



Board of Directors Regular Meeting
March 28, 2024 6:00 p.m.
AGENDA

I. Executive Session 1 of 2 Call to Order 6:00 p.m.

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 decision will be made in Executive Session.

1. Minutes from February 22, 2024 Executive Session – Review Only
Approval to be in Open Session
2. Agenda Additions or Corrections & Motion to Approve
3. Monthly Reports
 - a. Quality & Patient Safety
 - b. Risk & Compliance
 - c. Medical Staff Report

II. Consent Agenda

1. Meeting Minutes
 - a. Regular Meeting–02/22/24..... 3
 - b. Executive Session–02/22/24 (*provided in Executive Session*)
2. Monthly Counsel Invoice – Robert S. Miller III Attorney - *None*
3. Appointment of Compliance Officer Carmen Rodriguez, Interim Quality Manager..... 9
4. Motion to Approve Consent Agenda..... **(action)**

III. New Business

1. Consideration of Liability Insurance Renewal; Motion to Approve..... **(action)** 11
-Derek Grewatz, Assistant VP, Chivaroli & Associates
2. SCHD Check Signing Process..... **(possible action)** 44
3. Consideration of Board Education Proposal; Motion to Approve..... **(action)** 46

IV. Old Business

1. Consideration of Resolution 2024-02 Banking Signature Authority – To Add Chief Financial Officer, Antone Eek; Motion to Approve..... **(action)** 63
2. Consideration of Proposed Financing for EHR/ERP Project (*See insert pages EHR 1-7*)
Motion to Approve **(action)**

V. Staff Reports

1. CEO Report..... 66
2. Multi-Specialty Clinic Report 67
3. CNO Report 70
4. CFO Report 74
5. CIO Report 76
6. SCHD Foundation Report 78
7. Strategic Plan Report (*See insert pages Strategic Plan pages 1-20*)

VI. Monthly EHR/ERP Implementation Dashboard 80



VII. Monthly Financial Statements: Review

1. Month End Review	82
2. Month End Statements for Period Ending February 29, 2024	83

IX. Executive Session 2 of 2

Under ORS 192.660(2)(i) and 192.660(8) to review and evaluate the performance of an officer, employee or staff member if the person does not request an open meeting. This reason for executive session may not be used for general evaluation of an agency goal, objective or operation of any directive to personnel concerning those subjects. No decision will be made in Executive Session.

Return to Open Session

X. Open Discussion & Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
February 22, 2024**

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

II. Open Session Call to Order 6:33 p.m.

1. Roll Call – Quorum established; Brent Bischoff, Board Chairman; Mary Schamehorn, Secretary; Tom Bedell, Treasurer; Pam Hansen and Norbert Johnson Directors. **Administration:** Raymond Hino, CEO; Antone Eek, CFO; Scott McEachern, CIO; Cori Valet, CNO; Dawn Gray, Clinic Manager; Philip J. Keizer, MD, Chief of Staff. **Others present:** Katelin Wirth, Financial Analyst; Kim Russell, Executive Assistant. **Press:** None.

2. Agenda Additions or Corrections

The Strategic Plan was removed from the agenda.

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

3. Report Approvals Following Executive Session

a. Quality & Patient Safety Report. Presented in Executive Session by Sharon Bischoff, Quality RN.

b. Risk & Compliance Report – None.

c. Medical Staff Report & Physician Credentialing & Privileging – P.J. Keizer, MD, Chief of Staff

2-Year Privileges – New

Christoffer Poulsen, DO – Provisional – Emergency Medicine

Daniel McGee, MD – Provisional – Emergency Medicine

Tanya Bucierka, DO – Provisional – Emergency Medicine

Charlotte Ransom, MD – Provisional – Emergency Medicine

Annaleigh Boggess, MD – Provisional – Emergency Medicine

Graham Becherer-Bailey MD- Provisional – Emergency Medicine

Rebecca Palmer, MD – Provisional – Emergency Medicine

2-Year Privileges – Reappointments

Scott Christian Smith – Courtesy – Emergency Medicine

Olixn Adams, DO – Active - Hospitalist

Hammad Qadir, MD – Courtesy - Nephrology

Direct Radiology Appointments & Reappointments – After Hours
Reading Radiology
None

Medical Staff Status Change

Hannah Wolsiefer, MD – Allowing privileges to lapse 02.29.24

Adam Kawalek, MD – Active Status to Courtesy

Tom Bedell **moved to accept** the Quality & Patient Safety Report and Medical Staff 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–01/28/23

b. Executive Session–01/28/23 (provided in Executive Session)

c. Special Meeting-02/09/24

2. Monthly Counsel Invoice – #1468

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

IV. New Business

1. Consideration of Resolution 2024-02 Banking Signature Authority – Adding Chief Financial Officer, Antone Eek

Mr. Hino, CEO, introduced the recommendation and request for motion to approve Resolution 2024-02 adding new CFO, Antone Eek to hospital bank account signature authority, joining Raymond Hino, CEO, Brent Bischoff, Chairman, and Tom Bedell, Treasurer, as authorized signers.

Tom Bedell, Treasurer **moved** to approve Resolution 2024-02 as presented. **Discussion:** The Chief Financial Officer position includes a 90-day probationary period. Members discussed withholding approval of signing authority until after the 90-day probationary period. Mr. Hino stated that he is able to continue as primary check signer. The Resolution will return to the agenda in 90-days. **Motion withdrawn.**

2. Community Health Benefit Report

In 2019, significant changes to hospital community benefits policy were introduced in HB3076. The bill created new standards for financial assistance to patients, limited medical debt collection and interest, instituted new data reporting requirements, and introduced a new community benefit minimum spending floor program. Under Oregon statute OAR 409-023-0110, the Oregon Health Authority (OHA) will publish the formula used to calculate hospitals' community benefit minimum spending floors for a two-year cycle by January first of every odd-numbered year. The minimum spending floor for FY23 was \$1,400,417. Katelin Wirth, Financial Analyst, presented a review of the draft Community Health Benefit spreadsheet to be submitted to the OHA in March. The primary contributors this year were Subsidized Services, primarily in the Clinic and the Surgical area, plus community programs including the Drive Through Flu Clinic, Free Mammogram program and Free PSA Testing, and Women's Health Day, resulting in a net community benefit expense of \$4,004,658. Ray Hino, CEO, described efforts to improve clinic profitability which may adversely effect our ability to meet our community benefit requirement, adding that legislative efforts are in process to challenge the spending floor formula which may be difficult for rural critical access hospitals to meet.

V. Old Business.

None.

VI. Staff Reports

1. CEO Report

Raymond Hino, CEO, provided a review of his printed report opening with **Management Staffing Updates:** While recruitment continues, an Interim Quality Director has been interviewed and selected, to begin later this month, Carmen Rodriguez, MD. Dr. Rodriguez will work remotely in a "hybrid" capacity, with monthly trips to Bandon to meet with staff and attend monthly board meetings. Dr. Rodriguez will oversee the Quality program and help guide the facility to DNV and ISO 9001 compliance and certification. Mr. Hino then introduced Mr. Antone Eek, CFO, and reviewed the interview process that led to the unanimous decision by the interview team of Executive Team and Finance to offer the position. Mr. Eek began work in Bandon on February 14. **Staff Training Exercises:** Mr. Hino described the Cybersecurity exercise completed earlier today and Active Shooter Threat training to be conducted next week for all staff. **Networking:** Mr. Hino met with the Coast Community Health Center (CCHC) Chief Medical Officer, Dr. Torres, yesterday. **Surgical Services:** An architecture firm, Anderson, Dabrowski, has been retained to proceed with the Sterile Processing remodel approved last month with bi-weekly meetings in place. The next step will be an RFP to identify a general contractor to be hired by March 4. We are sad to announce that our Surgical Services Manager, Collen Lorenz, has resigned for personal reasons. We appreciate the work Colleen has done to lead our surgical services efforts, and recruitment has begun for her replacement. Dr. Sharon Monsivais began her practice at Southern Coos on

February 14 and is off to a great start with 70 cases pending. **Electronic Health Record/Enterprise Resource Platform:** Members of the board expressed gratitude for the special meeting on February 9 and requested a calendar timeline and monthly report. Mr. McEachern stated that he will present a project dashboard at the March board meeting.

2. Clinic Report

Dawn Gray, Clinic Manager, provided a review of the Multi-Specialty Clinic Report for the month of January. Clinic numbers continue to improve month over month, with an increase of 26 encounters compared to January 2023. Courtney Feral, FNP, will join the clinic for a six-month term to begin February 19. Dr. Monsivais sees an average of 12 patients a day. Signify Health, the clinic ACO (Accountable Care Organization) released the 2024 Quality Metrics now included in the monthly board report. Unfortunately, some of the measures lack reliable data, and we are actively collaborating with Evident/CPSI to enhance data capture. For many measures, manual data mining will be necessary for accurate data. Ms. Gray is scheduled to be out of office beginning March 11 for an extended period. Thank you to Carrie Okey, HR Director, who will be acting Clinic Manager during this time.

3. CNO Report

Cori Valet, CNO, provided a summary of her written report for the month of January. Colleen Lorenz, Surgical Services Manager has resigned her position for personal reasons, her last day will be March 8. We appreciate her contributions to Southern Coos. Collaboration with Lower Umpqua Hospital and Dr. Ivanitsky has resulted in establishment of a regular weekly schedule to allow timely follow up with post-surgical patients. Ms. Valet shared the Southern Coos response to House Bill 2697 passed by Senate June 22, 2023 requiring establishment of Professional, Technical, and Service Staffing Committees to be responsible for development and implementation of written staffing plans for hospital departments. In January, the newly established committees agreed to combine to best meet the requirements, new regulations, and to work collaboratively in the development of required written staffing plans. No additional staff are required, at this time, to meet staffing ratios. January Emergency visits have increased from prior years.

4. CFO Report

Antone Eek, CFO joined Southern Coos on February 14. The regular CFO Report will resume in March.

5. CIO Report

Scott McEachern, CIO, provided a summary of his report for the month of January, including a review of activities in Information Systems, Health Information Management, and Marketing. **Cybersecurity:** Cybersecurity continues to be a primary focus due to ongoing worldwide attacks on healthcare related products and systems. Zero Day Vulnerability is a security hole or flaw in a computer system that is unknown to owners, developers, cybersecurity experts, or anyone else; and Zero

Trust Network Architecture design supports zero trust principles, such as airtight access management. In January, the Information Systems team implemented a new access product/vendor, Cloudflare, that utilizes a Zero Trust Network (ZTNA) that inspects every request for access to the system and authenticates every user and device attempting to access SCHHC's infrastructure. A tabletop cybersecurity exercise was completed today. **EMR/ERP Project:** Mr. McEachern is working closely with the CFO on cash flow before finalizing EMR/ERP financing. A draft dashboard will be provided at the March meeting. A kickoff event will be scheduled. **Interoperability:** Thanks to Sharon Bischoff and other key staff, Southern Coos has reached 87 points over 65 minimum required by CMS to meet quality data reporting goals. **Grant Received:** A USDA grant award for telemedicine of \$165,000 has been received; Mr. McEachern is working with grant administrators to determine if any amount may be directed toward the EMR project. **Earmark Grant Opportunity:** Oregon Special Districts with eligible projects are encouraged to work with congress members and senators on earmark fund grant opportunities. Mr. McEachern thanked Mary Schamehorn and the City of Bandon for their letter of support and reviewed plans to submit \$750,000 application for the Electronic Medical Record project.

6. SCHD Foundation Report

Mr. McEachern, SCH Foundation Executive Director, provided the monthly Health Foundation Report. Women's Health Day will be this weekend on February 24 with attendance at maximum 150; guest speakers include Dr. Torres, new Chief Medical Officer at Coast Community Health Center. The next program will be Aging Well in Bandon to be held in May.

VII. Monthly Financial Narrative & Review of Statements

Antone Eek, CFO, provided a summary of the financial statements for the month of January. The statements include Gross Revenue and Volumes, Deductions from Revenue, Labor Expenses, Professional Fees, Purchased Services, and Supplies. January was above budget in inpatient revenue. An area of focus will be claim denials. Days of Cash on Hand is healthy but will focus on improvement. Focus also needed in Days in A/R (Accounts Receivable); should be 30-40 days. Performance ratios are above budget. The new EMR will distill self-pay and additional details. The new system will also allow matching expense allocations between hospital and clinic, to be manual until the Sage implementation. **Discussion:** Tom Bedell, Treasurer noted that we hope to see the operating margin lower with the new ER physician group that officially began in March. Antone Eek, CFO and Dawn Gray, Clinic Manager will meet to review denials and denial codes. Mr. Bedell welcomed Mr. Eek to Southern Coos. Mr. Bischoff initiated board member introductions.

VIII. Executive Session

At 7:36pm the board moved to Executive Session under ORS 192.660(2)(i) and 192.660(8) to review and evaluate the performance of an officer, employee or staff

member if the person does not request an open meeting. This reason for executive session may not be used for general evaluation of an agency goal, objective or operation of any directive to personnel concerning those subjects.

At 8:42 p.m. the Board returned to Open Session

There were no decisions from this Executive Session.

IX. Open Discussion and Adjournment

None.

At 8:42 p.m. the meeting was adjourned.

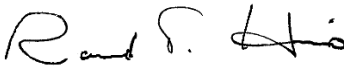
Brent Bischoff, Chairman 03-28-2024

Mary Schamehorn, Secretary 03-28-2024



DATE: March 21, 2024

TO: Board of Directors

FROM: Raymond T. Hino, CEO 

SUBJECT: Appointment of Carmen Rodriguez as Compliance Officer

Recommended Action

Management is seeking Board approval to appoint our Interim Quality, Risk & Compliance Director, Carmen Rodriguez, as our Compliance Officer effective immediately. Dr. Rodriguez is qualified for this position, due to experience in similar roles in health care organizations, that are mandated to comply with CMS Conditions of Participation and the Compliance Plan requirements of the Federal Office of the Inspector General (OIG).

Background

According to Southern Coos Hospital & Health Center Policy #162.002 entitled Compliance Program Policy, it is required that the organization appoint a Compliance Officer who is charged with operating and monitoring the organization's Compliance Program. The Compliance Officer has a direct reporting relationship to the Board of Directors and the Chief Executive Officer (CEO) and can engage outside resources as necessary.

The Compliance Officer regularly informs the CEO, the Executive Compliance Committee (ECC), Board of Directors and applicable stakeholders on the Compliance Program and compliance risks, concerns, issues, or violations that may come to their attention.

The previously designated Compliance Officer for SCHHC was Barbara Snyder, who retired in December 2023. Carmen Rodriguez currently holds the position of Interim Director of Quality, Risk & Compliance for SCHHC and meets all of the requirements for a Compliance Officer having previous experience as a Vice President for Regulatory Affairs with responsibility to formulate and enact compliance plans required by the Office of the Inspector General (OIG) and ensuring adherence to Medicare Conditions of Participation for Federally Qualified Health Centers.

Summary

Carmen Rodriguez has been appointed as Interim Director of Quality, Risk & Compliance for Southern Coos Hospital & Health Center, replacing Barbara Snyder. We anticipate that she will continue in that role until a regular full time replacement is recruited for this position.

Carmen Rodriguez, MD

(858) 663-5585 ▪ dracarmenrod@gmail.com

PERSONAL STATEMENT

Acomplished Healthcare Executive and Medical Doctor with a proven track record in propelling operational excellence, strategic growth, and clinical innovation across healthcare settings. Leverages a blend of medical expertise and executive acumen to optimize patient care, streamline clinical processes, and bolster operational efficiency. Proven ability to improve patient and physician satisfaction through performance improvement initiatives. Skilled in working across diverse cultures and economies in clinical settings.

EDUCATION

Doctor of Medicine, Universidad Autónoma de Baja California - Mexicali, Mexico (2005)

Valedictorian, Summa Cum Laude

EXECUTIVE LEADERSHIP COMPETENCIES

- Risk Identification / Risk Mitigation
- Quality Improvement / Quality Assurance
- Compliance / Root Cause Analysis
- Leadership & Team Collaboration
- Process Design & Management
- Staff Management & Training
- Strategic Vision & Plan Implementation
- Strategic Planning, Execution & Growth
- Performance Improvement for patient & physician satisfaction
- Ability to work closely with physicians, hospital staff and community

EXPERIENCE

WITHHEALTH, San Diego, California

2021 - 2023

Genomics based digital healthcare startup with the mission of providing precision healthcare that is affordable, accessible, proactive and personalized for employers and their employees.

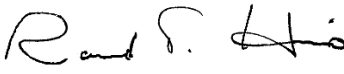
VicePresident, Clinical Operations

- Developed, maintained, and implemented clinical policies, procedures and protocols to drive growth and achieve Withhealth's clinical, regulatory and quality targets.
- Demonstrated strong leadership skills in leading and managing the day-to-day operations of the precision medicine, workplace safety, vaccine management, remote patient monitoring and medication assisted treatment program; also managing the high complexity laboratory, indian health division, quality and performance improvement department and multiespecialty medical practice, consistently exceeding performance goals.
- Spearheaded quality improvement initiatives, significantly enhancing patient care and clinical operations, aligning with regulatory compliance and healthcare standards.
- Led risk assessment and management processes, ensuring the identification and mitigation of potential risks, fostering a secure and compliant clinical environment.



DATE: March 24, 2024

TO: Board of Directors

FROM: Raymond T. Hino, CEO 

SUBJECT: Approval of Liability Insurance Coverage Proposals for 2-24-2025

Recommended Action

Management is seeking Board approval to bind our insurance renewal coverage for the following liability insurance coverage policies for the coverage year of 2024 – 2025:

- Professional & General Liability Insurance Coverage by Physicians Insurance
- Management (Directors & Officers & Employment Practices) Liability by Allied World Surplus
- Fiduciary & Crime Insurance by Travelers Casualty & Surety Company of America
- Security & Privacy (Cybersecurity) Liability by Tokio Marine

Background

Derek Grewatz, CPCU, CRM, CIC will join our March 28, 2024 Board meeting to present the results of this year's competitive bidding process for the 2024 – 2025 renewal of our liability insurance coverage policies that are managed by the Chivaroli & Associates Insurance Services company. Chivaroli & Associates have been our Insurance Broker partners for over fifteen (15) years and have done a great job for us.

Summary

I am very pleased to report that Chivaroli Insurance has undertaken an extensive bidding process for our Professional & General Liability Coverage, including soliciting quotes from 15 well known and reputable insurance companies. The result was that, due to this competitive process and our favorable claims history in recent years, our quote for Liability Insurance from our current carrier, Physicians Insurance was actually a decrease this year. The same is true for Directors & Officers (D&O) and Employment Practices Liability (EPL) insurance. Two years ago, Chivaroli had difficulty getting one quote for us for D&O and EPL, due to our unfavorable claims history. This year, we had two solid quotes and both are for less money than we paid this year.

All in all, we did extremely well in our insurance renewal quotations this year. This is due to the excellent work done by our managers, clinical team and, in fact, our entire team over the past year. We also got 2 proposals on cybersecurity insurance that were both lower than what we paid last year. Only our Crime & Fiduciary coverage is increasing (by 4.2%), but that is because our Crime & Fiduciary insurance coverage is for a 3-year period. So, for the 3 years our increase is just a little over 1% per year.



PRESENTATION

- Professional & General Liability
- Management Liability
- Fiduciary & Crime Insurance
- Security & Privacy Liability

Policy Term: 01 April 2024 to 01 April 2025



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Section I

Health Care Professional & General Liability Insurance

EXPOSURE SUMMARY

Professional & General Liability Insurance

Inpatient Beds Exposures

Inpatient Beds	2024 Application 12 Month Average	2023 Application 12 Month Average
Acute Care	8	8
Total Inpatient Beds	8	8
Change in Exposure	0.00%	

Outpatient Visits

Outpatient Visits	2024 Application 12 Month Average	2023 Application 12 Month Average
Emergency Room	5,500	5,201
*Other Outpatient *To include all other outpatient visits other than ER, home health, rehabilitation/ therapy (e.g., medical clinics, urgent care, psychiatrist, blood bank, etc. *For Diagnostic Testing, Radiology (CT, MRI, etc.) and Laboratory Tests, list by patient encounters not number of procedures (to avoid double counting)	17,620	16,878
Total Visits	23,120	22,079
Change in Exposures Overall	5.00%	

Procedures

Inpatient Surgeries	3	3
Outpatient Surgeries	540	157
Total Procedures	543	160
Change in Exposures Overall	237.50%	

PROVIDER PREMIUM ALLOCATION – PHYSICIANS INS.

Professional & General Liability

PROVIDER SPECIALTY AND FTE - PREMIUM SUMMARY

Last Name	First Name	Designation	Specialty	Retro Date	2024 FTE	2024 Premium	2023 FTE	2023 Premium Annualized
Adams	Olixn	DO	Hospitalist / Family Medicine	3/6/2020	1.0	\$6,928	1.0	\$9,186
Pense	Noel	DO	Hospitalist/Internal Medicine	5/14/2020	1.0	\$6,928	1.0	\$9,186
Ivanitsky	Michael M.	MD	Orthopedic Surgery (No Spine)	9/1/2023	0.5	\$5,684	0.5	\$7,095
Monsivais	Sharon	MD	Plastic Surgery/ Hand Surgery	1/25/2024	1.0	\$8,765	1.0	\$9,378 (Minimum Premium Charge of \$202 midterm)
Quinn	Stephen	MD	Radiology	1/17/2024	1.0	\$8,155	1.0	Waived (\$7,975)
Wong	Bonnie	DO	Family Medicine / Osteopathic Manipulative Medicine	6/1/2023	0.7	\$4,210	0.7	Waived (\$4,556)
Matsui	Shane	LCSW	Social Worker	9/29/2017	1.0	\$0	1.0	\$0
Schmelzer	Victoria	CRNA	Nurse Anesthetist	3/1/2019	1.0	\$1,856	1.0	\$1,856
TOTALS:					7.2	\$42,526	7.2	\$49,232

Specialties subject to Claims Made Step Maturation Process

LCPC, LCSW, LPC are automatically covered under the policy.

Physicians Insurance waived the premiums for ALL Emergency Providers covered under the 2023-2024 policy term. Those providers are now listed on the departed schedule and maintain their own insurance as of 3/2/2024. The WAIVED annualized premium for 2.0 FTE was \$16,310.

LOSS SUMMARY

Professional & General Liability Insurance

Loss Summary								
Policy Term	Carrier	Total # of Claims	# Open Claims	Total Paid	Total Reserves	Total Incurred	Total Incurred Excess of Retention (T&D)	Total Net Premium
2-1-13 to 2-1-14	Lexington	2	0	\$0	\$0	\$0	\$0	\$51,699
2-1-14 to 2-1-15	Lexington	0	0	\$0	\$0	\$0	\$0	\$55,987
2-1-15 to 3-1-16	Lexington	1	0	\$0	\$0	\$0	\$0	\$59,295
3-1-16 to 3-1-17	Physicians	1	0	\$0	\$0	\$0	\$0	\$47,952
3-1-17 to 3-1-18	Physicians	1	0	\$194,001	\$0	\$194,001	\$227,232	\$43,936
3-1-18 to 3-1-19	Physicians	0	0	\$0	\$0	\$0	\$0	\$48,715
3-1-19 to 3-1-20	Physicians	2	0	\$20,291	\$0	\$20,291	\$23,204	\$48,703
3-1-20 to 3-1-21	Physicians	2	0	\$688	\$0	\$688	\$810	\$58,753
3-1-21 to 4-1-22	Physicians	2	0	\$14,847	\$0	\$16,663	\$21,428	\$116,610
4-1-22 to 4-1-23	Physicians	0	0	\$0	\$0	\$0	\$0	\$110,475
4-1-23 to 4-1-24	Physicians	1	0	\$1,239	\$0	\$0	\$1,239	\$107,029
TOTALS - ALL Years		12	0	\$231,066	\$0	\$231,643	\$273,913	\$749,155
AVERAGES		1		\$21,006	\$0	\$21,058	\$24,901	\$68,105
TOTALS - 16-17 thru 22-23		8	0	\$229,827	\$0	\$231,643	\$272,674	\$475,144
7 Yr AVERAGE		1		\$32,832	\$0	\$33,092	\$38,953	\$67,878
TOTALS - 18-19 thru 22-23		6	0	\$35,826	\$0	\$37,641	\$45,442	\$383,256
5 Yr AVERAGE		1		\$7,165	\$0	\$7,528	\$9,088	\$76,651
								Program Loss Ratio
								31%
								49%
								10%

- In general, the insurance carrier marketplace prefers to review up to 10 years of historical loss data.
- 2.5% Trend applied on all Trended & Developed figures

MARKETING SUMMARY

Professional & General Liability Insurance

INSURANCE CARRIER	RESPONSE <i>Please refer to coverage specifications, policy document for additional details.</i>																												
Physicians Insurance a Mutual Company Admitted Carrier A.M. Best Rating: A-, IX (\$250 Mil to \$500 Mil)	Quotation Enclosed <table><tr><th></th><th>Option I</th><th>Option II</th><th>Option III</th></tr><tr><td>Primary Limit</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td></tr><tr><td>Excess Limit</td><td>\$1M</td><td>\$2M</td><td>\$3M</td></tr><tr><td>Deductible</td><td>\$0</td><td>\$0</td><td>\$0</td></tr><tr><td>Annual Premium</td><td>\$138,672</td><td>\$153,293</td><td>\$162,960</td></tr><tr><td><i>Annualized Expiring Premium</i></td><td><i>\$147,826</i></td><td></td><td></td></tr></table>		Option I	Option II	Option III	Primary Limit	\$1M/\$5M	\$1M/\$5M	\$1M/\$5M	Excess Limit	\$1M	\$2M	\$3M	Deductible	\$0	\$0	\$0	Annual Premium	\$138,672	\$153,293	\$162,960	<i>Annualized Expiring Premium</i>	<i>\$147,826</i>						
	Option I	Option II	Option III																										
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ProSelect Insurance Company – Coverys Admitted Carrier A.M. Best Rating: A, XIV (\$1.5 to \$2 Billion)	Quotation Enclosed <table><tr><th></th><th>Option I</th><th>Option II</th><th>Option III</th></tr><tr><td>Primary Limit</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td></tr><tr><td>Excess Limit</td><td>\$1M</td><td>\$2M</td><td>\$3M</td></tr><tr><td>Deductible</td><td>\$0</td><td>\$0</td><td>\$0</td></tr><tr><td>Excess Retained Limit</td><td>\$10,000</td><td>\$10,000</td><td>\$10,000</td></tr><tr><td>Annual Premium</td><td>\$132,156</td><td>\$147,156</td><td>\$162,156</td></tr></table>		Option I	Option II	Option III	Primary Limit	\$1M/\$5M	\$1M/\$5M	\$1M/\$5M	Excess Limit	\$1M	\$2M	\$3M	Deductible	\$0	\$0	\$0	Excess Retained Limit	\$10,000	\$10,000	\$10,000	Annual Premium	\$132,156	\$147,156	\$162,156				
	Option I	Option II	Option III																										
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Excess Limit	\$1M	\$2M	\$3M																										
Deductible	\$0	\$0	\$0																										
Excess Retained Limit	\$10,000	\$10,000	\$10,000																										
Annual Premium	\$132,156	\$147,156	\$162,156																										
BETA Healthcare Group Health Providers Insurance Reciprocal RRG Risk Retention Group A.M. Best Rating: A-, IX (\$250 Mil to \$500 Mil)	Quotation Enclosed <table><tr><th></th><th>Option I</th><th>Option II</th><th>Option III</th></tr><tr><td>Primary Limit</td><td>\$2M/\$6M</td><td>\$3M/\$7M</td><td>\$4M/\$8M</td></tr><tr><td>Excess Limit</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>Deductible <i>Indemnity Only</i></td><td>\$5,000</td><td>\$5,000</td><td>\$5,000</td></tr><tr><td>Annual Premium</td><td>\$158,837</td><td>\$164,606</td><td>\$171,920</td></tr><tr><td>Surplus Allocation</td><td>\$500</td><td>\$500</td><td>\$500</td></tr><tr><td>TOTAL Premium</td><td>\$159,337</td><td>\$165,106</td><td>\$172,420</td></tr></table>		Option I	Option II	Option III	Primary Limit	\$2M/\$6M	\$3M/\$7M	\$4M/\$8M	Excess Limit	N/A	N/A	N/A	Deductible <i>Indemnity Only</i>	\$5,000	\$5,000	\$5,000	Annual Premium	\$158,837	\$164,606	\$171,920	Surplus Allocation	\$500	\$500	\$500	TOTAL Premium	\$159,337	\$165,106	\$172,420
	Option I	Option II	Option III																										
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Beazley Non-Admitted Carrier A.M. Best Rating: A, XV (\$2 Billion +)	Quotation Provided – Not Competitive <table><tr><th></th><th>Option I</th><th>Option II</th><th>Option III</th></tr><tr><td>Primary Limit</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td><td>\$1M/\$5M</td></tr><tr><td>Excess Limit</td><td>\$1M</td><td>\$2M</td><td>\$3M</td></tr><tr><td>Deductible</td><td>\$25,000</td><td colspan="2" rowspan="2">Higher Limits Not Requested</td></tr><tr><td>Annual Premium</td><td>\$231,321</td></tr></table>		Option I	Option II	Option III	Primary Limit	\$1M/\$5M	\$1M/\$5M	\$1M/\$5M	Excess Limit	\$1M	\$2M	\$3M	Deductible	\$25,000	Higher Limits Not Requested		Annual Premium	\$231,321										
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Annual Premium	\$231,321																												

COVERAGE COMPARISON

Professional & General Liability Insurance

	OPTION I Physicians Insurance Admitted Carrier A.M. Best: A-, IX	OPTION II Coverys Admitted Carrier A.M. Best: A, XIV	OPTION III BETA Risk Retention Group A.M. Best: A, VIII
Coverage Summary			
Current Policy Aggregate	\$2,000,000 / \$6,000,000	\$2,000,000 / \$6,000,000	\$2,000,000 / \$6,000,000
Professional Liability	\$1,000,000 / \$5,000,000	\$1,000,000 / \$5,000,000	\$2,000,000 / \$6,000,000
General Liability	\$1,000,000 / \$5,000,000	\$1,000,000 / \$5,000,000	\$2,000,000 / \$6,000,000
Damage to Patient Property	\$25,000 / \$5,000,000	\$25,000 / \$25,000	\$2,000,000 / \$6,000,000
Damage to Premises Rented to You	\$1,000,000 / \$1,000,000	\$300,000 / \$5,000,000	\$2,000,000 / \$6,000,000
Disciplinary Proceedings			
Defense Reimbursement	\$50,000 / \$100,000	\$50,000 / \$50,000	\$25,000 / \$75,000
Employee Benefits Liability	\$1,000,000 / \$5,000,000	\$1,000,000 / \$5,000,000	\$2,000,000 / \$6,000,000
Medical Expense Coverage	\$25,000 / \$25,000	\$5,000 / \$5,000,000	Not Covered
Excess Liability	\$1,000,000 / \$1,000,000 *Higher Limits noted in Premium Summary	\$1,000,000 / \$1,000,000 *Higher Limits noted in Premium Summary	N/A
Pollution and Mold Liability	\$500,000 / \$500,000	\$500,000 / \$500,000	\$500,000 / \$1,000,000 Mold Exclusion
Sexual Misconduct Coverage	\$1,000,000 / \$5,000,000 Defense and Damages	\$1,000,000 / \$5,000,000 Defense Costs Only	\$2,000,000 / \$6,000,000 Defense Costs Only
Cyber Liability	No Sublimit - Hospital maintains separate program	\$100,000 / \$100,000	No Sublimit - Hospital maintains separate program
Deductible Summary			
Professional Liability	\$0	\$0	\$5,000 Indemnity Only
General Liability	\$0	\$0	\$5,000 Indemnity Only
Patient Property	\$0	\$200 Per Item	\$5,000 Indemnity Only
Excess Retained Limit	\$0	\$10,000	N/A
Cyber Liability	N/A	\$5,000 \$25,000 Regulatory Claims Refer to Coverage Specs	N/A

