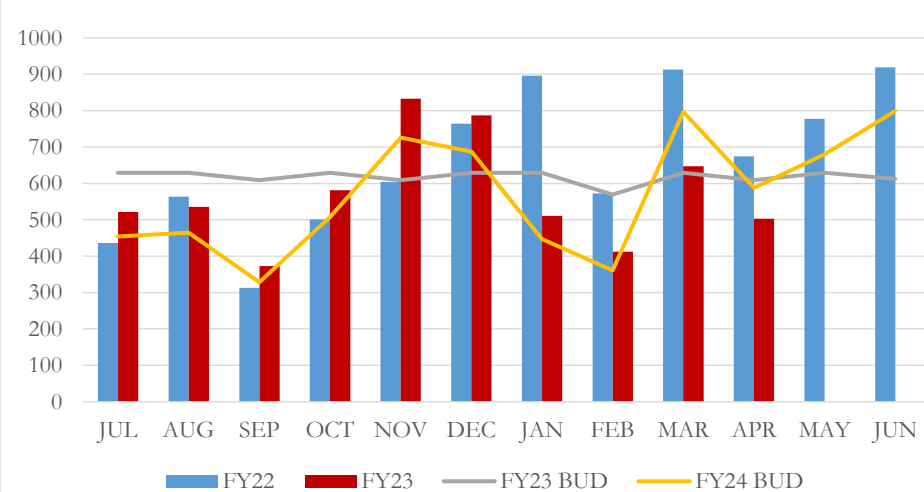
Imaging Visits



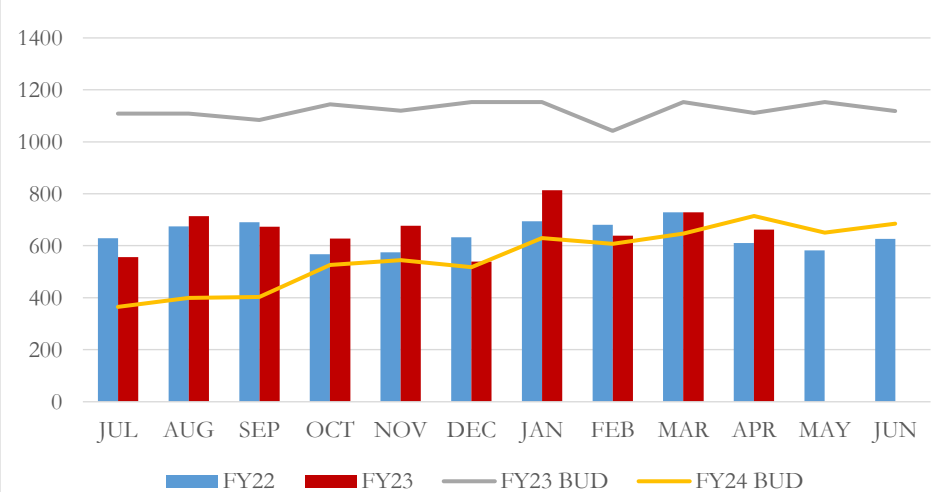
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital and Health Center

Annual Operating Budget Income Statement (excludes Southern Coos Foundation)

Fiscal Years Ending June 30

	FY22 Actual		FY23 Projected		FY24 Budget		Annualized Variance	Var %
Total Patient Revenue	38,518,553		43,800,197		51,770,046		7,969,849	18%
Deductions From Revenue	(13,223,719)	-34%	(16,163,985)	-37%	(19,743,358)	-38%	(3,579,373)	22%
Net Patient Revenue	25,294,834		27,636,211		32,026,688		4,390,477	16%
Other Operating Revenue	32,780		162,511		125,386		(37,125)	-23%
Total Operating Revenue	25,327,614		27,798,723		32,152,074		4,353,351	16%
Operating Expenses								
Salaries & Wages	11,740,705		12,869,782		15,077,738		2,207,956	17%
Benefits	2,923,454		3,219,975		3,749,149		529,174	16%
Contract Labor	2,210,702		2,441,022		2,323,713		(117,309)	-5%
Total Labor Costs	16,874,860		18,530,779		21,150,600		2,619,821	14%
Professional Fees	2,599,285		2,953,971		2,730,530		(223,441)	-8%
Purchased Services	2,686,332		2,778,706		3,435,613		656,907	24%
Drugs, Medical and Other Supplies	1,986,358		1,967,896		2,195,952		228,056	12%
Depreciation and Amortization	1,123,870		1,133,419		1,479,007		345,588	30%
Insurance, Maintenance and Other Expenses	1,182,734		1,503,125		1,874,236		371,111	25%
Total Operating Expenses	26,453,439		28,867,895		32,865,938		3,998,043	14%
Deficit of Revenue Under Expenses - Operations	(1,125,826)		(1,069,173)		(713,864)		355,309	-33%
Total Non-Operating Income	950,558		1,260,837		1,213,974		(46,863)	-4%
Change in Net Assets	(175,268)		191,664		500,110		308,446	161%
Income Statement Ratios								
Compensation Ratio %	66.6%		66.7%		65.8%		-0.9%	-1%
Operating EBIDA Margin \$	(1,956)		64,246		765,143		700,897	92%
Operating EBIDA Margin %	0.0%		0.2%		2.4%		2.1%	90%
Operating EBIDA + Property Tax \$	1,016,209		1,137,367		1,862,409		725,042	39%
Operating EBIDA + Property Tax %	4.0%		4.1%		5.8%		1.7%	29%
Total Margin (Deficit) %	-0.7%		0.7%		1.6%		0.9%	56%

