

### **Board of Directors Regular Meeting**

### October 26, 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.

1.	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. Reports from Executive Session	
	a. Quality & Patient Safety Report	
	b. Risk & Compliance Report	
	c. Medical Staff Physician Credentialing & Privileging Report	
	4. Motion to Approve or Not Approve Reports from Executive Session	on (action)
	5. Public Input	
III.	Consent Agenda	
	1. Meeting Minutes	
	a. Regular Meeting–09/28/23	1
	b. Executive Session–09/28/23 (provided in Executive Session)	
	c. Special Meeting-10/09/23	9
	2. Monthly Counsel Invoice – None	
	3. Motion to Approve or Not Approve Consent Agenda	(action)
IV.	Staff Reports	
	1. CEO Report	10
	2. Multi-Specialty Clinic Report	12
	3. CNO Report	
	4. CFO Report	20
	5. CIO Report	
	6. SCHD Foundation Report	23
	7. Strategic Plan Report (under separate cover)	
V.	Monthly Financial Statements: Review	
	1. Month End Narrative	24
	2 Month End Statements for Period Ending September 30, 2023	25



- VI. Old Business
  - 1. None
- VII. New Business
  - 1. Moss-Adams Fiscal Year End 2023 Report Tony Andrade (under separate cover)

  - Consideration to move November Regular Meeting from November 16 to November 30
     Motions to Approve or Not Approve Above New Business (action)
- Open Discussion & Adjournment VIII.

### Southern Coos Health District Board of Directors Meeting Open Session Minutes September 28, 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 6:34 p.m.
  - 1. Roll Call Quorum established; one member absent: Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Treasurer; Tom Bedell, and Pam Hansen, Directors. Administration: Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; Carrie Okey, HR Director; Philip Keizer, MD, Chief of Staff. Others present: Brian Kunkle, President, Healthcare Collaborative Group; Madelaine Yue, Experis Health Solutions. Press: None.

#### 2. Agenda Additions or Corrections

No changes to the agenda.

Mary Schamehorn **moved to approve** the agenda as presented. Tom Bedell **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 Physician Credentialing & Privileging Report presented in Executive Session by Dr. PJ Keizer, MD, Chief of Staff.
    - i. 2-Year Privileges New

Brook Wager, MD - Emergency Medicine Kelly Lueck, NP - Emergency Medicine Michael Ivanitsky, MD - Orthopedic Surgery Amy Hinshaw, FNP - Family Medicine

### ii. <u>2-Year Privileges – Reappointments</u>

None

#### iii. Medical Staff Status Change

John Bateman, MD – Privileges to lapse 09.30.23 Richard Foutch, DO – Privileges to lapse 09.30.23 Douglas Crane, MD – Additional Physician Privileges

SCHD Board of Directors Meeting – Open Session Minutes
Page 1 of 8 September 28, 2023

# iv. <u>Direct Radiology Appointments & Reappointments – After Hours Reading Radiology</u>

None.

Mary Schamehorn **moved to accept** the Quality & Patient Safety Report, the Risk & Compliance Report, Medical Staff Credentialing and Privileging Report as presented in Executive Session. Pam Hansen **seconded** the motion. **All in favor. Motion passed.** 

#### 4. Public Input

None.

#### III. Consent Agenda

#### 1. Meeting Minutes

- a. Regular Meeting–08/24/23
- b. Executive Session–08/24/23 (provided in Executive Session)
- c. Special Meeting-09/21/23
- **2. Monthly Counsel Invoice Robert S. Miller III** August 2023 Invoice #1366 in the amount of \$625.

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

#### IV. Staff Reports

#### 1. CEO Report

Raymond Hino, CEO, presented a summary of his monthly report. Covid-19 & Infection Prevention: Due to the recent uptick in Covid infections following rescinding of State mask mandates, we are requiring staff to mask when in close contact with other employees and patients. We also require employees that are living with a COVID-19 positive individual to mask at work. The patient care trailer, equipped with a negative pressure room, ordered with COVID funds, and pick-up truck to pull the trailer, are due to arrive by end of month. The annual Drive Through Flu Vaccination Clinic this year will include an option for COVID vaccination. DNV **Survey:** On September 11 we received notification that our Plan of Corrective Action, submitted last month, has been approved. The next action required is to submit a report of objective evidence of correction for our 5 non-conformities no later than December 11. Congratulations to the Quality team and all staff for this achievement. Surgery Services: We look forward to working with Dr. Michael Ivanitsky, a longtime local orthopedic surgeon, hopefully to begin in October. This month we are pleased to present to the board an additional service opportunity to offer the specialty service of hand and plastic surgery, included in more detail later on the agenda. **Emergency Physician Services:** Southern Coos continues to staff our emergency department by direct contracting with ER physicians and experienced Nurse

SCHD Board of Directors Meeting – Open Session Minutes
Page 2 of 8 September 28, 2023

Practitioners as allowed by Oregon state law and Southern Coos bylaws. Scheduling is going well with a pool of local contracted physicians and a locums firm to fill in any gaps that may occur. **Meetings with Other Healthcare Administrators:** Mr. Hino met with Eddie Larsen, the new CEO at Coast Community Health Center, and is looking forward to working together to serve the community. Thank you to board member Norbert Johnson for the introduction to John Reeves III, the new Director for the Confederated Tribes of Coos County's new Health Clinic in Coos Bay. Mr. Reeves recently toured Southern Coos and expressed interest in referring patients to our facility. **Leadership Academy:** The first year of the management training program went very well. We will continue the monthly training without an outside vendor. **Discussion:** Dr. Ivanitsky is able to begin performing cases without any special requirements, but a new table will be needed to perform anterior hip replacements at an estimated cost of \$8,000. The Southern Coos Health Foundation may be able to assist. Post surgical pain management is available with our existing Pain Management program led by CRNA, Victoria Schmelzer.

At this time Mr. Bischoff suggested moving forward with a new business topic as a courtesy to the vendor attending remotely. See below, New Business item #3. Healthcare Collaborative Group-Facility Master Plan Presentation - Brian Kunkle, President.

#### 2. Clinic Report

Dawn Gray, Clinic Manager, presented the Clinic Report. August registrations increased by 12% over prior month despite one physician being out of office for 2 weeks. Primary care providers increased average daily patient visits 8.4. Webster, visiting ENT/Dermatology, saw 20 patients. The year-to-date loss remains below budgeted projection but with departure of our FNP Vincent Tyson, our visits will be down in September. The Chronic Care Management (CCM) program was successfully initiated in August. The program coordinator position is now open and we are recruiting to ensure uninterrupted CCM services. Thank you to Kirsten Aasen for her excellent work to bring this program forward. Advanced Health required Timeliness of Care metrics reported quarterly were reviewed and an update on PCPCH quality measures tracked with improvements in our measures, requiring manual tracking due to the current EMR not being capable. **Discussion:** Visiting dermatologist Dr. Webster can see 20 patients a day as an independent physician who does not use our EMR. Same day, acute care visits have been available, thank you to Dr. Preslar and Dr. Wong. Amy Hinshaw, FNP, will start next and will soon see patients. Each provider has 2 same-day appointment slots on their schedule. OHSU has received our application with tier 3 PCPCH attestation completed today by Ms. Gray, providing increased reimbursement for our Medicaid patients, will help with our mandatory reporting. Tier 3 will increase our revenue by \$8-9K per month. Thank you Sharon Bischoff, Barbara Snyder, Scott McEachern and the team for their assistance on this project. Clinic EMR optimization efforts have been ongoing but have not improved to substantially improve productivity as desired.

#### 3. CNO Report

Cori Valet, CNO, provided a summary of hospital clinical operations for the month of August including current staffing report and clinical department full time employee

SCHD Board of Directors Meeting – Open Session Minutes
Page 3 of 8 September 28, 2023

statistics. One per diem nurse transitioned to full time. In response to a request from last meeting, we are currently utilizing 5 agency nurses while Lower Umpqua is using 2 currently. We are excited to have welcomed Colleen Lorenz, our new Surgical Services manager, with 32 years of nursing experience and 19 in surgical leadership roles. Colleen is doing great work in less than one month in competency training and other preparation to begin work with Dr. Ivanitsky. Respiratory Therapy has been stressed with one vacancy. The New Chemistry analyzer is fully installed and 89% of testing performed in August was completed in-house at SCHHC. The new BD Pyxis medication management system project planning is in progress with "go-live" in December. Surgical Services had the highest month on record with pain procedures. The operating room light installation is complete; we are looking forward to offering orthopedic surgical cases and other potential surgical services soon. The Emergency Department participated in a pediatric trauma simulation training opportunity with REACH Air, simulating a beach accident in Langlois with live video review by observers including transfer to higher level of care and full debrief also available for ongoing training. This was funded by a grant from the Oregon Office of Rural Health. ED volume is trending higher than prior year with increased hospital admissions. **Discussion:** There has been an increase in Covid cases through the Emergency Department.

#### 4. CFO Report

Jeremiah Dodrill, CFO, provided a summary of Finance Department operations for the month of August. The finance team, Moss Adams fiscal year 2023 audit field work is complete and CLA (Clifton Larsen Allen, CPAs) is finalizing the Medicare Cost Report that will drive net revenue adjustment. The annual fiscal year audit will be presented to the board in October. Government Accounting Standards have changed recently regarding how Subscription-Based Information Technology Arrangements (SBITAs) are accounted; the finance team is working closely with the audit firm to evaluate these to ensure proper implementation. SCHHC has contracted with the Healthcare Collaborative Group to help create a Master Facility Plan. Joe Kunkel, President, was included in the agenda for this meeting, presenting an outline of the project plan, noted in these minutes under New Business. **Discussion:** Mr. Kunkel represents a limited consulting role with his experience with rural markets in the Pacific Northwest.

#### 5. CIO Report

Scott McEachern, CIO, reviewed reports from prior month on Information Systems, Health Information Management, and Marketing. Information Systems: Cyber Security will continue to be a priority with stats indicating an increase in impersonation attacks in August. We are seeing continued improvement with patch management. EMR/ERP Selection Process (Electronic Medical Record/Enterprise/Enterprise Resource Planning): A special public meeting was held on September 21 with members from the consulting firm, Experis, who provided an overview of the process used to identify the current system recommendations and cost of ownership. In follow-up to that meeting the Health District Foundation and other philanthropy have been added to the financing model in addition to the existing grant opportunity. Madelaine Yue from the consulting firm, Experis Health Solutions, provided further clarification on decommission cost estimates still being assessed. Decommissioning is the

SCHD Board of Directors Meeting – Open Session Minutes
Page 4 of 8 September 28, 2023

retiring an EMR system and removal of all associated data from the network. This includes patient, financial and clinical data. The three-year-term for contract renewal with CPSI is February 2024. CPSI loss of market share, related anticipated rate increases, potential acquisition and related product support issues were discussed. Another special meeting will be held to include proposed project financing/funding, revenue cycle and operational assessment, and review of growth initiatives to all be considered before a final decision can be made; date to be announced.

#### 6. SCHD Foundation Report

Mr. McEachern, SCH Foundation Executive Director, provided the monthly Foundation Report. The annual Golf for Health Classic, was held in September with the sponsor event party at Bandon Dunes on September 15 and signature golf scramble with other fun activities at Bandon Crossings on September 16. We had 114 golfers this year including a retired PGA professional. Earnings are now over \$78,000, exceeding the "stretch goal" of \$75,000. Thank you to all of our sponsors, Foundation Board, and community volunteers, and to Alix McGinley and Amy Moss-Strong, who made this another great event. **Discussion:** The event elevates the hospital in the community. Positive feedback was received how the event has elevated year after year.

