

Board of Directors Regular Meeting & Executive Session July 25, 2024 6:00 p.m. AGENDA

I. Executive Session 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; under 192.660 (2)(e) to conduct deliberations with persons you have designated to negotiate real property transactions, and 162.660(2)(j) to carry on negotiations under ORS chapter 293 with private persons or businesses regarding proposed acquisition, exchange or liquidation of public investments. No decision will be made in Executive Session.

- 1. Review of Executive Session Minutes-06/27/24
- 2. Monthly Reports: Quality & Patient Safety, Risk & Compliance, & Medical Staff Report
- 3. Discuss Health District Real Estate Holdings

	3. Discuss Health District Real Estate Holdings	
II.	Regular Meeting Open Session Call to Order 6:30 p.m.	
111	Agenda - Corrections or Additions	(action)
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III.	Action from Executive Session	
	1. Motion to Approve Executive Session Minutes-06/27/24	
	2. Motion to Approve Reports from Executive Session:	(action)
	a. Quality & Patient Safety, Risk & Compliance	
	b. Medical Staff Report	
	3. Motions to Approve Health District Real Estate Proposals	(action)
IV.	Consent Agenda	
	1. Meeting Minutes	
	a. Regular Meeting–06/27/24	3
	b. Executive Session–06/27/24 (provided in Executive Session)	
	2. Monthly Counsel Invoice – Robert S. Miller III Attorney – #1509	9
	3. Policy 155.009 CAH Annual Program Evaluation Report	10
	4. Motion to Approve Consent Agenda	
V.	New Business	
	Election of Officers	(action)
	2. Consideration of FY 2025 Public Meeting Calendar	
	3. Consideration of Outpatient Pharmacy Proposal	
VI.	Old Business	
	1. Board Education Update	
VII.	Staff Reports-Discussion	
	1. CEO Report	23
	Multi-Specialty Clinic Report	
	3. CNO Report	
	4. CFO Report	
	5. CIO Report	

6. SCHD Foundation Report 35



VIII.	Monthly EHR/ERP Implementation Dashboard-Discussion	36
IX.	Monthly Financial Statements: Review & Discussion	
	Month End Summary	40
	2. Month End Statements for Period Ending June 30, 2024	42
Χ.	Open Discussion & Adjournment	

Southern Coos Health District Board of Directors Meeting Open Session Minutes June 27, 2024

I. Executive Session Call to Order 6:00 p.m. 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 were made in Executive Session.

- II. Open Session Call to Order & Open Budget Hearing 6:30 p.m.
 - 1. Roll Call Quorum established; Mary Schamehorn, Secretary/Acting Chairperson; Thomas Bedell, Treasurer; Pamela Hansen, Norbert Johnson and Robert Pickel, Directors. Administration: Raymond Hino, CEO; Antone Eek, CFO; Scott McEachern, CIO; Cori Valet, CNO; Philip Keizer, MD, Chief of Staff. Via Remote Link: Amanda Bemetz, New Quality, Risk & Compliance Manager. Others present: Robert S. Miller, Counsel; Kim Russell, Executive Assistant. Press: None.

III. Action from Executive Session

Reports

- a. Quality & Patient Safety, Risk & Compliance
- b. Medical Staff Physician Credentialing & Privileging

2-Year Privileges - New

Bianca Jacobs, MD – Provisional – Emergency Medicine Vijaya Raavi, CRNA – Provisional – Anesthesia Stephanie Dulian, CRNA – Provisional – Anesthesia

2-Year Privileges – Reappointments

Nicole Rush, OD – Courtesy – Optometry

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

Mark Camens, MD – Courtesy – Reappoint Vitaly Izgur, MD – Courtesy – Reappoint Faranak Sadri Tafazoli, MD - Courtesy – Reappoint

Medical Staff Status Change

Susan Haney, MD – Allowing privileges to lapse 06.30.24 Henry Holmes, MD - Addition of Family Medicine Privileges

Emergency Providers-Adding Pediatric Sedation Privileges

Jordan Chick, MD Jennifer Hall, MD Adam Mankowski, MD Thomas Kinsley, MD Patrick Kelly, MD Patrick Hudson, MD Daniel McGee, MD Tanya Bucierka, DO Katherine Ready, MD

Pamela Hansen **moved** to approve the Reports from Executive Session. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

IV. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting-05/23/24
- b. Executive Session–05/23/24 (provided in Executive Session)
- c. Budget Committee Meeting-06/06/24
- d. Special Meeting-Strategic Planning Session 6/13/24

2. Monthly Counsel Invoice – None.

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

V. New Business

1. Consideration of Antone Eek, CFO as FY2025 Budget Officer

Mr. Hino provided background for this nomination as a part of the annual budget process.

Tom Bedell **moved** to approve Antone Eek, CFO, as FY25 Budget Officer. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

2. Consideration Amanda Bemetz, Quality & Risk Manager as Compliance Officer

Mr. Hino thanked the interim Quality, Risk & Compliance Officer, Carmen Rodriguez for her service during this transition and provided the recommendation from Administration for the appointment of Amanda Bemetz as the new Compliance Officer.

Bob Pickel **moved** to accept the recommendation from Administration to appoint Amanda Bemetz as new Compliance Officer. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

3. Consideration of Emergency Preparedness Plan

Jason Cook, CHFM, Plant Operations Manager/Safety Officer Facility/Plant Manager presented the annual Emergency Preparedness Plan table of contents, thanking Chelsea Frietag, Sharon Bischoff from the Quality team for their assistance. Clarification was requested regarding some terminology and Incident Command.

Norbert Johnson **moved** to approve the Emergency Preparedness Plan as presented. **Additional discussion:** Copies are available via electronic access as well as paper copies accessible during actual disaster. Drills will be scheduled and Southern Coos has participated in recent state-wide cybersecurity and disasterevent drills. Tom Bedell **seconded** the motion. **All in favor. Motion passed.**

VI. Old Business

1. Board Education Discussion & Schedule

Mr. Hino referred members to his overview on page 27 of the meeting packet. The next step in the new board education program is a self-assessment. Mr. Hino reminded the group that several members and staff are planning to attend the SDAO (Special Districts of Oregon) board training in Bandon on August 15. Members requested that Mr. Hino proceed with the arrangements to schedule the self-assessment.

VII. Budget Hearing

1. FY25 Proposed Budget & Recommendation for Approval

Antone Eek, CFO and FY25 Budget Officer, provided a review of the budget as approved by the Budget Committee on June 6 and recommended to the board for adoption, representing a \$5.47M increase from prior year. All current district board members are also members of the Budget Committee, which also includes the following community members: Harv Schubothe, Sean Suppes, Anne McCaleb, Mary Wilson and Jack Sahl. All members must reside within the Health District and were in attendance on June 6.

2. Form LB-1 Notice of Budget Hearing with Budget Outline

Form LB-1 summary of the budget was published on the Southern Coos Hospital website and in The World Newspaper according to Oregon Budget Law.

3. Resolution 2024-03 - Adoption of Budget

Norbert Johnson **moved** to approve Resolution 2024-03 to Adopt the FY2025 Budget as recommended by the Budget Committee. Pamela Hansen **seconded** the motion. **All in favor. Motion passed. Discussion:** Thomas Bedell, Treasurer and Budget Committee Liaison, gave his compliments to Antone Eek, CFO/Budget Officer, the finance team, and management for their efforts to complete the budget.

VIII. Staff Reports

1. CEO Report

Mr. Hino reviewed highlights from his printed report for the month of May. Clinic Providers: Dr. Hank Holmes has agreed to work for the Southern Coos Hospital Clinic for the month of June as a locum tenens provider, covering Dr. Bonnie Wong for her planned 1-month leave. On July 1, Dr. Olixn Adams will increase hospitalist shifts and is closing his outpatient clinic practice. Dr. Adams' patients have been contacted and have been offered the option to switch to another provider in our clinic. Temporary FNP Provider, Courtney Feral, is leaving after her final shift in June to accept another position. We have already contracted with a replacement, Judith Fitzgibbons, FNP, from Roseburg with the possibility of moving from locums to full-time employment. Coast Community Health Center: CCHC CEO, Kendra Newbold accepted our invitation to participate in our Strategic Planning session earlier this month. She and her Executive Assistant, Shanley Hurt, were both very active participants. Mr. Hino noted that SCHHC is completing a proposal for a management services agreement that will provide CCHC with a menu of proposed services that could be provided by SCHHC to CCHC to positively impact CCHC's operating budget, as well as a revenue opportunity for Southern Coos, to be presented to both boards for approval. Medical Student and Physician Rotation Opportunities: On May 29 Advanced Healthcare hosted a meeting regarding a potential affiliation with Western University Osteopathic Medical School with three S. Oregon Coast hospitals and the 2 Federally Qualified Health Centers in Coos County (Coast Community Health Center and Waterfall Clinic), creating a potential pipeline of physicians to serve our area. The next meeting will be held on August 14. **Discussion:** At this time, Mr. Bedell raised a question regarding the surgery report, requesting an update for the goal from \$600K to include the contingency amount of \$200K, to \$800K. **Sterile Processing Construction Update:** Equipment has been ordered. Bay Area Hospital: We are willing to help with their process, but at this time we have received no updates.

2. Clinic Report

Mr. Hino presented highlights from the Clinic Report on behalf of Dawn Gray, Clinic Manager. Volume was down from prior month, but above budget; no show rate is down to 3%. Dawn will resume reporting next month.

3. CNO Report

Cori Valet, CNO, provided a brief review of her printed report. **Staffing: SCHHC** continues a consistent use of agency staffing. Respiratory Therapy is now fully staffed. One RN position has been filled in Med/Surg and we are pleased to welcome the return of a surgical tech who had departed following a medical leave. **Laboratory:** The COLA inspection is complete with plan of correction in process. **Surgery:** We are pleased to have an increase in volume with 48 surgical

procedures performed by Dr. Monsivias, and 3 pain procedures. **Daisy Awards:** Southern Coos is pleased to be a participant in this national award program. On June 11, Cindy Smith, BSN, RN-BC, Med-Surg, was honored with the DAISY Award for Extraordinary Nurses. In total, four RNs were honored for their nominations in our 2nd Daisy Award Ceremony: Tamie Farinacci, Cindy Smith, Denise Wagner, and Keziah Best. Nominations are blind and rated by the committee using a scoring matrix. Staff, family and members of the public are invited to attend these ceremonies. **Discussion:** The new EMR, Epic, is anticipated to greatly improve documentation and charting efforts, with workflow building in-process now.

4. CFO Report

Antone Eek, CFO, reported on department operations for the month of May, touching on highlights from the printed report. Accounting/Finance: Mandatory reporting and cost report annual audit were completed. Discussion: Our long-time auditor, Moss-Adams continues to be a good business partner, however, it is best practice to consider a new audit firm periodically. **Health Information** Management: The coding audit was completed, with proposed recovery and education to be reported in July. Materials Management: Seventeen new vendors have been added under the Group Purchasing Organization (GPO). Multiple efficiencies/good catches reported. Fiscal year-end inventory complete. Revenue SCHHC has not drawn from either project Line of Credit due to the exceptional efforts around billing / collecting patient revenue. To-date, we have selffunded all expenses for the ERP/EMR Project and the SPD Remodel. Regarding potential collections losses during EMR transition, the EMR provider, Providence, has stated their goal is to have Revenue within 2% of baseline within 2 weeks of GoLive. Discussion: Regarding the potential revenue loss in transition, a built-in budget contingency plan is in place for more than 2%.

5. CIO Report

Mr. McEachern opened by noting the June 10 White House initiative in support of cybersecurity resources, with focus to improve the security and resilience of critical access and rural emergency hospitals. As a part of this initiative, Microsoft is extending deep discounts on security products and suites. We have kicked off the 25th anniversary of the Southern Coos Hospital Health Center, which opened on September 9, 1999, with an anniversary logo and community speaker series. A special celebration event is being planned to occur in September.

6. SCHD Foundation Report

The Bottle Drop campaign has reached nearly \$1500. The annual Golf for Health Classic to be held in September has raised over \$50,000 in sponsorships, to-date. Mr. McEachern announced plans to step down as Executive Director, to focus on his CIO responsibilities. A recruitment committee has been formed, including Ray Hino, CEO, Scott McEachern, and Foundation Board members Pam Hansen and Becky Armistead.

7. Strategic Plan

Mr. Hino reported that the public Strategic Planning workshop held on June 13 at the Bandon Community Center was a success, appreciating engagement from Coast Community Health Center and Bandon Dunes Resort, as well as a number of managers and staff. On June 14, members of Administration met with the facilitator to fine tune the results and build the working document. Administration plans to present the final Strategic Plan to the Board at the August meeting.

IX. Monthly EHR/ERP Implementation Dashboard

Mr. McEachern reviewed the project timeline and provided an update on expenditures. Initegria/Sage Impravata to spread out initial costs over time. Total cost over 6 years is \$8M. Risk and milestones charts reviewed. Data conversion and archiving in progress. Tech "dress rehearsal" scheduled to be on October 15, with full "go live" on December 7. Scott and Ray met with the TruBridge general manager, who has committed to meeting obligations. CPSI vs. Epic market share discussed. Epic has a larger market share than TruBridge (CPSI) in the acute care electronic health record (EHR) market (Epic with 39.1% of hospitals and 52% of acute care beds in 2023 and TruBridge (CPSI) with 7.8% of hospitals in 2023).

X. Monthly Financial Statements Review & Discussion

Antone Eek, CFO, reviewed financial statements for the month of May. Operating revenue outperformed prior year by \$418K. Coding changes are anticipated to stabilize collections. A/R decreased and is expected to spike next month with changeover. Cash on hand is strong. A number of capital budget items are expected to carry over to FY25. Number of surgeries are increasing and one surgery salary will drop off in August.

XI. Open Discussion and Adjournment

Mr. Miller noted interesting pharmacy policy issues at federal level from Supreme Court, making for potentially difficult legal and public policy issues.

The Budget Hearing was closed and meeting adjourned at 7:58 p.m.

Mary Schamehorn 07-25-2024 Thomas Bedell, Treasurer 07-25-2024
Secretary/Acting Chairperson

INVOICE

Robert S. Miller III Attorney (CY2022+)

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Bill to

Southern Coos Hospital & Health Center 900 11th Street SE Bandon, OR 97411 USA Ship to

Southern Coos Hospital & Health Center 900 11th Street SE Bandon, OR 97411 USA

Invoice details

Invoice no.: 1509 Terms: Net 60

Invoice date: 05/01/2024 Due date: 06/30/2024

#	Date	Product or service	Description		Qty	Rate	Amount
1.	04/25/2024	Attorney (CY2024+)	Board Executive Session & General Public Meeting.	2.5	\$275.00	\$687.50	
	Ways to	pay		Total			\$687.50
	SA SA SANK Proving Venmo Proving Venmo Proving Venmo V			Overdue			06/30/2024
		Pay invoice					



DEPARTMENT:	Quality Management	NUMBER: 155.009
SUBJECT:	CAH Annual Program Evaluation Report (formerly called CAH Annual Review Policy)	PAGE: 1 of 3
EFFECTIVE DATE	: July 25, 2024	REPLACES POLICY DATED: 11-1-2018
APPROVED BY:	Policy & Procedure Committee, Governing Board	DISTRIBUTION: Organization Wide

Policy:

As a Critical Access Hospital (CAH), Southern Coos Hospital & Health Center (SCHHC) is required to "carry out or arrange for a periodic evaluation of its total program, at least once per year," according to the CAH Conditions of Participation, §485.641(a)(i) to §485.641(a)(ii). The Annual Program Evaluation Report will include, at minimum:

- The utilization of CAH services, including at least the number of patients served and the volume of services;
- A representative sample of both active and closed clinical records; and
- A review and revision, if necessary of SCHHC's health care policies and procedures.

