

Board of Directors Regular Meeting & Executive Session
September 26, 2024 6:00 p.m.
AGENDA

- I. Executive Session 1 of 2 Call to Order 6:00 p.m.**
Executive Session Under 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decision will be made in Executive Session.
 - 1. Review of Executive Session Minutes-08/22/24
 - 2. Monthly Reports: Quality, Risk & Compliance & Medical Staff Report

- II. Regular Meeting Open Session Call to Order 6:30 p.m.**
 - 1. Agenda - Corrections or Additions.....(action)

- III. Action from Executive Session**
 - 1. Motion to Approve Reports from Executive Session:.....(action)
 - a. Quality & Patient Safety, Risk & Compliance
 - i. Quality Assurance and Performance Improvement (QAPI) Plan
 - b. Medical Staff Report
 - i. Edits to Medical Staff Bylaws
 - ii. 163.005 Emergency and Disaster Privileges

- IV. Consent Agenda**
 - 1. Meeting Minutes
 - a. Regular Meeting–08/22/24 1
 - b. Executive Session–08/22/24 (*Provided in Executive Session*)
 - c. Special Meeting with Coast Community Health Center-08/27/24..... 7
 - d. Special Meeting-09/16/24..... 10
 - 2. Monthly Counsel Invoice – Robert S. Miller III Attorney: None
 - 3. Policies for Approval: (*See above under Medical Staff Report*)
 - Motion to Approve Consent Agenda**.....(action)

- V. New Business - None.**

- VI. Old Business**
 - 1. Board Education Presentation – Barbara Lorschach, GovernWell..... 11
 - 2. Coast Community Health Center Collaboration Update..... 40
 - 3. DNV Accreditation Report Update 41
 - 4. Real Estate: 2nd Street Acquisition Update..... 42

- VII. Staff Reports-Discussion**
 - 1. CEO Report..... 43
 - 2. Multi-Specialty Clinic Report 45
 - 3. CNO Report 48
 - 4. CFO Report 52
 - 5. CIO Report 53
 - 6. SCHD Foundation Report 57
 - 7. Strategic Plan Update (*Full report under separate cover*)..... 58

VIII.	Monthly EHR/ERP Implementation Dashboard-Discussion	59
IX.	Monthly Financial Statements: Review & Discussion	
	1. Month End Summary	65
	2. Month End Statements for Period Ending August 31, 2024	67
X.	Open Discussion	
XI.	Executive Session 2 of 2	
	<i>Executive Session Under 192.660(2)(i) and 192.660(8) to review and evaluate the performance of an officer, employee or staff member if the person does not request an open meeting. This reason for executive session may not be used to do a general evaluation of an agency goal, objective or operation or any directive to personnel concerning those subjects.</i>	
XII.	Adjournment	

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

- 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 decisions were made in Executive Session.

At 6:36 p.m. the meeting moved to Open Session.

- II. **Open Session Call to Order 6:40 p.m.**

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison; Norbert Johnson, Director/Quality Liaison, and Robert Pickel, Director. **Administration:** Raymond Hino, CEO; Antone Eek, CFO; Cori Valet, CNO; Scott McEachern, CIO; Stacy Nelson, HR Director; Philip Keizer, MD, Chief of Staff. **Others present:** Dawn Gray, Clinic Manager; Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None.

1. **Agenda - Corrections or Additions**

Pam Hansen **moved** to approve the agenda. Norbert Johnson **seconded** to motion. **All in favor. Motion passed.**

- III. **Action from Executive Session**

1. **Executive Session Minutes 7-25-24**
2. **Reports from Executive Session:**
 - a. **Quality & Patient Safety, Risk & Compliance**
 - b. **Medical Staff Physician Credentialing & Privileging**
 - 2-Year Privileges – New**

None
 - 2-Year Privileges – Reappointments**

None
 - Direct Radiology After Hours Reading Radiology**

John Boardman, MD – Courtesy – Reappointment
Roger Wiley, MD – Courtesy – Reappointment
Stephen DeFriez, DO – Courtesy – Appointment
Alan Itkin, MD – Courtesy – Appointment