#### 7. Strategic Plan Report

Ray Hino, CEO, presented a summary on progress of Strategic Plan initiatives. Human Resources strategic initiatives are all near completion. The new compensation plan rollout is complete. The new employee evaluation program rollout, using ADP, is complete. The EMR project is at 67% completion as we near decision making. The Community Health Needs Assessment should be complete by end of year. DNV Accreditation is complete. Growth and Marketing initiatives are nearly complete with the rebranding process in progress. The Hospital of Choice initiative is at 71% with focus on development of new programs. Development of a Facility Master Plan, discussed earlier in this meeting, is at 47% with more work to be done. **Discussion:** Regarding Emergency Preparedness, we will be completing a tabletop active shooter drill in the near future. Regarding the Compensation Plan, merit-based recognition, a concern brought forward by staff at a previous Board Meeting, should be added. A workshop will be scheduled to develop a new strategic plan.

### V. Monthly Financial Statements

Jeremiah Dodrill, CFO, provided a summary of the financial statements for the month of July, including a review of Gross Revenue and Volumes, Deductions from Revenue, Labor Expenses, Professional Fees, Purchased Services, and Supplies. August results are disappointing and relate specifically to revenue issues. Deductions from revenue were higher than expected due to growth in aging and a couple of larger denials. **Discussion:** Insurance denials are often related to medical necessity assessments, meeting specific inpatient criteria and diagnosis. Southern Coos uses a service that assists with the appeal process of these denials. Some hospitals are dropping Medicare Advantage due to the number of denials. Emergency Department physician staffing is above budget with the termination of the OPYS contract. We are

SCHD Board of Directors Meeting – Open Session Minutes
Page 5 of 8 September 28, 2023

renegotiating those contracts anticipated to complete by first quarter of calendar year 2024 with the creation of our own group led by one of our physicians. Outpatient visits were down 10%; loss of \$202,000. Expenses were at or below budget. Compensation plan adjustments will be effective in October. Inpatient volumes were positive but swingbed was down. New opportunities exist with networking for referrals. Imaging volume was strong. Respiratory was strong and clinic performance was better than expected, as reported earlier. Current financial Anesthesiology and Surgical Services on the cost to charge ratio indicates we need to get cases.

#### VI. Old Business

#### 1. New Policies for Review & Approval

- a. 170.001 Safety Management Program
- b. 170.002 Authority of Safety Officer

Ray Hino presented the two Safety Management policies returned for approval following correction of committee names and qualifications of safety officer added.

Mary Schamehorn **moved** to approve policies 170.001 and 170.002 as presented. Tom Bedell **seconded** the motion. **No discussion. All in favor. Motion passed.** 

#### 2. Quality Assurance & Performance Improvement Plan-DNV Revisions

Revisions suggested during the August DNV survey have been added and are ready for review and approval by the board.

Tom Bedell **moved** to approve the revised QAPI plan as presented. **Discussion:** Board members appreciated having the revisions highlighted for review. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.** 

#### VII. New Business

#### 1. Recommendation to Discontinue Employee Retention Bonuses

Mr. Hino reviewed this recommendation from Administration to be compliant with the Oregon Equal Pay Act and in alignment with the recent compensation plan updated to meet market pay grades. All other regional hospitals have discontinued retention bonuses for staff. If approved, the related policy language will be edited in accordance.

Mary Schamehorn **moved** to discontinue staff retention bonuses. **Discussion:** Statistics indicated an equity issue in the low number of employees who qualified for the bonus. Tom Bedell **seconded** the motion. **All in favor. Motion passed**.

#### 2. Hand, Wrist and Plastic Surgery Business Plan

Ray Hino, CEO, provided an introduction regarding the opportunity to work with local plastic surgeon, Sharon Monsivais, MD, as a full-time employee. This has the potential to further increase surgical volumes. A financial analysis

SCHD Board of Directors Meeting – Open Session Minutes
Page 6 of 8 September 28, 2023

was completed including industry benchmarks and range of RVUs. There are no substantial equipment needs. Discussion included anticipated insurance payer mix, contract term of 2-years, productivity requirements, productivity bonus, current RVUs produced, and monthly financial reporting to the Board. Risks include not getting referrals as anticipated. Dawn Gray, Clinic Manager, is supportive. The start date is projected to be January 1, 2024. A special board meeting will be scheduled to review final negotiated contract to include an exit clause, monthly financial reporting, and 90-day reviews.

Pam Hansen **moved** to have Administration complete a contract and return to the Board of Directors for review. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.** A special meeting for this single agenda item to be scheduled as soon as possible.

# 3. Healthcare Collaborative Group-Facility Master Plan Presentation - Brian Kunkle, President

This presentation was moved forward in the agenda, immediately following the CEO Report as a courtesy to the presenter. Mr. Kunkle provided background on the work and experience of his organization and the process utilized in the healthcare facility master planning RFP process. **Discussion:** Before a major expansion is considered, there are specific areas of need such as the Laboratory and Emergency Department waiting area that may be addressed. The 2024 budget includes \$250,000 to start this project, also included in the strategic plan. Fee proposals from design firms will help drive decisions. A multi-tiered approach is used to optimize the existing facility to improve the patient experience and functionality. Oregon and Washington have a number of qualified firms. The RFP for architectural planning and engineering study will be presented to the board.

#### 4. FY23 Election of Officers-Board of Directors

Norbert Johnson nominated Tom Bedell for the Treasurer position. Mr. Bedell accepted the nomination. Other officers indicated they are willing to be reappointed to current positions.

Mary Schamehorn **moved** to accept the nomination of Tom Bedell for Treasurer and reappoint Mr. Bischoff as Chairman and herself as Secretary. Pam Hansen **seconded** the motion. **All in favor. Motion passed.** 

#### VIII. Open Discussion and Adjournment

A special meeting will be held on October 9 at 6:00 p.m. to review additional information regarding the proposed specialty surgical service for consideration. The next regular meeting will be held Thursday, October 26, 2023, with Executive Session at 6:00 p.m. and Open Session to immediately follow at approximately 6:30 p.m. Meetings are open to the public in the main conference room of the hospital at 900 11<sup>th</sup> Street SE, Bandon, Oregon.

Mary Schamehorn, Secretary 10-26-2023



### Southern Coos Health District Board of Directors Special Meeting October 9, 2023

### I. Call to Order 6:00 p.m.

 Roll Call – Quorum met. Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Tom Bedell, Treasurer; Pam Hansen and Norbert Johnson, Directors. Administration: Raymond Hino, CEO; Jeremiah Dodrill, CFO (via remote link). Others present: Colleen Lorenz, Surgical Services Manager; Kim Russell, Executive Assistant. Press: None.

### 2. Agenda Additions or Corrections

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

#### 3. Public Input

None.

### II. Consideration of Specialty Hand and Plastic Surgery Services

Ray Hino, CEO, thanked the board for their time for the special meeting to consider this opportunity to add another positive surgical service for the community. The provider is already working in this area and had expressed interest in working with Southern Coos Hospital. Jeremiah Dodrill, CFO, presented the initial financial review as net income positive. Discussion included estimations regarding insurance payer mix and how to further estimate a range of productivity, RVUs (Relative Value Units—a set of standard values assigned by Medicare to determine the cost of services, helping to compensate doctors based on their productivity), length of contract, and various and standard contractual items. Practice costs were also conservatively modeled. The 2-year provider contract would begin January 1, 2024. Colleen Lorenz, Surgical Services Manager, added that a local provider should have a shorter ramp up period, and there should be few startup expenses associated with offering this service.

Pam Hansen **moved** to authorize Administration to proceed with a contract based on tonight's presentation to provide Specialty Hand and Plastic Surgery services at Southern Coos Hospital. Mary Schamehorn **seconded** the motion. **Discussion:** Mr. Bischoff requested that monthly reports on this service include benchmarking compared to assumptions. **All in favor. Motion passed.** 

#### III. Adjournment

At 6:23 p.m. the n	neeting adjourned.		
Brent Bischoff, Chairman	10-26-2023	Mary Schamehorn, Secretary	10-26-2023



## **CEO** Report

To: Southern Coos Health District Board of Directors

From: Raymond T. Hino, MPA, FACHE, CEO

**Re:** CEO Report for SCHD Board of Directors, October 26, 2023

#### **COVID Update**

The SCHHC Covid-19 Committee no longer meets every 2 weeks, and now meets on an as-needed basis. Here is the latest from our most recent meeting.

- No changes are recommended on masking or social distancing requirements at this time.
- The patient care trailer and pick-up truck, equipped with a negative pressure room, that was ordered with COVID funds earlier this year, was picked up by our engineering team on Friday, October 20.
- This year we have decided to expand our Annual Drive Through Flu Vaccination Clinic to include an option for COVID vaccinations as well. This year it is being held on Wednesday, October 25, beginning at 8:00 a.m. in Bandon City Park. Tom Bedell and I are both volunteering this year for the event.
- Additionally, Bandon Dunes has requested that Southern Coos Hospital provide a Flu Vaccination Clinic and COVID vaccination clinic for their employees. We will be providing 2 half-days of vaccination clinics on-site at the resort on October 26 and November 2.

#### **DNV**

 We are tracking on schedule to submit the required report of objective evidence of correction for our 5 NC-1 non-conformities no later than December 11, 2023. Congratulations, once again, to our entire Southern Coos team, and particularly to our Quality team for spearheading our preparation efforts.

#### Surgery

- On October 10, Dr. Ivanitsky responded to our contract offer with some requested changes. I
  have conferred with John Chivers, CEO at Lower Umpqua Hospital on what we an offer. John
  and I plan to meet with Dr. Ivanitsky before the end of this month to present him with a final
  contract offer. We are hopeful that Dr. Ivanitsky will be able to start before the end of November.
- On October 10, we presented Dr. Sharon Monsivais, Plastic/Hand Surgeon, with a full-time contract offer. The compensation terms are acceptable to her. The contract is currently under review with her attorney. We expect to have a signed contract before the end of this month.

#### **Emergency Physician Coverage**

• Our Emergency Physician Staffing is getting more stable. I am now able to schedule ED providers nearly 3 months in advance. As of October 1, I had already completed the schedule for ED coverage through December 31 with only a handful of vacant shifts. This is the furthest out that we have been able to schedule our ED since I arrived here 20 months ago. I am now able to begin filling in some of the holes with longer term ED providers that can help us to create a stable and sustainable team.

#### Meetings with New Administrators

• On Friday, October 20, I traveled to Catholic Health Initiatives (CHI) Mercy Medical Center in Roseburg, to meet with their new CEO, Russ Woolley. Russ was previously the Administrator and Chief Operating Officer for Virginia Mason Franciscan Health in Seattle, Washington. My goal in all of these meetings with CEOs and administrators of neighboring facilities is to establish a relationship of collaboration and mutual benefit.

#### Oregon Rural Health Conference

- On October 11 to October 13, I was able to attend the 40<sup>th</sup> Annual Oregon Rural Health Conference, which is put on by the Oregon Office of Rural Health. This is my 2<sup>nd</sup> time attending this conference. Once again, they had an outstanding agenda and I was able to attend breakout sessions in the following areas:
  - o Public Health Department Hospital partnerships
  - Meet the New Centers for Disease Control (CDC) Office of Rural Health Director
  - o Resilience and Retention Strategies for Rural Health Organizations
  - o Oregon's Health Information Technology Strategic Plan Update
  - o Developing Great Culture in Health Care Organizations
  - o The State of Rural Health Care
  - School-Based Rural Clinics

During the Conference, Southern Coos Hospital & Health Center was honored as the Oregon Rural Quality Excellence Award Winner for Hospitals. We were awarded for the work that we have done at Southern Coos Hospital & Health Center with creating a culture of employee engagement and patient engagement, leading to increased patient satisfaction outcomes. There were 3 SCHHC representatives at the Conference. They were Dawn Gray, Clinic Manager, Denise Ebenal, Infection Control Nurse and me. We gratefully accepted the award.

