



## Board of Directors Regular Meeting

November 30, 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. 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.....(action)**
  5. Public Input
- III. Consent Agenda
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    - b. Executive Session–10/26/23 (provided in Executive Session)
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  2. Monthly Counsel Invoice – None
  3. **Motion to Approve or Not Approve Consent Agenda.....(action)**
- IV. Staff Reports
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  7. Strategic Plan Report (under separate cover)
- V. Monthly Financial Statements: Review
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**Southern Coos Health District  
Board of Directors Meeting  
Open Session Minutes  
October 26, 2023**

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

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

1. **Roll Call – Quorum established; one member absent:** Brent Bischoff, Board Chairman (via remote link); Mary Schamehorn, Secretary; Tom Bedell, Treasurer; Pam Hansen and Norbert Johnson Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Cori Valet, CNO; Scott McEachern, CIO; Dawn Gray, Clinic Manager; Douglas Crane, MD, Vice Chief of Staff. **Others present:** Robert S. Miller, Legal Counsel; Tony Andrade, Moss-Adams Audit Firm; Carrie Okey, HR Director. **Press:** None.

*Mary Schamehorn, Secretary, led the meeting on behalf of the Chairman who attended via remote meeting link.*

2. **Agenda Additions or Corrections**

The Moss-Adams Audit Report for fiscal year ending June 30, 2023, was moved forward in the agenda as a courtesy to the visiting presenter.

Norbert Johnson **moved to approve** the agenda with proposed change. 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 Doug Crane, MD, Vice Chief of Staff.

**2-Year Privileges – New**

Vicki Mazzorana, MD – Provisional – Emergency Medicine  
Edward Piepmeier, MD – Provisional – Emergency Medicine  
Brett Johnson, MD – Provisional – Emergency Medicine

**2-Year Privileges – Reappointment**

Tami Marriott, MD – Active – Emergency Medicine

## **Direct Radiology Appointments & Reappointments**

### **After Hours Reading Radiology:**

Shameem Azizad, MD – Courtesy – Resigned

Joshua Kuroiwa, DO – Courtesy – Resigned

Dhawal Goradia, MD – Courtesy – Resigned

Tom Bedell **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–09/28/23
- b. Executive Session–09/28/23 (provided in Executive Session)
- c. Special Meeting-10/09/23

#### **2. Monthly Counsel Invoice Robert S. Miller III – None.**

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

*At this time the Moss Adams Audit Report was moved forward in the agenda as a courtesy to the visiting presenter. Please see VII. 1. below.*

### **IV. Staff Reports**

#### **1. CEO Report**

Raymond Hino, CEO, presented a summary of his monthly report. **COVID Update:** The patient care trailer and pick-up truck, with negative pressure room, purchased with Covid relief funds, have been received. The annual Drive Through Flu (and Covid) Vaccination Clinic was rescheduled to October 27 due to weather issues on the planned date of October 25, additionally, a vaccine clinic was provided at Bandon Dunes for employees today and another will be held on November 2 as part of the Strategic Initiative to create relationships and community partnerships. **DNV:** Southern Coos is on track to submit required reporting due by December 11. **Surgery:** Dr. Ivanitsky is scheduled to onboard in November in a shared arrangement with Lower Umpqua Hospital. Dr. Sharon Monsivais, Plastic/Hand Surgeon, is reviewing her contract presently. Advertising for providers will begin as soon as possible. **Emergency Physician Coverage:** Emergency Physician stabilizing with providers now scheduled nearly 3 months in advance. Meetings with New Administrators: In October Mr. Hino met with new CEO Russ Woolley at Mercy Medical Center in Roseburg. Also in October Mr. Hino and 2 others attended the

annual Oregon Rural Health Conference in Bend to review a number of topics and strategies for rural healthcare. Southern Coos was honored as winner of the Oregon Rural Quality Excellence Award for creating a culture of employee and patient engagement leading to increased patient satisfaction outcomes. **Emergency Preparedness Training:** In November, three members of the Safety Committee will be attending a 2-day active shooter training at Bay Area Hospital after which we will be revising our active shooter incident response procedure and conducting a simulated (desk top) training event as soon as possible.

## **2. Clinic Report**

Dawn Gray, Clinic Manager, summarized the printed Clinic Report. The number of visits in September exceeded expectation. Amy Hinshaw, NP, has rejoined the clinic and is starting off with seeing 8 patients per day. Dr. Preslar is seeing 7.9 to 12 patients per day in October. Thank you to Scott McEachern for his work on gap analysis and CPSI/Evident optimization. The PCPCH application was successfully submitted.

## **3. CNO Report**

Cori Valet, CNO, provided a summary of hospital clinical operations for the month of September including current staffing report. Ms. Valet completed her CNO certification this month (October).

## **4. CFO Report**

Jeremiah Dodrill, CFO, provided a summary of Finance Department operations for the month of September. The FY23 audit is complete, thank you to Tony Andrade from Moss Adams for his report this evening. The Cost Report is nearly complete. Work is underway in response to DNV survey for Engineering in the Life Safety category and 96-hour sustainability. The compensation benchmarking rollout in collaboration with Human Resources will process through payroll this week. Thank you to all who have contributed to these projects.

## **5. CIO Report**

Scott McEachern, CIO, reviewed reports from the month of September on Information Systems, Health Information Management, and Marketing. Cybersecurity stats were reviewed and reminder regarding special meeting at 6:00 p.m. on November 1 for the Board to consider vendor recommendations and hear updated funding and implementation timeline options. Marketing projects were reviewed including introduction of new clinic providers, Dr. Wong, Amy Hinshaw, Dr. Preslar and general hospital services, flu clinics and Veteran's photo shoot. Collaboration outlined with regional radio stations and work with Lower Umpqua on future internal and external video and advertising. On October 6 a committee of stakeholders met to review several visual options and next steps toward final recommendation to Board of Directors at the November regular meeting.

## **6. SCHD Foundation Report**

Mr. McEachern, SCH Foundation Executive Director, provided the monthly Foundation Report. Golf for Health final proceeds report to be provided at the November regular meeting. Kudos to Brenda Sund, Controller, for spearheading the Bottle Drop account setup and promotion with proceeds to benefit the Foundation and participation in the 20% Holiday Give match Nov 15-Dec 2. The 21<sup>st</sup> annual Women's Health Day is scheduled to be held on February 27, 2024 and Aging Well in Bandon will be held in May 2024. Year End Campaign to support Surgical Services upgrades with a goal of \$200,000 to raise by March 1, 2024.

## **7. Strategic Plan Report**

Ray Hino, CEO, presented a summary on progress of Strategic Plan initiatives of 23 goals not including new accreditation section, now at 78% completion, an improvement of 5%. Notable changes include new section Medical Staff Development showing as 67% complete and new Service Line Plan to support Community Health Needs Assessment.

## **V. Monthly Financial Statements**

Jeremiah Dodrill, CFO, provided a summary of the financial statements for the month of September, including a review of Gross Revenue and Volumes, Deductions from Revenue, Labor Expenses, Professional Fees, Purchased Services, and Supplies. In summary, Gross revenues for September of \$3,961,000 were lower than budget of \$3,966,000. Inpatient and Swing Bed volumes and revenues of \$1,102,000 were higher than budget of \$962,000 with Average Daily Census (ADC) of 8.1. Total Operating Revenues of \$2,730,000 were higher than the budget of \$2,464,000. Total operating expenses of \$2,473,000 for the month were lower than budget of \$2,636,000. Operating income for September was \$257,000 compared to a budgeted loss of (\$172,000) due primarily to favorable revenue deductions during the month. Days Cash on Hand closed at 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. **Discussion:** October has seen an increase in pain procedures performed.

## **VI. Old Business**

None.

## **VII. New Business**

### **1. Moss-Adams Fiscal Year End 2023 Report – Tony Andrade**

This agenda item was moved ahead before Staff Reports as a courtesy to Mr. Andrade. Mr. Andrade reviewed his Powerpoint presentation, explaining the audit process to demonstrate compliance with Oregon minimum standards and to identify material weaknesses; upon finding none, an unmodified, or clean, opinion was issued on reported financials. Peer comparisons include type A & B hospitals (1-25 beds) of which there are 32 in the State of Oregon, for the purpose of this presentation

various statistics were compared with Coquille Valley Hospital, Lower Umpqua Hospital, and Curry General Hospital. Cash on Hand as of June 30, 2023 was 162 days compared to the average of 153. Payer mix for the year was 62% Medicare, 17% Medicaid, and 20% Commercial. **Discussion:** Southern Coos is in the top 5% of hospital Medicare usage in Oregon.

Tom Bedell, Treasurer **moved** to approve the audit as presented. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

**2. Consideration to move November Regular Meeting from November 16 to November 30**

Administration requested to move the November meeting date originally scheduled to be on November 16 due the Thanksgiving holiday, to November 30, to facilitate month-end financial reporting.

Pam Hansen **moved** to accept November meeting date change from November 16 to November 30 to support month-end financial reporting. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

**VIII. Open Discussion and Adjournment**

Discussion regarding simple Board communications outside of a public meeting to avoid serial communications. Mr. Miller confirmed that as long as a decision is not made, simple communication is allowable. There will be a Thanksgiving dinner provided for staff working the holiday November 23. Tom Bedell welcomed Sean Suppes, CPA, as newest member to join the Finance Committee that meets quarterly.

A special meeting will be held on November 1 at 6:00 p.m. to review additional information regarding the EHR/ERP RFP project. The next regular meeting will be held Thursday, November 30, 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.

**At 8:20 p.m. the meeting was adjourned.**

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Brent Bischoff, Chairman 11-30-2023

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Mary Schamehorn, Secretary 11-30-2023

**Southern Coos Health District  
Board of Directors  
Special Meeting  
November 1, 2023**

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

**1. Mary Schamehorn called the meeting to order at 6:00 p.m.**

**Roll Call** – Brent Bischoff, Board Chairman (arrived 6:08); Mary Schamehorn, Secretary; Tom Bedell, Treasurer; Norbert Johnson and Pam Hansen, Directors. **Administration:** Raymond Hino, CEO; Jeremiah Dodrill, CFO; Scott McEachern, CIO **Others present:** Cori Valet, CNO; Madelaine Yue, Experis; Matthew Borchardt, CLA (Clifton Larsen Allen, CPA); Kim Russell, Executive Assistant. **Press:** None.

**2. Agenda Approval**

Norbert Johnson **moved to approve** the agenda as presented. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

**3. Public Input**

None.

**II. ERP & EMR Vendor Proposal Follow-up: Total Cost of Ownership and Financing for Possible Consideration**

Scott McEachern, CIO, opened with introductions and review of agenda as provided in the Powerpoint presentation. Madeline Yue from Experis consulting group reviewed the proposed implementation timeline based on financing quotes and vendor scheduling availability. Option 1: decision on (EMR) Electronic Medical Record no later than March 2024 and (ERP) Enterprise Resource Planning decision no later than January 2024. Option 2: a decision after those dates may result in delayed implementation to 2025 due to vendor implementation resources and could risk not meeting ACO quality metric requirements (no penalty but also no gain). Implementation staffing reviewed, project management summary; no overtime required other than during “go live” with staggered ERP and EMR start dates. Change management was discussed; Support Services, live day and post-live support level built into the plan at “bronze level” or “mid-point”.

Matthew Borchardt from CLA reviewed financial assumptions updated from previous presentation, includes baseline performance established in 2023 with 1% per year growth and 2% return on cash and reserves, and other non-operating income discussed. The financial implications of staying with current vendor include no improvement in provider productivity (projected to improve to 80% over baseline). Provider productivity benchmarks were determined utilizing MGMA and MD Ranger tools. Financing options and review of worst case, best case, and most likely scenarios on total margin breakdown and return on strategic initiatives, with



conservative growth, were reviewed as well as opportunity costs. Funding considerations include Medicare Cost Based Reimbursement, Financing, Strategic Initiative improvements, and philanthropy. Advanced Health potential grant notification to be received in January 2024. Two financial institution quotes received with similar deals, collateralized with 5-year CDs at market rate plus 2% premium.

Market share of various EMR vendors in Oregon was discussed compared to CPSI/Evident market share loss. Board members requested that future presentations include slide or slides that recap why other vendors were not selected.

It was noted that the mid-point or “most likely” scenario from CLA that applies minimal growth, generates cash. Absent grant funding scenario also included in sensitivity analysis.

Approval of vendors of choice will show good faith, preserve proposal pricing, will secure scheduling and begin contract negotiations with no liability pre-contract-signing.

Tom Bedell **moved** to approve the preferred EMR/ERP vendor selection of Providence/Tegria for EHR and Sage/Intacct to enter into good faith contract negotiations and begin project scoping work, with intent to sign contract at special meeting in January 2024. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

### **III. Open Discussion and Adjournment**

Brent Bischoff, Chairman, thanked Administration and consultants Madeline Yue and Matthew Borchardt for their work, and thanked fellow board members for their engagement.

**At 8:20 p.m. the meeting adjourned.**

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Brent Bischoff, Chairman 11-30-2023

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Mary Schamehorn, Secretary 11-30-2023



## 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, November 30, 2023

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### 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.

- We had another very successful Flu Vaccine and Covid Vaccine Drive Through Clinic in Bandon City Park this year. The event was originally scheduled for October 25, but was canceled due to a severe rain and wind storm early in the morning. It was rescheduled for Friday, October 27. On October 27 the weather was beautiful and the Flu/Covid Vaccine clinic was very successful.
- Additionally, as previously reported Bandon Dunes Resort requested that Southern Coos Hospital provide a Flu Vaccination Clinic and COVID vaccination clinic for their employees. 2 half-days of vaccination clinics on-site at the resort on October 26 and November 2. The clinics were well attended and resort management reported that they were greatly appreciated by the staff. We will plan to do this again next year.
- Next, the Confederated Tribes of Coos County have requested a Flu Shot and Covid Shot clinic. We are in the process of scheduling this.

### 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

- Dr. Michael Ivanitsky signed his contract on October 27, 2023. His first day of employment with Southern Coos Hospital was November 8, 2023. Effective as of that date, we began sharing Dr. Ivanitsky with Lower Umpqua Hospital. He is scheduled to work 2 weeks per month in each of the 2 hospitals. Due to a scheduling change that was necessary because of Victoria Schmelzer's December vacation, Dr. Ivanitsky will be working for 4 consecutive weeks in December and January from December 18 to January 14. After that he will work 2 consecutive weeks at each hospital and then alternating to the other hospital for 2 consecutive weeks.

- Dr. Sharon Monsivais, Plastic/Hand Surgeon, signed her contract on November 13, 2023. She has given notice at her current employer, North Bend Medical Center, that her last day with them will be February 9, 2024. She will start as a full time employee at Southern Coos Hospital & Health Center on February 14, 2024.

### **Emergency Physician Coverage**

- As reported last month, our Emergency Department schedule has become more stable in the last 2 months and we are now scheduling ED physicians to work 3 months in advance. On tonight's Board agenda, I am presenting a proposal from a group called Rural Pacific Emergency Services, P.C., led by Dr. Robert Evans, to assume the management and contracting for ED providers in our emergency department. If the proposal is approved by our Board this month, the new group may be able to start as early as February 1, 2024. The cost of the proposal from Dr. Evans group is 2.5% above what we previously paid to the OPYS group.

### **Emergency Preparedness Training**

- On November 8 and November 9, there was a 2-day training class held at Bay Area Hospital in Coos Bay to train hospital responders for an active shooter event. Southern Coos Hospital sent 3 employees to the 2-day training. They were Nick Lucas, ED Nurse Manager, Arianne Booth, Nurse Educator and Jason Cook, Engineering Department Manager/ Safety Officer to both days of the training. Now that the training is complete, we will be revising our active shooter incident response procedure and conducting a simulated (desk top) training event as soon as possible.
- We were also notified that Oregon Rural Coastal Hospitals from as far north as Astoria, to as far south as Gold Beach are planning a simulated Cybersecurity/ Ransomware attack event. There will be a tabletop exercise, including Southern Coos Hospital and other hospitals on February 22.

### **Meetings with Area Representatives and Administrators**

- On Wednesday, November 8, I traveled to Coos Bay for a meeting with John Reeves, III, Director for Healthcare Services for the Confederated Tribes of Coos, Lower Umpqua and Siuslaw. I continue to be enthusiastic about the potential for collaboration between Southern Coos Hospital and the Confederated Tribes, which could include tribal patients being seen in Southern Coos Hospital offices and departments in Bandon.
- On Monday, November 13, I attended the Listening Session Meeting in Bandon at the Community Center that was held by Oregon State Senators, David Brock Smith and Senate President, Rob Wagner. Southern Coos Hospital was well represented at the meeting since both Mary Schamehorn and Brent Bischoff were also in attendance to represent both their entities. This was a great opportunity to remind Senator David Brock Smith how much we appreciated his tour of Southern Coos Hospital earlier this year and his interest in supporting growth and expansion of our facilities. It was also a good opportunity to inform our legislators that we continue to have challenges when it comes to obtaining Oregon licenses for new physicians and new nurses. Representative Court Boice was also at the Listening Session. Mr. Boice was very complimentary of our hospital and told me that he would like to schedule a tour to come see Southern Coos Hospital, as well. He has been here before. But it has been several years.

### **National Rural Health Day**

- November 16, 2023 was designated as National Rural Health Day. This special day is observed in all 50 states. The organizers of the event are the State Offices of Rural Health in each state. In Oregon that is the Oregon Office of Rural Health, which is organized under the auspices of Oregon Health & Science University (OHSU). Historically, each State designates 1 individual as their State's (Rural) Community Star, each year. For this year's National Rural Health Day, I had the honor of being selected as the Community Star for the State of Oregon.

### **Holiday Party**

- Our Annual Southern Coos Hospital & Health Center Holiday Party will be held on Saturday, December 9, 2023 in Bandon at the Bandon Fisheries Warehouse Club, 250 First Street, SW, Old Town Bandon. The party will begin with a Social Hour from 5 to 6pm. A dinner buffet will be served from 6 to 7pm.



## 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 – November 30, 2023**

### Provider News – October

The clinic registrations have risen by 17.9% compared to last month. Despite the uptick in the number of patients served, the clinic has encountered an increased loss of **\$67,959**, primarily attributed to the startup expenses associated with onboarding Amy Hinshaw. Amy has swiftly integrated into the team and is currently seeing an average of 8.5 patients per day.

Dr. Michael Ivanitsky successfully completed his onboarding and will be spending the next four weeks at Lower Umpqua Hospital. His first day seeing patients in the clinic and possibly performing his first surgery is December 18<sup>th</sup>. Additionally, we are delighted to announce that Dr. Sharon Monsivais has officially entered into a contract with SCHHC to provide plastic and reconstructive services including hand surgeries. Her start date is set for February 14, 2024. To support their successful integration, we are gearing up for an assertive marketing campaign to promote the services of both surgeons.

<b>October 2023 Clinic Stats</b>										
	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
Amy Hinshaw, FNP	8	81	12	1	68	8.5	1%	15%	0	52
Bonnie Wong, DO	12	122	20	1	101	8.4	1%	16%	2	18
Noel Pense, DO	1	7	1	0	6	6.0	0%	14%	0	0
Olixn Adams, DO	1	16	0	0	16	16.0	0%	0%	0	0
Paul Preslar, DO	11	169	29	3	137	12.5	2%	17%	0	30
Shane Matsui, LCSW	21	112	17	2	93	4.4	2%	15%	13	0
Victoria Schmelzer, CRNA	7	42	1	0	41	5.9	0%	2%	0	3
Outpatient Services	22	293	39	5	249	11.3	2%	13%	0	0
<b>Totals</b>	<b>83</b>	<b>842</b>	<b>119</b>	<b>12</b>	<b>711</b>	<b>8.6</b>	<b>1%</b>	<b>14%</b>	<b>15</b>	<b>103</b>
<b>Total telehealth</b>	<b>15</b>				462	Clinic Registrations				

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

- Dr. Qadir, Nephrology, was in clinic one day and saw 13 patients.
- Dr. Webster, ENT/Dermatology, was in clinic one day and saw 9 patients.

### Clinic Report – November

- We had a successful kickoff with Signify Health, the ACO (Accountable Care Organization) we recently joined. We will utilize a team-based care approach with value-based methodologies which allows our providers the time to spend with more acute patient needs while our staff are empowered with more capabilities and time to help patients better understand how to engage in their healthcare journey. More specific quality metrics will be shared with the providers, staff, and Board of Directors once we start reporting in January of 2024.
- An Optimization Team from Evident will be coming onsite November 27<sup>th</sup>-29<sup>th</sup> to assess our clinic workflows within Evident to determine if there are ways the clinic can optimize our usage of the EMR (Electronic Medical Record).

- The No Show rate dropped to 1% for the month of October.
- For the month of October, NRC started administering the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey to clinic patients who were seen during the month. The CAHPS survey covers four domains of patient experience: accessibility of care, communication with providers, care coordination, and interactions with staff. We are required to administer a CAHPS survey once every 2 years for our PCPCH attestation. Since it is a larger survey, I have included the results on the following page.
- On November 13, 2023, we received official notification of our designation as a Tier 3 Patient Centered Primary Care Home (PCPCH)! Moving forward, we are required to attest every two years, and an official site visit is anticipated within this timeframe. Excitingly, we have already received our first incentive payment from Advanced Health for our PCPCH status. Currently, we receive \$1.68 per Advance Health member assigned to the clinic per month.

**WE ARE A RECOGNIZED**

**PATIENT CENTERED**  
PRIMARY CARE HOME

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For their excellent approach to health care,  
**Southern Coos Hospital and Health Center**  
 is hereby recognized as a  
 Patient-Centered Primary Care Home  
 Tier: **3**      Date: **09/28/2023**

This clinic has hereby met the standards prescribed by the State of Oregon  
 to be recognized as a Patient-Centered Primary Care Home.