The SCHHC Annual Program Evaluation Report will be drafted at the close of each fiscal year. The Final Report will be presented each October for Board approval.

Purpose:

The purpose of the Annual Program Evaluation Report is:

- To determine if utilization of services were appropriate to meet the community needs.
- To determine compliance with established policies and procedures.
- Identify changes, if needed, in the program services and/or policies.

Reporting Period:

The Southern Coos Hospital & Health Center (SCHHC) Annual Program Evaluation aligns with the hospital's fiscal year. It covers the 12-month time period of July 1 through June 30 of the following calendar year.

Data Sources:

Information used for the Annual Program Evaluation Report will be obtained through the following mechanisms:

- Utilization Review
- Peer Review
- Committee, department, and/or team minutes
- Incident Reports
- Patient Satisfaction and complaint data
- Reports generated by SCHHC's electronic health record and other sources as applicable.



DEPARTMENT:	Quality Management	NUMBER: 155.009
SUBJECT:	CAH Annual Program Evaluation Report (formerly called CAH Annual Review Policy)	PAGE: 2 of 3
EFFECTIVE DATE	: July 25, 2024	REPLACES POLICY DATED: 11-1-2018
APPROVED BY:	Policy & Procedure Committee, Governing Board	DISTRIBUTION: Organization Wide

Procedure

- The Quality Patient Safety (QPS) Committee, under the direction of the CEO coordinates information gathering and develops an annual review report.
- Information gathered by the QPS Committee shall include, at minimum:
 - Patient Care Volume Statistics, by Clinical Department, to include current year and prior year's data.
 - o Summary data of annual activities for each Non-Clinical Department.
 - o A representative sample (not less than 10%) of both active and closed clinical records.
 - o A 12-month summary of HCAPS scores.
 - o A summary of SCHHC policies and procedures, by department, reviewed and approved in the prior 12-month period.
- This report is presented to the SCHHC Quality Patient Safety (QPS) Committee for review and discussion.
- The report, which includes findings and recommendations, is then presented to Senior Leadership
 Team for review and identification of areas for improvement that align with the SCHHC Strategic
 Plan.
- The report is presented to the Hospital Board for review and input.
- The Quality & Patient Safety Committee will use the Board and Senior Leadership feedback to guide the subsequent year's Quality Assurance and Performance Improvement (QAPI) Plan.

Standard Format:

- 1. Current Scope of Patient Care (Clinical) Services
- 2. Notable Service Utilization Trends, Compared to Prior Year
- 3. Clinical Record Review
- 4. HCAPS Patient Satisfaction Results/ Patient Experience
- 5. Policy Review
- 6. Summary and Recommendations



DEPARTMENT:	Quality Management	NUMBER: 155.009
SUBJECT:	CAH Annual Program Evaluation Report (formerly called CAH Annual Review Policy)	PAGE: 3 of 3
EFFECTIVE DATE	: July 25, 2024	REPLACES POLICY DATED: 11-1-2018
APPROVED BY:	Policy & Procedure Committee, Governing Board	DISTRIBUTION: Organization Wide

Summary:

At the conclusion of the Annual Program Evaluation Report, a summary is provided with the following:

- Was the utilization of services appropriate for the 12-month period?
- Were policies, procedures and/or facility practices added, deleted or revised as a result of the yearly program evaluation if needed?
- How will be results of this year's program evaluation be used?



Southern Coos Health District

Board Calendar FY 2024-2025

2024 2025

July			
Board Meeting	7/25	<u>January</u>	
		Board Meeting 1/	/23
August	2 / 2 2		
Board Meeting	8/22	<u>February</u>	
		Board Meeting 2/	/27
<u>September</u>			
Board Meeting	9/26	<u>March</u>	
		Board Meeting 3/	/27
<u>October</u>			
Board Meeting	10/24	<u>April</u>	
		Board Meeting 4/	/24
November			
Board Meeting	11/21*	May	
*Holiday Thursday 11/28		Board Meeting 5/	/22
<u>December</u>		<u>June</u>	
Board Meeting	12/19*	Board Meeting & 6/	/26
*Holiday Wednesday 12/25		Budget Hearing	

^{*} Regular meetings are held the 4th Thursday of each month except November and December when rescheduled due to winter holidays.



DATE: July 25, 2024

TO: Board of Directors FROM: Antone J. Eek, CFO

SUBJECT: OP/IP Pharmacy Proposal: New Business Line – Expansion of Services

Recommended Action

Management recommends that the Board of Directors approve the business plan, and authorize the CEO and CFO to engage the professional planning and consultation services of Cardinal Health to (1) create an Out-Patient Pharmacy for Southern Coos Hospital and Health Center (SCHHC), to be located inside SCHHC's current Outpatient Clinic building, and (2) enhance and build additional pharmacist support for the hospital's inpatient pharmacy requirements.

The estimated initial investment (spend) to create the new outpatient pharmacy is \$200,000, broken down as follows:

Initial Spend (estimated):

• Construction: \$60,000

• Cardinal Health Setup Program: \$90,000

Equipment: \$20,000Contingency: \$30,000

Revenue Projections:

• First Year Projected Net Revenue: \$713,300

• First Year Percent Net Income Margin: 14.0%

Staffing Costs (estimated):

• Total New Spend: \$330,000

Background

Outpatient Pharmacy Needs in Bandon

Outpatient pharmacy services in Bandon, Oregon are in short supply, and the continuing problem is expected to get worse before it gets better. The local community is currently served by 2 outpatient pharmacies. They are National Chain Retail Operator, Rite Aid, and the local Federally Qualified Health Center, Coast Community Health Center (CCHC). Both of these pharmacies have had their struggles during the past year, and neither of them is open on weekends.

As a critical access hospital, located in a rural community, and providing services to a high percentage of Medicare and Medicaid patients, Southern Coos Hospital & Health Center (SCHHC) qualifies for 340B pricing for pharmaceutical drugs. The reason is that this advantageous pricing is available to critical access hospitals and rural providers (including CCHC), is because the government wants to ensure that people living in rural, underserved areas will have access to local outpatient pharmacies.

- The major reason it makes sense for SCHHC to entertain the creation and operation of an outpatient pharmacy is because of 340B pricing of pharmaceuticals.
- A second reason it makes sense for SCHHC to create and operate our own outpatient pharmacy is because our CFO, Antone Eek, has previous experience opening and operating pharmacy services, including serving as the Director of Operations for Oregon Health Sciences Center (OHSU) Pharmacy Services, at one time.
- Our research has determined that a small outpatient pharmacy, located in our Outpatient Clinic Building, which serves the prescription needs of our hospital and clinic patients, as well as those of our employees, would bring in net revenue of \$713,300 in the first year.
- We would, of course, be open to the entire community and not only to our hospital/clinic patients and employees.

Inpatient Pharmacy Needs

At the present time, Southern Coos Hospital & Health Center (SCHHC) has its needs adequately met with a drug room that is operated by a full-time Registered Nurse and overseen by a part time Licensed Pharmacist. Our current set up is fine for our current needs, and our pharmacy team does a great job.

With the addition of an outpatient pharmacy, we would have an opportunity to enhance our current inpatient pharmacy services, due to the fact that we would have a full time Director of Pharmacy Services, which would give us more licensed pharmacist presence and oversight that we have right now. Here are some areas where we see potential benefit from this increased presence of pharmacist services in our hospital:

- Inpatient Pharmacy Oversight
 - o Clinical Compliance
 - o Discharge Planning
 - Pharmacy Therapeutics
 - o Policies
 - o Procedures
 - o Compliance
- Supply Chain
 - o Inventory Management / Control
 - o Inventory Compliance
- Oregon Board of Pharmacy Regulatory Oversight
- 340B Oversight
 - Policy
 - o Compliance
 - o Committee Chair
- Outpatient Pharmacy Operations / Oversight
 - Inventory Management / Control

Summary

A Southern Coos Hospital & Health Center (SCHHC) Outpatient Pharmacy service will (1) provide vitally necessary outpatient pharmacy services in our local community, and (2) will provide a new profit center for SCHHC that will aid our hospital to reach its overall goal of financial sustainability as an organization. Additionally, outpatient pharmacy revenue will help to fund an inpatient pharmacy platform to support clinical operations and compliance.

Attachments

- Cardinal Health Business Proposal
 - o Turnkey Solution
- Outpatient / Retail Pharmacy Estimated Projections
 - o Average of three estimates

Outpatient Pharmacy Projections

		SCHHC P	rojections			Nelco Advisory	Cardinal					
	Break Even	Conservative Proforma	Midpoint Proforma	Aggressive Proforma	Conservative Proforma	Midpoint Proforma	Aggressive Proforma	Midp Profe		Aggressive Proforma		Average Year 1 Projections
% Capture	37.73%	25.00%	50.00%	75.00%		50.00%		5	0.00%	70.00%		
Rx Volume	6,634.88	4,396.25	8,792.50	13,188.75	6,415.00	9,952.00	14,501.00	12,8	73.00	16,592.00		10,539.17
Net Revenues	447,482.62	296,500.38	593,000.76	889,501.14	347,779.00	671,202.00	1,351,147.00	875,6	96.00	1,078,971.00		713,299.59
Expenses												
Labor	182,620.00	182,620.00	182,620.00	182,620.00	182,620.00	182,620.00	182,620.00	343,2	00.00	343,200.00		236,146.67
Supplies	214,462.62	142,102.16	284,204.33	426,306.49	175,930.00	284,472.00	468,723.00	425,5	89.00	524,380.00		331,421.78
Other Expenses	50,400.00	50,400.00	50,400.00	50,400.00	50,400.00	50,400.00	50,400.00	35,0	28.00	43,159.00		45,276.00
Total Expense	447,482.62	375,122.16	517,224.33	659,326.49	408,950.00	517,492.00	701,743.00	803,8	17.00	910,739.00		612,844.44
Net Income	-	(78,621.78)	75,776.43	230,174.65	(61,171.00)	153,710.00	649,404.00	71,8	79.00	168,232.00		100,455.14
Margin %	0.00%	-26.52%	12.78%	25.88%	-17.59%	22.90%	48.06%		8%	16%		14.08%
Ratios												
Net Rev/RX	67.44	67.44	67.44	67.44	54.21	67.44	93.18		68.03	65.03		67.68
Labor/RX	27.52	41.54	20.77	13.85	28.47	18.35	12.59		26.66	20.68		22.41
Supplies/RX	32.32	32.32	32.32	32.32	27.42	28.58	32.32		33.06	31.60		31.45
Other/RX	7.60	11.46	5.73	3.82	7.86	5.06	3.48		2.72	2.60		4.30
			_								-	

N	Ot.	es.

¹⁾ Volume estimates are based on actual prescriptions from June 2023 to May 2024.

100% 127% 87% 74% 118% 77% 52% 92% 84% 86%







Overview of services

The benefits of your on-site outpatient pharmacy solution

An on-site outpatient pharmacy is proven to be a valuable part of a hospital's strategy, improving patient care, expanding services to the community, and contributing to the health center's financial performance. However, pharmacies can be complex to operate. They require expertise in financial, legal, operational, and regulatory issues. Our goal is to help you successfully navigate the challenges of opening and operating your on-site pharmacy, so that your focus remains on your health center's mission of care.

Benefits to Southern Coos Hospital & Health Center include:

- We build relationships with your patients and health center's providers and share your organization's commitment to expanding quality care.
- Your on-site pharmacy allows you to optimize your participation in the 340B Drug Discount Program.
- Your on-site pharmacy will focus on quickly maximizing resources to help with additional patient services.
- Your high-performing on-site pharmacy will operate with the highest standards for productivity and safety. Our experts monitor and continuously address changing industry and compliance requirements on your behalf.
- Empower Southern Coos Hospital & Health Center to improve medication adherence among patients
 while driving revenue by implementing forward-thinking clinical initiatives to advance your mission and
 patient care
- Help Southern Coos Hospital & Health Center extend care, as physicians and nurses work together with pharmacists to reduce readmissions as a cohesive clinical care team
- Drive a powerful source of prescription revenue, while lowering your drug costs
- Reduce Southern Coos Hospital & Health Center employee drug benefit costs, while improving operational efficiency and ensuring regulatory compliance

At Cardinal Health, we understand that your health center exists to serve your patients. We share this commitment to patient care and are proud to partner with you to customize a solution tailored for your needs to expand your care into the community.



Opening service deliverables

- Consultant assigned to oversee pharmacy opening activities:
 - On-site visits if necessary
 - o Oral reports on scheduled basis with customer
- Assist in development of the pharmacy floor plan and workflow design
- Facilitate sourcing of fixtures and shelving (availability to strategic partnership pricing)
- Facilitate selection of applicable service vendors:
 - Pharmacy dispensing software
 - Third-party administrator
 - Pharmacy wholesaler
 - Reverse distributor
 - Hazardous waste destruction
- Coordinate pharmacy dispensing software implementation
- Facilitate pharmacy 340B program implementation
- Assist in establishing hours of operation
- Ensure pharmacy security plans are compliant with regulatory requirements
- Facilitate state and federal licensing and onsite inspections
- Assist with enrolment with NPI, NCPDP, SI-GIS
- Assist with third party payer contracting and credentialing for PSAO and direct contracts
- Order and setup of initial pharmacy stock
- Facilitate development of a pharmacy marketing strategy

Financial drivers of value for Southern Coos Hospital & Health Center

Opening services: \$90,000 (\$10,000/month x 9 months)

Plus travel pass-through for on-site support



Meet your expert specialty pharmacy services team

Our experienced team members have more than 20 years' average tenure in the industry supporting 70 pharmacies in 19 states. We are ACHC - certified consultants and URAC accreditation experts.

Naveen Mansukhani

National Director of Outpatient Pharmacy Services and Community Health Center Pharmacy Operations Management

With 20 years of retail pharmacy management experience, including regional and national chains, Naveen leads Retail Pharmacy Services for Cardinal Health with oversight of 300 employees. Naveen has been with Cardinal Health for 11 years and serves as the business leader for Outpatient Pharmacy Services, Central Fill and Community Health Center Pharmacy.