#### **Emergency Preparedness Training**

• On November 8 and November 9, there will be a 2-day training class being held at Bay Area Hospital in Coos Bay to train hospital responders for an active shooter event. Southern Coos Hospital is going to send 3 employees to the 2-day training. They are Nick Lucas, ED Nurse Manager, Arianne Booth, Nurse Educator and Jason Cook, Engineering Department Manager/Safety Officer to both days of the training. After the training is complete, we will be revising our active shooter incident response procedure and conducting a simulated (desk top) training event in November.



## **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 - October 26, 2023

#### Provider News - September

While there were 138 fewer patients seen in the primary care clinic in September, our bottom line has improved by \$29,422 compared to August. This positive trend is primarily attributed to the inclusion of late charges from August, which were accounted for in September's financials. At the time of writing this report, it is worth noting that we have nearly matched the patient count from September, with a little over a week remaining.

Amy Hinshaw officially started seeing patients on October 9<sup>th</sup> and is already averaging 8 patients per day. Several of these patients have required acute visits, which typically demand less time than that of a new patient. Amy is thrilled to resume her practice at SCHHC and eagerly anticipates fortifying our team and expanding her practice.

September 2023 C	inic Stats									
	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Bonnie Wong, DO	11	105	21	0	84	7.6	0%	20%	1	16
Noel Pense, DO	2	23	1	0	22	11.0	0%	4%	0	0
Olixn Adams, DO	2	25	3	1	21	10.5	4%	12%	3	0
Paul Preslar, DO	15	153	27	8	118	7.9	5%	18%	0	38
Vincent Tyson, FNP	5	39	4	1	34	6.8	3%	10%	0	2
Shane Matsui, LCSW	19	100	25	1	74	3.9	1%	25%	9	0
Victoria Schmelzer, CRNA	10	52	10	3	39	3.9	6%	19%	1	8
Outpatient Services	20	231	22	7	202	10.1	3%	10%	0	0
Totals	84	728	113	21	594	7.1	3%	16%	14	64
Total telehealth	14				392	Clinic Reg	gistrations			

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

- Dr. Qadir, Nephrologist, was in clinic one day and saw 12 patients.
- Dr. Webster, ENT/Dermatology, was in clinic one day and saw 16 patients.

#### <u>Clinic Report – September</u>

- We are still recruiting for a Care Coordination Program RN and have one potential candidate that may join us in November. In the meantime, we are proactive in identifying patients who would qualify for chronic care management and adding them to the call list we are keeping for the program RN to contact once they are onboarded.
- Scott McEachern has recently spent a few days observing the clinic to gain deeper insights into the challenges it faces within Evident. This dedicated effort has uplifted the clinic staff. Going forward, Scott will collaborate with Evident to explore avenues for further optimizing the program, if possible.
- The No Show rate has remained unchanged at 3% for the month of September.

• The NRC survey scores for September reflect a noticeable upturn, notably with the Net Promoter Score climbing to an impressive 89.4. During the month, two Alerts were reported concerning access to care, which were promptly and effectively resolved to the satisfaction of the patients. Despite the expect decline in the "Easy to Get Appt" score following Vincent Tyson's departure, commendations are in order for Dr. Preslar and Dr. Wong for their dedicated efforts in ensuring uninterrupted care for patients, even for patients needing urgent appointments.

September 2023 Results	Asked a		Care pro courtes respe	y and	Care pro		Care pro lister		Easy to	•	Felt saf		Hum Understa		NPS: Fa wou recomn	ld	Provider medical	
Provider Name	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)	60	5	60	5	60	5	75	4	60	5	60	5	75	4	100	4	0	4
Preslar, Paul (1437141793)	95.8	24	96	25	84	25	78.3	23	48	25	84	25	87	23	91.3	23	34.8	23
Wong, Bonnie (1437404415)	100	9	100	9	100	9	88.9	9	33.3	9	100	9	88.9	9	88.9	9	77.8	9
Schmelzer, Victoria (1417312893)	100	2	100	2	100	2	100	2	50	2	100	2	100	2	100	2	50	2
Pense, Noel (1790118636)	80	5	80	5	40	5	80	5	40	5	80	5	80	5	80	5	60	5
Adams, Olixn (1306006143)	75	4	80	5	80	5	75	4	40	5	80	5	75	4	75	4	75	4
Grand Total	89.8	49	90.2	51	80.4	51	80.9	47	45.1	51	84.3	51	85.1	47	89.4	47	46.8	47

• Our submission for a PCPCH (Patient Centered Primary Care Home) Tier 3 was successfully completed on Thursday, September 28<sup>th</sup>. The Oregon Health Authority is currently in the process of reviewing our application. We anticipate receiving written notification of the results within 60 days. According to PCPCH Standard 2.A, it is mandatory for us to monitor three quality measures and report the outcomes to our providers, staff, and administration. The following report provides an overview of our current standing concerning the PCPCH quality measures we are tracking. Despite the ongoing challenge of manually extracting data from Evident for the Diabetes HbA1C Poor Control measure, I am actively collaborating with Shawn March to resolve the reporting issue within Evident.

Southern Coos Multi-Specialty Clinic eCQM Performance Report for 2023											
As of											
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	10/1/2023	Goals*					
CMS122v11: Diabetes HbA1C Poor Control (>9) (lower is better)	25.0%	25.3%	22.4%		22.4%	23%					
CMS165v11: Controlling High Blood Pressure	46.5%	47.6%	48.6%		49.5%	67%					
CMS138v11: Tobacco Use: Screening and Cessation Intervention	90.1%	88.9%	88.6%		88.0%	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 2024								Current Bu	ıdget YTD	ı
	ACT	RIID	ACT	BIID	ACT	BIID	ACT	EV24		

_	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY24	
	JUL	JUL	AUG	AUG	SEP	SEP	YTD	Budget	Variance
Provider Productivity Metrics	5								
Clinic Days	72	54	77	34	64	34	213	168	44
Total Visits	475	364	530	162	392	162	1397	1,166	231
Visits/Day	6.6	6.7	6.9	4.8	6.1	4.8	6.6	6.9	(0.4)
Total RVU	1,061.83	815.78	1,126.69	406.25	917.39	402.28	3,105.91	2,654.28	451.63
RVU/Visit	2.24	2.24	2.13	2.51	2.34	2.48	2.22	2.28	(0.05)
RVU/Clinic Day	14.85	15.07	14.63	12.09	14.33	11.98	14.62	15.77	(1.15)
Gross Revenue/Visit	381.78	395.56	375.49	457.62	482.56	461.74	407.67	407.59	0.08
Gross Revenue/RVU	170.79	176.55	176.63	182.54	206.20	185.91	183.37	179.01	4.36
Net Rev/RVU	75.89	80.78	77.14	94.31	88.75	94.98	80.14	81.80	(1.66)
Expense/RVU	111.21	157.82	130.18	163.07	121.81	162.18	121.22	143.05	(21.83)
Diff	(35.32)	(77.04)	(53.04)	(68.75)	(33.07)	(67.19)	(41.08)	(61.26)	20.17
Net Rev/Day	1,127.08	1,217.39	1,128.78	1,140.61	1,272.09	1,137.49	1,171.37	1,289.92	(118.55)
Expense/Day	1,651.58	2,378.40	1,904.84	1,972.11	1,746.09	1,942.17	1,771.81	2,255.89	(484.08)
Diff	(524.50)	(1,161.01)	(776.07)	(831.49)	(474.00)	(804.69)	(600.44)	(965.97)	365.53
Patient Revenue									
Outpatient									
Total Patient Revenue	181,345	144,030	199,009	74,159	189,164	74,787	569,518	475,142	94,376
Deductions From Revenue									
Total Deductions From Revenue (N	100,759	78,129	112,093	35,844	107,750	36,576	320,602	258,027	62,575
Net Patient Revenue	80,587	65,901	86,916	38,316	81,414	38,210	248,916	217,115	31,801
Net Fatient nevenue	00,301	00,001	00,310	30,310	01,717	30,210	240,310	217,119	31,001
Total Operating Revenue	80,587	65,901	86,916	38,316	81,414	38,210	248,916	217,115	31,801
-									
Operating Expenses									
Salaries & Wages	61,877	70,820	86,051	36,851	65,014	36,056	212,942	210,740	2,202
Benefits	3,426	8,703	6,338	5,454	4,569	5,354	14,333	24,160	(9,827)
Medical Supplies	0	496	0	567	131	567	131	1,631	(1,500)
Other Supplies	746	132	36	132	579	132	1,361	397	964
Other Expenses	2,500	2,225	1,667	559	1,667	559	5,833	6,676	(843)
Allocation Expense	49,539	46,373	52,526	22,683	39,750	22,572	141,815	136,100	5,715
Total Operating Expenses	118,088	128,750	146,673	66,247	111,750	65,242	376,510	379,704	(3,194)
Excess of Operating Rev Ov	(37,501)	(62,849)	(59,757)	(27,932)	(30,336)	(27,031)	(127,594)	(162,589)	34,995
Total Non-Operating Income	0	0	0	0	0	0	0	0	0
Total Non-Operating income	0	U	0	0	0	U	U	U	0
Excess of Revenue Over Ex	(37,501)	(62,849)	(59,757)	(27,932)	(30,336)	(27,031)	(127,594)	(162,589)	34,995
	, , , , , ,	,,	,	,,	,	, ,,		,	

Note A - Average Collection Rate = 41% of Gross Charges, therefore the Deduction Rate is 53% 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 - October 26, 2023

#### **Clinical Department Staffing- September 2023**

#### • Medical-Surgical Department –

- o One full-time registered nurse position filled.
- o Four full-time CNAI/II positions vacant. Three additional vacancies for October.
- o Three full-time nurse positions vacant.
- o Four contract RNs utilized to cover vacancies, vacation requests, and medical leave.

#### • Emergency Department –

- One per diem RN on-boarded
- o One full-time RN vacancy
- o One full-time LPN float position vacant (float between MS and ED).
- One contract RN utilized.

#### • Surgical Services –

- o One full-time surgical technician position filled.
- o One full-time circulating nurse position remains vacant.
- One per diem surgical technician position remains vacant...
- One contract RN and one.

#### Medical Imaging –

- o Three full-time Radiology Technologist positions vacant.
- o Three Contract Radiology Technologists utilized in September.

#### • Laboratory -

- o One full time Medical Lab Technologist/Scientist position vacant.
- One Contract Medical Lab Technologists continues to be utilized to fill the need.

#### • Pharmacy -

Fully staffed.

#### Respiratory Therapy –

- One Full time respiratory therapist position vacant.
- One Contract Respiratory Therapist utilized in September.

