



Board of Directors Regular Meeting

July 27, 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 Report

- II. Call to Order Open Session – To begin at approximately 6:30pm
 1. Roll Call – Is Quorum Present?
 2. Agenda Additions or Corrections and Motion to Approve
 3. Motion for Approval of Reports from Executive Session:
 - a. Quality & Patient Safety Report
 - b. Risk & Compliance Report
 - c. Medical Staff Physician Credentialing & Privileging Report
 4. Public Input

- III. Consent Agenda
 1. Meeting Minutes
 - a. Regular Meeting–06/22/23.....1
 - b. Executive Session–06/22/23 (provided in Executive Session).....7
 2. Monthly Counsel Invoices Robert S. Miller III – June, 2023.....7
 3. Policy Review
 - 162.002 Compliance Program Policy.....8
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 - 800.005 Plan for Provision of Patient Care and Services.....18
 4. Motion to Approve Consent Agenda

- IV. Staff Reports
 1. CEO Report26
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 3. CNO Report31
 4. CFO Report35
 5. CIO Report36
 6. SCHD Foundation Report40
 7. Strategic Plan Report (under separate cover)

- V. Monthly Financial Statements: Review
 1. June 2023 Month End Narrative.....44
 2. Month End Statements for Period Ending June 30, 2023.....45



VI. New Business

1. Administration of Oath of Office for Re-elected Officers
from May 16, 2023 Special District Election
 Position 1 Tom Bedell
 Position 2 Mary Schamehorn
 Position 3 Pamela Hansen
2. Consideration of FY24 Meeting Calendar – Motion to approve.....64
3. Employee Compensation Plan Presentation

VII. Open Discussion & Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
June 22, 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 6:33 p.m.

1. Roll Call – All Members Present: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Pamela Hansen and Tom Bedell, Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Philip Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, III, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

2. Approval of Agenda

Tom Bedell **moved** to approve the agenda. Out of consideration for the Community Health Needs Assessment consultant, David Sandberg, the CHNA Report update will be moved to #5 under Open Session Call to Order. Mary Schamehorn **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.

2-Year Privileges – New

None

2-Year Privileges – Reappointments

Philip Keizer, MD – Active - Radiology
Henry Holmes, MD – Courtesy – No Clinical Privileges Requested
Nikolas Jones, MD – Courtesy – Emergency Medicine
Shane Matsui, LCSW – Active – Licensed Clinical Social Worker
Steven Shimotakahara, MD – Courtesy - Otolaryngology

Medical Staff Status Change

Brian Phelps, MD– Courtesy- Emergency Med. – Privileges to Lapse
06.30.23

Judy Hardage, MD– Courtesy- Emergency Med. – Privileges to Lapse
06.30.23

Eric Ory, MD – Courtesy – Emergency Med. – Privileges to Lapse
05.11.23

**Direct Radiology Appointments & Reappointments – After Hours
Reading Radiology**

None

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

4. Public Input

Dr. Mark Stefanelli spoke regarding non-payment by OPYS Emergency Room Staffing Services for approximately 700 hours of work in the Southern Coos Hospital Emergency room in recent months for which he was informed by OPYS that he would be paid after July 1. If payment is not received at that time Dr. Stefanelli is prepared to seek legal recourse. Mr. Bischoff acknowledged Dr. Stefanelli's concerns and thanked him for his input.

5. Community Health Needs Assessment – moved forward in agenda

David Sandberg, CHNA Consultant, provided a summary of the full presentation provided in the meeting packet, noting the increased community participation this year. Areas represented in the current strategic plan but not identified by the public include chronic care, school nurse, implementation of concierge service, orthopedic surgical services and general surgery. Top requests from the public include same day care or "Urgent Care", weekend care, retail pharmacy. These areas are also addressed in the strategic plan under 8.1 Expanded Access to Care. The community may be served well by increased awareness of existing services. Board members noted the recent reduction in dental care available in Bandon. Acceptance of the report tonight will approve work on a formal action plan to be presented to the board of directors in December.

III. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–05/25/23
- b. Executive Session–05/25/23 (provided in Executive Session)

2. Monthly Counsel Invoice Robert S. Miller III – May 30 Invoice #1294

Mary Schamehorn **moved** to accept the Consent Agenda. Tom Bedell **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 May, noting that there has been no surgical services activity. Mr. Hino is currently working on potential contracts with surgeons to lock in volume for both orthopedic and general surgeries.

2. Clinic Report

Mr. Hino presented the Clinic Report on behalf of Clinic Manager, Dawn Gray. The month of May reflects a \$26,000 improvement to clinic financials as a result of contract restructuring. Work is underway to secure a new Nurse Practitioner to replace Debra Guzman, FNP, to begin in September. Care Coordination services will ramp up to yield significant returns in 2-5 years.

3. CNO Report

Cori Valet, CNO, provided a summary of hospital clinical operations from the CNO Report for the month of May. The Surgical Services Director has resigned and an interim manager has been placed with recruitment in process. Leah Hyman, Medical Imaging interim manager is doing a great job. ER Incident Command was successfully implemented due to ER physician staffing schedule lapse. New Mindray cardiac monitors were installed and have been very well received by staff. Lower volumes seen in ancillary services were due to staff vacations.

4. CFO Report

Jeremiah Dodrill, CFO, provided a summary of Finance Department operations reported for the month of May. Budget work was concluded for the annual June 1 Budget Committee Meeting and tonight's annual Budget Hearing. The hospital's Worker's Comp insurance was moved from SDAO (Special Districts of Oregon) to SAIF (State Accident Insurance Fund Corporation) saving approximately \$30,000. Thank you to Barbara Snyder, Risk Manager, for her work on the return-to-work program that allows employees who are unable to perform duties associated with their primary job, to return to work to perform other essential duties. Due to recent concern over banks across the country and funds insured by FDIC up to \$250,000, Southern Coos is now protected by a daily "sweep" of funds to insure all deposits, with interest earned offsetting related fees.

5. CIO Report

Scott McEachern, CIO, provided a summary of his for the month of May. Three vendors have responded to the EMR/ERP Request for Proposal (Electronic Medical Record/Enterprise Resource Planning). Due to potential concerns about Community Connect, we may need to adjust our timeline, however at this time we are on track to meet the August deadline for presenting to the board, with a special board workshop

to be scheduled in August. The hospital rebranding project is underway with assistance from independent contractor, Rachel Gray, of Portland. \$60,000 has been included in the budget to accommodate related expense. A project kickoff meeting will be held in July.

6. SCHD Foundation Report

Mr. McEachern, SCH Foundation Executive Director, provided a summary review of the May Foundation report. The Health Foundation FY24 budget was adopted at June 15 meeting with goal is to increase revenue by 10%. Upcoming Events include the Golf for Health Classic on September 16 and Senior Health Day on November 11.

7. Strategic Plan Report

Mr. Hino provided a summary review of the current status of the Strategic Plan updated monthly and available to the public via the hospital website at www.southerncoos.org and to staff on the internal intranet page. Updates made regarding 8.1 Community Health Needs Assessment presented this evening. Advanced Health contract is in progress with goal to implement by Q1FY24.

V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a review of the monthly financial statements for the month ending May 31. Gross revenues of \$3,627,000 were lower than budgeted at \$3,680,000. Ancillary volumes exceeded budget, however, ER was flat and Respiratory Therapy volumes fell below expectations. Inpatient and Swing Bed revenues of \$930,000 were lower than budget of \$1,046,000 for the month with an Average Daily Census (ADC) equal to budgeted expectations at 7. Mr. Dodrill reviewed Deductions from Revenue, Labor and other Operating Expenses. The Operating loss for May was (\$201,000) compared to a budgeted loss of (\$85,000), resulting in a decrease in Net Position of (\$66,000) compared to a budgeted decrease of (\$12,000). Days Cash on Hand for May was 134.2 days, up from April at 127.8 following decrease in A/R days outstanding at 47.1 down from 50.7 in April.

VI. Old Business

1. Community Health Needs Assessment

See #5 under II. Open Session Call to Order.

VII. New Business

1. Policy Review & Approval

The following policies have been reviewed internally and require District Board review and approval:

- a. 155.001 Quality Assurance Performance Improvement Plan 2023-24**

Mary Schamehorn moved to approve 155.001 as presented. Tom Bedell seconded. All in favor. Motion passed.

b. 155.003 Culture of Quality and Patient Safety

Norbert Johnson moved to approve 155.003 as presented. Mary Schamehorn seconded the motion. All in favor. Motion passed.

c. 800.011 Board Orientation Policy

Mary Schamehorn moved to approve 800.011 as presented. Pam Hansen seconded the motion. All in favor. Motion passed.

d. 800.014 Chief Executive Officer (CEO) Job Description

Pam Hansen moved to approve 800.014 as presented. Norbert Johnson seconded the motion. All in favor. Motion passed.

VIII. Close of Budget Hearing

1. FY24 Budget Message & Presentation

Jeremiah Dodrill, CFO & Budget Officer, thanked members of the Budget Committee, which also includes the District Board, for their review and approval of the proposed budget at the annual public Budget Committee Meeting on June 1. The baseline budget was prepared based on current budget, working with management and administration to include strategic initiatives also identified in the Strategic Plan that include improved contract efficiencies, outpatient services growth, swing bed growth and clinic productivity. The Chargemaster was benchmarked with a 5% net increase with some CPT code rates lowered and some raised according to industry benchmarks. Discussion included description of cost report modeling decrease of estimated collection rate. The 10% estimated increase in service revenue is a realistic estimate, only. Cash on Hand is projected at 176.9 on June 30, 2024, improved from 168.2 projected on June 30, 2023. Capital requests were reviewed. Mr. Dodrill thanked all Managers, the Executive Team and Finance Team for their work to complete this budget now ready for approval. Discussion: Respiratory Therapy appears to be missing from the chargemaster and marketing as presented, but was shown in CHNA (PFTs, Pulmonary Function Testing), this is another area where we can focus as only Respiratory Therapy in the area.

2. Resolution 2023-02 Adoption of Budget Required for Coos County Tax Assessor

Mary Schamehorn **moved** to approve Resolution 2023-02 to Adopt the Budget. Tom Bedell **seconded** the motion. **Discussion:** Board members asked how the Emergency Department change to self-staffing will effect budget with combination of employed and contract physicians. Administration is pleased to be working with physicians directly building a core group, believing the change will have a net positive result for the hospital, noting also that a Critical Access Hospital is also permitted to

staff with experienced advanced practice providers. Board members requested a comparison be provided in monthly financial reporting. **All in favor. Motion passed.**

Open Discussion & Adjournment

The next regular meeting will be held Thursday, July 27, 2023, with Executive Session at 6:00 p.m. and Open Session to immediately follow at approximately 6:30 p.m. Meetings are again open to the public in the main conference room of the hospital at 900 11th Street SE, Bandon, Oregon.

At 8:21 p.m. the meeting adjourned.

Brent Bischoff, Chairman 7-27-2023

Mary Schamehorn, Secretary 7-27-2023

DRAFT

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.: 1324
Terms: Net 30
Invoice date: 06/30/2023
Due date: 07/30/2023

Product or service	Amount
1. Attorney Service date: 06/22/2023 June 2023 Board Executive Session and Board General Meeting.	2.5 units x \$250.00 \$625.00

Total **\$625.00**

Ways to pay



Pay invoice



DEPARTMENT: Risk and Compliance	NUMBER: 162.002
SUBJECT: Compliance Program Policy	PAGE: Page 1 of 6
EFFECTIVE DATE: TBD	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Compliance Committee, Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Policy

Southern Coos Hospital & Health Center (SCHHC) is committed to conducting its business ethically and maintaining and promoting an enterprise-wide culture that emphasizes integrity; individual and institutional acceptance of responsibility; effective self-policing; and transparency in the relationships between the organization and its key stakeholders, including government officials and agencies. In furtherance of this commitment, the organization has established a Compliance and Ethics Program (Compliance Program) and abides by its requirements.

Purpose

The purpose of this policy is to provide an overview of the Compliance and Ethics Program for Southern Coos Hospital and Health Center and set expectations related to compliance.

Scope

All employees; all residents and physicians who are members of the medical staff; all members of the Board of Directors; and all contractors, subcontractors, and agents who perform services or act on behalf of the organization.

Definitions

When used in this policy, these terms have the following meanings:

Compliance: A term that shall encompass compliance with all: (i) applicable federal and state laws, regulations, and other requirements, including but not limited to federal healthcare program requirements; (ii) industry-recognized compliance guidance and standards; (iii) [Company] policies and procedures; and (iv) the Code.

Compliance and Ethics Program: The program developed by the organization to promote compliance with the Code, policies and procedures, and all relevant federal and state laws and regulations.

Federal Healthcare Program: Any plan or program that provides health benefits, directly or indirectly, through insurance or otherwise, and is funded, in whole or in part, by the United States government, including, but not limited to, Medicare and Medicaid.

Personnel: Board members; officers; employees; residents and physicians who are members of the medical staff; other nonphysician practitioners; and contractors, subcontractors, and agents who perform services or act on behalf of the organization.



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Procedures

1. The Compliance Program is a dynamic program that provides a flexible framework for adapting to the changing environment in which the organization operates. It is continually evaluated by the chief compliance and ethics officer (CO), the chief executive officer (CEO), the Executive Compliance Committee (ECC), and the Board of Managers (Board) to ensure that it functions as intended, serves the purpose for which it has been designed, and enables the organization to meet its high standards and commitment to compliance.

2. The Compliance Program encompasses the following elements:
 - A. Program oversight and administration
 1. The organization has appointed a CO who is charged with operating and monitoring the Compliance Program. The CO has a direct reporting relationship to the Board and the CEO and can engage outside resources as necessary. The CO regularly informs the CEO, the ECC, the Board, and applicable stakeholders on the Compliance Program and compliance risks, concerns, issues, or violations that may come to their attention.
 2. The organization has established the ECC to advise and assist the CO in the effective operation of the Compliance Program.
 3. The Board has established an Executive Committee as a standing committee of the full Board to assist in its oversight of the operations and efficacy of the Compliance Program and compliance.

 - B. Written standards, policies, and procedures
 1. The organization maintains and periodically updates a written Code of Conduct and Ethics (Code) that articulates its commitment to ethical behavior. The Code is the foundation of the Compliance Program and details the fundamental principles, values, and framework that guide everyday practice. Personnel must abide by the terms of the Code and periodically certify to such.
 2. The organization has developed policies and procedures that capture its commitment to compliance and effectively address compliance obligations. The policies and procedures also account for specific areas of compliance and ethics risks relevant to healthcare organizations. These policies and procedures will be periodically reviewed and revised as warranted and made available to all personnel.
 3. Compliance with the Code and all applicable policies and procedures is a condition of employment and an element in evaluating the performance of all employees.

 - C. Training and education: The organization has developed and implemented regularly scheduled, comprehensive compliance training and education for all personnel, including the Board. When



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necessary, compliance training and education is targeted by function and topic to maximize its effectiveness. Satisfactory participation in and completion of required compliance and ethics training is a condition of continued employment. Failure to comply with training requirements may result in disciplinary action, up to and including termination.

D. Risk assessment, auditing, and monitoring

1. The organization conducts periodic, but no less than annual, compliance risk assessments to evaluate the compliance-related risks that have the potential for legal, financial, and operational damage and implements appropriate mitigation strategies as warranted.
2. The organization has established a comprehensive auditing and monitoring program to support the prevention, detection, and correction of instances of noncompliance.
3. Auditing and monitoring activities will be calibrated based on the results of compliance risk assessments, previous auditing and monitoring activities, and compliance investigations.

E. Disclosure Program

1. The organization has established and maintains a Disclosure Program that sets forth the duty of the organization’s personnel to report potential compliance issues, including any identified concerns, issues, or questions regarding suspected or potential violations of the Code, policies and procedures, and/or applicable laws and regulations.
2. The Disclosure Program is well publicized and emphasizes our strict nonretaliation policy. The organization does not retaliate or take disciplinary action against any individual for reporting concerns in good faith, including acting as a whistleblower in accordance with the federal False Claims Act or other law. “In good faith” means the reporter believes that the information reported is true and correct to the best of their knowledge and ability.
3. The Disclosure Program includes reporting channels that enable individuals to disclose potential compliance issues to the CO or some other person who is not in the disclosing individual’s chain of command. This includes the Integrity Line, an anonymous reporting mechanism for which appropriate confidentiality is maintained.
4. Upon receipt of a disclosure, the CO or designee will promptly assess each disclosure to determine what type of response and/or action is warranted, including an internal or external review or investigation of the allegations set forth in the disclosure.
5. The organization shall maintain a disclosure log that summarizes each disclosure and the disposition, including any corrective actions taken.