Naveen began his career with Cardinal Health as an Outpatient Pharmacy Services account manager—developing a retail pharmacy strategy for a large health system in New Jersey. This included the management of its existing pharmacy while simultaneously building new locations and implementing a robust meds-to-beds program to assist high-risk patients with securing discharge medications. Naveen later assisted hospitals in the Northeast with developing similar programs, as well as supported Cardinal Health sales representatives with hands-on training on Outpatient Pharmacy Services offerings. Naveen then established the Cardinal Health offering for a pharmacy service model specific to federally qualified health centers (FQHCs) to increase on-site service offerings, improve physician-pharmacist collaboration to maximize clinical benefits in drug therapies, and to help maximize savings from the 340B program to reinvest into additional services. As part of the FQHC program, Naveen leads retail pharmacy operations for over 60 FQHC based pharmacies (ownership, management, consulting), including three regional managers. Naveen also has leadership responsibility over a central fill facility in southern California that serves fulfillment of prescriptions for 18 clinics in Los Angeles County.

Mark Bailey

Operations Director and ACHC Certified Consultant, PharmD

Mark oversees the planning, opening and operational oversight of outpatient pharmacies in acute care and community pharmacy settings, with nearly two decades of leadership and involvement in the outpatient and retail pharmacy industry. His experiences have ranged from managing high-volume retail pharmacies to complex bedside prescription discharge programs across multi-hospital health systems. Mark leads Cardinal Health™ Specialty Pharmacy Services and was integral to the development of its offering portfolio. Mark's visionary leadership is combined with expertise in workflow design and optimization, third-party reimbursement, prescription assistance program management, clinical pharmacy services and immunizations, medication reconciliation services and collaborating with multidisciplinary teams to leverage 340B savings.

Stefan Granito

Operations Director and ACHC Certified Consultant

Stefan serves as an operations director and subject matter expert for hospital-owned retail outpatient pharmacies.



He has responsibility for consulting and management of hospital outpatient pharmacies, as well as project management, pharmacy 340B implementation and pharmacy risk management. He joined Cardinal Health in 2001 and has served in numerous financial management positions, including his role as finance director for the new client Due Diligence team, project manager for hospital pharmacy consulting and as opening team manager for newly managed accounts. His financial services career includes experience in aviation, oil and gas and technology industries, as well as serving as a foreign service officer with the U.S. State Department. Stefan holds a Bachelor of Arts in politics from Princeton University, an MBA from the University of Florida and is ACHC-certified

Al Straiti

Operations Director

Al joined Cardinal Health in 2016 as an operations director and subject matter expert for hospital-owned retail outpatient pharmacies, with consulting and management responsibility of hospital outpatient pharmacies. With over 25 years of experience in retail pharmacy operations, marketing and administration, his areas of expertise include operations, pharmacy workflow, inventory management, labor management and expense management. Al earned his Bachelor of Science degree in pharmacy from Rutgers University and is a licensed pharmacist in New Jersey, New York and Georgia.

Michelle Blalock

Project Manager, PharmD

Michelle has over 20 years of operational and clinical pharmacy experience spanning from retail, community, ambulatory care and in patient practices. She joined Cardinal Health in 2021 as a pharmacy manager in a community health center specializing in pharmacy operations workflow optimization, 340B implementation and regulatory compliance. Prior, Michelle served as a regional operations coordinator with supervisory roles including budget management, implementation performance strategies and clinical initiatives. Her certifications include APha MTM, Diabetes Management and Immunization, CPR/BLS Instructor and NACDS Community Point of Care Testing. Michelle earned her PharmD from Mercer Southern School of Pharmacy and currently serves as a board member of AEP on Georgia Pharmacy Association.

Jennifer Almon

Director, Health System Pharmacy, Board Certified Geriatric Pharmacist (BCGP), PharmD

Jennifer oversees the planning and daily operations of MMS Solutions Pharmacy. She has led MMS Solutions Specialty Pharmacy for nearly eight years and was an integral part in obtaining MMS' specialty pharmacy accreditation through URAC. Jennifer has over two decades of leadership experience across multiple pharmacy segments including hospital ambulatory, mail order and hospital outpatient/on-site retail pharmacies. Her pharmacy experience has ranged from managing high-volume retail and community pharmacies to piloting a hospital bedside prescription discharge program. Jennifer's current practice is based in renal care pharmacy, but her experience spans many areas of pharmacy practice including pediatric pharmacy, geriatric pharmacy, non-sterile compounding, third-party reimbursement, clinical pharmacy management, medication reconciliation services, medication therapy management and collaborating with multidisciplinary teams in various aspects of patient care.

Confidentiality statement: The information contained in this proposal is confidential, and Southern Coos Hospital & Health Center will hold the information in confidence. Southern Coos Hospital & Health Center will not disclose the information in whole or in part to any other party without Cardinal Health's prior, specific written permission. Southern Coos Hospital & Health Center's receipt of the proposal and of Cardinal Health's presentation of it constitutes Southern Coos Hospital & Health Center's agreement to and acceptance of these confidentiality obligations.

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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, July 25, 2024

Management Changes:

• I am very pleased to report that with the onboarding of Stacy Nelson II as our new Human Resources Director earlier this month, we now have full staffing for all management positions at Southern Coos Hospital. We have had 1 or more vacancies in management positions at SCHHC since Barbara Snyder's retirement last December. In the past 7 months, we have added: Antone Eek, Chris Amaral, Danielle Wirt, Amanda Myers, Amanda Bemetz and Stacy Nelson, II. I am very excited about the caliber of new managers, directors and officers that we are bringing into Southern Coos Hospital & Health Center.

- <u>Chief Medical Officer</u> Our offer of employment to Alden Forrester, MD in the combined role
 of Chief Medical Officer (CMO) and Hospitalist, was accepted by Dr. Forrester. He is very excited
 about this new opportunity to make an impact as Chief Medical Officer. He starts his new position
 at SCHHC on October 1. As a reminder, he will be a combined position for both hospitalist and
 CMO, so that we will be filling needs in both areas. He will be a critical piece in both our DNV
 ISO 9001 journey, as well as our Epic electronic health record implementation.
- Foundation Executive Director With the addition in the budget for a full time Foundation
 Executive Director, we have now begun the recruiting process to fill that position. Advertising
 for the position began in early July. As of today's date, we have received 12 applications. Our
 Foundation Board of Directors is assisting with the screening and interviewing for candidates.
 The Foundation Board has created an Executive Director Search Committee to assist me and our
 management team in this hiring process.

Clinic Providers:

- First of all, I am very pleased to report that Dawn Gray has completed all of her chemotherapy treatments and is back on a full-time basis, effective July 22. We are very happy for Dawn and happy to have her back. During her absence, Kassandra Keller, stepped up into a Charge role at the clinic and did a great job.
- After taking the month of June off, Dr. Bonnie Wong has returned to her full-time schedule, starting on July 1. We are very glad to have her back. We are also very appreciative to Dr. Hank Holmes for serving as a Locum Tenens provider during Dr. Wong's leave during the month of June.

 As was reported last month, we have replaced Temporary Family Nurse Practitioner (FNP), Courtney Feral, with a new FNP, Judith Fitzgibbons. Judith started on July 8. She and her husband have moved into temporary housing here in Bandon. Previously she worked in the Emergency Department at Mercy Medical Center in Roseburg, Oregon. Judith and her husband are considering making this a permanent move and accepting a full-time position in our clinic.

Surgery:

• As was reported last month, we now have a contract with a General Contractor, Inline Construction, and we are moving aggressively to get our construction project completed on time. All equipment has been ordered and deliveries are starting to arrive. The new Steris washer arrived last week. We are still on schedule to have this project completed by September 9.

Coast Community Health Center:

- We are continuing to meet with the Executive Team at Coast Community Health Center (CCHC) and to work towards a collaborative services agreement. A framework has been created and we are working towards agreement among the management teams at both organizations. We have begun to work more collaboratively with CCHC. CCHC will be having a full-day management meeting in our hospital conference room on Monday, July 22. SCHHC has also agreed to participate in a Health Fair in the parking lot at CCHC on August 7.
- The next step will be a presentation from the SCHHC and CCHC Executive Teams to each respective Board of Directors (SCHHC and CCHC). I am anticipating that we will be ready to present to both boards in the month of August.

Global Information Technology (IT) Outage on Friday, July 19

• As reported by Becker's Healthcare on July 19, the cause of the crisis was a Microsoft update, released by a cybersecurity firm, CrowdStrike, caused a cascading effect on global IT systems, resulting on outages across various industries, including healthcare. The effect on SCHHC was primarily on payroll. Several employees reported on Friday morning that automatic deposits of payroll checks did not occur due to the IT outage. We sent a blast text message to our entire staff to alert them and to advise that they check with their bank. By mid-morning, any early concerns seem to have subsided. We also conducted a thorough review of all of our hospital IT systems, including CPSI and Novarad. There is no reported impact on our patient care systems.

Southern Coos Hospital & Health Center 25th Year Celebration

• I reported last month that we are planning a celebration of 25 years from the opening of Southern Coos Hospital & Health Center in late 1999. Our main event will be a Sunday afternoon event on Sunday, September 8. We are asking that former employees and key individuals from the opening 25 years ago come to the event and be recognized. Donna Reilly, long-time Finance Department manager, and a key individual in the start of the hospital in 1999, has confirmed her attendance. I have asked Mary Schamehorn to please publicize this event in her "As I See It" column, including a call for former employees and key stakeholders. I have also asked Mary to speak on the agenda about some of the events surrounding the opening. I hope that all of our Board members will be able to attend this event that is planned to take place on Sunday, September 8 from 2pm to 4pm in the afternoon.



Multi-Specialty Clinic Report

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

From: Dawn Gray, Clinic Manager

Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – July 25, 2024

Provider News

Despite Dr. Wong's absence during the month of June, we still had a remarkably strong month in the clinic. I want to express again my deep gratitude to Dr. Hank Holmes for stepping in to take excellent care of our patients. I am pleased to report that we ended the fiscal year having seen 6,861 patients, which is 177 more than budgeted. This achievement is especially commendable given the significant turnover we faced this year with the departures of Debra Guzman and Amy Hinshaw, as well as the temporary assignments of the FNPs Vincent Tyson and Courtney Feral. We are optimistic that our new temporary FNP, Judith Fitzgibbons, will choose to join us permanently. This success is a testament to the hard work and dedication of our entire team, and it deserves to be celebrated.

A review of the Clinic Income Statement indicates that we concluded FY24 with an \$85,000 budget overrun. Although some provider and CCM encounters remain to be coded and billed, a significant portion of the deficit can be attributed to provider turnover and the expenses incurred from contracting temporary FNPs.

I regret to inform you that Dr. Olxin Adams has decided to transition to a Hospitalist only. His last day seeing patients in the clinic was July 1st. While we will greatly miss his presence in the clinic, we are grateful he will continue to provide essential services at the hospital.

June 2024 Clini	c Stats									
	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Bonnie Wong, DO	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	0	0
Courtney Feral, FNP	12	117	14	5	98	8.2	4%	12%	2	0
Hank Holmes, MD	6	49	3	0	46	7.7	0%	6%	2	0
Noel Pense, DO	2	26	4	0	22	11.0	0%	15%	0	1
Olixn Adams, DO	2	29	4	1	24	12.0	3%	14%	3	0
Paul Preslar, DO	10	131	21	5	105	10.5	4%	16%	0	12
Shane Matsui, LCSW	16	76	12	2	62	3.9	3%	16%	9	0
Victoria Schmelzer, CRNA	8	74	23	0	51	6.4	0%	31%	1	0
Sharon Monsivais, MD	10	198	21	6	171	17.1	3%	11%	0	0
Outpatient Services	20	248	19	2	227	11.4	1%	8%	0	0
Totals	86	948	121	21	806	9.4	2%	13%	17	13
Total telehealth	17				579	Clinic Reg	istrations			

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

• Dr. Webster, ENT/Dermatology, was in clinic one day and saw 15 patients.

Clinic Report

- Our Chronic Care Management (CCM) program is continually expanding. We have been collaborating closely
 with Coding Concepts to ensure accurate coding and billing for all eligible patients receiving CCM services.
 June statistics:
 - 11 eligible patients added for a total of 41 patients served

- \$3,891.31 billable services provided for a total of \$10,028.53 since April 2024.
- The No-Show rate for June is 2%.
- Despite the eCQM (electronic Clinical Quality Measures) report remaining unchanged due to limitations of our current EHR (Electronic Health Record), I am still obligated to share the performance report with staff, including the Board of Directors, as mandated by the PCPCH (Patient Centered Primary Care Home). I am enthusiastic about the enhanced quality reporting we will be able to produce once we transition to EPIC.

Southern Coos Multi-Specialty Clinic eC	QM Pe	rforma	nce Re	port f	or 2024	
					As of	
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	7/18/2024	Goals*
CARE-2: Screening for Future Fall Risk	4.5%	4.5%			4.5%	TBD
DM-2: Diabetes HbA1c Poor Control (>9.0%)	28.0%	26.9%			26.9%	23%
HTN-2: Controlling High Blood Pressure	50.2%	57.4%			57.4%	67%
MH-1: Depression Remission at 12 months**	-	-			-	TBD
PREV-5: Breast Cancer Screening	35.4%	38.8%			38.8%	64%
PREV-6: Colorectal Cancer Screening	4.1%	4.6%			4.6%	62%
PREV-7: Influenza Immunization	29.7%	29.7%			29.7%	46%
PREV-10: Tobacco Use Screening & Cessation	87.1%	93.8%			93.8%	82%
PREV-12: Depression Screening and Follow-Up Plan	0.0%	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						

• We continue to demonstrate consistent performance across all categories in the NRC Patient Experience survey. While we face challenges in the "Easy to Get Appointment" section, the addition of Judith Fitzgibbons, FNP, is expected to enhance patient access and alleviate this issue.