COVERAGE COMPARISON

Professional & General Liability Insurance

	<u>OPTION I</u> Physicians Insurance Admitted Carrier A.M. Best: A-, IX	<u>OPTION II</u> Coverys Admitted Carrier A.M. Best: A, XIV	<u>OPTION III</u> BETA Risk Retention Group A.M. Best: A, VIII
Coverage Summary			
Key Coverage Details			
Hospital Retroactive Date	1/1/1997	1/1/1997	1/1/1997 - PL N/A - GL Occurrence
Defense Costs	In addition to the limit of liability for professional & general liability primary limits. Inside the limits for excess coverage.	In addition to the limit of liability for professional & general liability for primary and excess limits.	In addition to the limit of liability for professional & general liability.
Consent to Settle	Consent to Settle is afforded to the First Named Insured. No Hammer Clause.	Consent to Settle is afforded to the First Named Insured. No Hammer Clause.	Currently under review.
Underlying Schedule:	PLG/GL/EBL/Auto/ EL	PLG/GL/EBL/Auto	No Underlying Schedule
Risk Management Services	Full Risk Management Services Available Dedicated Risk Manager FREE Simulation being offered. \$13,000+ Value	Full Risk Management Services Available Dedicated Risk Manager	Full Risk Management Services Available Dedicated Risk Manager \$1,500 Risk Management Fund provided. Refer to the RMRF form for details.
Financing Available	Down Payment + 11 Installments	Quarterly Installments If payment is made in full, a 2% premium discount will be applied.	Down Payment + 11 Installments

COVERAGE COMPARISON

Professional & General Liability Insurance

Coverage Summary	OPTION I Physicians Insurance Admitted Carrier A.M. Best: A-, IX	OPTION II Coverys Admitted Carrier A.M. Best: A, XIV	OPTION III BETA Risk Retention Group A.M. Best: A, VIII
Midterm Provider Changes	Midlevel Additions 1 Page Physicians Insurance Application Physician Additions 1 Page Physicians Insurance Application Locum Tenens – Physicians No Application; Coverage Automatic. The hospital maintains coverage log. No premium charge for midterm additions unless there is a new specialty being added or a large exposure change with multiple physicians. There is no return premium for departures as premium is fully earned at inception	Midlevel Additions Automatically Covered – No Application Needed Physician Additions Coverys Application, CV, and 10 Years Loss Experience. Locum Tenens – Physicians Coverys Application, CV, and 10 Years Loss Experience. Please also confirm who they will be covering. Premium will apply to every physician addition. In turn, if a provider shall depart midterm a return premium will be generated	Midlevel Additions Application & CV Physicians Additions Application & CV Required Locum Tenens Application, CV and notification required each time they are covering and for whom. Typically no midterm premium charge for provider changes. There is no return premium for departures as premium is fully earned at inception

COVERAGE COMPARISON

Professional & General Liability Insurance

	<u>OPTION I</u> Physicians Insurance Admitted Carrier A.M. Best: A-, IX	<u>OPTION II</u> Coverys Admitted Carrier A.M. Best: A, XIV	<u>OPTION III</u> BETA Risk Retention Group A.M. Best: A, VIII
Coverage Summary			
Annual Premium Options			
Current Limit Structure \$2,000,000 / \$6,000,000	\$138,672	\$132,156	\$159,337
\$3,000,000 / \$7,000,000	\$153,293	\$147,156	\$165,106
\$4,000,000 / \$8,000,000	\$162,960	\$162,156	\$172,420
Optional Coverages	TRIA: \$2,500 A/P (Rejected Last Year) Criminal Defense: \$4,000 A/P (Rejected Last Year)	TRIA Included Criminal Defense Not Available	TRIA: \$1,112 A/P Criminal Defense Not Available
Subjectivities	TRIA Form Criminal Defense Coverage Election/Rejection Confirm Desired Limit Structure	Employers Liability can only be added to Underlying Excess if a \$1,000,000 Limit is maintained. We have noted we currently maintain a \$500,000 Limit. Confirm Desired Limit Structure	None at this time.



Physicians Insurance Coverage Specifications

COVERAGE SPECIFICATIONS

PHYSICIANS INSURANCE A MUTUAL CO.

Professional & General Liability Insurance

Named Insured: Southern Coos Health District

Additional Named Insureds: Southern Coos Hospital & Health Center; Southern Coos Health Foundation

Insurance Carrier: Physicians Insurance a Mutual Company (admitted)

A.M. Best Rating: A- (Excellent) Financial Size Category: IX (\$250 Million to \$500 Million)

Insurance Coverage: Health Care Professional & General Liability Insurance – Claims Made

Policy Period: 01 April 2024 to 01 April 2025

Retroactive Date:	Retro Date	Coverage Section
	01/01/1997	Hospital Professional Liability, General Liability and Employee Benefits Liability
	Various	Physician and Ancillary Professional Liability

Annual Premium:

	Option I	Option II	Option III
Primary Limit	\$1M/\$5M	\$1M/\$5M	\$1M/\$5M
Excess Limit	\$1M	\$2M	\$3M
Deductible	\$0	\$0	\$0
Annual Premium	\$138,672	\$153,293	\$162,960
<i>Annualized Expiring Premium</i>	\$147,826		

Optional Coverage:

Coverage	Additional Premium
TRIA (Declined Last Year)	\$2,500
Criminal Defense Reimbursement: \$250,000 Agg. (Declined Last Year)	\$4,000

Criminal Defense Reimbursement: At the discretion of the named insured, PI will reimburse the insured for reasonable attorneys' fees and legal expenses paid by such insured or by the named insured to an attorney of that insured's choice for legal services rendered in connection with the defense of a criminal action arising out of direct patient treatment, until such time as the insured pleads guilty to or is convicted in such criminal action subject to endorsement and policy terms and conditions. If an individual pleads guilty to or is convicted in criminal action in a final, non-appealable judgement, PI retains the right to recover funds already paid from the insured individual that is convicted. This right is a regulatory requirement since it is against public policy to insure criminal acts.

Coverage Sections	Limits of Liability		Deductible
	Per Claim	Aggregate	
Policy Aggregate	TBD	TBD	\$0
Health Care Professional Liability	\$1,000,000	\$5,000,000	
Peer Review Liability	\$1,000,000	\$5,000,000	
Disciplinary Proceedings Defense Reimbursement	\$50,000	\$100,000	

COVERAGE SPECIFICATIONS

PHYSICIANS INSURANCE A MUTUAL CO.

Professional & General Liability Insurance

Coverage Sections	Limits of Liability		Deductible
	Per Claim	Aggregate	
Commercial General Liability	\$1,000,000	\$5,000,000	\$0
▪ Damage to Patient Property	\$25,000	\$5,000,000	
▪ Damage to Premises Rented	\$1,000,000	\$1,000,000	
Employee Benefit Liability	\$1,000,000	\$5,000,000	
Medical Expense Coverage	\$25,000	\$25,000	
Excess Liability Coverage	TBD	TBD	
Limited Coverage for Sexual Misconduct or Sexual Activity Defense Costs and Damages	\$1,000,000	\$5,000,000	
Pollution and Mold Liability Coverage	\$500,000	\$500,000	

Schedule of Underlying Coverage				
Coverage	Carrier	Policy Number	Policy Term	Limits of Insurance
Professional Liability	Physicians Insurance	300002725	04/01/24-25	\$1,000,000 per claim/ \$5,000,000 aggregate
General Liability	Physicians Insurance	300002725	04/01/24-25	\$1,000,000 per claim/ \$5,000,000 aggregate
Employee Benefits	Physicians Insurance	300002725	04/01/24-25	\$1,000,000 per claim/ \$5,000,000 aggregate
Employers Liability	SAIF	100058191	7/1/23-7/1/2024	\$500,000
Commercial Auto	Special Districts	36P22949-300	1/1/24-12/31/24	\$5,000,000

Policy Forms & Endorsements	
Form and Endorsement Title	
DEC-PIHPL 101516	Healthcare Facility Professional and General Liability Insurance Policy Declarations
HCFPGL 100118	Healthcare Facility Professional and General Liability Insurance Policy
END298-PIORHPL 100118	Oregon Mandatory Endorsement
END417-PIPHL 101516	Modified Excess Liability Coverage Endorsement – Employers Liability
END417-PIPHL 101516	Modified Excess Liability Coverage Endorsement – Commercial Auto Liability
END411-PIHPL 101516	Insured Schedule <ul style="list-style-type: none"> - Southern Coos Foundation - Southern Coos Hospital & Health Center
END415-PIHPL 101516	Full Time Equivalency Position Coverage Endorsements
END416-PIHPL 101516	Health Care Provider Additional Insured Endorsement
END420-PIHPL 101516	Additional Insured – Designated Organization Endorsement
END211-PIHPL.060121	Cyber Liability Exclusion Endorsement
END426-PIHPL.060121	Asbestos Exclusion
END479-PIHPL.060121	Limited Discrimination Carve-Back Endorsement

COVERAGE SPECIFICATIONS

PHYSICIANS INSURANCE A MUTUAL CO.

Professional & General Liability Insurance

Subjectivities Prior to binding:

- Upon binding confirmation if Criminal Defense Coverage is elected or rejected.
- Signed and Dated TRIA notice.
- Confirm Desired Limit Structure for Excess Program

Coverage Terms and Conditions

Consent to Settle	<ul style="list-style-type: none">• Consent to Settle is afforded to the First Named Insured.• No Hammer Clause
Legal Expenses	<ul style="list-style-type: none">• Apply in addition to the applicable limits of liability for: Professional Liability and General Liability• Defense within Limit of Liability for Excess Limit.• Are a part of, and are contained within, the applicable limits of liability for: Pollution Liability, Employment Practices Liability, and Directors and Officers Liability.
Automatic Coverage	<ul style="list-style-type: none">• Locum Tenens – No Application or Notification required.• Blanket Lessors of Premises & Lessors of Leased Equipment – will require notification and endorsement will be generated for each Additional Interest.
Provider Changes	<ul style="list-style-type: none">• Application Required (1-page)• Premium Waived for midterm additions.• However, should there be a large exposure change (e.g., we add a group of OB physicians) where that is substantial growth or if prior acts coverage is being sought an additional premium charge may apply. In addition, if there is a new specialty, a minimum premium would be charged for the creation of the new slot endorsement.• Upon a provider's departure, there will not be a return premium applied as the premium is considered fully earned.
Tail Coverage Extended Reporting Period Coverage	<ul style="list-style-type: none">• There is no tail premium associated when providers depart from our schedule.• They will be placed onto the Hospital Departed Provider Roster and be afforded continuous reporting if the Hospital policy remains in-force.
Premium Financing	<ul style="list-style-type: none">• Complimentary in-house financing directly with Physicians Insurance• Monthly Installments and no Finance Charge
Dividend Program	<ul style="list-style-type: none">• Dividend Potential

Overview: Risk Management and Loss Prevention

- As part of your policy, you receive customized risk management services that are designed to decrease your risk exposure and improve patient safety by proactively identifying areas of risk.
- COVID-19-As you fight on the front lines of the coronavirus, count on Physicians Insurance to be in your corner with coverage and resources to help you deliver safe care to your patients and community. We have created a dedicated landing page providing up-to-date information and readily available tools and resources to support you during the outbreak. Visit www.phyins.com/COVID19 to learn more.
- Southern Coos Health District has a dedicated risk consultant, Anne Flitcroft.
- Physicians Insurance has provided the following consultative support and proactive outreach to Southern Coos Health District:

Barb Snyder was my previous point of contact with Southern Coos and I understand she has retired. In 2023 I met with Barb in person twice, once for a general check-in and then to conduct their annual risk evaluation. They received support for risk consultation and proactive outreach on artificial intelligence. They also participated in an interview for our Physicians Report publication regarding their experience with our risk assessment process. They engaged in a simulation planning call but have not yet moved forward with simulation. This was initially postponed due to a transition in simulation vendors then due to Barb's transition. We are well established with a new simulation vendor and I would welcome the chance to revisit this offering with their team in 2024. They initially felt that a workplace violence simulation would be most impactful, however we also are able to offer several clinical scenarios which could be meaningful for their surgical services team. I reached out to Ray's Administrative Assistant at the end of January to see if a new point of contact for RM had been designated and offered to orient that individual once they have hired someone.

Claim Services

- Southern Coos Health District benefits from having local, experienced claim representatives partnering with you on your cases. Our claim representatives have more than 25 years' average experience handling claims concentrated in the Northwest.
- At PI, we promote partnership and engagement to managing claims. We look out for the best interest of our insureds, whether that be vigorously defending a non-meritorious case or paying a fair settlement when appropriate. We utilize the most qualified counsel and experts and regularly use focus groups/mock trials to assist in defense strategy.



Section II

Management Liability Insurance

INSURANCE CARRIER	RESPONSE <i>Please refer to coverage specifications, policy document for additional details.</i>																				
<p>Allied World Surplus Lines Ins. Co. Non-Admitted Carrier A.M. Best Rating: A, XV (\$2 Billion or greater)</p>	<p><u>Quotation Enclosed</u></p> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>TOTAL Aggregate Shared Limit of Liability</td><td>\$1,000,000</td></tr> <tr> <td>Health Care Organization, Directors, Officers, and Trustees Liability (Shared w EPL)</td><td>\$1,000,000</td></tr> <tr> <td>Employment Practices Liability including Third Party Liability (Shared w D&O)</td><td>\$1,000,000</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Coverage</th><th>Retention</th></tr> </thead> <tbody> <tr> <td>Directors, Officers, and Trustees</td><td>\$35,000</td></tr> <tr> <td>Employment Practices Liability with Third Party Coverage</td><td>\$50,000</td></tr> <tr> <td>High Wage Earners (Salary 150k+) EPL Claims Only</td><td>\$150,000</td></tr> </tbody> </table> <table border="1"> <tbody> <tr> <td>Annual Premium:</td><td>\$23,037.73</td></tr> <tr> <td><i>Expiring Premium:</i></td><td><i>\$25,799.83</i></td></tr> </tbody> </table>	Coverage	Per Claim Limit	TOTAL Aggregate Shared Limit of Liability	\$1,000,000	Health Care Organization, Directors, Officers, and Trustees Liability (Shared w EPL)	\$1,000,000	Employment Practices Liability including Third Party Liability (Shared w D&O)	\$1,000,000	Coverage	Retention	Directors, Officers, and Trustees	\$35,000	Employment Practices Liability with Third Party Coverage	\$50,000	High Wage Earners (Salary 150k+) EPL Claims Only	\$150,000	Annual Premium:	\$23,037.73	<i>Expiring Premium:</i>	<i>\$25,799.83</i>
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<i>Expiring Premium:</i>	<i>\$25,799.83</i>																				
<p>Physicians Insurance Risk Retention Group Risk Retention Group A.M. Best Rating: A-, IX (\$250-\$500 Million)</p>	<p><u>Quotation Enclosed</u></p> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>TOTAL Aggregate Shared Limit of Liability</td><td>\$1,000,000</td></tr> <tr> <td>Health Care Organization, Directors, Officers, and Trustees Liability (Shared w EPL)</td><td>\$1,000,000</td></tr> <tr> <td>Employment Practices Liability including Third Party Liability (Shared w D&O)</td><td>\$1,000,000</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Coverage</th><th>Retention</th></tr> </thead> <tbody> <tr> <td>Directors, Officers, and Trustees</td><td>\$25,000</td></tr> <tr> <td>Employment Practices Liability with Third Party Coverage</td><td>\$50,000</td></tr> <tr> <td>Medical Staff Deductible Physician, Dentist or Orthodontist, CRNA, CNM, PA, ARN, ARNP employed by the Insured. EPL Claims Only</td><td>\$100,000</td></tr> </tbody> </table> <table border="1"> <tbody> <tr> <td>Annual Premium:</td><td>\$19,411</td></tr> </tbody> </table>	Coverage	Per Claim Limit	TOTAL Aggregate Shared Limit of Liability	\$1,000,000	Health Care Organization, Directors, Officers, and Trustees Liability (Shared w EPL)	\$1,000,000	Employment Practices Liability including Third Party Liability (Shared w D&O)	\$1,000,000	Coverage	Retention	Directors, Officers, and Trustees	\$25,000	Employment Practices Liability with Third Party Coverage	\$50,000	Medical Staff Deductible Physician, Dentist or Orthodontist, CRNA, CNM, PA, ARN, ARNP employed by the Insured. EPL Claims Only	\$100,000	Annual Premium:	\$19,411		
Coverage	Per Claim Limit																				
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Annual Premium:	\$19,411																				

COVERAGE COMPARISON

Management Liability Insurance

INSURANCE CARRIER:	Option I Allied World Surplus Lines Ins. Co. (Non-Admitted) A.M. Best Rating: A, XV	Option II Physicians Insurance RRG (Risk Retention Group) A.M. Best Rating: A-, IX
Limits of Liability:		
Policy Aggregate Limit: Defense Costs are Inside the Limit of Liability	\$1,000,000	\$1,000,000
D&O / Entity Coverage:	\$1,000,000 <i>Shared</i> Limit with EPL/Third Party	\$1,000,000 <i>Shared</i> Limit with EPL/Third Party
Employment Practices/ 3rd Party:	\$1,000,000 <i>Shared</i> Limit with D&O	\$1,000,000 <i>Shared</i> Limit with D&O
Dedicated Excess Coverage for Insured Persons:	\$500,000	\$500,000
Sublimit of Coverage:		
Antitrust Coverage:	\$1,000,000	\$1,000,000
Regulatory Claims Coverage:	\$100,000	\$100,000
HIPAA Fines & Penalties:	\$25,000	\$25,000
Crisis Event Coverage/Response Costs:	\$10,000	\$25,000
EMTALA Coverage:	\$100,000	\$100,000
IRS Actions Defense:	\$100,000	\$100,000
Excess Benefit Transactions Excise Tax:	\$100,000	\$100,000
Legal Service Wrongful Act:	Not Available	\$250,000
FLSA Defense Coverage:	\$25,000	\$100,000
IRCA Violation:	\$100,000	Not Available
Workplace Violence:	\$50,000	Not Available

COVERAGE COMPARISON

Management Liability Insurance

INSURANCE CARRIER:	Option I Allied World Surplus Lines Ins. Co. (Non-Admitted) A.M. Best Rating: A, XV	Option II Physicians Insurance RRG (Risk Retention Group) A.M. Best Rating: A-, IX
Retentions:		
D&O / Entity:	\$35,000	\$25,000
Employment Practices/Third Party:	\$50,000	\$50,000
Antitrust Coverage:	\$100,000 + 20%	\$25,000 + 50%
Regulatory Claims Coverage:	\$100,000	\$25,000 + 25%
HIPAA Fines & Penalties:	\$100,000	\$25,000
IRCA Violation:	\$50,000	N/A
Legal Service Wrongful Act:	N/A	\$0
High Wage Earners/Medical Staff: EPL Claims Only	\$150,000 <i>(High Wage Earner applies to salaries of \$150,000)</i>	\$100,000 <i>(Medical Staff Claims: Physician, Dentist or Orthodontist, CRNA, CNM, PA, ARN, ARNP employed by the Insured.)</i>
Workplace Violence:	\$50,000	N/A
Wage and Hour Claims:	\$50,000	\$0
Key Coverage Terms:		
Defense Provision:	Duty to Defend	Duty to Defend
Defense Expenses:	Defense Costs are Inclusive of Limit of Liability	Defense Costs are Inclusive of Limit of Liability
Settlement Clause - in the event that the Insured will not settle	Directors & Officers Insured pays 20% of remaining loss Employment Practices Insured pays 20% of remaining loss	Directors & Officers Insured pays 0% of remaining loss Employment Practices Insured pays 30% of remaining loss
Additional Named Insureds:	Southern Coos Health Foundation	Southern Coos Health Foundation
Prior or Pending Date:	4/1/2022	4/1/2022

COVERAGE COMPARISON

Management Liability Insurance

INSURANCE CARRIER:	Option I Allied World Surplus Lines Ins. Co. (Non-Admitted) A.M. Best Rating: A, XV	Option II Physicians Insurance RRG (Risk Retention Group) A.M. Best Rating: A-, IX
Annual Premium:	\$23,038	\$19,411 <i>\$1M Separate Limits: \$20,085</i>
Optional Limit Structure: \$2,000,000 Shared Limit:	<i>Higher Limits are Not Available</i>	\$29,142
Subjectivities:	NONE	Proxy Form and TRIA Disclosure
"The presented exhibits are for illustration purposes only. For a comprehensive review of all terms and conditions afforded under this coverage, please refer to the actual policy form and endorsements issued."		



Section III

Fiduciary & Crime Insurance

INSURANCE CARRIER	RESPONSE <i>Please refer to coverage specifications, policy document for additional details.</i>																				
Travelers Casualty & Surety Company Admitted Carrier A.M. Best Rating: A++, XV (\$2 Billion or greater)	<u>Quotation Enclosed – Crime & Fiduciary</u> <table border="1" data-bbox="706 382 1469 495"> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> <tr> <td>Fiduciary</td><td>\$1,000,000</td></tr> <tr> <td>Crime Coverage</td><td>\$1,000,000</td></tr> </table> <table border="1" data-bbox="706 529 1469 642"> <tr> <th>Coverage</th><th>Retention</th></tr> <tr> <td>Fiduciary</td><td>\$0</td></tr> <tr> <td>Crime Coverage</td><td>\$10,000</td></tr> </table> <table border="1" data-bbox="706 676 1469 865"> <tr> <td>Annual Premium:</td><td>\$4,353</td></tr> <tr> <td>3 Year Prepaid</td><td>\$12,406</td></tr> <tr> <td>3 Year Annual Installments</td><td>\$4,353 each year (\$13,059 Total Premium)</td></tr> <tr> <td><i>Expiring Premium:</i></td><td><i>\$11,897 3-Year Prepaid</i></td></tr> </table>	Coverage	Per Claim Limit	Fiduciary	\$1,000,000	Crime Coverage	\$1,000,000	Coverage	Retention	Fiduciary	\$0	Crime Coverage	\$10,000	Annual Premium:	\$4,353	3 Year Prepaid	\$12,406	3 Year Annual Installments	\$4,353 each year (\$13,059 Total Premium)	<i>Expiring Premium:</i>	<i>\$11,897 3-Year Prepaid</i>
Coverage	Per Claim Limit																				
Fiduciary	\$1,000,000																				
Crime Coverage	\$1,000,000																				
Coverage	Retention																				
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Crime Coverage	\$10,000																				
Annual Premium:	\$4,353																				
3 Year Prepaid	\$12,406																				
3 Year Annual Installments	\$4,353 each year (\$13,059 Total Premium)																				
<i>Expiring Premium:</i>	<i>\$11,897 3-Year Prepaid</i>																				
Berkley Insurance Company Admitted Carrier A.M. Best Rating: A+, XV (\$2 Billion or greater)	<u>Quotation Provided – CRIME ONLY</u> <i>Premium Not Competitive</i> <table border="1" data-bbox="706 1024 1469 1138"> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> <tr> <td>Fiduciary</td><td>Not Covered</td></tr> <tr> <td>Crime Coverage</td><td>\$1,000,000</td></tr> </table> <table border="1" data-bbox="706 1171 1469 1285"> <tr> <th>Coverage</th><th>Retention</th></tr> <tr> <td>Fiduciary</td><td>N/A</td></tr> <tr> <td>Crime Coverage</td><td>\$10,000</td></tr> </table> <table border="1" data-bbox="706 1318 1469 1360"> <tr> <td>Annual Premium:</td><td>\$4,293</td></tr> </table>	Coverage	Per Claim Limit	Fiduciary	Not Covered	Crime Coverage	\$1,000,000	Coverage	Retention	Fiduciary	N/A	Crime Coverage	\$10,000	Annual Premium:	\$4,293						
Coverage	Per Claim Limit																				
Fiduciary	Not Covered																				
Crime Coverage	\$1,000,000																				
Coverage	Retention																				
Fiduciary	N/A																				
Crime Coverage	\$10,000																				
Annual Premium:	\$4,293																				
Great American Insurance Company Admitted Carrier A.M. Best Rating: A+, XV (\$2 Billion or greater)	<u>Quotation Provided – FIDUCIARY ONLY</u> <table border="1" data-bbox="706 1465 1469 1579"> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> <tr> <td>Fiduciary</td><td>\$1,000,000</td></tr> <tr> <td>Crime Coverage</td><td>Not Covered</td></tr> </table> <table border="1" data-bbox="706 1612 1469 1726"> <tr> <th>Coverage</th><th>Retention</th></tr> <tr> <td>Fiduciary</td><td>\$0</td></tr> <tr> <td>Crime Coverage</td><td>N/A</td></tr> </table> <table border="1" data-bbox="706 1759 1469 1873"> <tr> <td>Annual Premium:</td><td>\$1,100</td></tr> <tr> <td>2 Year Annual Installments</td><td>\$1,100 each year (\$2,200 Total Premium)</td></tr> </table>	Coverage	Per Claim Limit	Fiduciary	\$1,000,000	Crime Coverage	Not Covered	Coverage	Retention	Fiduciary	\$0	Crime Coverage	N/A	Annual Premium:	\$1,100	2 Year Annual Installments	\$1,100 each year (\$2,200 Total Premium)				
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Crime Coverage	N/A																				
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Travelers Casualty & Surety Company of America

Coverage Specifications

COVERAGE SPECIFICATIONS

TRAVELERS CASUALTY & SURETY COMPANY

Fiduciary & Crime Insurance

Named Insured:	Southern Coos Health District DBA: Southern Coos Hospital & Health Center
Scheduled Entities:	Southern Coos Health Foundation
Insurance Carrier:	Travelers Casualty & Surety Company of America (Admitted)
A.M. Best Rating:	A++ (Superior) Financial Size Category: XV (\$2 Billion or greater)
Insurance Coverage:	Fiduciary Liability – Claims Made Commercial Crime – Occurrence
Defense Provision:	Duty to Defend
Hammer Clause:	If the Insured elects not to settle, they will be responsible for 20% of loss and expense excess of what the claim could have settled
Policy Period:	01 April 2024 to 01 April 2025 <u>or</u> 01 April 2024 to 01 April 2027
Pending and Prior Date	01 March 2014 – Fiduciary
& Continuity Date:	N/A - Crime

Annual Premium:	Coverage Limit:	Per Expiring: \$1M Fiduciary & \$1M Crime Insurance	Higher Crime Limit: \$1M Fiduciary \$2M Crime
	Annual Premium	\$4,353	\$5,204
	3 Year Prepaid	\$12,406	\$14,831
	3 Year Annual Installments	\$4,353 each year (\$13,059 3 Year Total)	\$5,204 each year (\$15,612 3 Year Total)

FIDUCIARY Coverage	Limits of Liability Per Claim	Limits of Liability Aggregate	Retention Per Claim
Fiduciary Liability	\$1,000,000	\$1,000,000	\$0
Settlement Program Limit of Liability	\$100,000	\$100,000	\$0
HIPAA Limit of Liability	\$100,000	\$100,000	\$0

COMMERCIAL CRIME Coverage	Per Claim Limit	Aggregate Limit	Single Loss Retention
Fidelity			
1. Employee Theft	\$1,000,000	\$1,000,000	\$10,000
2. ERISA Fidelity	\$1,000,000	\$1,000,000	\$0
3. Employee Theft of Client Property	Not Covered	Not Covered	
Forgery or Alteration	\$1,000,000	\$1,000,000	\$10,000
On Premises	\$1,000,000	\$1,000,000	\$10,000
In Transit	\$1,000,000	\$1,000,000	\$10,000
Money Orders and Counterfeit Money	\$1,000,000	\$1,000,000	\$10,000
Computer Crime			
1. Computer Fraud	\$1,000,000	\$1,000,000	\$10,000
2. Computer Program and Electronic Data Restoration Expense	\$1,000,000	\$1,000,000	\$10,000
Funds Transfer Fraud	\$1,000,000	\$1,000,000	\$10,000
Claims Expense	\$5,000	\$5,000	\$0

COVERAGE SPECIFICATIONS

TRAVELERS CASUALTY & SURETY COMPANY

Fiduciary & Crime Insurance

Policy Forms & Endorsements	
Form and Endorsement Title	
ACF-2001-0119	Modular Declarations Page
CRI-3001-0109	Crime Policy Form
FRI-3001-0109	Fiduciary Liability Policy
ACF-7007-0811	Cross-Coverage Notice Endorsement
ACF-7006-0511	Removal of Short Rate Cancellation Endorsement
AFE-19029-0719	Cap on Losses from Certified Acts of Terrorism Endorsement
AFE-19030-0920	Federal Terrorism Risk Insurance Act Disclosure Endorsement
LIA-7097-0109	Amend Number of Days for Electing Extended Reporting Period Endorsement
LIA-10001-0610	Settlement Condition Endorsement
LIA-19002-1111	Advancement of the Retention Endorsement
LIA-19097-0315	Global Coverage Compliance Endorsement
LIA-19137-0517	Automatic Coverage for All Formed Subsidiaries and Acquired Subsidiaries with Assets not Exceeding 35% Endorsement
LIA-17003-0912	Oregon Changes Endorsement
LIA-19002-1111	Advancement of the Retention Endorsement
LIA-19097-0315	Global Coverage Compliance Endorsement
LIA-19137-0517	Automatic Coverage for all formed Subsidiaries and Acquired Subsidiaries with Assets
LIA-3001-0109	Liability Coverage Terms and Conditions
FRI-19030-0712	Delete Workplace Misconduct Exclusion Endorsement
FRI-19065-1112	Amend Section III. Exclusion B.1. – Final Non-Appealable Adjudication in Any Proceeding Other than a Proceeding Initiated by the Company Endorsement
FRI-19086-0414	Healthcare Exchange Endorsement
FRI-19093-1015	Benefit Determination Appeals and Preliminary Investigations Endorsement
FRI-19103-0517	PPACA, Section 502(c), Section 507 and Section 4975 Civil Money Penalties
LIA-5036 1107	Oregon Cancellation and Nonrenewal Endorsement
CRI-19060-0713	Replace General Aggregate E – Change of Control – Notice Requirements Endorsement
CRI-19072-0315	Global Coverage Compliance Endorsement – Adding Financial Interest Coverage and Sanctions Condition and Amending Territory Condition
CRI-19101-1117	Amendatory Endorsement for Certain ERISA Considerations
CRI-19115-0519	Telecommunications Fraud Insuring Agreement Endorsement
CRI-19085-0919	Social Engineering Fraud Insuring Agreement Endorsement
CRI-5038-0613	Oregon Cancellation or Termination
CRI-7028-1120	Additional Insured Endorsement
CRI-7101-0109	Amend Definition of Employee to Include Independent Contractor Endorsement
CRI-19115-0519	Telecommunications Fraud Insuring Agreement
CRI-19122-1120	Delete Exclusion for Prior Losses Involving Subsidiaries Endorsement

Subjectivities PRIOR to binding:

- Please confirm crime limit desired (\$1M or \$2M)
- Please report ALL Claims and Incidents not yet reported prior to the expiration of the current policy.