### **Clinical Department FTE Statistics for September 2023**

		Current Month										
		FTE			Contract	t		Total				
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff			
Med Surg	27.49	25.77	1.72	3.34	2.80	0.54	30.84	28.57	2.27			
Manager	1.00	1.01	-0.01			0.00	1.00	1.01	-0.01			
CNAT	2.67	1.72	0.95	-		0.00	2.67	1.72	0.95			
CNAII	4.21	3.77	0.44	-		0.00	4.21	3.77	0.44			
Patient Activities Coording	-	1.00	-1.00			0.00		1.00	-1.00			
Charge Nurse	3,35	3,54	-0.19	_		0.00	3.35	3.54	-0.19			
BN	11.65	10.99	0.66	3.34	2.80	0.54	14.99	13.79	1.20			
LPN	2.76	2.56	0.20	-		0.00	2.76	2.56	0.20			
Telemetry Tech	1.86	1.18	0.68			0.00	1.86	1.18	0.68			
Swing Bed	0.98	1.01	-0.03	-	-	0.00	0.98	1.01	-0.03			
Case Manager	0.98	1.00	-0.02			0.00	0.98	1.00	-0.02			
LPN		0.01	-0.01			0.00		0.01	-0.01			
Emergency Room	11.91	12.12	-0.21	0.50	0.93	-0.43	12.42	13.05	-0.64			
Manager	1.00	1.00	0.00			0.00	1.00	1.00	0.00			
CNAII	1.26	2.49	-1.23			0.00	1.26	2.49	-1.23			
LPN	3,59	2.39	1.20			0.00	3.59	2.39	1.20			
RN	6.06	6.24	-0.18	0.50	0.93	-0.43	6.57	7.17	-0.61			
Surgical Services	2.68	5.60	-2.92	1.51	-	1.51	4.19	5.60	-1.41			
Director		1.00	-1.00			0.00		1.00	-1.00			
Manager	1.61	-	1,61			0.00	1,61		1.61			
RN			0.00			0.00			0.00			
Surgical Nurse	1.07	3.00	-1.93	1.51		1.51	2.58	3.00	-0.42			
Surgical Tech		1.60	-1.60			0.00	2.00	1.60	-1.60			
Radiology	3.20	3.05	0.15	1.95	1.87	0.08	5.15	4.92	0.23			
Manager	1.00	1.00	0.00	1.55	1.01	0.00	1.00	1.00	0.00			
Coordinator	0.74	0.75	-0.01			0.00	0.74	0.75	-0.01			
Medical Imaging Admin	0.14	1.00	-0.01			0.00	0.14	1.00	-0.01			
Rad Tech IV	0.47	0.30	0.17	1.95	1.87	0.08	2.42	2.17	0.25			
Ultrasound	1.29	1.94	-0.65	1.00	- 1.01	0.00	1.29	1.94	-0.65			
Ultrasound Tech II	0.82	1.64	-0.82	· .		0.00	0.82	1.64	-0.82			
Ultrasound Tech IV	0.47	0.30	0.17			0.00	0.47	0.30	0.17			
Mammography	0.49	1.63	-1.14		<u> </u>	0.00	0.49	1.63	-1.14			
Mammo Tech	0.49	1.63	-1.14	٠.	-	0.00	0.49	1.63	-1.14			
Cat Scan	2.03	0.06	1.97		<u> </u>	0.00	2.03	0.06	1.97			
Rad Tech II	1.00	0.00	1.00	· .	-	0.00	1.00	0.00	1.00			
Ct/Rad Tech Reg	1.03	0.06	0.97			0.00	1.03	0.06	0.97			
MRI	1.00	0.99	0.01		<u> </u>	0.00	1.00	0.99	0.01			
Rad Tech IV	1.00	0.99	0.01		-	0.00	1.00	0.99	0.01			
Lab	8.92	9.53	-0.61	0.95	1.87	-0.92	9.87	11.40	-1.53			
Manager	1.00	1.00	0.00	0.00		0.00	1.00	1.00	0.00			
Assistant I		0.99	-0.99			0.00		0.99	-0.99			
Assistant II	2.79	3.01	-0.22	_		0.00	2.79	3.01	-0.22			
Assistant III	1.05	0.99	0.06			0.00	1.05	0.99	0.06			
CNA II	0.44	0.00	0.44			0.00	0.44	0.55	0.44			
Medical Lab Tech Lead	1.03	1.00	0.03	_	-	0.00	1.03	1.00	0.03			
Medical Lab Scientist	1.40	0.55	0.03	•	•	0.00	1.40	0.55	0.85			
Medical Lab Scientist	1.40	1.99	-0.79	0.95	1.87	-0.92	2.15	3.86	-1.71			
Pharmacy	1.83	1.90	-0.73	0.50	1.07	0.00	1.83	1.90	-0.07			
Pharmacist	0.71	0.60	0.11		-	0.00	0.71	0.60	0.11			
Pharmacist BN	1.12	1.30	-0.18			0.00	1.12	1.30	-0.18			
	5.65	6.00	-0.18 - <b>0.35</b>	1.03		1.03	6.68	6.00	0.68			
Respiratory	1.00	1.00	0.00	1.03	-	0.00	1.00	1.00	0.00			
Manager	4.65	5.00	-0.35	1.03		1.03	5.68	5.00	0.68			
Respiratory Therapist	4.60	5.00	-0.35	1.03		- 1.03	5,68	5.00	0.68			
Total Difference	67.48	69.60	-2.12	9.29	7.47	1.82	76.77	77.07	-0.30			

Actu	al FTE by N	1onth
JUL	AUG	SEP
26.00	26.59	27.49
1.00	1.00	1.00
2.79	2.49	2.67
4.30	4.22	4.21
3.60	3.47	3.35
9.88	10,65	11.65
2.56	2.92	2.76
1.86	1.83	1.86
0.96	0.96	0.98
0.96	0.96	0.98
12.35	12.11	11.91
1.00	1.00	1.00
1.41	1.08	1.26
3.35	3.79	3.59
6.58	6.25	6.06
3.23	2.19	2.68
0.24		
1.00	1.00	1.61
0.08	1.00	1.01
1.08	1.19	1.07
0.83	1.13	1.07
3.33	2.24	2 20
1.00	<b>3.24</b> 1.00	<b>3.20</b>
0.80	0.76	0.74
0.98	0.99	0.99
0.55	0.48	0.47
1.31	1.26	1.29
0.77	0.78	0.82
0.55	0.48	0.47
0.38	0.43	0.49
0.38	0.43	0.49
2.03	1.78	2.03
1.00	1.00	1.00
1.03	0.78	1.03
1.00	0.99	1.00
1.00	0.99	1.00
8.32	9.14	8.92
1.00	1.00	1.00
2.84	2.85	2.79
1.01	1.03	1.05
0.74	0.47	0.44
1.09	1.14	1.03
0.58	1.58	1.40
1.06	1.08	1.20
1.97	1.96	1.83
0.67	0.63	0.71
1.30	1.33	1.12
6.01	5.96	5.65
1.00	1.00	1.00
5.01	4.96	4.65
0.01	4.30	4.00
66.90	65.62	67.48

#### Actions to support DNV standards-

- Electronic medication orders updated to have a "hard stop" for the indication field for medications commonly ordered on an as needed basis. These medications now have prepopulated indication options for medical providers to reduce time requirements of free texting.
  - o Training provided to all medical providers and nursing staff.
- Crash cart training for emergency department staff members.
  - o Training resources and daily logs updated to reflect changes.
  - o All emergency department nurses educated.
  - o Department manager monitoring compliance daily.
- Restraint and seclusion training and monitoring practices updated.
  - Written order set created and approved to assist in the receipt of timely, complete restraint and seclusion orders.
  - Training for nurses and medical providers adjusted to provide more focus on order requirements, use of order sets (electronic and written), and time requirements of orders.
  - Complete, all inclusive, training for nurses provided, including how to enter written orders into the electronic medical record.
  - Medical provider training performed with specific focus on the use of order sets (electronic and written), order requirements, and time requirements of orders.
  - o Restraint and Seclusion Committee to perform Failure Modes and Effects Analysis of restraint and seclusion processes to identify potential failures prior to occurrence.
- Procedural sedation policy and associated form updated; training completed.
  - New process initiated for policy review to include associated forms to identify inconsistencies.
  - Procedural sedation policy updated to reflect that the Aldrete scoring system is utilized to monitor level of consciousness before, during and after procedural sedation.
  - Procedural sedation forms updated to have specific documentation for End tidal CO2 and pre and post pain level.
  - o Training completed for all emergency department nurses.

#### Rural Hospital Chief Nursing Officer Certification completed -

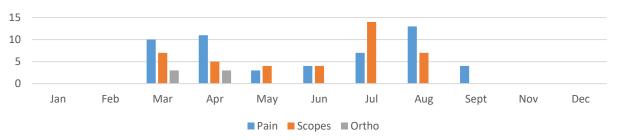
- The Center for Rural Health Leadership and National Rural Health Association sponsored a rural hospital chief nursing officer certification program, to which I have official graduated as of October 10, 2023. The program curriculum included:
  - Inter-personal, Intra-personal, Organizational, and Community Leadership
  - o Data analytics and predictive analysis
  - Working with the Board and strategic planning
  - o Quality

- Lean management
- o Budgeting for clinicians
- o Cost report 101
- o Population health
- Physician engagement

#### **Surgical Services**

• Six pain procedures scheduled for September 2023. One procedure was cancelled by the patient. One procedure was cancelled due to a change in the patient's condition. Four total procedures completed.



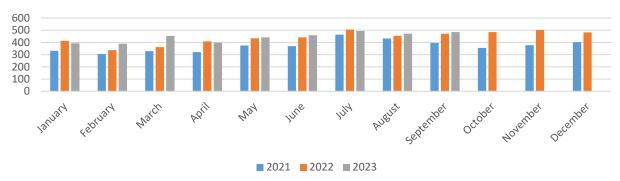


#### **Preparation for surgery** –

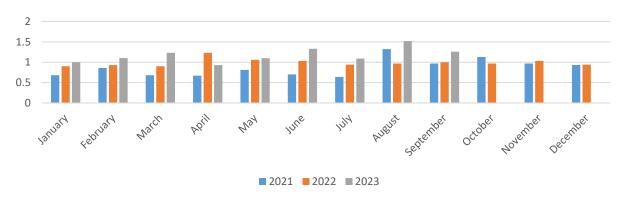
- American Society of Peri-Anesthesia Nurses (ASPAN) online competency program initiated.
- Colleen Lorenz, Surgical Manager, met with Dr. Ivaninski to discuss individual needs and timelines.
- Colleen Lorenze, Surgical Manager, coordinated and attended a cooperative discussion at Lower Umpqua Hospital to discuss implementation of orthopedic services with Dr. Ivaninski. Preference cards, equipment, processes reviewed to ensure consistency between both locations to ease the transition for Dr. Ivaninski.
- Colleen Lorenz, Surgical Manager, met with Dr. Sharon Monsivias to discuss individual needs and possibilities of initiating services at SCHHC. Equipment needs and expected volumes discussed.
- ATP testing initiated to ensure scope cleanliness.
- New Operating Room lights installed
- Complete inventory of the surgical department performed to identify current equipment as well as needed equipment to initiate orthopedic procedures with Dr. Ivaninski.
- Policy and procedure review and editing to ensure best practices.
- Mock scenario for knee arthroscopy performed with surgical team.
- An operating room dire drill performed.
- Ultrasonic washer repair completed post electronic malfunction.
- Sterile processing upgrade planning initiated.

### **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 – October 26, 2023

#### Moss Adams 2023 FYE Audit and CLA 2023 FYE Cost Report

Moss Adams has completed its audit of the district's financial statements for the fiscal year ended June 30, 2023. Additionally, CliftonLarsonAllen (CLA) has completed the preparation of the Medicare Cost Report for fiscal 2023. The audited financial statements include certain post-closing adjustments from the previously reported June 30, 2023 financial statements. The primary adjustments include the implementation of GASB 96, recognition of covid grants and accrual of late invoices and the resulting true ups of the Medicare cost report settlement for 2023. In total, the impact to the change in net assets was approximately \$990,000, increasing from an increase of \$111,000 to \$1,101,000. The largest adjustment was the recognition of Provider Relief Fund covid grants in the amount of \$943,000.

#### DNV Physical Plant and Life Safety Corrective Action

DNV's year two accreditation survey noted several findings associated with the Physical Plant and Life Safety Management Systems for the hospital. In total, there were five NC-1 and two NC-2 findings related to Life Safety, Emergency Management and Utility Management. These findings related primarily to fire safety (barrier protection, fire drill protocols and certain inspections), hazardous vulnerability analysis (HVA) and related 96-hour sustainability plan, security vulnerability analysis and testing of automatic transfer switches. Facilities, Administration, and the Compliance teams have made significant progress in implementing its corrective actions for these findings. The final corrective action responses to DNV are due December 11, 2023.