Budget Income Summary

For The Budget Year 2024

	FY22	FY23	FY23	FY23	Baseline	Provider	Lab	Radiology	Swing Bed	Adjusted	FY23	FY23
	Actual	Budget	YTD	Projected	Budget	Efficiencies	Growth	Growth	Growth	Budget	Variance	Annualized
Patient Revenue												
Inpatient	12,129,367	12,299,114	11,035,040	13,242,048	13,642,141		78,456	78,649	1,074,947	14,874,193	1,632,145	12.3%
Outpatient	26,389,186	30,849,490	25,465,124	30,558,149	35,387,248		406,153	1,102,451	0	36,895,853	6,337,705	20.7%
Total Patient Revenue	38,518,553	43,148,605	36,500,164	43,800,197	49,029,390	0	484,609	1,181,100	1,074,947	51,770,046	7,969,849	18.2%
Deductions From Revenue												
Charity Services	179,873	131,341	164,969	197,963	215,358					215,358	17,395	8.8%
Deductions From Revenue	12,118,152	13,263,640	12,071,101	14,485,322	15,782,871		304,092	736,711	1,010,450	17,834,124	3,348,802	23.1%
Other Discounts	1,064,914	1,244,149	1,331,048	1,597,258	1,816,820					1,816,820	219,562	13.7%
Bad Debt	(139,220)	(127,555)	(97,131)	(116,557)	(122,944)					(122,944)	(6,387)	5.5%
Total Deductions From Revenue	13,223,719	14,511,574	13,469,988	16,163,985	17,692,105	0	304,092	736,711	1,010,450	19,743,358	1,528,120	9.5%
	34.33%	33.63%	36.90%	36.90%	36.08%		62.75%	62.37%	94.00%	38.14%		
Net Patient Revenue	25,294,834	28,637,030	23,030,176	27,636,211	31,337,284	0	180,517	444,390	64,497	32,026,688	3,701,073	13.4%
Other Operating Revenue												
	32,780	1,032	135,426	162,511	125,386					125,386	(37,125)	(22.8%)
Total Operating Revenue	25,327,614	28,638,062	23,165,602	27,798,723	31,462,670	0	180,517	444,390	64,497	32,152,074	3,663,948	13.2%
Operating Expenses												
Salaries & Wages	11,740,705	14,399,991	10,724,819	12,869,782	15,067,738			10,000		15,077,738	2,207,956	17.2%
Benefits	2,923,454	3,343,482	2,683,312	3,219,975	3,749,149					3,749,149	529,174	16.4%
Contract Labor	2,210,702	1,242,551	2,034,185	2,441,022	2,323,713					2,323,713	(117,309)	(4.8%)
Professional Fees	2,599,285	2,176,539	2,461,642	2,953,971	2,970,530	(240,000)				2,730,530	(223,441)	(7.6%)
Purchased Services	2,686,332	2,817,853	2,315,588	2,778,706	3,435,613					3,435,613	656,907	23.6%
Medical Supplies	189,146	226,744	235,074	282,089	372,586					372,586	90,497	32.1%
Drugs & Pharmaceuticals	727,493	729,242	485,540	582,648	610,347					610,347	27,698	4.8%
Other Supplies	1,069,719	1,295,006	919,298	1,103,158	1,213,019					1,213,019	109,861	10.0%
Depreciation and Amortization	1,123,870	1,319,418	944,516	1,133,419	1,479,007					1,479,007	345,589	30.5%
Maintenance and Repairs	177,687	212,424	189,696	227,635	275,453					275,453	47,819	21.0%
Utilities	269,160	264,445	254,845	305,814	318,091					318,091	12,277	4.0%
Insurance	206,816	317,902	214,985	257,982	258,569					258,569	586	0.2%
Other Expenses	529,072	627,055	593,079	711,694	1,022,122					1,022,122	310,428	43.6%
Total Operating Expenses	26,453,439	28,972,653	24,056,579	28,867,895	33,095,938	(240,000)	0	10,000	0	32,865,938	3,998,042	13.8%
Revenue Over Expenses from Operations	(1,125,826)	(334,590)	(890,977)	(1,069,173)	(1,633,267)	240,000	180,517	434,390	64,497	(713,864)	355,309	(33.2%)
Non-Operating Income												
Unrestricted Contributions	1,018,165	1,033,355	894,267	1,073,121	1,097,266					1,097,266	24,145	2.3%
Non Operating Revenue	91,132	255,918	124,182	149,019	112,337					112,337	(36,682)	(24.6%)
Interest Expense	(211,461)	(175,012)	(218,136)	(261,763)	(296,883)					(296,883)	(35,120)	13.4%
Investment Income	59,804	54,379	250,383	300,460	301,254					301,254	794	0.3%
Total Non-Operating Income	950,558	1,157,983	1,050,697	1,260,837	1,213,974	0	0	0	0	1,213,974	(46,863)	(3.7%)
Excess of Revenue Over Expenses	(175,268)	823,393	159,720	191,664	(419,293)	240,000	180,517	434,390	64,497	500,110	308,446	160.9%