  
 Dave Baden  
 Interim Director  
 Oregon Health Authority



  
 Ali Hassoun  
 Interim Director  
 Health Policy & Analytics Division  
 Oregon Health Authority



**PATIENT CENTERED**  
PRIMARY CARE HOME PROGRAM

Southern Coos Multi-Specialty Clinic eCQM Performance Report for 2023						
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	As of 11/1/2023	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						

October 2023 CAHPS		After hours care information		C66:clerks/ (C66:clerks/ courtesy/respect		C66:clerks/ (C66:clerks/ receipt, helpful		C66:followed up with results		C66:got answer same day		C66:got routine appt as needed		C66:got urgent care appt		C66:Provider explained things		C66:Provider knew med history		C66:Provider listened		C66:Provider showed respect		C66:Provider spent enough time		C66:Talked about meds		Discussed caring for health		Discussed worry and stress		Informed on specialist care		NPs: Rating of provider		Talked about goals		
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	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	Score	n-size
Prestar, Paul	66.7	9	86.4	22	80	20	66.7	12	55.6	9	47.1	17	25	4	85.7	21	81	21	90.5	21	85.7	21	85.7	21	78.6	14	45	20	52.6	19	75	8	90.5	21	75	20		
Wong, Bonnie			100	10	80	10	40	5	60	5	62.5	8	25	4	77.8	9	77.8	9	88.9	9	88.9	9	77.8	9	66.7	9	33.3	9	44.4	9			100	9	77.8	9		
Hinslaw, Amy	50	4	100	9	100	9	40	5	0	1	50	8	50	6	77.8	9	55.6	9	88.9	9	77.8	9	88.9	9	80	5	44.4	9	33.3	9	75	4	55.6	9	44.4	9		
Schmeier, Victoria	100	2	100	5	100	5	75	4	66.7	3	100	2	50	2	100	5	100	5	100	5	100	5	100	5	100	4	80	5	80	5	100	2	100	5	100	5		
Adams, Olin			50	4	66.7	3	33.3	3	0	2	0	3	0	1	50	4	50	4	75	4	75	4	50	4	33.3	3	25	4	25	4			50	4	50	4		
Grand Total	66.7	15	90	50	85.1	47	55.2	29	50	20	50	38	35.3	17	81.3	48	75	48	89.6	48	85.4	48	83.3	48	74.3	35	44.7	47	47.8	46	78.6	14	83.3	48	70.2	47		

# Clinic Provider Income Summary

## All Providers

For The Budget Year 2024

Current Budget YTD

	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT YTD	FY24 Budget	Variance
<b>Provider Productivity Metrics</b>											
Clinic Days	72	54	77	34	64	34	57	51	270	244	25
Total Visits	475	364	530	162	392	162	462	255	1859	1,692	167
Visits/Day	6.6	6.7	6.9	4.8	6.1	4.8	8.1	5.0	6.9	6.9	(0.0)
Total RVU	1,062.44	815.78	1,131.34	406.25	924.00	402.28	1,001.11	523.43	4,118.89	3,762.45	356.44
RVU/Visit	2.24	2.24	2.13	2.51	2.36	2.48	2.17	2.05	2.22	2.22	(0.01)
RVU/Clinic Day	14.86	15.07	14.69	12.09	14.44	11.98	17.56	10.33	15.28	15.39	(0.11)
Gross Revenue/Visit	381.78	395.56	375.49	1,013.69	482.56	1,030.09	389.42	348.48	403.14	394.30	8.84
Gross Revenue/RVU	170.69	176.55	175.91	404.36	204.72	414.73	179.71	170.00	181.95	177.34	4.61
Net Rev/RVU	75.85	80.78	76.83	185.26	88.11	188.80	78.48	81.07	79.51	80.22	(0.71)
Expense/RVU	111.15	157.76	129.65	311.65	120.94	308.95	146.36	257.59	126.98	136.72	(9.74)
Diff	(35.30)	(76.97)	(52.82)	(126.39)	(32.83)	(120.15)	(67.88)	(176.52)	(47.48)	(56.50)	9.03
Net Rev/Day	1,127.08	1,217.39	1,128.78	2,240.48	1,272.09	2,261.01	1,378.32	837.39	1,215.14	1,234.51	(19.37)
Expense/Day	1,651.58	2,377.37	1,904.84	3,768.99	1,746.09	3,699.84	2,570.57	2,660.77	1,940.75	2,104.04	(163.29)
Diff	(524.50)	(1,159.98)	(776.07)	(1,528.51)	(474.00)	(1,438.83)	(1,192.26)	(1,823.38)	(725.61)	(869.53)	143.92
<b>Patient Revenue</b>											
Outpatient											
Total Patient Revenue	181,345	144,030	199,009	164,273	189,164	166,839	179,914	88,983	749,432	667,239	82,193
<b>Deductions From Revenue</b>											
Total Deductions From Revenue (M)	100,759	78,129	112,093	89,011	107,750	90,887	101,350	46,549	421,952	365,414	56,538
<b>Net Patient Revenue</b>											
	80,587	65,901	86,916	75,262	81,414	75,952	78,564	42,434	327,480	301,826	25,654
<b>Total Operating Revenue</b>											
	80,587	65,901	86,916	75,262	81,414	75,952	78,564	42,434	327,480	301,826	25,654
<b>Operating Expenses</b>											
Salaries & Wages	61,877	69,247	86,051	69,247	65,014	67,578	85,103	70,328	298,045	276,400	21,645
Benefits	3,426	8,703	6,338	7,979	4,569	7,478	12,992	7,835	27,325	31,995	(4,670)
Medical Supplies	0	496	0	567	131	567	57	638	188	2,270	(2,081)
Other Supplies	746	132	36	132	579	132	510	132	1,871	530	1,341
Other Expenses	2,500	3,742	1,667	3,742	1,667	3,742	4,355	2,225	10,188	14,970	(4,782)
Allocation Expense	49,539	46,373	52,526	44,940	39,750	44,787	43,546	53,672	185,361	188,255	(2,894)
Total Operating Expenses	118,088	128,694	146,673	126,608	111,750	124,285	146,523	134,831	523,033	514,418	8,615
<b>Excess of Operating Rev Ov</b>											
	(37,501)	(62,793)	(59,757)	(51,346)	(30,336)	(48,333)	(67,959)	(50,121)	(195,553)	(212,593)	17,039
<b>Total Non-Operating Income</b>											
	0	0	0	0	0	0	0	0	0	0	0
<b>Excess of Revenue Over Exp</b>											
	(37,501)	(62,793)	(59,757)	(51,346)	(30,336)	(48,333)	(67,959)	(50,121)	(195,553)	(212,593)	17,039

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 – November 30, 2023

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### **Clinical Department Staffing- October 2023**

- **Medical-Surgical Department –**
  - One full-time CNAI position filled.
  - Seven full-time CNA positions vacant.
  - Three full-time nurse positions vacant.
  - Three contract RNs utilized.
- **Emergency Department –**
  - One full-time RN vacancy
  - One full-time LPN float position vacant (float between MS and ED).
  - One contract RN utilized.
- **Surgical Services –**
  - One full-time circulating nurse position vacant.
  - One per diem surgical technician position remains vacant.
  - One contract RN and one contract surgical tech utilized.
- **Medical Imaging –**
  - One full-time Radiology Technologist (XR/CT) on-boarded.
  - Two full-time Radiology Technologist positions vacant.
  - Two contract Radiology Technologists utilized.
- **Laboratory –**
  - One full time Medical Lab Technologist/Scientist position vacant.
  - One contract Medical Lab Technologist utilized.
- **Pharmacy –**
  - Fully staffed.
- **Respiratory Therapy –**
  - One Full time respiratory therapist position vacant.
  - One contract Respiratory Therapist utilized.

## Clinical Department FTE Statistics for October 2023

	Current Month								
	Actual	FTE Budget	Diff	Actual	Contract Budget	Diff	Actual	Total Budget	Diff
<b>Med Surg</b>	<b>26.89</b>	<b>25.77</b>	<b>1.12</b>	<b>2.80</b>	<b>2.80</b>	<b>0.00</b>	<b>29.69</b>	<b>28.57</b>	<b>1.12</b>
Manager	1.00	1.01	-0.01	-	-	0.00	1.00	1.01	-0.01
CNA I	2.21	1.72	0.49	-	-	0.00	2.21	1.72	0.49
CNA II	3.07	3.77	-0.70	-	-	0.00	3.07	3.77	-0.70
Patient Activities Coordin.	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Charge Nurse	3.42	3.54	-0.12	-	-	0.00	3.42	3.54	-0.12
RN	12.96	10.99	1.97	2.80	2.80	0.00	15.76	13.79	1.97
LPN	2.36	2.56	-0.20	-	-	0.00	2.36	2.56	-0.20
Telemetry Tech	1.87	1.18	0.69	-	-	0.00	1.87	1.18	0.69
<b>Swing Bed</b>	<b>0.98</b>	<b>1.01</b>	<b>-0.03</b>	-	-	<b>0.00</b>	<b>0.98</b>	<b>1.01</b>	<b>-0.03</b>
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
<b>Emergency Room</b>	<b>11.79</b>	<b>12.12</b>	<b>-0.33</b>	<b>0.82</b>	<b>0.93</b>	<b>-0.11</b>	<b>12.61</b>	<b>13.05</b>	<b>-0.44</b>
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA II	1.53	2.49	-0.96	-	-	0.00	1.53	2.49	-0.96
LPN	3.32	2.39	0.93	-	-	0.00	3.32	2.39	0.93
RN	5.94	6.24	-0.30	0.82	0.93	-0.11	6.76	7.17	-0.41
<b>Surgical Services</b>	<b>3.49</b>	<b>5.60</b>	<b>-2.11</b>	<b>1.42</b>	-	<b>1.42</b>	<b>4.91</b>	<b>5.60</b>	<b>-0.69</b>
Director	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Manager	1.20	-	1.20	-	-	0.00	1.20	-	1.20
RN	-	-	0.00	-	-	0.00	-	-	0.00
Surgical Nurse	1.77	3.00	-1.23	1.42	-	1.42	3.20	3.00	0.20
Surgical Tech	0.51	1.60	-1.09	-	-	0.00	0.51	1.60	-1.09
<b>Radiology</b>	<b>3.16</b>	<b>3.05</b>	<b>0.11</b>	<b>1.30</b>	<b>1.87</b>	<b>-0.56</b>	<b>4.46</b>	<b>4.92</b>	<b>-0.45</b>
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Coordinator	0.79	0.75	0.04	-	-	0.00	0.79	0.75	0.04
Medical Imaging Admin	0.97	1.00	-0.03	-	-	0.00	0.97	1.00	-0.03
Rad Tech IV	0.39	0.30	0.09	1.30	1.87	-0.56	1.70	2.17	-0.47
<b>Ultrasound</b>	<b>1.22</b>	<b>1.94</b>	<b>-0.72</b>	-	-	<b>0.00</b>	<b>1.22</b>	<b>1.94</b>	<b>-0.72</b>
Ultrasound Tech II	0.83	1.64	-0.81	-	-	0.00	0.83	1.64	-0.81
Ultrasound Tech IV	0.39	0.30	0.09	-	-	0.00	0.39	0.30	0.09
<b>Mammography</b>	<b>0.41</b>	<b>1.63</b>	<b>-1.22</b>	-	-	<b>0.00</b>	<b>0.41</b>	<b>1.63</b>	<b>-1.22</b>
Mammo Tech	0.41	1.63	-1.22	-	-	0.00	0.41	1.63	-1.22
<b>Cat Scan</b>	<b>2.04</b>	<b>0.06</b>	<b>1.98</b>	-	-	<b>0.00</b>	<b>2.04</b>	<b>0.06</b>	<b>1.98</b>
Rad Tech II	1.02	-	1.02	-	-	0.00	1.02	-	1.02
Ct/Rad Tech Reg	1.02	0.06	0.96	-	-	0.00	1.02	0.06	0.96
<b>MRI</b>	<b>1.01</b>	<b>0.99</b>	<b>0.02</b>	-	-	<b>0.00</b>	<b>1.01</b>	<b>0.99</b>	<b>0.02</b>
Rad Tech IV	1.01	0.99	0.02	-	-	0.00	1.01	0.99	0.02
<b>Lab</b>	<b>8.81</b>	<b>9.53</b>	<b>-0.72</b>	<b>0.73</b>	<b>1.87</b>	<b>-1.13</b>	<b>9.54</b>	<b>11.40</b>	<b>-1.86</b>
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Assistant I	-	0.99	-0.99	-	-	0.00	-	0.99	-0.99
Assistant II	2.80	3.01	-0.21	-	-	0.00	2.80	3.01	-0.21
Assistant III	1.08	0.99	0.09	-	-	0.00	1.08	0.99	0.09
CNA II	0.62	-	0.62	-	-	0.00	0.62	-	0.62
Medical Lab Tech Lead	0.23	1.00	-0.77	-	-	0.00	0.23	1.00	-0.77
Medical Lab Scientist	1.35	0.55	0.80	-	-	0.00	1.35	0.55	0.80
Medical Lab Tech	1.73	1.99	-0.26	0.73	1.87	-1.13	2.46	3.86	-1.40
<b>Pharmacy</b>	<b>1.94</b>	<b>1.90</b>	<b>0.04</b>	-	-	<b>0.00</b>	<b>1.94</b>	<b>1.90</b>	<b>0.04</b>
Pharmacist	0.69	0.60	0.09	-	-	0.00	0.69	0.60	0.09
RN	1.25	1.30	-0.05	-	-	0.00	1.25	1.30	-0.05
<b>Respiratory</b>	<b>4.93</b>	<b>6.00</b>	<b>-1.07</b>	<b>0.77</b>	<b>0.93</b>	<b>-0.16</b>	<b>5.70</b>	<b>6.93</b>	<b>-1.24</b>
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Respiratory Therapist	3.93	5.00	-1.07	0.77	0.93	-0.16	4.70	5.93	-1.24
<b>Total Difference</b>	<b>66.66</b>	<b>69.60</b>	<b>-2.94</b>	<b>7.85</b>	<b>8.40</b>	<b>-0.55</b>	<b>74.51</b>	<b>78.00</b>	<b>-3.49</b>

## **DAISY Award Recognition**

The DAISY award celebrates nurses who have provided extraordinary care or have gone above and beyond the expectations of patients or family members. On November 16, 2023, Southern Coos Hospital and Health Center recognized Jennifer Isenhardt, Medical-Surgical Registered Nurse as the DAISY Award Honoree. This award occurs only twice a year and this award marks the second in the history of Southern Coos Hospital and Health Center to be awarded.

- Eight other nurses were nominated and celebrated at the DAISY award ceremony.
- All nurses nominated for the DAISY award were provided with a copy of their nomination, a DAISY nomination certificate, and a DAISY nomination pin.
- Jennifer Isenhardt, our DAISY Award Honoree, received:
  - A DAISY Award certificate and portfolio
  - A beautiful, hand-carved, “Healers Touch” sculpture from Zimbabwe
  - A DAISY Honoree Pin
  - A beautiful flower arrangement of daisies
  - A personal story on THE DAISY Foundation’s International Website
  - A press release to The World newspaper.
  - Recognition on the Southern Coos Hospital & Health Center’s social media page.



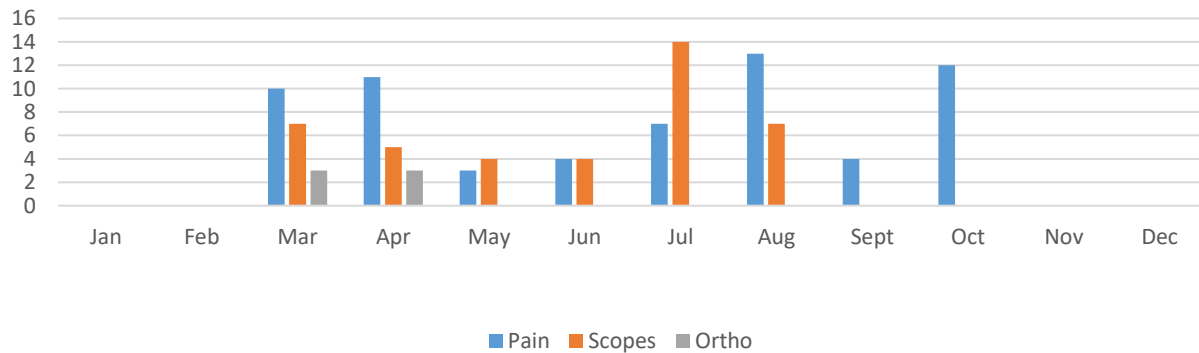
## Community Benefit Vaccine Clinics

Southern Coos Hospital and Health Center was able to offer not only regular and high dose influenza vaccines, but also COVID vaccines this year at our annual drive through vaccine clinic held on October 27, 2023.

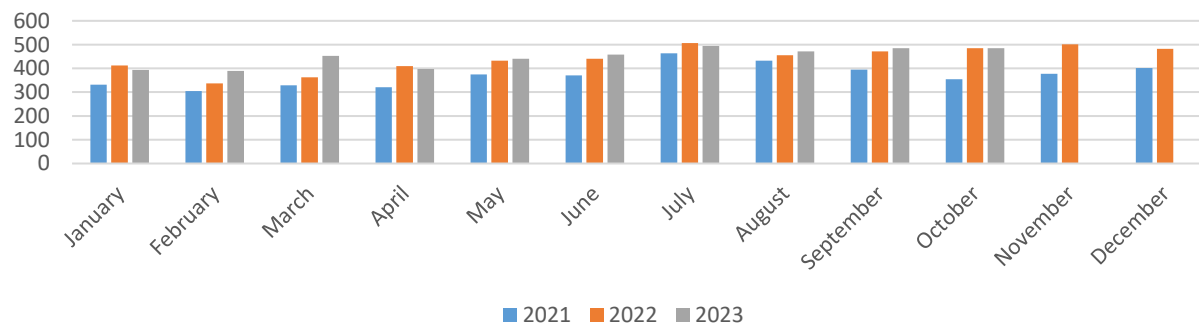
A new partnership was formed between SCHHC and the Bandon Dunes Golf Resort to help reduce the incidence of influenza and COVID infection by offering two additional vaccine clinic days for their employees. On October 26 and November 2, 2023. 64 COVID and 73 flu vaccines were administered to by nursing staff volunteers on-site at the Bandon Dunes Golf Resort.

## Department Statistics

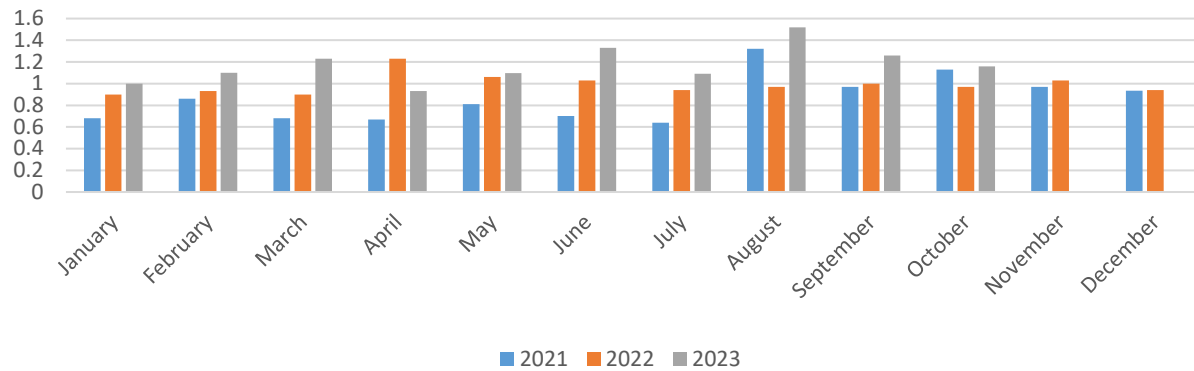
Surgical Services Volumes 2023



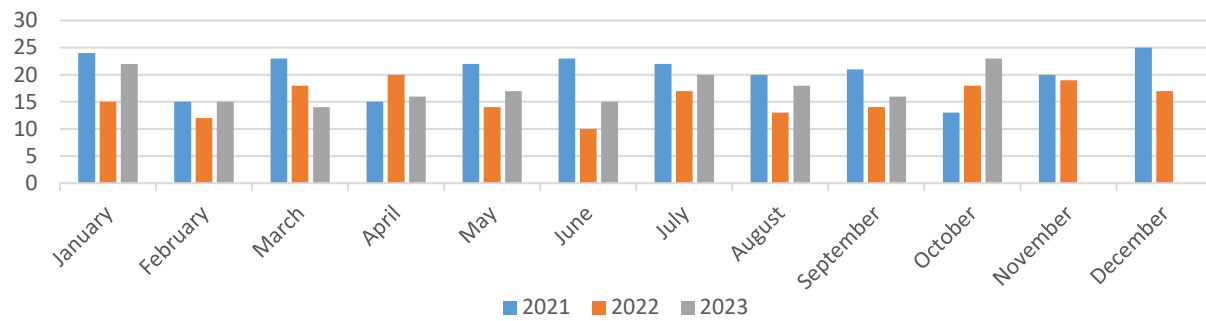
ED Census Tracking 2021-2023



### 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 – November 30, 2023**

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### 2023 FYE Audited Financial Statements and 2023 FYE Medicare Cost Report

Moss Adams finalized and issued the District's audited financial statements for its fiscal year ended June 30, 2023. The Finance department has made the required filings of this report to the State of Oregon, including the FR-3 to the Oregon Health Authority and Summary of Revenues and Expenditures to the Oregon State Department.

CLA finalized the preparation of the hospital's Medicare Cost Report for the fiscal year ended June 30, 2023. This Medicare Cost Report was filed with Noridian (Medicare fiscal intermediary) on November 20, 2023.