Section IV

Security & Privacy Liability

INSURANCE CARRIER	RESPONSE <i>Please refer to coverage specifications, policy document for additional details.</i>										
At Bay Specialty Insurance Company Non-Admitted Carrier A.M. Best Rating: A-, VIII (\$100-\$250 Million)	Quotation Enclosed <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$10,000</td></tr> <tr> <td>Annual Premium:</td><td>\$17,111</td></tr> <tr> <td><i>Expiring Premium:</i></td><td><i>\$18,246</i></td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$10,000	Annual Premium:	\$17,111	<i>Expiring Premium:</i>	<i>\$18,246</i>
Coverage	Per Claim Limit										
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Policy Retention	\$10,000										
Annual Premium:	\$17,111										
<i>Expiring Premium:</i>	<i>\$18,246</i>										
Tokio Marine Non-Admitted Carrier A.M. Best Rating: A++, XV (\$2 Billion +)	Quotation Enclosed <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$10,000 per claim \$30,000 aggregate</td></tr> <tr> <td>Annual Premium:</td><td>\$16,478</td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$10,000 per claim \$30,000 aggregate	Annual Premium:	\$16,478		
Coverage	Per Claim Limit										
Policy Aggregate	\$2,000,000										
Policy Retention	\$10,000 per claim \$30,000 aggregate										
Annual Premium:	\$16,478										
Coalition Non-Admitted Carrier A.M. Best Rating: A, XV (\$2 Billion +)	Quotation Provided <i>Premium Not Competitive</i> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$10,000</td></tr> <tr> <td>Annual Premium:</td><td>\$18,915</td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$10,000	Annual Premium:	\$18,915		
Coverage	Per Claim Limit										
Policy Aggregate	\$2,000,000										
Policy Retention	\$10,000										
Annual Premium:	\$18,915										
Chubb Non-Admitted Carrier A.M. Best Rating: A++, XV (\$2 Billion or greater)	Quotation Provided <i>Premium Not Competitive</i> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$10,000</td></tr> <tr> <td>Annual Premium:</td><td>\$40,870</td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$10,000	Annual Premium:	\$40,870		
Coverage	Per Claim Limit										
Policy Aggregate	\$2,000,000										
Policy Retention	\$10,000										
Annual Premium:	\$40,870										
BRIT	Indication Provided <i>Premium and Retention Not Competitive</i> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$50,000</td></tr> <tr> <td>Annual Premium:</td><td>\$24,728</td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$50,000	Annual Premium:	\$24,728		
Coverage	Per Claim Limit										
Policy Aggregate	\$2,000,000										
Policy Retention	\$50,000										
Annual Premium:	\$24,728										
Travelers	Indication Provided <i>Premium Not Competitive</i> <table border="1"> <thead> <tr> <th>Coverage</th><th>Per Claim Limit</th></tr> </thead> <tbody> <tr> <td>Policy Aggregate</td><td>\$2,000,000</td></tr> <tr> <td>Policy Retention</td><td>\$10,000 per claim \$30,000 aggregate</td></tr> <tr> <td>Annual Premium:</td><td>\$35,000-\$37,000</td></tr> </tbody> </table>	Coverage	Per Claim Limit	Policy Aggregate	\$2,000,000	Policy Retention	\$10,000 per claim \$30,000 aggregate	Annual Premium:	\$35,000-\$37,000		
Coverage	Per Claim Limit										
Policy Aggregate	\$2,000,000										
Policy Retention	\$10,000 per claim \$30,000 aggregate										
Annual Premium:	\$35,000-\$37,000										



Coverage Comparison

COVERAGE COMPARISON

Security & Privacy Liability Insurance

Information Security & Privacy Liability Insurance Program	<u>OPTION I</u> <u>At Bay Specialty Insurance Company</u> (Non-Admitted Carrier) A.M. Best: A-, VIII (\$100-\$250 Million)	<u>OPTION II</u> <u>Houston Casualty Company</u> (Non-Admitted Carrier) A.M. Best: A++, XV (\$2 Billion +)
Named Insured	Southern Coos Health District DBA: Southern Coos Hospital and Health Center	Southern Coos Health District DBA: Southern Coos Hospital and Health Center
Additional Named Insureds	Southern Coos Health Foundation	Southern Coos Health Foundation
Policy Aggregate Limit of Liability	\$2,000,000	\$2,000,000
Breach Costs (Forensics, Public Relations & Legal Services)	\$2,000,000	\$2,000,000
Breach Expense Costs (i.e. credit monitoring, notifications)	<u>Inside</u> Limit of Liability	<u>Outside</u> Limit of Liability
<u>Third Party Liability Insuring Agreements</u>		
Multimedia Liability	\$2,000,000	\$2,000,000
Security & Privacy Liability	\$2,000,000	\$2,000,000
Privacy Regulatory Liability	\$2,000,000	\$2,000,000
PCI DSS Liability	\$2,000,000	\$2,000,000
Contingent Bodily Injury Coverage	\$250,000	\$250,000
Property Damage Liability Coverage	Not Available	\$50,000
TCPA Defense Coverage	Not Available	\$50,000
<u>First Party Liability Insuring Agreements</u>		
Reputational Harm- Revenue Loss	\$2,000,000	\$2,000,000
Business Interruption	\$2,000,000	\$2,000,000
Dependent Business Interruption & System Failure	\$2,000,000	\$2,000,000
Cyber Extortion	\$2,000,000	\$2,000,000
<u>Enhanced Coverages</u>		
Social Engineering	\$250,000	\$250,000
Computer Fraud	\$250,000	\$250,000
Cryptojacking & Utility Coverage	\$2,000,000	\$250,000
Invoice Manipulation	\$250,000	\$250,000
Bricking Loss	\$2,000,000	\$2,000,000
HIPAA/HITECH Betterment Coverage	\$25,000	Not Available
PCI DSS Betterment Coverage	\$25,000	Not Available
Affirmative Voluntary Notification Costs	\$100,000	Not Available
Post Breach Remediation Costs	Not Available	\$25,000
Property Damage Loss Coverage	Not Available	\$50,000
Reward Expense	Not Available	\$50,000
Unlawful Collection of Data	Not Available	\$100,000

COVERAGE COMPARISON

Security & Privacy Liability Insurance

Information Security & Privacy Liability Insurance Program	OPTION I <u>At Bay Specialty Insurance Company</u> (Non-Admitted Carrier) A.M. Best: A-, VIII (\$100-\$250 Million)	OPTION II <u>Houston Casualty Company</u> (Non-Admitted Carrier) A.M. Best: A++, XV (\$2 Billion +)
Retention:		
Policy Retention	\$10,000	\$10,000 per claim / \$30,000 aggregate
Breach Response Cost	\$10,000	\$10,000 per claim / \$30,000 aggregate
System Failure Coverage	\$10,000 <u>Non-Physical Business Interruption</u> 8 Hour Waiting Period	\$10,000 per claim / \$30,000 aggregate <u>Non-Physical Business Interruption</u> 8 Hour Waiting Period 6 Month Period of Restoration
Contingent System Failure Waiting Period	\$10,000 <u>Non-Physical Business Interruption</u> 8 Hour Waiting Period	\$10,000 per claim / \$30,000 aggregate <u>Non-Physical Business Interruption</u> 12 Hour Waiting Period 4 Month Period of Indemnity
Reputational Harm- Revenue Loss	\$10,000 6 Month Period of Indemnity	2 Week Waiting Period 6 Month Period of Indemnity
Key Coverage Terms		
Retroactive Date:	Full Prior Acts	Full Prior Acts
Settlement Provision:	Duty to Defend	Duty to Defend
Hammer Clause:	If the Insured elects not to settle, they will be responsible for 10% of loss and expense excess of what the claim could have settled	If the Insured elects not to settle, they will be responsible for 30% of loss and expense excess of what the claim could have settled
Premium Detail: (Rounded to the Nearest Dollar)		
Annual Premium:	\$16,717	\$15,903
Taxes & Fees:	\$394	\$575
\$2M Aggregate:	\$17,111	\$16,478
Optional Higher Limit: \$3M Aggregate:	\$21,901	\$21,359
Expiring Premium:	\$18,246	N/A
Subjectivities:	\$3M Limit, Warranty Signed	Resign and Date Application Confirm that the application is reflective of the total exposure
The presented exhibits are for illustration purposes only. For a comprehensive review of all terms and conditions afforded under this coverage, please refer to the actual policy form and endorsements issued.		

- Collaborated with cross-functional teams to drive continuous process improvements, enhancing operational efficiency and patient satisfaction. Conducted thorough investigations and analyses of adverse events, implementing corrective actions, and preventive measures to uphold the highest standards of patient safety and care.
- Orchestrated operational strategies and management for precision medicine, ensuring clinical excellence and regulatory compliance.
- Drove operational enhancements, fostered cross-functional collaboration, and led the establishment of a cutting-edge genomics laboratory.
- Achieved operational excellence by innovating patient care protocols and streamlining clinical processes, leading to over 480K patient encounters and heightened patient and physician satisfaction.
- Led a team of 280+ healthcare professionals, achieving a 100% increase in productivity and employee satisfaction through strategic process optimization and comprehensive genomics training programs.

VicePresident, Regulatory Affairs

Formulated and enacted compliance plans in line with OIG guidance, ensuring adherence to Medicare Conditions of Coverage for Federally Qualified Health Centers, leading to successful accreditation surveys.

WALTHAM CLINIC. San Diego, California (Remote).

2020 - 2021

Healthcare technology startup company bringing world-class, multispecialty concierge services across the United States by serving patients living in assisted living, memory care, and independent living facilities providing medical services through a hybrid model of telemedicine and in-person visits.

Vice President of Practice Operations

- Aligned clinical operations with the company's vision, ensuring adherence to legal, regulatory, and quality standards.
- Drove the negotiation of 25+ insurance contracts, expanding service reach across California.
- Facilitated capacity expansion by onboarding 12+ medical providers, enabling service provision in 20+ counties.

SPECIALTY OBSTETRICS OF SAN DIEGO. Del Mar, California.

2013 - 2020

Maternal-fetal medicine practice in a state-of-the-art facility with a highly qualified team of sonographers, genetic counselors, nurses and maternal-fetal medicine specialists.

Medical Practice Manager

- Transformed practice operations, elevating business revenue from \$2.5M to \$6M through strategic initiatives and cost optimization.
- Fostered innovative management strategies, enhancing patient satisfaction and operational efficiency, culminating in a strategic partnership with San Diego's largest Medical Group.

LANGUAGES: Spanish, English



DATE: March 20, 2024

TO: Board of Directors

FROM: Raymond T. Hino, CEO

SUBJECT: District Check Signing Process

A handwritten signature in black ink, appearing to read "Raymond T. Hino", is written over the printed name.

Recommended Action

It is recommended that our Board reaffirm the current check signing policy for Southern Coos Hospital & Health Center (SCHHC) shall be the same as documented in the Board approved Board Delegation of Authority Policy (as first approved on 11-24-2003) 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 is the responsibility of the Hospital CEO to ensure that this check signing policy is adhered to and complied with, by all SCHHC personnel.

Background

The Chairman of the Southern Coos Hospital & Health Center Board of Directors has asked that the current check signing policy for the hospital be brought before the Board at this Board meeting to consider if changes should be made to our policy.

As CEO for Southern Coos Hospital & Health Center, I strongly recommend that our Board reaffirm our existing policy, and not consider making a change that would lower the threshold (currently \$25,000 for checks not included in the annual budget) for checks requiring 2 signatures, for the following reasons:

1. The justification for a 2-signature check signing system is to create an internal control process that minimizes the potential for fraudulent check cashing. The reasoning is that by requiring 2 signers, the company is verifying that both signers agree that the payment is proper and reasonable. The requirement of 2 signatures reduces the likelihood that one person will write improper checks to themselves or allow the writing checks to a fictitious company.

It is the position of management at SCHHC that 2 signatures are not necessary because:

- a. SCHHC employs a system of internal controls, including a separation of responsibilities for personnel that (a) issue purchase orders (materials management), (b) accept invoices and authorize payment on invoices (managers and executive management, depending

upon dollar amount), (c) process a check payment, upon verification of steps a and b (accounts payable), and (d) sign the check (CEO, CFO or designated Board members).

- b. Additionally, it is a part of our internal control system that no authorized signers are allowed to sign checks for payments made out to themselves. The CEO does not sign checks for reimbursements to be paid to him/her and the same holds true for payments due to the CFO.
 - c. In addition to the steps above, SCHHC uses the Positive Pay program, offered by Banner Bank to check and confirm that every check written by our hospital is verified to be also shown on our accounting department generated check register. This eliminates the potential for a forged check, written outside of our normal business operations, to be paid by the bank.
2. I have requested and obtained the check signing process for 4 other District hospitals in Southwest Oregon. The 4 hospitals that provided information are: (a) Lower Umpqua Hospital in Reedsport, OR; (b) Bay Area Hospital in Coos Bay, OR and (c) Coquille Valley Hospital in Coquille, OR; and (d) Curry Health Network Hospital in Gold Beach, OR. Here are the results of comparative practices at the other hospitals:
- a. Lower Umpqua Hospital (Reedsport, OR) is a 20-bed critical access hospital in the City of Reedsport and Douglas County. Their current policy, which has been in effect since 2012 is that all checks require only 1 signature. The majority of checks are electronically signed (regular run accounts payable, regular run payroll). The CFO reviews all checks for supporting documentation prior to distribution. Only manual AP checks > \$5,000 and special run payroll checks are hand signed.
 - b. Bay Area Hospital (Coos Bay, OR) is a 172-bed hospital located in the City of Coos Bay and in Coos County. Their current policy is 2 signatures on all checks (CEO and Board Chair). However, they are 100% electronic signed. No checks are hand signed.
 - c. Coquille Valley Hospital (Coquille, OR) is 25-bed critical access hospital located in the City of Coquille and in Coos County. Their current policy is that all checks > \$25,000 require 2 signatures (CEO and Board Chair). The majority of their checks are also electronically signed.
 - d. Curry Health Network Hospital (Gold Beach, OR) is an 18-bed critical access hospital located in the City of Gold Beach and in Curry County. Their current policy is that almost all payments are made electronically, so there are only a few occasions where a paper check is printed. When a paper check is printed, they are signed with 1 signature (CEO).

Summary

I ask the Board to consider if 2nd signature check signing by Board members on all checks is truly a governance responsibility, or an overreach into management's responsibility. If more information is desired on the need to change our current policy, then I recommend that we retain the services of a Governing Board Role and Responsibility recognized authority. Under separate cover and agenda item, in this month's Board agenda, I am recommending that we move forward with retaining the services of a Board Education company (replacing our old contract with the Governance Institute). If necessary, we can ask them for further advice.



DATE: March 22, 2024

TO: Board of Directors

FROM: Raymond T. Hino, CEO 

SUBJECT: Board Education Proposal

Recommended Action

It is recommended by management that the Board of Directors engage with the Nationally recognized Board Education Company, Veralon, for the implementation of a comprehensive Board Education platform, to include access to a virtual library of video courses designed specifically for hospital boards, individualized learning modules, virtual roundtables, subject matter experts and virtual coaching. The annual cost of membership in the Veralon Board education program is \$29,500. This is comparable to what was previously being paid to the Governance Institute, which provided no guided educational programming. In 2022, the Governance Institute was charging \$26,460 per year.

Executive Summary

For 2 ½ years (August of 2020 to December of 2022), Southern Coos Hospital was a member of the Governance Institute for Board orientation, continuing education and access to their library of education materials. The cost ranged from \$24,000 in 2020 to \$26,460 in 2022. My observation was that the most used feature of the Governance Institute program was the annual Board Self Evaluation. Other than that, it was rarely used. I discontinued our membership to the Governance Institute mid-way through our 3rd year.

In our Strategic Planning Retreat, we at Southern Coos Hospital & Health Center identified Board Education as an important asset to assist our Board and our entire organization to further our goals for clinical and operational excellence. With the directive from our Strategic Plan, I began searching for a Board Education resource to replace the Governance Institute.

I found two (2) excellent resources for Board Education, provided by highly recommended and reputable organizations (American Hospital Association, Association of California Healthcare Districts). These are the two Board Education companies that I identified:

- GovernWell
- Veralon

Both of these organizations have deep roots with the American Hospital Association. GovernWell was co-created by former American Hospital Association Vice President, Barbara Lorschbach. Veralon is a frequent presenter at American Hospital Association conferences and is a current recognized leader in Board Education. I requested and received proposals from both companies.

In the following sections of this memo, I will cover the proposals that I received from each of these highly regarded companies.

Preliminary Discussions

I revealed to both companies (GovernWell and Veralon) that Southern Coos Hospital & Health Center, as a public district hospital with a publicly elected Board of Directors, is looking for Board education materials that are suited towards a public hospital Board, and not a private nonprofit Board or healthcare system Board. I also stressed that with the Governance Institute, that we had a wealth of self-study module materials, but little guidance and direction. The self-study modules, while they were good for allowing Board members to study at their own pace and on their own time, made it difficult to find dedicated time to study the materials. So, I informed both companies that we favored an on-site presence, at least 1 time per year and follow up meetings with the Education Partner to provide structure and guidance to an educational program. Both companies expressed previous experience with providing a customized educational experience to Hospital Boards, including District Hospital Boards. In the case of GovernWell, there would be at least 1 on-site Board education retreat included. In the case of Veralon/ iProtean, they operate almost exclusively as a virtual learning experience. However on-site education can be provided for an additional cost.

GovernWell

GovernWell was created by Larry Walker, President of the Walker Company Healthcare Consulting in 2016. Larry Walker has over 25 years of experience in Hospital Governance, including serving as the Chairman of the Board of Trustees of the Mt. Hood Medical Center, as well as on the Board for Legacy Health. To bring additional subject experts to the table for GovernWell, Larry partnered with Barbara Lorschbach, who is extremely well known in the hospital industry, having previously served as the Senior Vice President for the American Hospital Association, with an enormous reach and connections in the hospital industry. Between the 2 of them, they have brought on board a panel of experts in hospital governance and a complete solution for affordable hospital governance education and consultation.

The GovernWell proposal would include a combination of facilitator led Board Assessment Program and an on-site facilitator led retreat and assistance in creating a Board governance development action plan and 11 virtual in-boardroom educational sessions led by subject matter experts. Our Board would also have access to GovernWell's online portal and educational resources program entitled "Essentials for Governance Excellence Program." The total cost for the GovernWell Education program is \$16,000 for the first year.

Veralon

iProtean was originally created in 2011 as a Virtual Board Education Platform. Its business model was to provide access to some of the Country's top subject matter experts to community hospital Boards of Directors. Today they provide over 175 courses specifically designed for Hospital Trustees. iProtean was acquired by Veralon in May of 2023. The Veralon virtual platform provides short 10–15-minute video courses with 5 actionable takeaways. Here is a short list of courses provided:

- Introduction to Governance
- Compliance
- Board Effectiveness
- Board Culture
- Enterprise Risk Management
- Governance Essentials (Parts 1-4)
- The Emergence of the Diversity, Equity & Inclusion Imperative
- Governance Lessons from the Pandemic (Part 1-2)

And so many more.

Veralon is currently working with 75 hospital boards that range in size from critical access hospitals to small and medium size hospital systems. Some of their clients include Sharp Health (CA), Cheyenne Regional (WY), Salinas Valley (CA), Bozeman Health (MT), Tahoe Forest (CA) and Aspen Valley (CO). Their model is primarily 1 of providing access to experts through a series of video courses, virtual coaching (customized video coaching for Board, Executives, Managers), and Peer to Peer Virtual Huddles with CEOs of other hospitals in the network.

The first year cost of contracting with Veralon is \$29,500. A written proposal from Veralon Managing Director, Jeffrey Adler is attached to this memorandum.

Summary

Both companies are highly regarded and would do a good job for Southern Coos Hospital. I am recommending Veralon because of their approach of providing coaching and subject matter experts for hospital governance issues. They also have a superior bench strength in bringing Nationally recognized experts to the table and an extensive video library of Board education materials. I am certain that the Veralon team would be happy to set up demonstrations for our Board members if you are interested.

March 22, 2024

Via email
rhino@southerncoos.org

Raymond Hino
Chief Executive Officer
Southern Coos Hospital & Health Center
900 11th St. SE
Bandon, OR 97411

Dear Mr. Hino:

On behalf of Veralon Partners Inc. ("Veralon"), we are very pleased to present this (proposal or agreement) to welcome Southern Coos Hospital and Health Center (the "Client") as a partner to our Virtual Board Education solution ("V-BE") for hospital trustees, management, and physician leaders. Pursuant to our recent conversations, below please find a list of key terms and conditions for your review.

This agreement (or proposal) details the following:

- Background
- Solution Elements;
- Client Responsibilities;
- Client Services Team;
- Fees and Billing; and
- Engagement Acceptance.

BACKGROUND

Southern Coos Hospital and Health Center recognizes the importance of effective governance to achieve its goals and best serve its community. A key tenet of effective governance is a strong board education program to ensure trustees are informed and prepared to address the issues of central importance to the Hospital. Therefore, the leadership of the Hospital is seeking an industry-leading solution for the education of hospital and health system boards.

SOLUTION

V-BE will enroll 11

learners associated with the Client for a two-year period and provide the Client and its learners the following:

- **Virtual Library:** Unlimited access to the largest, and ever-growing library of video courses specifically designed for hospital and health system boards featuring top industry experts.

- **Learning Modules/Calendar:** Includes Individual Learning Pathways ("ILPs") and Group Learning Pathways ("GLPs") for both self-directed and group learning settings; curriculum individualized for each learner to identify most suitable courses depending on goals and objectives.
- **Branded Dashboard:** Includes hospital logo, and digital marketing billboard featuring custom content for your organization, in the video library platform.
- **Virtual Huddles:** Year-round access to invitation-only small virtual roundtables covering a variety of hot topic issues, facilitated by a subject matter expert. Seats are reserved on a first-come basis.
- **Virtual Experts:** Up to 2 subject matter expert sessions per year, to include a virtual presentation and facilitated discussion for board and/or committee meetings.
- **Virtual Coaching:** Up to 6 hours of virtual coaching per year - a customized video coaching experience with a leading governance expert aimed at offering insights & solutions. Upon a Client request, Veralon will review with Client our available governance advisors and assist with selecting the coach most suitable to the situation.
- **License Swapping:** Ability to "swap out" board members during the term, at no additional charge, in the event of changes to board or executive team composition.

Optional Services*

- **Board Assessment:** A consultative, interactive board assessment which will enable you to compare your board against best practices, highlight strengths, and identify opportunities for development.
- **Board Retreats:** Design and facilitation of board meetings and retreats to explore emerging issues, address concerns, review and clarify roles and responsibilities, and set goals and priorities for your organization.
- **Customized Governance Consulting:** Customized consulting engagements to address specific issues and challenges such as governance restructuring, board composition and competency evaluation, document review, and policy and charter development.
- **Consulting Services** (see Exhibit 3): Strategic and Business Planning; Partnership, Merger & Acquisitions; Business Valuation; and Physician Compensation Design and Valuation.

*Additional services available at preferred rates.

CLIENT RESPONSIBILITIES

To assist Veralon during the course of the term, Client agrees to assume the following responsibilities:

- Designate a lead point of contact (e.g., CEO, governance director, etc.) to work with our dedicated client service lead;
- Participate in scheduled strategic check-in meetings three times per year;
- Learners participate in either individual or group learning pathways for scheduled learning; and
- For Virtual Experts, this service is subject to mutual coordination of calendars and expert suitability; experts must be selected from our current roster. Client agrees to provide at least 60 days advance notice for scheduling purposes; if Client needs to cancel, Client will provide at least 30 days advance notice.

CLIENT SERVICES TEAM

We are committed to exceeding your expectations. The quality of our services is directly related to the skills and expertise of our team, which includes:

- Jeffery Adler, Managing Director (*Client Service Executive*)
- Keith Wysocki, Manager (*Client Services Lead*)
- Meredith C. Inniger, MHA, FACHE, Principal (*Client Services Lead*)
- Christine Lemanowicz, Senior Operations Coordinator (*Learner Enrollment, Coordination, & Support*)
- Anne Marie Cuthbertson, Administrative Assistant (*Scheduling & Logistics*)

The professional profiles of Jeffery Adler, Keith Wysocki, and Meredith Inniger are attached to this proposal as Exhibit 1.

FEES AND BILLING

- **Term:** Two (2) year agreement commencing on April 1, 2024 and expiring two years from commencement.
- **Registrant Licenses:** Includes up to 11 registered learners
- **Fees and Payment:**
 - Year 1 - \$29,500; to be billed upon commencement and due and payable within 30 days
 - Year 2 - \$30,975; to be billed at beginning of second year and due and payable within 30 days
 - This agreement and fees subject to an executed agreement within 30 days of the date of this agreement; thereafter, fees and terms are subject to change.
 - Upon acceptance, Client will indicate any invoicing requirements necessary to process payment in a timely manner (i.e., P.O. number, etc.). Client will also specify invoice recipient and any additional parties invoices should be sent to.

- Following the initial term, Veralon will continue to renew this agreement annually on the anniversary date of April 1, 2024, limiting fee increases to no more than 5% per year.

Additional terms and conditions are included as Exhibit 2.

ACCEPTANCE

If you have any questions, please call us at 877-676-3600.

We look forward to working you on this important effort. If this agreement is acceptable as written, you may authorize it by completing the signature block that follows and returning/emailing a signed copy, to Dana Wander (dwander@veralon.com).

Sincerely,


Jeffery Adler
Managing Director

APPROVED FOR:

**Southern Coos Hospital and Health
Center**

Name:

Title:

Date:

Exhibit 1: Resumes





Jeffery Adler

Managing Director

Jeffery is the former CEO of IPROTEAN, the virtual board education company recently acquired by Veralon. Under his visionary leadership over the five years from 2018-2023, Jeffery helped transform the fledgling startup into a nationally respected board governance solution. Since the recent acquisition, Jeffery was promoted to Managing Director of Veralon. With enhanced resources at his

back, he and his team are single-minded in their commitment to help build better boards for Americas hospital and healthcare systems.

Jeffery graduated as valedictorian from the University of Maryland and was commencement speaker to the class of 1991. After earning a Juris Doctorate at Georgetown Law Center in 1994, Jeffery spent four years as retail consultant working internationally throughout Southeast Asia, Israel, and Central America. He later went on to develop a quick-serve beverage chain called Dlush. The retail upstart became popular for its hipster drinks with a socially conscious twist. Stores opened in San Diego, Hollywood, and overseas in Dubai, Kuwait, and Qatar.

Jeffery enjoys participating as speaker-moderator at healthcare conferences across the States including with the American Hospital Association and at several state hospital association summits. Jeffery is recognized in San Diego for fostering entrepreneurship and social innovation at universities and the broader startup community. He has participated in two TEDx Talks and is featured in several national publications for his work in helping build mission-driven enterprises.



Meredith C. Inniger, MHA, FACHE

Principal

Meredith brings over 15 years of experience in both healthcare consulting and healthcare operations to the development of focused and actionable strategies for Veralon clients. She advises many types of healthcare organizations nationally, including academic medical centers, large community health systems, and independent hospitals.

Her experience includes:

- Strategic planning engagements, including clinical program and ambulatory strategic planning, with an emphasis on population health strategies
- Mergers and affiliations, notably independence assessments, potential partner identification, facilitation of partnership decisions, and post-integration planning
- Physician strategies, particularly physician-hospital alignment models
- Clinically Integrated Network (CIN) feasibility and development planning
- Assessment of organizational governance strategy, structure, and operations

Prior to joining Veralon, Meredith gained operations and strategy experience at OhioHealth, where she managed a system-wide imaging services team and facilitated the integration of five urgent care facilities, and in previous operational roles at The Ohio State University Wexner Medical Center.

She is a fellow and faculty member of the American College of Healthcare Executives where she teaches the course "Advanced Strategic Planning to Transform Your Organization" and others. She currently serves on the board for the Philadelphia chapter of ACHE. Meredith was also the recipient of ACHE's Early Career Healthcare Executive Award, her local chapter's Administrative Achievement Award, and ACHE's Service Award.

Meredith frequently publishes in the field, including a recent cover story for Healthcare Financial Management. She holds an MHA and a BS with honors, from The Ohio State University.



Keith Wysocki

Manager

Keith advises and educates healthcare organizations on governance issues including structure, efficiency, and effectiveness. He has worked with organizations ranging from critical access hospitals to some of the nation's largest health systems.

Keith's experience includes:

- Identifying opportunities to consolidate more than 50 entity boards into a nimbler structure, and developing a roadmap to implement the changes
- Advising on establishment of a new board after wholesale director turnover
- Creating board competency surveys to identify diversity and skill gaps
- Facilitating interviews to identify top candidates to serve on the board of a recently formed health system
- Advising the CEO and board chair on making changes to committee structures and processes
- Providing board education that enabled a health system to meet state regulators' education requirements
- Working with leaders of a parent board and 12 affiliate boards to establish development plans and improve communication channels

Keith has almost 15 years of experience in advising hospital boards on governance issues, both as an independent consultant and as a strategic advisor at The Governance Institute. He has presented to boards, executives, and physician leaders nationwide about organizational alignment, improving governance efficiency, and the role of the board in meeting new challenges. He has assessed board structure and effectiveness through quantitative surveys, interviews, and document review.

Keith has facilitated retreats and education sessions for hospitals, medical specialty boards, and other nonprofits. He has also served as lead moderator and facilitator for retreats and conferences attended by as many as 500 executives, directors, and clinicians.

Keith has presented for numerous industry conferences including ACHE Congress, the Western Regional Trustee Symposium, and several state hospital and senior living association conferences. His articles have appeared in *Management in Healthcare* and in various journals and newsletters published by The Governance Institute.