FY24 Clinic Budget Comparison

For The Budget Year 2024

For The Budget Year 2024			FY24 Current Budget	
	FY23 YTD	FY23 Projected	Proposed Budget	Projected Variance
Provider Productivity Metrics				
Clinic Days	693	832	848	17
Total Visits	4,679	5,615	6,325	710
Vitits/Day	6.75	6.75	7.46	0.70
Total RVU	9,469	11,363	14,046	2,683
RVU/Visit	2.02	2.02	2.22	0.20
RVU/Clinic Day	13.66	13.66	16.56	2.89
Gross Revenue/Visit	364.54	364.54	414.86	50.32
Gross Revenue/RVU	180.13	180.13	186.82	6.68
Patient Revenue				
Outpatient Gross Revenue	1,705,681	2,046,817	2,624,016	577,199
Total Patient Revenue	1,705,681	2,046,817	2,624,016	577,199
Deductions From Revenue				
Total Deductions From Revenue (Note A)	(968,252)	(1,161,902)	(1,457,589)	(295,687)
	56.8%	56.8%	55.5%	
Net Patient Revenue	737,429	884,915	1,166,427	281,512
Total Operating Revenue	737,429	884,915	1,166,427	281,512
Operating Expenses				
Salaries & Wages	779,536	935,443	830,500	(104,943)
Benefits	93,631	112,357	84,009	(28,348)
Purchased Services	17,945	21,534	-	(21,534)
Medical Supplies	3,168	3,802	6,103	2,302
Other Supplies	1,074	1,289	-	(1,289)
Other Expenses	380,631	456,757	602,362	145,605
Total Operating Expenses	1,275,985	1,531,182	1,522,975	(8,207)
Excess of Revenue Over Expenses from	(538,556)	(646,267)	(356,548)	289,720



FY24 Charge Description Master Changes

Department	Change % and Benchmark Method
ED	13.4 % Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
Imaging	2.5% Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
Lab	1.1% Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
Physical Therapy	39.6% Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
Occupational Speech Therapy	22.0% Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
OP Specialty Nursing	37.5% Increase - Oregon Rural Hospital Pricing Benchmarks obtained from Craneware
Room and Board	No change
Pro Fees	No change

Note1 > Aggregate price increase is 5% across entire charge base. Strategically, these price changes have been allocated to areas to adjust charges to better reflect market based on available benchmark data by CPT code. Thus, some CPT codes get rather large increase or reductions in price to align with the benchmark. The aggregate pricing change by department is what is noted above. For instance, within Imaging, there are procedures that are getting 10-15% increases while others are getting reductions. The weighted average increase for all of Imaging, however, is only 2.5%.

Note 2> No changes have been made to the markup formulas for chargeable supplies or drugs which are priced based on acquisition cost with a standard markup applied.



Days Cash on Hand

Operating Cash Needs - Based on FY 2024 Budget

Total Operating Expenses	32,865,938
Depreciation and Amortization Expense	(1,479,007)
Interest Expense	296,883
Total Cash Expenses	31,683,814
Average Daily Operating Cash Needs	86,805

Expected Days Cash on Hand @ 6/30/23

Operating Funds @ 06/30/23:	Balance	Days
Operating Cash	10,926,400	125.9
Investment - Unrestricted	1,701,812	19.6
Board Designated Investments	1,972,783	22.7
Total Operating Cash on Hand	14,600,995	168.2

Estimated Days Cash on Hand @ 6/30/23

FY24 Activity

	Cash Balances	Days
Estimated Days Cash on Hand @ 6/30/23	14,600,995	168.2
Cash Provided by Operations	765,143	8.8
Property Tax Receipts	1,097,266	12.6
Budgeted Capital Allocation	(580,000)	(6.7)
Payment of Principal and Interest	(945,071)	(10.9)
Proceeds from Grants and Donations	112,337	1.3
Cash Flows from Investing Activities	301,254	3.5
Estimated Days Cash on Hand @ 6/30/24	15,351,924	176.9