	Asked about		Care provider Asked about courtesy and		Care pro	Care providers			Felt safe and			Human		NPS: Facility would		Providers knew		
June 2024 Results	medica	tions	respe	ect	explain	explain things listened		Easy to get appt		secu	secure		Understanding		recommend		medical history	
Provider Name	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Monsivais, Sharon (1023455490)	91.7	24	100	28	100	28	96.4	28	78.6	28	100	28	96.4	28	100	28	75	28
Preslar, Paul (1437141793)	89.5	19	90	20	80	20	75	20	55	20	95	20	65	20	75	20	45	20
Feral, Courtney (1497014658)	71.4	7	62.5	8	50	8	57.1	7	71.4	7	85.7	7	42.9	7	57.1	7	28.6	7
Pense, Noel (1790118636)	100	4	100	4	100	4	75	4	25	4	75	4	75	4	75	4	100	4
Schmelzer, Victoria (1417312893)	100	3	100	4	100	4	100	4	0	4	100	4	100	4	100	4	75	4
Holmes, Henry (1346277027)	100	3	100	3	100	3	100	3	100	3	100	3	100	3	100	3	66.7	3
Adams, Olixn (1306006143)	100	1	100	2	100	2	100	2	50	2	100	2	100	2	100	2	100	2
Grand Total	90.2	61	92.8	69	88.4	69	85.3	68	63.2	68	95.6	68	80.9	68	86.8	68	63.2	68

All Providers

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1034 105,992	146,526	144,011	125,103	114,681	139,941	124,081	911,101	TE8,80f	124,186	267,411	1,263,448	1,166,426	\$50,76
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SCHD Regular Meeting - July 25, 2024 - Page 27



Chief Nursing Officer Report

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

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

Re: CNO Report for SCHD Board of Directors Meeting - July 25, 2024

Clinical Department Staffing - June 2024

				Cu	rrent Mor	nth			
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	27.16	25.77	1.39	3.64	2.00	1.64	30.80	27.77	3.03
Manager	1.00	1.01	-0.01	-	-	0.00	1.00	1.01	-0.01
CNAT	3.96	1.72	2.24	-	-	0.00	3.96	1.72	2.24
CNAII	3.39	3.77	-0.38	-	-	0.00	3.39	3.77	-0.38
Patient Activities Coordina	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Charge Nurse	2.39	3.54	-1.15	-	-	0.00	2.39	3.54	-1,15
BN	12.67	10.99	1.68	3.64	2.00	1.64	16.31	12.99	3.32
LPN	1.87	2.56	-0.69	-	-	0.00	1.87	2.56	-0.69
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	12.12	12.12	0.00	0.98	1.00	-0.03	13.09	13.12	-0.03
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNAII	1.02	2.49	-1.47	-	-	0.00	1.02	2.49	-1.47
LPN	3.23	2.39	0.84	_	-	0.00	3.23	2.39	0.84
BN	6.87	6.24	0.63	0.98	1.00	-0.03	7.85	7.24	0.61
Surgical Services	3.24	5.60	-2.36	2.00	-	2.00	5.24	5.60	-0.36
Director	- 0.21	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	1.12	3.00	-1.88	2.00	-	2.00	3.12	3.00	0.12
Surgical Tech	1.12	1.60	-0.48	2.00	_	0.00	1.12	1.60	-0.48
Radiology	2.94	3.05	-0.40	3.23	2.00	1.23	6.17	5.05	1.12
Manager	1.00	1.00	0.00	-	2.00	0.00	1.00	1.00	0.00
Coordinator	0.75	0.75	0.00			0.00	0.75	0.75	0.00
Medical Imaging Admin	0.73	1.00	-0.01		-	0.00	0.75	1.00	-0.01
Rad Tech IV	0.33	0.30	-0.01	3.23	2.00	1.23	3.44	2.30	1.14
Ultrasound	1.52	1.94	-0.10	-	-	0.00	1.52	1.94	-0.42
Ultrasound Tech II	1.32	1.64	-0.32	_	-	0.00	1.32	1.64	-0.32
Ultrasound Tech IV	0.20	0.30	-0.32		-	0.00	0.20	0.30	-0.32
Mammography	- 0.20	1.63	-1.63			0.00	-	1.63	-1.63
Mammo Tech		1.63	-1.63	-	-	0.00	-	1.63	-1.63
Cat Scan	1.93	0.06	1.87			0.00	1.93	0.06	1.87
Rad Tech II	1.93	0.06	1.93	_	-	0.00	1.93	0.06	1.93
Ct/Rad Tech Reg	1.33	0.06	-0.06		-	0.00	-	0.06	-0.06
MRI	0.99	0.99	0.00			0.00	0.99	0.99	0.00
Rad Tech IV	0.99	0.99	0.00		-	0.00	0.99	0.99	0.00
Lab	9.61	9.53	0.08	1.82	2.00	-0.18	11.44	11.53	-0.09
Manager	1.00	1.00	0.00	1.02	2.00	0.00	1.00	1.00	0.00
Assistant I	2.67	0.99	1.68			0.00	2.67	0.99	1.68
Assistant II	1.39	3.01	-1.62		-	0.00	1.39	3.01	-1.62
Assistant III	1.04	0.99	0.05			0.00	1.04	0.99	0.05
CNA II	1.04	0.99	0.05	-		0.00	1.04	0.99	0.00
Medical Lab Tech Lead	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
	0.38					0.00	0.38		-1.00 -0.17
Medical Lab Scientist		0.55 1.99	-0.17 1.14	102	2.00	-0.18	4.95	0.55 3.99	-0.17 0.96
Medical Lab Tech	3.13 1.15	1.99 1.90	-0.75	1.82 -	2.00	-0.18 0.00	4.95 1.15	3.99 1.90	- 0.75
Pharmacy	1.15	0.60	-0.75 -0.60	-	-		1. 13	0.60	-0.75 -0.60
Pharmacist	- 145					0.00			
RN	1.15	1.30	-0.15	-	-	0.00	1.15	1.30	-0.15
Respiratory	6.43	6.00	0.43	0.69	-	0.69	7.12	6.00	1.12
Manager	1.00	1.00	0.00	0.00	-	0.00	1.00	1.00	0.00
Respiratory Therapist	5.43	5.00	0.43	0.69	-	0.69	6.12	5.00	1.12
Total Difference	68.08	69.60	-1.52	12.36	7.00	5.36	80.43	76.60	3.83
% of FTE	84.60%			15.40%					

• Medical-Surgical Department –

- Two full-time nurse positions vacant.
- Two full-time RNs out on vacation.
- Four contract RNs utilized, two contracts finishing out and will not be renewed.

• Emergency Department –

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

Surgical Services –

- o Two full-time RN positions vacant.
- o One sterile processing position vacant.
- o Two contract RNs utilized and one contract sterile processor

• Medical Imaging –

- One full-time CT/XR Technologist vacancy.
- One full-time MRI Technologist position vacant.
- o Three contract Radiology Technologists utilized.

• Laboratory -

- o Two full time and one part-time Medical Lab Technologist/Scientist positions vacant.
- o Two contract Medical Lab Technologist utilized.

• Pharmacy -

o Fully staffed.

• Respiratory Therapy –

- o One RT out on leave.
- One contract RT utilized.

Laboratory -

COLA accreditation inspection occurred June 18-19, 2024. The overall score was 95% compliant. A plan of required improvement (PRI) for deficiencies was provided to COLA for approval on July 9, 2024. On July 12, 2024 COLA responded with approval of the PRI and confirmation of renewed COLA accreditation.

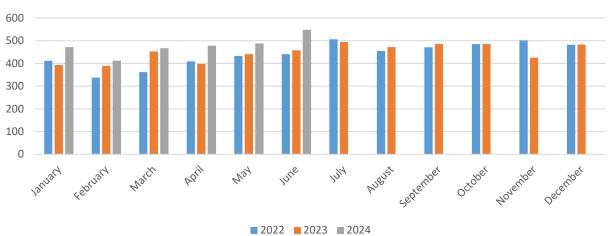
Sysmex CS2500 (Siemens) down due to failure of lamp that measures coagulation studies. Downtime extended from 7/16/2024 mid-day to 7/18/2024 am.

<u>Surgical Services</u> –

Upcoming August 19- September 6, 2024 Operating room and sterile processing down-time for construction and installation of new equipment. Dates correspond with Dr. Sharon Monsivais scheduled vacation. Surgical staff are encouraged to plan vacation during down time. Staff members who wish to continue to work will be assisting with other tasks/projects as assigned.

Emergency Department Statistics

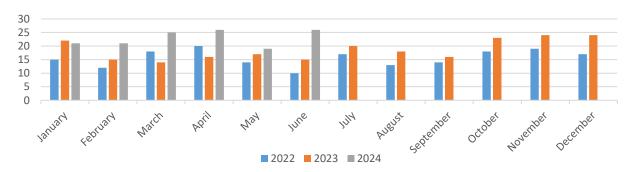




Average ED Admissions to Med-Surg Unit per Day



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 – July 25, 2024

June 2024 Department Achievements/Activities

Accounting and Finance Update:

- Financial Statement Audit data gathering began 7/15; auditors begin 8/12
- Medicare Cost Report data gathering began 7/15; CLA begins 8/12
- Sage Intacct (ERP) Build test/validation begins 8/2; GoLive 10/1

Engineering / EVS Update:

No update

Materials Management / Supply Chain Update:

- Completed physical inventory.
 - O Completed an accurate count, verified or corrected discrepancies from CPSI quantities.
 - o Corrected unit of measure errors in inventory master.
 - o Identified dozens of items to be removed from Inventory Master for Sage conversion.
 - o Disposed of items in shop not in inventory and outdated.
- Continue ordering & receiving technology hardware & software upgrades for EPIC conversion.
- Continue evolving a purchasing department that encompasses procurement for all the organization corralling the outliers.
- Add several new vendors to increase competitive pricing saving thousands of dollars on the EPIC conversion and beyond.
- Seamlessly supply hospital & clinic, coordinating with departments continuing a positive and collaborative environment.

Revenue Cycle Update:

- Billing / Reimbursement
 - o TrueBridge Performance
 - Cash Flow
 - Recovering from Coding Delay
- Health Information Management (HIM)

- o After review of our Coding Audit, SCHHC leadership has identified several areas of opportunity for:
 - Improving documentation
 - Increasing revenue opportunities going forward
 - Educational opportunities for Staff and Providers
 - Revenue Recovery Opportunities
- o Aduit sent to Quality
- o Working with new HIM Contracted Director
- Backlog Reduction
- Coding
 - o Coding Delay
 - Has been resolved and A/R days are recovering

Other Items:

- Project Line(s) of Credit
 - O As of 7/19/24, SCHHC has not drawn from either Project Lines of Credit due to the exceptional efforts around billing / collecting patient revenue. To date, we have self-funded all expenses for the ERP/EMR Project and the SPD Remodel.
- Pharmacy
 - o Fiscal Year End Inventory Audit
 - Completed
 - Summary sent to Accounting and Quality



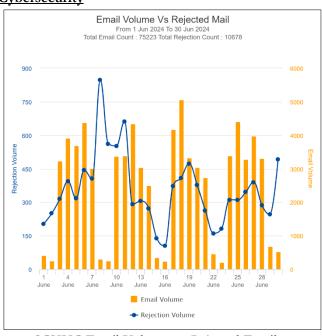
Chief Information Officer Report

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

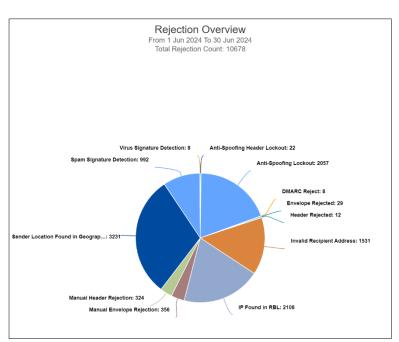
From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, July 25, 2024

Cybersecurity



SCHHC Email Volume vs. Rejected Email June 2024

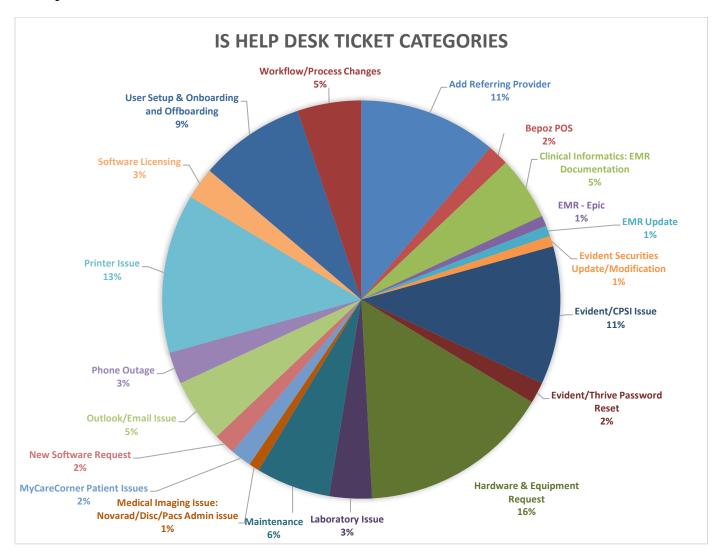


Rejected Email by Type of Rejection June 2024

Critical Insight Investigations June 2024



IS Help Desk



June Cybersecurity Climate

A few of the top cybersecurity issues in June 2024 include:

- Federal Reserve hacked by ransomware group Lockbit
- Snowflake customers compromised due to lack of multi-factor authentication
- CISA releases guidance and standards for modern network access security
- Geisinger Health System in Pennsylvania: a former business associate employee unlawfully accessed the protected health information of 1.2 million patients



Southern Coos Health Foundation Report

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

From: Scott McEachern, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, July 25, 2024

- So far, \$64,000 has been raised for the 2024 **Golf for Health Classic**. See the Events Update for more information. We are on track to reach the \$100,000 goal.
- The **Bottle Drop** program raised \$1,500 in FY24. We have increased the goal for FY25 to \$3,000. To donate from home, fill a blue plastic bag with cans or bottles and bring it back to the hospital or drop it off at the Bottle Drop in Coos Bay. Brenda in the Business Building, Kim Russell in the Administrative Office, and Amy have extra bags.
- The Quarterly Art show, "Garden Party" has been successful, with 36 pieces sold and paintings sold and \$534 raised for the Foundation. So far, 11 pieces have already sold in the first week of the new show, titled "Best Friends."



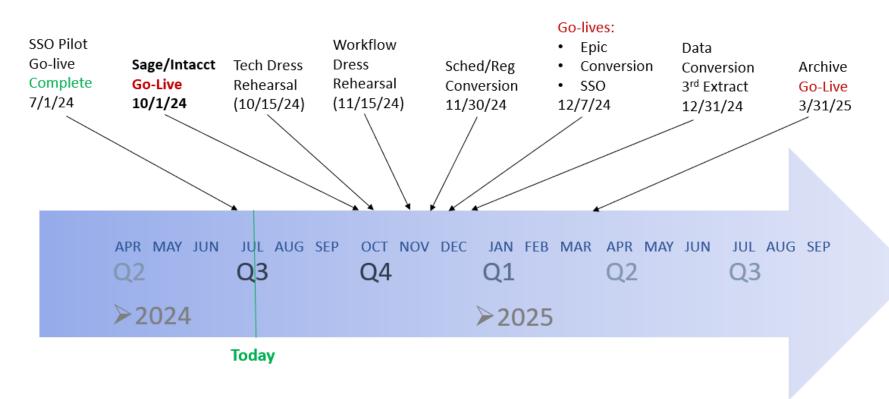
Unlocking the Future: Sage/Epic Implementation 2024





Progress Report Prepared for the Southern Coos Hospital & Health Center Board of Directors July 25, 2024

SCHHC Sage/Epic Implementation Milestones



July 2024

SCHHC Sage/Epic Implementation Risks:



July 2024



Providence Epic Implementation Expense Sage/Intacct Implementation Expense Totals:

FY 24					Sage/Epic	Implem	entation Pr	ojec	et Totals
				Budget to					
TCO		Actuals		Actuals	TCO	Actuals			dget to Actuals
\$ 1,291,940	\$	542,556	\$	630,105	\$ 2,853,841	\$	542,556	\$	2,339,764
\$ 376,470	\$	168,566	\$	207,903	\$ 605,637	\$	168,566	\$	437,071
\$ 1,668,410	\$	711,122	\$	838,009	\$ 3,459,479	\$	711,122	\$	2,776,835

Notes:

- Actuals for FY24 are expenses incurred through May 31, 2024

- The total cost of implementing Sage/Intacct and Providence Epic Community Connect is \$3.45M. A portion of this amount will pass through the Medicare Cost Report and therefore be reimbursed by CMS.