#### Compensation Benchmarking Rollout

SCHCH has completed its work related to the employee compensation benchmarking project. The resulting wage and salary adjustments are effective for the two-week pay period beginning October 8, 2023. As a result of this work, employees will receive their wage increases annually on the first full pay period starting in October unless they have a status change (such as moving from per diem to full-time) or job code change. With this change, every job code is on a step/grade matrix that has been benchmarked to Milliman and Salary.com benchmarks to ensure that employees are paid based on bona fide factors as required by state and federal guidelines. Employees who are below the benchmark will receive an increase up to the benchmark. Employees who are above the benchmark for their years of experience and job code will not receive a traditional increase but will instead receive a 2% lump sum payment in lieu of an annual wage adjustment.



## **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, October 26, 2023

#### **Cybersecurity**

Email Protection Provided by Mimecast	June 2023	July 2023	August 2023	September 2023
Spam Blocked/Number of Emails	357/67462	747/44139	646/92876	429/167479
Impersonation Attacks	746	732	867	916
Malware Detected and Quarantined	10	4	8	4
Links Clicked/Number Unsafe	253/4	387/0	431/0	352/0
Malicious Attachments	0 files	0	0	0
Internet Traffic Monitored by Critical Insight	June 2023	July 2023	August 2023	
Number of Records Ingested (in millions)	497.5	514.2	540.5	571.3
Investigations	4	3	4	3
Reported Investigations	0	2	0	0
High Priority Investigations	0	0	0	0
Patch Management - Vulnerability Scans	June 2023	July 2023	August 2023	
Critical	20	9	7	5
High	36	22	18	18
Medium	1679	1629	1545	1588
Low	150	149	145	146
Info	14657	14535	14508	14511

#### **EMR/ERP Selection Process**

Management presented a detailed update to the EMR/ERP selection process at the special SCHD Board Meeting on September 21, 2023. We will hold another special board meeting on November 1, 2023 to consider the following items related to the project:

- Project financing and funding model
  - o Order of magnitude estimate for RCM services
  - o Grants and philanthropic efforts
  - o Potential Advanced Health support
- Analyze growth initiatives for risk, success rate, and staff capacity
- Detail the project implementation organization chart, project management support, pre and post-live support, and impact on SCHHC staff capacity.

#### **Marketing**

September-October 2023

- Promoted Golf for Health Classic via multiple media channels.
- Coordinated radio, TV and print advertising for Golf for Health, Breast Cancer Awareness, Amy Hinshaw, Dr. Wong, Dr. Preslar, general hospital services, etc.
- Promoted Bicoastal Media's Toast of the South Coast contest to both staff and the public. Provided copy and photos for spread in Toast of the South Coast magazine, coming out in January 2024.
- Promoted The World newspaper's Best of the South Coast contest to both staff and the public
- Promoted Flu Clinic and Veterans photo shoot. Also placed posters and flyers around town about those events. Coordinated all logistics and took photos of veterans for special Veterans Day spread in The World newspaper. Took photos of Flu Clinic for publicity and shared on social media and website.
- Met with Roger Morgan of The Legend, Rhonda Grant of Bicoastal Media, Abby Kraft from Jefferson Public Radio, Kaley Sweet from Lower Umpqua Hospital and Cyrano Video representatives to brainstorm future internal and external video and advertising ideas and community collaborations.

#### Rebranding Project

We have been working on narrowing down logo and text options over the past month. A team of internal staff and members of the boards met on October 6<sup>th</sup> to review several visual options. We will have one more meeting to narrow down the options further. We intend to bring a final recommendation to the board at the November district board meeting.



### 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, October 26, 2023

#### **Events Update**

- The Golf for Health net proceeds will not be available until the November meeting because a few sponsorships have not yet been received and we are making sure there are no outstanding expenses.
- The Foundation currently has \$539 of funds in a holding account from the recycling project spearheaded by Brenda Sund. We're all set for the 20% Holiday Give match Nov 15-Dec 2 on the BottleDrop Give program, again thanks to Brenda for her efforts. Save your cans and bottles and fill the blue bags with the SCHF QR Code! Brenda has extra bags or ask Amy Moss Strong. Here are the details about the Holiday Give match program: <a href="https://bottledrop.com/holiday-give/">https://bottledrop.com/holiday-give/</a>
- The next major event sponsored by the SCH Foundation is Women's **Health Day**, which will be held on February 27, 2024. We will seek sponsorships for this event.
- We will also seek sponsorships for the **Aging Well in Bandon** event, set for May, 2024, at the Bandon Community Center.

#### **Fundraising Update**

The SCH Foundation will begin fundraising in support of a SCHHC Surgical Services upgrade project. We have an opportunity to raise funds for equipment and infrastructure upgrades to support the addition of new surgical services. We have set a goal of \$200,000 to raise by March 1, 2024. We will achieve this goal from a combination of individuals, grants, and corporate giving.



## Monthly Fiancial Statments

To: Board of Directors and Southern Coos Management

From: Jeremiah Dodrill, CFO

Re: September 2023 Month End Financial Results

Gross Revenue and Volumes – Gross revenues for September of \$3,961,000 were marginally lower than budgeted expectations of \$3,966,000. OP gross revenues of \$2,860,000 were also lower than a budget of \$3,004,000. Respiratory Therapy, Imaging, Lab, and ER volumes exceeded budgeted expectations while Surgical and Clinic volumes fell below budget expectations. IP and Swing Bed volumes and revenues of \$1,102,000 were higher than a budget of \$962,000 for the month with an Average Daily Census (ADC) of 8.1 below budgeted expectations of 9.2.

**Deductions from Revenue** – Revenue deductions at \$1,231,000 or 31.1% of gross revenue were lower than the budget of 38.1% due primarily to patient account transactions which can be volatile month over month. The year-to-date revenue deductions are 38.4% compared to budget of 38.1%. The Medicare cost report settlement estimate for the month of August is a payable of \$38k.

**Total Operating Revenues** of \$2,730,000 were higher than the budget of \$2,464,000 in September.

**Labor Expenses** were \$1,528,000 in September compared to a budget of \$1,692,000. Salaries and Benefits were lower than budget due to forecasted wage increases not yet realized and vacant FTE positions that have not yet been filled. Contract staffing for radiology, surgery, lab, and the clinic remain in use; however, budget assumptions anticipated the continued use of contract staffing in FY24.

**Professional Fees and Purchased Services** combined were \$529,000 which was higher than the budget of \$514,000 due largely in part to higher-than-expected ER provider expenses in September.

Medical Supplies, Drugs and Other Supplies combined at \$159,000 were lower compared to budgeted expectations of \$181,000 due largely in part to low surgery volumes compared to budget.

**Operating Expenses** – Total operating expenses of \$2,473,000 for the month were lower compared to a budget of \$2,636,000.

**Operating Income / Loss** – Operating income for September was \$257,000 compared to a budgeted loss of (\$172,000) due primarily to due favorable revenue deductions during the month.

Increase in Net Position was \$372,000 compared to a budgeted decrease in the amount of (\$73,000).

**Days Cash on Hand** for September was 106.8 days, down from August at 114.5. Cash was affected by the payment of the Medicare interim cost settlement and an increase in A/R days outstanding which was 51.9 in September up from 51.0 in August.

Volume and Key Performance Ratios For The Period Ending September 2023

	]			Month				7	Tear to Date		
					Variance	Variance				Variance	Variance
		Actual	Budget	Prior Year	to Bud	to Prior	Actual	Budget	Prior Year	to Bud	to Prior
	IP Days	137	112	112	22.8%	22.3%	387	355	356	9.1%	8.7%
Er .	Swing Bed Days	107	164	77	-34.9%	39.0%	275	504	262	-45.5%	5.0%
	Total Inpatient Days	244	276	189	-11.6%	29.1%	662	859	618	-22.9%	7.1%
nau	Avg Daily Census	8.1	9.2	6.3	-11.6%	29.1%	7.2	9.3	6.7	-22.9%	7.1%
i iii	Avg Length of Stay - IP	4.4	4.3	4.3	3.0%	2.6%	3.8	4.1	4.1	-6.9%	-7.3%
So	Avg Length of Stay - SWB	17.8	27.4	12.8	-34.9%	39.0%	11.5	20.2	10.5	-43.2%	9.3%
Volume Summary											
Vol	ED Registrations	466	473	456	-1.5%	2.2%	1,398	1,449	1,396	-3.5%	0.1%
	Clinic Registrations	354	439	450	-19.4%	-21.3%	1,273	1,347	1,343	-5.5%	-5.2%
	Ancillary Registrations	1,028	942	942	9.1%	9.1%	3,101	2,844	2,844	9.0%	9.0%
	Total OP Registrations	1,848	1,854	1,848	-0.3%	0.0%	5,772	5,640	5,583	2.3%	3.4%
t t	Gross IP Rev/IP Day	7,258	7,981	7,089	-9.1%	2.4%	7,291	8,611	7,641	-15.3%	-4.6%
ner	Gross SWB Rev/SWB Day	1,003	436	790	130.3%	27.0%	1,065	498	835	114.1%	27.5%
ate	Gross OP Rev/Total OP Registrations	1,547	1,620	1,328	-4.5%	16.6%	1,507	1,666	1,381	-9.5%	9.2%
ome St Ratios	Collection Rate	68.9%	61.9%	71.8%	11.4%	-4.0%	61.6%	61.9%	66.7%	-0.5%	-7.7%
Rat	Compensation Ratio	56.0%	68.7%	56.0%	-18.5%	0.0%	66.3%	66.2%	61.3%	0.1%	8.2%
Ino	OP EBIDA Margin \$	354,044	(77,657)	223,371	-555.9%	58.5%	(116,242)	103,740	388,740	-212.1%	-129.9%
Key Income Statement Ratios	OP EBIDA Margin %	13.0%	-3.2%	9.4%	-511.5%	37.9%	-1.6%	1.3%	5.5%	-221.5%	-129.2%
×	Total Margin	13.6%	-2.9%	11.0%	-562.4%	24.3%	-0.4%	1.5%	7.2%	-128.7%	-106.0%
<u>k</u> ,	Days Cash on Hand	106.8	80.0	135.2	33.5%	-21.0%					
Key Liquidity Ratios											
Liq.	1	51.9	50	47.5	3.8%	9.3%					
	AR Days Outstanding	51.9	50	47.0	3.0%	9.5%					



## Data Dictionary

	IP Days	Total Inpatient Days Per Midnight Census
	Swing Bed Days	Total Swing Bed Days per Midnight Census
	Total Bed Days	Total Days per Midnight Census
улет	Avg Daily Census	Total Bed Days / # of Days in period (Mo or YTD)
Summary	Avg Length of Stay - IP	Total Inpatient Days / # of IP Discharges
	Avg Length of Stay - SWB	Total Swing Bed Days / # of SWB Discharges
Volume	ED Registrations	Number of ED patient visits
	Clinic Registrations	Number of Clinic patient visits
	Ancillary Registrations	Total number of all other OP patient visits
	Total OP Registrations	Total number of OP patient visits

		Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
ement		Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
ater		Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
ş	Ratios	Collection Rate	Net patient revenue / total patient charges
) di	Ra	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
P		OP EBIDA Margin \$	Operating Margin + Depreciation + Amortization
Zey.	•	OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
-		Total Margin (%)	Total Margin / Total Operating Revenues

Days Cash on Hand	Total unrestricted cash / Daily OP Cash requirements
AR Days Outstanding	Gross AR / Avg. Daily Revenues