Southern Coos Hospital and Health Center

Cash Flows Analysis

Projected Fiscal Years Ending June 30 2023 and 2024

	FY23 Projected	FY24 Budgeted
Cash Flows Provided By Operating Activities		
Cash Received from Patients and Third-Party Payers	27,636,211	32,026,688
Cash Paid to Vendors and Suppliers	(6,249,727)	(7,505,801)
Cash Paid for Salaries, Benefits and to Contract Providers	(21,484,750)	(23,881,130)
Other Receipts from Operations, net	162,511	125,386
Net Cash Provided by Operating Activities	64,246	765,143
Cash Flows from Non-Capital Financing Activities		
Property Tax Receipts	1,073,121	1,097,266
Proceeds from Grants and Donations	149,019	112,337
Total Cash Flows Provided by Capital and Related Financing Activities	1,222,139	1,209,603
Cash Flows Used by Capital and Related Financing Activities		
Capital Purchases	(475,000)	(580,000)
Proceeds from Capital Financing	-	-
Principal Payments on Debt	(526,938)	(648,188)
Interest Payments	(261,763)	(296,883)
Total Cash Flows Used by Capital and Related Financing Activities	(1,263,701)	(1,525,071)
Cash Flows From Investing Activities		
Investment Income	300,460	301,254
Other Non-operating activities, net	-	-
Total Cash Flows From Investing Activities	300,460	301,254
Net (Decreases) in Cash & Cash Equivalents	323,144	750,929
Beginning Balance of Cash and Cash Equivalents	14,277,851	14,600,995
Ending Balance of Cash and Cash Equivalents	14,600,995	15,351,924
Supplemental Disclosure of Noncash Financing Activities		
Capital Leases	1,917,931	170,000



Southern Coos Heath District

Capital Budget Requests

Fiscal Year Ending 6/30/2024

Capital Budget FY 2024

<u>Department</u> ▼	<u>Description</u> ▼	<u>FY 2024</u> ▼
Pharmacy	Drug Dispensing System	170,000
Engineering	Air Handler Fin replacement	70,000
Surgery	AMSCO Washer	62,000
Surgery	construction for washer	44,500
ER	Gurney (3)	43,700
MedSurg	Bariatric Bed (1)	35,000
MedSurg	Cardiac Monitors (2)	25,000
Engineering	Outside Sign Upgrades	24,500
Radiology	Ultrasound Probe Cardiac 3D X5-1	23,000
Information Systems	Wifi System Upgrade	22,000
Information Systems	Security Camera System Expansion	21,000
Information Systems	DataCenter Battery Backup Replacement	20,000
Lab	BACT Alert 360D Replacement	20,000
Radiology	Ultrasound Echo Bed	20,000
ER	EKG Machine	15,000
Information Systems	Storage Server Replacement	15,000
Threshold Capital Requests		630,700
Threshold Requests (> \$15k)		630,700
Non-threshold Requests (< \$15k)		119,300
Total Capital Budget Authorization		750,000



Budget Authorization

Administration is requesting that the fiscal 2023/24 budgets be accepted as presented as per the attached Form LB-1 (as required by the State):

Operating Budget – Authorize as presented with no modifications.

Capital Budget – Authorize the allocation of \$750,000





Resolution 2023-02
ADOPTING THE BUDGET

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby adopts the budget for fiscal year 2023-2024 in the total amount of \$37,676,403 as is now on file at the Southern Coos Hospital and Health Center's administrative offices.

MAKING APPROPRIATIONS

BE IT RESOLVED that the amounts for the fiscal year beginning July 1, 2023 and for the purposes shown below are hereby appropriated:

Hospital Fund	
Personal Services	\$ 21,150,600
Materials & Services	9,348,679
Capital Outlay	750,000
Debt Services	945,071
Contingencies	<u>0</u>
Total Appropriations	\$ 32,194,350
Unappropriated / Reserve Funds	<u>\$ 5,482,053</u>
TOTAL BUDGET	<u>\$ 37,676,403</u>

IMPOSING THE TAX

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby imposes the taxes provided for in the adopted budget for operations at the rate of \$0.8892 per \$1,000 of assessed value and that these taxes are hereby imposed for the tax year 2023-2024 upon the assessed value of all taxable property within the district and categorized as follows:

CATEGORIZING THE TAX

General Government Limitation

General Fund	\$0.8892/\$1,000
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The above resolution statements were approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 22nd day of June 2023.

AYES _____

NAYS _____

ATTEST:

Brent Bischoff, Chairman

Norbert Johnson, Treasurer