Feras Jalab, MD - Courtesy - Appointment

Medical Staff Status Change

Tami Marriott, MD – Emergency Medicine – Hospitalist Privileges added

Gabriel Mayland, MD – Emergency Medicine – Privileges Lapsed 8/31/24

Christopher Muller, MD – Internal Medicine – Privileges Lapsed 8/31/24

Edward Piepmeier, MD – Emergency Medicine – Resigned 7/5/24

John Jacobson, MD - Emergency Medicine – Resigned Privileges 7/12/24

Bob Pickel **moved** to approve the Executive Session Minutes from July 25, Quality & Patient Safety Report and Medical Staff Credentialing Report from Executive Session. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

IV. Consent Agenda

1. **Meeting Minutes Open Session**
 - a. Regular Meeting–07/25/24
2. **Monthly Counsel Invoice** – Robert S. Miller Invoice #1569

Mr. Bedell noted a correction in the July 25 regular minutes under the Clinic Report regarding the number of 177 patients over budget, as a year-to-date figure, not for the month. Mary Schamehorn **moved** to approve the Consent Agenda with correction to the July 25 minutes as noted. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

V. New Business

1. Oath of Office

Mr. Miller had offered to conduct an oath of office for the new year, however, new member Robert Pickel, was sworn in when appointed in June and other members were sworn in following their public election to office in prior election years.

2. Discussion of Board Communications and Action

This topic was clarified during the recent Special Districts governance training attended by Tom Bedell, Pam Hansen, Norbert Johnson, Bob Pickel, and Raymond Hino. Concern was expressed regarding discussion vs. deliberation and avoidance of serial communications. Three or more board members in communication are considered to be a “meeting” that would require advance public notice. Likewise, email communications are to be limited to informational only with no deliberation or discussion outside of a publicly noticed meeting.

At this time Mary Schamehorn inquired about a patient letter to the Board of Directors received on August 19, the week of the board meeting, that had not yet been distributed. It was not included in the board packet because the packet went out prior to the letter having been received. The letter was regarding a billing matter being researched prior to distribution. Mr. Hino will distribute the letter to board members and will contact the patient, directly. Due to HIPAA law, patient communications are not discussed in open session.

VI. Old Business

1. Board Education Update

Mr. Hino provided an update on the board education progress as approved at the June meeting. The self-assessment survey will be provided to board members by August 26 with a due date of September 9, with report to members on the agenda for the September 26 regular meeting.

At this time, Mr. Bedell added that he would like to also add to the September agenda, the mid-year CEO performance evaluation as a second Executive Session.

VII. Staff Reports

1. CEO Report

Raymond Hino provided a review of his monthly report. **Management Changes:** The Chief Medical Officer and Chief of Staff separate roles were described. Recruitment efforts for the Foundation Director position were described. Scott McEachern, CIO, has been the Foundation Director since 2014, performing those duties, and marketing, while taking on the additional role of Chief Information Officer. Mr. McEachern will need to focus fully on the transition to the new electronic health record in progress. **Clinic Provider Update:** The Clinic currently has 3 full-time physician/FNP providers at this time and we are searching an additional full-time physician to serve as Medical Director and as an additional primary care provider. **Surgery Update:** Construction for the Sterile Processing remodel began on August 19 and is timed with surgeon planned vacation time. **Coast Community Health Center:** On August 27 there will be a joint board meeting between Southern Coos Health District Board of Directors and the Board of Coast Community Health Center; a public meeting to review the proposed master services agreement and proposed deliverables such as information systems support, to create a stronger health system for our community of shared patients. The meeting will be held in the Sprague Room at the Bandon Public Library, and will begin with a 6:00 social mixer, and call to order at 6:30 pm. **DNV Accreditation:** DNV surveyors arrived earlier this week on Monday, August 19 for their 1.5 day survey of hospital operations. **Western University Osteopathic Medical School Family Physician Residency Program:** A proposed Family Physician Residency Program opportunity has been presented to the 3 south coast regional hospitals, North Bend Medical Center and Waterfall Clinic. This is a promising recruitment opportunity for Coos County and the Southern Oregon Coast. The next meeting is September 15. The earliest start date would be mid-

2027. **Southern Coos 25 Year Celebration:** An anniversary celebration will be held on Sunday, September 8 from 1:00-4:00pm to include guest speakers, tours, refreshments and a special art show.