### Dr. Sharon Monsivias Contract

Administration and Finance has formally contracted with Dr. Sharon Monsivias, plastic surgeon and hand surgical specialist to a 2-year contract beginning on February 14, 2023. Dr. Monsivias will work in the clinic and have dedicated block time within the Surgery department. The contract provides that Dr. Monsivias will be a fully employed member of the SCHHC team. Legal and compliance reviews, including fair market value analysis for total compensation, were completed as a part of the contracting and negotiation process.

### Reforecasting FY 2024 Fiscal Year Projections

Finance has commenced a project to reforecast the current fiscal year ending June 30, 2023. This updated projection is intended to evaluate the expected performance of the hospital under current conditions and known changes from budgeted expectations. The two primary known variables from the budgeted expectations for the year include ED physician coverage changes as well as the assumptions around surgical volumes and costs. Finance, with the support of Administration and the Surgical department are working to reproject anticipated volumes and surgical department cost structure given the onboarding and ramp up of the new surgical providers, Dr. Ivanitsky and Dr. Monsivias. This work is expected to take 3-6 weeks. Additionally, when completed, we will reforecast the long-range financial plan based on an updated plan for FY 2024.



# 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, November 30, 2023

## Cybersecurity

Email Protection Provided by Mimecast	June 2023	July 2023	August 2023	September 2023	October 2023
Spam Blocked/Number of Emails	357/67462	747/44139	646/92876	429/167479	542/59995
Impersonation Attacks	746	732	867	916	842
Malware Detected and Quarantined	10	4	8	4	40*
Links Clicked/Number Unsafe	253/4	387/0	431/0	352/0	288/0
Malicious Attachments	0 files	0	0	0	0
Internet Traffic Monitored by Critical Insight	June 2023	July 2023	August 2023	September 2023	October 2023
Number of Records Ingested (in millions)	497.5	514.2	540.5	571.3	597.9M
Investigations	4	3	4	3	1
Reported Investigations	0	2	0	0	0
High Priority Investigations	0	0	0	0	0
Patch Management - Vulnerability Scans	June 2023	July 2023	August 2023	September 2023	October 2023
Critical	20	9	7	5	8*
High	36	22	18	18	20*
Medium	1679	1629	1545	1588	1707
Low	150	149	145	146	148
Info	14657	14535	14508	14511	14901

## Note on October's Cybersecurity Climate

Over the past two months, cyberattacks have increased significantly. Referring to the three asterisked metrics above (Malware Detected and Quarantined, Critical and High Vulnerabilities) demonstrate the effectiveness of SCHHC's cybersecurity posture and our partnership with Critical Insight. While SCHHC was thankfully not the victim of a ransomware attack, many healthcare organizations across the nation were affected, and, in several cases, caused service disruptions. These attacks also affected healthcare suppliers such as New York-based Henry Schein, which is a supplier to SCHHC. Following protocol, representatives from Henry Schein notified SCHHC of the attack and in turn, we notified Critical Insight. We experienced no threat nor damage from the Henry Schein incident.

### **Annual HIPAA Risk Assessment**

The SCHHC IS team is working with our cybersecurity vendor, Critical Insight, on performing the CMS-mandated annual HIPAA risk assessment. The deadline for completion of the HIPAA Risk Assessment is December 31 and we will have it completed by December 15<sup>th</sup>, 2023. We will present the report to the SCHD Board of Directors in January 2024.

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

Please see slide deck located under Old Business.





## 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, November 30, 2023

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### Events Update

- The Golf for Health net proceeds total \$54,951 – the most that we have ever made from this event!
- The Foundation currently has \$707.60 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: <https://bottledrop.com/holiday-give/>
- 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

- **Annual Drive-Thru Flu Clinic:** This was set for Wednesday, Oct. 25 and due to inclement weather that caused tents to blow over and supplies to be compromised, the clinic was shut down and rescheduled for a couple of days later on Friday, Oct. 27. We got the word out quickly and it was still a successful clinic, which included the flu vaccine and the COVID vaccine. However, the COVID vaccine ran out, which indicates a desire by the public to receive the updated COVID vaccine. A flu/COVID vaccination clinic was also held at Bandon Dunes Golf Resort for employees on Nov. 1 and the following week, at the resort. Total vaccines given out at the drive-through flu/COVID shot clinic: 70 regular dose, 150 high dose; COVID vaccines: 114. **Donations raised: \$1,025.50**



## Monthly Financial Statements

**To: Board of Directors and Southern Coos Management**

**From: Jeremiah Dodrill, CFO**

**Re: October 2023 Month End Financial Results – November 30, 2023**

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Gross Revenue and Volumes – Gross revenues for October of \$3,846,000 were lower than budgeted expectations of \$4,792,000. OP gross revenues of \$2,827,000 were lower than a budget of \$3,128,000. Lab and Clinic volumes exceeded budgeted expectations while Surgical, Respiratory Therapy, Imaging, and ER volumes fell below budget expectations. IP and Swing Bed volumes and revenues of \$1,019,000 were lower than a budget of \$1,664,000 for the month with an Average Daily Census (ADC) of 7.7 below budgeted expectations of 11.2.

Deductions from Revenue – Revenue deductions at \$1,212,000 or 31.5% 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 36.7% compared to budget of 38.1%. The Medicare cost report settlement estimate for the month of October is a receivable of \$20k.

Total Operating Revenues of \$2,634,000 were lower than the budget of \$2,975,000 in October.

Labor Expenses were \$1,865,000 in October compared to a budget of \$1,793,000. Salaries and Benefits were higher than budget due to forecasted wage increases as well as the 2% lump sum adjustment payments for staff who's wages are currently over the benchmarks. 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 October.

Medical Supplies, Drugs and Other Supplies combined at \$157,000 were lower compared to budgeted expectations of \$185,000 due largely in part to low surgery volumes compared to budget.

Operating Expenses – Total operating expenses of \$2,797,000 for the month were higher compared to a budget of \$2,749,000.

Operating Income / Loss – Operating loss for October was \$(163,000) compared to a budgeted income of \$226,000 due primarily to negative variances in inpatient and outpatient revenue.

Decrease in Net Position was \$(40,000) compared to a budgeted increase in the amount of \$325,000.

Days Cash on Hand for October was 113.1 days, up from September at 106.8. Cash was affected by increased cash payments during the month. A/R days outstanding at 51.7 in October was slightly down from 51.9 in September.

# Southern Coos Hospital & Health Center

Volume and Key Performance Ratios  
For The Period Ending October 2023

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	111	178	179	-37.7%	-38.0%	498	533	535	-6.6%	-6.9%
	Swing Bed Days	128	170	156	-24.7%	-17.9%	403	674	418	-40.2%	-3.6%
	Total Inpatient Days	239	348	335	-31.4%	-28.7%	901	1,207	953	-25.4%	-5.5%
	Avg Daily Census	7.7	11.2	10.8	-31.4%	-28.7%	7.3	9.8	7.7	-25.4%	-5.5%
	Avg Length of Stay - IP	4.8	6.4	6.4	-24.2%	-24.5%	4.0	4.6	4.7	-14.0%	-14.4%
	Avg Length of Stay - SWB	8.5	14.2	13.0	-39.7%	-34.4%	10.3	18.2	11.3	-43.3%	-8.5%
	ED Registrations	467	493	475	-5.3%	-1.7%	1,865	1,942	1,871	-3.9%	-0.3%
	Clinic Registrations	422	454	442	-7.0%	-4.5%	1,695	1,801	1,785	-5.9%	-5.0%
	Ancillary Registrations	1,046	913	913	14.6%	14.6%	4,147	3,757	3,757	10.4%	10.4%
	Total OP Registrations	1,935	1,860	1,830	4.0%	5.7%	7,707	7,500	7,413	2.8%	4.0%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,150	8,407	7,353	-3.1%	10.8%	7,483	8,543	7,545	-12.4%	-0.8%
	Gross SWB Rev/SWB Day	892	968	959	-7.8%	-6.9%	1,010	616	882	63.9%	14.6%
	Gross OP Rev/Total OP Registrations	1,461	1,682	1,384	-13.1%	5.5%	1,496	1,670	1,382	-10.4%	8.2%
	Collection Rate	67.0%	61.9%	64.1%	8.3%	4.5%	62.9%	61.9%	66.0%	1.7%	-4.7%
	Compensation Ratio	72.4%	60.3%	60.4%	20.2%	19.8%	67.9%	64.6%	61.1%	5.1%	11.2%
	OP EBIDA Margin \$	(105,726)	324,083	124,096	-132.6%	-185.2%	(202,049)	427,823	512,836	-147.2%	-139.4%
	OP EBIDA Margin %	-4.1%	10.9%	4.8%	-137.7%	-184.8%	-2.1%	3.9%	5.3%	-152.1%	-138.7%
	Total Margin	-3.8%	10.9%	7.2%	-135.0%	-153.3%	-1.0%	4.1%	7.2%	-125.2%	-114.3%
Key Liquidity Ratios	Days Cash on Hand	113.1	80.0	130.5	41.4%	-13.3%					
	AR Days Outstanding	51.7	50	48.9	3.4%	5.7%					



# Southern Coos Hospital & Health Center

## Data Dictionary

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



# Southern Coos Hospital & Health Center

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

For The Period Ending October 31, 2023

	Current Month - Oct-2023					Year To Date - Oct-2023				
	Oct-2023 Actual	Oct-2023 Budget	Variance	Var %	Oct-2022 Actual	Oct-2023 Actual	Oct-2023 Budget	Variance	Var %	Oct-2022 Actual
<b>Patient Revenue</b>										
Inpatient	1,018,842	1,663,594	(644,752)	(38.8%)	1,465,820	4,133,514	4,968,071	(834,557)	(16.8%)	4,405,077
Outpatient	2,826,783	3,128,314	(301,531)	(9.6%)	2,533,610	11,527,772	12,521,987	(994,216)	(7.9%)	10,243,133
<b>Total Patient Revenue</b>	<b>3,845,624</b>	<b>4,791,908</b>	<b>(946,283)</b>	<b>(19.7%)</b>	<b>3,999,429</b>	<b>15,661,286</b>	<b>17,490,059</b>	<b>(1,828,773)</b>	<b>(10.5%)</b>	<b>14,648,211</b>
<b>Deductions From Revenue</b>										
<b>Total Deductions</b>	<b>1,212,238</b>	<b>1,827,796</b>	<b>615,558</b>	<b>33.7%</b>	<b>1,436,002</b>	<b>5,751,504</b>	<b>6,669,967</b>	<b>918,463</b>	<b>13.8%</b>	<b>4,977,240</b>
Revenue Deductions %	31.5%	38.1%			35.9%	36.7%	38.1%			34.0%
<b>Net Patient Revenue</b>	<b>2,633,387</b>	<b>2,964,112</b>	<b>(330,725)</b>	<b>(11.2%)</b>	<b>2,563,427</b>	<b>9,909,782</b>	<b>10,820,092</b>	<b>(910,310)</b>	<b>(8.4%)</b>	<b>9,670,971</b>
Other Operating Revenue	880	10,449	(9,569)	(91.6%)	30	1,000	41,795	(40,795)	(97.6%)	75
<b>Total Operating Revenue</b>	<b>2,634,267</b>	<b>2,974,561</b>	<b>(340,294)</b>	<b>(11.4%)</b>	<b>2,563,457</b>	<b>9,910,782</b>	<b>10,861,887</b>	<b>(951,105)</b>	<b>(8.8%)</b>	<b>9,671,046</b>
<b>Operating Expenses</b>										
Total Labor Expenses	1,865,414	1,792,562	(72,852)	(4.1%)	1,549,217	6,687,939	7,016,746	328,806	4.7%	5,904,646
Total Other Operating Expenses	931,424	956,037	24,614	2.6%	939,742	3,773,537	3,797,052	23,515	0.6%	3,457,366
<b>Total Operating Expenses</b>	<b>2,796,838</b>	<b>2,748,599</b>	<b>(48,239)</b>	<b>(1.8%)</b>	<b>2,488,959</b>	<b>10,461,476</b>	<b>10,813,797</b>	<b>352,321</b>	<b>3.3%</b>	<b>9,362,013</b>
<b>Operating Income / (Loss)</b>	<b>(162,571)</b>	<b>225,961</b>	<b>(388,532)</b>	<b>(171.9%)</b>	<b>74,499</b>	<b>(550,694)</b>	<b>48,090</b>	<b>(598,784)</b>	<b>(1245.1%)</b>	<b>309,033</b>
<b>Net Non-Operating Revenues</b>	<b>122,229</b>	<b>98,838</b>	<b>23,391</b>	<b>23.7%</b>	<b>109,148</b>	<b>507,501</b>	<b>395,354</b>	<b>112,147</b>	<b>28.4%</b>	<b>385,655</b>
<b>Change in Net Position</b>	<b>(40,342)</b>	<b>324,800</b>	<b>(365,141)</b>	<b>(112.4%)</b>	<b>183,646</b>	<b>(43,194)</b>	<b>443,443</b>	<b>(486,637)</b>	<b>(109.7%)</b>	<b>694,688</b>
<b>Collection Rate %</b>	<b>68.5%</b>	<b>61.9%</b>	<b>10.7%</b>	<b>10.7%</b>	<b>64.1%</b>	<b>63.3%</b>	<b>61.9%</b>	<b>2.3%</b>	<b>2.3%</b>	<b>66.0%</b>
<b>Compensation Ratio %</b>	<b>70.8%</b>	<b>60.3%</b>	<b>17.5%</b>	<b>17.5%</b>	<b>60.4%</b>	<b>67.5%</b>	<b>64.6%</b>	<b>4.5%</b>	<b>4.5%</b>	<b>61.1%</b>
<b>OP EBIDA Margin \$</b>	<b>(47,726)</b>	<b>324,083</b>	<b>(371,809)</b>	<b>(114.7%)</b>	<b>124,096</b>	<b>(144,049)</b>	<b>427,823</b>	<b>(571,872)</b>	<b>(133.7%)</b>	<b>512,836</b>
<b>OP EBIDA Margin %</b>	<b>(1.8%)</b>	<b>10.9%</b>	<b>(12.7%)</b>	<b>(116.6%)</b>	<b>4.8%</b>	<b>(1.5%)</b>	<b>3.9%</b>	<b>(5.4%)</b>	<b>(136.9%)</b>	<b>5.3%</b>
<b>Total Margin (%)</b>	<b>(1.5%)</b>	<b>10.9%</b>	<b>(12.5%)</b>	<b>(114.0%)</b>	<b>7.2%</b>	<b>(0.4%)</b>	<b>4.1%</b>	<b>(4.5%)</b>	<b>(110.7%)</b>	<b>7.2%</b>



# Southern Coos Hospital & Health Center

Volume and Key Performance Ratios  
For The Period Ending October 2023

		Month				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
Payor Mix - Gross Charges	Medicare	61.32%	68.20%	68.20%	-10.1%	-10.1%
	Medicaid	19.55%	16.38%	16.38%	19.4%	19.4%
	Commercial	12.22%	11.83%	11.83%	3.3%	3.3%
	Government	5.58%	1.97%	1.97%	183.2%	183.2%
	Other	0.26%	1.02%	1.02%	-74.9%	-74.9%
	Self Pay	1.08%	0.62%	0.62%	74.8%	74.8%

**Total**                      **100.00%**   **100.00%**   **100.00%**

		Year to Date				
		Actual	Budget	Prior Year	Variance to	Variance to
					Bud	Prior Year
		62.24%	61.40%	61.40%	1.4%	1.4%
		17.80%	18.13%	18.13%	-1.8%	-1.8%
		12.32%	12.05%	12.05%	2.2%	2.2%
		5.78%	6.92%	6.92%	-16.6%	-16.6%
		0.46%	0.67%	0.67%	-30.6%	-30.6%
		1.40%	0.83%	0.83%	69.4%	69.4%

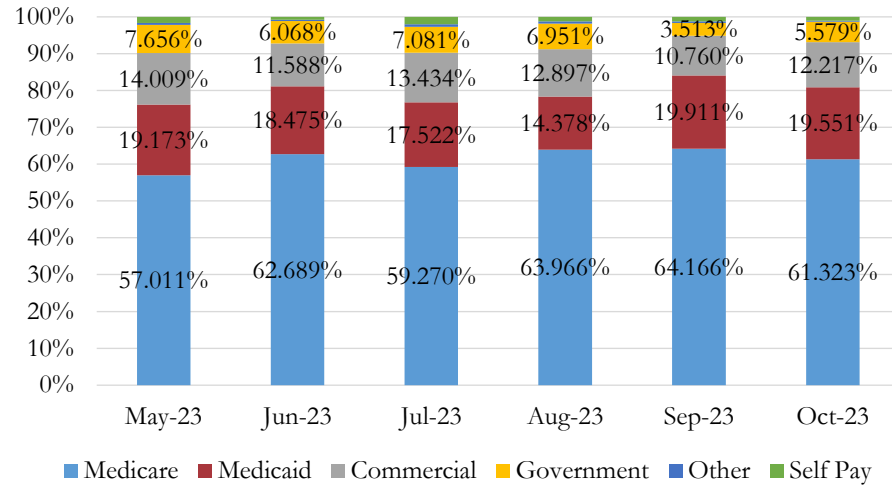
**100.00%**   **100.00%**   **100.00%**

		Month				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
Patient Volumes	In Patient Days	111	178	179	-37.7%	-38.0%
	Swing Bed Days	128	170	156	-24.7%	-17.9%
	<b>Total Patient Days</b>	<b>239</b>	<b>348</b>	<b>335</b>	<b>-31.4%</b>	<b>-28.7%</b>
	Emergency Visits	467	493	475	-5.3%	-1.7%
	Radiology Procedures	828	1,000	900	-17.2%	-8.0%
	Laboratory Tests	4,654	3,908	3,456	19.1%	34.7%
	Respiratory Visits	476	508	581	-6.2%	-18.1%
	Surgeries and Endoscopies	12	29	15	-58.6%	-20.0%
	Specialty Clinic Visits	249	169	168	47.6%	48.2%
	Primary Care Clinic	462	526	460	-12.2%	0.4%

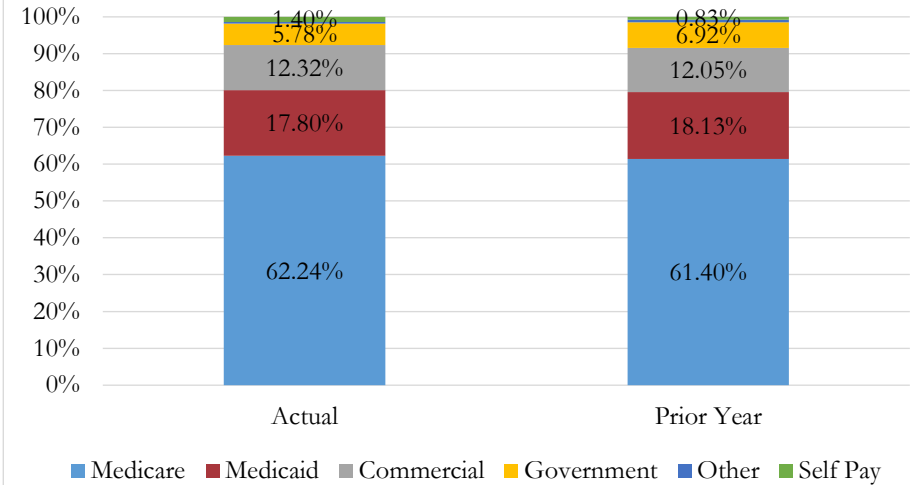
		Year To Date				
		FY23 Actual	FY23 Budget	FY22 Prior Year	Variance %	
					To Budget	To Prior Year
		498	533	535	-6.6%	-6.9%
		403	674	418	-40.2%	-3.6%
		<b>901</b>	<b>1,207</b>	<b>953</b>	<b>-25.4%</b>	<b>-5.5%</b>
		1,865	1,942	1,871	-3.9%	-0.3%
		3,482	3,707	3,335	-6.1%	4.4%
		15,321	15,784	13,958	-2.9%	9.8%
		2,437	1,756	2,010	38.8%	21.3%
		57	29	50	96.6%	14.0%
		880	712	709	23.6%	24.1%
		<b>1,859</b>	<b>1,692</b>	<b>1,862</b>	<b>9.9%</b>	<b>-0.2%</b>