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

For The Period Ending September 30, 2023

		Cur	ent Month - Sep-202	3		Year To Date - Sep-2023				
	Sep-2023	Sep-2023			Sep-2022	Sep-2023	Sep-2023			Sep-2022
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual
Patient Revenue										
Inpatient	1,101,722	962,048	139,674	14.5%	854,833	3,114,673	3,304,478	(189,805)	(5.7%)	2,939,258
Outpatient	2,859,737	3,003,520	(143,783)	(4.8%)	2,453,351	8,700,989	9,393,674	(692,685)	(7.4%)	7,709,524
Total Patient Revenue	3,961,459	3,965,568	(4,109)	(0.1%)	3,308,184	11,815,662	12,698,151	(882,490)	(6.9%)	10,648,782
Deductions From Revenue										
Total Deductions	1,231,396	1,511,795	280,399	18.5%	933,741	4,539,267	4,842,171	302,904	6.3%	3,541,238
Revenue Deductions %	31.1%	38.1%			28.2%	38.4%	38.1%			33.3%
Net Patient Revenue	2,730,063	2,453,773	276,290	11.3%	2,374,443	7,276,395	7,855,980	(579,585)	(7.4%)	7,107,544
Other Operating Revenue	55	10,449	(10,394)	(99.5%)	30	120	31,347	(31,227)	(99.6%)	45
Total Operating Revenue	2,730,118	2,464,222	265,896	10.8%	2,374,473	7,276,515	7,887,327	(610,812)	(7.7%)	7,107,589
Operating Expenses										
Total Labor Expenses	1,527,636	1,691,941	164,305	9.7%	1,328,878	4,822,525	5,224,184	401,659	7.7%	4,355,430
Total Other Operating Expenses	945,773	943,808	(1,965)	(0.2%)	873,997	2,857,807	2,841,014	(16,792)	(0.6%)	2,517,624
Total Operating Expenses	2,473,409	2,635,750	162,341	6.2%	2,202,876	7,680,332	8,065,198	384,866	4.8%	6,873,054
Operating Income / (Loss)	256,709	(171,528)	428,237	(249.7%)	171,598	(403,817)	(177,871)	(225,945)	127.0%	234,535
Net Non-Operating Revenues	115,691	98,838	16,853	17.1%	88,939	372,429	296,515	75,914	25.6%	276,508
Change in Net Position	372,401	(72,689)	445,090	(612.3%)	260,536	(31,387)	118,644	(150,031)	(126.5%)	511,042
Collection Rate %	68.9%	61.9%	11.4%	11.4%	71.8%	61.6%	61.9%	(0.5%)	(0.5%)	66.7%
Compensation Ratio %	56.0%	68.7%	(18.5%)	(18.5%)	56.0%	66.3%	66.2%	0.1%	0.1%	61.3%
OP EBIDA Margin \$	354,044	(77,657)	431,701	(555.9%)	223,371	(116,242)	103,740	(219,982)	(212.1%)	388,740
OP EBIDA Margin %	13.0%	(3.2%)	16.1%	(511.5%)	9.4%	(1.6%)	1.3%	(2.9%)	(221.5%)	5.5%
Total Margin (%)	13.6%	(2.9%)	16.6%	(562.4%)	11.0%	(0.4%)	1.5%	(1.9%)	(128.7%)	7.2%



Volume and Key Performance Ratios For The Period Ending September 2023

		Actual	Budget	Month Prior Year	Variance to Bud	Variance to Prior Year
10	Medicare	64.17%	60.85%	60.85%	5.4%	5.4%
Charge	Medicaid	19.91%	19.60%	19.60%	1.6%	1.6%
Gross	Commercial	10.76%	10.37%	10.37%	3.7%	3.7%
Payor Mix - Gross Charges	Government	3.51%	7.23%	7.23%	-51.4%	-51.4%
	Other	0.42%	0.72%	0.72%	-41.9%	-41.9%
	Self Pay	1.23%	1.22%	1.22%	1.0%	1.0%

		Year to Date	Variance to	
Actual	Budget	Prior Year	Bud	Prior Year
62.54%	58.85%	58.85%	6.3%	6.3%
17.23%	18.79%	18.79%	-8.3%	-8.3%
17.2376	10./970	10./976	-0.3%	-0.3%
12.35%	12.13%	12.13%	1.8%	1.8%
5.84%	8.78%	8.78%	-33.5%	-33.5%
3.04/0	0.7070	3.7676	-33.370	-33.570
0.53%	0.54%	0.54%	-1.3%	-1.3%
1.50%	0.90%	0.90%	66.3%	66.3%

100.00%

Total	100.00%	100.00%	100.00%

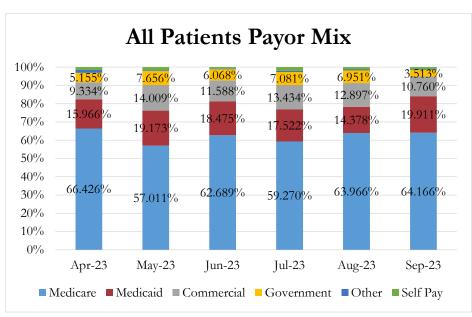
Year To Date

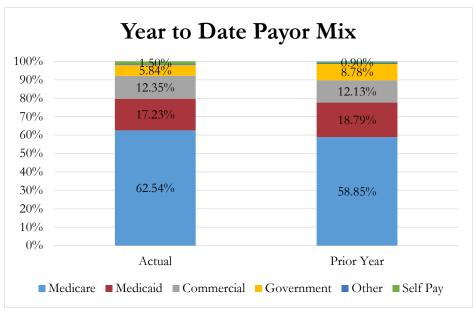
100.00% 100.00%

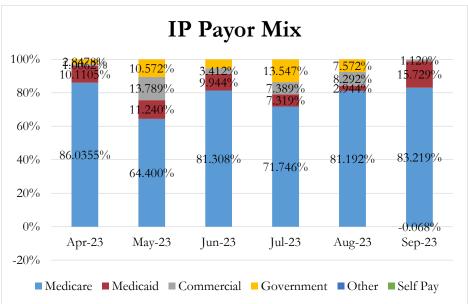
				Month		
					Varia	nce %
		FY23 Actual	FY23 Budget	FY22 Prior Year	To Budget	To Prior Year
	In Patient Days	137	112	112	22.8%	22.3%
	Swing Bed Days	107	164	77	-34.9%	39.0%
	Total Patient Days	244	276	189	-11.6%	29.1%
Patient Volumes	Emergency Visits Radiology Procedures	466 888	473 866	456 779	-1.5% 2.6%	2.2% 14.0%
ent	Laboratory Tests	3,678	3,771	3,335	-2.5%	10.3%
Pat	Respiratory Visits	612	328	373	86.5%	64.1%
	Surgeries and Endoscopies	4	29	-	-86.2%	#DIV/0!
	Specialty Clinic Visits	202	200	199	1.1%	1.5%
	Primary Care Clinic	392	403	474	-2.7%	-17.3%

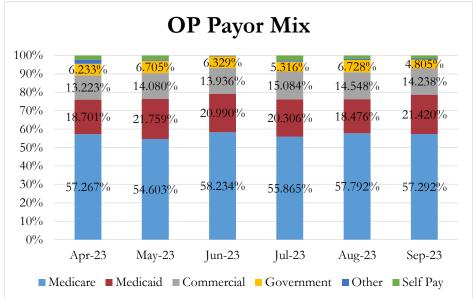
		Year To Dat	e	
			Variance %	
FY23	FY23	FY22		To Prior
Actual	Budget	Prior Year	To Budget	Year
387	355	356	9.1%	8.7%
275	504	262	-45.5%	5.0%
662	859	618	-22.9%	7.1%
1,398	1,449	1,396	-3.5%	0.1%
2,654	2,707	2,435	-2.0%	9.0%
10,667	11,876	10,502	-10.2%	1.6%
1,961	1,248	1,429	57.2%	37.2%
45	29	35	55.2%	28.6%
421	543	541	-22.5%	-22.2%
1,397	1,166	1,402	19.8%	-0.4%



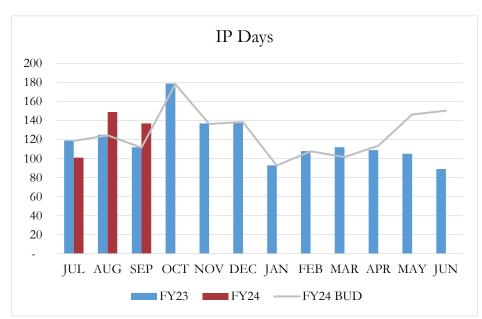


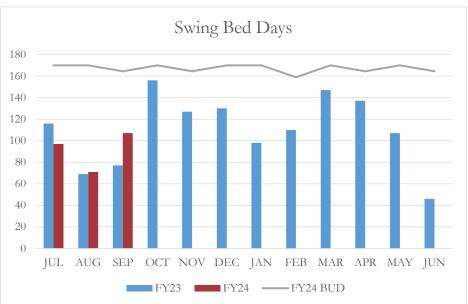


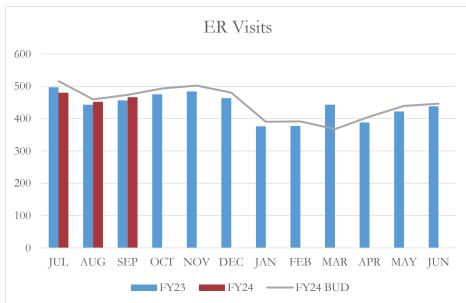


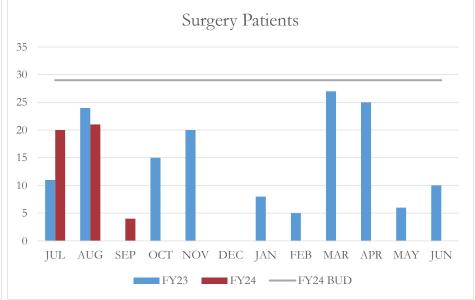




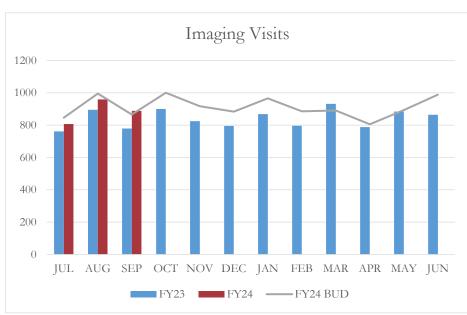


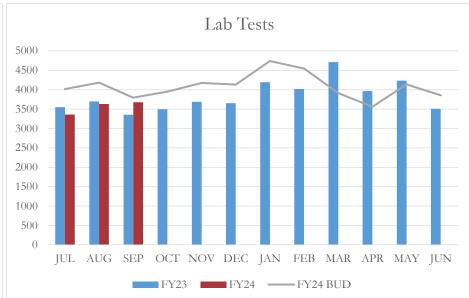


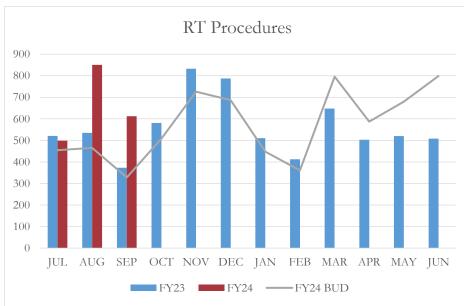


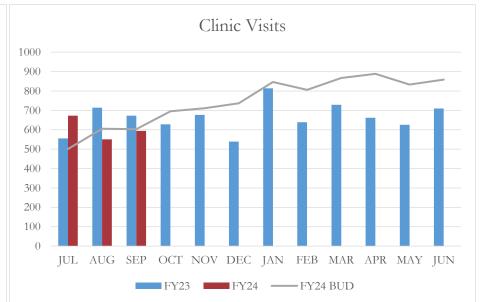














Balance Sheet For The Period Ending September 2023

	Balance as of	Balance as of		Balance as of
	September 2023	June 2023	Change	June 2022
Assets				
Current Assets				
Cash - Operating	6,494,017	7,581,927	(1,087,910)	6,600,542
Covid-19 Relief Funds	1,201,335	1,201,335	-	1,201,335
Medicare Accelerated Payments	-	-	-	3,041,479
Investments - Unrestricted	1,147,505	1,776,534	(629,029)	1,452,639
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	11,058,833	12,775,773	(1,716,939)	14,511,971
Patient Accounts Receivable	7,008,371	5,628,112	1,380,260	5,990,969
Allowance for Uncollectibles	(3,420,225)	(2,814,433)	(605,793)	(2,793,125)
Net Patient Accounts Receivable	3,588,146	2,813,679	774,467	3,197,844
Other Receivables	1,823	21,192	(19,369)	7,034
Inventory	324,312	260,326	63,986	163,375
Prepaid Expense	454,249	368,190	86,059	479,232
Property Tax Receivable	287,466	41,000	246,466	485,119
Total Current Assets	15,714,829	16,280,160	(565,330)	18,844,575
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	19,608,222	19,307,838	300,385	17,205,488
Less: Accumulated Depreciation	(14,142,080)	(13,854,505)	(287,575)	(12,886,837)
Construction In Progress	21,073	281,977	(260,904)	67,081
Net PP&E	5,948,743	6,196,837	(248,094)	4,847,259
Total Assets	21,663,572	22,476,997	(813,425)	23,691,835