2. Clinic Report

Dawn Gray, Clinic Manager, recognized the efforts of staff and providers who have increased productivity. Contract renewal bonuses impacted bottom line. Dr. Monsivias is out until September 10. More chronic care patients are added each month. The 340B pharmacy approved by the Board of Directors last month will provide revenue for the clinic. Thank you to Antone for his review of billing and coding; next is payor contracts.

3. CNO Report

Cori Valet presented the CNO report for the month of July. **Clinical Staffing Update:** Ms. Valet was pleased to report that nursing is fully staffed and we are recruiting for a new pharmacy tech position, a 340B coordinator to maximize the 340B contract. Ms. Valet was pleased to announce that our newest full time ER RN holds Level 1 Trauma (highest level) certification. Discussion included review of medical imaging tech roles in the staffing spreadsheet, where it appeared we did not have a Mammo Tech, however, we do have Techs certified in multiple modalities. Clocking is used to track Tech hours. **Pharmacy:** Discussion regarding proposed possible addition of retail pharmacy, on how that will be organized, with one Pharmacy Director over both inpatient and outpatient pharmacy services. At appropriate time, the Pharmacy Director will then report to the CFO who has extensive prior 340B experience. **Emergency Department:** The ER experienced another record high volume in July. **Nursing Skills Day:** August 5 and 8, lead by SCHHC RN Clinical Educator Arianne Booth. Training was provided by several staff as well as two community partners. De-escalation and crisis training was provided by Waterfall Community Health Center. End of life care training was provided by Pacific Home Health and Hospice. EPIC transition information provided by Anna Peters, SCHHC Clinical Informatics.

4. CFO Report

Antone Eek, CFO, reviewed departmental activities for the month of July. The accounting team has closed fiscal year 2024. Mr. Bedell inquired about the Moss Adams Audit letter that appeared to note areas of concern; Mr. Eek stated that he is investigating, and will follow-up as soon as possible. Engineering activities include parking lot area landscaping and the sterile processing remodel in process. Parking lot resurfacing yet to be scheduled following the sterile processing project. HIM (Health Information Management) and Revenue Cycle Data conversion in process for EMR-ERP implementation with dedicated temporary staff hired to assist. Coding is now fully outsourced; charge capture has increased. Mr. Eek and the Pharmacy Team recently visited a Providence Epic client in Medford, a worthwhile visit.

5. CIO Report

Mr. McEachern reviewed report data including Cybersecurity tracking statistics of Email Volume vs. Rejected Email, Rejected Email by Type of Rejection, as well as Help Desk statistics. 17 investigations in July were all false, we are pleased with the vendor. Rite Aid reported that 2.2 million customers were impacted by a data breach; we all must remain diligent and report any suspicious activity, which is most often via email phishing and scams.

6. SCHD Foundation Report

Scott McEachern, Foundation Director, provided an update on Foundation activities for the month of July. At this time sponsorships are at \$85,000 of the \$100,000 goal for the 2024 Golf for Health Classic to be held at Bandon Crossings on September 21.

7. Strategic Plan

Ray Hino, CEO, provided a high-level review of the new 3-year Strategic Plan recently implemented. The full report with sub-goals is 50 pages. Stacy Nelson was re-introduced as new Director of Human Resources, to review the HR strategic initiatives. Additional sections include Services, Quality, Growth, Finance, Accreditation, and General. Board members have access to the “live” document which may be edited by staff daily. Suggestions from members of the board include adding due dates with milestones and prioritization; it is planned to weight the priorities. The Strategic Plan is posted monthly on the hospital website at www.southerncoos.org and the employee intranet page, The Pulse

VIII. Monthly EHR/ERP Implementation Dashboard

Scott McEachern, CIO, reviewed the Electronic Health Record and Enterprise Resource Planning platform implementation project dashboard including the milestone timeline, reporting that things are going well, with focus on data conversion.

IX. Monthly Financial Statements Review & Discussion

Antone Eek, CFO, reviewed financial statements for the month of July. Professional Fees and Purchased Services were over budget; the Experis consulting expense was adjusted, instead of being capitalized, for better reimbursement via the cost report. Metrics or benchmarks requested for addressing/tracking financial budget improvements, to be included in strategic plan for analysis and trend tracking. Dr. Monsivias surgical services numbers positive.