F. Enforcement and corrective actions

1. The organization will take appropriate disciplinary action for established compliance violations and will identify corrective actions to help prevent the recurrence of similar violations. These may include, but are not limited to:



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- a. Addressing any gaps in policies, practices, and training and opining on any misinterpretation of policies, practices, or training that may have contributed to a violation;
 - b. Imposing a range of disciplinary measures, up to and including termination of employment or contract termination; and
 - c. Reporting the violation to the appropriate government authorities when warranted.
2. The organization will enforce its ethical and compliance standards through well-publicized disciplinary guidelines.
 3. Decisions regarding appropriate disciplinary action(s), if any, will be determined by the Human Resources Dept, with recommendations from the Compliance and Legal functions, and the relevant functional area.
 4. As part of routine hiring and retention processes, the organization will not hire, contract with, use the items or services of, nor extend privileges to an individual or entity who is (a) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal healthcare programs or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7a(a) (collectively, “ineligible persons”).
 - a. The organization conducts required regular screening of individuals and entities to identify ineligible persons.
 - b. Such individuals and entities have an affirmative duty to promptly notify the Compliance and Ethics Department (Compliance Department) of any debarment, exclusion, suspension, or other event that makes the individual or entity an ineligible person.

3. Responsibilities

- A. The CEO, ECC, and Board of Directors are responsible for:
 1. Exemplifying a culture of compliance and ethics throughout the organization;
 2. Setting the expectation for compliance and ethics as a core responsibility for all personnel;
 3. Ensuring that the CO and Compliance Department have sufficient staffing, resources, and financial support to perform their responsibilities under this policy;
 4. Advising the CO on compliance matters and supporting the effective operation of a robust, dynamic, and flexible Compliance Program;
Coordinating with the CO and Compliance Department to periodically evaluate the Compliance Program to ensure that it (i) functions as intended, (ii) serves the purposes



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for which it has been designed, and (iii) enables the organization to meet its high standards and commitment to compliance and ethics.

5. Promoting and maintaining a work environment where concerns can be raised, openly discussed, and reported without fear of retaliation; and
6. As organization personnel, complying with all the requirements set forth in Section 4(C).

B. The CO is responsible for:

1. Designing, implementing, and overseeing an effective Compliance Program that meets the expectations set forth in United States Sentencing Guidelines and Office of Inspector General’s Compliance Program Guidance;
2. Staffing and leading a Compliance Department responsible for ensuring performance of the Compliance Program components enumerated in Section 3;
3. Keeping informed of developments and trends in healthcare compliance and using such information to enhance the Compliance Program;
4. Keeping the CEO, the members of the ECC, and the Board regularly informed of Compliance Program developments, as well as industry best practices and government enforcement actions related to the Compliance Program; and
5. Periodically assessing the effectiveness of the Compliance Program to determine that it (i) functions as intended; (ii) serves the purposes for which it has been designed; (iii) is reflective of current laws, developments, and industry best practices; and (iv) enables the organization to meet its high standards and commitment to compliance.

C. Personnel are responsible for:

1. Acting in compliance with the performance of their duties and in their conduct, and otherwise supporting the Compliance Program (supervisors have a heightened responsibility to do so);
2. Reading, understanding, and complying with the Code and all other policies and procedures;
3. Completing all required compliance and ethics training in a timely manner;
4. Reporting potential compliance issues to their supervisor, another member of the management team, the Office of Talent Management, the Compliance Department, or the Integrity Line; and
5. Cooperating with the Compliance Department in the performance of compliance investigations and auditing and monitoring activities.
6. Supervisors have additional responsibilities to:
 - a. Demonstrate and emphasize the importance of compliance and ethics;
 - b. Model behaviors in support of compliance and ethics;



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- c. Assess compliance and ethics as part of performance measurement for all employees;
- d. Maintain an environment where individuals can comfortably ask questions or raise compliance concerns without fear of retaliation;
- e. Provide appropriate and timely responses to questions or concerns, in consultation with the Compliance Department, as needed; and
- f. Maintain communication with the Compliance Department about potential compliance and ethics concerns.

References

Healthcare Compliance Association



DEPARTMENT: Risk and Compliance	NUMBER: 162.003
SUBJECT: Executive Compliance & Ethics Committee Charter	PAGE: 1 of 4
EFFECTIVE DATE: TBD	REPLACES POLICY DATED:
APPROVED BY: Executive Compliance Committee, Executive Team, Policy Committee, Board of Directors	DISTRIBUTION: Organization wide

<p>Statement of Purpose</p>	<p>The organization is committed to:</p> <ul style="list-style-type: none"> • Fostering a culture of integrity, accountability, and ethical behavior; • Implementing processes and procedures that prevent, detect, and correct conduct or practices that are illegal or unethical; • Establishing an environment that encourages employees to report ethical concerns without fear of retaliation; • Identifying and addressing the organization’s primary compliance risks; • Establishing internal controls that promote adherence to laws and regulations; and • Maintaining ethical and transparent business practices.
<p>Scope</p>	<p>This Charter sets forth the duties and responsibilities and governs the operations of the organization’s Executive Compliance and Ethics Committee (ECC).</p>
<p>Roles & Responsibilities</p>	<p>The ECC’s responsibilities include:</p> <ul style="list-style-type: none"> • In support of the SCHHC Compliance Officer (CO), oversight and evaluation of the structure, operations and effectiveness of the Compliance and Ethics Program (Compliance Program). • Promoting the appropriate tone at the top and fully supporting a culture of compliance and ethical behavior and nonretaliation, including effective communication of such throughout the organization; • Staying abreast of significant developments relating to the compliance expectations from federal and state legislators, regulators, and/or enforcement officials; • Coordinating appropriate accountability for compliance with the fundamental federal and state legal and regulatory requirements that apply to all facets of the organization’s mission and work;



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	<ul style="list-style-type: none"> • Assisting the CO in ensuring the Code of Conduct and Ethics and compliance-related policies and procedures are complete, periodically revised as necessary, and consistently enforced; • Ensuring that annual compliance training is developed and conducted, and overseeing an annual compliance training plan addressing key compliance risks; • Reviewing and approving annually the compliance risk assessment and associated work plan, which includes compliance auditing and monitoring initiatives; • Reviewing periodically the findings of compliance auditing and monitoring initiatives and ensuring that management develops and timely implements appropriate corrective actions in response to the findings; • Ensuring that the Compliance Program includes a Disclosure Program that has effective open communication channels, including a hotline and web portal for employees, patients, and third parties to report, in good faith and anonymously, if they wish, all compliance and ethical concerns; • Assisting the CO in fulfilling compliance reporting obligations to the Board of Directors, , Compliance and Ethics Committee (by timely informing the CO of any known audits, reviews, and/or investigations by government agencies; potential overpayments to federal healthcare programs and employment or engagement of an individual or entity who is currently, or is likely to be, excluded, debarred, suspended, or otherwise declared ineligible to participate in federal healthcare programs or federal procurement or nonprocurement programs; • Periodically, and no less than annually, assessing the ECC’s oversight of the Compliance Program as evidenced by operating in conformance with all Charter requirements, and reporting such to the Board GCE Committee; and • Periodically reviewing and revising, as appropriate, the Charter.
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DEPARTMENT:	Risk and Compliance	NUMBER:	162.003
SUBJECT:	Executive Compliance & Ethics Committee Charter	PAGE:	3 of 4
EFFECTIVE DATE:	TBD	REPLACES POLICY DATED:	
APPROVED BY:	Executive Compliance Committee, Executive Team, Policy Committee, Board of Directors	DISTRIBUTION:	Organization wide

Members	<p>To ensure that the ECC has the insight, perspective, and full support of the key organizational functions and the divisions or departments of the Company, its membership will include the following:</p> <ul style="list-style-type: none"> • Compliance attorney, counsel, • Chief executive officer, • Chief financial officer, • Chief nursing executive, • HR Director, and • Revenue cycle leader, • Clinic leader <p>The chair may invite to attend ECC meetings other officers, executives, employees, and/or outside advisors or counsel. Any requests for additional attendees must be approved in advance by the chair.</p> <p>As the chair deems necessary or advisable, they will recommend to the Board of Directors for its consideration and approval, additions or changes to the composition of the ECC.</p> <p>Any individuals appointed as successors to these positions, or to those of other members of the ECC, will serve on the ECC unless the Board of Directors determines otherwise. In the event that any of the foregoing offices or positions are vacant or otherwise unfilled for more than 90 days, the position on the ECC will be assumed and performed by the officer or employee fulfilling the duties of that office or function, unless the Board GCE Committee determines otherwise. Unless the Board GCE Committee otherwise directs, immediately upon the termination of their employment with the Company, a member will cease serving on the ECC.</p>
Leadership	<p>The CO will serve as the chairperson of the ECC. The CO may appoint a delegate to chair the meeting at their sole discretion.</p>
Reports to	<p>The Board of Directors fulfills its oversight responsibilities through dedicating a portion of each monthly Executive Session meeting to compliance discussions with the CO.</p>



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SUBJECT: Executive Compliance & Ethics Committee Charter	PAGE: 4 of 4
EFFECTIVE DATE: TBD	REPLACES POLICY DATED:
APPROVED BY: Executive Compliance Committee, Executive Team, Policy Committee, Board of Directors	DISTRIBUTION: Organization wide

Subcommittees	The ECC may establish, reorganize, or dissolve permanent or ad hoc subcommittees or working groups, which will work at the direction of and report on their activities to the ECC. Subcommittees or working groups will be chaired by the CO or their designee, operate under a defined set of responsibilities, hold scheduled meetings—with such frequency as determined necessary by the subcommittee chair—and keep minutes of subcommittee/working group proceedings. The ECC will assess each subcommittee’s/working group’s effectiveness and structure at least annually.
Critical Interfaces	The organization has established the compliance and ethics department, which is led by the CO, who reports to the CEO and to the Board of Directors.. The ECC advises and assists the CO in developing and implementing the Company’s Compliance Program. The CO and the ECC provide senior leaders with guidance regarding compliance with applicable federal and state laws and regulations, Code of Conduct and Ethics, and policies and procedures.
Meetings	The ECC shall meet at no less than three times in the fiscal year—and with such frequency as the chair determines necessary to ensure that the ECC fulfills its duties and responsibilities. Meetings of the ECC may be conducted in person, telephonically, or through a video conference, using the organization’s approved communications channels, devices, modules, or platforms. All ECC members are expected to attend each meeting, and a quorum representing a majority must be present to transact business.
Meeting Minutes	Minutes of all meetings will be maintained at the direction of the chair. Draft minutes will be presented to members of the ECC for their review and approval.
Amendments to the Charter	This Charter may be amended or revised only upon approval by the Board of Directors. The CO shall provide timely notification to the Board GCE Committee of any proposed amendments or revisions to this Charter.
References and Definitions	N/A



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POLICY:

The facility plan for the provision of patient care and services provides a broad description of the manner in which Southern Coos Health District (SCHD) plans and delivers care to the patients and clients we serve.

The plan is developed using a multi-disciplinary approach, revised as needed, approved by the Board of Directors, and used as a communication tool to facilitate congruence among all providers and stakeholders in developing an understanding of the way we provide care to patients. The plan is organized in format to align with the important activities and functions identified by the Centers for Medicare & Medicaid Services (CMS) that significantly influence patient outcomes.

BACKGROUND:

A. OWNERSHIP AND GOVERNANCE:

- Southern Coos Hospital & Health Center (SCHHC) is a governmental, publicly owned entity, owned and operated by Southern Coos Health District (SCHD), which provides selected healthcare services.
- Southern Coos Health District is governed by a five (5) member Board of Directors, elected by the registered voters residing within the boundary lines of Southern Coos Health District in Coos County, Oregon.

B. HOSPITAL MISSION AND VALUES:

- **Mission Statement**

Our Mission is Quality Healthcare With a Personal Touch.

- **Vision**

Southern Coos Hospital & Health Center 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.

- **Our Values**

- Compassion: we care deeply are active listeners, practice empathy, and welcome all who walk through our doors as family.
- Patient-Centered Care: our care is respectful and responsive to individual patient preferences, needs, and values.

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- Teamwork: we ask for help when we need it and accept support from one another. Our dedication to quality patient care is measured in the times we come together to make a difference for our patients, peers, and stakeholders.
- Community: we are empowered to volunteer our time and resources to inspire a culture of collaboration with patients, community partners, and stakeholders.
- Professionalism: we have respect for self and for others. We practice open and honest communication built on a foundation of trust.
- Integrity: we keep our commitments and are accountable for our behavior. We demonstrate humility and accept forgiveness.

PHILOSOPHY OF PATIENT CARE SERVICES:

- A. As a premier provider of community based, family-oriented healthcare, this hospital believes it can best maintain this level of service through a customer focus in which we continually strive to understand and exceed the expectations of our customers. This focus shall be enabled through effective communication systems, staff education, team building, process improvement, work redesign, and an empowered workforce.
- B. In collaboration with the community, SCHHC shall provide customer-focused care and service through:
 - A mission statement which serves as a foundation for planning
 - Long-range strategic planning with hospital leadership
 - Establishment of core values which guide employee behavior
- C. SCHHC shall support staff relations that foster growth, encourage innovation, and support teamwork. The organization shall recognize the relationship between positive staff relations and its ability to achieve organizational objectives and shall pursue the means to strengthen and enhance this association.
- D. Provision of services that are appropriate to the scope and level required by the patient population to be served.
- E. Ongoing evaluation of services provided through performance improvement activities.
- F. Integration of services through a variety of mechanisms (e.g., continuous quality improvement (CQI) teams, informational meetings, staff meetings, leadership council, and employee education).
- G. Priority focus on patient relations, their interests, needs, and expectations.
- H. Involvement of patients, or a surrogate decision maker as appropriate, in decision making regarding care, treatment, and services.
- I. Recognition of the need to be a responsible member of the community through contribution toward the quality of life through activities, services, and involvement with the community.



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J. Southern Coos Hospital & Health Center shall be committed to supporting or initiating efforts concerned with the health of the community.

K. The mission statement, vision, values, and goals of the hospital shall be evaluated on an annual basis.

DEFINITIONS:

A. Patient Services:

Patient services at SCHHC shall be provided through an organized and systematic process designed to ensure the delivery of safe, effective, and timely care and treatment in an atmosphere that promotes respect and caring. The provision of patient care delivery requires specialized knowledge, judgment and skill derived from the principles of physical, biological, behavioral, psychosocial, and medical sciences. As such, patient services shall be planned, coordinated, and provided, delegated, and supervised by professional healthcare providers. A registered nurse shall assess each patient's need for nursing care in all settings in which nursing care is to be provided. Patient care shall encompass the recognition of both disease and health, patient education, and advocacy, recognizing the unique physical, emotional, and spiritual needs of each person. A cohesive unit shall be formed with organizational administrative leaders, medical staff, nursing staff, and other healthcare professionals functioning collaboratively as a multidisciplinary team to achieve positive patient outcomes.

- Patient Services:

Limited to those departments that have direct contact with patients.

- Patient Care:

Provided by those professionals who are also charged with patient assessment and planning, based upon findings from interdisciplinary assessments.

- Patient Support:

Provided by a variety of individuals and departments who may not have direct contact with the patients, but who support the individuals providing direct patient care through their collaboration and interaction with direct patient care providers.

B. Patient Beds:

- Section 1820(c)(2)(B)(iii) of the Social Security Act (codified at 42 USC 1395i-4(c)(2)(B)(iii)) limits a critical access hospital (CAH) to a maximum of 25 inpatient beds that can be used for inpatient acute care or swing-bed services.

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- Beds used solely for patients receiving observation services shall not be included in the 25-bed maximum nor in the calculation of the average annual acute care patient length of stay.

C. Length of Stay:

- As a critical access hospital, SCHHC shall provide acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient.

D. Patient Care Departments and Services:

- Patient Care Departments:
 - Emergency Department
 - Medical/Surgical Department
 - Surgical Services
 - Multi-Specialty Clinic
- Patient Service Departments:
 - Admitting/ Patient Access Services
 - Business Office/ Revenue Cycle Mgmt.
 - Clinical Laboratory
 - Discharge Planning
 - Engineering
 - Infection Prevention and Control
 - Information Systems
 - Materials Management
 - Medical Imaging/ Radiology
 - Health Information Management
 - Nursing Care
 - Nutritional Services/ Dietary
 - Pharmacy
 - Physical Therapy
 - Respiratory Care
 - Social Service
 - Utilization Management
 - Volunteer Services
 - Quality Management
 - Risk Management

E. Standards of Patient Care:

- The patients at this hospital can expect to receive the following:
 - The right procedures, treatments, interventions, and care shall be provided according to the established policies, procedures and protocols that have been developed to ensure patient safety. Efficacy and appropriateness of procedures, treatment, interventions, and care provided shall be demonstrated based upon patient assessments/reassessments, practice, and desired outcomes with respect for patient rights and confidentiality.