Exhibit 2: Terms and Conditions

TERMS AND CONDITIONS

1. **ENTIRE AGREEMENT:** This agreement, together with these Terms and Conditions, form the entire agreement between Veralon and Client. This agreement will become effective upon receipt of a signed agreement from you.
2. **TIMELINESS:** You will need to provide us requested information in a timely fashion and in the format we request for us to implement V-BE in accordance with the agreement.
3. **PROPRIETARY INFORMATION:** Each party will protect the Proprietary Information of the other party. "Proprietary Information" means non-public information of competitive or commercial value to the discloser, which has been designated by the discloser as confidential, or which a reasonable person would recognize as confidential or proprietary in nature. Proprietary Information will be used only for the purposes of this engagement and will be disclosed only on a need to know basis or as required by law.
4. **CONFIDENTIALITY:** Client agrees to respect and preserve the confidentiality of this agreement and refrain from sharing the fee structure to third parties, including consultants and other industry executives, without the expressed consent of Veralon. Similarly, Veralon shall protect the individual privacy of data gathered during the relationship at all times, and if data is disseminated for educational purposes, such data shall remain anonymized, and treated in accordance with industry best practices.
5. **PAYMENT:** Payment for our services will be due and payable upon receipt of our annual invoice. If payment is not received within 60 days, (i) access to the virtual library or work may be temporarily suspended until all amounts due are paid, and (ii) Veralon may charge interest at the rate of 12% per annum on any such unpaid amounts, plus any reasonable collection costs incurred.
6. **ACCESS TO RECORDS:** As a subcontractor that may be subject to Section 1861 (v) (1) (I) of the Social Security Act, we shall, upon written request, make available as appropriate to the Comptroller General, the Secretary of Health and Human Services, and their duly authorized representatives, a copy of this agreement and access to our books, documents, and records necessary to verify the nature and extent of the costs of services provided hereunder. Such access will be available until the expiration of four years after the services to which the costs relate have been furnished.
7. **LICENSE:** Veralon grants to Client a revocable, non-exclusive, non-transferable, limited license to use the V-BE virtual library solely for its intended purpose to facilitate online education for its registered learners. The license will be used strictly in accordance with the terms of this Agreement.
8. **RESTRICTIONS:** User agrees not to, and you will not permit others to a) license, sell, rent, lease, assign, distribute, transmit, host, outsource, disclose, or otherwise commercially exploit V-BE; and b) make V-BE available to any third parties.
9. **MODIFICATION TO APPLICATION:** Veralon reserves the right to modify, suspend, or discontinue, temporarily or permanently the virtual library and V-BE without notice and without liability to Client.
10. **DISCLAIMER OF WARRANTIES:** User acknowledges and agrees that V-BE and the virtual library is provided on an "As Is" and "As Available" basis and that your use of or reliance upon the virtual library and any third-party content and services accessed thereby is at your sole risk and discretion. Furthermore, Veralon and its affiliates, partners, suppliers, experts, or otherwise make no warranty that a) the virtual library or third-party content and services will meet

your requirements, and b) the virtual library or third-party content and services will be uninterrupted, accurate, reliable, timely, or error-free.

- 11. INDEMNIFICATION:** Except for claims arising under the section titled Intellectual Property Indemnity below, User agrees to indemnify, defend and hold harmless Veralon, its officers, representatives, directors, employees, consultants, experts, and agents from any and all losses, expenses, third-party claims, liabilities, damages and costs (including without limitation attorneys' fees) arising from or related to (a) your use of the virtual library, the online service, the software, or the documentation, (b) your use of any content, material, information, advice or data loaded or otherwise relied on for the course of your business; or (c) your violation of this Agreement.
- 12. TERMINATION:** In the event that Client terminates this agreement for any reason by providing Veralon 90 days written notice prior to the date of renewal, Client shall pay all fees due to Veralon under the agreement through the termination date. Should Client breach this agreement, your right to the use of V-BE will then immediately terminate and shall terminate without any notice being given. However, all provisions of this agreement, with the exception of the License, will remain in effect and thus shall survive termination. In the event of termination, Veralon will cease all Services and work in progress as of the termination date.
- 13. COPYRIGHT:** V-BE and the virtual library is protected by copyright and other intellectual property laws and treaties, and as such all rights, title, and interest in and to the content offered, including but not limited to, any photographs, images, video animation, text, and music, that may be incorporated as part of the offered content. Such offered content is protected by copyright laws and international treaty provisions. Therefore, offered content must be treated as any other copyrighted material, with the exception that it is allowable for you to make copies as provided by this agreement.
- 14. RESTRICTIONS ON USE:** Client may not: (a) Make use of the offered content on more than one computer at a time, without prior purchase of additional licenses; (b) You may not share, distribute, lend, lease, sublicense or otherwise make available, in any manner whatsoever, to any third party the offered content; (c) Modify, adapt, create derivative works from or translate any part of the offered content other than what may be used within your work in accordance with this License; (d) Reverse engineer, decompile or disassemble the offered content, nor attempt to locate or obtain its source code; (e) Attempt to alter or remove any trademark, copyright or other proprietary notice contained within the offered content; or (f) Make use of any offered content in any manner not stipulated within this agreement or the documentation accompanying the offered content.
- 15. INTELLECTUAL PROPERTY INDEMNITY:** Veralon shall indemnify, defend, and hold Client harmless against any third-party claims alleging that the application, online service, software, or documentation infringe upon any patent, copyright, trademark, or other intellectual property right and will pay any costs, damages, and reasonable attorneys' fees attributable to such claim that are awarded against Client, provided that Client: (a) promptly notify Veralon in writing of the claim, (b) grant Veralon sole control of the defense and settlement of the claim, provided that any settlement of the claim shall not obligate You to pay any settlement fees, costs, or expenses, and (c) provide Veralon with all assistance, information and authority reasonably required for the defense and settlement of the claim, at Veralon's expense.

Exhibit 3: Additional Veralon Consulting Services





TRANSFORMATIVE HEALTHCARE CONSULTING

Veralon is a national leader in healthcare strategy, finance, valuation, provider compensation, and virtual board education.

Our Unique Approach to Healthcare Consulting

Veralon's Brain Trust Approach™ is an operating philosophy based on cooperative deep experience. We hand select focused teams led by senior level leaders to ensure the right combination of experience, skill sets, and teamwork to generate comprehensive solutions that account for interrelationships between major driving forces affecting your organization.

Veralon helps clients develop clarity of direction and strategy, focus on issues at hand, meet challenges head-on, and execute successfully on strategy and tactics. We provide services in:



Strategy and Planning



Partnerships, M&A, and Finance



Healthcare Valuation



Provider Compensation



Virtual Board Education

Veralon consultants are trusted advisors to healthcare leaders, partnering with those leaders to achieve success for their organizations and to transform the healthcare industry.



70%

of our business comes from returning clients



>30

Our leadership averages more than 30 years of experience in the healthcare industry



>7,500

healthcare clients nationwide (47 states)



Offices and consultants throughout the country to service clients nationally

VERALON SERVICES

Strategy and Planning

- Strategic Planning
- Service Line Planning
- Ambulatory Care Planning
- Medical Staff Planning
- Clinically Integrated Networks
- Employed Physician Performance Improvement

Partnerships, M&A, and Finance

- Partnerships and Transactions
- M&A Due Diligence
- Financial Planning

Healthcare Valuation

- Business Valuation
- Management Service Agreement (MSA) FMV Opinion
- Transaction Fairness Analysis

Provider Compensation

- FMV Compensation
- Professional Service Agreements
- Physician Compensation Planning and Design
- Pay Equity
- Funds Flow

Virtual Board Education

- Video Courses
- Video Experts
- Video Coaching

MEET OUR DIRECTORS



Daniel M. Grauman, MBA, CPA/ABV
Managing Director & CEO



John M. Harris, MBA
Managing Director



Karin Chernoff Kaplan, MBA, CVA
Managing Director



Jeffery Adler
Managing Director



Mark Dubow, MBA, MSPH
Director



Richard Chasinoff, MBA, MHA, CVA, ABAR
Director




Danielle Bangs, MHA
Director



Rudd Kierstead, MBA, MPP
Director





DATE: March 22, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Approval of Resolution #2024-02 Adding CFO to Bank Signature Authority

Recommended Action

Management is seeking Board approval of Board Resolution #2024-02 adding CFO Antone Eek as an authorized signer on Southern Coos Hospital & Health Center bank checking account effective immediately.

Background

Antone Eek has been on the job for 5 weeks now as the Chief Financial Officer (CFO) for Southern Coos Hospital & Health Center, and has already proven himself to be an asset to our organization. He is fulfilling all of the responsibilities for the CFO position at SCHHC, except signing checks for our organization. During the time that he has been here, he has had an immediate favorable impact on hospital operations, including providing CFO level support for our construction project, financing our current EHR project, overseeing the preparation of financial statements for the hospital, and providing much needed support for our revenue cycle team. I am requesting that his check signing authority be approved at this time so that he is able to exercise the full gamut of normal responsibilities for our CFO.

**Southern Coos Health District
Resolution 2024-02
Banking Signature Authority – Adding Chief Financial Officer**

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby officially requests the addition of Antone Eek, Chief Financial Officer, as an authorized user and signer on all business accounts, joining Raymond Hino, CEO, Brent Bischoff, Chairman of the Board, and Thomas Bedell, Board Treasurer, as authorized signers.

The above resolution is approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 28th day of March 2024.

AYES _____ NAYS _____

ATTEST:

Brent Bischoff, Chairman

Mary Schamehorn, Secretary

ERP / EMR Financing *Recommendation*



Prepared By: SCHHC Finance and Accounting Department

Why Funding?

- **Background:** Southern Coos Hospital and Health Center (SCHHC) has received approval from the Board of Directors to proceed with the ERP/EMR Project, a critical initiative for enhancing operational efficiency and patient care.
- **Situation:** SCHHC Finance Team has diligently researched funding options to support the implementation of the ERP/EMR Project. This includes assessing proposals from three financial institutions and exploring the feasibility of self-funding.

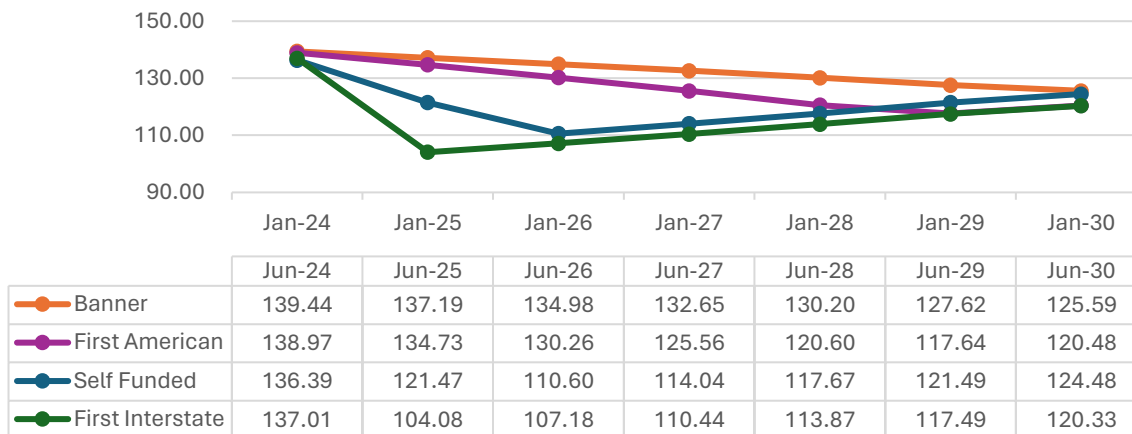
Funding Options

- Banner Bank
- First American
- First Interstate
- SCHHC – Self Funding

Overview and Funding Comparison

	Self Funded	Banner	First Interstate	First American
Loan Amount	3,450,000	3,450,000	3,450,000	3,450,000
Loan APR	0%	2.000%	5.500%	6.179%
Loan Term (Months)		72	12	60
Compounding Period		Monthly	Monthly	Monthly
Total Interest Payment	-	214,009.77	103,642.88	569,141.73
Total Financing Cost	3,450,000.00	3,664,009.77	3,553,642.88	4,019,141.73
Opportunity Cost	1,033,582.57	719,538.75	1,303,593.13	824,366.63

Days Cash on Hand Estimator



“Cost” of Financing: Year over Year Comparison

	Current Actual	Jun-24				Jun-25				Jun-26				Jun-27				Jun-28				Jun-29				Jun-30			
		Cash	Banner	First Interstate	First American	Cash	Banner	First Interstate	First American	Cash	Banner	First Interstate	First American	Cash	Banner	First Interstate	First American	Cash	Banner			Cash	Banner			Cash	Banner		
Assets																													
Current Assets																													
Cash - Operating	9,262,150	8,937,556	9,212,120	8,453,882	9,169,850	7,596,242	9,009,984	6,032,566	8,788,443	6,618,492	8,811,245	6,310,908	8,386,723	6,928,039	8,601,922	6,604,073	7,963,608	7,254,072	8,381,451	6,912,852	7,517,959	7,597,468	8,149,239	7,238,076	7,251,280	7,866,965	7,966,999	7,493,311	7,507,039
Cash Equivalents	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818	3,327,818
Debt to Capitalization Ratio																													
Days Cash on Hand	140.00	136.39	139.44	131.01	138.97	121.47	137.19	104.08	134.73	110.60	134.98	107.18	130.26	114.04	132.65	110.44	125.56	117.67	130.20	113.87	120.60	121.49	127.62	117.49	117.64	124.48	125.59	120.33	120.48

Rationale:

- Partnership with Banner Bank:** Banner Bank has been a longstanding partner of SCHHC and has demonstrated reliability and commitment in previous collaborations.
- Favorable Terms:** The terms offered by Banner Bank are highly favorable:
 - Term: A 6-year loan structure.
 - Payment Structure: Interest-only payments in the first year, followed by equal principal and interest payments in years 2-6, fully amortized.
 - Collateral: A 6-year CD equal to the loan amount, providing security and minimizing risk.
 - Interest Rate: Competitive, set at 2% above the 6-year CD rate, to be determined upon approval of the CD rate by Treasury.
 - Allowance: Annual withdrawal allowance, allowing flexibility without penalties.
- Financial Stability:** Analysis of the Days Cash on Hand Estimator indicates that while the "Cash Option" initially results in a significant burn of cash between 2024-2026, financing through Banner Bank preserves cash reserves and facilitates additional growth. This stability is crucial for sustaining operations and accommodating unforeseen circumstances.

Note:

Days Cash on Hand estimate is calculated using a standard amount of \$90k/day to run the hospital. No inflation is calculated in this assumption.

Net income from improved operations are not factored into cash on hand.

Recommendation

Action Taken: After thorough analysis, the Finance Team is recommending moving forward with the financing offer presented by Banner Bank.

Rationale:

- 1. Partnership with Banner Bank:** Banner Bank has been a longstanding partner of SCHHC and has demonstrated reliability and commitment in previous collaborations.
- 2. Favorable Terms:** The terms offered by Banner Bank are highly favorable:
 - Term: A 6-year loan structure.
 - Payment Structure: Interest-only payments in the first year, followed by equal principal and interest payments in years 2-6, fully amortized.
 - Collateral: A 6-year CD equal to the loan amount, providing security and minimizing risk.
 - Interest Rate: Competitive, set at 2% above the 6-year CD rate, to be determined upon approval of the CD rate by Treasury.
 - Allowance: Annual withdrawal allowance, allowing flexibility without penalties.
- 3. Financial Stability:** Analysis of the Days Cash on Hand Estimator indicates that while the "Cash Option" initially results in a significant burn of cash between 2024-2026, financing through Banner Bank preserves cash reserves and facilitates additional growth. This stability is crucial for sustaining operations and accommodating unforeseen circumstances.

Next Steps

Conclusion: Considering the reliability of Banner Bank, the favorable terms offered, and the financial stability provided by financing, it is recommended that the Board of Directors approves moving forward with the financing option for the ERP/EMR Project.

Upon approval, the Finance Team will proceed with finalizing the agreement with Banner Bank and initiating the necessary steps for the implementation of the ERP/EMR Project.



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, March 2024

Management Vacancies:

- Quality, Risk & Compliance Director – Dr. Carmen Rodriguez began as Interim Director of Quality, Risk & Compliance on February 26. She has been orienting to our facility and learning quickly. I have an agenda item on this month's Board agenda to appoint her to be our Compliance Officer until we have a regular full-time person in that role. She will be on-site in Bandon for the entire week of our March Board meeting and will present her report in person. We are also continuing to interview candidates for the regular full-time Director position. We have on-site interviews on March 25 and on April 5 with 2 qualified candidates. We are hopeful to have the full-time position filled very soon.
- Clinic Manager – We have a temporary vacancy in our Clinic Manager position due to Dawn Grays extended medical leave. Dawn is recovering well. We hope to have her back by May 6. In the meantime, Carrie Okey is doing an excellent job of covering for Dawn (in addition to her own normal duties). Carrie is qualified to perform Dawn's role. Prior to coming to work for SCHHC, Carrie worked for a very large Federally Qualified Health Center (FQHC) system in Wisconsin. During the time that she was employed by that system, she worked both as HR Director and as a FQHC Clinic Manager. Carrie is doing an excellent job, but we will all be glad to get Dawn back in May.
- Surgery Manager – Colleen Lorenz left employment with Southern Coos Hospital on March 8 to move closer to family. We have been extremely fortunate in being able to fill Colleen's vacancy quickly. We have hired a new Surgical Services Manager. Her name is Danielle Wirt, RN and comes to us from North Bend Medical Center, where she is currently working as Assistant Surgery Department Manager. Danielle comes to us, highly recommended by Dr. Sharon Monsivais, who worked with her at NBMC. We are very excited to have her on our team. Danielle is expected to start on April 24.
- Clinic Nurse Practitioner – With Amy Hinshaw's departure in February, we are now covering her FNP practice with a temporary FNP, Courtney Feral, who lives in Kentucky, but came to us from Astoria. Previous to that, she worked in Corvallis. Courtney gives us capacity to continue to see more patients in our clinic. We continue to recruit for a full time replacement. We made an offer to a full time replacement on March 21. We should know any day if she accepts our offer. In the meantime, we continue to recruit for another FNP.

Surgery

- Dr. Sharon Monsivais continues to exceed expectations for the beginning of her surgical practice at SCHHC. As of today, she has performed more than 40 surgical procedures (including outpatient surgeries and office procedures) and continues to bring up new ideas for additional procedures. We have purchased much of her surgical equipment from North Bend Medical Center as used equipment, which will help to ramp up her practice. She is now starting to identify some potential new cosmetic procedures that she can do here.
- The Sterile Processing Department Construction project is progressing very well. We have now engaged the services of a Project Manager (Joe Kunkel), Architecture firm (Anderson, Dabrowski), and General Contractor (In Line Construction). The entire team will be here at SCHHC on Friday, April 5 to walk the project and to get a better idea on timeline.

Emergency Physician Coverage

- We continue to get very positive reviews of our new Emergency Physicians Coverage Group, led by Dr. Robert Evans. The group has a house in Bandon that they provide to ED physicians from out of town. All of the new ED physicians have been very happy with our ED staff and with the ED practice here at this hospital.

USDA Grant

- As we reported last month, Southern Coos Hospital & Health Center is a 2024 recipient of a United States Department of Agriculture (USDA) Telehealth & Distance Learning Grant. The amount of the grant is \$165,252 and is to be used to purchase telemedicine computer carts that will be used in 4 areas (ED, Clinic, Ocean Crest Elementary, Harbor Lights Middle School). This equipment is a mobile tower, monitor and camera that can be used to connect our patients and our doctors with specialists from outside our area. Common types of specialists that are accessed using this equipment include cardiologists, neurologists (for stroke patients), psychiatrists and more. We are very grateful to the U.S. Government for approving this grant. This equipment has the potential to save lives and reduce incidences of life threatening occurrences.

Coast Community Health Center

- On March 15 I met with new Coast Community Health Center Interim CEO, Kendra Newbold. Kendra just arrived from South Dakota the previous week and has already gone through a Health Resources & Services Agency (HRSA) Review. I have offered to help Kendra and CCHC in any way that I can, or that SCHHC can. 1 area where I do think that we can help is with their electronic health record system. They implemented OCHIN Epic last year. One of the vendors that we are using to help us implement Epic here, has offered to help CCHC with any issues that they are having with Epic. I have offered to meet regularly with Kendra and her team.



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 – March 28, 2024

Provider News

The clinic's performance remains robust in terms of the number of patients served. Despite having 6 fewer clinic days, we saw 20 more patients in February compared to the previous month. As illustrated in the spreadsheet below, the average number of patients seen per day has shown a consistent increase across all providers.

February 2024 Clinic Stats										
	Days in Clinic	Patients			Total	Average	No Show	Cancellation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Amy Hinshaw, FNP	5	75	21	3	51	10.2	4%	28%	1	6
Bonnie Wong, DO	11	150	33	6	111	10.1	4%	22%	3	12
Courtney Feral, FNP	3	7	2	0	5	1.7	0%	29%	0	0
Noel Pense, DO	1	19	6	0	13	13.0	0%	32%	0	0
Olixn Adams, DO	4.5	57	7	0	50	11.1	0%	12%	10	0
Paul Preslar, DO	14	177	17	5	155	11.1	3%	10%	0	37
Shane Matsui, LCSW	17.5	91	13	5	73	4.2	5%	14%	11	0
Victoria Schmelzer, CRNA	10	76	16	1	59	5.9	1%	21%	0	0
Sharon Monsivais, MD	7	88	5	1	82	11.7	1%	6%	0	0
Michael Ivanitsky, MD	4	52	8	0	44	11.0	0%	15%	0	0
Outpatient Services	21	213	8	1	204	9.7	0%	4%	0	0
Totals	98	1005	136	22	847	8.6	2%	14%	25	55
Total telehealth	25									
					643	Clinic Registrations				

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

- Dr. Qadir, Nephrology, was in clinic one day and saw 10 patients.
- Dr. Webster, ENT/Dermatology, was in clinic one day and saw 17 patients.

Clinic Report

- I will be out of the office for approximately 8 weeks due to surgery. During this time, Carrie Okey, our HR Director, will be handling some of my duties. Additionally, Carrie, in collaboration with Katelin Wirth, our Financial Analyst, will contribute to the Board Report. I'd like to extend my sincere gratitude to Carrie for her assistance in maintaining the clinic's operations and success during my absence.
- We've recently filled the Chronic Care Program RN position, which had been vacant for the past 5 months, by hiring a contract employee from HealthTech. HealthTech, our partner in launching the Chronic Care Management Program last July/August, proposed the idea of contracting one of their RNs to help bridge the gap and revitalize the program.
 - Kelli Cotton, MSN, RN comes to us with 20 years of nursing experience with the last two years focused on chronic care management. She has already hit the ground running and we are excited she has joined so we can fully implement this important program.
- The No-Show rate dropped to 2% for the month of February. Utilizing Dialog Health for patient reminder texts has shown to be quite effective in getting our patients in for their appointments.

- As previously noted, it remains imperative for us to monitor and report quality metrics for our ACO (Accountable Care Organization), Signify Health. Below is the latest performance report covering activity up to the end of February. Regrettably, there has been no change in the figures, which only deepens my skepticism regarding the reliability of data retrieved from Evident. We are persistently engaging with Evident to address the inaccuracies in the data.

Southern Coos Multi-Specialty Clinic eCQM Performance Report for 2024						
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	As of 2/29/2024	Goals*
CARE-2: Screening for Future Fall Risk	4.5%				4.5%	TBD
DM-2: Diabetes HbA1c Poor Control (>9.0%)	28.0%				28.0%	23%
HTN-2: Controlling High Blood Pressure	50.2%				50.2%	67%
MH-1: Depression Remission at 12 months**	-				-	TBD
PREV-5: Breast Cancer Screening	35.4%				35.4%	64%
PREV-6: Colorectal Cancer Screening	4.1%				4.1%	62%
PREV-7: Influenza Immunization	29.7%				29.7%	46%
PREV-10: Tobacco Use Screening & Cessation	87.1%				87.1%	82%
PREV-12: Depression Screening and Follow-Up Plan	0.0%				0.0%	63%
PREV-13: Statin Therapy for Prevention & Treatment of CVD**	-				-	TBD
*Goals set according to PCPCH Benchmarks						
**Required for reporting but excluded from scoring due to lack of current benchmark						
Green represents goal achieved						
Yellow represents ≤5 of goal						
Red represents >5 under goal						

- In February, we resumed the standard NRC surveys for our patients. Our scores remain strong with the lowest score being the “Easy to get appt” category of which we were already aware of this challenge. We did have 4 Alerts that required service recovery, but each was successfully resolved.

February 2024 Results	Asked about medications		Care provider courtesy and respect		Care providers explain things		Care providers listened		Easy to get appt		Felt safe and secure		Human Understanding		NPS: Facility would recommend		Providers knew medical history	
	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Provider Name	Score		Score		Score		Score		Score		Score		Score		Score		Score	
Hinshaw, Amy (1720582315)	100	5	100	5	100	5	100	5	80	5	100	5	80	5	80	5	60	5
Feral, Courtney (1497014658)	0	1	100	1	100	1	0	1	0	1	100	1						
Preslar, Paul (1437141793)	96.2	26	96.2	26	96.2	26	96.2	26	57.7	26	92.3	26	76.9	26	92.3	26	76.9	26
Wong, Bonnie (1437404415)	93.3	15	70.6	17	64.7	17	64.7	17	41.2	17	70.6	17	64.7	17	47.1	17	52.9	17
Schmelzer, Victoria (1417312893)	88.9	9	100	9	100	9	100	9	33.3	9	100	9	87.5	8	100	8	66.7	9
Pense, Noel (1790118636)	100	2	100	2	100	2	100	2	100	2	100	2	100	2	100	2	100	2
Adams, Olinx (1306006143)	100	2	100	2	100	2	100	2	50	2	100	2	100	2	100	2	100	2
Monsivais, Sharon (1023455490)	95.5	22	100	23	100	23	100	23	69.6	23	100	23	82.6	23	91.3	23	52.2	23
Ivanitsky, Michael (1003837410)	100	4	100	4	100	4	100	4	75	4	100	4	75	4	100	4	50	4
Grand Total	94.2	86	93.3	89	92.1	89	91	89	57.3	89	92.1	89	78.2	87	83.9	87	63.6	88

Clinic Financials

In February, the Clinic's bottom line was positive at \$7,500, primarily due to a \$51,000 PCPCH (Patient-Centered Primary Care Home) payment and a reallocation of some of Ivanitsky's expenses to the Surgical department for reporting purposes. On future Clinic provider reports, a section will reflect PCPCH payments and other non-provider-specific revenues, such as rental income, which was previously not included in these reports.

Clinic Provider Income Summary

All Providers

For The Budget Year 2024

For The Budget Year 2024															Current Budget YTD																											
Provider Productivity Metrics															ACT	YTD	ACT	BUD	FEB	YTD	FY24	Budget	Variance																			
ACT	BUD	JUL	ACT	BUD	AUG	ACT	BUD	SEP	ACT	BUD	SEP	ACT	BUD	OCT	ACT	BUD	OCT	ACT	BUD	NOV	ACT	BUD	NOV	ACT	BUD	DEC	ACT	BUD	DEC	ACT	BUD	JAN	ACT	BUD	JAN	ACT	BUD	FEB	YTD	FY24	Budget	Variance
Clinic Days																																										
Total Visits																																										
Visits/Day																																										
Total RVU																																										
RVU/Visit																																										
RVU/Clinic Day																																										
Gross Revenue/Visit																																										
Gross Revenue/RVU																																										
Net Rev/RVU																																										
Expense/RVU																																										
Diff																																										
Net Rev/Day																																										
Expense/Day																																										
Diff																																										
Patient Revenue																																										
Outpatient																																										
Total Patient Revenue																																										
Deductions From Revenue																																										
Total Deductions From Revenue (Note A)																																										
Net Patient Revenue																																										
Total Operating Revenue																																										
Operating Expenses																																										
Salaries & Wages																																										
Benefits																																										
Purchased Services																																										
Medical Supplies																																										
Other Supplies																																										
Maintenance and Repairs																																										
Other Expenses																																										
Allocation Expense																																										
Total Operating Expenses																																										
Excess of Operating Rev Over Exp																																										
Total Non-Operating Income																																										
Excess of Revenue Over Expenses																																										

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



Chief Nursing Officer Report

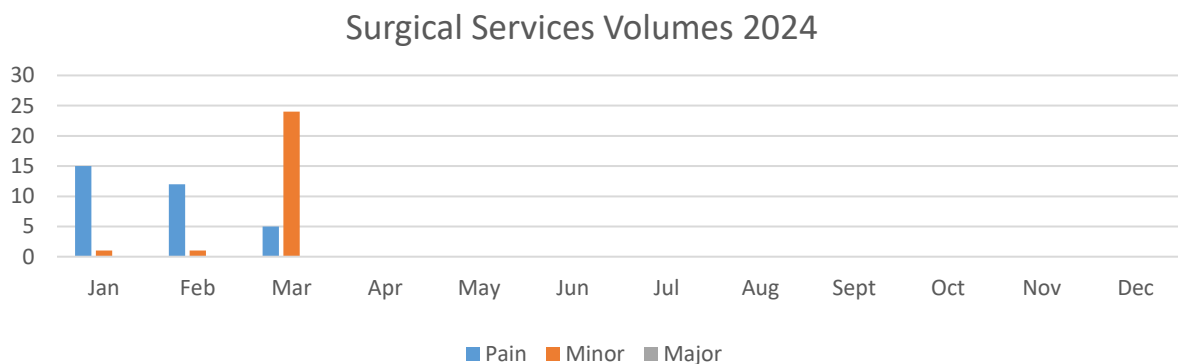
To: Southern Coos Health District Board of Directors and Southern Coos Management

From: Cori Valet, RN, BSN, Chief Nursing Officer

Re: CNO Report for SCHD Board of Directors Meeting – March 28, 2024

Surgical Services:

- March 2024 showing highest surgical case volumes with Dr. Sharon Monsivais performing mostly carpal tunnel release surgeries with other cases including ligament reconstruction, wrist neurectomy, and mass excision.



Medical Imaging:

- An MQSA inspection of mammography services as well as a state inspection of all medical imaging modalities was completed 3/19/2024. Inspections ensure that quality standards are met for personnel, equipment, maximum allowable radiation dose, quality assurance, medial audit and outcome analysis, medical recordkeeping and reporting requirements. Zero deficiencies were identified.
- Upcoming American College of Radiology (ACR) Accreditation Surveys are expected over the next 3-4 months for mammography, computed tomography (CT), and low dose lung screening.

Laboratory:

- Newly purchased Siemens Dimension chemistry analyzer downtime.
 - Quality control (QC) recovery – Technical support assisting with recovery and troubleshooting. Stability of reagents, stability of controls, low volume in flexes, water contamination.

- Specimens sent to Bay Area Hospital and Coquille Valley Hospital during downtimes.
- Emergency Medical Services notified to divert cardiac and respiratory patients to other Emergency Departments during downtime due to expected delay.
- COLA accreditation survey anticipated. COLA assists in ensuring that federal CLIA and state requirements are met.