X. Open Discussion and Adjournment

Following the Special Districts Governance Training this board may wish to review and possibly amend the district bylaws; to be added to a future meeting agenda.

Mr. Bedell requested to add also the review of board policies. Staff to provide access to the policy management system or copies of policies for review.

Meeting adjourned at 8:33 p.m.

Thomas Bedell, Chairman 09-24-2024

Mary Schamehorn, Secretary 09-24-2024

**Southern Coos Health District
& Coast Community Health Center
Special Meeting Minutes
August 27, 2024
Bandon Public Library – Sprague Conference Room**

I. 6:00 Informal “Meet and Greet”

II. Call to Order 6:30 p.m. – Thomas Bedell, SCHD Chairman

Mr. Bedell welcomed both boards and attendees to tonight’s meeting and opened with roundtable introductions by all attendees.

1. Roll Call - Southern Coos Health District Board of Directors: Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer; Norbert Johnson and Robert Pickel, Directors; Robert S. Miller, SCHD Counsel. **SCHD Administration:** Raymond Hino, CEO; Antone Eek, CFO (via remote link). **Coast Community Health Center Board of Directors:** Anne Goddard, Chairwoman; Beth Wood, Vice Chair; JJ McLeod, Secretary; Joseph Caspary, Sally Glunt, Mari Lochhaas, and MJ LaBelle (via remote link), Members at Large. **CCHC Administration:** Kendra Newbold, CEO. **Others present:** Michael Torres, MD, CCHC CMO; Colene Hickman, CCHC Director of Revenue and Finance; Scott McEachern, SCHD CIO; Dawn Gray, SCHD Clinic Manager; Richard Gray, CCHC Facilities and Safety Manager; Henry Holmes, MD; Kim Russell, SCHD Executive Assistant. **Press:** None.

2. Agenda – Additions or Corrections

It was noted that there will be no decision at tonight’s meeting.

3. Public Input

None.

III. Introduction – Raymond Hino, CEO, Southern Coos Health District dba Southern Coos Hospital & Health Center

Mr. Hino thanked everyone for their attendance. A copy of the MSA (Master Services Agreement) table of contents was provided for review. Mr. Hino described the process to-date as a collaborative effort. The draft agreement has been sent out for legal counsel by both organizations. The purpose of tonight’s meeting is introductions, information sharing and an opportunity for questions and answers from both boards and members of the public. Because Southern Coos Hospital and Health Center is a Health District, a public entity, board meetings must be open to the public and posted publicly in advance, which has been done for this meeting. It is our hope that Southern Coos may be able to provide essential services to Coast Community Health Center in the areas of Information Technology, Revenue Cycle and Finance, Medical Staff Credentialing, and Laboratory Services. Ms. Newbold added that collaborative efforts align with FQHC (Federally Qualified Health Center) mission and access to care.

IV. Review of Proposed Master Services Agreement – Antone Eek, CFO, SCHED

Mr. Eek, attending via remote meeting link, reviewed the MSA table to contents provided to attendees providing an overview of agreement. Exhibits will be added for specific services, such as Laboratory Support, IT Help Desk, Cybersecurity, Optimization of EPIC EMR, Medical Staff Services, and Financial Services with support details and negotiated fees included in each exhibit, to be cancellable by either party at any time without cancelling the Master Services Agreement. CCHC currently outsources IT services.

Discussion included a recommendation to confirm arrangements with Providence and Sage for full disclosure and acceptance. Accounting services support can be expedited immediately. The financial benefit for both organizations will strengthen our community with continuity of care. A shared EMR (Electronic Medical Record) Analyst may be possible as both entities will be utilizing the Providence EPIC platform.

V. Consideration of Proposed Master Services Agreement

There will be no decision at this meeting. HRSA, the federal Health Resources and Services Administration, must also review the partnership document.