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- Systems and services for care delivery (assessments, procedures, treatments, and interventions), which shall be designed, implemented, and evaluated consistent with a customer focused philosophy, shall be demonstrated through:
 - An attitude of compassion, respect, and dignity for each individual without bias.
 - A manner that best meets the individualized needs of the patient population.
 - Efficiency based upon the individualized needs of our patients.
 - Coordination through multidisciplinary team collaboration to ensure continuity and seamless delivery of care to the greatest extent possible.
 - Involvement of the individual in decisions about his/her care, treatment, and services.
 - Efficient use of the organization's financial and human resources

F. Scope of Services Provided:

- The population utilizing healthcare services of SCHHC shall consist of the pediatric to the geriatric patient. Community based healthcare shall be provided in a primary care/non-tertiary setting, with all patients requiring high-risk care and services, referred, or transferred to a healthcare facility where these needs can be met. Each patient care service department shall have a defined scope of care which includes:
 - Types (such as most frequent diagnosis) and ages of patients served.
 - Types of services most frequently provided (such as procedures, services, etc.).
 - Goals and/or objectives for optimal delivery of patient care

G. Staffing Plans:

Staffing plans for patient care service departments shall be developed based upon the level and scope of care that needs to be provided, the frequency of the care to be provided, and a determination of the level of staff who can most appropriately provide the type of care needed. Staffing plans shall be department-specific, developed to address the needs of this hospital's patient population, and shall be available in each department.

H. Patient Care Performance Improvement Activities:

- All departments shall be responsible for participating in the organization's Performance Improvement Program. Components of this program are:
 - Quality Control
 - Quality Assessment/Improvement
 - Performance Improvement



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I. Support Services:

Other hospital services shall be available and provided to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner by coordinated, identified organizational functions, such as leadership/management, information systems, environmental care, infection prevention and control, and performance improvement. These services shall support the comfort and safety of the patient and the efficiency of services available and shall be fully integrated with the patient service departments of SCHHC.

PROCEDURES:

A. Integration of Patient Care and Support Services:

- The importance of a collaborative multidisciplinary team approach, which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, shall serve as a foundation for integration. Open lines of communication shall exist between all departments providing patient care, patient services and support services within the organization, and as appropriate, with community agencies, to ensure provision of patient care that is effective, efficient and rendered at the same level to the entire patient population.
- To facilitate effective interdepartmental relationships, problem-solving shall be encouraged at every level of SCHHC. Administration shall maintain an "open-door" policy, which serves as a model for all staff to openly and constructively discuss issues and seeking mutually acceptable solutions. Supervisors and managers shall have the authority to mutually solve problems and seek solutions within their sphere of influence. Positive interdepartmental communications shall be strongly encouraged as part of our customer focus philosophy.

B. Leadership Responsibilities:

- SCHHC leadership is defined as the Governing Body, Chief Executive Officer, Executive Leadership, departmental leaders, and medical staff in appointed or designated leadership positions, and is responsible for providing a framework for planning healthcare services provided by the organization based upon the organization's mission, and for developing and implementing an effective planning process.
- The planning process shall include an assessment of our customer and community needs, defining a strategic plan, establishing annual operating and capital budgets and ongoing evaluation of each. The planning process shall minimally address both patient care functions and organizational support function.

- Patient Care Functions:

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- Access
 - Assessment
 - Care and treatment
 - Patient rights
 - Patient safety
 - Patient teaching
 - Discharge planning
 - Pain management
 - Medication management
 - Appropriate use of restraint and seclusion
 - Optimal provision of resuscitative measures, when necessary and appropriate
- Organizational Support Functions:
 - Information Systems
 - Staff Education
 - Infection Prevention and Control
 - Safety Management
 - Environment
 - Performance Improvement Program
 - Utilization Management
 - Ensuring collaboration with community leaders and organizations to design services to be provided by the organization that are appropriate to the scope and level of care required by the patients served.
 - Ensuring communication of the organization's mission, vision, core values and goals across the organization.
 - Ensuring annual review of the organization's mission, vision, core values, and goals.
 - Ensuring uniform delivery of patient care services provided throughout the organization.
 - Providing appropriate staff development and continuing education opportunities which serve to promote retention of staff and foster excellence in care delivery and support services.
 - Encouraging staff to take an active part in responsibility for their own growth and educational development.
 - Ensuring appropriate direction, management, and leadership of all services and departments, including contracted services.
 - Ensuring an appropriate grievance process is in place in the organization.

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- The Chief Nursing Officer (CNO) shall be responsible for the provision of nursing services 24 hours a day, seven (7) days a week.
- The Governing Body shall be responsible for ensuring an appropriate grievance process by delegating the responsibility for grievance resolution, in writing, to a grievance committee to review and resolve all patient grievances.
- Ensuring that systems are in place which promote the integration of services to support the patient's continuum of care needs.
- Ensuring staffing resources are available to appropriately meet the safety and needs of the patients served.
- Ensuring the physical environment fosters the provision of patient safety.
- Appointing appropriate committees, task forces and other forums to ensure interdepartmental collaboration on issues of mutual concern which would benefit from a multidisciplinary effort.
- Implementing corrective action plans for infection prevention and control in affected problem areas.
- Involving department managers in evaluating, planning and recommending annual expense and capital objectives and expense budgets based upon the expected resource needs of their departments.
 - Managers shall be held accountable for managing and justifying their budgets and resource utilization. This shall include, but not be limited to, identifying, investigating and budgeting for new technologies which can be expected to improve the delivery of patient care and services.
- Ensuring that staff and licensed independent practitioners are involved in the assessment, selection, integration, and use of information management systems for the delivery of care, treatment, and services



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, July 27, 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

- Our next DNV survey is going to take place between the dates of August 1 and September 30. The primary activities in preparation for our DNV survey continue to be (1) Quality monitoring and (2) Policy and Procedure development and approval. 3 policies are submitted for Board approval this month.

Dietary Department Remodel

- As reported last month, we needed to dig into the floor in our kitchen to repair plumbing pipes below the dishwasher area. Work began on Tuesday, July 18. Every necessary precaution has been taken to protect the sanitation of the department by erection of a negative air pressure wall. The damage turned out to be more extensive than originally thought. We had originally thought that construction and repairs would be completed by July 21. Additional pipe damage has been discovered, and the work is more extensive. The new estimate for completion of the job, provided that there are no further complications is the first week in August.

Surgery Service

- Due to the low volume of surgical procedures at this time, we have re-deployed our surgical team to be utilized to abstract patient care data from our patient charts (CPSI) in order to meet mandated quality reporting requirements. This is a short term stop gap measure that is helping us with reporting while we recruit additional surgeons.

Signify Accountable Care Organization (ACO) Agreement

- We have been presented an opportunity to participate in an Accountable Care Organization (ACO) Shared Savings program through Signify Health. Signify Health, formerly called Caravan Health, is the largest Accountable Care Organization in the Country that is focusing exclusively on rural hospitals. ACOs were formed as a part of the Affordable Care Act and created an opportunity for hospitals to partner with Medicare for savings, achieved through the implementation of quality improvement programs, which result in lower morbidity and mortality and better outcomes. Signify Health has offered Southern Coos Hospital & Health Center an opportunity to participate in their program with “upside only.” That means that any savings realized by SCHHC for Medicare participation will be split between Signify, SCHHC and Medicare. If costs rise and no savings are realized, then SCHHC is not penalized. We have a window of opportunity each year to terminate the contract if we wish. This is a great opportunity for SCHHC to participate in an ACO without downside risk and to enroll Medicare lives in our Bandon and Southern Coos market. Both Coquille Valley Hospital and Curry General Hospital already participate in the Signify Health ACO. Our management team feels that this is an important initiative in order to protect our market as well.

School Sports Physicals

- SCHHC’s Clinic has offered to conduct Bandon School District Sports physicals for the Fall Sports events, since there are no other local medical providers offering this service this year. We will have 2 clinic providers at the high school on Friday, August 11 to conduct the sports physicals. We are offering this service as a community benefit and will not be charging families for these physicals.

Employee Activities

- Our employees are going to be having a summer picnic on Saturday, August 19 at Laverne Park in Coquille. It will be from 12 noon to 3:00 pm. Board members are invited to attend. This will be a family friendly event with games, food and fun for the family. No alcohol will be permitted. We hope to see all the Board members there.
- SCHHC will be entering a float, once again in this year’s Cranberry Festival Parade. The parade will be held in Bandon on September 9. SCHHC participates in this event every year. And it is always a lot of fun. We would like to invite Board members to ride on our float this year, if you are available and interested in participating.



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 – July 27, 2023

Provider News – June

For the month of June, our primary care providers saw 509 patients. Although we had 73 more encounters than last month, the clinic saw a decrease in Net Income of \$48,788 for a total loss of (\$94,602). After a deep dive into the financials, we found the following:

- \$40,000 gross revenue was actually billed in July mostly due to Dr. Pense and Dr. Adams seeing their patients at the end of June.
- \$38,000 one-time expenses for onboarding and ramp up of Dr. Bonnie Wong.
- The remaining \$16,602 was due to the departure of Debra Guzman and the ramping up of provider productivity.

I am pleased to announce that Amy Hinshaw, FNP will be joining our practice on September 27th. For the past two years, she has worked with Best Med Urgent Care in North Bend where she not only saw patients but also trained new providers and assisted in opening new urgent care centers throughout the Pacific Northwest. Amy is passionate about patient care and wants to continue our model of providing same day acute care visits to meet the needs of our community.

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

- Dr. Qadir, Nephrologist, was in clinic one day and saw 13 patients.
- Dr. Webster, ENT/Dermatology, was in clinic one day and saw 13 patients as well.

Clinic Report – June

- Our Chronic Care Management (CCM) program kicked off on July 10th and we are currently in the training phase of the program. The goal is to start providing CCM to patients September 1st. Our CCM Coordinator, Kirsten Aasen, has already developed a Southern Coos Hospital and Health Center Resource Guide that we will be able to share with staff and patients. We are currently formatting the guide to include our logo and brand.
- 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 June totaled 29, which is 6% of the total patient visits. There have been fewer requests for Telehealth over the past couple of months. We will still be offering Telehealth visits as a way to improve access to care 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 dropped to 3% for the month of June. The new workflow for contacting patients who have opted out of text reminders has resulted in improvement.

- Our NRC survey scores improved in the month of June in almost all categories including the Net Promotor Score which increased to 82.1%. Of note, the two areas that saw the greatest increase were: Care Provider Courtesy and Respect, and Care Providers Listened.



Provider Name	Asked about medications		Care provider courtesy and respect		Care providers explain things		Care providers listened		Easy to get appt		Felt safe and secure		Human Understanding		NPS: Facility would recommend		Providers knew medical history	
	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Tyson, Vincent (1003245457)	76.5	17	88.9	18	83.3	18	83.3	18	88.9	18	88.9	18	70.6	17	76.5	17	44.4	18
Preslar, Paul (1437141793)	84.6	13	92.3	13	71.4	14	92.3	13	76.9	13	92.3	13	100	11	100	11	84.6	13
Wong, Bonnie (1437404415)	100	10	100	10	70	10	100	10	50	10	100	10	90	10	80	10	60	10
Schmelzer, Victoria (1417312893)	100	9	100	9	100	9	88.9	9	66.7	9	88.9	9	100	9	100	9	77.8	9
Adams, Olixn (1306006143)	60	5	85.7	7	85.7	7	85.7	7	57.1	7	85.7	7	100	7	85.7	7	85.7	7
Pense, Noel (1790118636)	85.7	7	85.7	7	85.7	7	85.7	7	42.9	7	100	7	71.4	7	71.4	7	85.7	7
Guzman, Debra (1255627253)	100	6	66.7	6	66.7	6	83.3	6	83.3	6	66.7	6	50	6	50	6	50	6
Grand Total	86.6	67	90	70	80.3	71	88.6	70	70	70	90	70	83.6	67	82.1	67	67.1	70

June 2023 Clinic Stats											
Provider	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total	
	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts	
Debra Guzman, FNP	3	46	21	0	25	8.3	0%	46%	2	0	
Bonnie Wong, DO	8	27	3	0	24	3.0	0%	11%	0	24	
Olixn Adams, DO	4	54	5	0	49	12.3	0%	9%	3	1	
Noel Pense, DO	3	40	8	1	31	10.3	3%	20%	0	0	
Paul Preslar, DO	13.5	135	15	6	114	8.4	4%	11%	0	33	
Shane Matsui, LCSW	22	126	24	10	92	4.2	8%	19%	20	0	
Vincent Tyson, FNP	18	156	11	4	141	7.8	3%	7%	4	3	
COVID-19 Clinic	1	5	0	0	5	5.0	0%	0%	0	0	
Outpatient Services	22	229	26	2	201	9.1	1%	11%	0	0	
Schmelzer	7	39	3	3	33	4.7	8%	8%	0	5	
Totals	101.5	857	116	26	715	7.0	3%	14%	29	66	
Total telehealth	29										

509 Clinic Registrations

Southern Coos Multi-Specialty Clinic eCQM Performance Report for 2023

Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	As of 6/30/2023	Goals*
CMS122v11: Diabetes HbA1C Poor Control (>9) (lower is better)	25.0%	25.3%			25.3%	23%
CMS165v11: Controlling High Blood Pressure	46.5%	47.6%			47.6%	67%
CMS138v11: Tobacco Use: Screening and Cessation Intervention	90.1%	88.9%			88.9%	82%
*Goals set according to PCPCH Benchmarks						
Green represents goal achieved						
Yellow represents ≤ 5 of goal						
Red represents > 5 under goal						

Clinic Provider Income Summary

All Providers

For The Budget Year 2023

	ACT	BUD	ACT	BUD	ACT	BUD	ACT	Current Budget YTD	
	APR	APR	MAY	MAY	JUN	JUN	YTD	FY23 Budget	Variance
Provider Productivity Metrics									
ClinicDays	74	78	67	83	79	78	838	955	(117)
Total Visits	473	919	436	955	509	929	5624	11,117	(5,493)
Visits/Day	6.4	11.8	6.5	11.5	6.5	11.9	6.7	11.6	(4.9)
Total RVU	1,004.01	1,785.40	864.31	1,857.20	995.10	1,804.20	11,605.20	21,616.80	(10,011.60)
RVU/Visit	2.12	1.94	1.98	1.94	1.96	1.94	2.06	1.94	0.12
RVU/ClinicDay	13.57	22.89	12.90	22.38	12.68	23.13	13.85	22.64	(8.79)
Gross Revenue/Visit	306.28	336.78	458.03	337.72	314.59	337.18	367.27	336.66	30.61
Gross Revenue/RVU	144.29	173.35	231.05	173.66	160.92	173.62	177.98	173.13	4.85
Net Rev/RVU	63.30	73.02	98.01	73.13	70.76	73.13	76.91	72.94	3.97
Expense/RVU	136.56	75.36	151.01	74.22	165.83	74.26	135.45	74.59	60.86
Diff	(73.26)	(2.34)	(53.01)	(1.08)	(95.07)	(1.13)	(58.54)	(1.65)	(56.89)
Net Rev/Day	858.90	1,671.41	1,264.31	1,636.39	897.03	1,691.47	1,065.10	1,651.02	(585.92)
Expense/Day	1,852.87	1,725.06	1,948.10	1,660.66	2,102.16	1,717.61	1,875.85	1,688.40	187.45
Diff	(993.97)	(53.65)	(683.79)	(24.27)	(1,205.13)	(26.15)	(810.75)	(37.38)	(773.37)
Patient Revenue									
Outpatient									
Total Patient Revenue	144,871	309,503	199,700	322,524	160,127	313,240	2,065,507	3,742,595	(1,677,088)
Deductions From Revenue									
Total Deductions From Revenue (Note A)	81,312	179,133	114,991	186,704	89,710	181,306	1,172,953	2,165,871	(992,918)
Net Patient Revenue	63,559	130,370	84,709	135,820	70,417	131,934	892,554	1,576,724	(684,170)
Total Operating Revenue	63,559	130,370	84,709	135,820	70,417	131,934	892,554	1,576,724	(684,170)
Operating Expenses									
Salaries & Wages	85,472	72,047	83,873	74,449	97,589	72,047	961,434	870,395	91,040
Benefits	9,644	10,330	7,720	10,505	11,474	9,756	112,826	115,108	(2,282)
Purchased Services	0	9,002	0	9,121	0	9,002	17,945	108,619	(90,673)
Medical Supplies	0	0	285	0	2,998	0	6,451	0	6,451
Other Supplies	0	853	585	853	45	853	1,705	10,231	(8,526)
Maintenance and Repairs	0	0	0	0	0	0	0	0	0
Other Expenses	(1,167)	2,785	833	2,785	12,350	2,785	61,013	33,421	27,592
Allocation Expense	43,163	39,538	37,227	40,122	40,563	39,531	410,592	474,652	(64,060)
Total Operating Expenses	137,112	134,555	130,523	137,835	165,019	133,974	1,571,965	1,612,425	(40,460)
Excess of Operating Rev Over Exp	(73,554)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(35,701)	(643,710)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(73,554)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(35,701)	(643,710)

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



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 – July 27, 2023

Clinical Department Staffing- June 2023

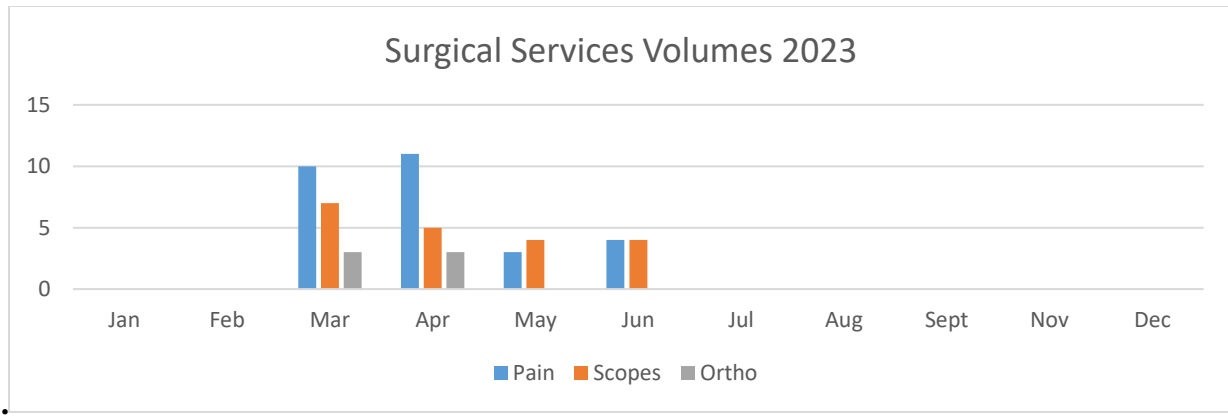
- **Medical-Surgical Department –**
 - Three full-time CNAI/II positions vacant.
 - Five full-time nurse positions vacant.
 - Six contract RNs (5.23 FTE) utilized to fill vacancies.
- **Emergency Department –**
 - One LPN float position vacant (float between MS and ED).
 - LPN float position is replacing the CNA hours
- **Surgical Services –**
 - Recruitment efforts on-going for Surgical Manager.
 - Current vacancies include: One Department manager, one full-time Circulating RN, one full-time and one per diem surgical technologist.
 - One contract RN utilized.
- **Medical Imaging –**
 - Recruitment efforts on-going for Medical Imaging Manager.
 - Additional FTE for manager in June allowed for planned orientation as well as mammography responsibilities.
 - Three full-time Radiology Technologist positions vacant.
 - Three Contract Radiology Technologists utilized in May.
- **Laboratory –**
 - One per diem Medical Lab Technologist transitioned back to full time.
 - Two 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.