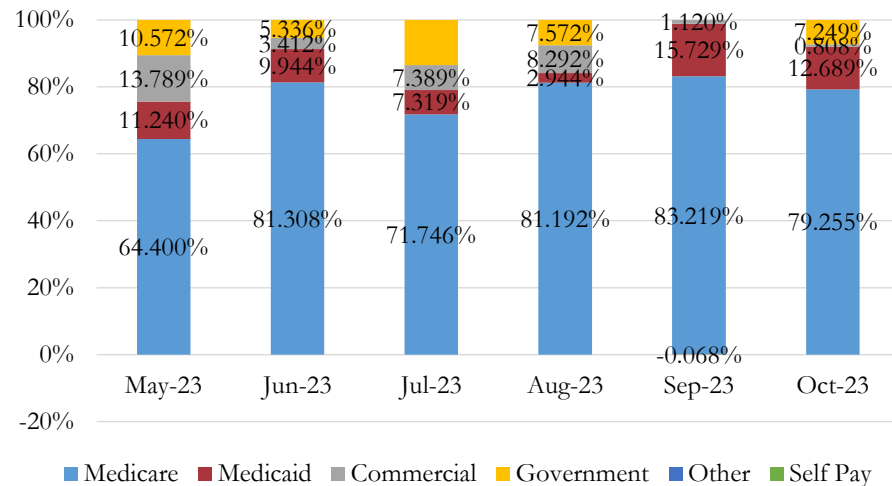
## All Patients Payor Mix



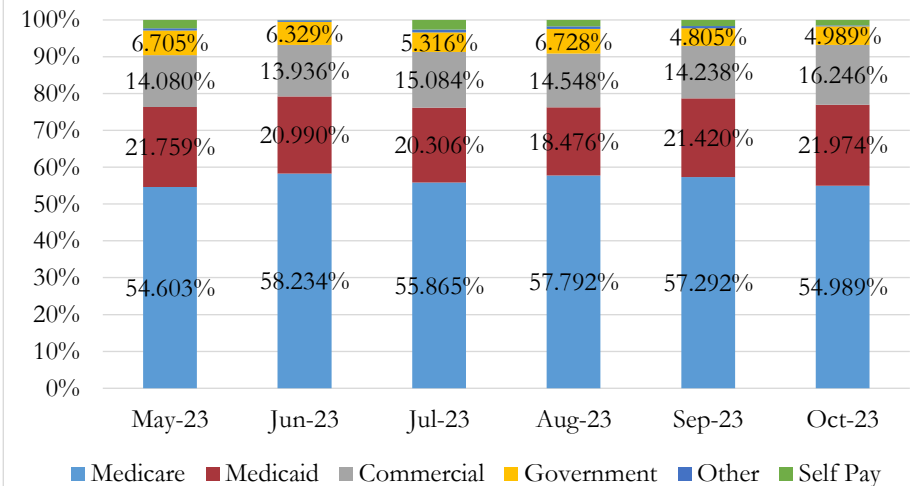
## Year to Date Payor Mix



## IP Payor Mix

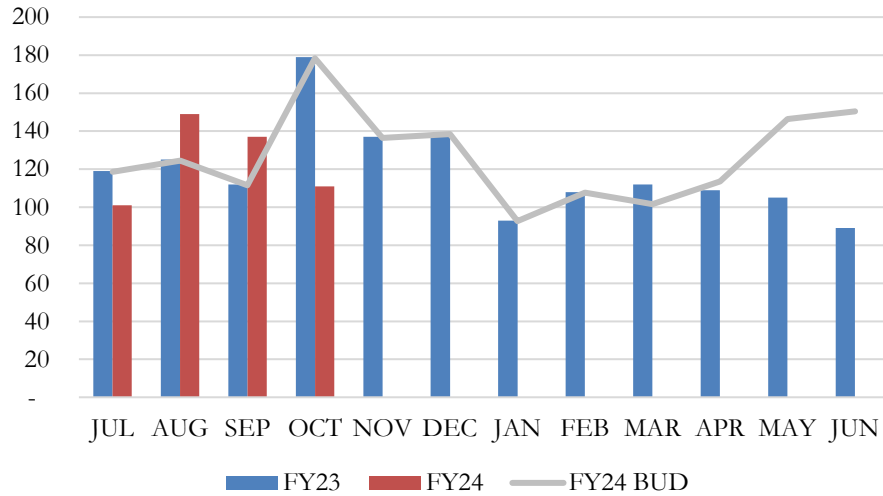


## OP Payor Mix

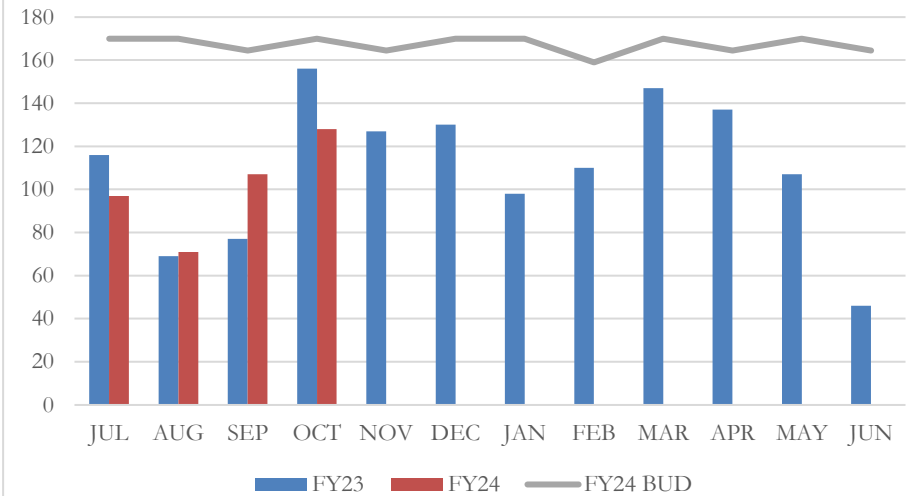




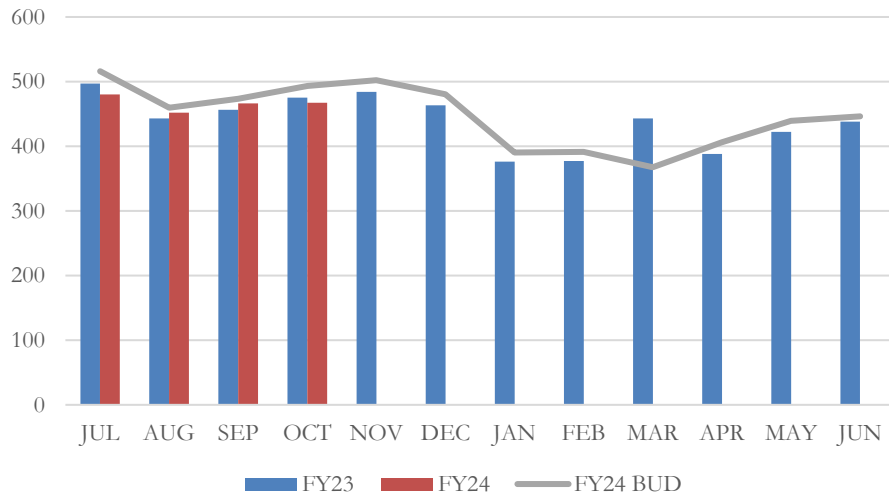
### IP Days



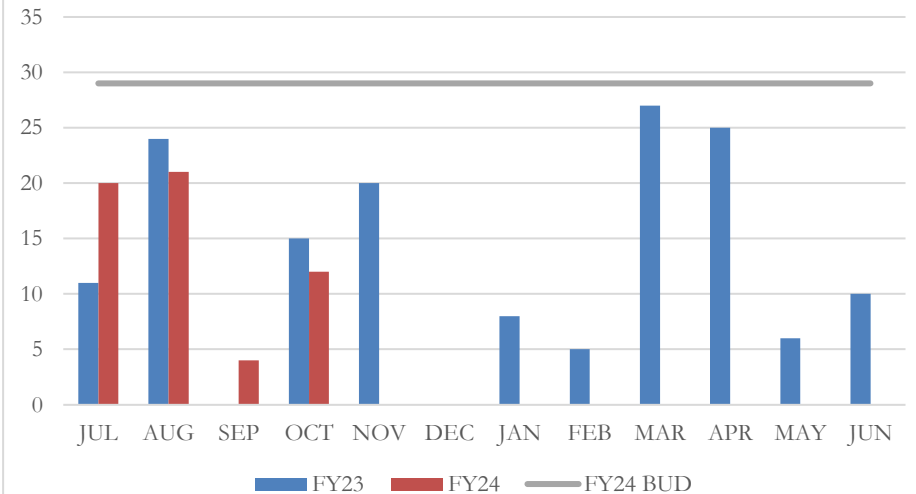
### Swing Bed Days



### ER Visits

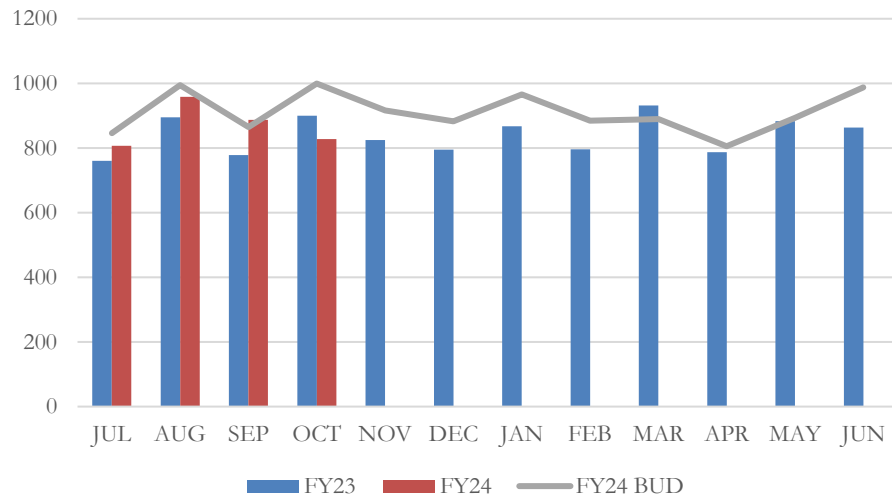


### Surgery Patients

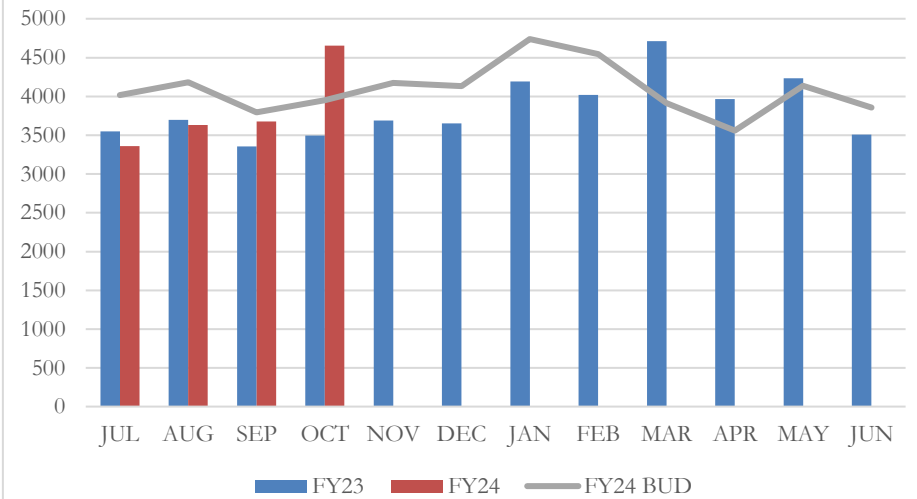




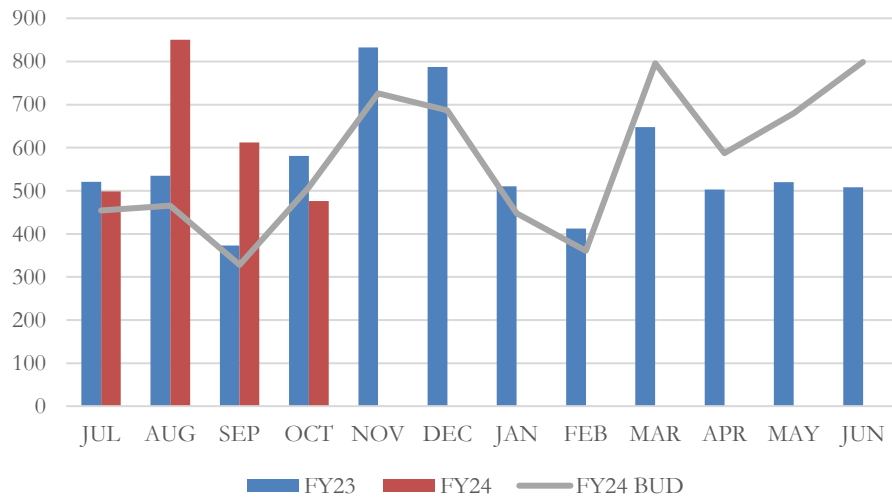
### Imaging Visits



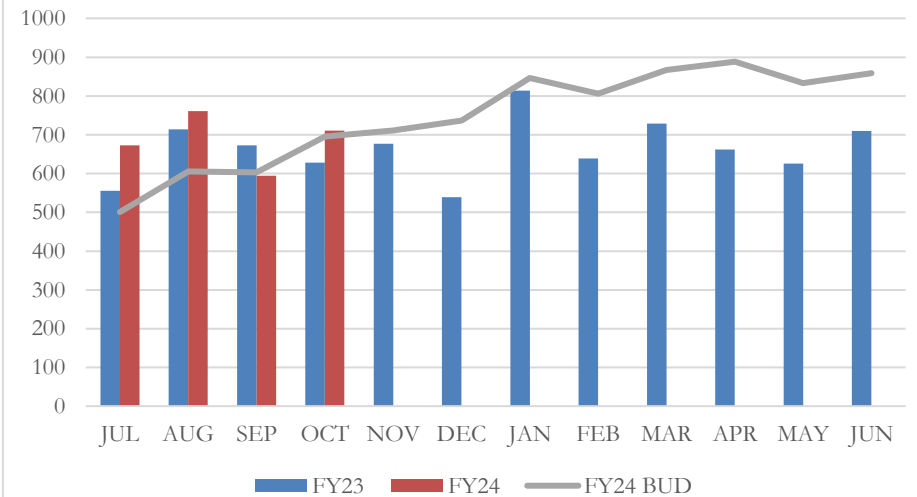
### Lab Tests



### RT Procedures



### Clinic Visits



# Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2023

	Balance as of October 2023	Balance as of June 2023	Change	Balance as of June 2022
<b>Assets</b>				
<b>Current Assets</b>				
Cash - Operating	7,357,076	8,783,262	(1,426,187)	6,600,542
Covid-19 Relief Funds	-	-	-	1,201,335
Medicare Accelerated Payments	-	-	-	3,041,479
Investments - Unrestricted	942,959	1,772,505	(829,546)	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	10,516,011	12,771,743	(2,255,733)	14,511,971
Patient Accounts Receivable	6,956,040	5,628,112	1,327,928	5,990,969
Allowance for Uncollectibles	(3,305,767)	(2,814,433)	(491,335)	(2,793,125)
<b>Net Patient Accounts Receivable</b>	<b>3,650,273</b>	<b>2,813,679</b>	<b>836,594</b>	<b>3,197,844</b>
Other Receivables	(12,363)	20,892	(33,255)	7,034
Inventory	375,622	262,233	113,389	163,375
Prepaid Expense	398,428	367,358	31,070	479,232
Property Tax Receivable	578,409	28,158	550,251	485,119
<b>Total Current Assets</b>	<b>15,506,380</b>	<b>16,264,064</b>	<b>(757,684)</b>	<b>18,844,575</b>
<b>Property, Plant and Equipment</b>				
Land	461,527	461,527	-	461,527
Property and Equipment:	20,232,710	20,092,234	140,475	17,205,488
Less: Accumulated Depreciation	(14,310,891)	(13,904,245)	(406,646)	(12,886,837)
Construction In Progress	29,770	28,376	1,393	67,081
<b>Net PP&amp;E</b>	<b>6,413,116</b>	<b>6,677,893</b>	<b>(264,777)</b>	<b>4,847,259</b>
<b>Total Assets</b>	<b>21,919,496</b>	<b>22,941,957</b>	<b>(1,022,461)</b>	<b>23,691,835</b>



# Southern Coos Hospital & Health Center

## Balance Sheet

For The Period Ending October 2023

	Balance as of October 2023	Balance as of June 2023	Change	Balance as of June 2022
<b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Accounts Payable	739,160	1,483,313	(744,153)	772,657
Accrued Payroll and Benefits	1,178,540	1,145,490	33,050	1,195,908
Interest and Other Payable	889,801	900,332	(10,531)	712,471
Current Portion of Long Term Debt	747,525	779,030	(31,505)	246,328
Medicare Accelerated Fund	-	-	-	3,041,479
Provider Relief Funds	-	-	-	1,201,335
<b>Current Liabilities</b>	<b>3,555,026</b>	<b>4,308,166</b>	<b>(753,140)</b>	<b>7,170,179</b>
Long-Term Debt	5,488,049	5,745,681	(257,633)	4,236,981
Less Current Portion of Long-Term Debt	(747,525)	(779,030)	31,505	(246,328)
<b>Total Long-Term Debt, net</b>	<b>4,740,524</b>	<b>4,966,652</b>	<b>(226,128)</b>	<b>3,990,653</b>
<b>Total Liabilities</b>	<b>8,295,550</b>	<b>9,274,817</b>	<b>(979,268)</b>	<b>11,160,832</b>
<b>Net Assets:</b>				
Fund Balance	13,667,140	12,531,014	1,136,125	12,706,270
Change in Net Position	(43,194)	1,136,125	(1,179,319)	(175,268)
<b>Total Net Assets</b>	<b>13,623,946</b>	<b>13,667,140</b>	<b>(43,194)</b>	<b>12,531,002</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>21,919,496</b>	<b>22,941,957</b>	<b>(1,022,461)</b>	<b>23,691,835</b>



# Southern Coos Hospital & Health Center

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

	Current Month - Oct-2023					Year To Date - Oct-2023				
	Oct-2023 Actual	Oct-2023 Budget	Variance	Var %	Oct-2022 Actual	Oct-2023 Actual	Oct-2023 Budget	Variance	Var %	Oct-2022 Actual
<b>Patient Revenue</b>										
Inpatient	1,018,842	1,663,594	(644,752)	(38.8%)	1,465,820	4,133,514	4,968,071	(834,557)	(16.8%)	4,405,077
Outpatient	2,826,783	3,128,314	(301,531)	(9.6%)	2,533,610	11,527,772	12,521,987	(994,216)	(7.9%)	10,243,133
<b>Total Patient Revenue</b>	<b>3,845,624</b>	<b>4,791,908</b>	<b>(946,283)</b>	<b>(19.7%)</b>	<b>3,999,429</b>	<b>15,661,286</b>	<b>17,490,059</b>	<b>(1,828,773)</b>	<b>(10.5%)</b>	<b>14,648,211</b>
<b>Deductions From Revenue</b>										
<b>Total Deductions</b>	<b>1,212,238</b>	<b>1,827,796</b>	<b>615,558</b>	<b>33.7%</b>	<b>1,436,002</b>	<b>5,751,504</b>	<b>6,669,967</b>	<b>918,463</b>	<b>13.8%</b>	<b>4,977,240</b>
<i>Revenue Deductions %</i>	<i>31.5%</i>	<i>38.1%</i>			<i>35.9%</i>	<i>36.7%</i>	<i>38.1%</i>			<i>34.0%</i>
<b>Net Patient Revenue</b>	<b>2,633,387</b>	<b>2,964,112</b>	<b>(330,725)</b>	<b>(11.2%)</b>	<b>2,563,427</b>	<b>9,909,782</b>	<b>10,820,092</b>	<b>(910,310)</b>	<b>(8.4%)</b>	<b>9,670,971</b>
Other Operating Revenue	880	10,449	(9,569)	(91.6%)	30	1,000	41,795	(40,795)	(97.6%)	75
<b>Total Operating Revenue</b>	<b>2,634,267</b>	<b>2,974,561</b>	<b>(340,294)</b>	<b>(11.4%)</b>	<b>2,563,457</b>	<b>9,910,782</b>	<b>10,861,887</b>	<b>(951,105)</b>	<b>(8.8%)</b>	<b>9,671,046</b>
<b>Operating Expenses</b>										
Salaries & Wages	1,296,214	1,281,077	(15,137)	(1.2%)	1,056,924	4,613,511	4,984,561	371,050	7.4%	4,276,987
Contract Labor	202,973	197,043	(5,930)	(3.0%)	199,894	948,375	782,571	(165,805)	(21.2%)	620,384
Benefits	366,228	314,443	(51,785)	(16.5%)	292,399	1,126,053	1,249,614	123,561	9.9%	1,007,276
<b>Total Labor Expenses</b>	<b>1,865,414</b>	<b>1,792,562</b>	<b>(72,852)</b>	<b>(4.1%)</b>	<b>1,549,217</b>	<b>6,687,939</b>	<b>7,016,746</b>	<b>328,806</b>	<b>4.7%</b>	<b>5,904,646</b>
Professional Fees	295,359	227,544	(67,815)	(29.8%)	256,985	1,115,773	910,177	(205,596)	(22.6%)	957,469
Purchased Services	234,027	286,301	52,274	18.3%	273,174	1,017,977	1,145,204	127,227	11.1%	926,861
Drugs & Pharmaceuticals	64,809	51,697	(13,112)	(25.4%)	44,125	292,679	205,114	(87,566)	(42.7%)	195,523
Medical Supplies	16,269	32,286	16,017	49.6%	25,343	71,153	123,266	52,113	42.3%	99,295
Other Supplies	76,376	101,085	24,709	24.4%	99,481	346,793	404,340	57,547	14.2%	375,102
Lease and Rental	1,100	-	(1,100)	0.0%	-	3,300	-	(3,300)	0.0%	-
Maintenance & Repairs	18,279	22,954	4,676	20.4%	10,664	78,856	91,818	12,962	14.1%	78,054
Other Expenses	70,668	87,993	17,325	19.7%	133,091	263,696	345,180	81,484	23.6%	428,059
Utilities	19,831	26,508	6,677	25.2%	25,973	97,225	106,030	8,805	8.3%	108,095
Insurance	19,860	21,547	1,688	7.8%	21,309	79,439	86,190	6,750	7.8%	85,107
Depreciation & Amortization	114,846	98,122	(16,724)	(17.0%)	49,597	406,646	379,733	(26,913)	(7.1%)	203,803
<b>Total Operating Expenses</b>	<b>2,796,838</b>	<b>2,748,599</b>	<b>(48,239)</b>	<b>(1.8%)</b>	<b>2,488,959</b>	<b>10,461,476</b>	<b>10,813,797</b>	<b>352,321</b>	<b>3.3%</b>	<b>9,362,013</b>
<b>Operating Income / (Loss)</b>	<b>(162,571)</b>	<b>225,961</b>	<b>(388,532)</b>	<b>(171.9%)</b>	<b>74,499</b>	<b>(550,694)</b>	<b>48,090</b>	<b>(598,784)</b>	<b>(1245.1%)</b>	<b>309,033</b>
<b>Non-Operating</b>										
Property Taxes	104,710	91,439	13,271	14.5%	102,242	385,832	365,755	20,077	5.5%	357,707
Non-Operating Revenue	5,554	9,361	(3,808)	(40.7%)	1,849	66,501	37,446	29,055	77.6%	24,870
Interest Expense	(17,245)	(27,066)	9,821	(36.3%)	(14,784)	(95,164)	(108,266)	13,102	(12.1%)	(59,135)
Investment Income	44,134	25,104	19,030	75.8%	19,840	165,255	100,418	64,837	64.6%	62,213
Gain(Loss) on Sale of Assets	(14,924)	-	(14,924)	0.0%	-	(14,924)	-	(14,924)	0.0%	-
<b>Total Non-Operating</b>	<b>122,229</b>	<b>98,838</b>	<b>23,391</b>	<b>23.7%</b>	<b>109,148</b>	<b>507,501</b>	<b>395,354</b>	<b>112,147</b>	<b>28.4%</b>	<b>385,655</b>
<b>Change in Net Position</b>	<b>(40,342)</b>	<b>324,800</b>	<b>(365,141)</b>	<b>(112.4%)</b>	<b>183,646</b>	<b>(43,194)</b>	<b>443,443</b>	<b>(486,637)</b>	<b>(109.7%)</b>	<b>694,688</b>