VI. Next Steps

Once the Master Services Agreement is finalized, the exhibits will then be created, with approvals from both boards required. Not all responsibilities of FQHC are shareable. Mr. Miller, Counsel, recommended thorough review of the Master Services Agreement, highlighting item 10.01 Assignment and 10.12 Ownership of Marketing. The final Master Services Agreement will be provided to both boards. The first exhibit will be for IT Services to be presented in September.

VII. Open Discussion and Adjournment

Dr. Henry Holmes expressed his concern regarding provider recruitment and retention, suggesting a third-party operational audit. Mr. Hino shared that an independent third-party assessment was conducted as a first step in order to determine the feasibility of a contractual arrangement for both parties. Dr. Torres added that a clinically integrated network (CIN) will allow shared peer review; safe harbors at state and federal levels. (A clinically integrated network is a group of healthcare providers that work together to deliver efficient and affordable coordinated care to patients.) Colene Hickman added that CCHC and SCHHC are already the “health system” of our community, with Mr. Hino pointing out that both organizations share the responsibility to meet community health needs and identify social determinants of health (non-medical factors that impact health outcomes). An example of a new CMS quality metric, to reduce number of ER visits, was provided; our organizations can work together to serve our community.

Meeting adjourned at 7:50 p.m.

Thomas Bedell, Chairman 09-24-2024

Mary Schamehorn, Secretary 09-24-2024

**Southern Coos Health District
Board of Directors Special Meeting
September 16, 2024 - 6:00pm**

I. Call to Order

At 6:04 p.m. Thomas Bedell, Chairman, called the special meeting to order. Technical difficulties occurred causing there to be no video/audio recording of this meeting.

II. Roll Call

Attendance: Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Norbert Johnson, Director. **Administration:** Raymond Hino, Chief Executive Officer, Antone Eek, CFO (via telephone), Stacy Nelson, Director of Human Resources. **Others present:** Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None. **Ms. Schamehorn, Secretary, confirmed quorum.**

III. Consideration of Resolution 2024-04 Authorization to Purchase Real Property

Raymond Hino, CEO, provided a recap of the proposed purchase to-date whereas the original asking price for the property located at 930 2nd Street in Bandon was \$595,000. Health District representatives made an offer of \$500,000 that was accepted by the seller. The building inspection went well with a 25-30 year roof installation 5 years ago and electrical panel received praise from inspector. Proper building permits were confirmed to have been obtained for garage remodel. 1940's original construction is in good condition. Owner financing underwriter requires this resolution to proceed. Mr. Johnson submitted a list of questions for Administration, including requested recap of anticipated use, which until clinical remodeling is complete, may provide much needed non-clinical office space, and eventual clinic expansion, as well as a recap of projected remodeling estimates, which are \$100,000 with a \$40,000 contingency fund. Current tenants are alternative healthcare business occupants whom it is understood have been given notice to vacate prior to closing in mid-October. **Action:** Board members requested that Mr. Hino confirm allowed use before purchase and to ensure language in the seller's documents to guarantee that current tenants vacate the building prior to close of sale.

Norbert Johnson **moved** to approve Resolution 2024-04 Authorization to Purchase Real Property contingent upon confirmation of allowed use by the Bandon City Planning Department and stipulation in seller's documents to guarantee vacancy of tenants. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

At 6:30 p.m. the meeting adjourned.

Thomas Bedell, Chairman

09-26-2024

Mary Schamehorn, Secretary 09-26-24

DATE: September 20, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: 2024 Governing Board Performance Assessment Results

Recommended Action

No action is recommended at our September Board meeting on the Southern Coos Hospital & Health Center 2024 Governance Practices and Performance Assessment Results report that will be presented by governWell President, Barbara Lorschach.

Background

At the May 23, 2024, Board of Directors meeting, we selected governWell to be our new Board Education partner for 2024 – 2025. The 2 principle partners at governWell that we will work with primarily are Barbara Lorschach, President and Todd Linden, Partner.

The first step in our partnership with governWell for Board education is recommended to be a Board Self-Assessment. This will be our first Board Self-Assessment, provided by governWell. Our Board previously performed self-assessments in 2021 and 2022 with our previous Board education partner, The Governance Institute.

Our Board of Directors received a 2024 Board Self-Assessment survey in August of this year and they were due to be submitted back to governWell by September 8, 2024. All five (5) Board members completed their surveys timely and submitted them back to governWell before the September 8 deadline date.