Clinical Department FTE Statistics for June 2023

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	27.89	30.27	-2.38	5.23	1.81	3.42	33.12	32.08	1.04
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA I	2.63	-	2.63	-	-	-	2.63	-	2.63
CNA II	3.75	3.50	0.25	-	-	-	3.75	3.50	0.25
Patient Activities Coord	1.00	0.60	0.40	-	-	-	1.00	0.60	0.40
Health Screener	-	3.55	-3.55	-	-	-	-	3.55	-3.55
Charge Nurse	3.28	3.94	-0.66	-	-	-	3.28	3.94	-0.66
RN	11.58	12.60	-1.02	5.23	1.81	3.42	16.81	14.41	2.40
LPN	2.89	3.37	-0.48	-	-	-	2.89	3.37	-0.48
Telemetry Tech	1.77	1.71	0.06	-	-	-	1.77	1.71	0.06
Swing Bed	1.01	1.02	-0.01	-	-	-	1.01	1.02	-0.01
Case Manager	1.01	1.02	-0.01	-	-	-	1.01	1.02	-0.01
LPN	-	-	0.00	-	-	-	-	-	0.00
Emergency Room	12.53	10.06	2.47	0.25	0.90	-0.66	12.78	10.96	1.82
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
CNA II	1.12	2.38	-1.26	-	-	-	1.12	2.38	-1.26
LPN	3.33	2.28	1.05	-	-	-	3.33	2.28	1.05
RN	7.08	4.39	2.68	0.25	0.90	-0.66	7.32	5.30	2.03
Surgical Services	4.56	5.74	-1.18	0.74	-	0.74	5.31	5.74	-0.43
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	2.02	1.00	1.02	0.74	-	0.74	2.76	1.00	1.76
Surgical Tech	1.55	2.00	-0.45	-	-	-	1.55	2.00	-0.45
Radiology	4.13	3.31	0.82	3.09	1.62	1.48	7.22	4.93	2.29
Manager	1.77	1.00	0.77	-	-	-	1.77	1.00	0.77
Coordinator	0.76	1.17	-0.42	-	-	-	0.76	1.17	-0.42
Medical Imaging Admin	0.98	1.13	-0.14	-	-	-	0.98	1.13	-0.14
Rad Tech IV	0.62	-	0.62	3.09	1.62	1.48	3.71	1.62	2.10
RN	-	0.02	-0.02	-	-	-	-	0.02	-0.02
Ultrasound	1.46	1.50	-0.04	-	-	-	1.46	1.50	-0.04
Ultrasound Tech II	0.84	1.50	-0.66	-	-	-	0.84	1.50	-0.66
Ultrasound Tech IV	0.62	-	0.62	-	-	-	0.62	-	0.62
Mammography	0.49	0.90	-0.41	-	-	-	0.49	0.90	-0.41
Mammo Tech	0.49	0.90	-0.41	-	-	-	0.49	0.90	-0.41
Cat Scan	1.80	-	1.80	-	-	-	1.80	-	1.80
Rad Tech II	1.00	-	1.00	-	-	-	1.00	-	1.00
Ct/Rad Tech Reg	0.80	-	0.80	-	-	-	0.80	-	0.80
MRI	0.45	1.00	-0.55	-	-	-	0.45	1.00	-0.55
Rad Tech IV	0.45	1.00	-0.55	-	-	-	0.45	1.00	-0.55
Lab	8.87	10.89	-2.02	1.81	-	1.81	10.68	10.89	-0.21
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Assistant I	-	1.04	-1.04	-	-	-	-	1.04	-1.04
Assistant II	2.77	1.85	0.92	-	-	-	2.77	1.85	0.92
Assistant III	1.04	1.03	0.00	-	-	-	1.04	1.03	0.00
CNA II	0.72	-	0.72	-	-	-	0.72	-	0.72
Medical Lab Tech Lead	0.96	-	0.96	-	-	-	0.96	-	0.96
Medical Lab Scientist	0.31	0.99	-0.68	-	-	-	0.31	0.99	-0.68
Medical Lab Tech	2.07	4.98	-2.91	1.81	-	1.81	3.88	4.98	-1.10
Pharmacy	1.91	2.05	-0.14	-	-	-	1.91	2.05	-0.14
Pharmacist	0.72	1.00	-0.28	-	-	-	0.72	1.00	-0.28
RN	1.19	1.05	0.14	-	-	-	1.19	1.05	0.14
Respiratory	5.94	6.00	-0.06	-	-	-	5.94	6.00	-0.06
Manager	1.00	1.00	0.00	-	-	-	1.00	1.00	0.00
Respiratory Therapist	4.94	5.00	-0.06	-	-	-	4.94	5.00	-0.06
Total Difference									-5.10

Surgical Services –

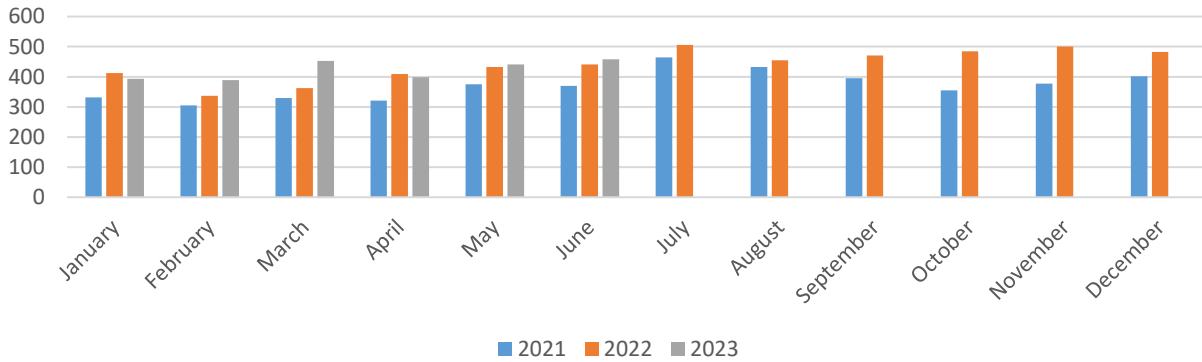
- New operating room lights installation project initiated.
- Case volume remains low - 4 scopes, 4 pain procedures and 0 orthopedic procedures for the month.
- Scheduled case volumes for July show improvement –
 - 10 scopes
 - 8 pain procedures
 - 0 orthopedic



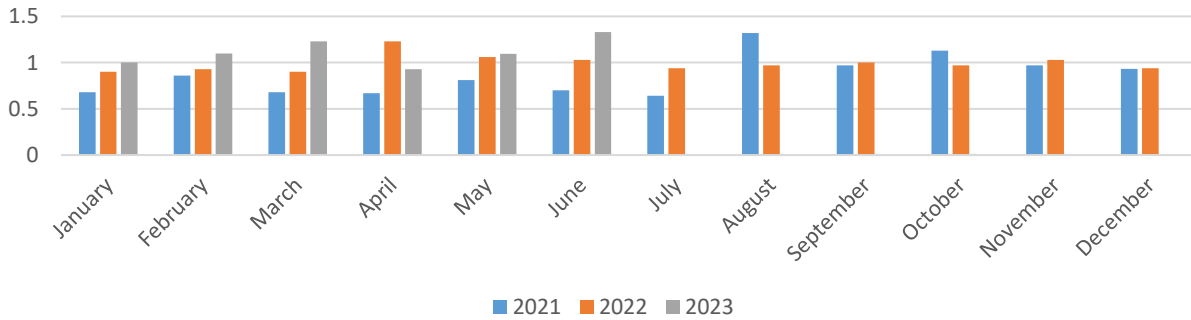
- Surgical Services Schedule –
 - Monday – Endoscopy and Colonoscopy procedures
 - Tuesday – Pain procedures
 - Wednesday – Pain clinic (CRNA in clinic)
 - Thursday – Pain clinic (CRNA in clinic)
 - Friday – Orthopedic procedures

Emergency Department Statistics -

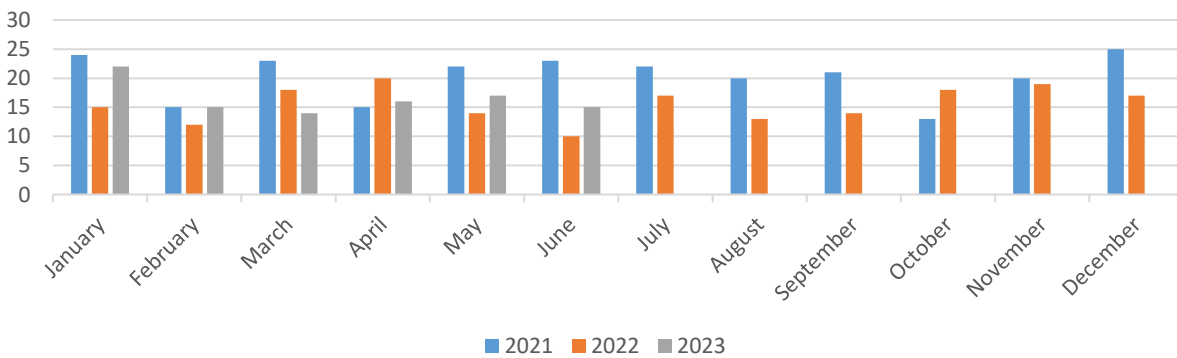
ED Census Tracking 2021-2023



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 – July 2023

Fiscal Year End Close

The Finance Department, assisted by significant efforts from Supply Chain Services, Pharmacy and other departments, has completed its final monthly close of the fiscal year ended June 30, 2023. As part of the close, a full physical inventory count of supplies and drugs. Net inventory adjustments reduced expenses by approximately \$98,000. In addition, the Finance Department performed a search for unrecorded liabilities by reviewing all large vendors for uninvoiced costs to accurately accrue expenses and make certain annual accrual adjustments. While late invoices may still come in, we believe additional adjustments are not expected to be significant between now and the completion of the audited financial statements.

Sewage Line Repair

Facilities has begun its repair of the sewage line section that created the backup in the kitchen earlier this year. Upon further inspection of the rest of the sewage line, it appears that much of the cast iron sewage line has corrosion issues that require repair. Tri-County Plumbing has been contracted to fully evaluate the condition of the entire line and make a recommendation for a sustainable repair to eliminate further need for repairs and sewage backups.

ED Provider Staffing Changes

The Finance Department has supported the ED provider staffing changes by creating procedures for the creation and tracking of newly contracted providers inclusive of modeling contracts, benchmarking compensation, tracking provider shifts daily and creating reporting to compare to the budgeted ED coverage expense. Additionally, we collaborated with our Davis, Wright Tremaine attorney to calculate a termination settlement payment with OPYS physician management company. We will continue to track costs and payments to providers throughout the transition of our ED coverage model.



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, July 27, 2023

Cybersecurity

Email Protection Provided by Mimecast		Jun-23
Spam Blocked/Number of Emails		357/67462
Impersonation Attacks		746
Malware Detected and Quarantined		10
Links Clicked/Number Unsafe		253/4
Malicious Attachments		0 files
Internet Traffic Monitored by Critical Insight		Jun-23
Number of Records Ingested		497.5
Investigations		4
Reported Investigations		0
High Priority Investigations		0
Patch Management - Vulnerability Scans		Jun-23
Critical		20
High		36
Medium		1679
Low		150
Info		14657
Security Training		Jun-23
Phishing Campaign 7.3.23		
Emails Opened		70.88%
Emails Reported		5%
Links Clicked		2.81%
Security Training Modules Metrics		
Module Completion		43%
Correct Responses		64%
Behavior Change Tracking		
Percent of employees that said they would change something they do in their daily lives to make them more secure		63%
Employee Overall Outlook on Security		Positive

Clinical Informatics

Projects include the following:

- 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), and Medicare Promoting Interoperability Program.
- Orienting new ED providers
- Continuing to provide at the elbow support to Dr. Bonnie Wong in the Clinic

EMR/ERP Selection Process

I must report a change in the timeline for bringing an EMR/ERP recommendation to the SCHD Board of Directors. We will move the decision to the September district board meeting. We will still plan to hold a special meeting with the SCHD Board of Directors to present our system recommendations, a total cost of ownership model, and providing a funding proposal.

As reported at last month's board of directors meeting, one of the potential partners, Myriadd/MultiCare, based out of the Seattle, Washington, area, made the decision to pause their Community Connect program. After hearing this news, Experis, 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 and on June 29, agreed to submit a response to the RFP. We gave OCHIN the same amount of time, four (4) weeks, as we gave Tegria/Providence. Due to this timing, and also to give us additional time to develop a financial proposal, we determined that the best course of action is to move our timeline down one month.

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	In Progress

August 2, 2023	Completion of reference calls or site-visits	Planned
September TBD; week of 9/18	Special SCHD Board meeting to present recommendations and TCO	Pending selection of dates by board
September 28, 2023	Board vote	Pending
Early October 2023	Vendor of choice announced	Pending
Fall 2023	Commence implementation process	

Marketing

Due to illness (I unfortunately had COVID in early July), we will reschedule the district re-branding project kick-off meeting originally scheduled for Friday, July 14, 2023. By the time of the board meeting, I hope to have settled on a date that is optimal for all stakeholders.

The Re-Brand Project timeline is as follows:

Phase I: Gather Org and Community Input and develop options.

July 24th: Launch Survey through Bandon Health Wave

Focus of Survey: gather information from community about the SCHHC brand.

July 26: “Person in the Street” Interviews in Downtown Bandon

Purpose: to gather real-time information from community about the SCHHC brand.

TBD: Kick-off Meeting/Brainstorm

SCHHC Conference Room

Purpose: Conduct a SWOT analysis around the district’s three core brands; discuss renaming; conduct environmental scan of regional healthcare brands.

Week of August 1: Focus Groups with Managers

Hold Teams/Onsite meeting with managers to gather information about the project.

Phase II: Selection of final name/brand; develop brand guides for each.

August 18th: 2nd Stakeholder Meeting

9am: RG Present Findings

1-3 options for the three core assets: SCHHC, SCHF, and the Clinic

Decide on name/logo for each.

September 1, 2023: Focus Group with Managers (to be confirmed with RG)

Purpose: Present brand selections for three core assets, gather feedback.

Final Stakeholder Meeting: October 6th: (to be confirmed with RG)

Present final brand guide for each

Phase III: Develop Implementation Strategy & Plan for Implementation CY2024

October through December, 2023: Develop implementation strategy

- Collateral Assets Inventory – SM & Amy Moss Strong
 - Signs, cars, cards, billboard, onsite exterior, letterhead, emails, etc.
- Begin ordering new collateral.
- Construct CY2024 Marketing Calendar.

Dec 31: Complete Phase III

Jan 1, 2024: Deploy New Brands



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, July 27, 2023

Events Update

Golf for Health Classic

The GFHC committee met on July 13 at Bandon Crossings. Sponsorships are coming in steadily for the GFHC. Swag has been ordered and is on its way. Several volunteers have been lined up from the hospital and community.