# Southern Coos Hospital & Health Center

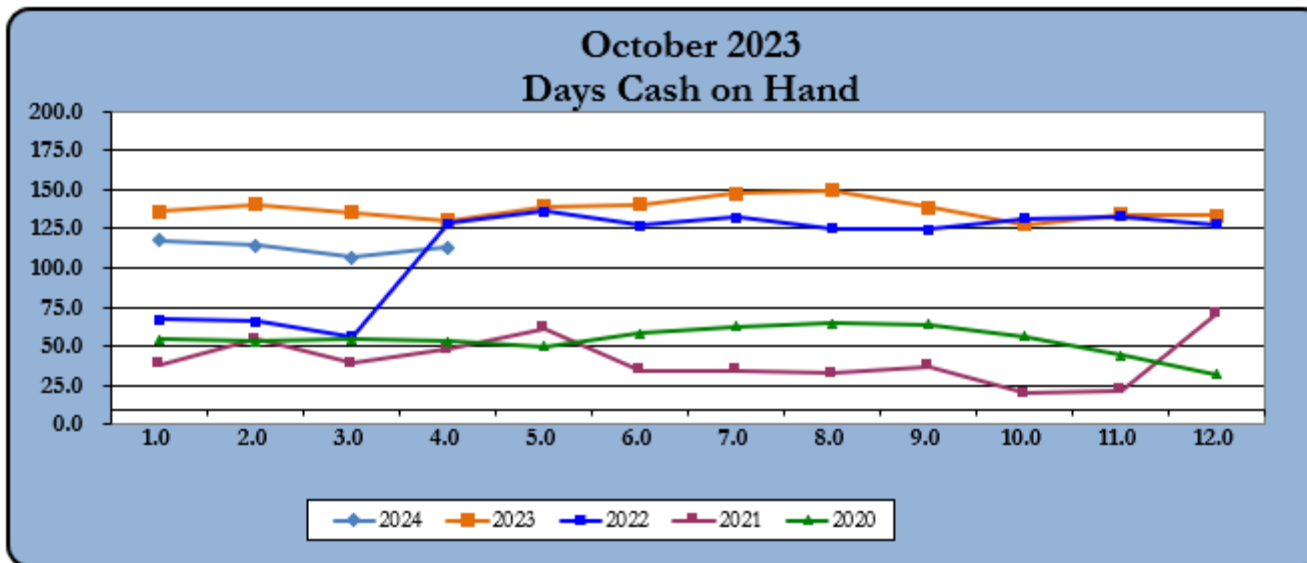
## Income Statement

For The Period Ending October 2023

Comparison to Prior Months

	Mar-2023	Apr-2023	May-2023	Jun-2023	Current FY 2024 Jul-2023	Aug-2023	Sep-2023	Oct-2023
<b>Patient Revenue</b>								
Inpatient	770,755	1,059,282	930,031	716,725	884,189	1,128,762	1,101,722	1,018,842
Outpatient	2,112,993	2,203,623	2,697,349	2,622,888	2,874,864	2,966,388	2,859,737	2,826,783
<b>Total Patient Revenue</b>	<b>2,883,748</b>	<b>3,262,905</b>	<b>3,627,380</b>	<b>3,339,613</b>	<b>3,759,053</b>	<b>4,095,150</b>	<b>3,961,459</b>	<b>3,845,624</b>
<b>Deductions From Revenue</b>								
Charity Services	7,542	31,130	13,282	17,127	19,129	18,966	26,747	8,753
Contractual Allowances	1,225,657	845,438	1,174,490	993,002	1,385,666	1,612,254	964,160	1,119,403
Other Discounts	89,674	133,715	108,031	73,668	73,845	219,681	240,320	88,409
Bad Debt	8,834	(15,545)	(11,848)	(14,250)	(12,609)	(9,061)	168	(4,327)
<b>Total Deductions</b>	<b>1,331,707</b>	<b>994,738</b>	<b>1,283,955</b>	<b>1,069,547</b>	<b>1,466,030</b>	<b>1,841,841</b>	<b>1,231,396</b>	<b>1,212,238</b>
<b>Net Patient Revenue</b>	<b>1,552,041</b>	<b>2,268,167</b>	<b>2,343,425</b>	<b>2,270,066</b>	<b>2,293,023</b>	<b>2,253,309</b>	<b>2,730,063</b>	<b>2,633,387</b>
Other Operating Revenue	24,522	20	30	2,602	45	20	55	880
<b>Total Operating Revenue</b>	<b>1,576,563</b>	<b>2,268,187</b>	<b>2,343,455</b>	<b>2,272,668</b>	<b>2,293,068</b>	<b>2,253,329</b>	<b>2,730,118</b>	<b>2,634,267</b>
<b>Operating Expenses</b>								
Salaries & Wages	782,802	970,914	1,060,706	1,062,583	1,085,914	1,105,312	1,126,071	1,296,214
Benefits	222,327	306,730	307,709	298,364	359,248	228,508	172,069	366,228
Contract Labor	159,628	292,771	342,212	299,433	232,337	283,570	229,496	202,973
Professional Fees	207,963	223,611	237,823	220,348	274,043	271,895	274,475	295,359
Purchased Services	195,355	270,586	188,932	164,680	270,261	259,262	254,426	234,027
Medical Supplies	21,583	33,478	23,619	22,873	15,493	18,874	20,516	16,269
Drugs & Pharmaceuticals	54,653	46,573	51,603	(43,426)	91,428	57,011	79,431	64,809
Other Supplies	94,916	83,905	96,111	81,645	85,676	125,366	59,375	76,376
Depreciation & Amortization	56,703	84,554	83,150	152,846	96,912	97,554	97,335	114,846
Lease and Rental	4,003	0	0	0	0	1,100	1,100	1,100
Maintenance & Repairs	15,871	30,385	18,155	17,403	28,446	21,338	10,792	18,279
Utilities	4,955	28,406	26,595	26,873	24,281	25,030	28,084	19,831
Insurance	8,573	21,213	21,213	69,103	19,860	19,860	19,860	19,860
Other Expenses	102,474	73,022	77,722	152,552	536	92,112	100,380	70,668
<b>Total Operating Expenses</b>	<b>1,931,808</b>	<b>2,466,149</b>	<b>2,535,548</b>	<b>2,525,276</b>	<b>2,584,438</b>	<b>2,606,791</b>	<b>2,473,409</b>	<b>2,796,838</b>
<b>Excess of Revenue Over Expenses from</b>	<b>(355,245)</b>	<b>(197,962)</b>	<b>(192,094)</b>	<b>(252,608)</b>	<b>(291,370)</b>	<b>(353,462)</b>	<b>256,709</b>	<b>(162,571)</b>
<b>Operations</b>								
<b>Non-Operating</b>								
Unrestricted Contributions	84,424	89,427	89,427	76,585	102,269	89,427	89,427	104,710
Other NonOperating Revenue/Expense	96,349	48,382	23,280	1,239,458	2,948	46,708	11,292	5,554
Investment Income	5,006	34,857	37,326	33,670	39,558	40,833	40,730	44,134
Gain(Loss) on Sale of Assets	0	0	0	(18,374)	0	0	0	(14,924)
<b>Total Non-Operating</b>	<b>185,779</b>	<b>172,666</b>	<b>150,032</b>	<b>1,331,338</b>	<b>144,774</b>	<b>176,967</b>	<b>141,449</b>	<b>139,474</b>
Interest Expense	(15,828)	(22,385)	(23,623)	(36,640)	(26,198)	(25,964)	(25,758)	(17,245)
<b>Excess of Revenue Over Expenses</b>	<b>(185,294)</b>	<b>(47,681)</b>	<b>(65,685)</b>	<b>1,042,091</b>	<b>(172,794)</b>	<b>(202,459)</b>	<b>372,401</b>	<b>(40,342)</b>





**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**

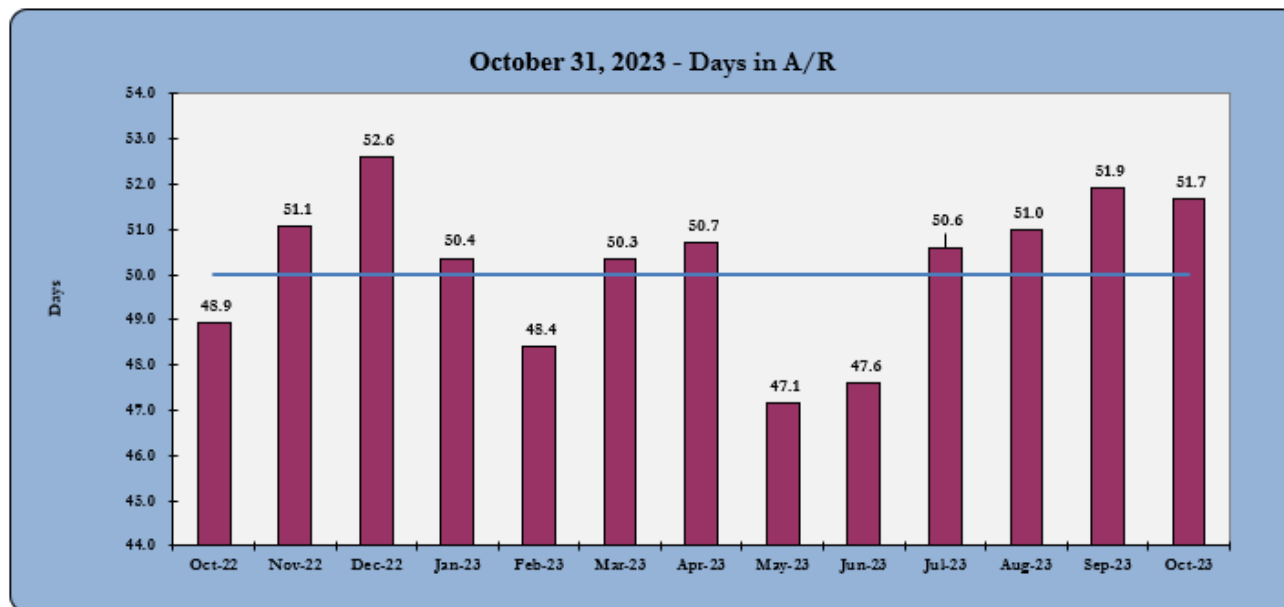
**80 Days**

**How ratio is used:**

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

Fiscal	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2024	117.7	114.5	106.8	113.1								
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:** 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.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
A/R (Gross)	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	6,683,559
Days in AR	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9	51.7
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
A/R (Gross)	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	6,683,559
Days in Month	31	30	31	31	28	31	30	31	30	31	31	30	31
Monthly Revenue	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	3,845,624
3 Mo Avg Daily Revenue	120,289	122,264	127,053	122,287	118,877	121,106	119,118	119,153	112,416	116,587	121,672	128,431	129,372
Days in AR	48.9	51.1	52.6	50.4	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9	51.7



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

FY2024	Approved Projects:		Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Notes
	Project Name	Department					
Non-Threshold Capital 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	Radiology	\$ 7,335.00	\$ 5,631.00	\$ 1,704.00	9.30.23	PO # 1606862
	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)							
	Clinic Lobby Refresh	Clinic	\$ -	\$ 6,525	\$ (6,525.00)		PO # 1606840 - In Progress
	IS Office Relocation	Information Systems	\$ -	\$ 13,812	\$ (13,812.10)		PO #'s 1606896 / 1606910 / 1606800 - In Progress
			<u>\$ 120,097</u>	<u>\$ 25,968</u>	<u>\$ 94,129</u>		
Threshold Projects (>\$15,000)							
	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 XS-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		PO # 1606956 - In Progress
	Storage Server Replacement	Information Systems	\$ 15,000.00		\$ 15,000.00		
Not in Budget (>\$15,000)							
			\$ -		\$ -		
			<u>\$ 629,903</u>	<u>\$ -</u>	<u>\$ 629,903</u>		
Grand Total			<u>\$ 750,000</u>	<u>\$ 25,968</u>	<u>\$ 724,032</u>		
FY2024	Grant Funded Projects:		Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Grant Funding Source
	Project Name	Department					
	2019 Ford F-350	Hospital	\$ 54,290.50	\$ 54,291	\$ -	10.31.23	SHIP ARPA - Covid Testing & Mitigation
	Emergency Response Trailer	Hospital	63,171	63,171	\$ -	10.31.23	SHIP ARPA - Covid Testing & Mitigation
			<u>\$ 117,462</u>	<u>\$ 117,462</u>	<u>\$ -</u>		





# Clinic Provider Income Summary

## All Providers

For The Budget Year 2024

For The Budget Year 2024										Current Budget YTD	
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY24	
	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	YTD	Budget	Variance
Provider Productivity Metrics											
ClinicDays	72	54	77	34	64	34	57	51	270	244	25
Total Visits	475	364	530	162	392	162	462	255	1859	1,692	167
Visits/Day	6.6	6.7	6.9	4.8	6.1	4.8	8.1	5.0	6.9	6.9	(0.0)
Total RVU	1,062.44	815.78	1,131.34	406.25	924.00	402.28	1,001.11	523.43	4,118.89	3,762.45	356.44
RVU/Visit	2.24	2.24	2.13	2.51	2.36	2.48	2.17	2.05	2.22	2.22	(0.01)
RVU/Clinic Day	14.86	15.07	14.69	12.09	14.44	11.98	17.56	10.33	15.28	15.39	(0.11)
Gross Revenue/Visit	381.78	395.56	375.49	1,013.69	482.56	1,030.09	389.42	348.48	403.14	394.30	8.84
Gross Revenue/RVU	170.69	176.55	175.91	404.36	204.72	414.73	179.71	170.00	181.95	177.34	4.61
Net Rev/RVU	75.85	80.78	76.83	185.26	88.11	188.80	78.48	81.07	79.51	80.22	(0.71)
Expense/RVU	111.15	157.76	129.65	311.65	120.94	308.95	146.36	257.59	126.98	136.72	(9.74)
Diff	(35.30)	(76.97)	(52.82)	(126.39)	(32.83)	(120.15)	(67.88)	(176.52)	(47.48)	(56.50)	9.03
Net Rev/Day	1,127.08	1,217.39	1,128.78	2,240.48	1,272.09	2,261.01	1,378.32	837.39	1,215.14	1,234.51	(19.37)
Expense/Day	1,651.58	2,377.37	1,904.84	3,768.99	1,746.09	3,699.84	2,570.57	2,660.77	1,940.75	2,104.04	(163.29)
Diff	(524.50)	(1,159.98)	(776.07)	(1,528.51)	(474.00)	(1,438.83)	(1,192.26)	(1,823.38)	(725.61)	(869.53)	143.92
Patient Revenue											
Outpatient											
Total Patient Revenue	181,345	144,030	199,009	164,273	189,164	166,839	179,914	88,983	749,432	667,239	82,193
Deductions From Revenue											
Total Deductions From Revenue (Note A)	100,759	78,129	112,093	89,011	107,750	90,887	101,350	46,549	421,952	365,414	56,538
Net Patient Revenue	80,587	65,901	86,916	75,262	81,414	75,952	78,564	42,434	327,480	301,826	25,654
Total Operating Revenue	80,587	65,901	86,916	75,262	81,414	75,952	78,564	42,434	327,480	301,826	25,654
Operating Expenses											
Salaries & Wages	61,877	69,247	86,051	69,247	65,014	67,578	85,103	70,328	298,045	276,400	21,645
Benefits	3,426	8,703	6,338	7,979	4,569	7,478	12,992	7,835	27,325	31,995	(4,670)
Medical Supplies	0	496	0	567	131	567	57	638	188	2,270	(2,081)
Other Supplies	746	132	36	132	579	132	510	132	1,871	530	1,341
Other Expenses	2,500	3,742	1,667	3,742	1,667	3,742	4,355	2,225	10,188	14,970	(4,782)
Allocation Expense	49,539	46,373	52,526	44,940	39,750	44,787	43,546	53,672	185,361	188,255	(2,894)
Total Operating Expenses	118,088	128,694	146,673	126,608	111,750	124,285	146,523	134,831	523,033	514,418	8,615
Excess of Operating Rev Over Exp	(37,501)	(62,793)	(59,757)	(51,346)	(30,336)	(48,333)	(67,959)	(50,121)	(195,553)	(212,593)	17,039
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(37,501)	(62,793)	(59,757)	(51,346)	(30,336)	(48,333)	(67,959)	(50,121)	(195,553)	(212,593)	17,039
Note A: Average Collection Rate = 10% of Gross Charges, therefore the Deduction Rate is 50% of Gross Charges.											

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



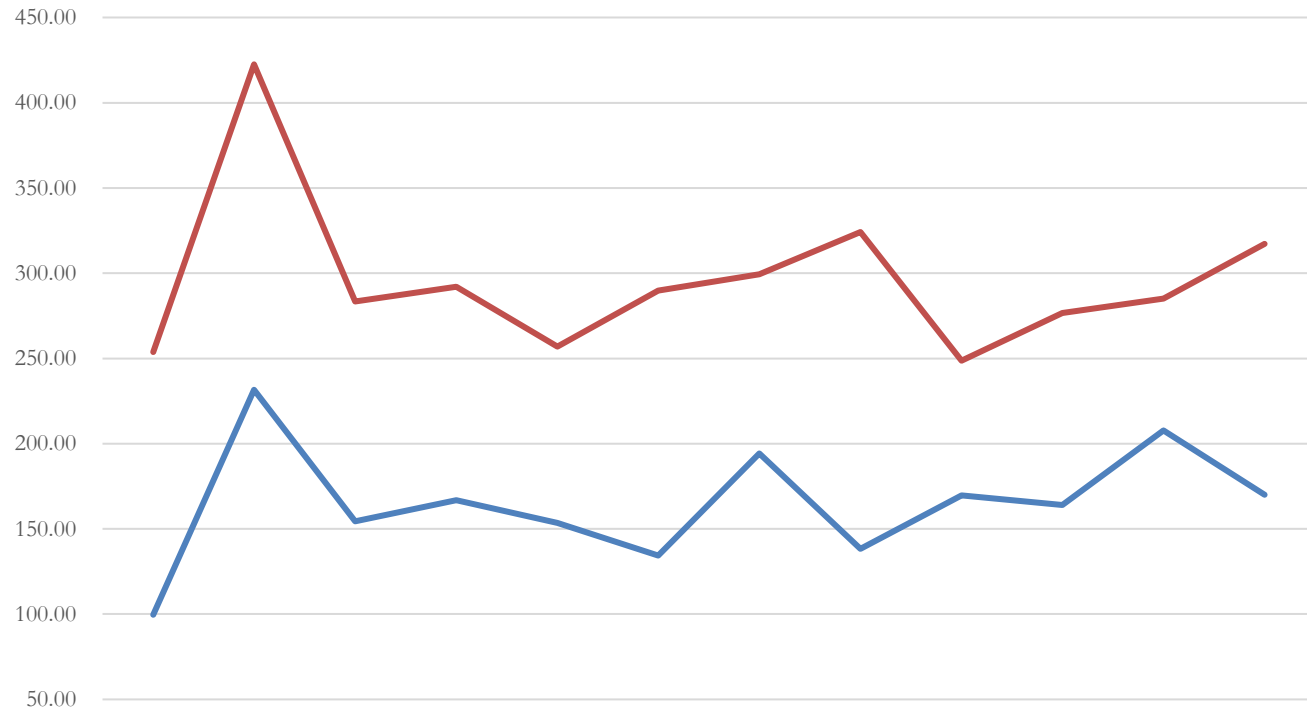
# Southern Coos Hospital & Health Center