- Budget remainder for FY24 carries forward to FY25



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: June 2024 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$4,299,000, falling short of the budgeted \$4,477,000.
- OP Gross Revenue: Reached \$3,305,000, exceeding the budgeted \$3,009,000.
- IP and Swing Bed Revenues: Totaled \$994,000, falling short of the budgeted \$1,469,000.

Patient Activity Metrics:

- Average Daily Census (ADC): Recorded at 7.1, falling short of the budgeted 10.5 but well above the prior year's 4.5.
- Surgery volumes significantly exceeded expectations.
- ER and Lab volumes surpassed or met budget projections.
- Clinic, RT and Imaging volumes fell short of budget projections.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,607,000, accounting for 37.4% of gross revenue, marginally below the budgeted 38.1%.
- YTD Revenue Deductions: Stood at 36.5%, compared to the budgeted 38.1%.
- Medicare Cost Report Settlement: Anticipated receivable of \$251,000 post a lump sum payment of \$155,000 in February.

Operating Revenues:

• Total Operating Revenues: Registered at \$2,735,000, slightly under the budgeted \$2,780,000, and marking an increase of \$462,000 from the same period last year.

Operating Expenses:

- Labor Expenses: Totaled \$1,767,000, coming in above the budgeted \$1,719,000.
 - o Increased contract labor costs in MedSurg and OR contributed to this increase.
- Professional Fees and Purchased Services: Combined expense reached \$619,000, surpassing the budgeted \$514,000.
 - o Independent contractor ER Physician coverage costs remain flat at \$170k per month.
- Medical Supplies, Drugs, and Other Supplies: Accumulated to \$193,000, exceeding the budgeted \$184,000.
 - o Increased expenses attributed to drug issuance from the Pharmacy.

Operating Income/Loss:

- Operating Loss: a loss of \$168,000, compared to a budgeted income of \$100,000.
 - o Lower Inpatient revenue and increased operating expenses contributed to this loss.

Net Position Change:

- Decrease in Net Position: A loss of \$15,000, compared to the budgeted increase of \$199,000.
- YTD Increase in Net Position: Showed growth of \$488,000

Financial Health Indicators:

- Days Cash on Hand: Stood at 131.6 days, a decline from the previous month's 133.2 days.
- Accounts Receivable (A/R) Days Outstanding: Increased to 47.4 days, up from 46.4 days in the prior month.
- 3-month Average Daily Revenue has increased steadily month-over-month over the past 12 months.

Volume and Key Performance Ratios For The Period Ending June 2024

		Actual	Budget	Month Prior Year	Vaciance to Bud	Variance to Prior Year
- x	Medicare	64.0%	63.2%	63.2%	1.2%	1.2%
Payor Mix - Gross Charges	Medicaid	16.8%	18.7%	18.7%	-10.0%	-10.0%
Gross	Commercial	12.5%	11.6%	11.6%	7.2%	7.2%
r Mix -	Government	4.1%	6.1%	6.1%	-32.5%	-32.5%
Рауо	Other	0.9%	-0.4%	-0.4%	-336.2%	-336.2%
	Self Pay	1.8%	0.8%	0.8%	132.7%	132.7%

100.0%

100.0%

100.0%

Total

Actual	Budget	Year to Date	Variance to Bud	Variance to Prior Year
62.4%	62.5%	62.5%	-0.2%	-0.2%
17.4%	17.8%	17.8%	-2.5%	-2.5%
12.4%	12.2%	12.2%	1.1%	1.1%
5.9%	5.8%	5.8%	2.8%	2.8%
0.5%	0.8%	0.8%	-44.3%	-44.3%
1.5%	0.9%	0.9%	73.2%	73.2%

100.0%

				Month	Month Variance %				
		FY24 Actual	FY24 Budget	FY23 Prior Year	To Budget	To Prior Year			
	In Patient Days Swing Bed Days Total Patient Days	118 96 214	150 164 315	89 46 135	-21.6% -41.6% -32.0%	32.6% 108.7% 58.5%			
Patient Volumes	Emergency Visits Radiology Procedures Laboratory Tests Respiratory Visits Surgeries and Endoscopies Specialty Clinic Visits Primary Care Clinic	524 910 3,917 554 46 227 577	446 988 3,823 799 29 174 685	438 864 3,466 509 10 201 509	-7.9% 2.4%	19.6% 5.3% 13.0% 8.8% 360.0% 12.9%			

		Year To Date		
		_	Varia	10e %
FY24	FY24	FY23		To Prior
Actual	Budget	Prior Year	To Budget	Year
1,514	1,520	1,427	-0.4%	6.1%
1,289	2,006	1,320	-35.8%	-2.3%
2,803	3,526	2,747	-20.5%	2.0%
5,487	5,364	5,262	2.3%	4.3%
10,375	10,936	10,087	-5.1%	2.9%
48,396	48,570	45,664	-0.4%	6.0%
7,342	6,839	6,732	7.4%	9.1%
289	348	151	-17.0%	91.4%
2,593	2,268	2,343	14.3%	10.7%
6,861	6,684	5,624	2.7%	22.0%

100.0%

100.0%



Data Dictionary

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

		Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
ement		Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
ater		Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
ts.	tios	Collection Rate	Net patient revenue / total patient charges
ğ	Rati	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
Inco		OP EBIDA Margin \$	Operating Margin + Depreciation + Amortization
Key		OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
124		Total Margin (%)	Total Margin / Total Operating Revenues

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



Summary Statements of Revenues, Expenses, and Changes in Net Position For The Period Ending June 30, 2024

		Curre	ent Month - Jun-2	2024			Year	r To Date - Jun-20.	24	
	Jun-2024	Jun-2024			Jun-2023	Jun-2024	Jun-2024			Jun-2023
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual
Patient Revenue										
Inpatient	993,919	1,468,539	(474,620)	(32.3%)	716,725	12,891,920	14,874,193	(1,982,272)	(13.3%)	12,681,796
Outpatient	3,305,149	3,008,611	296,538	9.9%	2,622,888	37,206,165	36,895,853	310,311	0.8%	30,785,361
Total Patient Revenue	4,299,068	4,477,150	(178,082)	(4.0%)	3,339,613	50,098,085	51,770,046	(1,671,961)	(3.2%)	43,467,157
Deductions From Revenue										
Total Deductions	1,607,445	1,707,108	99,663	5.8%	1,069,547	18,294,822	19,743,358	1,448,536	7.3%	15,823,490
Revenue Deductions %	37.4%	38.1%			32.0%	36.5%	38.1%			36.4%
Net Patient Revenue	2,691,623	2,770,042	(78,419)	(2.8%)	2,270,066	31,803,263	32,026,688	(223,425)	(0.7%)	27,643,667
Other Operating Revenue	42,897	10,449	32,448	310.5%	2,602	101,980	125,386	(23,406)	(18.7%)	138,058
Total Operating Revenue	2,734,520	2,780,491	(45,971)	(1.7%)	2,272,668	31,905,243	32,152,074	(246,831)	(0.8%)	27,781,724
Operating Expenses										
Total Labor Expenses	1,766,676	1,719,151	(47,525)	(2.8%)	1,660,380	20,647,657	21,150,600	502,943	2.4%	18,813,322
Total Other Operating Expenses	1,135,751	961,369	(174,382)	(18.1%)	864,896	12,335,314	11,456,143	(879,171)	(7.7%)	10,304,082
Total Operating Expenses	2,902,427	2,680,520	(221,907)	(8.3%)	2,525,276	32,982,970	32,606,743	(376,227)	(1.2%)	29,117,403
Operating Income / (Loss)	(167,907)	99,971	(267,878)	(268.0%)	(252,608)	(1,077,727)	(454,669)	(623,058)	137.0%	(1,335,679)
Net Non-Operating Revenues	152,744	98,838	53,906	54.5%	1,294,699	1,566,153	1,186,061	380,092	32.0%	2,471,804
Change in Net Position	(15,163)	198,809	(213,972)	(107.6%)	1,042,091	488,426	731,392	(242,966)	(33.2%)	1,136,125
Collection Rate %	62.6%	61.9%	1.2%	1.2%	68.0%	63.5%	61.9%	2.6%	2.6%	63.6%
Compensation Ratio %	64.6%	61.8%	4.5%	4.5%	73.1%	64.7%	65.8%	(1.6%)	(1.6%)	67.7%
Operating Margin	(6.1%)	3.6%	(270.8%)	(270.8%)	(11.1%)	(3.4%)	(1.4%)	138.9%	138.9%	(4.8%)
OP EBIDA Margin \$	(63,553)	206,942	(270,496)	(130.7%)	(99,762)	157,200	748,656	(591,456)	(79.0%)	(318,271)
OP EBIDA Margin %	(2.3%)	7.4%	(9.8%)	(131.2%)	(4.4%)	0.5%	2.3%	(1.8%)	(78.8%)	(1.1%)
Total Margin (%)	(0.6%)	7.2%	(7.7%)	(107.8%)	45.9%	1.5%	2.3%	(0.7%)	(32.7%)	4.1%



Balance Sheet

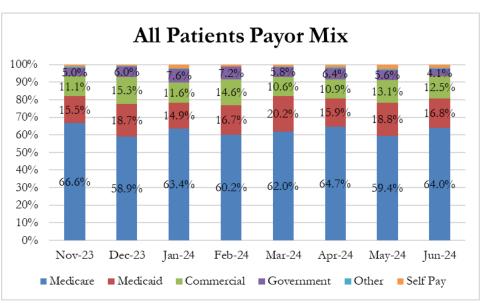
For The Period Ending June 2024

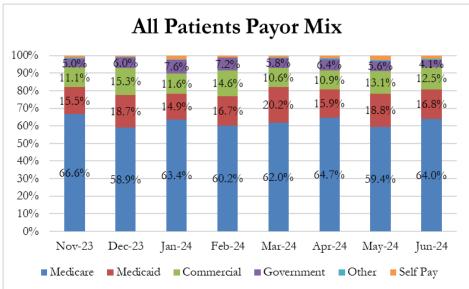
Tor The renou Phanis June 2021	Balance as of June 2024	Balance as of June 2023	Change	Balance as of June 2022
Assets				
Current Assets				
Cash - Operating	1,524,229	8,783,262	(7,259,033)	6,600,542
Cash Equivalents	10,291,613	3,988,481	6,303,132	7,911,429
Net Patient Accounts Receivable	3,714,581	2,813,679	900,902	3,197,844
Other Current Assets	660,703	678,641	(17,939)	1,134,760
Total Current Assets	16,191,126	16,264,064	(72,938)	18,844,575
Net PP&E	6,285,743	6,677,893	(392,150)	4,847,259
Total Assets	22,476,869	22,941,957	(465,088)	23,691,835
Liabilities and Net Assets				
Current Liabilities	3,982,366	4,308,166	(325,800)	7,170,179
Total Long-Term Debt, net	4,323,775	4,966,652	(642,877)	3,990,653
Fund Balance	13,667,140	12,531,014	1,136,125	12,706,270
Change in Net Position	503,588	1,136,125	(632,537)	(175,268)
Total Net Assets	14,170,728	13,667,140	503,588	12,531,002
Total Liabilities & Net Assets	22,476,869	22,941,957	(465,088)	23,691,835
Ratios			_	
Cash to Debt Ratio	0.35	1.77	(1.42)	1.65
Debt Ratio	0.37	0.40	(0.03)	0.47
Current Ratio	4.07	3.78	0.29	2.63
Average Age of Plant	5.56	13.67	(8.11)	19.36
Debt to Capitalization Ratio	0.24	0.27	(0.03)	0.25

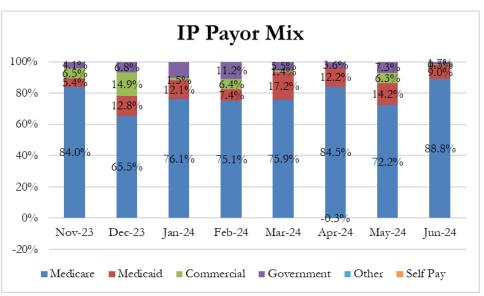
Volume and Key Performance Ratios For The Period Ending June 2024

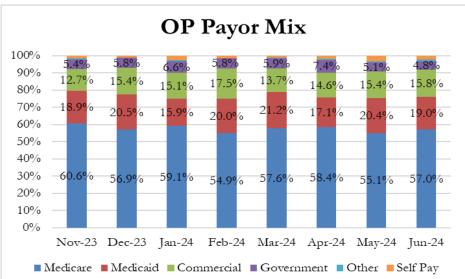
				Month				`	Year to Date		
					Variance	Variance				Variance	Variance
		Actual	Budget	Prior Year	to Bud	to Prior	Actual	Budget	Prior Year	to Bud	to Prior
	IP Days	118	150	89	-21.6%	32.6%	1,514	1,520	1,427	-0.4%	6.1%
	Swing Bed Days	96	164	46	-41.6%	108.7%	1,289	2,006	1,320	-35.8%	-2.3%
δ.	Total Inpatient Days	214	315	135	-32.0%	58.5%	2,803	3,526	2,747	-20.5%	2.0%
nar	Avg Daily Census	7.1	10.5	4.5	-32.0%	58.5%	7.7	9.6	7.5	-20.5%	1.8%
ımı	Avg Length of Stay - IP	3.3	5.4	3.2	-39.0%	3.1%	4.0	4.3	4.1	-8.0%	-2.0%
Volume Summary	Avg Length of Stay - SWB	13.7	20.6	5.8	-33.3%	138.5%	12.3	19.1	12.6	-35.8%	-2.3%
Œ.											
Vol	ED Registrations	524	446	438	17.4%	19.6%	5,487	5,364	5,262	2.3%	4.3%
	Clinic Registrations	528	442	475	19.5%	11.2%	6,320	5,362	5,332	17.9%	18.5%
	Ancillary Registrations	1,081	1,022	1,022	5.8%	5.8%	13,593	11,682	11,682	16.4%	16.4%
	Total OP Registrations	2,133	1,910	1,935	11.7%	10.2%	25,400	22,408	22,276	13.4%	14.0%
Ħ	Gross IP Rev/IP Day	7,629	9,036	7,450	-15.6%	2.4%	7,673	8,905	8,010	-13.8%	-4.2%
me	Gross SWB Rev/SWB Day	976	665	1,167	46.8%	-16.4%	989	667	948	48.2%	4.2%
tate	Gross OP Rev/Total OP Registrations	1,550	1,575	1,355	-1.6%	14.3%	1,465	1,647	1,382	-11.0%	6.0%
ome St Ratios	Collection Rate	62.6%	61.9%	68.0%	1.2%	-7.9%	63.5%	61.9%	63.6%	2.6%	-0.2%
Ra	Compensation Ratio	64.6%	61.8%	73.1%	4.5%	-11.6%	64.7%	65.8%	67.7%	-1.6%	-4.4%
Key Income Statement Ratios	OP EBIDA Margin \$	(63,553)	206,942	(99,762)	-130.7%	-36.3%	157,200	748,656	(318,271)	-79.0%	-149.4%
Śey	OP EBIDA Margin %	-2.3%	7.4%	-4.4%	-131.2%	-47.1%	0.5%	2.3%	-1.1%	-78.8%	-143.0%
4	Total Margin	-0.6%	7.2%	45.9%	-107.8%	-101.2%	1.5%	2.3%	4.1%	-32.7%	-62.6%
E.	Days Cash on Hand	133.2	80.0	134.2	-66.5%	-0.7%					
Key Liquidity Ratios											
Liq.											
	AR Days Outstanding	46.4	50	47.1	-7.2%	-1.5%					