Clinical Department Staffing- February 2024

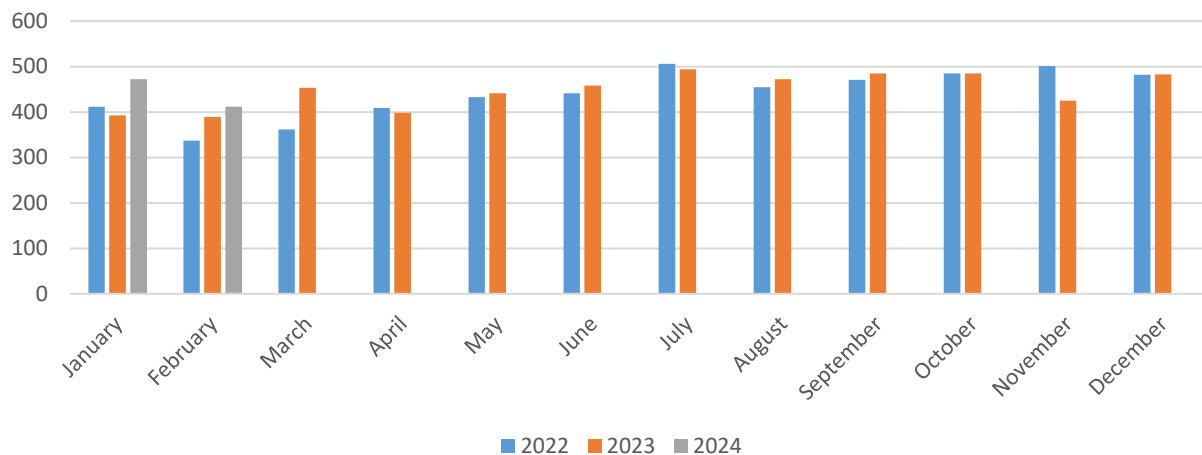
- **Medical-Surgical Department –**
 - Amanda Myers, RN, BSN has accepted the Full-time Medical-Surgical Nurse Manager position.
 - One full-time RN transitioned from Surgical Services to Medical-Surgical unit.
 - One per diem CNAI transitioned to full-time.
 - Three full-time CNA positions vacant.
 - Three full-time nurse positions vacant.
 - Three contract RNs utilized.
- **Emergency Department –**
 - One full-time RN vacancy
 - One full-time RN out on maternity leave
 - One full-time LPN float position vacant (float between MS and ED).
 - Two contract RN utilized.
- **Surgical Services –**
 - Two full-time RN positions vacant.
 - One per diem surgical technician position remains vacant.
 - One contract RN nurse utilized.
- **Medical Imaging –**
 - One full-time CT/XR Technologist vacancy.
 - One full-time XR/C-arm Technologist vacancy.
 - One full-time MRI Technologist position vacant.
 - Three contract Radiology Technologists utilized.
- **Laboratory –**
 - One full time and one part-time Medical Lab Technologist/Scientist position vacant.
 - Two contract Medical Lab Technologist utilized.
- **Pharmacy –**
 - Fully staffed.
- **Respiratory Therapy –**
 - Fully staffed after one full-time respiratory therapist returned after brief voluntary separation.
 - One contract Respiratory Therapist utilized.

Clinical Department FTE Statistics for February 2024

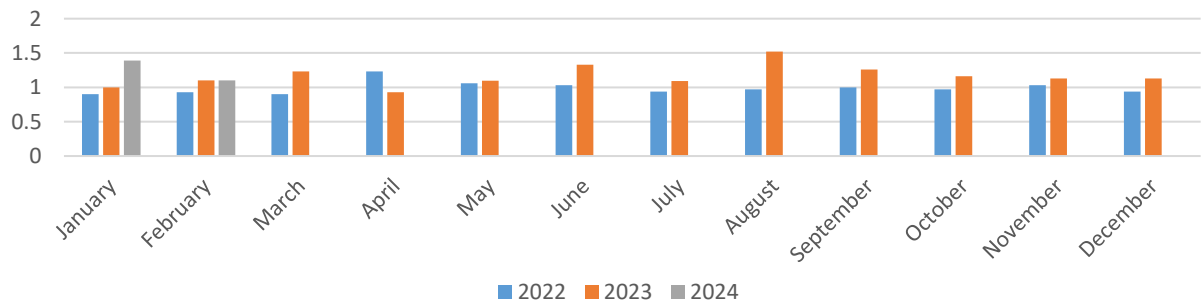
	Current Month								
	Actual	FTE Budget	Diff	Actual	Contract Budget	Diff	Actual	Total Budget	Diff
Med Surg	26.62	25.77	0.85	3.71	2.80	0.91	30.33	28.57	1.76
Manager	0.90	1.01	-0.11	-	-	0.00	0.90	1.01	-0.11
CNA I	3.38	1.72	1.66	-	-	0.00	3.38	1.72	1.66
CNA II	2.59	3.77	-1.18	-	-	0.00	2.59	3.77	-1.18
Patient Activities Coordin.	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Charge Nurse	4.79	3.54	1.25	-	-	0.00	4.79	3.54	1.25
RN	10.63	10.99	-0.36	3.71	2.80	0.91	14.34	13.79	0.55
LPN	2.43	2.56	-0.13	-	-	0.00	2.43	2.56	-0.13
Telemetry Tech	1.90	1.18	0.72	-	-	0.00	1.90	1.18	0.72
Swing Bed	0.98	1.01	-0.03	-	-	0.00	0.98	1.01	-0.03
Case Manager	0.98	1.00	-0.02	-	-	0.00	0.98	1.00	-0.02
LPN	-	0.01	-0.01	-	-	0.00	-	0.01	-0.01
Emergency Room	12.62	12.12	0.50	1.85	1.87	-0.02	14.47	13.99	0.48
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA II	1.33	2.49	-1.16	-	-	0.00	1.33	2.49	-1.16
LPN	3.55	2.39	1.16	-	-	0.00	3.55	2.39	1.16
RN	6.74	6.24	0.50	1.85	1.87	-0.02	8.59	8.11	0.48
Surgical Services	3.33	5.60	-2.27	0.76	-	0.76	4.09	5.60	-1.51
Director	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Manager	1.00	-	1.00	-	-	0.00	1.00	-	1.00
RN	-	-	0.00	-	-	0.00	-	-	0.00
Surgical Nurse	1.45	3.00	-1.55	0.76	-	0.76	2.21	3.00	-0.79
Surgical Tech	0.88	1.60	-0.72	-	-	0.00	0.88	1.60	-0.72
Radiology	2.98	3.05	-0.07	2.51	1.87	0.64	5.49	4.92	0.57
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Coordinator	0.74	0.75	-0.01	-	-	0.00	0.74	0.75	-0.01
Medical Imaging Admin	0.94	1.00	-0.06	-	-	0.00	0.94	1.00	-0.06
Rad Tech IV	0.30	0.30	0.00	2.51	1.87	0.64	2.81	2.17	0.64
Ultrasound	1.40	1.94	-0.54	-	-	0.00	1.40	1.94	-0.54
Ultrasound Tech II	1.09	1.64	-0.55	-	-	0.00	1.09	1.64	-0.55
Ultrasound Tech IV	0.30	0.30	0.00	-	-	0.00	0.30	0.30	0.00
Mammography	0.32	1.63	-1.31	-	-	0.00	0.32	1.63	-1.31
Mammo Tech	0.32	1.63	-1.31	-	-	0.00	0.32	1.63	-1.31
Cat Scan	2.93	0.06	2.87	-	-	0.00	2.93	0.06	2.87
Rad Tech II	1.98	-	1.98	-	-	0.00	1.98	-	1.98
Ct/Rad Tech Reg	0.96	0.06	0.90	-	-	0.00	0.96	0.06	0.90
MRI	0.97	0.99	-0.02	-	-	0.00	0.97	0.99	-0.02
Rad Tech IV	0.97	0.99	-0.02	-	-	0.00	0.97	0.99	-0.02
Lab	8.78	9.53	-0.75	1.99	1.87	0.12	10.77	11.40	-0.63
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	2.44	3.01	-0.57	-	-	0.00	2.44	3.01	-0.57
Assistant III	0.98	0.99	-0.01	-	-	0.00	0.98	0.99	-0.01
CNA II	0.63	-	0.63	-	-	0.00	0.63	-	0.63
Medical Lab Tech Lead	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Medical Lab Scientist	1.39	0.55	0.84	-	-	0.00	1.39	0.55	0.84
Medical Lab Tech	2.33	1.99	0.34	1.99	1.87	0.12	4.32	3.86	0.46
Pharmacy	1.96	1.90	0.06	-	-	0.00	1.96	1.90	0.06
Pharmacist	0.69	0.60	0.09	-	-	0.00	0.69	0.60	0.09
RN	1.27	1.30	-0.03	-	-	0.00	1.27	1.30	-0.03
Respiratory	5.20	6.00	-0.80	1.04	0.93	0.10	6.24	6.93	-0.70
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Respiratory Therapist	4.20	5.00	-0.80	1.04	0.93	0.10	5.24	5.93	-0.70
Total Difference	68.10	69.60	-1.50	11.85	9.33	2.52	79.95	78.93	1.02

Emergency Department Statistics

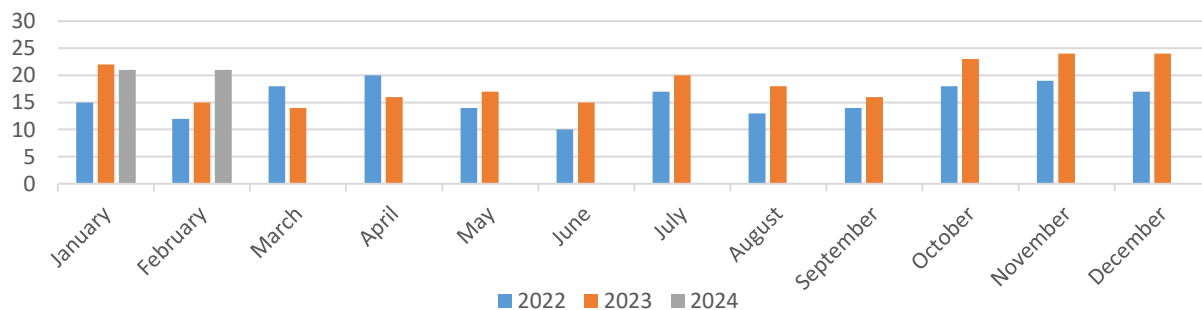
ED Census Tracking 2021-2023



Average ED Admissions to Med-Surg Unit per Day



ED Transfers





Chief Financial Officer Report

To: Board of Directors and Southern Coos Management
From: Antone Eek, CFO
Re: CFO Report for Board of Directors Meeting – March 28, 2024

Accounting / Finance

Budget Preparation FY2025

The Accounting and Finance team has been diligently working on preparing the FY2025 budget. On January 31, 2024, Capital Budgets were distributed to department leaders for their initial review. Over the past two months, the accounting team has been meeting with department leaders to review budget and capital purchase needs. The deadline to complete all initial reviews with department leaders and return them to Finance by April 1, 2024, is on schedule. The next phase of the budget preparation process will involve Department Operating Budget meetings with department leaders, with a completion date set for April 22, 2024.

Corebridge Retirement Plan GoLive

The Corebridge Retirement Plan conversion successfully went live on March 8, 2024. The objective of this conversion was to enhance the benefits for SCHHC staff by providing immediate vesting, online deferral elections, and greater control over their own funds. Additionally, the new functionality enables these changes to occur without requiring administration approval, streamlining the process for staff access to their funds.

Cardinal Health GoLive (Pharmaceutical Distributor)

The implementation of Cardinal Health went live on March 1, 2024. This change was motivated by significant cost savings and favorable contract terms. By joining a larger purchasing group, including Samaritan, we anticipate lower expenses and improved contract conditions compared to our previous distributor. To support this transition, we have engaged a pharmacy consultant to optimize our 340B purchase program, resulting in increased savings on drug supplies, better utilization of discount programs, and readiness for regulatory audits of the 340B program.

ERP/EMR Project Financing

Extensive financial analysis has been conducted to evaluate funding options for the ERP/EMR project, including proposals from three different financial institutions and a self-funded option by SCHHC. Details regarding financing options will be presented in the ERP/EMR update.

Materials Management

Under the leadership of the new Director of Materials Management, Chris Amaral, the team has been focused on streamlining departmental processes, enhancing distribution practices, and collaborating with departments to optimize product storage and utilization. Chris will oversee all future product sourcing processes to ensure quality, timely delivery, and cost-effectiveness through vendor selection or Group Purchasing Organization (GPO) opportunities.

Virtual and Real Inventory Reconciliation

Preparations are underway for the integration of virtual identification/reconciliation into the new inventory management system (Sage Intacct), which is part of the ERP system scheduled to go live in October 2024. Additionally, real inventory efforts have involved procuring consumables and equipment at discounted rates from North Bend Medical Center to support Dr. Monsivais' practice, and to a lesser extent, Dr. Ivanitsky, particularly for custom orthopedic packs for the operating room.

Electronic Requisition

Efforts are being made to train more departments in the use of electronic requisitions. The objective is to have all departments trained and actively using the electronic requisition process before the Sage Intacct GoLive date.

Revenue Cycle

The Revenue Cycle team, in collaboration with the Finance Team, has initiated a comprehensive review of the end-to-end process from patient referral/presentation to claim processing and posting to the GL. The objective is to identify current process gaps, enhance efficiency, anticipate new processes from EPIC, identify outsourced activities, and explore cost-saving/revenue-generating opportunities pre/post-EPIC GoLive. This exercise also provides a valuable learning opportunity to comprehend the complexity of the revenue cycle process and its impact on hospital financial services. Additionally, internal controls and Key Performance Indicators (KPIs) for productivity measurements and escalation processes are being identified and implemented to further enhance the success of the revenue cycle team.

A potential process improvement opportunity has been identified regarding the downgrading or changing of patient levels-of-care status, particularly from IP to Swing Bed. A simulation conducted earlier in March revealed potential safety concerns with transfer orders and an unacceptable workload associated with re-entering active physician orders/medication lists onto the new account. We are presently collaborating with the vendor to explore alternative solutions. If no viable solution is found, the team will continue with current processes and await EPIC implementation to address the issue.

Surgical Services

The team has successfully implemented charge capture processes for both Dr. Monsivais and Dr. Ivanitsky. This implementation enables the teams to effectively track performance and revenue for the new physicians.

Accounts Receivable (A/R) Days

Overall A/R Days have shown improvement, decreasing from 54.2 in December and 52.9 in January to 50.7 in February.



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, March 28, 2024

Cybersecurity

Email Protection Provided by Mimecast	October 2023	November 2023	December 2023	January 2024	February 2024
Spam Blocked/Number of Emails	542/59995	618/46198	624	1281/43,826	1383/43,222
Impersonation Attacks	842	1030	1048	919	906
Malware Detected and Quarantined	40*	12	7	11	15
Links Clicked/Number Unsafe	288/0	292/1	1	363/0	0
Malicious Attachments	0	0	0	0	0
Internet Traffic Monitored by Critical Insight	October 2023	November 2023	December 2023	January 2024	February 2024
Number of Records Ingested (in millions)	597.9M	591.9	599.8	639.1	624
Investigations	1	3	2	1	1
Reported Investigations	0	1**	0	0	0
High Priority Investigations	0	0	0	0	0
Patch Management - Vulnerability Scans	October 2023	November 2023	December 2023	January 2024	February 2024
Critical	8*	7	7	5	6
High	20*	17	19	18	18
Medium	1707	1676	1736	1408	1360
Low	148	135	148	114	127

February Cybersecurity Climate

The cybersecurity news was dominated by the cyberattack on UnitedHealth Group and its subsidiary Change Healthcare on February 21, 2024. A hacking group called ALPHV, also known as “BlackCat,” breached the system and Change Healthcare was hit hardest. Change HC processes 15 billion healthcare transactions annually, and touches 1 in 3 patient records. The attack targeted pharmacy, medical claims, and payment systems.

The attack affected SCHHC operations in the following areas:

1. Claims submissions through TruBridge: at one time, SCH had 15 claims held, mostly paper claims, totalling \$28,517.

2. Eligibility checks through TruBridge: SCH staff were not able to perform eligibility checks through the TruBridge platform.
3. Accessing CommonWell through Evident EHR: CommonWell is a health information exchange; SCH was not able to access through Evident EHR.

SCH staff, especially Cathy Mann, Revenue Cycle Manager, met daily with TruBridge representatives for several days and developed solutions to the issues. The current status of each of the described issues:

- As of 3/22/24, all of the held claims have been released and all new claims are moving through the system.
- With the help of TruBridge, SCH registration staff developed workarounds to continue to check eligibility.
- CommonWell operations have returned to normal functionality.

The cyberattack did not impact any of SCH's IT infrastructure. Our endpoints, servers, remote access, workstations, email, data center were not disabled in any manner.



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, March 28, 2024

Women's Health Day

The 21st annual Women's Health Day was a success! We had about 120 attendees, along with volunteers, staff and Foundation board members so an estimated 135 people. The theme was "Women's Whole Health: Prevention, Care & Well-Being." The entire day went well and we received many positive comments on the surveys.

A debrief was held on Thursday, March 7, with staff who were involved and the feedback was mostly positive, with some suggestions for next year. It was agreed that the technical part of the program went well, the speakers were mostly well-received, food and vendors were great. The Gift Shop did over \$800 in sales and the baskets and 50/50 raffles brought in \$940.

Living & Aging Well

Alix McGinley presented at 100 Strong Bandon and the group chose to fund the Living & Aging Well event. The grant from 100 Strong members will also be eligible for a matching grant, so most, if not all the expenses for this event will be paid for.

The day will include a light breakfast and lunch, mini sessions with local groups to help us find our sense of belonging and Keynote speaker. We have chosen Morning Star Holmes to guide interactive conversations and activities centered around incorporating the basic elements. All so that our Bandon community can truly be Living & Aging Well. Again, this event is FREE thanks to the generosity of 100 Strong Bandon.

People can sign up via EventBrite and coming soon is a webpage for the event on the SCHHC website, under the Foundation tab.

SCHF Quarterly Art Show

The "Stormy Weather" Quarterly Art Show, up through March 24, has been very popular and almost 30 pieces of art have sold, with most of the artists donating a percentage of the cost to the Foundation.

Chris Cox installed a button on the Gift Shop POS so credit cards for artwork can be run through the POS.

The next show is titled "Garden Party" and will run April-June. The Art Show Opening Reception is Sunday, April 14, from 1-3 p.m. in the hospital lobby. You are all invited.

The theme following "Garden Party" is "Best Friends" and will run July-September. The final theme for 2024 is "Sunshine and Shadows" which runs from October-December 2024.

Golf for Health Classic

Planning meetings will commence for the 17th annual Golf for Health Classic in the spring, to be held Sept. 20 and 21, 2024 at Bandon Crossings, with the Friday night reception again at Bandon Dunes. There is already interest in this year's event. A "Save the Date" flyer is on the SCHHC website on the Foundation tab/Golf for Health page. The sponsorship packet will be updated ASAP on the website. Advertising to "Save the Date" or sponsor this year's event is coming soon.

Southern Coos Health District
Strategic Plan Update 03-25-2024

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
Completed	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Antone Eek, Jeremiah Dodrill	2/28/2023	Carrie Okey, Katelin Wirth	100
Completed	1.2	Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration	Carrie Okey, Scott McEachern	1/1/2023	Executive Team, Carrie Okey	100
On Track	1.3	Develop and implement a staff education plan	Cori Valet	12/31/2023	Carrie Okey	95
Completed	1.3.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100
Completed	1.3.1.1	Identify current all staff education plan (Initial and annual)	Cori Valet	7/8/2022	Carrie Okey, Kerry Vincent	100
Completed	1.3.1.2	Identify current department specific education processes.	Cori Valet	7/15/2022	All department managers, Kerry Vincent	100
Completed	1.3.2	Identify current Medical Provider Education plans	Cori Valet	6/18/2022	Shawn March	100
Completed	1.3.3	Perform a gap analysis to determine deficiencies in existing education processes.	Cori Valet	2/28/2023	Carrie Okey	100
Completed	1.3.3.1	Develop a gap analysis tool	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
Completed	1.3.3.2	Benchmark other Hospitals, i.e. LUH, CVH, CGH	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
Completed	1.3.3.3	Perform gap analysis using data from other hospital benchmarking	Cori Valet	1/31/2023	Carrie Okey, Arianne Booth	100
Completed	1.3.3.4	Utilize existing template within MCN to amend current GAP analysis	Cori Valet	2/28/2023	Carrie Okey, Arianne Booth	100
Completed	1.3.4	Update existing education plans to include deficiencies noted in gap analysis.	Cori Valet	3/31/2023	Carrie Okey	100
On Track	1.3.5	Implement the updated education policy for staff, managers, and medical providers.	Cori Valet	4/30/2024	Carrie Okey	75
On Track	1.3.5.1	Create an education policy for staff, manager and medical provider education.	Cori Valet	3/30/2024	Carrie Okey	75
Completed	1.4	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
Completed	1.5	Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with expectations	Raymond Hino, Carrie Okey	10/31/2023	Carrie Okey	100
Completed	1.6	Identify gaps in recruitment process	Raymond Hino, Carrie Okey	12/31/2022	Carrie Okey	100
	2.0	Service				
On Track	2.1	Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction.	Raymond Hino	12/31/2024	Executive Team	29.25
Completed	2.1.1	Create a vision for SCHHC's patient engagement model, from initial contact and intake to point of service, and finally to discharge. The working premise is that the SCHHC patient engagement model should emulate an Apple Store experience.	Raymond Hino	6/17/2022	Executive Team, Leadership Team	100
On Track	2.1.2	Create project teams focused on. at minimum, the following: (1) Pre-Hospital Experience; (2) Wayfinding and Physical Environment; (3) Intake; (4) Outpatient Services; (5) Inpatient Services; (6) Discharge and Continuation of Engagement.	Raymond Hino	3/1/2024	Executive Team; Project Teams	17

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	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	6/1/2024	Executive Team, Project Teams; Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2024	Executive Team, Project Teams, Leadership Team	
Completed	2.2	Identify, select, and implement the most effective EMR and ERP systems.	Scott McEachern, Jeremiah Dodrill	9/30/2024	Executive Team, Managers, Providers	100
Completed	2.3	Develop and implement Community Health Needs Assessment Plan and Community Health Improvement Plan; Develop and implement a Hospital physician/provider (medical staff) development plan, to meet IRS requirements, and to include both current and projected future recruitment needs, Stark law compliance, and additional best practices for medical staff development.	Antone Eek, Raymond Hino	12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	100
Attention	2.4	Create Medical Staff Development plan based upon results of needs assessment and best practices	Raymond Hino	12/31/2023	Executive Team	95.55
Completed	2.4.1	Complete a provider contract audit and identify if compliance variances exist	Raymond Hino	5/31/2022	MD Ranger, Jeremiah Dodrill	100
Completed	2.4.2	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2023	Executive Team	100
Completed	2.4.3	Research best practices and compliance requirements (DNV) in medical staff development plans	Raymond Hino	7/31/2022	DNV, MD Ranger, Governance Institute, CEO colleagues	100
Completed	2.4.4	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
Completed	2.4.5	Review Community Health Needs Assessment & interview Board, Medical Staff, Executive Leadership for physician recruitment needs	Raymond Hino	12/31/2023	Survey Monkey or hard copy surveys. Distribute, collect and tabulate results	100
Completed	2.4.6	Vendor to conduct physician market analysis	Raymond Hino	9/29/2023	David Sandberg, Jeremiah Dodrill, Scott McEachern	100
Completed	2.4.7	Develop Service Line Growth Analysis mechanism and Plan (formerly 4.2.4)	Raymond Hino	1/31/2024	Executive Team, Katelin Wirth, Brenda Sund	100
Completed	2.4.7.1	Construct a service line analysis process to identify new service lines (as identified in Medical Staff Development Plan) and evaluate existing service lines.	Raymond Hino	1/31/2024	Executive Team, Katelin Wirth, Brenda Sund	100
Completed	2.4.7.2	Conduct market study of outpatient services	Raymond Hino	12/31/2023	Executive Team	100
Completed	2.4.7.3	Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC	Raymond Hino, Jeremiah Dodrill, Antone Eek, Scott McEachern, Cori Valet	12/31/2023	Executive Team	100
Completed	2.4.7.4	Complete Orthopedic Service Line analysis and recruit provider	Antone Eek, Jeremiah Dodrill, Raymond Hino	8/15/2023	Katelin Wirth, Carrie Okey, Dawn Gray	100
Completed	2.4.7.5	Complete Plastic Surgery Service Line analysis and recruit provider	Jeremiah Dodrill, Raymond Hino	10/9/2023	Katelin Wirth, Carrie Okey, Dawn Gray	100
Completed	2.4.7.6	Assess current state of patient intake process, including outreach to local providers	Scott McEachern	1/31/2023	Dawn Gray, Cathy Mann, Shawn March	100
Attention	2.4.8	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2023	Kim Russell	80

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Attention	2.4.9	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2023	Executive Team	80
	3.0	Quality				
Completed	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2023	Barb Snyder, staff	100
Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
Completed	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	6/30/2023	Executive Team, Employees Activity	100
On Track	3.4	Update and Implement a district wide Incident Response Plan	Scott McEachern, Cori Valet	3/30/2024	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	77.69
On Track	3.4.1	Reach out to regional facilities and organizations for collaboration opportunities and resources	Raymond Hino	9/29/2023	Executive Team, Jason Cook	100
On Track	3.4.2	Source vendor with expertise in updating IR Plan	Antone Eek	3/30/2024	Jason Cook	90
On Track	3.4.2.1	Complete Evaluation of gap analysis of incident response and emergency preparedness plan	Antone Eek, Jeremiah Dodrill	1/31/2024	Jason Cook	90
On Track	3.4.3	Complete Draft of Emergency Preparedness Plan	Antone Eek	11/30/2023	Jason Cook	92.85
Completed	3.4.3.1	Create/update hospital emergency code referral policy	Antone Eek, Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	100
Completed	3.4.3.2	Create/update Code Grey policy	Jeremiah Dodrill, Antone Eek	10/31/2023	Jason Cook, Safety Committee	100
On Track	3.4.3.3	Create/update Hazard Vulnerability Assessment (HVA)	Antone Eek, Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	75
On Track	3.4.3.4	Create/update 96-hour sustainability plan	Jeremiah Dodrill, Antone Eek	10/31/2023	Jason Cook, Safety Committee	75
Completed	3.4.3.5	Managers and Charge Nurses completed FEMA ICS 100 training(Incident Command System)	Antone Eek, Jeremiah Dodrill	6/30/2023	All Managers	100
Completed	3.4.3.6	-ED Manager, Safety Officer and Nurse Educator attending Active Shooter response and train-the-trainer exercise	Jeremiah Dodrill, Antone Eek	11/30/2023	Jason Cook	100
Completed	3.4.3.7	Engineering Staff attend Crisis Intervention training	Jeremiah Dodrill, Antone Eek	9/30/2023	Jason Cook	100
Completed	3.4.4	Conduct preparedness exercises	Antone Eek, Jeremiah Dodrill	5/31/2023	Jason Cook, Arianne Booth	83.33
On Track	3.4.4.1	Schedule preparedness exercises for FY24	Jeremiah Dodrill, Antone Eek	12/29/2023	Jason Cook, Executive Team	50
Completed	3.4.4.2	OHA ED Peds Simulation Event	Cori Valet	8/11/2023	Nick Lucas	100
Completed	3.4.4.3	Update Fire Drills Schedule	Antone Eek, Jeremiah Dodrill	9/30/2023	Jason Cook	100
Completed	3.4.5	Embed training into onboarding and annual review process using the Department of Homeland Security modules.	Jeremiah Dodrill, Antone Eek	6/30/2023	Jason Cook, Carrie Okey, Arianne Booth	100
On Track	3.4.6	Communicate Plan to Board of Directors, Foundation, and Community Members.	Scott McEachern, Cori Valet	1/31/2024	Jason Cook	
Completed	3.5	Update SCHHC cybersecurity program	Scott McEachern	6/30/2023	Trevor Jurgenson	100
On Track	3.6	Achieve top 100 Hospital Status	Cori Valet, Scott McEachern, Antone Eek, Jeremiah Dodrill, Raymond Hino	12/31/2025	Executive Team, Managers, staff, providers, district board	37.5
Completed	3.6.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100
On Track	3.6.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	12/29/2023	Executive Team	50
	3.6.3	Achieve 50% of Top 100 Hospital metrics	Raymond Hino	12/31/2024	Executive Team	
	3.6.4	Achieve 100% of Top 100 Hospital metrics	Raymond Hino	12/31/2025	Executive Team	
	4.0	Growth				

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On Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	85.35
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	72.22
Completed	4.1.1.1	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Completed	4.1.1.2	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	6/30/2023	Rachel Gray, project team	100
Completed	4.1.1.3	Identify SCHHC's value propositions and differentiators	Scott McEachern	6/30/2023	Rachel Gray	100
Completed	4.1.1.4	Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment	Scott McEachern	6/30/2023	Executive Team	100
Completed	4.1.1.5	Present options to internal team around brands for hospital, clinic, and foundation	Scott McEachern	10/6/2023	Rachel Gray, Executive Team, managers	100
On Track	4.1.1.6	Third Stakeholder Meeting: Finalize Brand Recommendation	Scott McEachern	11/7/2023	Rachel Gray, Executive Team, managers	100
On Track	4.1.1.7	Present recommendation to SCHD Board	Scott McEachern	11/30/2023	Rachel Gray, Executive Team, managers	50
On Track	4.1.1.8	Request vote of SCHD Board for final approval of rebrand	Scott McEachern	12/28/2023	Executive Team	
On Track	4.1.1.9	Begin Implementation of new SCHD Brand	Scott McEachern	1/2/2024	Executive Team, managers	
Completed	4.1.2	Revamp patient education on website and on-site resources	Scott McEachern	6/30/2023	Clinical managers	100
Completed	4.1.3	Billboard advertisements	Scott McEachern	3/31/2023	Amy Moss Strong	100
Completed	4.1.3.1	Quarterly Billboard 1 Install	Scott McEachern	4/1/2023	Amy Moss Strong	100
Completed	4.1.3.2	Quarterly Billboard 3 Install	Scott McEachern	10/31/2023	Amy Moss Strong	100
On Track	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	100
On Track	4.1.4	Install New Outside signage	Scott McEachern	1/31/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	66.66
Completed	4.1.4.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
On Track	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	1/1/2024	Ray Hino, Antone Eek, Jason Cook	
Completed	4.1.4.3	Redesign Clinic and Biz Building signs	Scott McEachern	4/3/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
Completed	4.1.5	Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community	Scott McEachern, Raymond Hino	8/31/2022	Amy Moss Strong	100
Completed	4.1.6	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.7	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	100
Completed	4.1.7.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
Completed	4.1.7.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
Completed	4.1.7.3	Integrate website with all other SCHHC digital assets -- ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.8	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	100