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

	Current Month - Oct-2023			Year To Date - Oct-2023		
	Hospital	Clinic Providers	Oct-2023	Hospital	Clinic Providers	Oct-2023
	Actual	Actual	Actual	Actual	Actual	Actual
<b>Patient Revenue</b>						
Inpatient	1,018,842	-	1,018,842	4,133,514	-	4,133,514
Outpatient	2,646,869	179,914	2,826,783	10,778,340	749,432	11,527,772
<b>Total Patient Revenue</b>	<b>3,665,711</b>	<b>179,914</b>	<b>3,845,624</b>	<b>14,911,855</b>	<b>749,432</b>	<b>15,661,286</b>
<b>Deductions From Revenue</b>						
<b>Total Deductions</b>	<b>1,110,888</b>	<b>101,350</b>	<b>1,212,238</b>	<b>5,329,553</b>	<b>421,952</b>	<b>5,751,504</b>
<i>Revenue Deductions %</i>	<i>30.3%</i>	<i>56.3%</i>	<i>31.5%</i>	<i>35.7%</i>	<i>56.3%</i>	<i>36.7%</i>
<b>Net Patient Revenue</b>	<b>2,554,823</b>	<b>78,564</b>	<b>2,633,387</b>	<b>9,582,302</b>	<b>327,480</b>	<b>9,909,782</b>
Other Operating Revenue	880	-	880	1,000	-	1,000
<b>Total Operating Revenue</b>	<b>2,555,703</b>	<b>78,564</b>	<b>2,634,267</b>	<b>9,583,302</b>	<b>327,480</b>	<b>9,910,782</b>
<b>Operating Expenses</b>						
Total Labor Expenses	1,767,319	98,095	1,865,414	6,362,570	325,370	6,687,939
Total Other Operating Expenses	882,996	48,428	931,424	3,575,873	197,664	3,773,537
<b>Total Operating Expenses</b>	<b>2,650,315</b>	<b>146,523</b>	<b>2,796,838</b>	<b>9,938,443</b>	<b>523,033</b>	<b>10,461,476</b>
<b>Operating Income / (Loss)</b>	<b>(94,612)</b>	<b>(67,959)</b>	<b>(162,571)</b>	<b>(355,141)</b>	<b>(195,553)</b>	<b>(550,694)</b>
<b>Net Non-Operating Revenues</b>	<b>122,229</b>	<b>0</b>	<b>122,229</b>	<b>507,501</b>	<b>0</b>	<b>507,501</b>
<b>Change in Net Position</b>	<b>27,617</b>	<b>(67,959)</b>	<b>(40,342)</b>	<b>152,360</b>	<b>(195,553)</b>	<b>(43,194)</b>
<b>Collection Rate %</b>	<b>69.7%</b>	<b>43.7%</b>	<b>68.5%</b>	<b>64.3%</b>	<b>43.7%</b>	<b>63.3%</b>
<b>Compensation Ratio %</b>	<b>69.2%</b>	<b>124.9%</b>	<b>70.8%</b>	<b>66.4%</b>	<b>99.4%</b>	<b>67.5%</b>
<b>OP EBIDA Margin \$</b>	<b>20,233</b>	<b>(67,959)</b>	<b>(47,726)</b>	<b>51,504</b>	<b>(195,553)</b>	<b>(144,049)</b>
<b>OP EBIDA Margin %</b>	<b>0.8%</b>	<b>(86.5%)</b>	<b>(1.8%)</b>	<b>0.5%</b>	<b>(59.7%)</b>	<b>(1.5%)</b>
<b>Total Margin (%)</b>	<b>1.1%</b>	<b>(86.5%)</b>	<b>(1.5%)</b>	<b>1.6%</b>	<b>(59.7%)</b>	<b>(0.4%)</b>



### Net Revenue/Expense Per Clinic Visit - Clinic Combined



	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Net Rev/Visit	99.60	231.66	154.49	166.83	153.59	134.37	194.29	138.34	169.66	163.99	207.69	170.05
Expenses/Visit	253.68	422.57	283.33	291.97	257.00	289.88	299.36	324.20	248.61	276.74	285.08	317.15

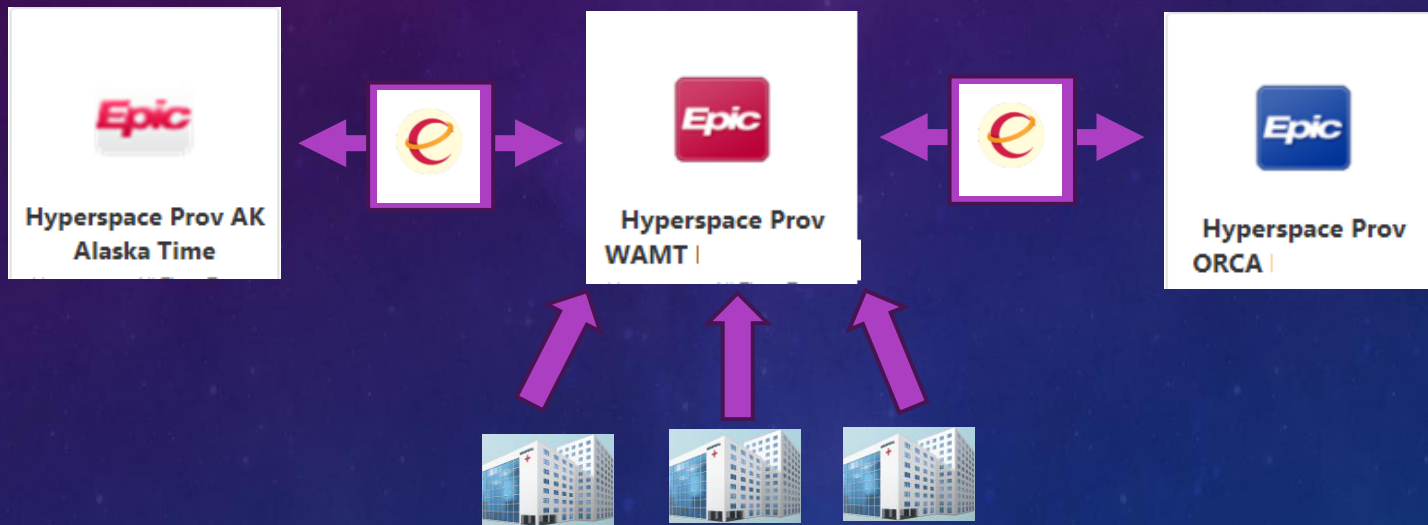




# Epic Interoperability: Sharing Patient Records to Bay Area Hospital, North Bend Medical Center, OHSU, and Beyond







CareEverywhere  
Access on other  
Epic Instances &  
With Other  
Health  
Information  
Exchanges

Full Access On The Same Instance



tm1023 - EMH EMERGENCY

**PED09**

**Tom Eade**  
Male, 9 y.o., 4/1/2012  
MRN: 320358  
Total Time: 00:41  
Code: Not on file (no ACP docs)

**Morgan Baakini, MD**  
Attending

**ALLERGIES**  
Not on File

**ARRIVAL COMPLAINT**  
Fever, sore throat  
BP Temp Heart Rate  
Resp SpO2 Wt

**REQUIRED DOCUMENTATION**  
10 Overdue

Toggle to hide or show outside information. Got it

Organizations	Last Update	Action
Hometown Clinic	5/10/2021	<a href="#">Update</a>
Keystone Area Healthcare	5/10/2021	<a href="#">Update</a>

**Reconcile Outside Information**  
Enable clinical decision support by reconciling outside information with the patient's chart

[View All Outside Information](#)  
To see more outside information, visit the [Care Everywhere Outside Records Activity](#).

tm1023 - EMH EMERGENCY - FRAN SMITH

**PED09**

**Tom Eade**  
Male, 9 y.o., 4/1/2012  
MRN: 320358  
Total Time: 00:39  
Code: Not on file (no ACP docs)

**Morgan Baakini, MD**  
Attending

**ALLERGIES**  
Not on File

**ARRIVAL COMPLAINT**  
Fever, sore throat  
BP Temp Heart Rate  
Resp SpO2 Wt

**REQUIRED DOCUMENTATION**  
10 Overdue

**Care Everywhere**

**Outside records can come from any of the following:**

- Other Epic organizations
- Organizations that use other electronic health record systems
- Health information exchanges (HIEs)
- Lucy (a patient's personal, portable, permanent health record hosted at Epic)

[Continue](#)

**Documents**

Office Visit 08/11/18 — Family Medicine

**Results**  
No results received

**Documents**

ED 04/30/21 — Emergency Medicine  
OP Visit 04/06/21 — Emergency Medicine  
Office Visit 04/04/21 — Family Medicine

**Results**  
POCT rapid strep A 04/06/21  
XR chest AP portable 04/06/21  
CBC 04/06/21

EM1023 - EMERGENCY - FRAN DARTH

ED Chart | My Basket | My Reports

ED Narrative | Disposition | Orders | Care Everywhere

Update | Find Outside Charts

Tom Eade

Male 5'10", 4/10/2012  
MRN: 320558  
Total Time: 0:00:41  
Codes: Not on file (no ACP 0503)

Morgan Baaklin, MD  
Attending

ALLERGIES  
Not on file

ADDITIONAL COMPLAINT  
Fever, sore throat  
BP Temp Heart Rate  
Resp SpO2 Wt

REQUIRED DOCUMENTATION  
10 Overdue

Today Clinical Summary

Today Clinical Summary

Recent

04/30/2021 ED

04/06/2021 OP Visit

04/04/2021 Office Visit

6 Months Ago

09/18/2020 Office Visit

2 Years Ago

08/11/2018 Office Visit

Continue

The Documents tab might contain the following:

- The patient's clinical summary and encounter-specific documents from Epic organizations
- Continuity of Care documents from other organizations - these are similar to clinical summaries, but the exact information they contain varies depending on the sending organization
- Documents from Lucy and MyChart, including Patient Health Summaries and the Patient-Reported Information document

## Request Outside Records

### Choose Organizations to Query

View Authorization



«Search by organization name, address, or Care Everywhere ID»

Name Address Associated Organization

#### Existing Links 1

Brown & Toland Physicians	1221 Broadway Suite 700 Oakland CA 94612	☆
Kaiser Permanente Northern California	Pleasanton CA 94588 UNITED STATES	☆
Petaluma Health Center	1179 N McDowell Blvd Petaluma CA 94954	☆
Sutter Health Affiliates and Community Connect Practices	10481 Armstrong Avenue Mather CA 95655	☆
UCSF Medical Center, Benioff Children's Hospitals San Francisco Oakland and Affiliated Practices	San Francisco CA 94122	☆

#### Favorites 2

Multiple OR Organizations	Expand	★
Providence Health & Services	Expand	★

Near Home 3

Abdul W Khan MD	1144 NORMAN DRIVE Manteca CA 95336	Hill Physicians Medical Group	☆
Adapa and Agastaya Medical Assoc MD, INC	652 West 11th Street Suite 137 Tracy CA 95376	Hill Physicians Medical Group	☆

« Viewing organizations 1 to 30 of 300 »

### Selected Organizations



Select an organization to get started!

Cancel Clear Search



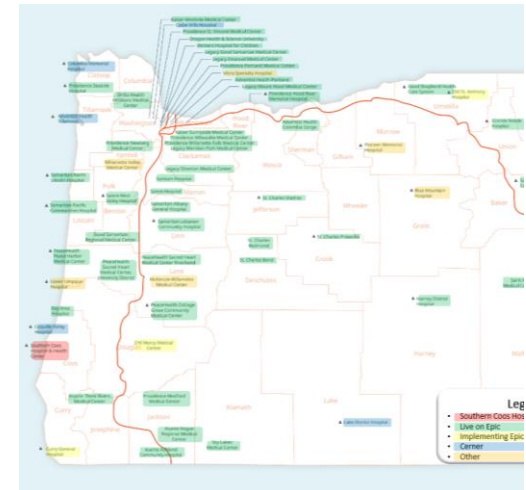
# Epic's Industry-Leading Approach to Sharing Patient Records

## Market Share

- 67% hospitals in Oregon are on Epic—and this number is growing
- Several are transitioning to Epic, which will bring this number to 70% by end of 2024
  - Curry Health District - Providence
  - CHI Mercy Medical Center - Roseburg

## Economic Impact

- In an analysis of Medicare inpatients who have been seen in our facility and were also treated at other Oregon facilities, 74% of these facilities operated Epic
  - This represents total charges of \$36,702,765 or 83.61% of total
- In an analysis of Medicare outpatients who have been seen at SCHHC and were also treated at other Oregon facilities, 70% of these facilities operate the Epic system.
  - This represents total charges of \$30,335,842 at Epic facilities or 83.4% of total



# APPENDIX

## 2018 KLAS Interoperability Report

### Overall Client Satisfaction Today by Organization Size

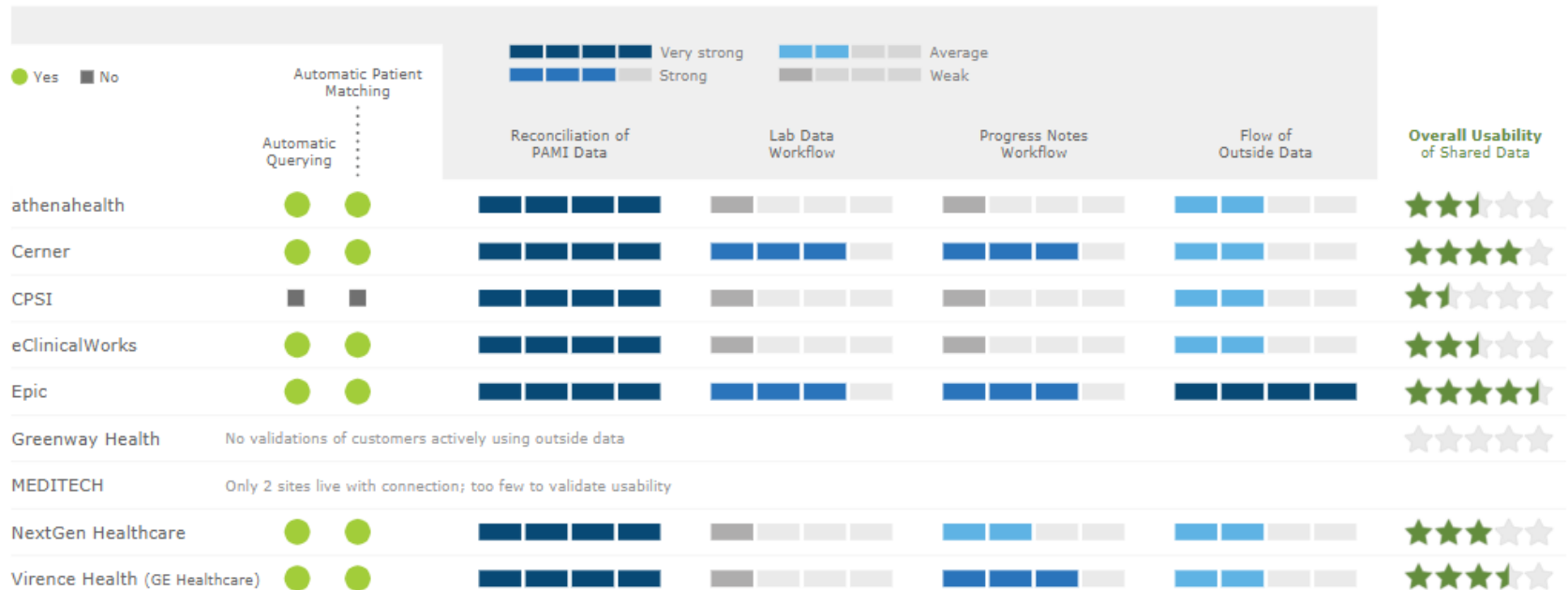
Scores pulled from the 2018 Best in KLAS report

Overall Score: ■ 85+ ■ 80-84 ■ 70-79 ■ 60-69 ■ <60 \*Limited data

	Acute Care	75+ Physicians	11-75 Physicians	<10 Physicians	Community Hospitals
Epic	88	88	86		82
athenahealth		77	87	77	81
Cerner	79	74	74	75	75
Allscripts	72	66	62	61	60
MEDITECH	75		61*		78
eClinicalWorks		64	65	69	
NextGen Healthcare		65	67	66	
Greenway Health			64	69	
GE Healthcare		56	66		

## 2019 KLAS Interoperability Report

### Vendor Abilities to Make Shared Data Usable





## What is Interoperability?

- Healthcare interoperability refers to the ability of different information technology systems and software applications within the healthcare sector to communicate, exchange, and interpret data seamlessly.
- It involves the sharing of medical information and knowledge across various systems and organizations to enhance the efficiency, accessibility, and quality of patient care



# HOW EPIC SUPPORTS INTEROPERABILITY

## With Other Healthcare Organizations



**Single patient story:** **Happy Together** presents data from multiple organizations in a unified view for providers and patients. Working together allows organizations to review a shared longitudinal plan of care, access images, send messages, and check for duplicate imaging orders across instances of Epic.



**Shared Instance:** **Community Connect** lets Epic customers extend their software to other groups, providing a single record of care for patients across organizations.



**Secure Web App:** Referring providers and other community organizations use **EpicCare Link** for information access, scheduling, order entry, result review, and more for shared patients.



**C-CDA Exchange:** **Care Everywhere** supports secure C-CDA Exchange with other interoperable systems and connections to national interoperability networks, including Carequality, HIEs, and government agencies such as the Social Security Administration.

## With Patients



**Patient-directed exchange:** **Share Everywhere** lets patients generate and share a web link to information in their record to anyone with internet access. Lucy, Epic's personal health record, lets them store health information on their computer, a flash drive, or the cloud.



**Home and mobile apps:** **MyChart** gives patients access to their own medical records and self service options such as prescription renewals, scheduling, and results review at home and on smartphones and tablets.



# OVERVIEW: HOW RECORDS ARE SHARED IN THE PATIENT'S CHART

The screenshot displays the 'Care Everywhere' interface, which is used for sharing patient records across different healthcare providers. The interface includes a top navigation bar with tabs like 'Snapshot', 'Chart Review', 'Review Flowsheets', 'Results Review', 'Allergies', 'History', 'Problem List', 'Demographics', 'Letters', 'Manager', and 'Care Everywhere'. Below this, there's a sub-navigation bar with 'Overview' (highlighted with a red box), 'Documents', 'Labs', and 'Other Results'. The main content area shows a list of provider organizations and their shared records for a specific patient.

Provider Organization	Updated	Summary	Documents	Results
Beaumont Health (Beaumont, Botsford, and Oakwood)-TST	Updated Today	<b>A</b> Clinical Summary As of Today	No documents received	No results received
Cedars-Sinai Health System - SUP	Updated 12/06/20	Summary No summaries received	No documents received	No results received
Group Health Centre - POC	No Information Received	Summary No summaries received	No documents received	No results received
Group Health Centre - TST	Updated 04/23/17 Last Known Encounter: 04/12/17 <b>D</b> Patient Authorization Required	Summary Clinical Summary As of 04/23/17 <b>B</b> Media	Documents Documentation 04/12/17 — General Practice Documentation 04/10/17 — General Practice Documentation 04/08/17 — General Practice View All	Results Complete Blood Count 01/29/15 <b>C</b> Iron 01/29/15 VITAMIN B12 01/29/15 View All
Kadlec Regional Medical Center - TST	Updated 01/30/19	Summary Clinical Summary	No documents received	Results EXTERNAL

# DOCUMENTS

**Care Everywhere**

Overview **Documents** Labs Other Results

☒ Preview ☒ Refresh (4:11 PM) ☐ Select All ☐ Deselect All ☐ Review Selected

**Filters** ☒ Default filter ☐ Patient Summaries ☐ Office Visits ☐ Refill ☐ Orders ☐ Patient Messages ☐ Telephone **B**

Date	Type	Specialty	Providers	Source	Description
Today	Clinical Summary	<b>A</b>		✓ Beaumont Health (Beaumont, Bo...	
Today	Clinical Summary			✓ Providence Health and Services...	
Today	Clinical Summary			✓ St. Charles Health System - TST	
<b>Recent</b>					
05/03/2021	ED	Emergency...		✓ St. Charles Health System - TST	
01/29/2021	Clinical Summary			✓ Swedish Medical Center - TST	
12/06/2020	Documentation	Family Med...	Beaumont, Daniel	✓ Providence Health and Services	

**Clinical Summary** 05/05/2021

**Beaumont Health (Beaumont, Botsford, and Oakwood)-TST**  
Source Organization

John James Careeverywhere - 65 y.o. Male; born Jul. 06, 1955 Clinical Summary, generated on May 05, 2021

**Source Comments** - Beaumont Health (Beaumont, Botsford, and Oakwood)-TST



# LABS & OTHER RESULTS

**Care Everywhere** Overview Documents **Labs** Other Results Update unsuccessful [Update](#) [Find Outside Charts](#)

[View Results List](#) [Change Date Range \(Viewing: All Lab Results\)](#)

**B** Component 02/27/2019 **A**  
**Glucose, Glucometer** 70 !

**HEMATOLOGY** Providence Health and Services Washington and Montana (TST) 04/23/2017

Component	04/23/2017
WBC	14.4
Hemoglobin	12
Hct, Body fluid	36
Platelet Count	143
NEUTROPHILS %	87.0 !
LYMPH %	23.0

**RESPIRATORY TRACT** Providence Health and Services Washington and Montana (TST) 04/23/2017

Component	04/23/2017
Rapid Strep A Screen	Negative

**Others** Providence Health and Services Washington and Montana (TST) 04/22/2017

Component	04/22/2017
Group B Strep	Negative

**Others** Kadlec Regional Medical Center - TST 10/10/2016

Component	10/10/2016
Colonoscopy Impression, E...	Done

**HEMATOCRIT; BLOOD**  
**HEMOGLOBIN; BLOOD**  
**LEUKOCYTES; BLOOD**  
**LYMPHOCYTES; BLOOD**  
**MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION; RBC**  
**MEAN CORPUSCULAR HEMOGLOBIN; RBC**  
**MONOCYTES; BLOOD**  
**NEUTROPHILS; BLOOD**  
**PLATELETS; BLOOD**  
**CHEM PROFILE (Group Health Centre - TST)**  
**ALANINE AMINOTRANSFERASE [ALT]**  
**ALBUMIN**  
**BILIRUBIN TOTAL**  
**GLUCOSE FASTING**  
**MAGNESIUM**  
**PHOSPHATE**  
**POTASSIUM**  
**SODIUM**  
**UREA**  
**COMMON TESTS (Group Health Centre - TST)**  
**ALANINE AMINOTRANSFERASE [ALT]**  
**ALBUMIN**  
**ALKALINE PHOSPHATASE**  
**ASPARTATE AMINOTRANSFERASE (AST)**

# RECONCILE OUTSIDE INFORMATION

Reconcile Outside Info

Allergies
Medications
Problems
Immunizations

Complete Dispense Report
Medication Reconciliation History

	Medication	Sig	Start Date	End Date	Source	Updated on
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>losartan (COZAAR) 50 mg tablet</b> New	Dose: 50 mg Take 1 tablet (50 mg total) by mouth daily.	11/27/2016		River Hills Health System	11/27/2016
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>metformin (GLUCOPHAGE) 500 mg tablet</b> New	Dose: 500 mg Take 1 tablet (500 mg total) by mouth 2 (two) times a day with meals.	10/21/2014		2 Outside Sources	11/27/2016
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>levothyroxine (SYNTHROID) 100 MCG PO tablet</b> On chart	Dose: 100 mcg Take 1 Tab by mouth once daily.	1/26/2014		Local Medical Record	3/22/2018
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>levothyroxine (SYNTHROID, LEVOTHROID) 100 mcg tablet</b> Similar	Dose: 100 mcg Take 1 tablet (100 mcg total) by mouth daily.	10/21/2014		2 Outside Sources	11/27/2016
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>simvastatin (ZOCOR) 40 MG PO tablet</b> On chart	Dose: 40 mg Take 1 Tab by mouth once a day in the evening.	1/26/2014		Local Medical Record	3/22/2018
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>simvastatin (ZOCOR) 40 mg tablet</b> Similar	Dose: 40 mg Take 1 tablet (40 mg total) by mouth once a day in the evening.	10/21/2014		2 Outside Sources	5/28/2017
<div> <div>+</div> <div>-</div> <div>e</div> </div>	<b>diltiazem (CARDIZEM CD) 240 MG PO CP24</b> On chart	Dose: 240 mg Take 1 Cap by mouth once daily.	1/26/2014		Local Medical Record	3/22/2018

Dispense Information Disclaimer

Certain dispense information may not be available or accurate in this list, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Note: Outside allergies, problems and immunizations are available for reconciliation.