Balance Sheet For The Period Ending September 2023

Balance as of	Balance as of		Balance as of
September 2023	June 2023	Change	June 2022
731,275	1,278,834	(547,558)	772,657
913,767	1,145,490	(231,723)	1,195,908
1,019,685	927,691	91,994	712,471
602,349	595,124	7,224	246,328
-	-	-	3,041,479
1,201,335	1,201,335	-	1,201,335
4,468,411	5,148,474	(680,063)	7,170,179
5,186,567	5,281,317	(94,750)	4,236,981
(602,349)	(595,124)	(7,224)	(246,328)
4,584,219	4,686,193	(101,974)	3,990,653
9,052,629	9,834,667	(782,037)	11,160,832
12,642,330	12,531,002	111,327	12,706,270
(31,387)	111,327	(142,715)	(175,268)
12,610,942	12,642,330	(31,387)	12,531,002
21,663,572	22,476,997	(813,425)	23,691,835
	731,275 913,767 1,019,685 602,349 - 1,201,335 4,468,411 5,186,567 (602,349) 4,584,219 9,052,629  12,642,330 (31,387) 12,610,942	September 2023         June 2023           731,275         1,278,834           913,767         1,145,490           1,019,685         927,691           602,349         595,124           -         -           1,201,335         1,201,335           4,468,411         5,148,474           5,186,567         5,281,317           (602,349)         (595,124)           4,584,219         4,686,193           9,052,629         9,834,667           12,642,330         12,531,002           (31,387)         111,327           12,610,942         12,642,330	September 2023         June 2023         Change           731,275         1,278,834         (547,558)           913,767         1,145,490         (231,723)           1,019,685         927,691         91,994           602,349         595,124         7,224           -         -         -           1,201,335         1,201,335         -           4,468,411         5,148,474         (680,063)           5,186,567         5,281,317         (94,750)           (602,349)         (595,124)         (7,224)           4,584,219         4,686,193         (101,974)           9,052,629         9,834,667         (782,037)           12,642,330         12,531,002         111,327           (31,387)         111,327         (142,715)           12,610,942         12,642,330         (31,387)



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

For The Period Ending September 30, 2023

For The Period Ending Septemb	er 30, 2023													
		Curr	ent Month - Sep-202	3			Yea	ar To Date - Sep-2023						
	Sep-2023	Sep-2023			Sep-2022	Sep-2023	Sep-2023			Sep-2022				
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual				
Patient Revenue														
Inpatient	1,101,722	962,048	139,674	14.5%	854,833	3,114,673	3,304,478	(189,805)	(5.7%)	2,939,258				
Outpatient	2,859,737	3,003,520	(143,783)	(4.8%)	2,453,351	8,700,989	9,393,674	(692,685)	(7.4%)	7,709,524				
Total Patient Revenue	3,961,459	3,965,568	(4,109)	(0.1%)	3,308,184	11,815,662	12,698,151	(882,490)	(6.9%)	10,648,782				
Deductions From Revenue														
Total Deductions	1,231,396	1,511,795	280,399	18.5%	933,741	4,539,267	4,842,171	302,904	6.3%	3,541,238				
Revenue Deductions %	31.1%	38.1%			28.2%	38.4%	38.1%			33.39				
Net Patient Revenue	2,730,063	2,453,773	276,290	11.3%	2,374,443	7,276,395	7,855,980	(579,585)	(7.4%)	7,107,544				
Other Operating Revenue	55	10,449	(10,394)	(99.5%)	30	120	31,347	(31,227)	(99.6%)	45				
Total Operating Revenue	2,730,118	2,464,222	265,896	10.8%	2,374,473	7,276,515	7,887,327	(610,812)	(7.7%)	7,107,589				
, ,								, , ,	. , ,					
Operating Expenses														
Salaries & Wages	1,126,071	1,208,132	82,060	6.8%	1,037,955	3,317,297	3,703,484	386,187	10.4%	3,220,063				
Contract Labor	229,496	181,843	(47,653)	(26.2%)	101,069	745,403	585,528	(159,875)	(27.3%)	420,490				
Benefits	172,069	301,967	129,898	43.0%	189,855	759,825	935,171	175,346	18.8%	714,877				
Total Labor Expenses	1,527,636	1,691,941	164,305	9.7%	1,328,878	4,822,525	5,224,184	401,659	7.7%	4,355,430				
Professional Fees	274,475	227,544	(46,931)	(20.6%)	273,677	820,643	682,632	(138,010)	(20.2%)	700,484				
Purchased Services	254,426	286,301	31,875	11.1%	186,242	791,645	858,903	67,259	7.8%	653,686				
Drugs & Pharmaceuticals	79,431	50,023	(29,408)	(58.8%)	65,592	228,118	153,417	(74,701)	(48.7%)	151,397				
Medical Supplies	20,516	29,614	9,097	30.7%	16,758	56,333	90,980	34,647	38.1%	73,952				
Other Supplies	59,375	101,085	41,710	41.3%	114,219	270,342	303,255	32,913	10.9%	275,621				
Lease and Rental	1,100	-	(1,100)	0.0%	-	2,200	-	(2,200)	0.0%	-				
Maintenance & Repairs	10,792	22,954	12,162	53.0%	28,162	61,255	68,863	7,608	11.0%	67,390				
Other Expenses	100,380	84,361	(16,018)	(19.0%)	91,124	202,879	257,187	54,308	21.1%	294,968				
Utilities	28,084	26,508	(1,576)	(5.9%)	25,143	77,237	79,523	2,286	2.9%	82,121				
Insurance	19,860	21,547	1,688	7.8%	21,309	59,580	64,642	5,063	7.8%	63,798				
Depreciation & Amortization	97,335	93,870	(3,464)	(3.7%)	51,773	287,575	281,611	(5,964)	(2.1%)	154,206				
Total Operating Expenses	2,473,409	2,635,750	162,341	6.2%	2,202,876	7,680,332	8,065,198	384,866	4.8%	6,873,054				
Operating Income / (Loss)	256,709	(171,528)	428,237	(249.7%)	171,598	(403,817)	(177,871)	(225,945)	127.0%	234,535				
Non-Operating	00.407	04.430	(2.042)	(2.20/)	05.455	200 202	274 247	/C 02/C	(2.2%)	255 155				
Property Taxes	89,427	91,439	(2,012)	(2.2%) 20.6%	85,155	268,280	274,317	(6,036)	(2.2%)	255,465				
Non-Operating Revenue	11,292	9,361	1,931	(4.8%)	1,995	60,947	28,084	32,863	(4.0%)	23,02				
Interest Expense	(25,758)	(27,066)	1,309		(14,784)	(77,919)	(81,199)	3,280		(44,35				
Investment Income	40,730	25,104	15,626	62.2%	16,573	121,121 <b>372,429</b>	75,313	45,808	60.8%	42,374				
Total Non-Operating	115,691	98,838	16,853	17.1%	88,939		296,515	75,914	25.6%	276,508				
Change in Net Position	372,401	(72,689)	445,090	(612.3%)	260,536	(31,387)	118,644	(150,031)	(126.5%)	511,042				



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

Companson to Filor Worths		urrent FY 2024					
	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	
Patient Revenue							
Inpatient	1,059,282	930,031	716,725	884,189	1,128,762	1,101,72	
Outpatient	2,203,623	2,697,349	2,622,888	2,874,864	2,966,388	2,859,73	
Total Patient Revenue	3,262,905	3,627,380	3,339,613	3,759,053	4,095,150	3,961,45	
Deductions From Revenue							
Charity Services	31,130	13,282	17,127	19,129	18,966	26.74	
Contractual Allowances	845,438	1,174,490	835,800	1,385,666	1,612,254	964,16	
Other Discounts	133,715	108,031	73,668	73,845	219,681	240,32	
Bad Debt	(15,545)	(11,848)	(14,250)	(12,609)	(9,061)	16	
Total Deductions	994,738	1,283,955	912,345	1,466,030	1,841,841	1,231,39	
Total Deductions	354,130	1,203,333	312,343	1,400,030	1,041,041	1,231,33	
Net Patient Revenue	2,268,167	2,343,425	2,427,269	2,293,023	2,253,309	2,730,06	
Other Operating Revenue	20	30	2,602	45	20	5	
Total Operating Revenue	2,268,187	2,343,455	2,429,870	2,293,068	2,253,329	2,730,11	
Operating Expenses							
Salaries & Wages	970,914	1,060,706	1,062,583	1,085,914	1,105,312	1,126,0	
Benefits	306,730	307,709	298,364	359,248	228,508	172,0	
Contract Labor	292,771	342,212	299,433	232,337	283,570	229,4	
Professional Fees	223,611	237,823	220,118	274,273	271,895	274,4	
Purchased Services	270,586	188,932	256,460	277,956	259,262	254,4	
Medical Supplies	33,478	23,619	21,424	16,943	18,874	20,5	
Drugs & Pharmaceuticals	46,573	51,603	(43,674)	91,675	57,011	79,4	
Other Supplies	83,905	96,111	83,627	85,602	125,366	59,3	
					97,554		
Depreciation & Amortization  Lease and Rental	84,554	83,150	103,106	92,686		97,3	
	20.205	10.155	16.725	20.124	1,100	1,10	
Maintenance & Repairs Utilities	30,385 28,406	18,155 26,595	16,725 27,031	29,124 24,123	21,338 25,030	10,7° 28,0°	
Insurance	21,213	21,213	69,103	19,860	19,860	19,8	
Other Expenses  Total Operating Expenses	73,022 <b>2,466,149</b>	77,722 <b>2,535,548</b>	136,092 <b>2,550,391</b>	10,388 <b>2,600,131</b>	92,112 <b>2,606,791</b>	100,38 <b>2,473,4</b> 0	
The second secon	2,100,110		_,			_,,,,,,,,	
Excess of Revenue Over Expenses from	(197,962)	(192,094)	(120,521)	(307,064)	(353,462)	256,70	
Non-Operating O	perations						
Unrestricted Contributions	89,427	89,427	89,427	89,427	89,427	89,4	
Other NonOperating Revenue\Expense	48,382	23,280	38,423	2,948	46,708	11,2	
Investment Income	34,857	37,326	37,699	39,558	40,833	40,7	
Total Non-Operating	172,666	150,032	165,549	131,932	176,967	141,44	
Interest Expense	(22,385)	(23,623)	(27,735)	(26,198)	(25,964)	(25,7	
Excess of Revenue Over Expenses	(47,681)	(65,685)	17,292	(201,329)	(202,459)	372,40	





Calculation: Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition: This ratio quantifies the amount of cash on hand in terms

of how many "days" an organization can survive with

existing cash reserves.