Alix McGinley and Amy Moss Strong are working on the menu and details for the Friday night reception, which will be similar to last year's reception. An invitation will be sent out to sponsors and VIPs.

The event is being posted on social media and digital, print and radio ads are running. A poster has been created and was posted around town prior to July 4 and is being distributed throughout Coos and Curry counties. It was decided a postcard sent to all addresses is too cost-prohibitive and we can reach our intended audience through other less expensive means.

A video promo was filmed by Amy Moss Strong at Bandon Crossings featuring Joseph Bain, Alix McGinley, Ray Hino and Scott McEachern and produced by Cyrano. It turned out great and will be used on social media and all-staff and other emails. Cyrano liked it so much, they are using it as an example to other clients.

SCHHC Dietary Manager Rita Hamilton will provide continental breakfast and a barbecue lunch for the Saturday tournament this year. Moss Strong worked with Hamilton on a menu that includes beef and pork barbecue, potato or pasta salad, green salad, beans, rolls and a fruit-based dessert. Hamilton is working up a cost estimate.

The silent auction will once again be a big part of the event and will be on site and will remain online for a week following the event. Jennifer Parker is helping to procure auction items. Several items have already been procured and/or promised. The GFHC organizers have proposed a silent auction basket challenge to SCHHC departments, which was a big success last year.

Aging Well in Bandon

Saturday, Nov. 11, is the date set for Aging Well in Bandon and the Bandon Community Center has been reserved. The event will be open to anyone 18 and older. The organizing committee is set to meet on Thursday, July 20, at 3 p.m. prior to the SCHF board meeting.

The format will be similar to Women's Health Day and will run from 9 a.m. to 3 p.m. at the Bandon Community Center, with coffee and a continental breakfast in the morning and lunch provided.

It will be a free event for the community featuring a keynote speaker (likely Morningstar Holmes), plus breakout sessions with topics presented by local professionals such as Jesse Sweet, Robin Miller and Amanda Whitlach.

Vendors will be local with a focus on service clubs or organizations that are looking for volunteers with the idea of encouraging seniors at the event to get involved in their community. Organizations to invite include the Lions Club, Rotary Club, Shoreline Education for Awareness, the VFW, Southern Coos Health Foundation, Bandon School District, Washed Ashore, Circles in the Sand, and others.

Sponsors will be sought to help with expenses for the event.

SCHF Quarterly Art Show

The opening reception for the current SCHF Quarterly Art Show, “Glorious Water” was held on Sunday, July 16. It was well-attended with about 50 people showing up throughout the event. There was live music and cookies provided by the SCHHC Dietary Dept. There were more than 90 entries in the show and some pieces have already sold. Deborah Hill is the featured artist and was at the reception. The show runs through September. The next show’s theme is “A Walk in the Woods” and runs October through December.

Mary Richard Scholarships Recommendations

We received 10 excellent applications this year for the Mary Richards Scholarships. Summaries of each candidate follow. Every year, Southern Coos Health Foundation awards scholarships to a group of well-deserving students pursuing a career in healthcare. We have also increased the amount of scholarship funds every year for the past 10 years. This year, we awarded \$2,500 to each recipient.

Mary Richards Scholarship Recipients 2023

Tiffany Glines

Works as a CNA 2/Telemetry Tech at Southern Coos Hospital; has been with SCHHC since 2014

Has worked in healthcare since 2004

Attending Umpqua Community College with the goal of earning a Bachelor of Science in Nursing with a graduation date of 2025

Received the MRMS in 2022

Kassandra Keller

Works as Front Office Supervisor and Referral Coordinator for Southern Coos Health Clinic. Has been with SCHHC since 2019

Plans to study Healthcare Administration at Western Governor’s University beginning Jan. 1, 2024 through June 1, 2028.

Has not received the MRMS.

McKinzy Kenyon

Graduated from high school in June. Her mother works at Southern Coos Hospital & Health Center.

Intends to enroll at Southwestern Oregon Community College in Fall, 2023 with the goal of studying to be an EMT/Paramedic. She is registered at SOCC but not yet enrolled in the EMT program.

Has not received the MRMS.

Haley Leshley

Works as a CNA 2 at Southern Coos Hospital & Health Center since 2022; previously worked at Bay Area Hospital in the same capacity.

Is enrolled at Southwestern Oregon Community College in the Nursing Program. She will receive her associate degree in nursing in June 2024. Her goal is to become an ED nurse.

Has not received the MRMS.

Rebecca Meza

Works as Medical Imaging Supervisor at Southern Coos Hospital & Health Center. Has worked for SCHHC since 2019. Previously worked at Ocean Ridge Assisted Living.

Is enrolled in the Nursing Program at Southwestern Oregon Community College since Sept. 2022 and expects to graduate in 2025 with a goal of becoming an RN.

Received the MRMS in 2022.

Jennifer Parker

Works at North Bend Medical Center as a Physical Therapist Assistant. Previously worked at Southern Coos Hospital & Health Center and SW Physical Therapy. Also works at Lane Community College and Grand Canyon University teaching physical therapy related classes. In addition, works at Bandon Dunes Golf Resort as a caddie and gives golf lessons.

Does medical research in PT, publishes articles and volunteers with local charities.

Is attending A.T. Still University studying Physical Therapy with the goal of becoming Physical Therapy Program Director at Southwestern Oregon Community College.

Received the MRMS in 2022 and in 2021.

Alaina Russell

Works as a server at Oven and Shaker in Portland, OR. Previously worked as a caddie at Bandon Dunes Golf Resort. Her mother works at Southern Coos Hospital & Health Center.

Graduated from the University of Oregon in 2018 with a bachelor's degree in human physiology with a minor in psychology. Is currently studying Clinical Mental Health Counseling at George Fox University and intends to obtain her master's degree with the goal of becoming a Licensed Professional Counselor (LPC) with the eventual goal of owning her own practice.

Received the MRMS in 2014 and 2022.

Maximus Sanchez

Graduated from Bandon High School. Is attending Lane Community College to get his prerequisites by June 2025, then plans to attend Portland Community College to obtain an associate degree in Radiography to work as an X-Ray technician. Both of his parents work at Southern Coos Hospital & Health Center.

Has not received the MRMS.

Natalie Vincent

Works at Bay Area Hospital as a CNA 1 in the post-surgical unit since Jan. 2023. Previously worked at Southern Coos Hospital & Health Center from 2020 to 2022 as a COVID screener, as a Certified Medical Assistant in the SCH clinic and as a CNA on the Med/Surg floor. Mother works at SCHHC.

Attended Southwestern Oregon Community College and earned her associate transfer degree in pre-nursing in November 2022. Is enrolled in SOCC's Nursing Program to earn her associate degree in nursing beginning September 2023 through June 2025 with the goal of becoming an RN. Her eventual goal is to become a Certified Nurse Midwife.

Received the MRMS in 2022.

Katelin Wirth

Works at Southern Coos Hospital & Health Center as Financial Analyst and has worked in other capacities at SCHHC since 2016.

Studied Accounting at Southwestern Oregon Community College and graduated with an associate transfer degree in June 2022. Is currently attending Eastern Oregon University studying Accounting with the goal of graduating in June 2024 to advance her role as Financial Analyst at SCHHC into a leadership position.

Received the MRMS in 2022.



Month End Financial Narrative

To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: June 2023 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for June of \$3,340,000 were lower than budgeted expectations of \$3,560,000 driven heavily by a reduction in Inpatient volume and revenue. OP gross revenues of \$2,623,000 were marginally higher than a budget of \$2,551,000. ER, Lab and Clinic volumes exceeded budgeted expectations while Imaging and RT volumes fell below budget expectations. IP and Swing Bed volumes and revenues of \$717,000 were lower than a budget of \$1,010,000 for the month due to an Average Daily Census (ADC) of 4.5 being significantly below budgeted expectations of 7.0.

Deductions from Revenue – Revenue deductions at \$912,000 or 27.3% of gross revenue were lower than a budget of 33.6%. Deductions from revenue year-to-date at 36% are higher than budgeted expectations of 33.6% due primarily to conservative Medicare cost-report reserves. YTD settlement reserves were adjusted to a payable of approximately (\$450k) at June month end which reflects a reduction of \$180k in total estimated payable vs. May estimates.

Total Operating Revenues of \$2,430,000 were higher than the budget of \$2,363,000 in June.

Labor Expenses were \$1,660,000 in June compared to a budget of \$1,635,000. Salaries and Benefits were lower than budget due to vacancies or open positions. Contract staffing utilization continues to be higher than budget with radiology, surgery, and lab having the highest variances.

Professional Fees and Purchased Services combined were \$477,000 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 \$61,000 were lower compared to budgeted expectations of \$186,000 due largely to the year-end inventory book to physical adjustments for the pharmacy..

Operating Expenses – Total operating expenses of \$2,563,000 for the month were higher compared to a budget of \$2,470,000.

Operating Income / Loss – Operating loss for June was (\$133,000) compared to a budgeted loss of (\$107,000).

Increase in Net Position was \$17,000 compared to a budgeted decrease in the amount of (\$10,000).

Days Cash on Hand for June was 133.3 days, down from May at 134.2. Cash was mildly affected by a minimal increase in A/R days outstanding which was 47.6 in June up from 47.1 in May.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending June 2023

	Month			Year to Date			
	Actual	Budget	Variance	Actual	Budget	Variance	
Volume Summary	IP Days	89	98	-9.2%	1,311	1,198	19.1%
	Swing Bed Days	46	110	-58.2%	1,310	1,341	-1.6%
	Total Inpatient Days	135	208	-35.1%	2,621	2,539	8.2%
	Avg Daily Census	4.5	6.9	-35.1%	7.2	7.0	8.2%
	Avg Length of Stay - IP	3.2	3.2	0.5%	3.7	3.4	9.1%
	Avg Length of Stay - SWB	5.8	15.7	-63.4%	12.8	13.1	-4.4%
	ED Registrations	438	369	18.7%	4,604	4,476	17.6%
	Clinic Registrations	475	929	-48.9%	5,419	11,117	-52.0%
	Ancillary Registrations	1,022	1,043	-2.0%	13,230	13,230	-11.7%
	Total OP Registrations	1,935	2,341	-17.3%	23,253	28,823	-22.7%
	Gross IP Rev/IP Day	7,450	9,099	-18.1%	8,252	9,071	-11.7%
	Gross SWB Rev/SWB Day	1,167	1,071	9.0%	1,001	1,068	-11.2%
	Gross OP Rev/Total OP Registrations	1,355	1,090	24.4%	1,135	1,070	29.1%
Collection Rate	72.7%	66.4%	9.5%	65.7%	66.4%	-3.6%	
Compensation Ratio	68.3%	69.2%	-1.2%	66.6%	66.3%	1.6%	
OP EBIDA Margin \$	(30,366)	(42,148)	-28.0%	(216,987)	391,859	-183.1%	
OP EBIDA Margin %	-1.2%	-1.8%	0.3%	-0.9%	1.4%	-185.2%	
Total Margin	0.7%	-0.4%	-12.8%	-0.7%	2.9%	-86.1%	

Key Liquidity Ratios	Days Cash on Hand	133.3	80.0	127.5	66.6%	4.5%
	AR Days Outstanding	47.6	50	50.8	-4.8%	-6.3%



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

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

	Current Month - Jun-2023				Year To Date - Jun-2023				
	Jun-2023 Actual	Jun-2023 Budget	Variance	Var %	Jun-2023 Actual	Jun-2023 Budget	Variance	Var %	Jun-2022 Actual
Patient Revenue									
Inpatient	716,725	1,009,545	(292,820)	(29.0%)	12,681,796	12,299,114	382,682	3.1%	12,129,367
Outpatient	2,622,888	2,550,884	72,004	2.8%	30,785,361	30,849,490	(64,130)	(0.2%)	26,389,186
Total Patient Revenue	3,339,613	3,560,429	(220,816)	(6.2%)	43,467,157	43,148,605	318,553	0.7%	38,518,553
Deductions From Revenue									
Total Deductions	912,345	1,197,430	285,085	23.8%	15,666,288	14,511,574	(1,154,713)	(8.0%)	13,223,719
<i>Revenue Deductions %</i>	<i>27.3%</i>	<i>33.6%</i>			<i>36.0%</i>	<i>33.6%</i>			<i>34.3%</i>
Net Patient Revenue	2,427,269	2,362,999	64,269	2.7%	27,800,869	28,637,030	(836,161)	(2.9%)	25,294,834
Other Operating Revenue	2,602	86	2,515	2924.5%	138,058	1,032	137,025	13275.2%	32,780
Total Operating Revenue	2,429,870	2,363,085	66,785	2.8%	27,938,927	28,638,062	(699,135)	(2.4%)	25,327,614
Operating Expenses									
Total Labor Expenses	1,660,380	1,634,639	(25,741)	(1.6%)	18,813,322	18,986,024	172,702	0.9%	16,874,860
Total Other Operating Expenses	902,963	835,444	(67,518)	(8.1%)	10,418,894	9,986,629	(432,265)	(4.3%)	9,604,481
Total Operating Expenses	2,563,343	2,470,084	(93,259)	(3.8%)	29,232,216	28,972,653	(259,563)	(0.9%)	26,479,341
Operating Income / (Loss)	(133,473)	(106,998)	(26,474)	24.7%	(1,293,289)	(334,590)	(958,699)	286.5%	(1,151,727)
Net Non-Operating Revenues	150,765	96,999	53,766	55.4%	1,404,616	1,157,983	246,633	21.3%	976,459
Change in Net Position	17,292	(9,999)	27,291	(272.9%)	111,327	823,393	(712,066)	(86.5%)	(175,268)
Collection Rate %	72.7%	66.4%	9.5%	9.5%	64.0%	66.4%	(3.6%)	(3.6%)	65.7%
Compensation Ratio %	68.3%	69.2%	(1.2%)	(1.2%)	67.3%	66.3%	1.6%	1.6%	66.6%
OP EBIDA Margin \$	(30,366)	(42,148)	11,782	(28.0%)	(325,621)	391,859	(717,480)	(183.1%)	(216,987)
OP EBIDA Margin %	(1.2%)	(1.8%)	0.5%	(29.9%)	(1.2%)	1.4%	(2.5%)	(185.2%)	(0.9%)
Total Margin (%)	0.7%	(0.4%)	1.1%	(268.2%)	0.4%	2.9%	(2.5%)	(86.1%)	(0.7%)



Southern Coos Hospital & Health Center

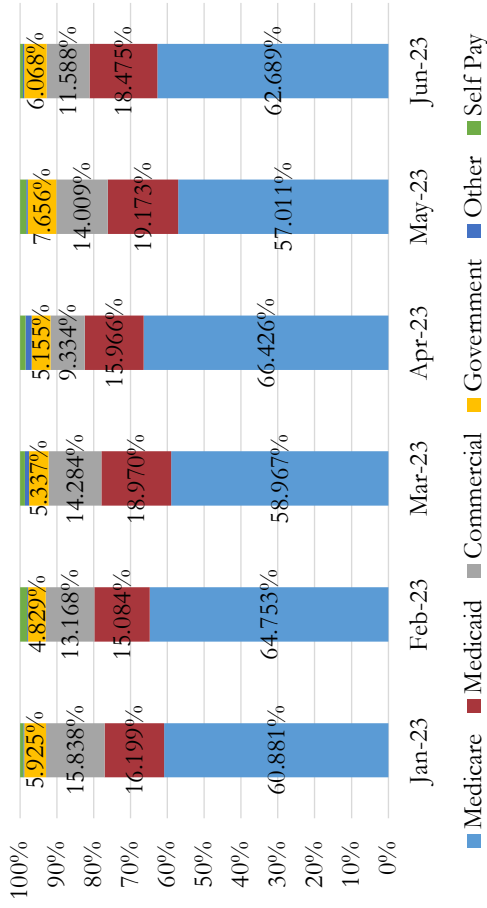
Volume and Key Performance Ratios
For The Period Ending June 2023

	Month				Year to Date				
	FY23		FY22		FY23		FY22		
	Actual	Budget	Prior Year	End	Prior Year	End	Prior Year	End	
Payor Mix - Gross Charges	63.18%	56.88%	56.88%	11.1%	11.1%	61.24%	61.24%	2.1%	2.1%
Medicare	18.62%	25.53%	25.53%	-27.1%	-27.1%	18.83%	18.83%	-5.5%	-5.5%
Medicaid	11.68%	9.59%	9.59%	21.8%	21.8%	11.60%	11.60%	3.3%	3.3%
Commercial	6.12%	6.21%	6.21%	-1.6%	-1.6%	6.25%	6.25%	-7.9%	-7.9%
Government	0.34%	0.71%	0.71%	-51.4%	-51.4%	0.46%	0.46%	71.5%	71.5%
Other	0.06%	1.08%	1.08%	-94.7%	-94.7%	1.62%	1.62%	-29.1%	-29.1%
Self Pay	Total								
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