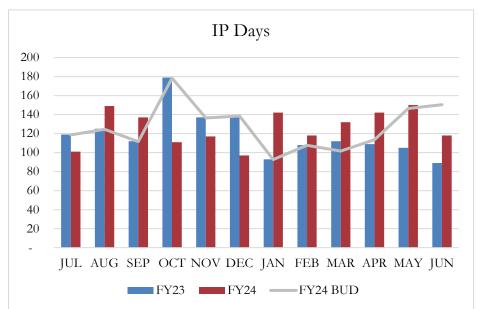


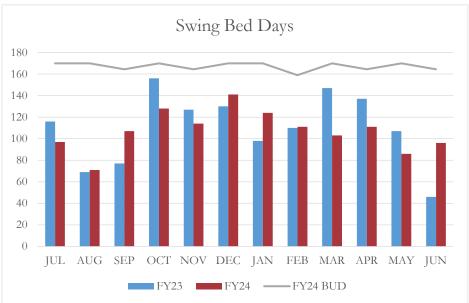


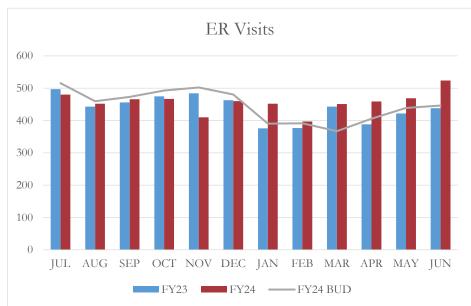


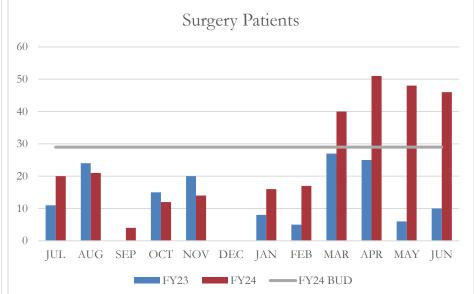




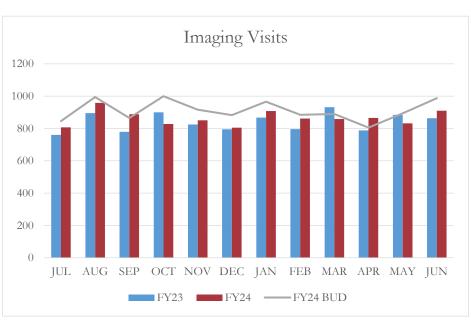


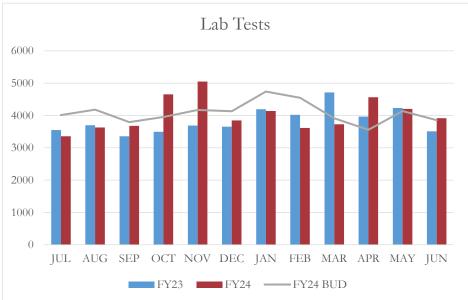


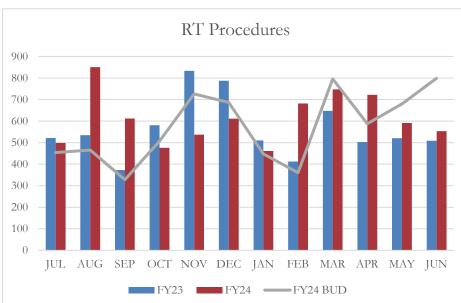


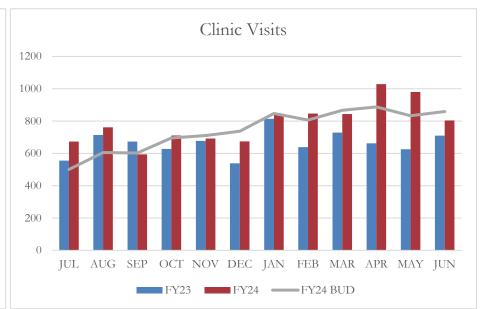














Balance Sheet

For The Period Ending June 2024

For The Period Ending June 2024				
	Balance as of	Balance as of		Balance as of
	June 2024	June 2023	Change	June 2022
Acceta				
Assets Current Assets				
Cash - Operating	1,401,048	0 702 262	(7 202 215)	6,600,542
Covid-19 Relief Funds	1,401,048	8,783,262 0	(7,382,215)	1,201,335
	0	0	0	3,041,479
Medicare Accelerated Payments Investments - Unrestricted				
	4,076,428	1,772,505	2,303,923	1,452,639
Investments- Reserved Certificate of Deposit	3,510,375	0	3,510,375	0
Investments - Restricted	0	9,488	(9,488)	9,488
Investment - USDA Restricted	233,705	233,705	0	233,705
Investment - Board Designated	2,500,000	1,972,783	527,217	1,972,783
Cash and Cash Equivalents	11,721,556	12,771,743	(1,050,188)	14,511,971
Patient Accounts Receivable	7,228,498	5,628,112	1,600,387	5,990,969
Allowance for Uncollectibles	(3,320,866)	(2,814,433)	(506,433)	(2,793,125)
Net Patient Accounts Receivable	3,907,633	2,813,679	1,093,954	3,197,844
Other Receivables	19,272	20,892	(1,620)	7,034
Inventory	230,931	262,233	(31,303)	163,375
Prepaid Expense	465,262	367,358	97,904	479,232
Property Tax Receivable	38,654	28,158	10,496	43,119
Medicare Receivable	0	0	0	442,000
Total Current Assets	16,383,307	16,264,064	119,243	18,844,575
Property, Plant and Equipment				
Land	461,527	461,527	0	461,527
Property and Equipment:	20,434,652	20,092,234	342,417	17,205,488
Less: Accumulated Depreciation	(15,194,163)	(13,904,245)	(1,289,918)	(12,886,837)
Construction In Progress	684,972	28,376	656,596	67,081
Net PP&E	6,386,988	6,677,893	(290,905)	4,847,259
Total Assets	22,770,295	22,941,957	(171,662)	23,691,835



Balance Sheet For The Period Ending June 2024

	Balance as of June 2024	Balance as of June 2023	Change	Balance as of June 2022
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,307,337	842,313	465,023	757,537
Accrued Payroll and Benefits	1,411,249	1,145,490	265,759	1,195,908
Interest and Other Payable	100,993	100,328	664	103,720
Medicare Reserve Payable	747,650	1,441,004	(693,355)	623,871
Current Portion of Long Term Debt	763,258	779,030	(15,771)	246,328
Medicare Accelerated Fund	0	0	0	3,041,479
Provider Relief Funds	0	0	0	1,201,335
Current Liabilities	4,330,486	4,308,166	22,321	7,170,179
Long-Term Debt	5,047,502	5,745,681	(698,179)	4,236,981
Less Current Portion of Long-Term Debt	(763,258)	(779,030)	15,771	(246,328)
Total Long-Term Debt, net	4,284,244	4,966,652	(682,408)	3,990,653
Total Liabilities	8,614,730	9,274,817	(660,088)	11,160,832
Net Assets:				
Fund Balance	13,667,140	12,531,014	1,136,125	12,706,270
Change in Net Position	488,426	1,136,125	(647,699)	(175,268)
Total Net Assets	14,155,566	13,667,140	488,426	12,531,002
Total Liabilities & Net Assets	22,770,296	22,941,957	(171,662)	23,691,835



Summary Statements of Revenues, Expenses, and Changes in Net Position For The Period Ending June 30, 2024

For The Period Ending June 30	, 2024									
		Curre	ent Month - Jun-2	024		Year To Date - Jun-2024				
	Jun-2024	Jun-2024			Jun-2023	Jun-2024	Jun-2024			Jun-2023
	Actual	Budget	Variance	Var %	Actual	Actual	Budget	Variance	Var %	Actual
Patient Revenue										
Inpatient	993,919	1,468,539	(474,620)	(32.3%)	716,725	12,891,920	14,874,193	(1,982,272)	(13.3%)	12,681,796
Outpatient	3,305,149	3,008,611	296,538	9.9%	2,622,888	37,206,165	36,895,853	310,311	0.8%	30,785,361
Total Patient Revenue	4,299,068	4,477,150	(178,082)	(4.0%)	3,339,613	50,098,085	51,770,046	(1,671,961)	(3.2%)	43,467,157
Deductions From Revenue										
Total Deductions	1,607,445	1,707,108	99,663	5.8%	1,069,547	18,294,822	19,743,358	1,448,536	7.3%	15,823,490
Revenue Deductions %	37.4%	38.1%			32.0%	36.5%	38.1%			36.4%
Net Patient Revenue	2,691,623	2,770,042	(78,419)	(2.8%)	2,270,066	31,803,263	32,026,688	(223,425)	(0.7%)	27,643,667
Other Operating Revenue	42,897	10,449	32,448	310.5%	2,602	101,980	125,386	(23,406)	(18.7%)	138,058
Total Operating Revenue	2,734,520	2,780,491	(45,971)	(1.7%)	2,272,668	31,905,243	32,152,074	(246,831)	(0.8%)	27,781,724
Operating Expenses										
Salaries & Wages	1,198,810	1,247,037	48,227	3.9%	1,062,583	14,171,424	15,077,738	906,315	6.0%	12,848,107
Contract Labor	227,960	161,843	(66,117)	(40.9%)	299,433	2,744,329		(420,617)	(18.1%)	2,675,830
Benefits	339,906	310,271	(29,634)	(9.6%)	298,364	3,731,904	3,749,149	17,245	0.5%	3,289,385
Total Labor Expenses	1,766,676	1,719,151	(47,525)	(2.8%)	1,660,380	20,647,657	21,150,600	502,943	2.4%	18,813,322
Professional Fees	266,522	227,544	(38,978)	(17.1%)	220,348	3,334,477	2,730,530	(603,947)	(22.1%)	2,919,813
Purchased Services	351,856	286,301	(65,555)	(22.9%)	164,680	3,411,566	3,435,613	24,046	0.7%	2,669,200
Drugs & Pharmaceuticals	64,080	50,049	(14,031)	(28.0%)	(43,426)	1,197,243	610,347	(586,896)	(96.2%)	493,716
Medical Supplies	19,071	32,518	13,447	41.4%	22,873	228,104	372,586	144,482	38.8%	281,566
Other Supplies	110,375	101,085	(9,290)	(9.2%)	81,645	1,115,310	1,213,019	97,709	8.1%	1,097,054
Lease and Rental	-	-	-	0.0%	-	3,300	-	(3,300)	0.0%	-
Maintenance & Repairs	25,848	22,954	(2,893)	(12.6%)	17,403	231,817	275,453	43,636	15.8%	225,253
Other Expenses	102,907	85,890	(17,017)	(19.8%)	152,552	960,673	1,038,610	77,938	7.5%	986,457
Utilities	27,149	26,508	(641)	(2.4%)	26,873	325,870	318,091	(7,779)	(2.4%)	308,313
Insurance	63,589	21,547	(42,042)	(195.1%)	69,103	292,026	258,569	(33,457)	(12.9%)	305,301
Depreciation & Amortization	104,354	106,972	2,618	2.4%	152,846	1,234,927	1,203,324	(31,603)	(2.6%)	1,017,408
Total Operating Expenses	2,902,427	2,680,520	(221,907)	(8.3%)	2,525,276	32,982,970	32,606,743	(376,227)	(1.2%)	29,117,403
Operating Income / (Loss)	(167,907)	99,971	(267,878)	(268.0%)	(252,608)	(1,077,727)	(454,669)	(623,058)	137.0%	(1,335,679)
Non-Operating										
Property Taxes	93,248	91,439	1,809	2.0%	76,585	1,131,813	1,097,266	34,547	3.1%	1,060,279
Non-Operating Revenue	49,027	9,361	39,666	423.7%	1,239,458	287,605	112,337	175,268	156.0%	1,386,920
Interest Expense	(23,005)	(27,066)	4,062	(15.0%)	(36,640)	(292,252)	(324,797)	32,545	(10.0%)	(278,399)
Investment Income	33,475	25,104	8,370	33.3%	33,670	492,090	301,254	190,836	63.3%	321,379
Gain(Loss) on Sale of Assets	-	-	-	0.0%	-	(53,103)	-	(53,103)	0.0%	-
Total Non-Operating	152,744	98,838	53,906	54.5%	1,313,073	1,566,153	1,186,061	380,092	32.0%	2,490,179
Change in Net Position	(15,163)	198,809	(213,972)	(107.6%)	1,060,465	488,426	731,392	(242,966)	(33.2%)	1,154,499