Desired Position: Upward trend, above the median

Year	Average
2024	113.0
2023	137.8
2022	113.0
2021	41.2
2020	54.0

Benchmark

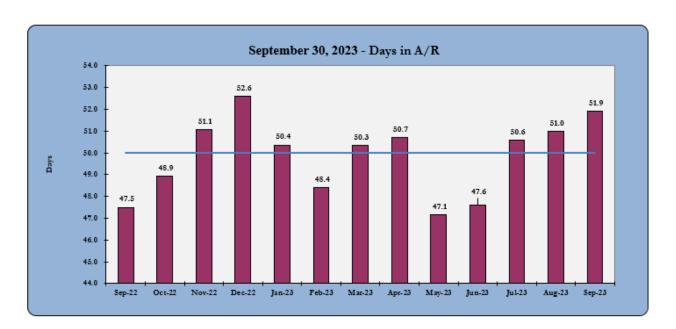
How ratio is used:

80 Days

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

Fiscal	<u>Jul</u>	Aug	Sep	Oct	Nov	Dec	Jan	<u>Feb</u>	Mar	Apr	May	<u>Jun</u>
2024	117.7	114.5	106.8									
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





Calculation:

3 Mo.

Gross Accounts Receivable

Average Daily Revenue

Definition: Considered a key "liquidity ratio" that calculates how quickly

accounts are being paid.

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

Benchmark 50

How ratio is used: Used to determine timing required to collect accounts. Usually,

organizations below the average Days in AR are likely to have

higher levels of Days Cash on Hand.

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
A/R (Gross)	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	5,896,120	6,202,815	6,668,233
Days in AR	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9
***	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
A/R (Gross)	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	5,896,120	6,202,815	6,668,233
Days in Month	30	31	30	31	31	28	31	30	31	30	31	31	30
Monthly Revenue	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	3,759,053	4,095,150	3,961,459
o Avg Daily Revenue	115,748	120,289	122,264	127,053	122,287	118,877	121,106	119,118	119,153	112,416	116,587	121,672	128,431
Days in AR	47.5	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9



## SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPTIAL PURCHASES SUMMARY

Approved Projects:							
Project Name	Department	Budg	eted Amount	Total Spending	Amou	ınt Remaining	Date Completed
Non-Threshold Capit	al Purchases (<\$15,000)						
New desk/workspace	ER	\$	14,500.00		\$	14,500.00	
Reclining Chairs	Radiology	\$	10,500.00		\$	10,500.00	
Desk Dividers	MedSurg	\$	10,000.00		\$	10,000.00	
Workstation Replacement	Information Systems	\$	10,000.00		\$	10,000.00	
Refrigerator Double Doors	Lab	\$	10,000.00		\$	10,000.00	
Bed Alarm System	Lab	\$	10,000.00		\$	10,000.00	
External automatic door near MRI	MedSurg	\$	10,000.00		\$	10,000.00	
Suction flow meters (19)	Radiology	\$	9,595.00		\$	9,595.00	
UHS Blanket Warming Unit	MedSurg	\$	7,500.00		\$	7,500.00	
Blanket Warmers	MedSurg	\$	7,335.00		\$	7,335.00	
Ultrasound Probe hockey stick	Radiology	\$	7,000.00		\$	7,000.00	
ID TipMaster	Radiology	\$	5,000.00		\$	5,000.00	
PAPR	Lab	\$	4,667.00		\$	4,667.00	
Door security	Radiology	\$	4,000.00		\$	4,000.00	

Not in Budget (<\$15,000)



120,097 \$

120,097

## SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPTIAL PURCHASES SUMMARY

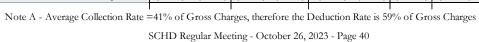
_			_	
F١	"	ш	7	4

12024	Approved Projects:						
	Project Name	Department	Buda	eted Amount	Total Spending	Amount Remaining	Date Completed
	Threshold Project		Dady	rea rimount	rotal openang	rimount ricinaning	Date Completed
	•						
	Drug Dispensing System	Pharmacy	\$	170,000.00		\$ 170,000.00	
	Air Handler Fin replacement	Engineering	\$	70,000.00		\$ 70,000.00	
	AMSCO Washer	Surgery	\$	62,000.00		\$ 62,000.00	
	Construction for Washer	Surgery	\$	44,500.00		\$ 44,500.00	
	Gurney	ER	\$	43,700.00		\$ 43,700.00	
	Bariatric Bed	MedSurg	\$	35,000.00		\$ 35,000.00	
	Cardiac Monitors	MedSurg	\$	25,000.00		\$ 25,000.00	
	Outside Sign Upgrades	Engineering	\$	24,500.00		\$ 24,500.00	
	Ultrasound Probe Cardiac 3D X5-1	Radiology	\$	23,000.00		\$ 23,000.00	
	Wifi System Upgrade	Information Systems	\$	22,000.00		\$ 22,000.00	
	Security Camera System Expansion	Information Systems	\$	21,000.00		\$ 21,000.00	
	DataCenter Battery Backup Replacement	Information Systems	\$	20,000.00		\$ 20,000.00	
	BACT Alert 360 D Replacement	Lab	\$	20,000.00		\$ 20,000.00	
	Ultrasound Echo Bed	Radiology	\$	19,203.00		\$ 19,203.00	
	EKG Machine	ER	\$	15,000.00		\$ 15,000.00	
	Storage Server Replacement	Information Systems	\$	15,000.00		\$ 15,000.00	
	Not in Budget	(>\$15,000)	\$	-		\$ -	
			\$	629,903	<u> </u>	\$ 629,903	-
	Grand Total		\$	750,000	<u>+ -</u>	<b>\$</b> 750,000	- :
2024							
	Grant Funded Projects:					_	
	Project Name	Department	_	eted Amount	Total Spending	Amount Remaining	Date Completed
			\$	-		\$ - \$ -	
				-		<b>a</b> -	
			•		<b>*</b> -	<b>\$</b> -	-
						•	:



### Clinic Provider Income Summary All Proders

All Provers For The Budget Year 2024								Current Bu	idget YTD
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY24	
	JUL	JUL	AUG	AUG	SEP	SEP	YTD	Budget	Variance
Provider Productivity Metrics									
Clinic Days	72	54	77	34	64	34	213	168	44
Total Visits	475	364	530	162	392	162	1397	1,166	231
Visits/Day	6.6	6.7	6.9	4.8	6.1	4.8	6.6	6.9	(0.4)
Total RVU	1,061.83	815.78	1,126.69	406.25	917.39	402.28	3,105.91	2,654.28	451.63
RVU/Visit	2.24	2.24	2.13	2.51	2.34	2.48	2.22	2.28	(0.05)
RVU/Clinic Day	14.85	15.07	14.63	12.09	14.33	11.98	14.62	15.77	(1.15)
Gross Revenue/Visit	381.78	395.56	375.49	457.62	482.56	461.74	407.67	407.59	0.08
Gross Revenue/RVU	170.79	176.55	176.63	182.54	206.20	185.91	183.37	179.01	4.36
Net Rev/RVU	75.89	80.78	77.14	94.31	88.75	94.98	80.14	81.80	(1.66)
Expense/RVU	111.21	157.82	130.18	163.07	121.81	162.18	121.22	143.05	(21.83)
Diff	(35.32)	(77.04)	(53.04)	(68.75)	(33.07)	(67.19)	(41.08)	(61.26)	20.17
Net Rev/Day	1,127.08	1,217.39	1,128.78	1,140.61	1,272.09	1,137.49	1,171.37	1,289.92	(118.55)
Expense/Day	1,651.58	2,378.40	1,904.84	1,972.11	1,746.09	1,942.17	1,771.81	2,255.89	(484.08)
Diff	(524.50)	(1,161.01)	(776.07)	(831.49)	(474.00)	(804.69)	(600.44)	(965.97)	365.53
				,					
Patient Revenue									
Outpatient									
Total Patient Revenue	181,345	144,030	199,009	74,159	189,164	74,787	569,518	475,142	94,376
Deductions From Revenue									
Total Deductions From Revenue (Note A)	100,759	78,129	112,093	35,844	107,750	36,576	320,602	258,027	62,575
Net Patient Revenue	80,587	65,901	86,916	38,316	81,414	38,210	248,916	217,115	31,801
Total Operating Revenue	80,587	65,901	86,916	38,316	81,414	38,210	248,916	217,115	31,801
Operating Expenses									
Salaries & Wages	61,877	70,820	86,051	36,851	65,014	36,056	212,942	210,740	2,202
Benefits	3,426	8,703	6,338	5,454	4,569	5,354	14,333	24,160	(9,827)
Medical Supplies	0	496	0	567	131	567	131	1,631	(1,500)
Other Supplies	746	132	36	132	579	132	1,361	397	964
Other Expenses	2,500	2,225	1,667	559	1,667	559	5,833	6,676	(843)
Allocation Expense	49,539	46,373	52,526	22,683	39,750	22,572	141,815	136,100	5,715
Total Operating Expenses	118,088	128,750	146,673	66,247	111,750	65,242	376,510	379,704	(3,194)
Excess of Operating Rev Over Exp	(37,501)	(62,849)	(59,757)	(27,932)	(30,336)	(27,031)	(127,594)	(162,589)	34,995
Total Non-Operating Income	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(37,501)	(62,849)	(59,757)	(27,932)	(30,336)	(27,031)	(127,594)	(162,589)	34,995





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

		ırrent Month - Sep-2023		Year To Date - Sep-2023				
	Hospital	Clinic Providers	Sep-2023	Hospital	Clinic Providers	Sep-2023		
	Actual	Actual	Actual	Actual	Actual	Actual		
Patient Revenue								
Inpatient	1,101,722	-	1,101,722	3,114,673	-	3,114,673		
Outpatient	2,670,573	189,164	2,859,737	8,131,471	569,518	8,700,989		
Total Patient Revenue	3,772,295	189,164	3,961,459	11,246,144	569,518	11,815,662		
<b>Deductions From Revenue</b>								
Total Deductions	1,123,646	107,750	1,231,396	4,218,665	320,602	4,539,267		
Revenue Deductions %	29.8%	57.0%	31.1%	37.5%	56.3%	38.4%		
Net Patient Revenue	2,648,649	81,414	2,730,063	7,027,479	248,916	7,276,395		
Other Operating Revenue	55	-	55	120	-	120		
Total Operating Revenue	2,648,704	81,414	2,730,118	7,027,599	248,916	7,276,515		
Operating Expenses								
Total Labor Expenses	1,458,053	69,583	1,527,636	4,595,250	227,275	4,822,525		
Total Other Operating Expenses	903,607	42,166	945,773	2,708,571	149,236	2,857,807		
Total Operating Expenses	2,361,659	111,750	2,473,409	7,303,821	376,510	7,680,332		
Operating Income / (Loss)	287,045	(30,336)	256,709	(276,222)	(127,594)	(403,817		
Net Non-Operating Revenues	115,691	0	115,691	372,429	0	372,429		
Change in Net Position	402,737	(30,336)	372,401	96,207	(127,594)	(31,387		
Collection Rate %	70.2%	43.0%	68.9%	62.5%	43.7%	61.6%		
Compensation Ratio %	55.0%	85.5%	56.0%	65.4%	91.3%	66.3%		
OP EBIDA Margin \$	384,380	(30,336)	354,044	11,352	(127,594)	(116,242		
OP EBIDA Margin %	14.5%	(37.3%)	13.0%	0.2%	(51.3%)	(1.6%		
Total Margin (%)	15.2%	(37.3%)	13.6%	1.4%	(51.3%)	(0.4%)		