Discard Remaining
Next
Accept
Cancel

# SEARCH

The screenshot displays the Epic EMH Emergency interface for patient Tom Eade (PED09). The search bar at the top contains the text 'adhd'. The search results are categorized under 'Care Everywhere' and include a list of medical records. A red box labeled '1' highlights the search bar, and a red box labeled '2' highlights the first search result.

**Search results for "adhd"**

**1** Search

**2** Care Everywhere

Additional results might be available if the patient has unretrieved Care Everywhere documents. You can find more outside information in the [Care Everywhere Outside Records](#) activity.

Document Type	Document Title	Date
Initial Summary	ethyphenidate LA (Ritalin LA) 10 MG 24 hr capsule	Received 5/10/2021
Initial Summary	DHD	Received 5/10/2021
Initial Summary	ethyphenidate LA (Ritalin LA) 10 MG 24 hr capsule	4/30/2021
P Visit	ethyphenidate LA (Ritalin LA) 10 MG 24 hr capsule	4/6/2021
Office Visit	DHD (attention deficit hyperactivity disorder) (Primary Dx)	4/4/2021

Select a result on the left to view the report.

Southern Coos Hospital & Health Center Rebrand

**Bandon Health**



# Why Rebrand?

**Why are we rebranding now, when we have so much happening in the district already?**

For example, we are building our surgical services, optimizing our primary care clinic, and potentially implementing a new Electronic Health Record and Enterprise Resource System, amongst all the other regular day-to-day work?

## **1. District Rebrand Identified as a Strategic Initiative in 2022**

- Identified by CEO, District Board, executive team, and community members as a priority during the Strategic Planning Session in May 2022
  - District Board endorsed the entirety of the plan
  - Outlined in our strategic plan, under Section 4.0 Growth: 4.1.1 Refresh Hospital Brand and Collateral
- Opportunity to redefine our facility's identity both locally and nationally

# Opportunity for Increased Local & National Recognition

## 2. Local Recognition

- The new brand aims to collect Southern Coos Health District's three central brand assets into a single, recognizable brand: the hospital, our clinic, and the district's fundraising foundation.
- To capture our shared dedication to high quality patient care and personalized service
- The new brand aims to capture our unique position as a healthcare provider and employer of choice in the county and region
- We collected data that supports the fact that many people who live and work in and around Bandon are not aware of SCHHC:
  - over 50% of people surveyed don't know that Bandon has a hospital
  - Furthermore, over 75% of those who knew that the hospital existed didn't know we have a primary care clinic

## 3. Regional and National Recognition

- The name "Bandon" has a much wider name recognition nationally than "Southern Coos"
  - When Raymond Hino or other executives speak at conferences, many people know Bandon due to the Bandon Dunes Golf Resort or as a tourist destination
  - The "Southern Coos" moniker was created in a time long before tourism or golf were industries central to the identity of the area



# Additional Rebrand FAQs

**Q: Are we changing the name of the Southern Coos Health District?**

A: No. The Southern Coos Health District name will remain intact. We will change the Doing Business As designation to Bandon Health. Southern Coos Health District is already DBA Southern Coos Hospital & Health Center.

**Q: Ok, so if we aren't changing the name of Southern Coos Health District and are changing our DBA name, what agencies do we need to notify?**

A: We will notify the State of Oregon, the IRS, and Centers of Medicare and Medicaid Services (CMS), as well as our insurance payors. Additionally, we will notify all our vendors with which we have contractual relationships with (e.g. CPSI, Orchard, Novorad, to name a few).

We are finalizing an inventory of all assets and collateral that need to be changed. All managers are contributing to this list.

# Additional Rebrand FAQs

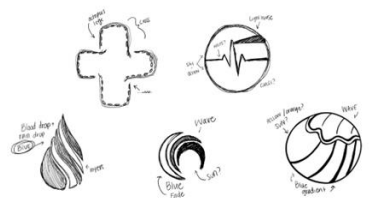
**Q: I have heard that rebranding a hospital can be expensive.**

A: Our management team is acutely aware of the financial pressures the district faces. Therefore, we are attempting to minimize costs for the rebrand.

The major cost will be outside signage, which is budgeted for FY24 and 25. The rest of the costs consist of changing over letterhead, business cards, the website, and changing the DBA with the state (a one-time \$50 charge).



# Brand Change Road Map



Font: Garamond



- **District Rebrand Kickoff**

Environmental Review of other local and regional brands

Development of logo options

- October 1<sup>st</sup>

**Second Stakeholder Meeting**

Assets on view for the staff

- Survey Posted on Tier II Huddle and Distributed via email

**Third Stakeholder Meeting – Logo and Name Recommendation** November 17

Prioritize assets for Rebranding

- 30

Scope out cost of the rebrand

- 30

**Present update to the SCHD Board**

Develop an internal and external launch

15

**SCHD Board: Final Vote**

Launch in January 2024

January 15<sup>th</sup>, 2024

August 4

August 4-September 1

September 1-

October 6th

November 13

November 13

November 17-

November 1-

November 30

by December

December 28

Ideally by



# Bandon Health

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Hospital • Clinic • Foundation



Bandon  
Health  
Foundation



Golf for Health Classic Treatment



Bandon  
Health  
Foundation

Women's Health Day Treatment

# Next Steps

- Build Launch Timeline & Brand Guide – Complete by December 15
  - Includes Mock-Ups of Collateral
- Management intends to request approval from the SCHD Board on December 28
- Launch internal and external launch in January 2024, ideally by January 15<sup>th</sup>, 2024



DATE: November 22, 2023

TO: Board of Directors

FROM: Raymond T. Hino, CEO

A handwritten signature in black ink, appearing to read "Raymond T. Hino".

SUBJECT: Rural Pacific Emergency Services Proposal

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### Recommended Action

That the Southern Coos Health District Board of Directors (1) accept the proposal from Rural Pacific Emergency Services, P.C. (RPES) for the provision of Emergency Department staffing of providers for Southern Coos Hospital (24 hours per day; 365 days per year) and (2) authorize the C.E.O. to finalize and sign a contract with Rural Physician Emergency Services for those services. The annual cost of the Emergency Department staffing proposal through RPES is estimated to be \$1,885,800 per year. This is a 2.5% increase over the 2024 budget for emergency department staffing of \$1,840,000.

### Background

On October 19, 2022, Southern Coos Health District entered into a 2-year contract with Costal Provider Services, L.L.C. dba OPYS, to provide Emergency Department staffing services for our 24-hour emergency department. Services began on January 1, 2023. The annual cost of emergency department staffing services through OPYS was \$1,839,000 per year. Unfortunately, OPYS was unable to fulfill the requirements of their contractual commitment to Southern Coos Hospital & Health Center (SCHHC) and that contract was terminated for cause on June 15, 2023. Since June 15, 2023, Southern Coos Hospital has continuously kept its emergency department staffed with credentialed providers through direct contracting with providers. Since June of 2023, we have entered into contracts with 11 individual physicians and with a Locum Tenens company, in order to keep our department staffed. This has been a costly process and was always intended to be a short-term solution until a longer-term solution could be found. Since the Costal/OPYS agreement was terminated, I have spoken to 3 separate companies about the possibility of becoming the staffing contractor for SCHHC. Besides Rural Physician Emergency Services, the other 2 were (1) Vituity, a National company that currently staffs the ED at Bay Area Hospital, Lower Umpqua Hospital and Mercy Hospital in Roseburg (among hundreds of other hospitals) and (2) Fedko Emergency Physicians, who covers Coquille Valley Hospital. Vituity declined to submit a proposal for ED provider services at SCHHC. The Fedko proposal was for 50% of the coverage required by SCHHC, with SCHHC continuing to contract with its own providers for 50% of the coverage.

### Rural Pacific Emergency Services, P.C.

Rural Pacific Emergency Services, P.C. is a physician owned and physician managed company with its 2 principals being Aaron Stutz, M.D. and Robert K. Evans, M.D. They currently manage and staff the 24-hour emergency department at Fairchild Medical Center in Yreka, California.

Robert K. Evans, M.D. is a Board-certified Emergency Department physician, who has an impeccable reputation and has previously worked in the Emergency Department of SCHHC, under previous ED group, Western Healthcare. He is currently on staff at Southern Coos Hospital. I first began speaking to Dr. Evans about covering the emergency department at SCHHC in December of 2022. When we terminated the contract with OPYS in June of 2023, Dr. Evans was 1 of the first people that I contacted. He said that his company was not in a position to take on another hospital at that time, since they had just started at Fairchild Medical Center on June 1, 2023.

I have stayed in touch with Dr. Evans and he has introduced me to his business partner, Dr. Aaron Stutz. They have built an exceptional group of ED physicians at Fairchild Medical Center. All of their physicians are Board Certified Emergency Medicine Trained physicians, and they now have a waiting list of physicians that want to come work for them. Dr. Evans and Dr. Stutz have informed me that they are now ready to take on the contract at Southern Coos Hospital. They have contacted approximately 20 physicians about coming to work at SCHHC and the response has been excellent.

#### Summary

I am recommending that we accept the proposal from Rural Pacific Emergency Services, P.C. to provide emergency department provider coverage at SCHHC for the following reasons:

1. Dr. Robert Evans is a known quantity to Southern Coos Hospital & Health Center. He has been on our staff for several years. He is well liked and respected by our hospital staff and our medical staff. He has very high standards for himself and the other providers that he has brought on board to work with him and to represent him.
2. This is an affordable contract for Southern Coos Health District and brings us back to being on track with our budget for ED provider services. His proposal for coverage (not including the separate Medical Director fees) is only 2.5% higher than our contracted rate with OPYS for this year. Additionally, the OPYS contract had an annual escalation fee of 2% per year. So, starting in January of 2024, the 2 contracts are virtually the same cost to SCHHC.
3. Dr. Evans has stated that his interest in Southern Coos Hospital is for the long-term. He and his business partner, Aaron Stutz, plan to build an Emergency Department provider staff that is as good or better than every other hospital emergency department in the region and beyond. He is doing that by creating a model group, which self manages itself and pays back financial incentives to partner providers. They are attracting excellent physician providers that want to come work for them.

#### Attachments:

- a. Rural Pacific Emergency Services, P.C. Proposal to Southern Coos Hospital
- b. Aaron Stutz, M.D. resume
- c. Robert Evans, M.D. resume



# Rural Pacific Emergency Services P.C.

## Proposal for Southern Coos Hospital

Aaron Stutz MD FAAEM CCHP  
[aaron@ruralpacmed.com](mailto:aaron@ruralpacmed.com)  
(530)605-5046

Robert K Evans MD FAAEM  
[rob@ruralpacmed.com](mailto:rob@ruralpacmed.com)  
(574)904-8800

Bandon, OR  
November 14th, 2023

## **Robert Evans MD, ABEM, FAAEM**

50 Mariposa Terrace

Medford, OR 97504

[robby@ruralpacmed.com](mailto:robby@ruralpacmed.com)

574-904-8800

### **Work Experience**

<i>Attending Physician &amp; Medical Director of the Emergency Department, Sutter Coast Hospital, Crescent City, CA</i>	June 2020 – Present
<i>Attending Physician &amp; Medical Director of the Emergency Department, Fairchild Medical Center, Yreka, CA</i>	June 2023 – Present
<i>Attending Physician &amp; Medical Director of the Emergency Department, Mercy Medical Center Mount Shasta, Mount Shasta, CA</i>	July 2016 – May 2023
<i>Attending Physician, Southern Coos Hospital Emergency Department, Bandon, OR</i>	February 2020 – Present
<i>Attending Physician, Curry General Hospital Emergency Department, Gold Beach, OR</i>	November 2022 – Present
<i>Strike Team Physician, VEP Healthcare, Concord, CA</i>	February 2012 – June 2020
<i>Attending Physician, Rogue Regional Medical Center Medford, Oregon</i>	August 2015 – September 2017
<i>Attending Physician, Emergency Consultants, Inc, Fairchild Medical Center, Yreka, California</i>	July 2013 – June 2016
<i>Attending Physician, Valley Emergency Physicians Saint Joseph Hospital, Mishawaka, IN</i>	July 2006 – December 2014
<i>Attending Physician, Valley Emergency Physicians Saint Joseph Hospital, Plymouth, IN.</i>	September 2007 – December 2014
<i>Attending Physician, South Bend Emergency Physicians. Memorial Hospital / Trauma Center, South Bend, IN</i>	June 2007 – October 2012
<i>Flight Physician, Aeromed at Spectrum Health Grand Rapids, Michigan</i>	July 2005 – August 2006

### **Education**

<i>Residency, Grand Rapids Medical Education Partners – Michigan State University, Grand Rapids, MI</i>	July 2003 – June 2006
<i>Indiana University School of Medicine Doctor of Medicine</i>	June 1999 – May 2003
<i>Indiana University/Purdue University – Indianapolis, IN Master of Science, Biology</i>	August 1998 – May 1999



Indiana University – Bloomington, IN  
Bachelor of Arts, Chemistry

September 1994 – May 1998

### **Board Certification**

Diplomat; American Board of Emergency Medicine

June 2007 – December 2017

### **Licensure**

Medical License – State of California

2011 –Present

Medical License – State of Oregon

2015 – Present

Medical License – State of Tennessee

2012 – 2020

Medical License - State of Michigan

2006 – 2009 & 2014 – 2015

Medical License – State of New Mexico

2012 – 2015

Medical License - State of Indiana

2006 – 2015

Medical License – State of Ohio

2012 – 2013

### **Committee Assignments:**

*Chief of Staff*, Mercy Medical Center Mount Shasta

January 2021 – Present

*Vice Chairman MEC*, Mercy Medical Center Mount Shasta.

Jan 2019 – Dec 2021

*Medical Director*, Siskiyou County Sherriff's Department

January 2017 – Present

*Valley Emergency Physicians Executive Committee*

December 2009 – May 2012

*Treasurer*, Valley Emergency Physicians

December 2009 – May 2012

*Expirations*, Chart review of all expirations in the E.D.

January 2008 – May 2012

*Trauma Committee*, St. Joseph Regional Medical Center

January 2008 – Mar 2009

### **Educational Activities:**

#### **Teaching:**

- Established an emergency medicine rotation at Mercy Medical Center Mount Shasta. Recent residents from Stanford Emergency Medicine Residency Program & Mercy Redding Family Practice Residency Program 2019 – Present

- Santa Clara Valley Medical Center teaching and supervising Stanford Emergency Residents 2017 - 2018.
- Primary teaching attending for family practice and podiatry residents rotating through the emergency department of St. Joseph Regional Medical Center South Bend and Mishawaka. 2006- 2012.

### **Presentations:**

Michigan State University Grand Rapids Department of Emergency Medicine Grand Rounds:

- Third Trimester Vaginal Bleeding, 2006
- Otological Emergencies, 2006
- Absinthe, 2005
- Esophageal Emergencies, 2005
- Pediatric Gastrointestinal Emergencies, 2004
- Bradycardia, 2004

### **Publications:**

*Pain Free E.D.* Established a triage protocol for the administration of pain medication to pediatric patients. 2008 October.

Evans, Robert. *Best Evidence Topic: Absorbable Sutures in Pediatric Lacerations*. <http://www.bestbet.org>. 2005 May.

Evans, Robert. *Critical Appraisal: Absorbable Sutures in Pediatric Lacerations*. <http://www.bestbet.org>. 2005 April.

Sloan B. Evans R. *Clinical pearls: neonatal breast mass*. Academic Emergency Medicine. 10(3):269-70, 2003 Mar.

### **Personal Interests**

Travel, Running, Hiking, Fishing, Downhill Skiing, Cross-country Skiing, Camping, & being a dad to three great kids.

### **References upon request**

# AARON STUTZ, M.D. FAAEM CCHP

101 Siskiyou Ave.  
Mount Shasta, California 96067

## PROFESSIONAL EXPERIENCE

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<i>Nov 2022 – Present</i>	<b>Mountain Medicine P.C.</b> President and co-founder of democratic emergency physician group
<i>Aug 2021 – Present</i>	<b>Del Norte County Public Health. Crescent City, California</b> Health officer and substance use medical director
<i>Mar 2020 – Present</i>	<b>Siskiyou County Public Health. Yreka, California</b> Health officer and jail medical director
<i>Dec 2017 – Feb 2019</i>	<b>Sutter Coast Hospital. Crescent City, California</b> Emergency department and walk-in clinic medical director
<i>Mar 2017– April 2019</i>	<b>Mercy Medical Center. Mount Shasta, California</b> Emergency physician for 11 bed emergency department
<i>Sep 2015 – Present</i>	<b>Sutter Coast Hospital. Crescent City, California</b> Emergency physician for 12 bed emergency department
<i>Oct 2014 – Dec 2020</i>	<b>Mountain Medics Inc. Mount Shasta, California</b> Co-Founder and Chief Medical Officer of an occupational medicine and ambulance services company
<i>Aug 2013 – Mar 2017</i>	<b>Fairchild Medical Center. Yreka, California</b> Emergency physician for 8-bed emergency department, EMS Coordinator.
<i>July 2010 – June 2013</i>	<b>University of Arizona. Tucson, Arizona</b> Emergency medicine intern and resident at University Medical Center, University of Arizona
<i>July 2009 – June 2010</i>	<b>University of California. San Francisco, California</b> Intern in surgery at Alameda County Hospital
<i>Aug 2008 – Oct 2008</i>	<b>University of Southern California. Los Angeles, California</b> Anatomy teaching assistant

May 2002 – May 2004	<b>Xenoport, Inc. Santa Clara, California</b> Research assistant for a biotechnology company
Jan 2002 – May 2002	<b>University of California. Berkeley, California</b> Lecturer in organic chemistry

## EDUCATION

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Aug 2005 – June 2009	<b>University of Southern California</b> Doctor of Medicine
Aug 1997 – May 2001	<b>University of California, Berkeley</b> Bachelor of Science, Bioengineering

## PUBLICATIONS AND ACADEMIC INVOLVEMENT

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### **University of Arizona, Department of Emergency Medicine**

Stoneking, L., Winkler J., DeLuca L., Stolz, U., Stutz A., Luman, J., Gaub, M., Wolk, D., Fiorello, A., Denninghoff, K. *Physician Documentation of Sepsis Syndrome Is Associated with More Aggressive Treatment*. 2015. Western Journal of Emergency Medicine, 16(3), 401-407.

### **University of California, San Diego / Himalayan Rescue Association** *Altitude*

Basnyat B, Gertsch J, et al. *Sickness in Climbers and Efficacy of NSAIDs Trial (ASCENT): Randomized, Controlled Trial of Ibuprofen versus Placebo for Prevention of Altitude Illness*. 2009. Unpublished manuscript.

### **University of Arizona Department of Emergency Medicine** 2010-2013

Various lectures and skills sessions in ultrasound-guided regional anesthesia and other related topics for interns and residents.

### **University of Arizona School of Medicine** 2010-2013

Various lectures and skills sessions covering suturing, wilderness medicine, and bedside ultrasound use for medical students.

**PROFESSIONAL LICENSES and CERTIFICATIONS**

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- California state medical license #A125895, unrestricted
- Oregon state medical license #MD171434, unrestricted
- American Board of Emergency Medicine (ABEM) certified emergency physician
- National Coalition on Correctional Healthcare (NCCHC) certified correctional health professional

**LANGUAGES**

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- Conversational Spanish

**PROFESSIONAL FOCI**

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- Point-of-care emergency ultrasound
- Ultrasound-guided regional anesthesia
- Telemedicine
- Occupational and rural medicine
- Emergency medical services
- Disaster Response
- Public Health

**REFERENCES**

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- High-quality references available on request

# Background, Philosophy, Ownership

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Rural Pacific Emergency Services P.C. (RPES) is an independent, democratic physician group that is physician-owned and physician-managed. This front-line ownership distinguishes us from large contract management groups (CMGs) which dominate the industry and whose business models are based on private equity, absentee stockholder ownership, and risky debt-dependent models.

This philosophy is guided by our membership in AAEM, the American Academy of Emergency Medicine. Under AAEM's standards we offer a fair and transparent financial practices, equal pay for physician clinical time and we emphasize working with board-certified or eligible (BC/BE) physicians in emergency medicine.

Furthermore, we focus on rural community emergency departments—we do not believe these locations should be necessarily more difficult to staff given the volume of emergency medicine trained physicians coming out of residency and the level of compensation that our democratic group offers.