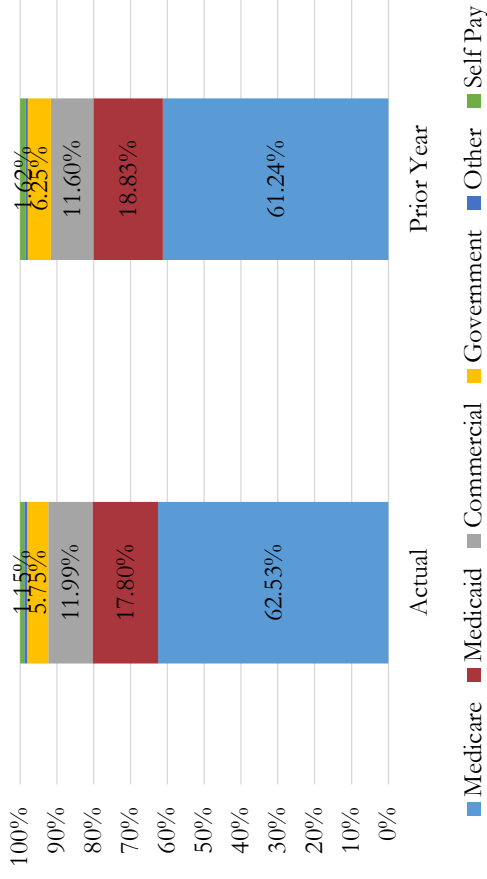
	Month				Year To Date					
	FY23		FY22		FY23		FY22			
	Actual	Budget	Prior Year	To Budget	Prior Year	To Budget	Prior Year	To Budget		
Patient Volumes	89	98	151	-9.2%	-41.1%	1,427	1,198	1,311	19.1%	8.8%
In Patient Days	46	110	125	-58.2%	-63.2%	1,320	1,341	1,310	-1.6%	0.8%
Swing Bed Days	135	208	276	-35.1%	-51.1%	2,747	2,539	2,621	8.2%	4.8%
Total Patient Days	438	369	430	18.7%	1.9%	5,262	4,476	4,604	17.6%	14.3%
Emergency Visits	864	795	889	8.7%	-2.8%	10,087	9,321	8,779	8.2%	14.9%
Radiology Procedures	3,466	4,040	3,381	-14.2%	2.5%	45,664	49,167	43,681	-7.1%	4.5%
Laboratory Tests	509	612	919	-16.9%	-44.7%	6,732	7,411	7,933	-9.2%	-15.1%
Respiratory Visits	10	29	23	-65.5%	-56.5%	150	375	257	-60.0%	-41.6%
Surgeries and Endoscopies	201	189	173	6.3%	16.2%	2,343	2,330	2,279	0.6%	2.8%
Specialty Clinic Visits	485	929	454	-47.8%	6.8%	5,600	11,117	5,411	-49.6%	3.5%
Primary Care Clinic	Total									
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%



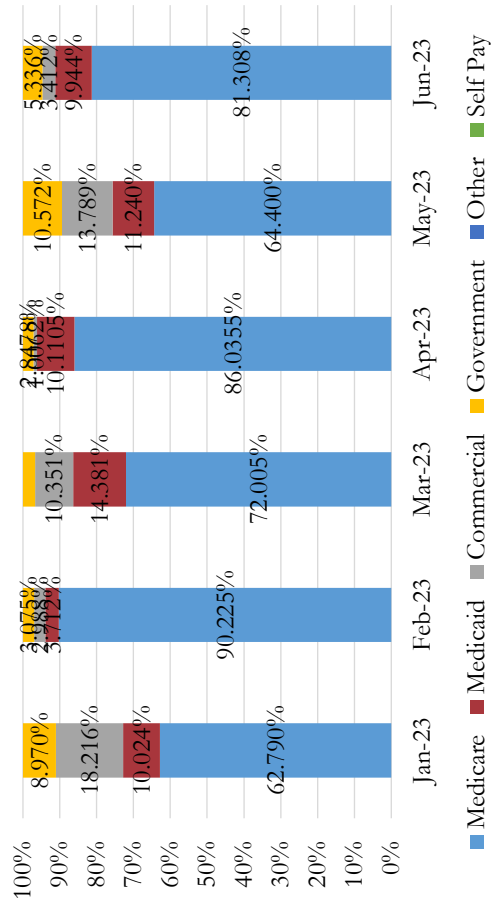
All Patients Payor Mix



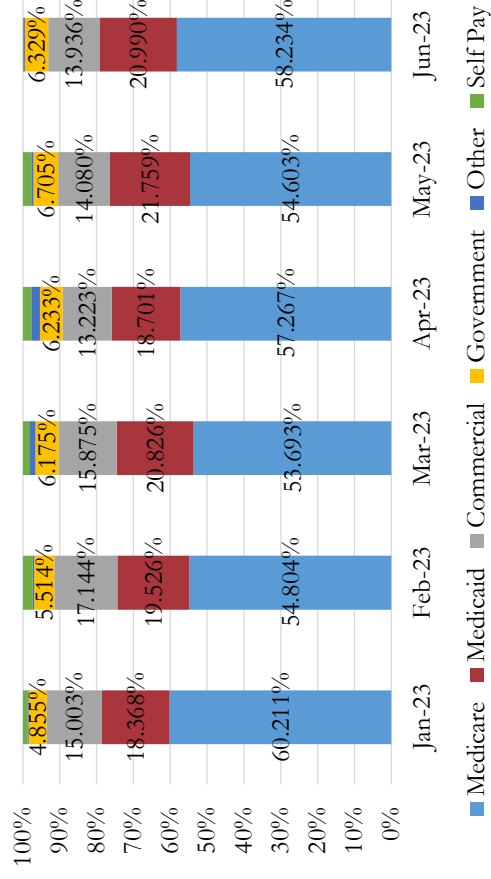
Year to Date Payor Mix



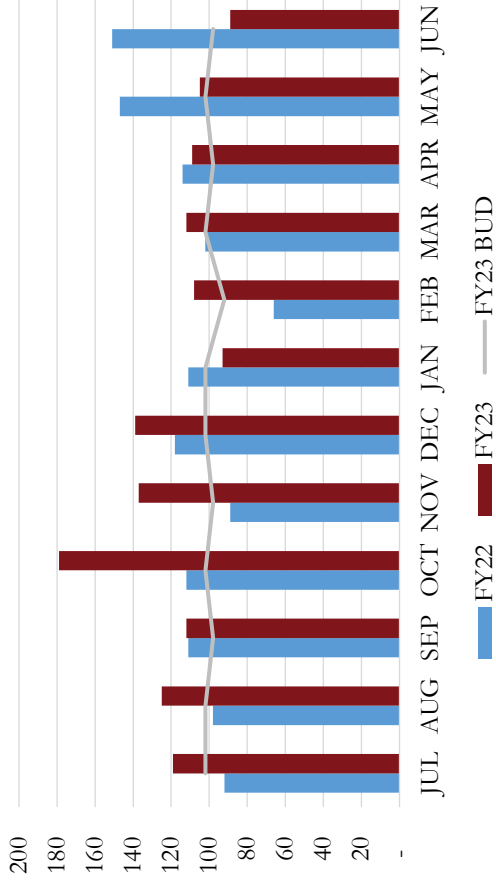
IP Payor Mix



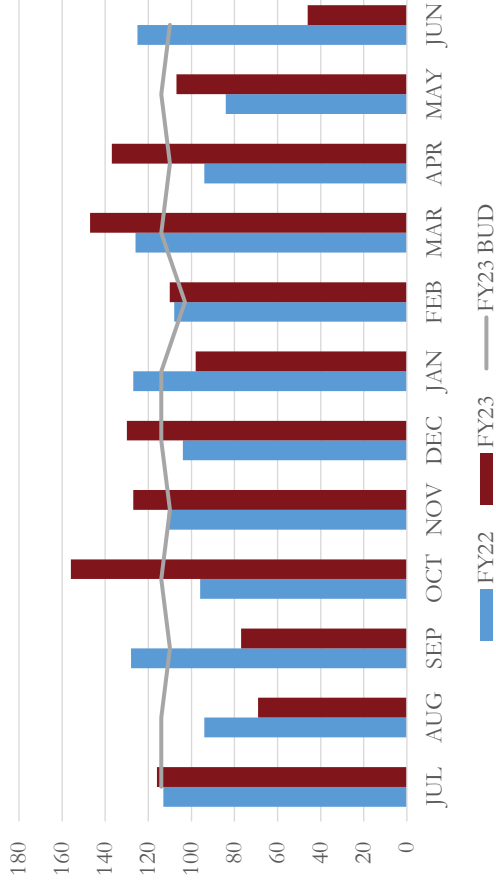
OP Payor Mix



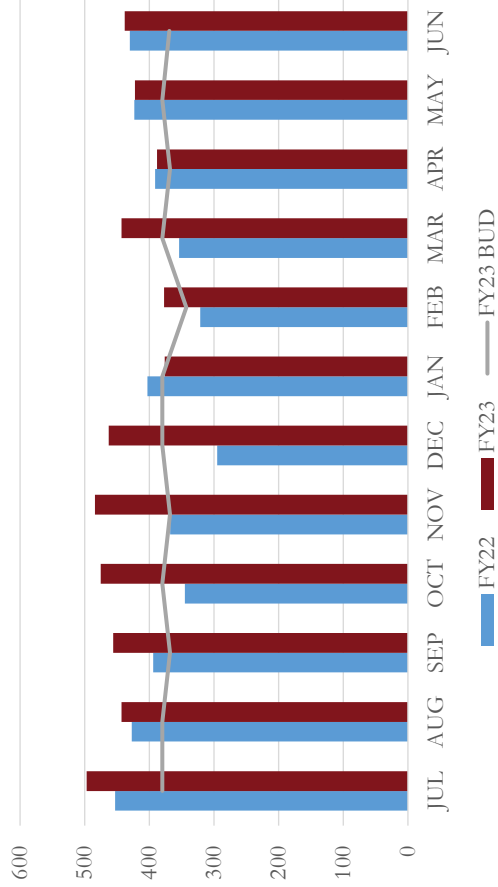
IP Days



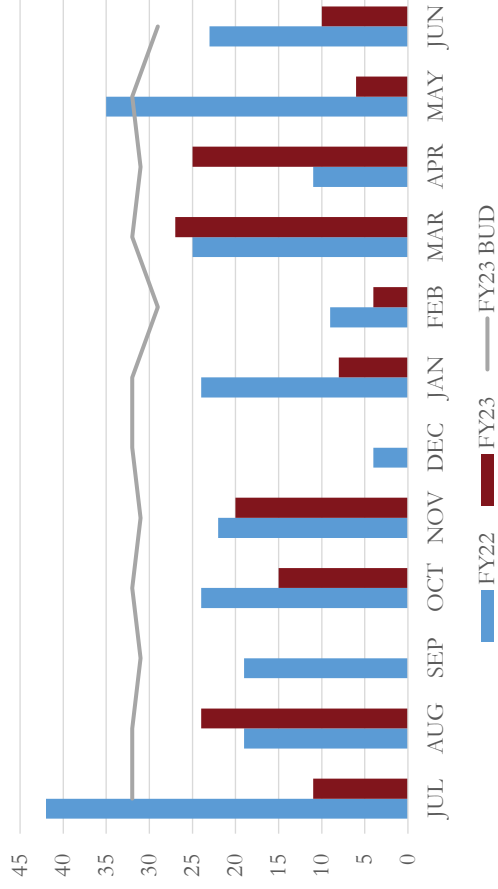
Swing Bed Days



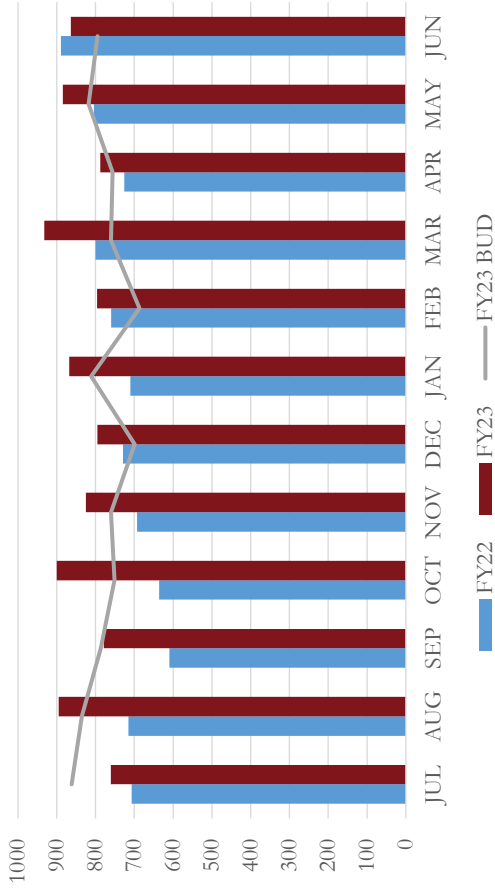
ER Visits



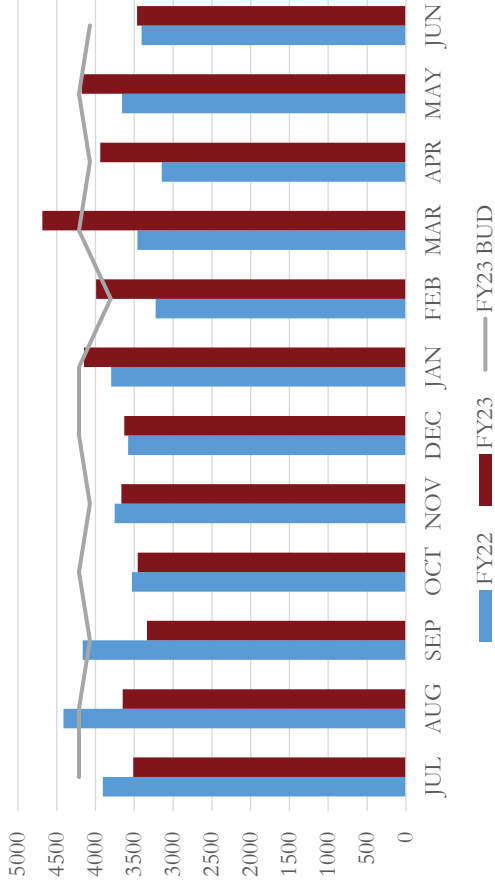
Surgery Patients



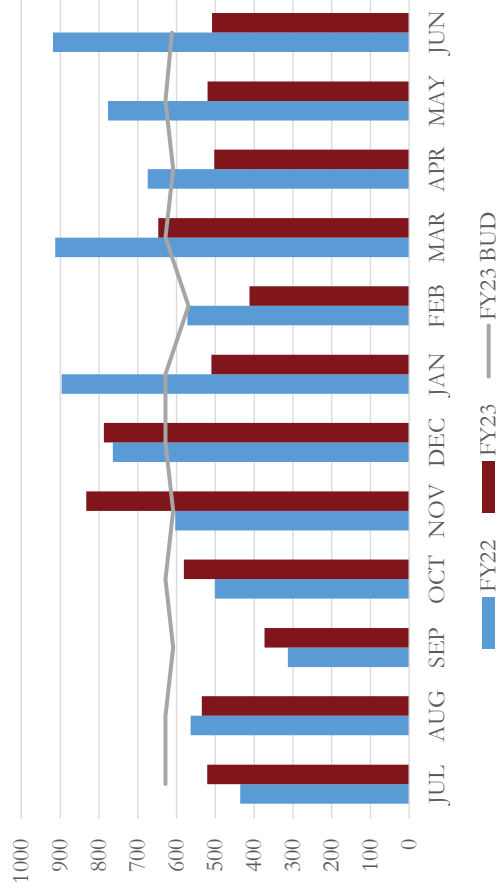
Imaging Visits



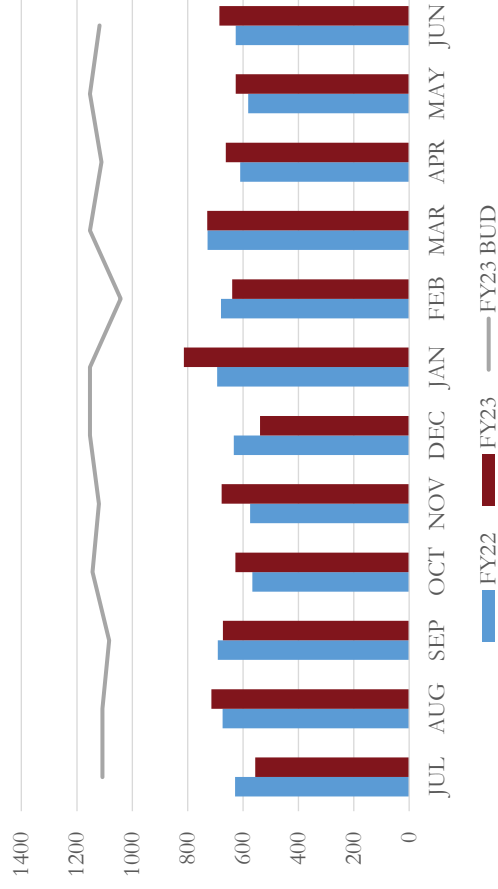
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending June 2023