Income Statement
For The Period Ending June 2024
Comparison to Prior Months

Comparison to Prior Months						
	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Patient Revenue						
Inpatient	1,153,907	1,041,279	1,100,223	1,201,348	1,182,810	993,919
Outpatient	3,226,636	3,141,420	3,217,288	3,456,287	3,306,888	3,305,149
Total Patient Revenue	4,380,543	4,182,699	4,317,511	4,657,635	4,489,698	4,299,068
Total Patient Revenue	4,360,343	4, 102, 033	4,317,311	4,057,035	4,403,030	4,299,000
Deductions From Revenue						
Charity Services	34,603	33,620	24,096	101,098	19,768	31,801
Contractual Allowances	1,391,808	1,340,268	1,445,911	1,459,249	1,589,783	1,403,392
Other Discounts	146,705	101,826	268,532	158,776	123,232	193,038
Bad Debt	48,526	(32,368)	(444)	(22,059)	(2,698)	(20,786)
Total Deductions	1,621,642	1,443,346	1,738,095	1,697,064	1,730,085	1,607,445
Net Patient Revenue	2,758,901	2,739,354	2,579,416	2,960,571	2,759,614	2,691,623
Other Operating Revenue	1,646	45,172	5	2,895	1,345	42,897
Total Operating Revenue	2,760,547	2,784,526	2,579,421	2,963,466	2,760,959	2,734,520
Operating Expenses						
Salaries & Wages	1,232,141	1,136,835	1,244,480	1,118,037	1,190,872	1,198,810
Benefits	401,379	290,402	249,730	342,966	360,596	339,906
Contract Labor	171,604	212,160	255,345	182,631	309,047	227,960
Professional Fees	310,968	274,379	281,035	261,438	283,716	266,522
Purchased Services	297,074	298,365	312,818	369,507	271,258	351,856
Medical Supplies	27,829	19,903	15,683	25,400	17,097	19,071
Drugs & Pharmaceuticals	83,094	64,258	105,246	299,262	150,696	64,080
Other Supplies	117,156	69,914	98,244	70,173	117,722	110,375
Depreciation & Amortization	105,951	102,445	105,769	104,206	104,101	104,354
Maintenance & Repairs	15,704	18,694	15,843	22,158	17,379	25,848
Utilities	28,137	24,520	25,917	31,430	30,727	27,149
Insurance	24,976	20,480	20,480	21,508	21,508	63,589
Other Expenses	53,629	108,913	97,179	96,999	85,331	102,907
Total Operating Expenses	2,869,643	2,641,269	2,827,769	2,945,716	2,960,052	2,902,427
	(109,097)					
Excess of Revenue Over Expenses from Op	(100,001)	143,257	(248,348)	17,750	(199,093)	(167,907)
Non-Operating						
Unrestricted Contributions	93,248	93,248	93,248	93,248	93,248	93,248
Other NonOperating Revenue\Expense	18,990	14,699	5,394	69,819	9,743	49,027
Investment Income	42,784	41,858	44,834	42,579	28,799	33,475
Gain(Loss) on Sale of Assets	-	-	(40,067)	-	-	-
Total Non-Operating	155,021	149,805	103,408	205,646	131,790	175,749
Interest Expense	(24,183)	(23,944)	(23,735)	(23,430)	(23,218)	(23,005)
Excess of Revenue Over Expenses	21,741	269,117	(168,675)	199,966	(90,521)	(15, 163)





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	126.4
2023	137.8
2022	113.0
2021	41.2
2020	54.0

Benchmark

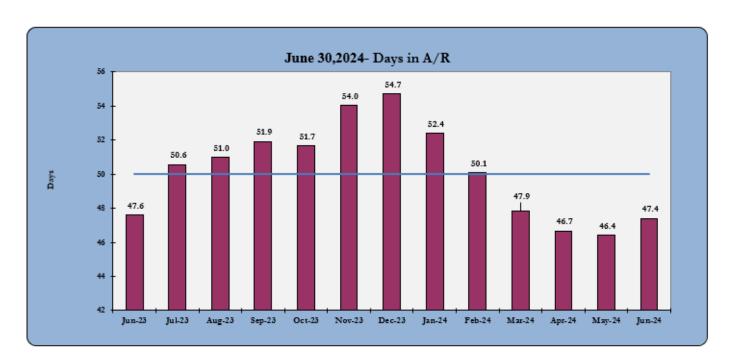
80 Days

How ratio is used:

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

Fiscal	<u>Jul</u>	Aug	Sep	Oct	Nov	Dec	<u>Jan</u>	Feb	<u>Mar</u>	<u>Apr</u>	May	<u>Jun</u>
2024	117.7	114.5	106.8	113.1	123.1	123.3	136.1	145.3	137.0	135.2	133.2	131.6
2023	135.9	140.8	135.2	130.5	139.4	140.7	147.8	149.7	138.9	127.8	134.2	133.3
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5
2021	38.7	54.6	39.1	48.2	61.6	34.4	34.6	33.0	37.2	19.9	21.9	70.8
2020	54.3	53.4	54.2	53.3	50.3	58.3	62.6	64.9	63.8	56.4	44.0	32.0





Calculation:

Gross Accounts Receivable

Average Daily Revenue

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

accounts are being paid.

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

Benchmark 50

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

higher levels of Days Cash on Hand.

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
A/R (Gross)	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	6,773,937	6,824,281	6,790,901	7,005,894
Days in AR	47.6	50.6	51.0	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4
***	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
A/R (Gross)	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	6,773,937	6,824,281	6,790,901	7,005,894
Days in Month	30	31	31	30	31	30	31	31	29	31	30	31	30
Monthly Revenue	3,339,613	3,759,053	4,095,150	3,961,459	3,845,624	4,025,479	4,025,479	4,380,543	4,182,699	4,317,511	4,657,635	4,489,698	4,299,068
3 Mo Avg Daily Revenue	112,416	116,587	121,672	128,431	129,372	130,028	129,311	135,125	138,338	141,547	146,198	146,357	147,763
Days in AR	47.6	50.6	51.0	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4



SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPITAL PURCHASES SUMMARY FY2024

Approved Projects:

Project Name Department Budgeted Amount Total Spending Amount Remaining Date Completed Notes

Budgeted Non-Threshold Capital Purchases (<\$15,000)

			<u> </u>	1		TT
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	NA	Purchase in FY23 covered this need
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	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	NA	No longer needed per Radiology
Door security	Radiology	4,000		4,000		

Jn-Budgeted Non-Threshold Capital Purchases (<\$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	
Vmax Upgrade	RT	-	8,847	(8,847)	5.31.24	

Totals - Non Threshold Projects

127,430 39,808 87,622



SOUTHERN COOS HOSPITAL & HEALTH CENTER CAPITAL PURCHASES SUMMARY FY2024

Approved Projects:

Project Name Department Budgeted Amount Total Spending Amount Remaining Date Completed Notes

Budgeted 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	13,580	8,420	5.31.24	
Security Camera System Expansion	Information Systems	21,000	9,538	11,462		Complete - awaiting final invoice to capitalize
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		
Drug Dispensing System (Pyxis)	Pharmacy	170,000	79,454	90,546	3.31.24	Towers were not purchased this year, not needed in
Ultrasound Probe Cardiac 3D X5-1	Radiology	23,000		23,000		
Ultrasound Echo Bed	Radiology	19,203		19,203		
AMSCO Washer & Construction	Surgery	106,500	97,822	8,678		
AMSCO Repro Sink	Surgery	-	82,873	(82,873)		
Auto AMSCO Pass Through Window	Surgery	-	24,997	(24,997)		
Water Treatment Evoqua	Surgery	_	28,404	(28,404)		
Sterile Processing Prep & Pack	Surgery	_	12,272	(12,272)		

Un-Budgeted Threshold Projects (>\$15,000)

Totals - Threshold Projects 629,903 368,908 260,995

Grand Total 757,333 HD Regular Media of July 25, 2024 - 348,647



Grant	Funded	Projec	ts:
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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
Totals - Grant	Funded	117,462	117,462			

Epic & Sage Projects	Expected Project Cost	Spending To Date	Amount Remaining	
EPIC	1,800,758	568,982	1,231,776	
SAGE	605.637	168.566	437.071	

Clinic Provider Income Summary

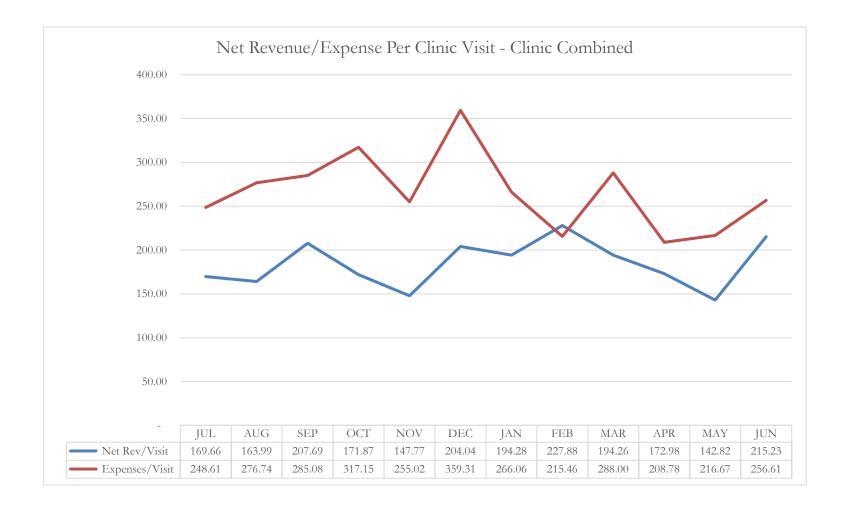
All Providers

For The Budget Year 2024														Current Bu	dget YTD
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY24	
	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	YTD	Budget	Variance
Provider Productivity Metrics															
Clinic Days	82	80	77	76	88	78	100	81	87	74	66	73	886	848	37
Total Visits	623	629	643	606	644	647	809	714	750	649	577	685	6,861	6,684	177
Visits/Day	7.6	7.9	8.4	8.0	7.3	8.3	8.1	8.8	8.6	8.8	8.7	9.4	7.7	7.9	(0.1)
Total RVU	1,318.76	1,304.35	1,312.30	1,255.63	1,559.10	1,335.76	1,854.16	1,447.48	1,554.59	1,333.42	1,094.47	1,376.70	14,591.68	14,049.32	542.36
RVU/Visit	2.12	2.07	2.04	2.07	2.42	2.06	2.29	2.03	2.07	2.05	1.90	2.01	2.13	2.10	0.02
RVU/Clinic Day	16.08	16.28	17.04	16.49	17.72	17.11	18.54	17.85	17.87	18.00	16.58	18.82	16.48	16.56	(0.08)
Gross Revenue/Visit	452.58	381.84	446.34	413.61	459.04	396.94	403.01	392.96	334.94	380.24	404.05	386.23	411.05	392.59	18.45
Gross Revenue/RVU	213.81	184.12	218.70	199.78	189.61	192.35	175.84	193.70	161.59	185.17	213.01	192.14	193.27	186.77	6.50
Net Rev/RVU	91.78	81.26	111.66	87.96	80.24	85.85	75.47	85.72	68.90	81.47	113.47	83.38	86.59	83.02	3.56
Expense/RVU	125.69	104.68	105.57	103.69	118.96	101.26	91.09	91.94	104.53	104.49	135.28	98.09	122.60	112.54	10.07
Diff	(33.91)	(23.42)	6.09	(15.73)	(38.72)	(15.41)	(15.62)	(6.22)	(35.63)	(23.02)	(21.82)	(14.70)	(36.02)	(29.51)	(6.50)
Net Rev/Day	1,476.02	1,323.04	1,902.94	1,450.63	1,421.63	1,469.31	1,399.41	1,530.51	1,231.22	1,466.25	1,881.61	1,569.24	1,426.82	1,375.00	51.82
Expense/Day	2,021.43	1,704.36	1,799.21	1,710.11	2,107.60	1,733.03	1,689.00	1,641.58	1,867.82	1,880.48	2,243.41	1,845.94	2,020.32	1,863.79	156.54
Diff	(545.42)	(381.32)	103.73	(259.48)	(685.97)	(263.72)	(289.59)	(111.06)	(636.60)	(414.23)	(361.79)	(276.69)	(593.50)	(488.79)	(104.72)
Patient Revenue															
Outpatient															
Total Patient Revenue	281,959	240,155	287,000	250,849	295,624	256,937	326,034	280,380	251,208	246,910	233,137	264,515	2,820,187	2,624,015	196,172
Deductions From Revenue				4.0											
Total Deductions From Revenue (Note A	160,926	134,162	140,473	140,40818	64703521	142,255		156,299	144,093	138,273	108,951	149,719	1,556,739	1,457,589	99,150
Net Patient Revenue	121,034	105,992	146,526	110,441	125,103	114,681	139,941	124,081	107,116	108,637	124,186	114,795	1,263,448	1,166,426	97,022
T-110	101.024	105 000	146 506	110 111	105 103	114 (01	120.041	124 001	107 116	100 (27	124 107	114 705	1 262 449	1.1((10(07.022
Total Operating Revenue	121,034	105,992	146,526	110,441	125,103	114,681	139,941	124,081	107,116	108,637	124,186	114,795	1,263,448	1,166,426	97,022
Operating Expenses															
Salaries & Wages	79,650	71,845	59,924	68,436	133,798	71,845	95,702	70,141	96,080	71,845	79,885	70,141	1,017,510	848,704	168,806
Benefits	19,843	9,057	11,889	8,865	7,429	9,477	11,422	8,906	10,275	9,057	8,198	8,694	121,487	101,888	19,599
Purchased Services	10,000	0	11,145	0	(21,025)	0	294	0	0	0	65	0	479	0	479
Medical Supplies	2,579	638	4,770	638	3,944	567	1,725	638	231	638	4,170	567	19,451	6,525	12,926
Other Supplies	529	132	56	132	368	132	(64)	132	279	132	1,376	132	7,092	1,589	5,503
Maintenance and Repairs	0	0	25	0	23	0	25	0	26	0	0	0	236	0	236
Other Expenses	2,467	2,225	3,667	2,225	12,013	2,225	13,681	2,225	2,555	2,225	3,417	2,225	55,138	26,705	28,433
Allocation Expense	50,689	52,643	47,064	49,898	48,919	51,019	46,115	51,043	53,055	55,431	50,954	53,277	567,605	595,657	(28,053)
Total Operating Expenses	165,758	136,540	138,539	130,196	185,469	135,265	168,900	133,085	162,500	139,329	148,065	135,036	1,788,997	1,581,068	207,929
Excess of Operating Rev Over Exp	(44,724)	(30,548)	7,987	(19,755)	(60,366)	(20,584)	(28,959)	(9,004)	(55,384)	(30,691)	(23,878)	(20,241)	(525,549)	(414,642)	(110,907)
Total Non-Operating Income	300	0	450	0	1,748	0	20,150	0	0	0	300	0	25,648	0	25,648
Excess of Revenue Over Expenses	(44,424)	(30,548)	8,437	(19,755)	(58,618)	(20,584)	(8,809)	(9,004)	(55,384)	(30,691)	(23,578)	(20,241)	(499,901)	(414,642)	(85,259)
					l				l						