We were recently engaged by Fairchild Medical Center in Yreka, California, and our first 5 months of operations has already been quite successful with improved metrics and increased schedule stability. The roster of physicians at the FMC ER also now includes only board-certified emergency physicians for the first time in the hospital's history.

**Dr. Aaron Stutz, MD FAAEM CCHP:** Dr. Stutz has significant business experience that he brings to bear on our new physician group, having founded and been the medical director of a successful contract disaster response emergency medical services company in California, Mountain Medics Inc. The company provides EMS services for wildfires and disasters and its clients have included CalFire, the US Forest Service, and Pacific Gas & Electric. He currently serves as the health officer for both Siskiyou and Del Norte Counties and has managed the COVID pandemic

response for both counties as well as other public health initiatives. He served as the emergency department medical director at Sutter Coast Hospital and is an ABEM board-certified and actively practicing emergency physician as well as a certified correctional health care professional. He has practiced medicine at dozens of hospitals nationwide including rural community facilities, urban tertiary care centers, VA hospitals, and trauma centers.

**Dr. Robert K Evans, MD FAAEM:** Dr. Evans is also an ABEM board-certified emergency physician who has served as the medical director for multiple emergency departments. For eight years he was a partner in a private democratic group that staffed multiple emergency departments. He was one of the lead educators teaching residents, established an APP program, and served as the group's treasurer. He has worked in over 30 different emergency departments during his career, from two beds to over one hundred beds in size. He spent seven years as the emergency department medical director at Mercy Medical Center Mount Shasta, where he spearheaded a number of initiatives including improving patient satisfaction and throughput and establishing MAT protocols. He has served 3 years as the ER medical director at Sutter Coast Hospital in Crescent City, California and is currently the medical director at Fairchild Medical Center in Yreka, California. He is well-regarded by the emergency medicine community in northern California and southern Oregon as a skilled liaison between hospital administration and physicians.

Please review Drs. Stutz' and Evans' attached curriculum vitae.

## Southern Coos Hospital

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Drs. Evans and Stutz enjoy practicing at rural pacific northwest facilities for many reasons: the community environment, beautiful remote locations, and the opportunity to encounter serious pathology in community settings. Dr. Evans particularly appreciates the patient population and the nursing staff at Southern Coos. In our opinion it has been difficult to keep providers there because of the significant pay cut and travel expense that physicians have had to endure to work at Southern Coos.

Our recruitment goal would be to make the Southern Coos emergency department a destination job much like Bandon is a tourist destination on the Oregon Coast—in order to do that, we need to pay providers highly enough and offer enough incentive. We have a very lean approach with overhead of roughly 15% compared to the 30-40% which is common to larger contract management groups. This allows us to pass on much more of the money to the providers.

## A Track Record of Success

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In the past five months we have had good success with our first contract at Fairchild Medical Center. The emergency department has gone from schedules that regularly lacked coverage to having to turn away board-certified EM physicians. Due to our low overhead we were able to increase physician pay. We replaced poorly-performing providers with board-certified physicians and the corresponding metrics have improved dramatically—LWOBS has dropped from an average of 6-7% to less than 2% and throughput is markedly improved. The ER group has created a buzz in the community and with the hospital board. We know we will have similar success at Southern Coos because we have done it before.



## Attracting the Best Talent

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Physician ownership provides physicians with a stake in the group's success. This concept is attractive for physicians who have worked for large CMGs and seen how dispassionate they can be. Both veteran physicians and those just out of residency training generally prefer to join independent democratic groups over CMGs if given the choice.<sup>1</sup> This is the advantage that we need to have working in our favor to solve rural recruitment problems.

*75% of 420 responding emergency physicians prefer some form of democratic group with partnership track over all other models of employment (CMG contractor or employee, hospital employee, government employee).\**

Our approach for Southern Coos Hospital will be to search for board-certified or board-eligible emergency physicians who have the same goals of community involvement and transparent local ownership. More specifically we look for providers who are mid-range into in their careers and who feel comfortable working in our resource-limited setting. Another strategy will be to work with final-year emergency medicine residents from emergency medicine residency programs. Southern Coos Hospital seems like a perfect low-volume location for this approach to help supplement staffing.

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<sup>1</sup>\*EMDocs social media poll conducted February 2023

## Actionable Metrics to Drive Change

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We believe in performance measurement to direct meaningful intervention and create high-quality outcomes. Furthermore, these metrics need to be communicated regularly to the physicians who are responsible for them.

We will monitor whichever key performance measures may be important to Southern Coos Hospital administration and use these metrics to provide feedback and shape ER policy. Our providers will know where their performance falls in relation to other providers on a regular basis.

We will also actively participate in Southern Coos Hospital's QA programs. Our internal quality approach will include:

1. Physician involvement in committees for senior physicians to promote rapid dissemination of policies and procedures.
2. Case reviews collated by the medical director for post-hoc physician and RN education.
3. Patient complaint resolution. Our group will encourage patient feedback to be sent directly to our physician group with an integrated approach that involves the physician and patient. Anything relevant would be promptly provided to the hospital's risk management team.

## Additional Elements

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Other key elements of our approach to managing the ER at Southern Coos Hospital would include:

- **Quarterly department meetings:** We believe teamwork and physician engagement are the key to success here. Each meeting we will discuss patient experience, throughput, and other important metrics. Members of hospital leadership team will be invited to attend.
- **Reasonable work schedules:** We will set a cap on the number of consecutive shifts that can be worked by any given physician as well as creating a fair balance between day and night shifts.
- **Advance Practice Providers:** Solo APP use will be continued through at least the first year of the contract. We will consider continuing using only APPs who are highly qualified, having gone through rigorous emergency medicine training programs and with demonstrated experience.
- **Provider house:** Part of the income from this contract will be put toward renting a provider house, which will be available for providers and their families to stay in should they require housing while working at Southern Coos. We feel that having a comfortable place to stay after shifts will be part of the attraction of working in Bandon.

## Financial Overview

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We propose an hourly cost to Southern Coos Hospital of:

- \$235/hour for physician coverage services to maintain sustainable physician hourly pay and attract board-certified emergency physicians.
- A significantly reduced hourly rate for solo APP coverage of \$175/hour.
- A nominal monthly stipend of \$3000/month for medical director services that will be passed on to a medical director of our choice

Assuming solo APPs continue to cover an average of 10 24-hour shifts per month, the yearly numbers would be as follows:

Service	Fee	Average Per Year
Doctor Hourly Rate	\$235/hour	\$1,381,800
APP Hourly Rate	\$175/hour	\$504,000
Medical director stipend	\$3000/month	\$36,000
<b>Total</b>		<b>\$1,921,800</b>

## Implementation

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Before signing any contract with Southern Coos, we would want to begin a recruitment drive to ensure we hit the ground running. Therefore we would likely only require a short 30 period to begin operations after an agreement is finalized.

## Summary

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Rural Pacific Emergency Services P.C. is pleased to provide Southern Coos Hospital with this proposal for services.

We offer:

- Experienced management of rural emergency departments with demonstrated recent success.
- A business and financial structure that emergency physicians want and which provides cost savings for rural hospitals.
- Involved leadership
- Improved provider satisfaction
- Metrics gathering activities to guide policymaking
- Transparent and ethical business practices

As an independent and democratic physician group that is wholly physician-owned, and with a data-driven approach, we feel we will be a successful fit for Southern Coos Hospital.

Respectfully Submitted,

Aaron Stutz, M.D. FAAEM CCHP  
Robert K. Evans, M.D. FAAEM  
Rural Pacific Emergency Services P.C.



DATE: November 22, 2023

TO: Board of Directors

FROM: Raymond T. Hino, CEO

A handwritten signature in black ink, appearing to read "Raymond T. Hino".

SUBJECT: Holiday Bonus for Employees

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#### Recommended Action

That the Southern Coos Health District Board of Directors approve paying each regular full time and part time District employee a holiday bonus in the amount of \$200 (plus a 20% gross up) per employee. Per diem employees do not qualify for the bonuses. 147 employees will qualify for the bonus payments this year. The total cost of the bonus payments is \$35,800.

#### Background

For at least 10 years, the Southern Coos Health District Board of Directors have granted a holiday bonus payment for eligible employees. Historically, the bonus payment was for a net payment per employee of \$100.00 each. In 2022 a decision was made by the District Board of Directors to increase the bonus payment from \$100 to \$200 (plus gross up). It is the recommendation of the Southern Coos Health District Executive Team that the District continue this tradition for the calendar year ended December 31, 2023.

This year the bonus payments are proposed to be paid directly to employees in the same manner as their regular paychecks (either as a paper check or electronic deposit). The proposal is that the bonus payments be made on December 15, 2023.

If approved, we will provide each bonus eligible employee who attends the SCHHC Holiday party on December 9, with a letter signed by each member of the Board of Directors, notifying each employee that they will receive their holiday bonus payment on December 15.



DATE: November 22, 2023

TO: Board of Directors

FROM: Raymond T. Hino, CEO

A handwritten signature in black ink, appearing to read "Raymond T. Hino".

SUBJECT: December Meeting Change

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#### Recommended Action

That the Southern Coos Health District Board of Directors approve moving our December Regular Board meeting date from December 21, 2023 to December 28, 2023. The Board meeting would start at its normal meeting time of 6:00 p.m. in Executive Session and 6:30 p.m. in Open Session.

#### Background

Earlier this year when the Southern Coos Health District Annual Meeting calendar was created, it was recommended and approved that the December regular Board meeting be held on the 3<sup>rd</sup> Thursday of the month of December, rather than the regular meeting date of the 4<sup>th</sup> Thursday of the month. The reason for this change was that the Christmas holiday falls on Monday, December 25 and it was decided that it would be better to schedule the Board meeting before the Christmas holiday, rather than after the Christmas holiday.

However, since that time, my personal travel plans have formed. My birthday is on December 21. My wife and family have requested that we vacation with family in California for my birthday and the holiday. Therefore, I am requesting, that if it is not inconvenient for the Board that we move our December Board meeting from December 21 to December 28.

If the decision of the Board is to stay with the currently approved date of December 21, that will be fine with me. It means that I will be participating in the Board meeting by video, instead of in person, which I think would be fine as well.



DATE: November 22, 2023  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO  
SUBJECT: District Check Signing Process

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A handwritten signature in black ink, appearing to read "Raymond T. Hino".

#### Summary

At the request of Board Chair, Brent Bischoff, we are placing the topic of District Check Signing Process on the Board agenda tonight. At the present time, our check signing process, according to our Board approved Board Delegation of Authority (as first approved on 11-24-2003) is as follows:

1. **Check Signing** - Any and all checks written for an amount greater than \$25,000 that were not included in the annual budget must be counter-signed by the Board Chairman or Board Treasurer or other authorized Board member.

It was also the request of Board Chair, Bischoff, that Health District Counsel, Robert Miller, III, review current Oregon Statutes and Regulations for check signing in Health Districts and be prepared to present findings to the Board of Directors. Mr. Miller will be prepared to present his findings to the Board of Directors at tonight's meeting.

#### Attachments

1. Southern Coos Health District Board Delegation of Authority Policy



DEPARTMENT: Administration	NUMBER: 800.008
SUBJECT: Delegation of Authority to Chief Executive Officer for Financial Commitments, Expenditures & Disbursements	PAGE: 1 of 3
EFFECTIVE DATE: June 30, 2023	REPLACES POLICY DATED: 11-24-2003, 11-19-2017 (2023 reformatted only, no content changes)
APPROVED BY: Executive Team, Policy & Procedure Committee; Board of Directors	DISTRIBUTION: Organization wide

### **Policy:**

The Southern Coos Health District Board of Directors establishes appropriate limits on the authority of the Chief Executive Officer (CEO) for approving financial commitments and disbursements on behalf of the Southern Coos Health District (SCHD).

The Board designates the Chief Executive Officer as accountable and responsible to the Board for making financial commitments and approving disbursements within the limits approved by the Board, and for verifying that proposed financial commitments, expenditures and disbursements are in accordance with approved strategic and financial plans.

### **Purpose:**

To establish, within desired internal control levels, appropriate limits on routine and non-routine financial commitments made by the Chief Executive Officer on behalf of the District.

### **Procedures:**

1. The following are the authorization limits for the Chief Executive Officer:

- **Budgeted Expenditures**

The CEO is authorized to approve amounts included in the approved annual budget, including payroll and materials/services expenditures, capital equipment, fund transfers, contract renewals, leases, and debt, all of which shall be deemed pre-approved except as otherwise excluded herein.

- **Non-Budgeted Expenditures**

The CEO will obtain Board approval to exceed amounts authorized during the annual budget process within the following threshold:

<u>Position</u>	<u>Approval Limit</u>
Chief Executive Officer (CEO)	Up to \$15,000
Chief Financial Officer (CFO)	Up to \$5,000
Chief Nursing Officer (CNO)	Up to \$2,500
Chief Information Officer (CIO)	Up to \$2,500

DEPARTMENT:	Administration	NUMBER:	800.008
SUBJECT:	Delegation of Authority to Chief Executive Officer for Financial Commitments, Expenditures & Disbursements	PAGE:	2 of 3
EFFECTIVE DATE:	June 30, 2023	REPLACES POLICY DATED:	11-24-2003, 11-19-2017 (2023 reformatted only, no content changes)
APPROVED BY:	Executive Team, Policy & Procedure Committee; Board of Directors	DISTRIBUTION:	Organization wide

2. Capital items greater than \$15,000 not approved with the annual capital budget require Board Approval. Items appearing on the Board Approved capital budget list do not require 2<sup>nd</sup> Board approval but do require CEO/CFO approval. The Board of Directors may approve items greater than \$15,000 on an emergent basis.
3. Service contracts, insurance programs, contractual agreements, and/or projects must be approved by the Chief Executive Officer (CEO); if greater than \$25,000, must be approved by the Board of Directors. Once approved, contracts without revisions may be renewed without Board approval.
4. In compliance with 42 U.S.C. § 1395nn (the Federal law commonly known as “Stark II”) and the Fraud & Abuse Safe Harbors of the Federal Anti-Kickback Statute, all agreements with providers must meet the following requirements: (a) in writing, signed by the parties and specify the services covered; (b) specify the length of the agreement (the “term”); (c) specify the compensation exchanged which must be set in advance, consistent with fair market value for the services or items provided without taking into account the value or volume of referrals or other business generated by the provider.
5. The CEO will obtain Board approval for any new construction projects not included in the annual budget.
6. New or unusual contracts will also be subjected to review by the Board and delegate appropriate authority by means of Board motion or resolution.
7. **Check Signing** - Any and all checks written for an amount greater than \$25,000 that were not included in the annual budget must be counter-signed by the Board Chairman or Board Treasurer or other authorized Board member.
8. **Bid Law** - Any contract awarded, or agreement made with third parties will be made in compliance with Oregon bid laws and after (a) exercising reasonable precaution against conflict of interest, (b) having considered comparative prices based on items of similar quality, and (c) considering a balance between long-term quality and cost.
9. **CEO Expenses** - Reimbursement for CEO personal expenses within the scope of the CEO employment contract may be approved by the CFO. Reimbursement outside the scope of the CEO employment contract will be submitted to the Board Chairman for written approval based on normal hospital policy.
10. **Miscellaneous** - The Board also requires that the CEO: (a) develop clear financial accountability and control structures with appropriate policies and procedures; (b) receive, process and disburse funds under controls that are sufficient under generally accepted accounting procedures; (c) arrange for the

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APPROVED BY:	Executive Team, Policy & Procedure Committee; Board of Directors	DISTRIBUTION: Organization wide

annual audit of all District funds and accounts following the close of the fiscal year, and (d) keep complete and accurate financial records by funds and accounts in accordance with generally recognized principles of governmental accounting.

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SUBJECT: Ongoing Professional Practice Evaluation (OPPE), & Focused Professional Practice Evaluation (FPPE) Data Collection	PAGE: 1 of 4
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APPROVED BY: Policy and Forms Committee, Medical Staff, Board of Directors	DISTRIBUTION: Medical Staff and Board of Directors

## **PURPOSE:**

The purpose of Ongoing Professional Practice Evaluation (OPPE) is to identify professional practice trends that may impact the quality and safety of care and applies to all practitioners granted privileges via the Medical Staff chapter requirements.

The purpose of a Focused Professional Practice Evaluation (FPPE) is to provide a process for medical staff to evaluate the privilege-specific competence of the practitioner that lacks documented evidence of competently performing the requested privilege(s) at the organization.

## **POLICY:**

All members of the Medical Staff who actively provide patient care and, who are licensed in the State of Oregon to provide care, treatment, and services will be required to have an OPPE at a minimum annually. This will be in connection with Medical Bylaw 1014 A. e. **(p15 of Medical Rules and Regs for SCHHC (Southern Coos Hospital & Health Center) Medical Staff)** in which at least one case per active medical Staff practitioner will be sent for external review.

A qualitative and quantitative data-driven process will identify performance trends that may require taking steps to improve performance (e.g. implementing an FPPE review). Ongoing data review and findings about providers and performance are evaluated by the Credentialing Committee with the focus on improvement. The findings are used to assess the quality of care of each provider.

A period of FPPE is required for all new privileges. This includes privileges requested by new applicants and all newly requested privileges for existing practitioners using the requested privileges for patient care. There is no exemption based on board certification, documented experience, or reputation. Medical staff credentialing files are confidential and protected from discovery.

## **PROCEDURE**

It is the responsibility of all members of the medical staff to proctor or review when asked to do so.

A copy of all completed reviews shall be placed in the OPPE/FPPE electronic data file within the provider's credentialing file.

### **1. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)**

- a. The ongoing Professional Practice Evaluation (OPPE) requires that the Credentialing Committee evaluate each provider's professional performance.

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- i. This process allows:
  1. potential problems or trends identified with a provider.
  2. to address and resolve issues in a timely manner.
  3. fosters an efficient, competency-based privilege renewal process.
- ii. The information resulting from the OPPE is used:
  1. to determine whether to expand existing privilege(s),
  2. to maintain existing privilege(s),
  3. to revise existing privilege(s), or
  4. to revoke an existing privilege prior to or at the time of Medical Staff renewal.
- b. At time of credentialing, the OPPE may be factored into the decision to expand privilege(s), to maintain existing privilege(s), to revise existing privilege(s) or to revoke an existing privilege(s) prior to or at the time of reappointment.
- c. OPPE will evaluate:
  - i. Patient care,
  - ii. Medical/clinical knowledge,
  - iii. Practice based learning and improvement,
  - iv. Interpersonal and communication skills,
  - v. Professionalism, and
  - vi. Systems-based practice.
- d. OPPE will consist of:
  - i. Review of quarterly Peer Review results
  - ii. Review of performance on quality indicators as presented on monthly scorecard per **policy 163.004 Data Collection for Providers.**
  - iii. Feedback from annual peer-to-peer coaching opportunities.
  - iv. Review of adverse outcomes or potential adverse outcomes.
  - v. Review of documentation quality, with at least two cases.
  - vi. Review of operative and other clinical procedure(s) performed and their outcomes.
  - vii. Patient Survey's and comments
  - viii. Performance compared to a provider with similar level of training, experience, and background. (see OPPE evaluation form)
  - ix. An external Peer Review from a provider with a similar level of experience, privileging and competency.
- e. The findings will be evaluated by the Credentialing Committee as the designated reviewer for OPPE data and documented using the OPPE Evaluation Form.

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- f. The OPPE process will happen yearly and will be completed 3 months before the annual anniversary month of the prior appointment.
  - i. The OPPE process may trigger an FPPE.
- g. Training and Education will be included in evaluation as appropriate.
- h. The provider shall be notified, in writing, of the outcome of the evaluation.

## 2. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

- a. Triggers for FPPE:
  - i. A new application for any privileges.
    - 1. If at the end of the provider's initial appointment period the provider has not performed the minimum of procedures to be removed from FPPE, the Medical staff shall decide to keep the provider under FPPE or recommend removal of privileges.
  - ii. Privileges of a provider who does not have documented evidence of competently performing the requested privilege at the organization.
  - iii. When a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care.
  - iv. Any existing provider with modification of privileges.
  - v. Sentinel or near miss event, or an event requiring an investigation. (**Policy 155.005 Acute Care Adverse and Near Miss Event Reporting**).
    - 1. Sentinel and Near Miss events require immediate review within 72 hours of identification with action/decision within 45 days of the event.
- b. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.
  - i. This time period will be decided by the credentialing committee.
- c. The credentialing committee shall evaluate privilege-specific competence of a practitioner or delegate to a provider who has similar credentials and privileges. An external provider may be chosen if a provider internally does not have the expertise of the subject of FPPE.
- d. FPPE shall be performed:
  - i. At the time of initial credentialing
  - ii. As the result of data evaluated during ongoing professional practice evaluation (OPPE)
  - iii. When additional reports indicate the need for a focused review
    - 1. A focused professional practice evaluation shall also be performed when a currently privileged practitioner's ability to provide safe, high quality patient care is in question.
  - iv. FPPE may follow the same process as OPPE with further criteria for evaluation developed by the medical staff.

## **REFERENCE:**

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The Joint Commission Standards, and Standard FAQs (Frequently Asked Questions) FPPE.

[https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001485/#:~:text=Intent,\(s\)%20at%20the%20organization.](https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001485/#:~:text=Intent,(s)%20at%20the%20organization.)

The Joint Commission Standards, and Standard FAQs OPPE.

<https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001500/>

NATIONAL INTEGRATED ACCREDITATION FOR HEALTHCARE ORGANIZATIONS (NIAHO®) Accreditation Requirements, Interpretive Guidelines & Surveyor Guidance For Hospitals Revision 23-1 Guidelines (MS)

SCHHC Medical Bylaws and Rules and Regulations.

Wallowa Hospital OPPE Policy in Oregon State. Used with permission.

Focused Professional Practice Evaluation from MCN library.

SCHHC Policy 155.005 Acute Care Adverse and Near Miss Event Reporting.

HCPPro FPPE Toolbox