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Completed	4.1.8.1	Identify other advertising and public relations integrations available in the community; e.g. other newsletters, business relationships, etc.	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.8.2	Implement regular survey cadence of community to assess movement in SCHHC brand awareness	Scott McEachern	11/30/2022	Amy Moss Strong	100
Completed	4.1.9	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.9.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.9.2	Increase mailing list sign-ups via e-newsletter and calls to action on website, social media	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.9.3	Optimize current patient portal experience for patients	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics	100
Completed	4.1.9.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	100
Completed	4.1.10	Increase Digital Key Performance Indicators	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strongg	100
Completed	4.1.10.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
Completed	4.1.10.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.6	Increase open rate and click-through of Bandon Health Wave by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
On Track	4.1.11	Research population segments; develop specific marketing outreach to segments	Scott McEachern	12/31/2023	Amy Moss Strong	
On Track	4.2	Become the hospital of choice identifying, developing and providing the right services (health screening, mental health, surgical, transitional care) to improve community health.	Kimberly Russell, Jeremiah Dodrill, Raymond Hino, Cori Valet, Antone Eek, Scott McEachern	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	81.56
Completed	4.2.1	CEO to meet with major employers, elected leaders, medical staff members, Hospital Board and Executive Team to identify an opportunity assessment for current and future hospital services.	Kimberly Russell, Raymond Hino	3/31/2023	Board of Directors, Executive Team, Amy Moss Strong	70
Completed	4.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	Antone Eek, Jeremiah Dodrill	9/30/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Jeremiah Dodrill, Antone Eek	12/31/2022	Cathy Mann	100
Attention	4.2.1.3	Renegotiate Moda commercial and MA contracts	Antone Eek	3/31/2023	Cathy Mann, Katelin Wirth	10
Completed	4.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Antone Eek, Jeremiah Dodrill	12/31/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	100
Attention	4.2.4	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	56.25

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Attention	4.2.4.1	Increase SCHHC utilization of employees at local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, local businesses; etc.		3/31/2023	Executive Team	25
On Track	4.2.4.2	Create and disseminate marketing collateral to local businesses and civic organizations	Scott McEachern	1/1/2024	Executive Team	
Completed	4.2.4.3	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	3/31/2023	Jeremiah Dodrill, Raymond Hino	100
Completed	4.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100
Completed	4.3	Develop referral relationship with CCHC for laboratory services	Scott McEachern, Cori Valet, Raymond Hino	3/1/2024	Raymond Hino, Scott McEachern, Trevor Jurgenson	100
Attention	4.4	Develop long-term board governance training program for SCHD board	Raymond Hino	7/1/2023	Board, Sr Leadership	63.33
Completed	4.4.1	Research best practices in Governance Training and Education, including by not limited to: Governance Institute, Special District Association of Oregon; Estes Park Institute	Raymond Hino	12/31/2022	Executive Team, Kim Russell, Board of Directors	100
Attention	4.4.2	Select a long-term board governance training partner.	Raymond Hino	4/27/2023	Executive Team, Kim Russell, Board of Directors	90
Attention	4.4.3	Create a 12-month calendar for Board Education and Training, for the months of June 2023 to May 2024	Raymond Hino	7/1/2023	Executive Team, Kim Russell, Board of Directors	
On Track	4.5	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Antone Eek, Raymond Hino	12/31/2024	Board of Directors, Executive Team, Design architects, Managers	66.66
Completed	4.5.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development of TCO	Jeremiah Dodrill, Antone Eek	8/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Attention	4.5.2	Select Architectural Firm	Antone Eek, Jeremiah Dodrill	9/30/2023	Chris Amaral, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.1	Identify and interview CAH hospitals that have had recent significant physical plant upgrades or built new hospitals.	Jeremiah Dodrill, Antone Eek	9/15/2022	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.2	Develop Architect selection criteria based on results of CAH hospital interviews	Antone Eek, Jeremiah Dodrill	10/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.3	Develop RFP and solicit bids for Architects to develop master site plan	Jeremiah Dodrill, Antone Eek	10/31/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.4	Select Architect base on RFP submissions/responses. Negotiate Engagement terms	Jeremiah Dodrill, Antone Eek	1/31/2024	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.5	Sign Architect Contract	Jeremiah Dodrill, Antone Eek	5/30/2024	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100

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Completed	4.5.3	Identify future plant infrastructure needs	Jeremiah Dodrill, Antone Eek	8/31/2022	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle and Service Line Managers	100
Completed	4.5.3.1	Interview Service Line management to understand growth/expansion/service opportunities and issues affecting current and future clinical operations	Antone Eek, Jeremiah Dodrill	7/31/2022	Jason Cook, Service Line Management	100
Completed	4.5.3.2	Incorporate needs assessment into Architect RFP	Jeremiah Dodrill, Antone Eek	10/31/2023	Jason Cook	100
On Track	4.5.4	Develop Phase 1 facilities plan - Immediate opportunities to improve existing campus infrastructure without large construction effort and service interruption	Antone Eek	9/30/2024	Chris Amaral, Scott McEachern, Jason Cook, Joe Kunkle	
	4.5.4.1	Work with Architect and management to identify opportunities for Phase 1 Plan	Antone Eek	6/1/2024	Jason Cook and Architect	
	4.5.4.2	Develop cost estimates for Phase 1 Plan	Antone Eek	7/1/2024	Jason Cook and Architect	
	4.5.5	Develop Phase 2 facilities plan - Full campus expansion	Antone Eek	7/31/2025	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
	4.5.5.1	Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered	Jeremiah Dodrill, Antone Eek	12/31/2025	Jason Cook and Architect	
	4.5.5.2	Evaluate Lot/Land options and availability for facilities expansion	Antone Eek, Jeremiah Dodrill	12/31/2025	Jason Cook and Architect	
	4.5.5.3	Evaluate various options and select preferred high level schematic	Antone Eek, Jeremiah Dodrill	12/31/2025	Jason Cook and Architect	
	4.5.5.4	Develop Cost Estimate				
Completed	4.5.6	Develop long-range clinical and operations equipment plan	Antone Eek, Jeremiah Dodrill	12/31/2022	Jason Cook, Accounting/Finance, Service Line Management	100
Completed	4.5.6.1	Create inventory of all existing owned, leased and serviced equipment	Antone Eek, Jeremiah Dodrill	7/31/2022	Jason Cook and Accounting	100
Completed	4.5.6.2	Reconcile listing of all equipment between Engineering and Accounting	Jeremiah Dodrill, Antone Eek	8/15/2022	Jason Cook and Accounting	100
Completed	4.5.6.3	Determine expected end of life/obsolescence of each equipment classification given date of purchase, expected useful life and other relevant factors (including service line manager input)	Antone Eek, Jeremiah Dodrill	10/31/2022	Jason Cook, Accounting and Service Line Management	100
Completed	4.5.6.4	Evaluate warranty service period expiries	Jeremiah Dodrill, Antone Eek	10/31/2022	Jason Cook and Accounting	100
Completed	4.5.6.5	Develop cost estimates for replacement, create schedule of replacement/investment/service contracts	Antone Eek, Jeremiah Dodrill	11/30/2022	Jason Cook, SCS and Accounting	100
Completed	4.5.6.6	Formalize equipment replacement plan, including cost, expected replacement dates and service contracts	Jeremiah Dodrill, Antone Eek	12/31/2022	Jason Cook and Accounting	100
Completed	4.5.6.7	Develop standard operating procedures for maintenance of equipment and warranty lists	Antone Eek, Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	100

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	5.0	Finance				
On Track	5.1	Develop financial sustainability plan	Jeremiah Dodrill, Antone Eek	12/31/2023	Executive Team	67.85
Completed	5.1.1	Complete FY 2023 budget. Criteria is that "Change in Net Position" is not negative for the fiscal year	Jeremiah Dodrill, Antone Eek	6/30/2022	Axiom, Katelin Wirth, CLA	100
On Track	5.1.2	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Antone Eek, Raymond Hino	6/30/2023	Jeremiah Dodrill, Outside legal counsel	75
Completed	5.1.2.1	Convert Emergency Dept Physician Contract to sustainable model with affordable ED physician contracts	Raymond Hino	12/31/2023	Jeremiah Dodrill, Katelin Wirth, Outside legal counsel	100
On Track	5.1.2.2	Renegotiate Hospitalist contracts to sustainable model with affordable provider contracts	Raymond Hino	12/31/2023	Jeremiah Dodrill, Katelin Wirth, Outside legal counsel	50
Completed	5.1.3	Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans	Antone Eek, Jeremiah Dodrill	9/30/2023	Axiom, Katelin Wirth, CLA	100
Completed	5.1.4	Define what it means to be adequately profitable to meet the capital needs of the hospital.	Antone Eek, Jeremiah Dodrill	9/30/2023	Board, Executive Management	100
Completed	5.1.5	Update plan with EMR/ERP Implementation total cost of ownership	Jeremiah Dodrill, Antone Eek	9/30/2023	Scott McEachern	100
	5.1.6	Update plan with results of the Phase 1 facilities plan	Antone Eek	9/30/2024	Axiom, Katelin Wirth, CLA	
	5.1.7	Update Plan with results of Phase 2 facilities plan. Identify funding gap.	Antone Eek	7/31/2025	Axiom, Katelin Wirth, CLA	
Attention	5.2	By the end of FY23, the clinic will be at break-even financially	Raymond Hino	3/31/2024	Raymond Hino, Antone Eek, Dawn Gray	81.44
Completed	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Antone Eek, Jeremiah Dodrill	11/30/2022		100
Completed	5.2.1.1	Obtain proposals to conduct feasibility study from 2 reputable consulting/CPA firms	Jeremiah Dodrill, Antone Eek	5/13/2022	CLA and Wipfli	100
Completed	5.2.1.2	Review proposals and select consultant to conduct feasibility study	Antone Eek, Jeremiah Dodrill	5/20/2022	CLA and Wipfli	100
Completed	5.2.1.3	Provide data and complete PBC listing for RHC feasibility study	Jeremiah Dodrill, Antone Eek	8/31/2022	Katelin Wirth	100
Completed	5.2.1.4	Evaluate findings of RHC feasibility study and make recommendation to Executive Committee, Clinic leadership and Board	Antone Eek, Jeremiah Dodrill	11/17/2022	Wipfli	100
Completed	5.2.2	Recruit additional high volume provider to clinic	Raymond Hino	12/31/2022	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
Completed	5.2.3	Renegotiate existing clinic provider contracts (as they expire), benchmarked for compensation and productivity which reflects minimum of break-even financial performance	Raymond Hino	4/30/2023	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
Completed	5.2.3.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
Completed	5.2.3.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100

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Completed	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
Attention	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Antone Eek	12/31/2023	Raymond Hino, Dawn Gray, Advance Healthcare	
Completed	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	100
Completed	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	8/22/2023	Scott McEachern	100
Completed	5.2.7	Develop Occupational Health program in clinic	Dawn Gray, Raymond Hino, Antone Eek	8/15/2023	Providers	100
Completed	5.2.8	Assess viability of hiring external consultant to optimize clinic workflows	Scott McEachern	3/31/2023	Jeremiah Dodrill, Katelin Wirth, Shawn March, Dawn Gray	100
Attention	5.2.9	Achieve positive net income for clinic over 3-month period. This is a change, per agreement with Tom Bedell. Previous goal read "Achieve positive net income for 3 consecutive months." Changed on 3-17-2023	Jeremiah Dodrill, Antone Eek	3/31/2024	Dawn Gray, clinic providers, clinic staff	33
Completed	5.3	Add Board indemnification language to the Bylaws and Board insurance	Raymond Hino	6/23/2022	Board of Directors, Robin Miller, Chivaroli Insurance	100
Completed	5.3.1	Identify subject experts on District Hospital Board Bylaws Indemnification language	Raymond Hino	6/13/2022	Governance Institute, Special Districts Assoc of Oregon, Chivaroli Insurance, Robin Miller	100
Completed	5.3.2	Write indemnification language as a bylaws revision and present to the Board of Directors for approval	Raymond Hino	6/23/2022	Kim Russell	100
	6.0	Accreditation and regulatory compliance				
On Track	6.1	Merit-Based Incentive Payment System	Scott McEachern		Barbara Snyder, Sharon Bischoff, Shawn March	
	6.1.1	MIPS Quality: Tobacco Use: Screening and Cessation Information				
	6.1.2	MIPS Quality: Comprehensive Diabetes Care: Hemoglobin poor control (>9.0%)				
	6.1.3	MIPS Quality: Controlling High Blood Pressure				
	6.1.4	MIPS Quality: Clinic Quality Measure TBD				
	6.1.5	MIPS Quality: Clinic Quality Measure TBD				
	6.1.6	MIPS Quality: Clinic Quality Measure TBD				
	6.1.7	MIPS Improvement Activities: Achieve PCPCH Certification				
	6.1.8	MIPS Promoting Interoperability: E-Prescribing				
	6.1.9	MIPS Promoting Interoperability: Query of PDMP				
	6.1.10	MIPS Promoting Interoperability: Health Information Exchange				
	6.1.11	MIPS Promoting Interoperability: Provider to Patient Exchange (utilization of the patient portal)				
	6.1.12	MIPS Promoting Interoperability: Public Health and Clinical Data Exchange (syndromic surveillance)				

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	6.1.13	MIPS Promoting Interoperability: Public Health and Clinical Data Exchange (Immunization Registry; Electronic Case Reporting.				
On Track	6.2	CMS Medicare Promoting Interoperability Program	Scott McEachern	2/29/2024	Shawn March, Barbara Snyder, Sharon Bischoff	12.21
On Track	6.2.1	E-Prescribing Inpatient Measure: eligible prescriptions are prescribed through the EMR	Scott McEachern		Shawn March, Barbara Snyder, Sharon Bischoff	90
On Track	6.2.1.1	Engage Hospitalists to consistently utilize the EMR for prescription orders	Scott McEachern, Raymond Hino	12/31/2023		90
On Track	6.2.2	E-Prescribing Inpatient Measure: At least one Schedule III, IV, or V drug, when prescribed on discharge, is queried through the PDMP (Bamboo Health)	Scott McEachern	12/31/2023	Shawn March	
On Track	6.2.3	HIE: Sending Health Information Inpatient Measure	Scott McEachern			
On Track	6.2.4	Health Information Exchange: Receiving and Incorporating Health Information Inpatient measure	Scott McEachern			
On Track	6.2.5	Public & Clinical Data Exchange (must attest to four measures, as follows)	Scott McEachern	12/31/2023		68.75
Completed	6.2.5.1	Immunization Inpatient measure: SCHHC must report to Alert IIS	Scott McEachern	12/31/2023		100
On Track	6.2.5.2	Electronic Lab Reporting: SCHHC must report communicable disease lab results to the Oregon Health Authority	Scott McEachern	12/31/2023		50
Completed	6.2.5.3	Syndromic Surveillance Inpatient Measure: SCHHC must report to the Oregon Essence Program	Scott McEachern	12/31/2023		100
On Track	6.2.5.4	Electronic Case Reporting: SCHHC must report to the CDC via interface	Scott McEachern	12/31/2023		25
On Track	6.2.6	Quality Inpatient Measure: Safe Use of Opioids	Scott McEachern	12/31/2023		
On Track	6.2.7	Quality Inpatient Measure: Admit Decision Time to ED Departure Time for Admitted Patients	Scott McEachern	12/31/2023		
On Track	6.2.8	Quality Inpatient Measure: Venous Thromboembolism Prophylaxis	Scott McEachern	12/31/2023		
On Track	6.2.9	Quality Inpatient Measure: Discharged on Statin Medication	Scott McEachern	12/31/2023		
On Track	6.2.10	Security Measure: HIPAA Security Risk Analysis	Scott McEachern	12/31/2023		
On Track	6.2.11	Security Measure: SAFER Guide	Scott McEachern	12/31/2023		
On Track	6.2.12	Security Measure: ONC Direct Review	Scott McEachern	12/31/2023		
On Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility or interoperability of CEHRT	Scott McEachern	12/31/2023		
	7.0	General SCHHC Projects				
	7.1					
	8.0	Community Health Needs Assessment				
On Track	8.1	Expand Access to care in SCH Clinic	Dawn Gray		Executive Team	45
On Track	8.1.1	Implement Triage Line	Dawn Gray	10/1/2023	Executive Team	
On Track	8.1.2	Tracking Call Volume and Time	Scott McEachern	12/31/2023	Executive Team, SCHHC IS Department	50
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	Dawn Gray		Executive Team	75
Completed	8.1.4	Extended Hours in the SCH Clinic	Dawn Gray		Executive Team	100

Southern Coos Health District
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	8.1.5					
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino		Executive Team	33.33
Completed	8.2.1	Assess top three opportunities	Raymond Hino		Executive Team	100
Completed	8.2.1.1	Dermatology	Raymond Hino	11/21/2023	Executive Team	100
On Track	8.2.1.2	Urology	Raymond Hino			100
Completed	8.2.1.3	Gynecology	Raymond Hino			100
Completed	8.2.1.4	Endocrinology	Raymond Hino			100
Completed	8.2.1.5	Ophthalmology (Cataracts)	Raymond Hino			100
Completed	8.2.1.6	Podiatry	Raymond Hino			100
Completed	8.2.1.7	ENT	Raymond Hino			100
Completed	8.2.1.8	Nephrology	Raymond Hino	11/21/2023		100
Completed	8.2.1.9	Pediatric	Raymond Hino			100
Completed	8.2.1.10	Telemedicine	Raymond Hino			100
Completed	8.2.1.11	Psychiatric services	Raymond Hino			100
Completed	8.2.1.12	Orthopedics	Raymond Hino	11/21/2023	Jeremiah Dodrill	100
On Track	8.2.2	Feasibility of top three	Raymond Hino	6/30/2024	Executive Team	33.33
Completed	8.2.2.1	Who's in the market	Scott McEachern	10/31/2023	David Sandberg, Jeremiah Dodrill, Raymond Hino	100
On Track	8.2.2.2	Wait times	Dawn Gray	12/31/2023	Executive Team	
On Track	8.2.2.3	Reputation of local providers				
	8.2.3					
	8.2.4					
On Track	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino		Executive Team	33.33
On Track	8.3.1	Chronic Care Management	Dawn Gray	12/31/2023	Executive Team	
On Track	8.3.1.1	Hire a Chronic Care Management Coordinator	Dawn Gray	12/31/2023	Executive Team	
Completed	8.3.2	Hire School Nurse Replacement	Dawn Gray	8/14/2023	Scott McEachern	100
	8.3.3					
On Track	8.4	Increase community awareness about our services	Scott McEachern	6/30/2024	Executive Team	
On Track	8.4.1	Improve Google Star Ratings	Scott McEachern	6/30/2024	Amy Moss Strong	
On Track	8.4.2	Same Day Billboard				
On Track	8.4.3	Promote Pulmonary Disease Program				
On Track	8.5	Staff Education	Raymond Hino		Executive Team	
On Track	8.5.1	Increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services	Raymond Hino	6/30/2024	Executive Team	
Completed	8.5.1.1	Outside service resource list.				
On Track	8.5.1.2	Availability and promotion of Financial Assistance Policy	Scott McEachern	12/31/2023	Dawn Gray, front desk staff, Cathy Mann, Amy Moss Strong	
On Track	8.5.2	Cultural Competency and trauma-informed care education	Raymond Hino	6/30/2024	Executive Team	
On Track	8.5.3	Expanded HIPAA Privacy Training	Scott McEachern	1/31/2024	Executive Team	



EHR/ERP Project Implementation Dashboard

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

From: Scott McEachern, Chief Information Officer

Re: EHR/ERP Implementation Project Dashboard for SCHD Board of Directors, March 28, 2024

Project Timeline

Date	Task/Event
3/28/2024	Financing vendor selected at SCHD board meeting
3/22/2024	Select Project Management Office vendor
NLT 4/5/24	Project Management Office meeting with internal SCH stakeholders
Week of 4/8/24	Project Management Office and SCHHC Project Core Team perform a Project Risk and Readiness Report
Week of 4/8/2024	Initial Intake Meeting with Sage/Intacct
4/16/2024	Internal “Epic Journey” Production Kickoff Like producing a movie, SCH’s implementation of Epic, Sage/Intacct will take all of us coming together to succeed. The theme of the project is “Let’s Make an Epic Journey” and the kickoff will feature popcorn, a photo booth, and movie-themed takeaways.
NLT 4/26/24	Overall Project Kickoff* with all vendors
10/1/2024	Sage/Intacct go-live
12/7/2024	Providence EHR go-live
12/7/2024-April 1, 2025	Post-Live EMR/Revenue Cycle Optimization

Notes on Timeline:

This is a high-level timeline that includes the information we know as of this writing (3/21/24). As the Project Management vendor orients to the project and synchronizes the project activities, the timeline will gain greater complexity.

*The Overall Project Kickoff is very important to the success of the project. The purpose of the meeting is to bring all parties together to review and confirm the details of the next 12 months (including 3 months of post-live support after EHR go-live in December). SCHHC team members and the project management office will have had meetings internally and with vendors before the kickoff to plan the comprehensive project plan which we will present at the kick-off.

All major stakeholders will be invited to the meeting. It will be recorded and posted on our internal Pulse page for everyone to watch.

- SCHD Board of Directors will be invited, along with the EHR core team, managers, SCH Foundation reps, executive team
- SCH Physician Champions & Super Users
- Vendors: Providence/Tegria, Sage/Intacct, Ellkay, and others TBD
- Project management office team

Contract Tracker

Vendor	Purpose	Steps Completed	Date Signed (or expected to be signed)
Sage/Intacct	ERP system	Agreement reviewed, finalized, and signed	2/19/2024 (signed)
Wipfli	Implementation of Sage/Intacct	Agreement reviewed, finalized, and signed	2/19/2024 (signed)
ScanForce	Automatic Inventory Core software for Sage/Intacct	Agreement reviewed, finalized, and signed	2/20/2024 (signed)
Tegria (Providence)	EHR system	SCH Legal has reviewed (by Ogden Murphy Wallace) and returned to Tegria; as of 3/22/24, Ogden and Tegria still deliberating on details	3/29/2024
PMO Office	Overall Project Management Solution	Team Evaluated PMO proposals; Held Follow-up meetings with final 3 vendors; selected vendor	3/22/2024
EllKay	Data Archiving Solution	Agreement Finalized, Agreement reviewed by SCH legal (Davis Wright Tremaine), LK legal reviewing (as of 3/22/24)	3/29/2024

Project Budget Snapshot (as of February 29, 2024)

	Budget	Actual	Variance
Tegria EHR Expenses	\$ 1,291,940.11	\$ -	
Sage/Intacct ERP Expenses	\$ 376,469.50	\$ -	
TOTAL EMR + ERP	\$ 1,668,409.61	\$ -	
Software Decommissioning	\$ -	\$ -	
Net Total Cost of Ownership (TCO)	\$ 1,668,409.61	\$ -	

SCH has not incurred any direct costs against the project budget. We will begin incurring costs in April after the remaining contracts have been signed.

Project Fundraising

Foundation	Deadline	Status	Amount
Community Initiated Project (CIP) Senate Appropriations Application through Sens. Merkley and Wyden's offices	2/25/2024	Applied	\$750,000
Jackson Foundation	3/31/2024	Applied	\$5,000
Three Rivers Foundation	3/31/2024	Applied	\$10,000
Standard Charitable Foundation	No deadlines	Contacted program officer 3/15/24	\$5,000



Monthly Financial Statements

To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

Re: February 2024 Month End Financial Results

Gross Revenue and Volumes:

- Gross revenue: \$4,183,000 (slightly above budgeted \$4,077,000)
 - OP gross revenue: \$3,141,000 (exceeding the budget of \$2,994,000)
 - IP and Swing Bed revenues: \$1,041,000 (slightly lower than budgeted \$1,083,000)
Average Daily Census (ADC): 7.9 (below budgeted 9.2; however, higher than prior year)
- Surgical and Lab volumes below budget; however, Surgery volumes higher than previous month
- Respiratory Therapy significantly exceeded budget
- Clinic, ER, and Imaging met, or nearly met, budgeted volumes

Deductions from Revenue:

- Revenue deductions: \$1,443,000 (34.5% of gross revenue, below budgeted 38.1%)
YTD revenue deductions: 35.6% (compared to budgeted 38.1%)
Lower deductions attributed to patient account transactions
- Medicare cost report settlement YTD estimate through Feb 2024: receivable of \$127,000 after a lump sum payment of \$155,000 in February

Total Operating Revenues:

- Total Operating Revenues: \$2,785,000 (higher than budgeted \$2,533,000; and, \$606,000 higher than the same month in prior year)

Operating Expenses:

- Labor Expenses: \$1,639,000 (lower than budgeted \$1,704,000)
Lab and Radiology required less contract labor; contract labor reduction from prior year.
- Professional Fees and Purchased Services combined: \$572,000 (higher than budgeted \$514,000)
Lower independent contractor ER Physician coverage cost (unfavorable by \$54K but a \$24K improvement from prior month's expense)
- Medical Supplies, Drugs, and Other Supplies combined: \$154,000 (lower than budgeted \$178,000)

Operating Income / Loss:

- Operating Income: \$143,000 (compared to a budgeted loss of \$120,000)
 - YTD \$198,000 better than prior fiscal year to this period
 - Higher than forecasted OP volumes and revenues contributed to the positive result

Increase in Net Position:

- Increase in Net Position: \$269,000 (compared to budgeted decrease of \$21,000)
 - For the month: \$494,000 better than prior year
 - For YTD: \$452,000 better than prior YTD

Financial Health Indicators:

- Days Cash on Hand: 145.3 days (up from 136.1 in prior month)
- A/R days outstanding: 50.1 days in A/R (down from 52.4 in prior month)

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending February 2024

		Month				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	60.2%	64.3%	64.3%	-6.5%	-6.5%
	Medicaid	16.7%	15.7%	15.7%	6.7%	6.7%
	Commercial	14.6%	13.8%	13.8%	6.3%	6.3%
	Government	7.2%	4.8%	4.8%	49.8%	49.8%
	Other	0.2%	0.3%	0.3%	-33.5%	-33.5%
	Self Pay	1.1%	1.1%	1.1%	-5.4%	-5.4%
Total		100.0%	100.0%	100.0%		

Year to Date				
Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
62.3%	63.1%	63.1%	-1.3%	-1.3%
17.1%	17.6%	17.6%	-2.7%	-2.7%
12.7%	12.1%	12.1%	5.1%	5.1%
6.1%	5.6%	5.6%	9.3%	9.3%
0.4%	0.8%	0.8%	-46.5%	-46.5%
1.4%	0.8%	0.8%	63.4%	63.4%
100.0%	100.0%	100.0%		

		Month				
		FY24 Actual	FY24 Budget	FY23 Prior Year	Variance % To Budget	Variance % To Prior Year
Patient Volumes	In Patient Days	118	108	108	9.7%	9.3%
	Swing Bed Days	111	159	110	-30.2%	0.9%
	Total Patient Days	229	267	218	-14.1%	5.0%
	Emergency Visits	397	391	377	1.5%	5.3%
	Radiology Procedures	862	885	796	-2.6%	8.3%
	Laboratory Tests	3,616	4,517	3,994	-19.9%	-9.5%
	Respiratory Visits	682	361	412	89.0%	65.4%
	Surgeries and Endoscopies	17	29	5	-41.4%	240.0%
	Specialty Clinic Visits	204	200	199	2.1%	2.5%
	Primary Care Clinic	643	606	440	6.0%	46.1%

Year To Date				
FY24 Actual	FY24 Budget	FY23 Prior Year	Variance % To Budget	Variance % To Prior Year
972	1,008	1,012	-3.6%	-4.0%
893	1,338	883	-33.2%	1.1%
1,865	2,346	1,895	-20.5%	-1.6%
3,584	3,706	3,571	-3.3%	0.4%
6,908	7,359	6,619	-6.1%	4.4%
31,979	33,242	29,396	-3.8%	8.8%
4,729	3,976	4,553	18.9%	3.9%
104	232	83	-55.2%	25.3%
1,716	1,516	1,510	13.2%	13.6%
4,081	3,989	3,730	2.3%	9.4%



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 February 29, 2024

	Current Month - Feb-2024					Year To Date - Feb-2024				
	Feb-2024 Actual	Feb-2024 Budget	Variance	Var %	Feb-2023 Actual	Feb-2024 Actual	Feb-2024 Budget	Variance	Var %	Feb-2023 Actual
Patient Revenue										
Inpatient	1,041,279	1,083,450	(42,171)	(3.9%)	972,522	8,413,619	9,857,524	(1,443,905)	(14.6%)	8,768,512
Outpatient	3,141,420	2,993,707	147,713	4.9%	2,294,339	23,920,553	25,306,197	(1,385,644)	(5.5%)	20,396,991
Total Patient Revenue	4,182,699	4,077,157	105,542	2.6%	3,266,860	32,334,172	35,163,721	(2,829,549)	(8.0%)	29,165,503
Deductions From Revenue										
Total Deductions	1,443,346	1,554,496	111,150	7.2%	1,088,540	11,522,132	13,410,203	1,888,071	14.1%	10,793,493
Revenue Deductions %	34.5%	38.1%			33.3%	35.6%	38.1%			37.0%
Net Patient Revenue	2,739,354	2,522,661	216,692	8.6%	2,178,320	20,812,040	21,753,518	(941,478)	(4.3%)	18,372,011
Other Operating Revenue	45,172	10,449	34,723	332.3%	15	54,837	83,591	(28,754)	(34.4%)	135,386
Total Operating Revenue	2,784,526	2,533,110	251,415	9.9%	2,178,335	20,866,877	21,837,109	(970,232)	(4.4%)	18,507,397
Operating Expenses										
Total Labor Expenses	1,639,397	1,703,629	64,232	3.8%	1,570,141	13,627,277	14,125,249	497,972	3.5%	12,298,573
Total Other Operating Expenses	1,001,872	949,175	(52,696)	(5.6%)	940,371	7,719,729	7,611,692	(108,037)	(1.4%)	6,887,250
Total Operating Expenses	2,641,269	2,652,804	11,535	0.4%	2,510,512	21,347,006	21,736,941	389,935	1.8%	19,185,823
Operating Income / (Loss)	143,257	(119,694)	262,951	(219.7%)	(332,177)	(480,129)	100,167	(580,296)	(579.3%)	(678,426)
Net Non-Operating Revenues	125,860	98,838	27,022	27.3%	106,796	1,042,948	790,707	252,241	31.9%	789,537
Change in Net Position	269,117	(20,855)	289,973	(1390.4%)	(225,380)	562,819	890,874	(328,055)	(36.8%)	111,111
Collection Rate %	65.5%	61.9%	5.8%	5.8%	66.7%	64.4%	61.9%	4.0%	4.0%	63.0%
Compensation Ratio %	58.9%	67.3%	(12.5%)	(12.5%)	72.1%	65.3%	64.7%	1.0%	1.0%	66.5%
Operating Margin	5.1%	(4.7%)	(208.9%)	(208.9%)	(15.2%)	(2.3%)	0.5%	(601.6%)	(601.6%)	(3.7%)
OP EBIDA Margin \$	245,702	(17,550)	263,252	(1500.1%)	(255,904)	336,367	880,433	(544,066)	(61.8%)	(65,114)
OP EBIDA Margin %	8.8%	(0.7%)	9.5%	(1373.6%)	(11.7%)	1.6%	4.0%	(2.4%)	(60.0%)	(0.4%)
Total Margin (%)	9.7%	(0.8%)	10.5%	(1273.9%)	(10.3%)	2.7%	4.1%	(1.4%)	(33.9%)	0.6%