	Balance as of June 2023	Balance as of June 2022	Change	Balance as of June 2021
Assets				
Current Assets				
Cash - Operating	7,581,927	6,600,542	981,385	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	1,776,534	1,452,639	323,895	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	12,775,773	14,511,971	(1,736,198)	17,451,493
Net Patient Accounts Receivable	2,813,679	3,197,844	(384,165)	2,388,691
Other Receivables	62,192	492,153	(429,960)	840,233
Inventory	260,326	163,375	96,951	239,072
Prepaid Expense	368,190	479,232	(111,043)	402,507
Total Current Assets	16,280,160	18,844,575	(2,564,416)	21,321,997
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	19,307,838	17,205,488	2,102,350	16,154,324
Less: Accumulated Depreciation	(13,854,505)	(12,886,837)	(967,668)	(11,651,955)
Construction In Progress	281,977	67,081	214,895	31,125
Net PP&E	6,196,837	4,847,259	1,349,578	4,995,021
Total Assets	22,476,997	23,691,835	(1,214,838)	26,317,018



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending June 2023

	Balance as of June 2023	Balance as of June 2022	Change	Balance as of June 2021
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,228,834	772,657	456,176	924,534
Accrued Payroll and Benefits	1,145,490	1,195,908	(50,418)	1,054,435
Interest and Other Payable	927,691	712,471	215,219	310,866
Current Portion of Long Term Debt	595,124	246,328	348,796	231,964
Medicare Accelerated Fund	-	3,041,479	(3,041,479)	6,952,217
Provider Relief Funds	1,201,335	1,201,335	-	-
Current Liabilities	5,098,474	7,170,179	(2,071,705)	9,474,016
Long-Term Debt	5,281,317	4,236,981	1,044,336	4,368,697
Less Current Portion of Long-Term Debt	(595,124)	(246,328)	(348,796)	(231,964)
Total Long-Term Debt, net	4,686,193	3,990,653	695,540	4,136,733
Total Liabilities	9,784,667	11,160,832	(1,376,165)	13,610,748
Net Assets:				
Fund Balance	12,531,002	12,706,270	(175,268)	4,533,364
Change in Net Position	161,327	(175,268)	336,595	8,172,906
Total Net Assets	12,692,330	12,531,002	161,327	12,706,270
Total Liabilities & Net Assets	22,476,997	23,691,835	(1,214,838)	26,317,018



Southern Coos Hospital & Health Center

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

Current Month - Jun-2023

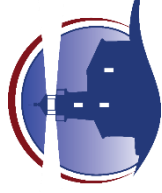
Year To Date - Jun-2023

	Jun-2023 Actual	Jun-2023 Budget	Variance	Var %	Jun-2022 Actual	Jun-2023 Actual	Jun-2023 Budget	Variance	Var %	Jun-2022 Actual
Patient Revenue										
Inpatient	716,725	1,009,545	(292,820)	(29.0%)	1,322,758	12,681,796	12,299,114	382,682	3.1%	12,129,367
Outpatient	2,622,888	2,550,884	72,004	2.8%	2,370,373	30,785,361	30,849,490	(64,130)	(0.2%)	26,389,186
Total Patient Revenue	3,339,613	3,560,429	(220,816)	(6.2%)	3,693,131	43,467,157	43,148,605	318,553	0.7%	38,518,553
Deductions From Revenue										
Total Deductions	912,345	1,197,430	285,085	23.8%	1,691,116	15,666,288	14,511,574	(1,154,713)	(8.0%)	13,223,719
<i>Revenue Deductions %</i>	<i>27.3%</i>	<i>33.6%</i>		<i>45.8%</i>	<i>45.8%</i>	<i>36.0%</i>	<i>33.6%</i>		<i>34.3%</i>	<i>34.3%</i>
Net Patient Revenue	2,427,269	2,362,999	64,269	2.7%	2,002,015	27,800,869	28,637,030	(836,161)	(2.9%)	25,294,834
Other Operating Revenue	2,602	86	2,515	2924.5%	5	138,058	1,032	137,025	13275.2%	32,780
Total Operating Revenue	2,429,870	2,363,085	66,785	2.8%	2,002,020	27,938,927	28,638,062	(699,135)	(2.4%)	25,327,614
Operating Expenses										
Salaries & Wages	1,062,583	1,258,506	195,923	15.6%	960,435	12,848,107	14,399,991	1,551,884	10.8%	11,740,705
Contract Labor	299,433	88,213	(211,220)	(239.4%)	167,066	2,675,830	1,242,551	(1,433,279)	(115.3%)	2,210,702
Benefits	298,364	287,920	(10,444)	(3.6%)	244,556	3,289,385	3,343,482	54,097	1.6%	2,923,454
Total Labor Expenses	1,660,380	1,634,639	(25,741)	(1.6%)	1,372,057	18,813,322	18,986,024	172,702	0.9%	16,874,860
Professional Fees	220,118	181,378	(38,740)	(21.4%)	228,251	2,919,584	2,176,539	(743,045)	(34.1%)	2,599,285
Purchased Services	256,460	234,771	(21,689)	(9.2%)	99,242	2,760,981	2,817,853	56,872	2.0%	2,686,332
Drugs & Pharmaceuticals	(43,674)	59,897	103,571	172.9%	130,656	493,469	729,242	235,773	32.3%	727,493
Medical Supplies	21,424	18,472	(2,952)	(16.0%)	30,929	280,117	226,744	(53,373)	(23.5%)	189,146
Other Supplies	83,627	107,903	24,276	22.5%	101,515	1,099,036	1,295,006	195,970	15.1%	1,069,719
Lease and Rental	-	49,414	49,414	100.0%	(109,489)	164,152	592,969	428,817	72.3%	189,130
Maintenance & Repairs	16,725	17,701	977	5.5%	14,046	224,575	212,424	(12,151)	(5.7%)	177,687
Other Expenses	136,092	52,528	(83,564)	(159.1%)	51,794	805,844	627,055	(178,790)	(28.5%)	529,072
Utilities	27,031	22,037	(4,993)	(22.7%)	29,557	308,470	264,445	(44,025)	(16.6%)	269,160
Insurance	69,103	26,492	(42,611)	(160.8%)	21,176	305,301	317,902	12,601	4.0%	206,816
Interest	12,952	-	(12,952)	0.0%	25,902	89,697	-	(89,697)	0.0%	25,902
Depreciation & Amortization	103,106	64,851	(38,256)	(59.0%)	346,746	967,668	726,450	(241,219)	(33.2%)	934,740
Total Operating Expenses	2,563,343	2,470,084	(93,259)	(3.8%)	2,342,380	29,232,216	28,972,653	(259,563)	(0.9%)	26,479,341
Operating Income / (Loss)	(133,473)	(106,998)	(26,474)	24.7%	(340,360)	(1,293,289)	(334,590)	(958,699)	286.5%	(1,151,727)
Non-Operating										
Property Taxes	89,427	86,432	2,994	3.5%	85,155	1,073,121	1,033,355	39,766	3.8%	1,018,165
Non-Operating Revenue	38,423	21,309	17,114	80.3%	5,738	185,885	255,918	(70,033)	(27.4%)	91,132
Interest Expense	(14,784)	(14,394)	(389)	2.7%	(15,135)	(179,797)	(175,012)	(4,786)	2.7%	(185,559)
Investment Income	37,699	4,541	33,158	730.3%	8,332	325,408	54,379	271,029	498.4%	59,804
Gain(Loss) on Sale of Assets	-	(888)	888	(100.0%)	-	-	(10,657)	10,657	(100.0%)	-
Total Non-Operating	150,765	96,999	53,766	55.4%	84,089	1,404,616	1,157,983	246,633	21.3%	983,543
Change in Net Position	17,292	(9,999)	27,291	(272.9%)	(256,271)	111,327	823,393	(712,066)	(86.5%)	(168,185)



Southern Coos Hospital & Health Center

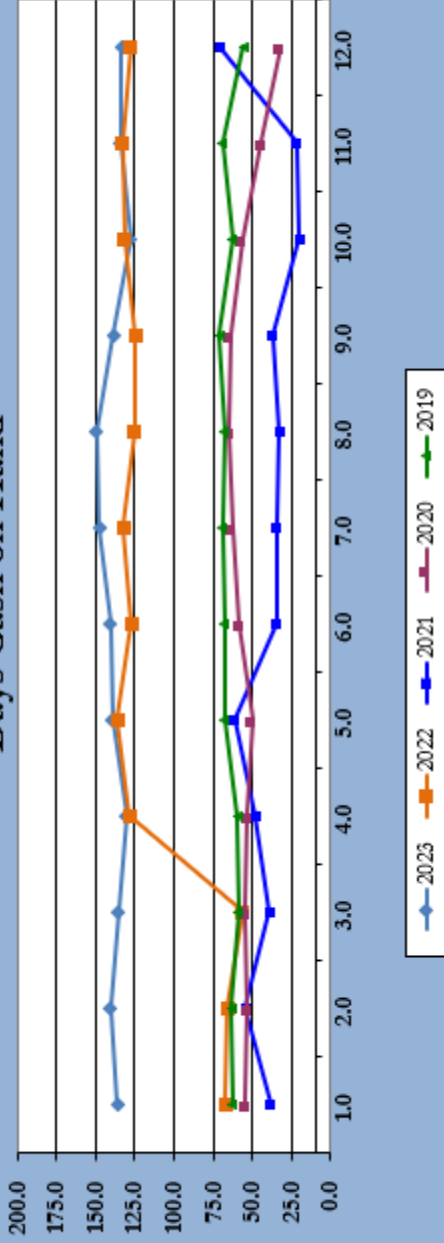
Income Statement
For The Period Ending June 2023
Comparison to Prior Months



	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023
Patient Revenue						
Inpatient	948,973	972,522	1,207,247	1,059,282	930,031	716,725
Outpatient	2,611,992	2,294,339	2,864,509	2,203,623	2,697,349	2,622,888
Other Patient Revenue	0	0	0	0	0	0
Total Patient Revenue	3,560,966	3,266,860	4,071,756	3,262,905	3,627,380	3,339,613
Deductions From Revenue						
Charity Services	8,392	16,445	12,236	31,130	13,282	17,127
Contractual Allowances	1,270,135	911,488	1,510,225	845,438	1,174,490	835,800
Other Discounts	130,136	168,337	171,461	133,715	108,031	73,668
Bad Debt	(6,240)	(7,730)	(12,165)	(15,545)	(11,848)	(14,250)
Total Deductions	1,402,423	1,088,540	1,681,757	994,738	1,283,955	912,345
Net Patient Revenue	2,158,543	2,178,320	2,389,999	2,268,167	2,343,425	2,427,269
Other Operating Revenue	135,266	15	20	20	30	2,602
Total Operating Revenue	2,293,809	2,178,335	2,390,019	2,268,187	2,343,455	2,429,870
Operating Expenses						
Salaries & Wages	1,127,972	1,018,773	1,057,860	970,914	1,060,706	1,062,583
Benefits	308,927	282,029	211,930	306,730	307,709	298,364
Contract Labor	162,442	269,339	303,537	292,771	342,212	299,433
Professional Fees	236,918	298,568	228,924	223,611	237,823	220,118
Purchased Supplies	204,958	246,809	237,821	270,586	188,932	256,460
Medical Supplies	19,781	19,330	22,462	33,478	23,619	21,424
Drugs & Pharmaceuticals	43,791	55,956	56,672	46,573	51,603	(43,674)
Other Supplies	89,385	72,688	92,776	83,905	96,111	83,627
Depreciation & Amortization	76,085	76,272	83,545	84,554	83,150	103,106
Lease and Rental	27,115	23,201	(26,293)	5,860	1,048	0
Maintenance & Repairs	21,795	21,629	17,387	30,385	18,155	16,725
Utilities	22,809	21,177	28,914	28,406	26,595	27,031
Insurance	22,719	21,824	21,629	21,213	21,213	69,103
Interest	7,034	6,922	8,575	7,601	8,840	12,952
Other Expenses	44,870	82,916	67,445	67,162	76,674	136,092
Total Operating Expenses	2,416,600	2,517,433	2,413,183	2,473,750	2,544,388	2,563,343
Excess of Revenue Over Expenses from Operations	(122,791)	(339,098)	(23,164)	(205,563)	(200,933)	(133,473)
Non-Operating						
Unrestricted Contributions	89,427	89,427	89,427	89,427	89,427	89,427
Other Non-Operating Revenue\Expense	29,149	6,889	9,000	48,382	23,280	38,423
Investment Income	32,086	32,186	35,811	34,857	37,326	37,699
Total Non-Operating	150,661	128,501	134,238	172,666	150,032	165,549
Interest Expense	(14,788)	(14,784)	(14,784)	(14,784)	(14,784)	(14,784)
Excess of Revenue Over Expenses	13,083	(225,380)	96,290	(47,681)	(65,685)	17,292



June 2023 Days Cash on Hand



Calculation:

Total Unrestricted Cash on Hand

Definition:

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

Desired Position:

Upward trend, above the median

Year	Average
2023	137.8
2022	113.0
2021	41.2
2020	54.0
2019	64.7

Benchmark

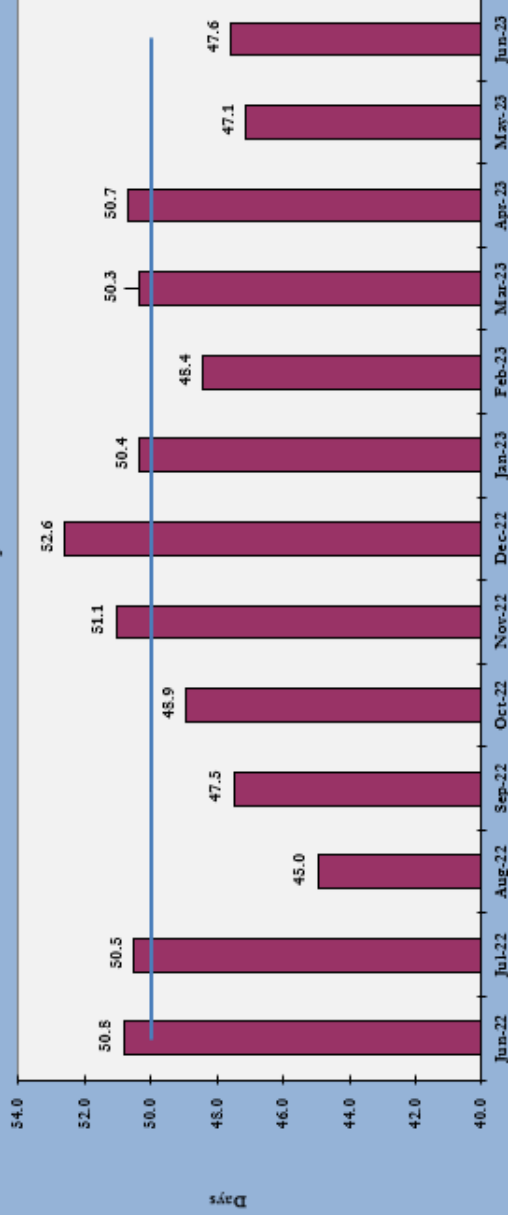
80 Days

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	133.3
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

June 30, 2023 - Days in A/R



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.

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.