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

Tot The Ferroa Enamy Jane, 2021										
	Cu	urrent Month - Jun-2024		Year To Date - Jun-2024						
	Hospital	Clinic Providers	Jun-2024	Hospital	Clinic Providers	Jun-2024				
	Actual	Actual	Actual	Actual	Actual	Actual				
Patient Revenue										
Inpatient	993,919	-	993,919	12,891,920	-	12,891,920				
Outpatient	3,072,012	233,137	3,305,149	34,385,978	2,820,187	37,206,165				
Total Patient Revenue	4,065,930	233,137	4,299,068	47,277,898	2,820,187	50,098,085				
Deductions From Revenue										
Total Deductions	1,498,494	108,951	1,607,445	16,738,083	1,556,739	18,294,822				
Revenue Deductions %	36.9%	46.7%	37.4%	35.4%	55.2%	36.5%				
Net Patient Revenue	2,567,436	124,186	2,691,623	30,539,815	1,263,448	31,803,263				
Other Operating Revenue	42,897	-	42,897	101,980	-	101,980				
Total Operating Revenue	2,610,333	124,186	2,734,520	30,641,795	1,263,448	31,905,243				
Operating Expenses										
Total Labor Expenses	1,678,593	88,083	1,766,676	19,508,659	1,138,997	20,647,657				
Total Other Operating Expenses Total Operating Expenses	1,075,769 2,754,362	59,982 148,065	1,135,751 2,902,427	11,685,314 31,193,973	650,000 1,788,997	12,335,314 32,982,970				
Total Operating Expenses	2,734,302	140,003	2,902,421	31,133,373	1,760,997	32,962,910				
Operating Income / (Loss)	(144,029)	(23,878)	(167,907)	(552,179)	(525,549)	(1,077,727				
Net Non-Operating Revenues	152,444	300	152,744	1,540,505	25,648	1,566,153				
Change in Net Position	8,416	(23,578)	(15,163)	988,327	(499,901)	488,426				
Collection Rate %	63.1%	53.3%	62.6%	64.6%	44.8%	63.5%				
Compensation Ratio %	64.3%	70.9%	64.6%	63.7%	90.1%	64.7%				
OP EBIDA Margin \$	(39,675)	(23,878)	(63,553)	682,749	(525,549)	157,200				
OP EBIDA Margin %	(1.5%)	(19.2%)	(2.3%)	2.2%	(41.6%)					
Total Margin (%)	0.3%	(19.0%)	(0.6%)	3.2%	(39.6%)					





Surgical Services Income Summary

All Providers

For The Budget Year 2024														Current B	udget YTD
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY24	9
	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	IUN	YTD	Budget	Variance
Provider Productivity Metrics	J .	<i>J</i>									<i>J</i>	<i>J</i>			
Productive Days	23	23	21	21	21	21	22	22	23	23	20	20	87	87	0
Total Visits	16	29	17		40	29	51	29	48	29	46	29		348	
Visits/Day	0.7	1.3	0.8	1.4	1.9	1.4	2.3	1.3	2.1	1.3	2.3	1.5		4.0	(/
Gross Revenue/Visit	2,173.17				5,878.10			10,041.13		10,053.26	4,158,56	10,047.19		10,050.48	\ /
Net Rev/Day	891.94	7,476.49	569.18	8,181.13	6,605.86	8,181.13	4,883.03	7,809.26	5,889.92	7,478.75	5,643.16	8,595.37	6,707.51		(17,011.62)
Expense/Day	5,552.34	5,415.44	6,012.51	5,620.63	8,484.76	5,931.20	5,211.02	5,513.37	8,154.00	5,415.44	8,172.71	6,064.71	1	16,825.40	
Diff	(4,660.39)	2,061.05	(5,443.33)	2,560.50	(1,878.90)	2,249.93	(327.99)	2,295.88	(2,264.09)	2,063.30	(2,529.55)	2,530.66			(18,588.16)
Patient Revenue															
Outpatient															
Total Patient Revenue	34,771	291,456	20,259	291,193	235,124	291,193	182,079	291,193	229,607	291,544	191,294	291,369	989,073	3,497,566	(2,508,493)
Deductions From Revenue															
Total Deductions From Revenue (Note A)	14,256	119,497	8,306	119,389	96,401	119,389	74,652	119,389	94,139	119,533	78,430	119,461	405,520	1,434,002	(1,028,482)
Net Patient Revenue	20,515	171,959	11,953	171,804	138,723	171,804	107,427	171,804	135,468	172,011	112,863	171,907	583,553	2,063,564	(1,480,011)
Total Operating Revenue	20,515	171,959	11,953	171,804	138,723	171,804	107,427	171,804	135,468	172,011	112,863	171,907	583,553	2 063 564	(1,480,011)
Total Operating Revenue	20,013	1/1,737	11,755	171,004	130,723	171,001	107,127	171,001	133,100	172,011	112,000	171,707	303,333	2,003,301	(1,100,011)
Operating Expenses	L .		_	_	_	,			_	,	_	•	L	L	
Salaries & Wages	76,248	80,531	79,787	75,521	89,831	80,531	36,910	78,026	77,689	80,531	102,246	78,026	837,472	946,232	(108,760)
Benefits	20,950	23,376	21,743	21,868	12,665	23,376	20,435	22,622	20,936	23,376	22,513	22,622	192,904	269,816	(76,912)
Purchased Services	4,128	291	11,660	291	43,531	291	23,919	291	58,140	291	17,420	291	307,998	3,494	304,504
Medical Supplies	8,535	12,946	1,952	12,942	12,990	12,946	10,169	12,944	9,987	12,946	8,420	12,944	64,831	155,342	(90,511)
Other Supplies	8,503	4,558	5,696	4,558	3,649	4,558	11,691	4,558	14,456	4,558	6,775	4,558	99,474	54,701	44,773
Maintenance and Repairs	8,313	2,269	4,837	2,269	2,869	2,269	11,418	2,269	6,182	2,269	5,980	2,269	74,810	27,230	47,580
Other Expenses	1,027	583	588	583	12,645	583	100	583	152	583	100	583	23,481	6,995	16,487
Allocation Expense															0
Total Operating Expenses	127,704	124,555	126,263	118,033	178,180	124,555	114,642	121,294	187,542	124,555	163,454	121,294	1,600,970	1,463,810	137,159
Excess of Revenue Over Expenses	(107,189)	47,404	(114,310)	53,770	(39,457)	47,248	(7,216)	50,509	(52,074)	47,456	(50,591)	50,613	(1,017,416)	599,754	(1,617,170)
Additional SPD Expenses															
Project Management	3,150	0	3,745	0	2,697	0	3,060	0	0	0	0	0	12,652	0	12,652
Architectural & Engineering Fees	0	0	4,878	0	19,444	0	13,287	0	10,200	0	6,833	0	54,642	75,000	(20,358)
Construction	0	0	0	0	18,205	0	2,808	0	445,702	0	0	0	466,715	400,000	66,715
Capital	0	0	0	0	167,111	0	0	0	0	0	28,688	0	195,799	150,000	45,799
Shipping and Handling	0	0	0	0	20,376	0	0	0	0	0	4,045	0	24,421	0	24,421
Liposuction Equipment	0	0	0	0	5,000	0	0	0	0	0	0	0	5,000	55,000	(50,000)
Other Instrumentation & Equipment	0	0	0	0	0	0	12,272	0	0	0	0	0	12,272	150,000	(137,728)
Total Project Expense	3,150	0	8,623	0	232,834	0	31,427	0	455,902	0	39,566	0	771,501	830,000	(58,499)

SPD Project Tracker

			Current Bu	udget YTD
	ACT	Expected	Budget	
	Spend	Spend		Variance
Additional SPD Expenses				
Project Management	12,652	12,652	0	12,652
Architectural & Engineering Fees	49,445	54,642	75,000	(20,358)
Construction	0	466,715	400,000	66,715
Capital	0	195,799	150,000	45,799
Shipping and Handling	20,376	24,421	0	24,421
Liposuction Equipment	5,000	5,000	55,000	(50,000)
Other Instrumentation & Equipment	0	12,272	150,000	(137,728)
Total Project Expense	87,473	771,501	830,000	(58,499)

Major Variances for Actual vs Expected

Most capital equipment has not been paid for, amounts were added to the project tracker when PO was placed Construction costs are not paid for, amount added to the project tracker when quote was obtained



Lower SPD Project Estimate

Sterile Processing & Surgical Services Financial Model

SPD Remodel Investment (5 Year Finance	cing)
Architectural & Engineering Fees	75,000
Construction	200,000
SPD Equipment	150,000
Total	425,000
Additional Routine Capital Needs	
Liposuction Equipment	55,000
Other Instrumentation & Equipment	150,000
Total	205,000
Total Year 1 Investment	630,000

Summary of SPD Remodel Financing					
Initial Investment	425,000				
Interest Rate	8.00%				
Term (years)	5				
SPD Equipment Useful Life (years)	7				
Payment Schedule	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Principal	(72,443.99)	(78,239.51)	(84,498.67)	(91,258.57)	(98,559.25)
Interest	(34,000.00)	(28,204.48)	(21,945.32)	(15,185.43)	(7,884.74)
Total Debt Service	(106,443.99)	(106,443.99)	(106,443.99)	(106,443.99)	(106,443.99)

Projected Annual Cashflows	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
Surgical Operating Revenues	4,239,411.17	4,404,748.21	4,576,533.39	4,755,018.19	4,940,463.90	5,133,141.99	5,333,334.53
Surgical Operating Expenses	(3,759,118.16)	(3,920,785.42)	(4,089,405.44)	(4,265,277.26)	(4,448,712.75)	(4,640,037.19)	(4,839,589.86)
Annual Debt Service Payments	(106,443.99)	(106,443.99)	(106,443.99)	(106,443.99)	(106,443.99)	-	-
Routine Capital Allowance	(205,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)
Net	168,849.02	277,518.80	280,683.95	283,296.93	285,307.16	393,104.80	393,744.67
NPV	\$1,496,961.18						
ROI	352.23%						



Upper SPD Project Estimate

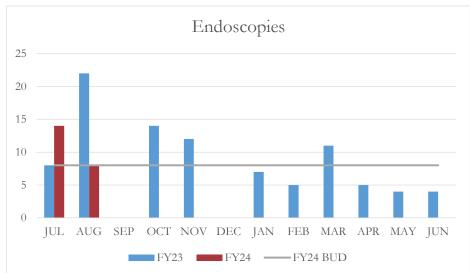
Sterile Processing & Surgical Services Financial Model

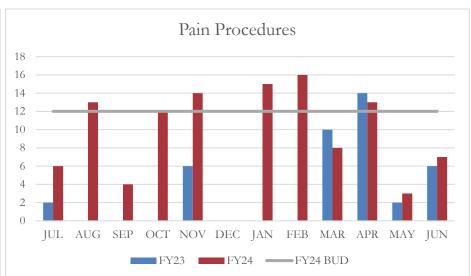
SPD Remodel Investment (5 Year Finan	icing)
Architectural & Engineering Fees	75,000
Construction	400,000
SPD Equipment	150,000
Total	625,000
Additional Routine Capital Needs	
Liposuction Equipment	55,000
Other Instrumentation & Equipment	150,000
Total	205,000
Total Year 1 Investment	830,000

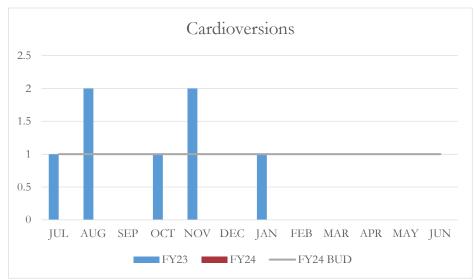
Summary of SPD Remodel Financing					
Initial Investment	625,000				
Interest Rate	8.00%				
Term (years)	5				
SPD Equipment Useful Life (years)	7				
Payment Schedule	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Principal	(106,535.28)	(115,058.11)	(124,262.76)	(134,203.78)	(144,940.08)
Interest	(50,000.00)	(41,477.18)	(32,272.53)	(22,331.51)	(11,595.21)
Total Debt Service	(156,535.28)	(156,535.28)	(156,535.28)	(156,535.28)	(156,535.28)

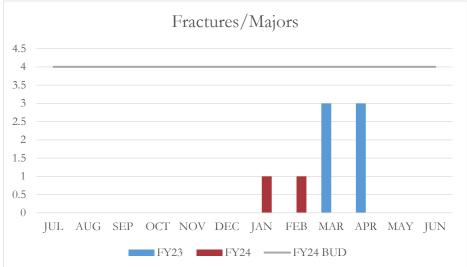
Projected Annual Cashflows	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
Surgical Operating Revenues	4,239,411.17	4,404,748.21	4,576,533.39	4,755,018.19	4,940,463.90	5,133,141.99	5,333,334.53
Surgical Operating Expenses	(3,759,118.16)	(3,920,785.42)	(4,089,405.44)	(4,265,277.26)	(4,448,712.75)	(4,640,037.19)	(4,839,589.86)
Annual Debt Service Payments	(156,535.28)	(156,535.28)	(156,535.28)	(156,535.28)	(156,535.28)	-	-
Routine Capital Allowance	(205,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)	(100,000.00)
Net	118,757.72	227,427.51	230,592.66	233,205.64	235,215.87	393,104.80	393,744.67
NPV	\$1,296,961.18						
ROI	207.51%						



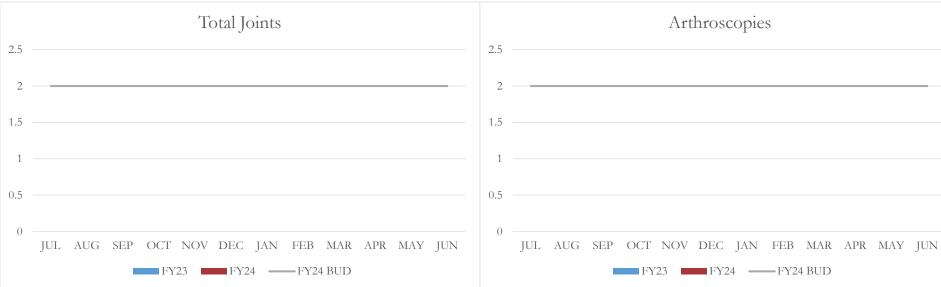


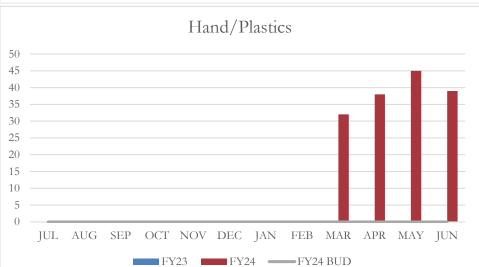














ER Provider Income Summary

All Providers

For The Budget Year 2024													(Current Bu	dget YTI
	ACT	BUD	ACT	FY24											
	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	YTD	Budget	Variance
Provider Productivity Metrics															
Productive Days	31	31	29	29	31	31	30	30	31	31	30	30	366	366	0
Total Visits	452	390	397	391	451	367	459	406	469	439	524	446	5487	5,364	123
Visits/Day	14.6	12.6	13.7	13.5	14.5	11.8	15.3	13.5	15.1	14.2	17.5	14.9	15.0	14.7	0.3
Operating Expenses															
Purchased Services	226,852	150,000	203,400	150,000	213,786	150,000	171,200	150,000	168,920	150,000	169,760	150,000	2,295,238	1,800,000	495,238
Other Expenses	5,883	0	5,708	0	1,119	0	190	0	2,534	0	915	0	36,300	0	36,300
Total Operating Expenses	232,735	150,000	209,109	150,000	214,905	150,000	171,390	150,000	171,454	150,000	170,675	150,000	2,331,537	1,800,000	531,537