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending February 2024

	Balance as of February 2024	Balance as of June 2023	Change	Balance as of June 2022
Assets				
Current Assets				
Cash - Operating	9,262,150	8,783,262	478,887	6,600,542
Cash Equivalents	3,327,818	3,988,481	(660,663)	7,911,429
Net Patient Accounts Receivable	3,642,905	2,813,679	829,226	3,197,844
Other Current Assets	594,302	678,641	(84,340)	1,134,760
Total Current Assets	16,827,174	16,264,064	563,110	18,844,575
Net PP&E	6,055,902	6,677,893	(621,991)	4,847,259
Total Assets	22,883,076	22,941,957	(58,881)	23,691,835
Liabilities and Net Assets				
Current Liabilities	4,210,245	4,308,166	(97,920)	7,170,179
Total Long-Term Debt, net	4,442,871	4,966,652	(523,780)	3,990,653
Fund Balance	13,667,140	12,531,014	1,136,125	12,706,270
Change in Net Position	562,819	1,136,125	(573,306)	(175,268)
Total Net Assets	14,229,959	13,667,140	562,819	12,531,002
Total Liabilities & Net Assets	22,883,076	22,941,957	(58,881)	23,691,835
Ratios				
Cash to Debt Ratio	2.08	1.77	0.32	1.65
Current Ratio	4.00	3.78	0.22	2.63
Average Age of Plant	7.51	13.67	(6.15)	19.36
Debt to Capitalization Ratio	0.24	0.27	(0.03)	0.25



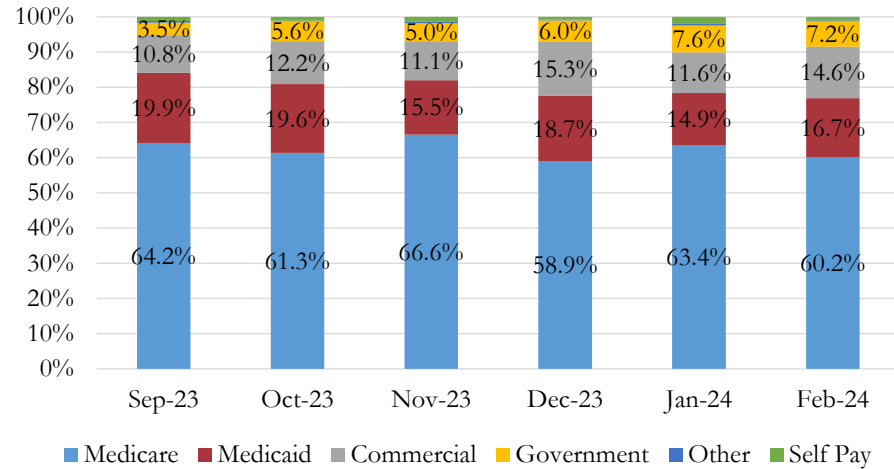
Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending February 2024

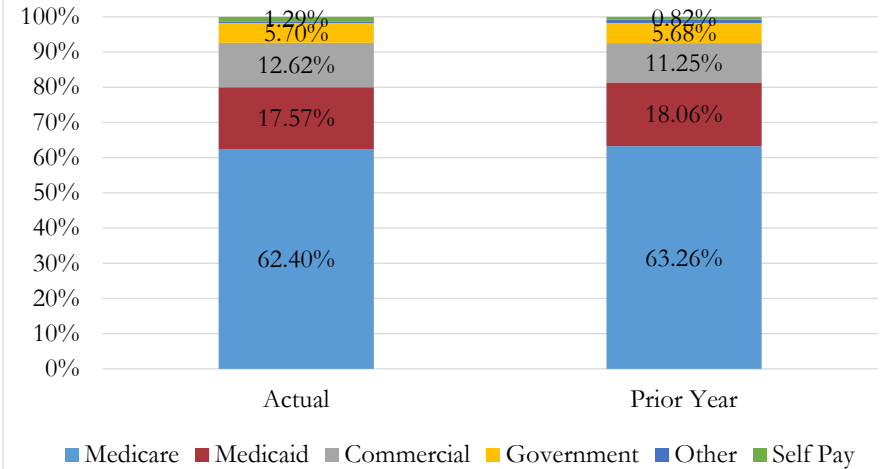
		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	118	108	108	9.7%	9.3%	972	1,008	1,012	-3.6%	-4.0%
	Swing Bed Days	111	159	110	-30.2%	0.9%	893	1,338	883	-33.2%	1.1%
	Total Inpatient Days	229	267	218	-14.1%	5.0%	1,865	2,346	1,895	-20.5%	-1.6%
	Avg Daily Census	7.9	9.2	7.8	-14.1%	1.4%	7.6	9.6	7.8	-20.5%	-2.0%
	Avg Length of Stay - IP	4.7	3.5	3.5	36.0%	35.5%	4.1	4.2	4.2	-2.8%	-3.1%
	Avg Length of Stay - SWB	12.3	26.5	18.3	-53.5%	-32.7%	11.6	20.0	13.2	-41.9%	-12.0%
	ED Registrations	397	391	377	1.5%	5.3%	3,584	3,706	3,571	-3.3%	0.4%
	Clinic Registrations	586	425	417	37.9%	40.5%	3,735	3,573	3,560	4.5%	4.9%
	Ancillary Registrations	1,126	904	904	24.6%	24.6%	9,102	7,573	7,573	20.2%	20.2%
	Total OP Registrations	2,109	1,720	1,698	22.6%	24.2%	16,421	14,852	14,704	10.6%	11.7%
Key Income Statement Ratios	Gross IP Rev/IP Day	7,832	9,139	8,138	-14.3%	-3.8%	7,789	8,924	7,891	-12.7%	-1.3%
	Gross SWB Rev/SWB Day	1,055	630	851	67.3%	23.9%	944	644	887	46.5%	6.4%
	Gross OP Rev/Total OP Registrations	1,405	1,740	1,351	-19.3%	4.0%	1,446	1,704	1,387	-15.1%	4.2%
	Collection Rate	65.5%	61.9%	66.7%	5.8%	-1.8%	64.4%	61.9%	63.0%	4.0%	2.2%
	Compensation Ratio	58.9%	67.3%	72.1%	-12.5%	-18.3%	65.3%	64.7%	66.5%	1.0%	-1.7%
	OP EBIDA Margin \$	245,702	(17,550)	(255,904)	-1500.1%	-196.0%	336,367	880,433	(65,114)	-61.8%	-616.6%
	OP EBIDA Margin %	8.8%	-0.7%	-11.7%	-1373.6%	-175.1%	1.6%	4.0%	-0.4%	-60.0%	-558.2%
	Total Margin	9.7%	-0.8%	-10.3%	-1273.9%	-193.4%	2.7%	4.1%	0.6%	-33.9%	349.3%
Key Liquidity Ratios	Days Cash on Hand	145.3	80.0	149.7	-81.6%	-2.9%					
	AR Days Outstanding	50.1	50	48.4	0.2%	3.5%					



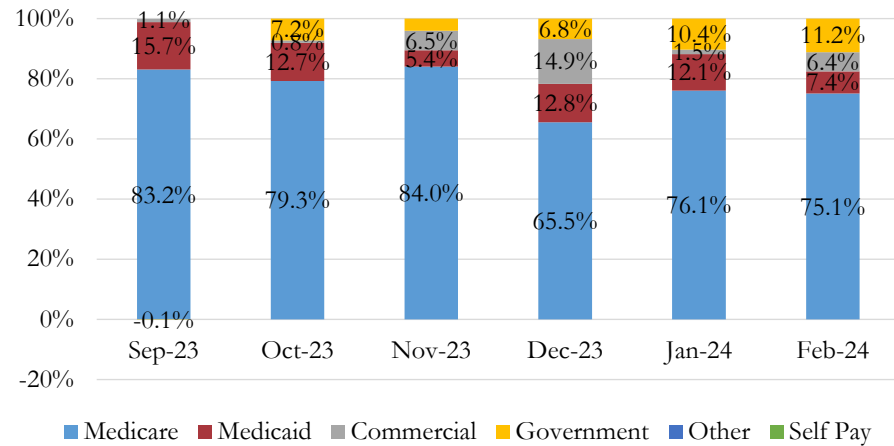
All Patients Payor Mix



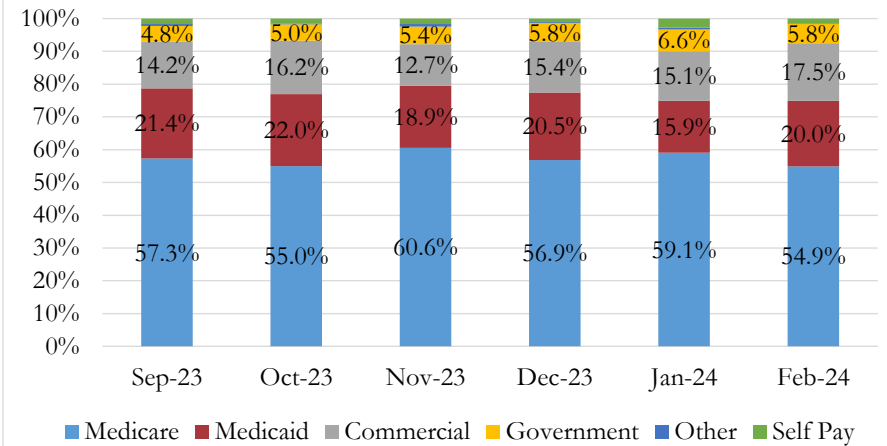
Year to Date Payor Mix



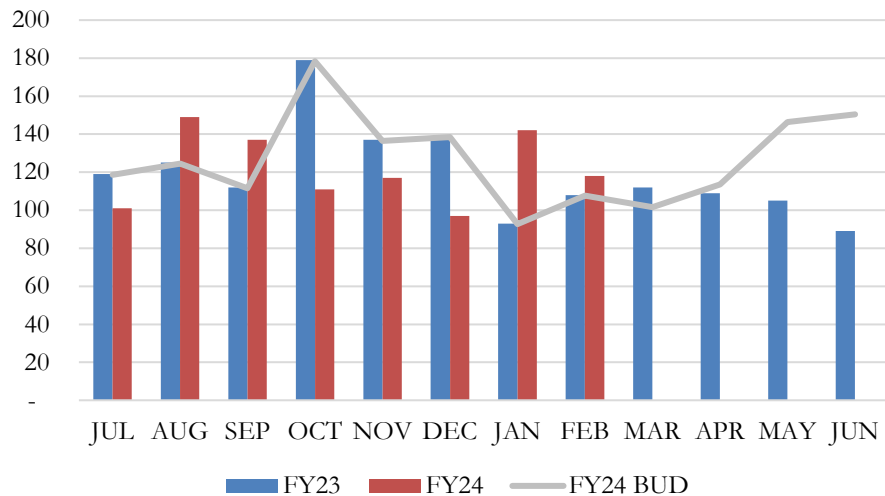
IP Payor Mix



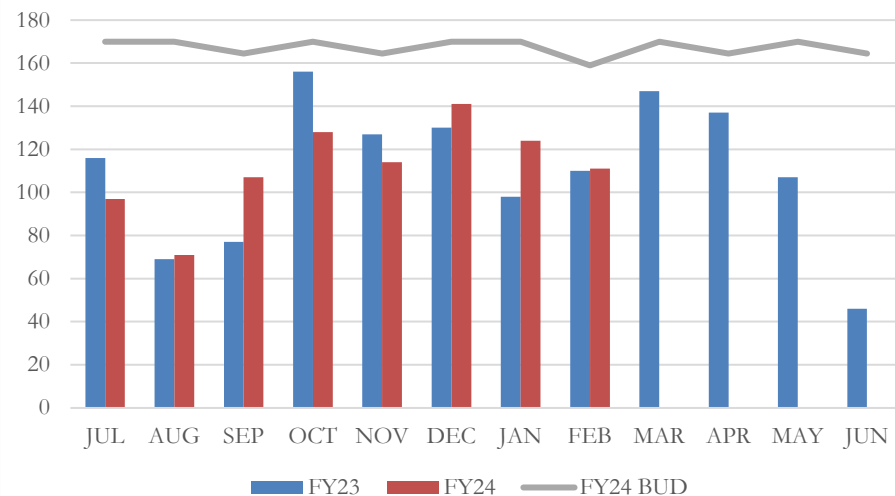
OP Payor Mix



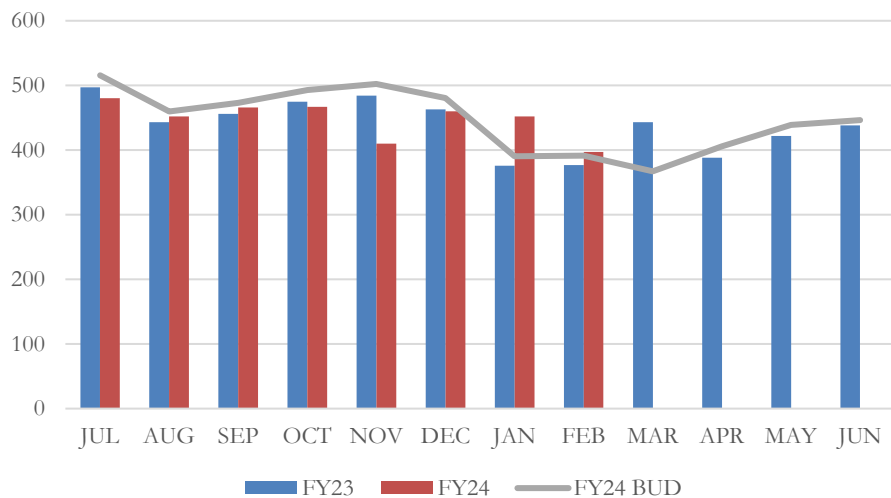
IP Days



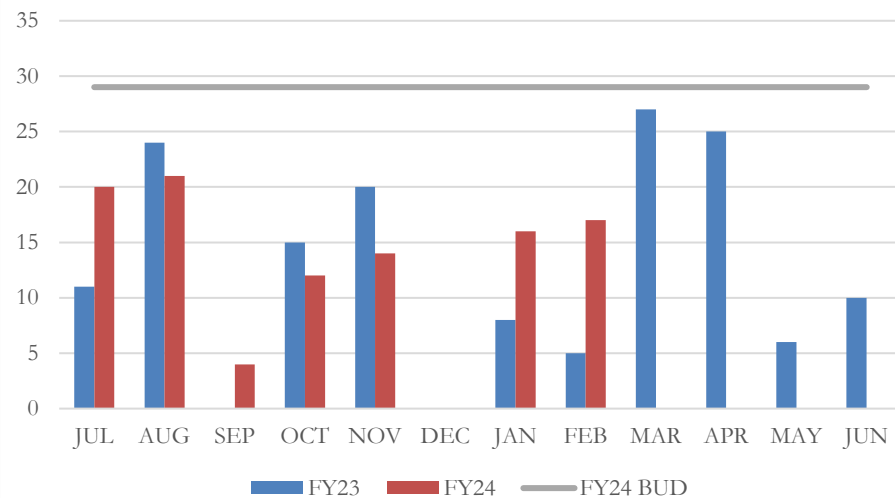
Swing Bed Days



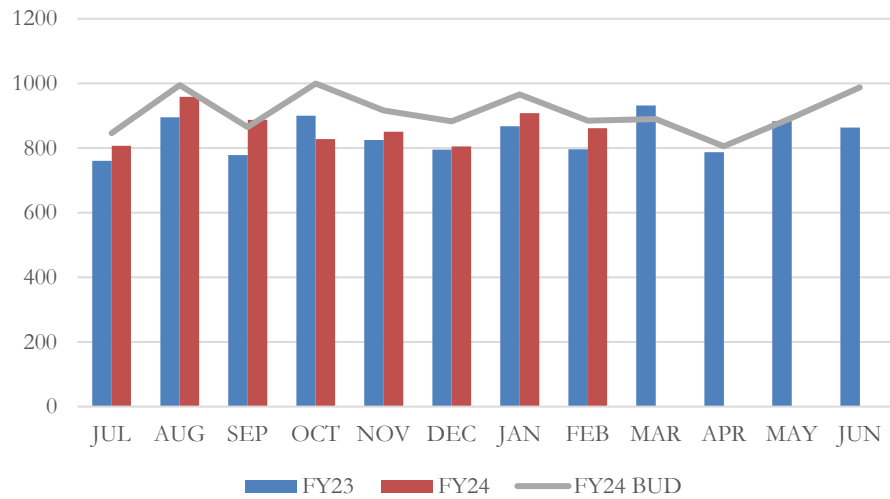
ER Visits



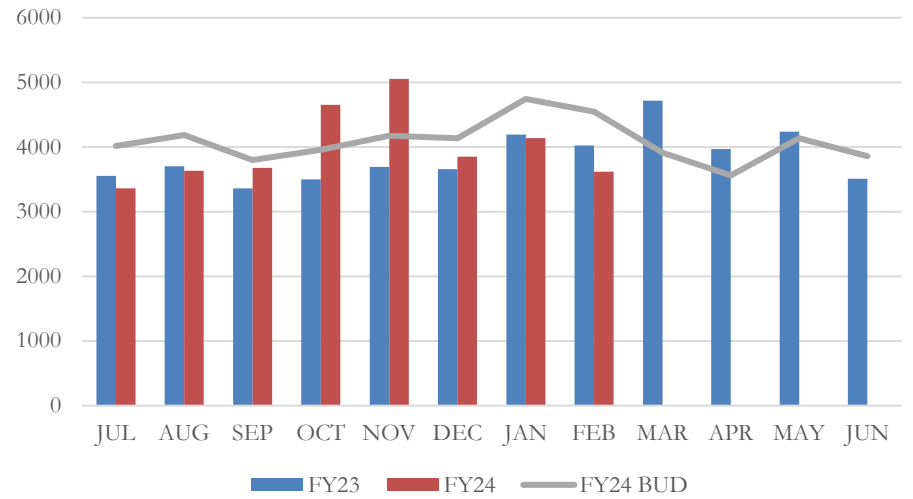
Surgery Patients



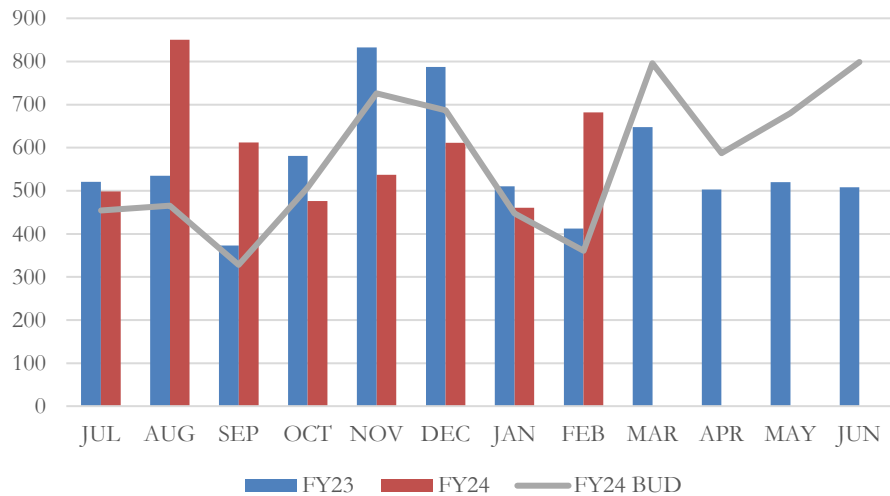
Imaging Visits



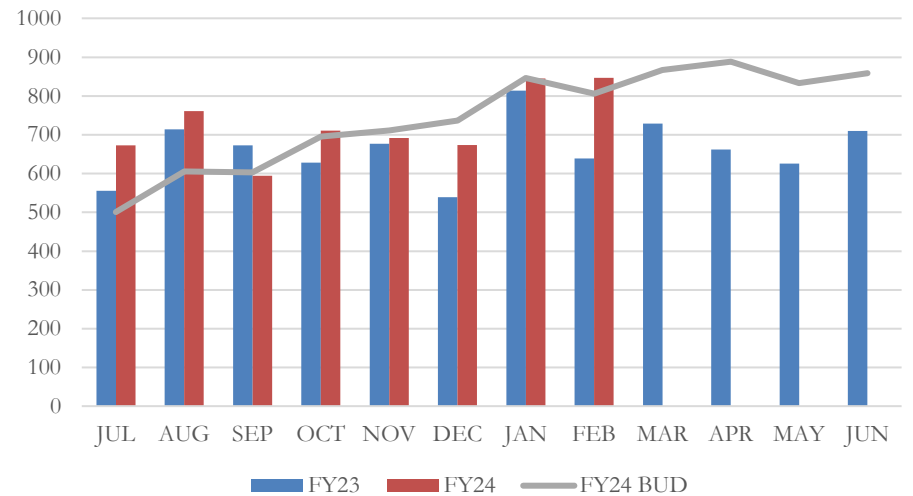
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending February 2024

	Balance as of February 2024	Balance as of June 2023	Change	Balance as of June 2022
Assets				
Current Assets				
Cash - Operating	9,262,150	8,783,262	478,887	6,600,542
Covid-19 Relief Funds	-	-	-	1,201,335
Medicare Accelerated Payments	-	-	-	3,041,479
Investments - Unrestricted	1,111,842	1,772,505	(660,663)	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	12,589,967	12,771,743	(181,776)	14,511,971
Patient Accounts Receivable	7,153,525	5,628,112	1,525,414	5,990,969
Allowance for Uncollectibles	(3,510,621)	(2,814,433)	(696,188)	(2,793,125)
Net Patient Accounts Receivable	3,642,905	2,813,679	829,226	3,197,844
Other Receivables	5,754	20,892	(15,138)	7,034
Inventory	461,341	262,233	199,108	163,375
Prepaid Expense	397,405	367,358	30,047	479,232
Property Tax Receivable	(270,199)	28,158	(298,357)	43,119
Medicare Receivable	-	-	-	442,000
Total Current Assets	16,827,174	16,264,064	563,110	18,844,575
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	20,302,912	20,092,234	210,678	17,205,488
Less: Accumulated Depreciation	(14,720,741)	(13,904,245)	(816,496)	(12,886,837)
Construction In Progress	12,204	28,376	(16,172)	67,081
Net PP&E	6,055,902	6,677,893	(621,991)	4,847,259
Total Assets	22,883,076	22,941,957	(58,881)	23,691,835



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending February 2024

	Balance as of February 2024	Balance as of June 2023	Change	Balance as of June 2022
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	935,355	842,313	93,041	757,537
Accrued Payroll and Benefits	1,652,420	1,145,490	506,929	1,195,908
Interest and Other Payable	64,162	100,328	(36,166)	103,720
Medicare Reserve Payable	803,982	1,441,004	(637,023)	623,871
Current Portion of Long Term Debt	754,327	779,030	(24,702)	246,328
Medicare Accelerated Fund	-	-	-	3,041,479
Provider Relief Funds	-	-	-	1,201,335
Current Liabilities	4,210,245	4,308,166	(97,920)	7,170,179
Long-Term Debt	5,197,199	5,745,681	(548,483)	4,236,981
Less Current Portion of Long-Term Debt	(754,327)	(779,030)	24,702	(246,328)
Total Long-Term Debt, net	4,442,871	4,966,652	(523,780)	3,990,653
Total Liabilities	8,653,117	9,274,817	(621,701)	11,160,832
Net Assets:				
Fund Balance	13,667,140	12,531,014	1,136,125	12,706,270
Change in Net Position	562,819	1,136,125	(573,306)	(175,268)
Total Net Assets	14,229,959	13,667,140	562,819	12,531,002
Total Liabilities & Net Assets	22,883,076	22,941,957	(58,881)	23,691,835



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending February 29, 2024

	Current Month - Feb-2024					Year To Date - Feb-2024				
	Feb-2024 Actual	Feb-2024 Budget	Variance	Var %	Feb-2023 Actual	Feb-2024 Actual	Feb-2024 Budget	Variance	Var %	Feb-2023 Actual
Patient Revenue										
Inpatient	1,041,279	1,083,450	(42,171)	(3.9%)	972,522	8,413,619	9,857,524	(1,443,905)	(14.6%)	8,768,512
Outpatient	3,141,420	2,993,707	147,713	4.9%	2,294,339	23,920,553	25,306,197	(1,385,644)	(5.5%)	20,396,991
Total Patient Revenue	4,182,699	4,077,157	105,542	2.6%	3,266,860	32,334,172	35,163,721	(2,829,549)	(8.0%)	29,165,503
Deductions From Revenue										
Total Deductions	1,443,346	1,554,496	111,150	7.2%	1,088,540	11,522,132	13,410,203	1,888,071	14.1%	10,793,493
Revenue Deductions %	34.5%	38.1%			33.3%	35.6%	38.1%			37.0%
Net Patient Revenue	2,739,354	2,522,661	216,692	8.6%	2,178,320	20,812,040	21,753,518	(941,478)	(4.3%)	18,372,011
Other Operating Revenue	45,172	10,449	34,723	332.3%	15	54,837	83,591	(28,754)	(34.4%)	135,386
Total Operating Revenue	2,784,526	2,533,110	251,415	9.9%	2,178,335	20,866,877	21,837,109	(970,232)	(4.4%)	18,507,397
Operating Expenses										
Salaries & Wages	1,136,835	1,206,196	69,360	5.8%	1,018,773	9,419,225	10,007,907	588,682	5.9%	8,696,045
Contract Labor	212,160	197,043	(15,117)	(7.7%)	269,339	1,769,346	1,630,742	(138,604)	(8.5%)	1,437,876
Benefits	290,402	300,390	9,988	3.3%	282,029	2,438,706	2,486,601	47,894	1.9%	2,164,652
Total Labor Expenses	1,639,397	1,703,629	64,232	3.8%	1,570,141	13,627,277	14,125,249	497,972	3.5%	12,298,573
Professional Fees	274,379	227,544	(46,835)	(20.6%)	298,568	2,241,766	1,820,353	(421,413)	(23.2%)	2,009,107
Purchased Services	298,365	286,301	(12,064)	(4.2%)	246,809	2,106,127	2,290,409	184,282	8.0%	1,807,182
Drugs & Pharmaceuticals	64,258	48,350	(15,908)	(32.9%)	55,956	577,958	406,881	(171,077)	(42.0%)	382,295
Medical Supplies	19,903	28,954	9,051	31.3%	19,330	150,854	246,185	95,332	38.7%	179,135
Other Supplies	69,914	101,085	31,171	30.8%	72,688	718,796	808,680	89,883	11.1%	742,618
Lease and Rental	-	-	-	0.0%	-	3,300	-	(3,300)	0.0%	-
Maintenance & Repairs	18,694	22,954	4,261	18.6%	21,629	150,589	183,636	33,046	18.0%	141,923
Other Expenses	108,913	83,788	(25,126)	(30.0%)	106,117	578,256	690,844	112,588	16.3%	642,009
Utilities	24,520	26,508	1,987	7.5%	21,177	210,647	212,061	1,413	0.7%	197,525
Insurance	20,480	21,547	1,068	5.0%	21,824	164,940	172,379	7,439	4.3%	172,143
Interest	-	-	-	0.0%	-	-	-	-	0.0%	-
Depreciation & Amortization	102,445	102,144	(301)	(0.3%)	76,272	816,496	780,265	(36,231)	(4.6%)	613,313
Total Operating Expenses	2,641,269	2,652,804	11,535	0.4%	2,510,512	21,347,006	21,736,941	389,935	1.8%	19,185,823
Operating Income / (Loss)	143,257	(119,694)	262,951	(219.7%)	(332,177)	(480,129)	100,167	(580,296)	(579.3%)	(678,426)
Non-Operating										
Property Taxes	93,248	91,439	1,809	2.0%	89,427	758,823	731,511	27,312	3.7%	715,414
Non-Operating Revenue	14,699	9,361	5,338	57.0%	6,889	153,622	74,892	78,731	105.1%	66,800
Interest Expense	(23,944)	(27,066)	3,122	(11.5%)	(21,705)	(198,863)	(216,531)	17,668	(8.2%)	(172,392)
Investment Income	41,858	25,104	16,753	66.7%	32,186	342,403	200,836	141,567	70.5%	179,716
Gain(Loss) on Sale of Assets	-	-	-	0.0%	-	(13,036)	-	(13,036)	0.0%	-
Total Non-Operating	125,860	98,838	27,022	27.3%	106,796	1,042,948	790,707	252,241	31.9%	789,537
Change in Net Position	269,117	(20,855)	311,972	(139.4%)	(225,381)	562,819	890,874	(328,055)	(36.8%)	111,111



Southern Coos Hospital & Health Center

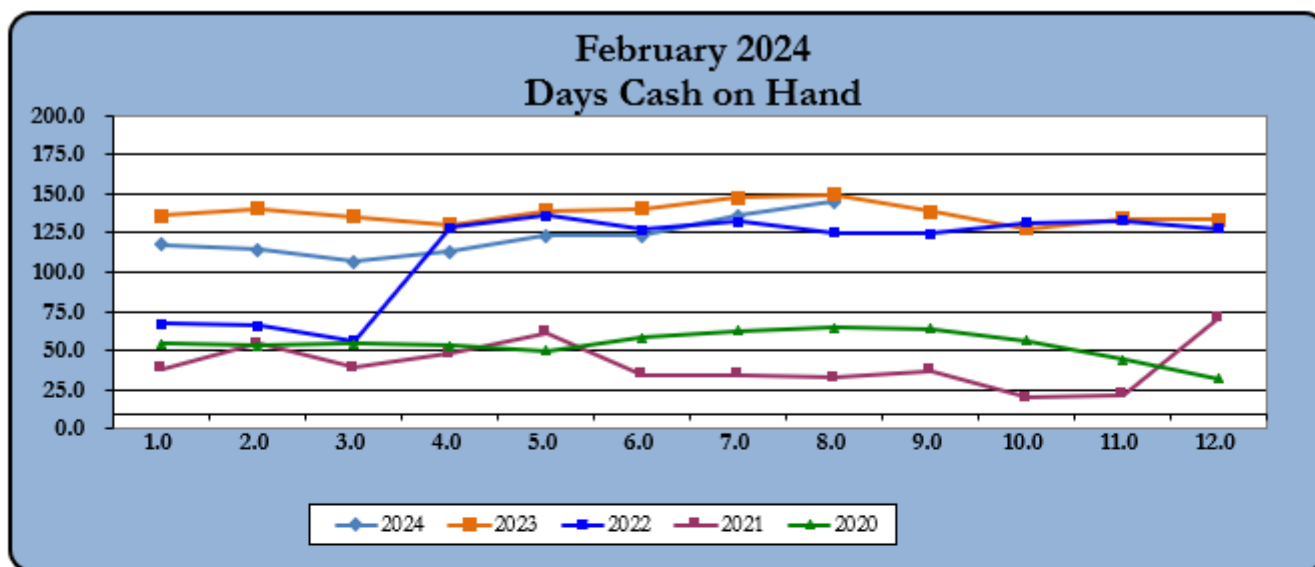
Income Statement

For The Period Ending February 2024

Comparison to Prior Months

	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Patient Revenue						
Inpatient	1,101,722	1,018,842	1,060,741	1,024,177	1,153,907	1,041,279
Outpatient	2,859,737	2,826,783	2,964,738	3,059,987	3,226,636	3,141,420
Total Patient Revenue	3,961,459	3,845,624	4,025,479	4,084,164	4,380,543	4,182,699
Deductions From Revenue						
Charity Services	26,747	8,753	18,218	26,530	34,603	33,620
Contractual Allowances	964,160	1,119,403	1,154,956	1,255,821	1,391,808	1,340,268
Other Discounts	240,320	88,409	96,974	174,936	146,705	101,826
Bad Debt	168	(4,327)	(8,982)	(12,813)	48,526	(32,368)
Total Deductions	1,231,396	1,212,238	1,261,165	1,444,475	1,621,642	1,443,346
Net Patient Revenue	2,730,063	2,633,387	2,764,314	2,639,689	2,758,901	2,739,354
Other Operating Revenue	55	880	1,226	5,794	1,646	45,172
Total Operating Revenue	2,730,118	2,634,267	2,765,540	2,645,483	2,760,547	2,784,526
Operating Expenses						
Salaries & Wages	1,126,071	1,296,214	1,170,312	1,266,425	1,232,141	1,136,835
Benefits	172,069	366,228	307,268	313,603	401,379	290,402
Contract Labor	229,496	202,973	204,260	232,947	171,604	212,160
Professional Fees	274,475	295,359	281,372	259,275	310,968	274,379
Purchased Services	254,426	234,027	252,096	240,614	297,074	298,365
Medical Supplies	20,516	16,269	18,085	13,884	27,829	19,903
Drugs & Pharmaceuticals	79,431	64,809	59,188	78,739	83,094	64,258
Other Supplies	59,375	76,376	95,720	89,214	117,156	69,914
Depreciation & Amortization	97,335	114,846	100,717	100,737	105,951	102,445
Lease and Rental	1,100	1,100	1,100	(1,100)	-	-
Maintenance & Repairs	10,792	18,279	27,739	9,597	15,704	18,694
Utilities	28,084	19,831	30,521	30,243	28,137	24,520
Insurance	19,860	19,860	20,185	19,860	24,976	20,480
Other Expenses	100,380	70,668	92,204	59,813	53,629	108,913
Total Operating Expenses	2,473,409	2,796,838	2,660,767	2,713,851	2,869,643	2,641,269
Excess of Revenue Over Expenses from Opera	256,709	(162,571)	104,773	(68,368)	(109,097)	143,257
Non-Operating						
Unrestricted Contributions	89,427	104,710	93,248	93,248	93,248	93,248
Other NonOperating Revenue\Expense	11,292	5,554	20,705	32,727	18,990	14,699
Investment Income	40,730	44,134	41,760	50,746	42,784	41,858
Gain(Loss) on Sale of Assets	-	(14,924)	-	1,888	-	-
Total Non-Operating	141,449	139,474	155,713	178,608	155,021	149,805
Interest Expense	(25,758)	(17,245)	(29,051)	(26,521)	(24,183)	(23,944)
Excess of Revenue Over Expenses	371,401	(14,332)	281,445	83,720	21,741	269,117