Benchmark 50

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
A/R (Gross)	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	5,350,234
Days in AR	50.3	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6
...													
A/R (Gross)	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	5,350,234
Days in Month	30	31	31	30	31	30	31	31	28	31	30	31	30
Monthly Revenue	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	3,339,613
3 Mo Avg Daily Revenue	112,123	117,143	119,932	115,748	120,289	122,264	127,053	122,287	118,877	121,106	119,118	119,153	112,416
Days in AR	50.8	50.5	45.0	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6



**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL 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	\$ -	\$ -	
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 Biopsy 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	\$ -	10/31/2022
Modular Knee Positioner	Surgery	\$ -	\$ 11,242	\$ -	10/31/2022
Laboratory Refrigerator	Laboratory	\$ -	\$ 11,494	\$ -	5/31/2023
OR Tourniquets	Surgery	\$ -	\$ 10,575	\$ -	4/30/2023
OR Universal Driver	Surgery	\$ -	\$ 7,641	\$ -	6/30/2023
Seimens / Orchard Interface	Laboratory	\$ -	\$ 8,500	\$ -	
		\$ 101,400	\$ 143,820	\$ -	



SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL 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	
Two Bin Implementation	Material Management	\$ 100,000.00	\$ -	\$ 100,000.00	
Cardiac Monitors	MedSurge	\$ 230,000.00	\$ 235,465.18	\$ -	
Butterfly Ultrasound	MedSurge	\$ 18,000.00	\$ -	\$ 18,000.00	
IV Pumps	MedSurge	\$ 16,200.00	\$ 12,800.00	\$ -	1/31/2023
Generator 10 / 8 (Cautery)	Surgery	\$ 40,000.00	\$ 32,973.31	\$ -	2/28/2023
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
Scope Reprocessor (System 1E)	Surgery-Endo	\$ 48,000.00	\$ 23,421.86	\$ 24,578.14	4/30/2023
Point of Sale System (Bpoz)	Dietary	\$ -	\$ 22,057.27	\$ -	6/30/2023
Not in Budget (>\$15,000)					
Equipment Upgrade 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	\$ -	10/31/2022
Anesthesia Machine	Surgery	\$ -	\$ 62,983.87	\$ -	2/28/2023
Grand Total		\$ 818,600	\$ 581,638	\$ 236,962	

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	\$ -	
			\$ -	\$ 91,663	\$ -	



Clinic Provider Income Summary

All Providers

For The Budget Year 2023

	Current Budget YTD												YTD	Variance							
	Provider Productivity Metrics																				
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD			ACT	BUD	ACT	BUD			
Clinic Days	55	78	67	78	61	75	63	82	83	79	83	78	78	67	83	78	78	838	955	(117)	
Total Visits	420	910	508	910	474	892	460	946	955	928	955	919	929	456	955	929	929	5024	11,117	(5,493)	
Visits/Day	7.6	11.7	7.6	11.7	7.8	11.9	7.4	11.5	11.5	11.7	11.5	11.5	11.5	6.5	11.5	11.5	11.5	6.7	11.6	(4.9)	
Total RVU	922.40	1,773.20	1,089.03	1,773.20	1,003.54	1,735.00	896.78	1,840.40	1,038.87	1,802.20	1,272.81	1,857.20	1,004.01	1,785.40	864.31	1,857.20	1,004.01	1,605.20	21,616.80	(10,011.60)	
RVU/Visit	2.20	1.95	2.14	1.95	2.12	1.95	1.435	22.44	1.95	1.94	2.13	1.94	2.04	2.12	1.98	1.94	1.96	2.06	1.94	0.12	
RVU/Clinic Day	16.77	22.73	16.25	22.73	16.59	23.13	14.35	22.44	13.40	22.81	15.52	22.38	13.57	22.89	12.90	22.38	13.57	22.89	22.64	(8.79)	
Gross Revenue/Visit	363.05	334.33	370.58	334.33	450.68	334.68	365.51	337.07	225.31	337.46	355.51	337.72	367.28	336.78	458.03	337.72	367.28	367.27	336.66	30.61	
Gross Revenue/RVU	165.31	171.58	172.86	171.58	212.87	172.06	186.46	173.26	110.82	173.77	275.03	173.66	169.46	173.66	351.61	173.66	169.46	173.66	173.13	4.85	
Net Rev/RVU	71.52	75.68	74.54	72.37	91.07	72.55	79.80	72.98	48.99	73.17	118.98	73.13	72.46	73.13	81.85	73.12	73.22	73.13	76.91	3.97	
Expense/RVU	121.72	75.68	102.89	75.68	99.93	76.15	144.86	73.52	124.78	73.18	217.02	72.46	132.89	73.95	143.24	76.57	74.31	74.22	135.48	60.86	
Diff	(50.19)	(3.31)	(28.35)	(3.31)	(8.86)	(3.60)	(65.06)	(0.53)	(75.79)	(0.01)	(98.05)	(0.67)	(60.43)	(0.81)	(61.40)	(3.45)	(49.30)	(1.08)	(58.54)	(1.65)	
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	1,656.39	991.95	1,632.37	870.35	1,636.39	1,651.02	(585.92)	
Expense/Day	2,041.30	1,720.46	1,672.43	1,720.46	1,657.58	1,761.55	2,078.45	1,650.01	1,672.65	1,669.49	2,414.46	1,621.46	2,062.76	1,654.59	1,736.04	1,709.34	1,456.36	1,662.76	1,688.40	(187.46)	
Diff	(841.80)	(75.28)	(460.87)	(75.28)	(146.94)	(83.25)	(933.50)	(11.95)	(1,015.96)	(0.26)	(1,090.89)	(14.93)	(937.99)	(18.20)	(744.09)	(76.97)	(586.01)	(26.37)	(37.38)	(773.37)	
Net Patient Revenue																					
Outpatient																					
Total Patient Revenue	152,481	304,240	188,252	304,240	215,623	298,533	167,213	318,867	115,131	313,160	171,363	322,524	144,871	309,513	193,700	322,524	160,127	313,240	2,065,507	(1,677,068)	
Deductions From Revenue																					
Outpatient																					
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	94,256	186,704	114,991	186,704	89,710	181,306	1,172,953	(925,918)	
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	50,615	122,804	78,709	135,820	50,417	121,934	892,554	(684,170)	
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	50,615	122,804	78,709	135,820	50,417	121,934	892,554	(684,170)	
Operating Expenses																					
Salaries & Wages	63,001	73,372	63,504	73,372	55,298	71,383	82,768	73,372	79,193	71,005	92,659	73,586	74,449	85,472	83,873	74,449	97,589	72,047	961,434	91,040	
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	9,642	9,644	10,330	7,720	10,305	9,756	112,826	(2,282)	
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	9,121	0	9,002	17,945	(90,673)	
Medical Supplies	2,313	0	0	0	0	0	285	0	285	0	0	0	0	0	285	0	2,998	0	6,451	6,451	
Other Supplies	0	853	33	853	12	853	0	853	731	853	452	853	67	853	67	853	45	853	1,705	(8,326)	
Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	3,667	(1,167)	2,785	2,785	12,350	2,785	61,013	27,592	
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	36,523	40,127	43,163	39,538	40,563	39,531	416,592	(64,060)	
Total Operating Expenses	112,271	134,196	112,053	134,196	100,284	132,116	129,903	135,301	129,631	131,890	135,221	134,582	128,407	128,201	130,323	137,835	165,019	133,974	1,571,965	(40,460)	
Excess of Operating Rev Over Exp	(46,299)	(5,872)	(30,879)	(5,872)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(61,090)	1,239	(55,063)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(643,710)	
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
Excess of Revenue Over Expenses	(46,299)	(5,872)	(30,879)	(5,872)	(8,890)	(6,244)	(58,344)	(980)	(78,737)	(20)	(61,090)	1,239	(55,063)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(643,710)	

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





Clinic Provider Income Summary

All Providers For The Budget Year 2023

	Current Budget YTD						FY23 Budget	Variance
	ACT APR	BUD APR	ACT MAY	BUD MAY	ACT JUN	BUD JUN		
Provider Productivity Metrics								
Clinic Days	74	78	67	83	79	78	838	955 (117)
Total Visits	473	919	436	955	509	929	5624	11,117 (5,493)
Visits/Day	6.4	11.8	6.5	11.5	6.5	11.9	6.7	11.6 (4.9)
Total RVU	1,004.01	1,785.40	864.31	1,857.20	995.10	1,804.20	11,605.20	21,616.80 (10,011.60)
RVU/Visit	2.12	1.94	1.98	1.94	1.96	1.94	2.06	1.94 0.12
RVU/Clinic Day	13.57	22.89	12.90	22.38	12.68	23.13	13.85	22.64 (8.79)
Gross Revenue/Visit	306.28	336.78	458.03	337.72	314.59	337.18	367.27	336.66 30.61
Gross Revenue/RVU	144.29	173.35	231.05	173.66	160.92	173.62	177.98	173.13 4.85
Net Rev/RVU	63.30	73.02	98.01	73.13	70.76	73.13	76.91	72.94 3.97
Expense/RVU	136.56	75.36	151.01	74.22	165.83	74.26	135.45	74.59 60.86
Diff	(73.26)	(2.34)	(53.01)	(1.08)	(95.07)	(1.13)	(58.54)	(1.65) (56.89)
Net Rev/Day	858.90	1,671.41	1,264.31	1,636.39	897.03	1,691.47	1,065.10	1,651.02 (585.92)
Expense/Day	1,852.87	1,725.06	1,948.10	1,660.66	2,102.16	1,717.61	1,875.85	1,688.40 187.45
Diff	(993.97)	(53.65)	(683.79)	(24.27)	(1,205.13)	(26.15)	(810.75)	(37.38) (773.37)
Patient Revenue								
Outpatient								
Total Patient Revenue	144,871	309,503	199,700	322,524	160,127	313,240	2,065,507	3,742,595 (1,677,088)
Deductions From Revenue (Note A)								
Total Deductions From Revenue (Note A)	81,312	179,133	114,991	186,704	89,710	181,306	1,172,953	2,165,871 (992,918)
Net Patient Revenue	63,559	130,370	84,709	135,820	70,417	131,934	892,554	1,576,724 (684,170)
Total Operating Revenue	63,559	130,370	84,709	135,820	70,417	131,934	892,554	1,576,724 (684,170)
Operating Expenses								
Salaries & Wages	85,472	72,047	83,873	74,449	97,589	72,047	961,434	870,395 91,040
Benefits	9,644	10,330	7,720	10,505	11,474	9,756	112,826	115,108 (2,282)
Purchased Services	0	9,002	0	9,121	0	9,002	17,945	108,619 (90,673)
Medical Supplies	0	0	285	0	2,998	0	6,451	0 6,451
Other Supplies	0	853	585	853	45	853	1,705	10,231 (8,526)
Maintenance and Repairs	0	0	0	0	0	0	0	0 0
Other Expenses	(1,167)	2,785	833	2,785	12,350	2,785	61,013	33,421 27,592
Allocation Expense	43,163	39,538	37,227	40,122	40,563	39,531	410,592	474,652 (64,060)
Total Operating Expenses	137,112	134,555	130,523	137,835	165,019	133,974	1,571,965	1,612,425 (40,460)
Excess of Operating Rev Over Exp	(73,554)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(35,701) (643,710)
Total Non-Operating Income	0	0	0	0	0	0	0	0 0
Excess of Revenue Over Expenses	(73,554)	(4,185)	(45,814)	(2,015)	(94,602)	(2,039)	(679,411)	(35,701) (643,710)

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

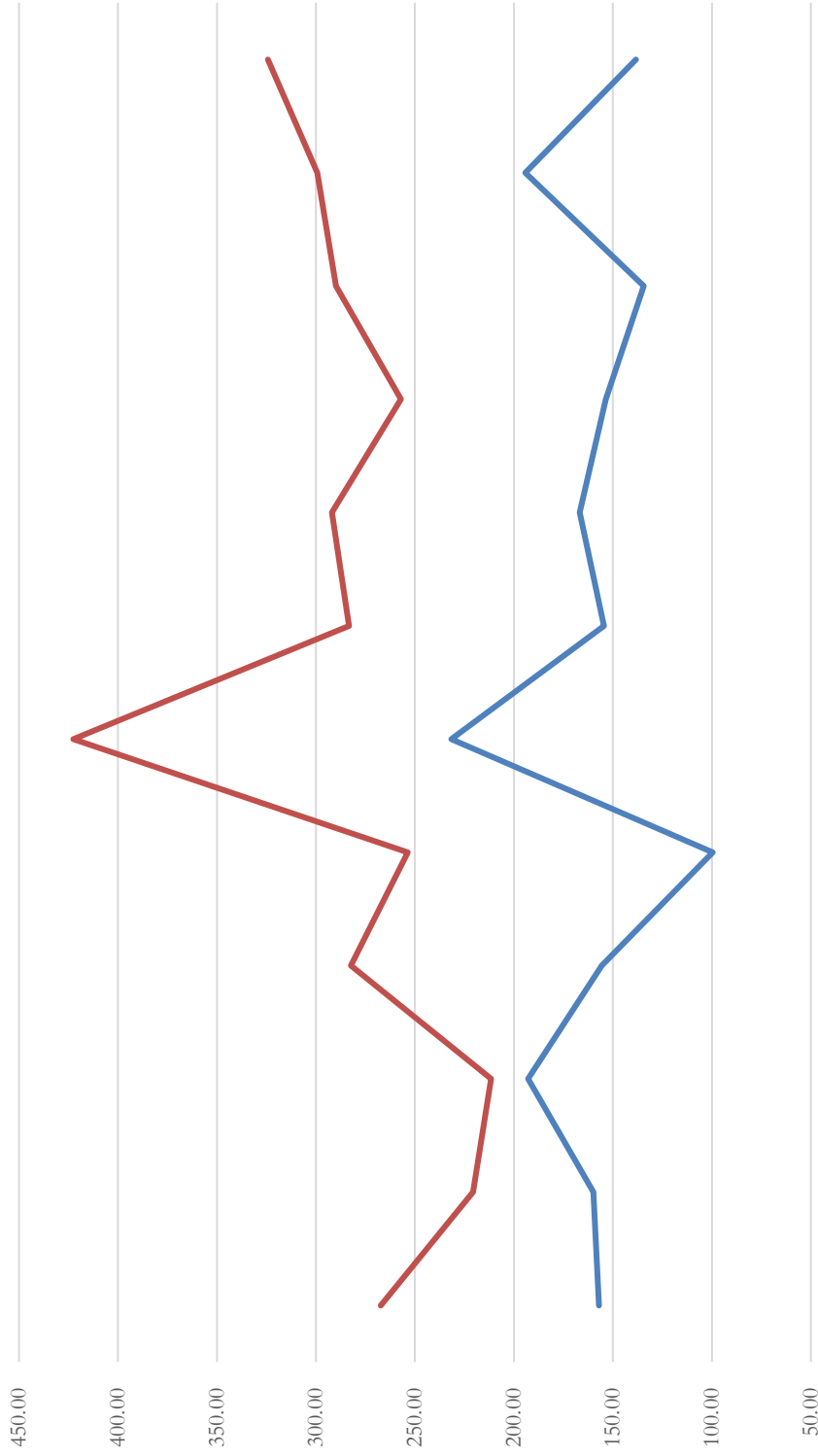
Southern Coos Hospital & Health Center

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

	Current Month - Jun-2023		Year To Date - Jun-2023	
	Hospital Actual	Clinic Providers Actual	Hospital Actual	Clinic Providers Actual
Patient Revenue				
Inpatient	716,725	-	12,681,796	-
Outpatient	2,462,761	160,127	28,719,854	2,065,507
Total Patient Revenue	3,179,486	160,127	41,401,650	2,065,507
				43,467,157
Deductions From Revenue				
Total Deductions	822,635	89,710	14,493,335	1,172,953
<i>Revenue Deductions %</i>	25.9%	56.0%	35.0%	56.8%
Net Patient Revenue	2,356,852	70,417	26,908,315	892,554
				27,800,869
Other Operating Revenue	2,602	-	138,058	-
Total Operating Revenue	2,359,453	70,417	27,046,373	892,554
				138,058
				27,938,927
Operating Expenses				
Total Labor Expenses	1,551,316	109,063	17,739,062	1,074,260
Total Other Operating Expenses	847,007	55,956	9,921,189	497,706
Total Operating Expenses	2,398,323	165,019	27,660,251	1,571,965
				29,232,216
Operating Income / (Loss)	(38,870)	(94,602)	(613,878)	(679,411)
				(1,293,289)
Net Non-Operating Revenues	150,765	0	1,404,616	0
Change in Net Position	111,895	(94,602)	790,738	(679,411)
				111,327
Collection Rate %	74.1%	44.0%	65.0%	43.2%
Compensation Ratio %	65.7%	154.9%	65.6%	120.4%
OP EBIDA Margin \$	64,236	(94,602)	353,790	(679,411)
OP EBIDA Margin %	2.7%	(134.3%)	1.3%	(76.1%)
Total Margin (%)	4.7%	(134.3%)	2.9%	(76.1%)
				0.4%
				64.0%
				67.3%
				(325,621)
				(1.2%)
				0.4%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Net Rev/Visit	157.08	159.79	192.81	155.56	99.60	231.66	154.49	166.83	153.59	134.37	194.29	138.34
Expenses/Visit	267.31	220.58	211.57	282.40	253.68	422.57	283.33	291.97	257.00	289.88	299.36	324.20





**SOUTHERN COOS
HOSPITAL
& HEALTH CENTER**

Southern Coos Health District

Board of Directors Regular Meeting Calendar FY 2023-2024

2023	2024
<p><u>July</u> Board Meeting 7/27</p>	<p><i>scheduled the 3rd Thursday due to winter holidays.</i></p>
<p><u>August</u> Board Meeting 8/24</p>	<p><u>January</u> Board Meeting 1/25</p>
<p><u>September</u> Board Meeting 9/28</p>	<p><u>February</u> Board Meeting 2/22</p>
<p><u>October</u> Board Meeting 10/26</p>	<p><u>March</u> Board Meeting 3/28</p>
<p><u>November</u> Board Meeting 11/16* *Holiday falls on Thurs 11/23</p>	<p><u>April</u> Board Meeting 4/25</p>
<p><u>December</u> Board Meeting 12/21* *Holiday Monday 12/25</p>	<p><u>May</u> Board Meeting 5/23</p>
	<p><u>June</u> Board Meeting & Budget Hearing 6/27</p>
<p><i>* Regular meetings are held the 4th Thursday of each month except November and December when</i></p>	