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	122.5
2023	137.8
2022	113.0
2021	41.2
2020	54.0

Benchmark

80 Days

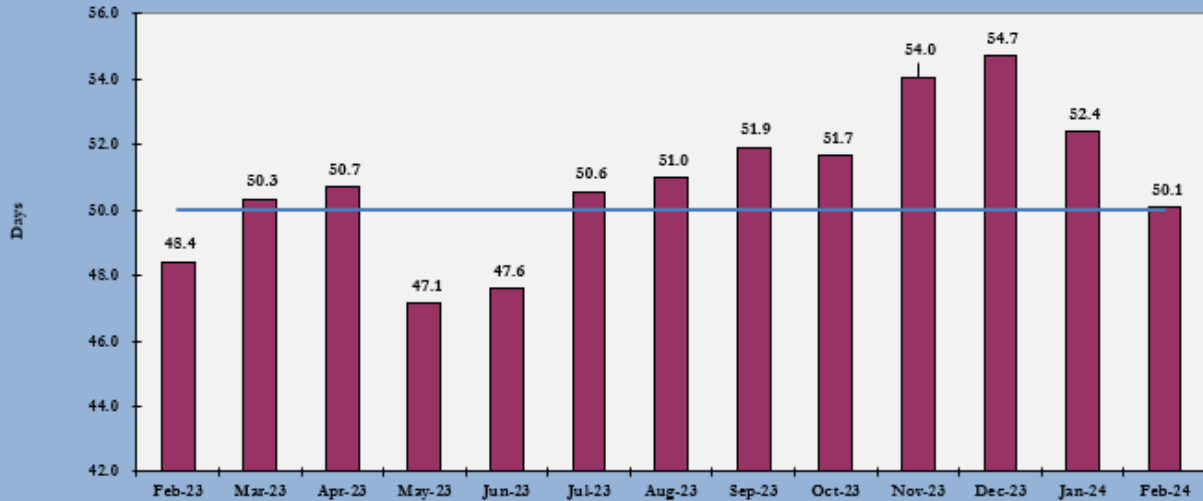
How ratio is used:

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	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2024	117.7	114.5	106.8	113.1	123.1	123.3	136.1	145.3				
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



February 29,2024 - Days in A/R



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

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

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

Benchmark 50

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

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
A/R (Gross)	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	7,026,722	7,073,822	7,082,413	6,930,580
Days in AR	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9	51.7	54.0	54.7	52.4	50.1
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
A/R (Gross)	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	7,026,722	7,073,822	7,082,413	6,930,580
Days in Month	28	31	30	31	30	31	31	30	31	30	31	31	29
Monthly Revenue	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	4,025,479	4,025,479	4,380,543	4,182,639
3 Mo Avg Daily Revenue	118,877	121,106	119,118	119,153	112,416	116,587	121,672	128,431	129,372	130,028	129,311	135,125	138,338
Days in AR	48.4	50.3	50.7	47.1	47.6	50.6	51.0	51.9	51.7	54.0	54.7	52.4	50.1



**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2024**

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Notes
Non-Threshold Capital Purchases (<\$15,000)						
New desk/workspace	ER	14,500		14,500		
Desk Dividers	Information Systems	10,000	-	10,000	NA	Purchases do not meet capital policy requirement - items expensed February
Ortho MTS Workstation	Lab	10,000		10,000		
Refrigerator Double Doors	Lab	10,000		10,000		
ID TipMaster	Lab	5,000		5,000		
Reclining Chairs	MedSurg	10,500		10,500		
Bed Alarm System	MedSurg	10,000		10,000		
Suction flow meters (19)	MedSurg	9,595		9,595		
UHS Blanket Warming Unit	MedSurg	7,500	7,435	65		Installation in Progress - expected capitalization 3.31.24
External automatic door near MRI	Radiology	10,000		10,000		
Blanket Warmers	Radiology	7,335	5,631	1,704	9.30.23	
Ultrasound Probe hockey stick	Radiology	7,000		7,000		
PAPR	Radiology	12,000		12,000		
Door security	Radiology	4,000		4,000		
Not in Budget (<\$15,000)						
Clinic Lobby Refresh	Clinic	-	6,525	(6,525)	11.30.23	
Freezer	Dietary	-	6,135	(6,135)	2.29.24	
Respiratory Flooring Replacement	RT	-	5,235	(5,235)	11.30.23	
		127,430	30,961	96,469		



SOUTHERN COOS HOSPITAL & HEALTH CENTER

CAPITAL PURCHASES SUMMARY FY2024

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Notes
Threshold Projects (>\$15,000)						
Air Handler Fin replacement	Engineering	70,000		70,000		
Outside Sign Upgrades	Engineering	24,500		24,500		
Gurney (3)	ER	43,700		43,700		
EKG Machine	ER	15,000	19,968	(4,968)	01.31.24	
Wi-Fi System Upgrade	Information Systems	22,000		22,000		
Security Camera System Expansion	Information Systems	21,000	4,769	16,231		In progress - down payment made 02.2024
DataCenter Battery Backup Replacement	Information Systems	20,000		20,000		
Storage Server Replacement	Information Systems	15,000		15,000		
BACT Alert 360 D Replacement	Lab	20,000		20,000		
Bariatric Bed	MedSurg	35,000		35,000		
Cardiac Monitors (8)	MedSurg	25,000		25,000		
						Working to finalize invoicing with vendor to capitalize.
						Towers were not purchased this year, will likely be pushed to FY25
Drug Dispensing System (Pyxis)	Pharmacy	170,000	79,454	90,546		
Ultrasound Probe Cardiac 3D X5-1	Radiology	23,000		23,000		
Ultrasound Echo Bed	Radiology	19,203		19,203		
AMSCO Washer	Surgery	62,000		62,000		
Construction for Washer	Surgery	44,500		44,500		
Not in Budget (>\$15,000)						
		-		-		
		<u>629,903</u>	<u>104,191</u>	<u>525,712</u>		

Grant Funded Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Grant Funding Source
2019 Ford F-350	Hospital	54,291	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 JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT YTD	FY24 Budget	Variance
Provider Productivity Metrics																			
Clinic Days	72	54	77	57	64	57	57	76	56	76	60	65	82	80	77	76	545	542	3
Total Visits	475	364	530	399	392	403	462	526	497	544	459	517	623	629	643	606	4,081	3,989	92
Visits/Day	6.6	6.7	6.9	7.0	6.1	7.1	8.1	6.9	8.9	7.2	7.7	7.9	7.6	7.9	8.4	8.0	7.5	7.4	0.1
Total RVU	1,071.79	815.78	1,142.90	916.29	934.94	922.21	1,048.79	1,108.17	1,033.20	1,138.06	964.78	1,095.48	1,308.15	1,304.35	1,312.10	1,255.63	8,816.65	8,555.96	260.69
RVU/Visit	2.26	2.24	2.16	2.30	2.39	2.29	2.27	2.10	2.08	2.09	2.10	2.12	2.10	2.07	2.04	2.07	2.16	2.15	0.02
RVU/Clinic Day	14.99	15.07	14.84	16.05	14.61	16.15	18.40	14.55	18.45	14.96	16.08	16.82	15.95	16.28	17.04	16.49	16.19	15.79	0.40
Gross Revenue/Visit	381.78	395.56	375.49	412.17	482.56	413.93	391.24	364.88	349.30	360.20	460.31	418.45	452.58	381.84	446.34	413.61	417.57	394.28	23.30
Gross Revenue/RVU	169.20	176.55	174.13	179.28	202.33	180.91	172.35	173.35	168.02	172.24	219.00	197.47	215.54	184.12	218.73	199.78	193.28	183.81	9.47
Net Rev/RVU	75.19	80.78	76.05	82.14	87.08	82.36	75.71	76.44	71.08	77.04	97.07	87.97	92.52	81.26	111.67	87.96	86.54	82.18	4.35
Expense/RVU	110.18	157.76	128.33	138.17	119.53	134.77	139.71	121.67	122.67	115.58	170.94	121.46	126.71	104.68	105.59	103.69	126.92	122.27	4.65
Diff	(34.99)	(76.97)	(52.29)	(56.04)	(32.45)	(52.41)	(64.00)	(45.23)	(51.59)	(38.53)	(73.87)	(33.49)	(34.19)	(23.42)	6.09	(15.73)	(40.38)	(40.09)	(0.29)
Net Rev/Day	1,127.08	1,217.39	1,128.78	1,318.26	1,272.09	1,330.34	1,393.05	1,112.07	1,311.44	1,152.30	1,560.92	1,480.02	1,476.02	1,323.04	1,902.94	1,450.63	1,401.24	1,297.50	103.74
Expense/Day	1,651.58	2,377.37	1,904.84	2,217.61	1,746.09	2,176.93	2,570.57	1,770.05	2,263.32	1,728.64	2,748.69	2,043.52	2,021.43	1,704.36	1,799.21	1,710.11	2,055.09	1,930.41	124.68
Diff	(524.50)	(1,159.98)	(776.07)	(899.35)	(474.00)	(846.58)	(1,177.52)	(657.98)	(951.89)	(576.34)	(1,187.77)	(563.50)	(545.42)	(381.32)	103.73	(259.48)	(653.85)	(632.91)	(20.94)
Patient Revenue Outpatient																			
Total Patient Revenue	181,345	144,030	199,009	164,273	189,164	166,839	180,754	192,097	173,603	196,016	211,284	216,322	281,959	240,155	287,000	250,849	1,704,118	1,572,686	131,431
Deductions From Revenue																			
Total Deductions From Revenue (Note	100,759	78,129	112,093	89,011	107,750	90,887	101,350	107,387	100,163	108,335	117,628	119,955	160,926	134,162	140,473	140,408	941,142	869,516	71,626
Net Patient Revenue	80,587	65,901	86,916	75,262	81,414	75,952	79,404	84,710	73,441	87,681	93,655	96,368	121,034	105,992	146,526	110,441	762,975	703,170	59,806
Total Operating Revenue	80,587	65,901	86,916	75,262	81,414	75,952	79,404	84,710	73,441	87,681	93,655	96,368	121,034	105,992	146,526	110,441	762,975	703,170	59,806
Operating Expenses																			
Salaries & Wages	61,877	70,764	86,051	70,764	65,014	69,095	86,903	71,845	73,518	70,141	98,252	71,845	79,650	71,845	59,924	68,436	611,190	564,734	46,456
Benefits	3,426	8,703	6,338	7,979	4,569	7,478	12,992	7,835	11,223	7,582	13,221	7,835	19,843	9,057	11,889	8,865	83,501	65,755	17,747
Purchased Services	0	0	0	0	0	0	0	0	0	0	0	0	10,000	0	11,145	0	21,145	0	21,145
Medical Supplies	0	496	0	567	131	567	57	638	1,273	567	570	0	2,579	638	4,770	638	9,381	4,114	5,267
Other Supplies	746	132	36	132	579	132	510	132	1,969	132	709	132	529	132	56	132	5,133	1,059	4,074
Maintenance and Repairs	0	0	56	0	40	0	(40)	0	81	0	0	0	0	0	25	0	162	0	162
Other Expenses	2,500	2,225	1,667	2,225	1,667	2,225	2,555	2,225	2,847	2,225	4,306	2,225	2,467	2,225	3,667	2,225	21,674	17,803	3,870
Allocation Expense	49,539	46,373	52,526	44,940	39,750	44,787	43,546	52,155	35,835	50,888	47,863	51,021	50,689	52,643	47,064	49,898	366,812	392,704	(25,892)
Total Operating Expenses	118,088	128,694	146,673	126,608	111,750	124,285	146,523	134,831	126,746	131,536	164,922	133,058	165,758	136,540	138,539	130,196	1,118,998	1,046,169	72,829
Excess of Operating Rev Over Exp	(37,501)	(62,793)	(59,757)	(51,346)	(30,336)	(48,333)	(67,119)	(50,121)	(53,306)	(43,855)	(71,266)	(36,691)	(44,724)	(30,548)	7,987	(19,755)	(356,022)	(342,999)	(13,023)
Total Non-Operating Income	0	0	600	0	450	0	450	0	0	0	900	0	300	0	450	0	3,150	0	0
Excess of Revenue Over Expenses	(37,501)	(62,793)	(60,357)	(51,346)	(30,786)	(48,333)	(67,569)	(50,121)	(53,306)	(43,855)	(72,166)	(36,691)	(45,024)	(30,548)	7,537	(19,755)	(359,172)	(342,999)	(13,023)



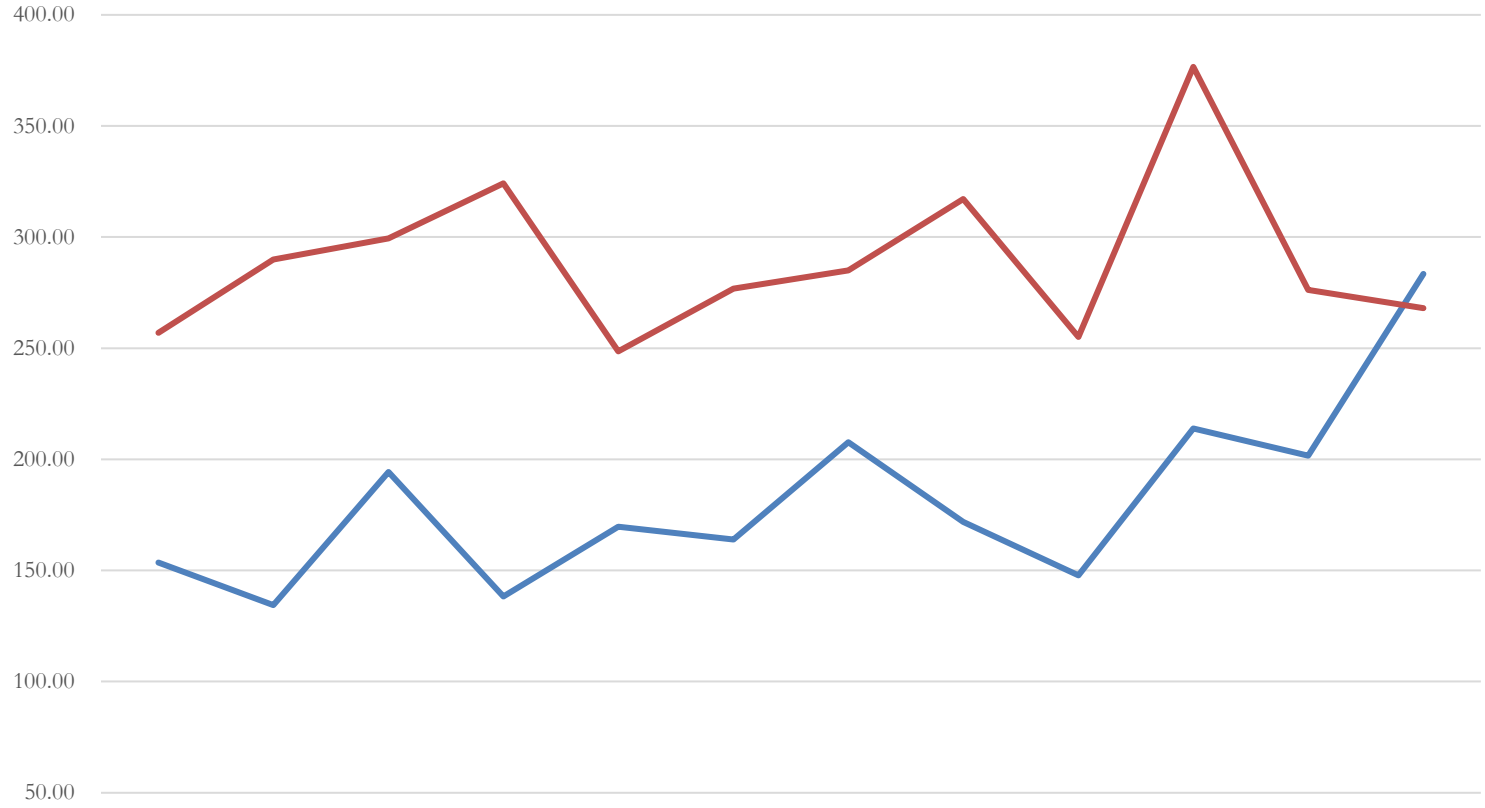
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending January, 2024

	Current Month - Feb-2024			Year To Date - Feb-2024		
	Hospital	Clinic Providers	Feb-2024	Hospital	Clinic Providers	Feb-2024
	Actual	Actual	Actual	Actual	Actual	Actual
Patient Revenue						
Inpatient	1,041,279	-	1,041,279	8,413,619	-	8,413,619
Outpatient	2,854,420	287,000	3,141,420	22,216,435	1,704,118	23,920,553
Total Patient Revenue	3,895,700	287,000	4,182,699	30,630,054	1,704,118	32,334,172
Deductions From Revenue						
Total Deductions	1,302,872	140,473	1,443,346	10,580,990	941,142	11,522,132
<i>Revenue Deductions %</i>	<i>33.4%</i>	<i>48.9%</i>	<i>34.5%</i>	<i>34.5%</i>	<i>55.2%</i>	<i>35.6%</i>
Net Patient Revenue	2,592,827	146,526	2,739,354	20,049,064	762,975	20,812,040
Other Operating Revenue	45,172	-	45,172	54,837	-	54,837
Total Operating Revenue	2,637,999	146,526	2,784,526	20,103,901	762,975	20,866,877
Operating Expenses						
Total Labor Expenses	1,567,584	71,814	1,639,397	12,932,586	694,691	13,627,277
Total Other Operating Expenses	935,146	66,726	1,001,872	7,295,422	424,307	7,719,729
Total Operating Expenses	2,502,729	138,539	2,641,269	20,228,008	1,118,998	21,347,006
Operating Income / (Loss)	135,270	7,987	143,257	(124,107)	(356,022)	(480,129)
Net Non-Operating Revenues	125,860	0	125,860	1,042,948	0	1,042,948
Change in Net Position	261,130	7,987	269,117	918,842	(356,022)	562,819
Collection Rate %	66.6%	51.1%	65.5%	65.5%	44.8%	64.4%
Compensation Ratio %	59.4%	49.0%	58.9%	64.3%	91.1%	65.3%
OP EBIDA Margin \$	237,715	7,987	245,702	692,389	(356,022)	336,367
OP EBIDA Margin %	9.0%	5.5%	8.8%	3.4%	(46.7%)	1.6%
Total Margin (%)	9.9%	5.5%	9.7%	4.6%	(46.7%)	2.7%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Net Rev/Visit	153.59	134.37	194.29	138.34	169.66	163.99	207.69	171.87	147.77	213.82	201.72	283.42
Expenses/Visit	257.00	289.88	299.36	324.20	248.61	276.74	285.08	317.15	255.02	376.53	276.26	267.97



Surgical Services Income Summary

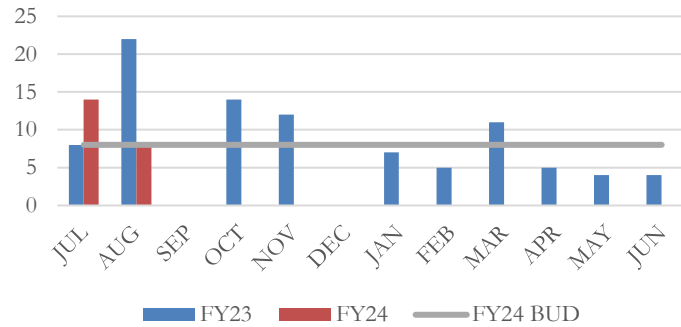
All Providers

For The Budget Year 2024

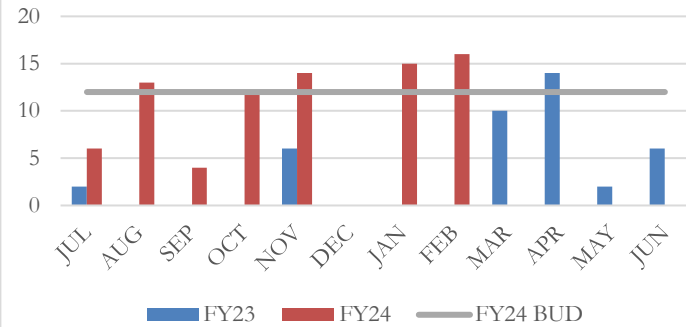
																	Current Budget YTD		
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT YTD	FY24 Budget	Variance
Provider Productivity Metrics																			
Productive Days	21	21	23	23	21	21	22	22	22	22	21	21	23	23	21	21	87	87	0
Total Visits	20	29	21	29	4	29	12	29	14	29	0	29	16	29	17	29	104	232	(128)
Visits/Day	1.0	1.4	0.9	1.3	0.2	1.4	0.5	1.3	0.6	1.3	0.0	1.4	0.7	1.3	0.8	1.4	1.2	2.7	(1.5)
Gross Revenue/Visit	1,791.35	10,041.13	2,255.18	10,041.13	260.11	10,041.13	380.42	10,041.13	510.60	10,126.04	#DIV/0!	10,041.13	2,173.17	10,050.22	1,191.71	10,041.13	1,451.63	10,052.88	(\$,601.25)
Net Rev/Day	1,006.57	8,181.13	1,214.86	7,469.72	29.23	8,181.13	122.43	7,809.26	191.71	7,875.30	-	8,181.13	891.94	7,476.49	569.18	8,181.13	1,023.82	15,816.53	(14,792.71)
Expense/Day	5,356.81	5,815.22	4,243.05	5,289.52	5,595.47	5,604.16	5,202.66	5,601.13	5,855.26	5,454.86	6,301.06	5,944.04	5,552.34	5,415.44	6,012.51	5,620.63	11,001.74	11,173.69	(171.96)
Diff	(4,350.24)	2,365.90	(3,028.20)	2,180.20	(5,566.24)	2,576.97	(5,080.23)	2,208.12	(5,663.55)	2,420.44	(6,301.06)	2,237.08	(4,660.39)	2,061.05	(5,443.33)	2,560.50	(9,977.92)	4,642.83	(14,620.75)
Patient Revenue																			
Outpatient																			
Total Patient Revenue	35,827	291,193	47,359	291,193	1,040	291,193	4,565	291,193	7,148	293,655	0	291,193	34,771	291,456	20,259	291,193	150,969	2,332,267	(2,181,298)
Deductions From Revenue																			
Total Deductions From Revenue (Note A)	14,689	119,389	19,417	119,389	427	119,389	1,872	119,389	2,931	120,399	0	119,389	14,256	119,497	8,306	119,389	61,897	956,230	(894,332)
Net Patient Revenue	21,138	171,804	27,942	171,804	614	171,804	2,693	171,804	4,218	173,257	0	171,804	20,515	171,959	11,953	171,804	89,072	1,376,038	(1,286,966)
Total Operating Revenue	21,138	171,804	27,942	171,804	614	171,804	2,693	171,804	4,218	173,257	0	171,804	20,515	171,959	11,953	171,804	89,072	1,376,038	(1,286,966)
Operating Expenses																			
Salaries & Wages	47,576	78,269	47,521	78,269	66,219	75,837	64,725	80,531	58,482	78,026	90,236	82,131	76,248	80,531	79,787	75,521	530,796	639,117	(98,322)
Benefits	14,787	23,202	9,004	22,742	9,890	21,204	14,242	22,046	12,778	21,335	12,963	22,046	20,950	23,376	21,743	21,868	116,356	177,819	(61,463)
Purchased Services	36,435	291	27,445	291	28,005	291	22,780	291	19,135	291	15,400	291	4,128	291	11,660	291	164,988	2,329	162,658
Medical Supplies	2,130	12,946	1,948	12,946	1,389	12,944	3,038	12,946	1,708	12,944	2,566	12,946	8,535	12,946	1,952	12,942	23,265	103,561	(80,297)
Other Supplies	5,853	4,558	5,806	4,558	1,990	4,558	4,346	4,558	23,312	4,558	7,395	4,558	8,503	4,558	5,696	4,558	62,902	36,467	26,435
Maintenance and Repairs	5,573	2,269	5,728	2,269	1,835	2,269	5,188	2,269	13,262	2,269	3,624	2,269	8,313	2,269	4,837	2,269	48,361	18,153	30,208
Other Expenses	139	583	139	583	8,177	583	139	583	139	583	139	583	1,027	583	588	583	10,483	4,663	5,820
Total Operating Expenses	112,493	122,120	97,590	121,659	117,505	117,687	114,458	123,225	128,816	120,007	132,322	124,825	127,704	124,555	126,263	118,033	957,151	972,111	(14,960)
Excess of Operating Rev Over Exp	(91,355)	49,684	(69,648)	50,145	(116,891)	54,116	(111,765)	48,579	(124,598)	53,250	(132,322)	46,979	(107,189)	47,404	(114,310)	53,770	(868,079)	403,927	(1,272,006)
Total Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess of Revenue Over Expenses	(91,355)	49,684	(69,648)	50,145	(116,891)	54,116	(111,765)	48,579	(124,598)	53,250	(132,322)	46,979	(107,189)	47,404	(114,310)	53,770	(868,079)	403,927	(1,272,006)
Additional SPD Expenses																			
Architectural & Engineering Fees	0	0	0	0	0	0	0	0	0	0	0	0	3,150	0	8,623	0	11,773	75,000	(63,227)
Construction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	400,000	(400,000)
Capital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	150,000	(150,000)
Liposuction Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	55,000	(55,000)
Other Instrumentation & Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	150,000	(150,000)
Total Project Expense	0	0	0	0	0	0	0	0	0	0	0	0	3,150	0	8,623	0	11,773	830,000	(818,227)



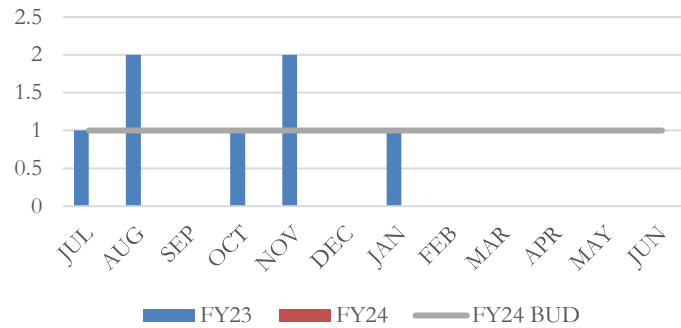
Endoscopies



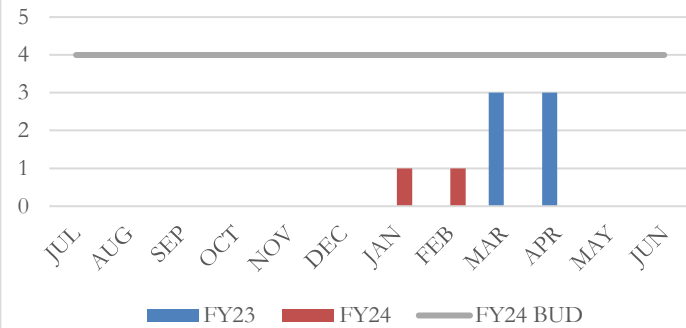
Pain Procedures



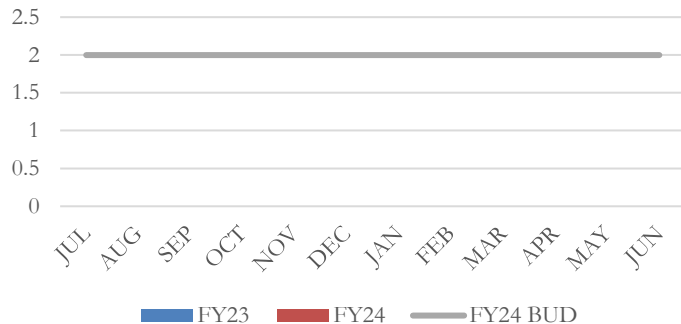
Cardioversions



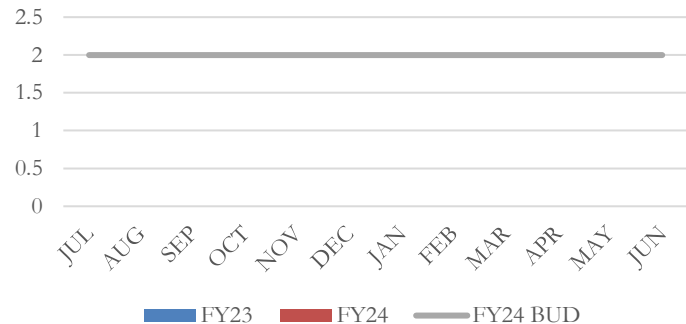
Fractures/Majors



Total Joints



Arthroscopies



All Providers

Current Budget YTD