The results of the surveys that were submitted by our Board are attached to this memorandum. At our September 27 regular Board meeting, Barb Lorschach will be joining us by Teams video to present the findings from the surveys. I have suggested that she take 15 minutes on our Board agenda on September 27 to present a summary and overview of the results. If the Board decides that they would like a more in-depth presentation on the findings of the surveys, we will be able to schedule that for a later date.

I am also attaching to this memorandum a 2-page 2024 Governance Action Plan. This 2-page document was created by Barb and her team as some suggestions for some action items for follow-up, as a result of the findings from the self-assessment. We can decide at our September 27 Board meeting, if the Board wishes to create some action steps as a follow-up to this year's self-assessment.



Southern Coos Hospital & Health Center

2024 Governance Practices and Performance Assessment Results
September 2024



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Contents

Overview

How the Governance Practices and Performance Assessment Was Conducted.....	3
Reviewing Assessment Results	3
Rating Methodology.....	3

Executive Summary of Assessment Results

Board Performance: Leadership Strengths and Gaps.....	4
Higher and Lower-Rated Areas	6
Issues and Priorities	7

Overall Governing Performance

Mission, Vision and Values.....	9
Strategic Leadership	10
Quality and Patient Safety	11
Financial Leadership.....	12
Relationship with the CEO.....	13
Community Relationships.....	14
Board Roles, Responsibilities and Knowledge	15
Board Meetings	16

Board Attributes

Board Attributes and Background	18
---------------------------------------	----

Personal Performance Assessment

Personal Performance Assessment.....	20
--------------------------------------	----

Issues and Priorities

Issues That Should Occupy Board Time And Attention.....	23
Highest Board Priorities.....	24
Future Board Education	24

Recommendations for Governance Improvement

Recommendations for Improvement	26
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Overview

In August—September 2024, the Southern Coos Hospital & Health Center Board of Directors assessed the board’s overall governing practices and performance; rated their personal attributes and background to help with understanding the current board composition; conducted a personal performance assessment; and identified issues and priorities for the future. The assessment was conducted by governWell™.

How the Governance Practices and Performance Assessment Was Conducted

The governance practices and performance assessment was conducted through an online survey. All five members of the board completed the survey (a 100% response rate).

Board members rated the Southern Coos Hospital & Health Center Board’s overall performance in eight leadership areas, including:

- Mission, vision and values
- Strategic leadership
- Quality and patient safety
- Financial leadership
- Relationship with the CEO
- Community relationships
- Board roles, responsibilities and knowledge
- Board meetings

Board members rated 61 total criteria in these board responsibility areas. Each criterion used the same five-point rating scale, with “Level 5” representing a board performing at the highest level, and “Level 1” representing a poorly performing board. In addition, board members assessed their attributes and backgrounds that contribute to board service and provided observations about their own personal performance.

Finally, board members provided insights about the issues they believe should occupy the board’s time

and attention in the next year, their highest priorities for the board in the next year, and suggestions for board education.

Reviewing the Assessment Results

Each leadership section of the board assessment results includes an overview of the board’s ratings and performance in the area. Mean (average) scores for each statement were calculated, with a maximum score of five. No points were assigned to “not sure” ratings.

The top of each section overview includes an *Effectiveness Performance Factor*, the overall mean rating for the section divided by the maximum of five. An *Effectiveness Performance Factor* of 100% would represent Level 5 ratings for all criteria included in a leadership area.

Rating Methodology

The following scale was used to evaluate the board’s overall governing performance:

Level 5: I *strongly agree* with this statement. Our performance in this area is *outstanding*.

Level 4: I *generally agree* with this statement. We perform *well* in this area.

Level 3: I *somewhat agree* with this statement. We perform *fairly well* in this area.

Level 2: I *mostly disagree* with this statement. We *do not perform well* in this area.

Level 1: I *completely disagree* with this statement. We perform *very poorly* in this area.

N/S: Not sure.

Board member ratings of their personal performance were rated on a five-point scale from “5: I always demonstrate this as part of my directorship” to “1: I do not demonstrate this as part of my directorship.” Board member attributes and background were assessed using a four-point scale.

Executive Summary

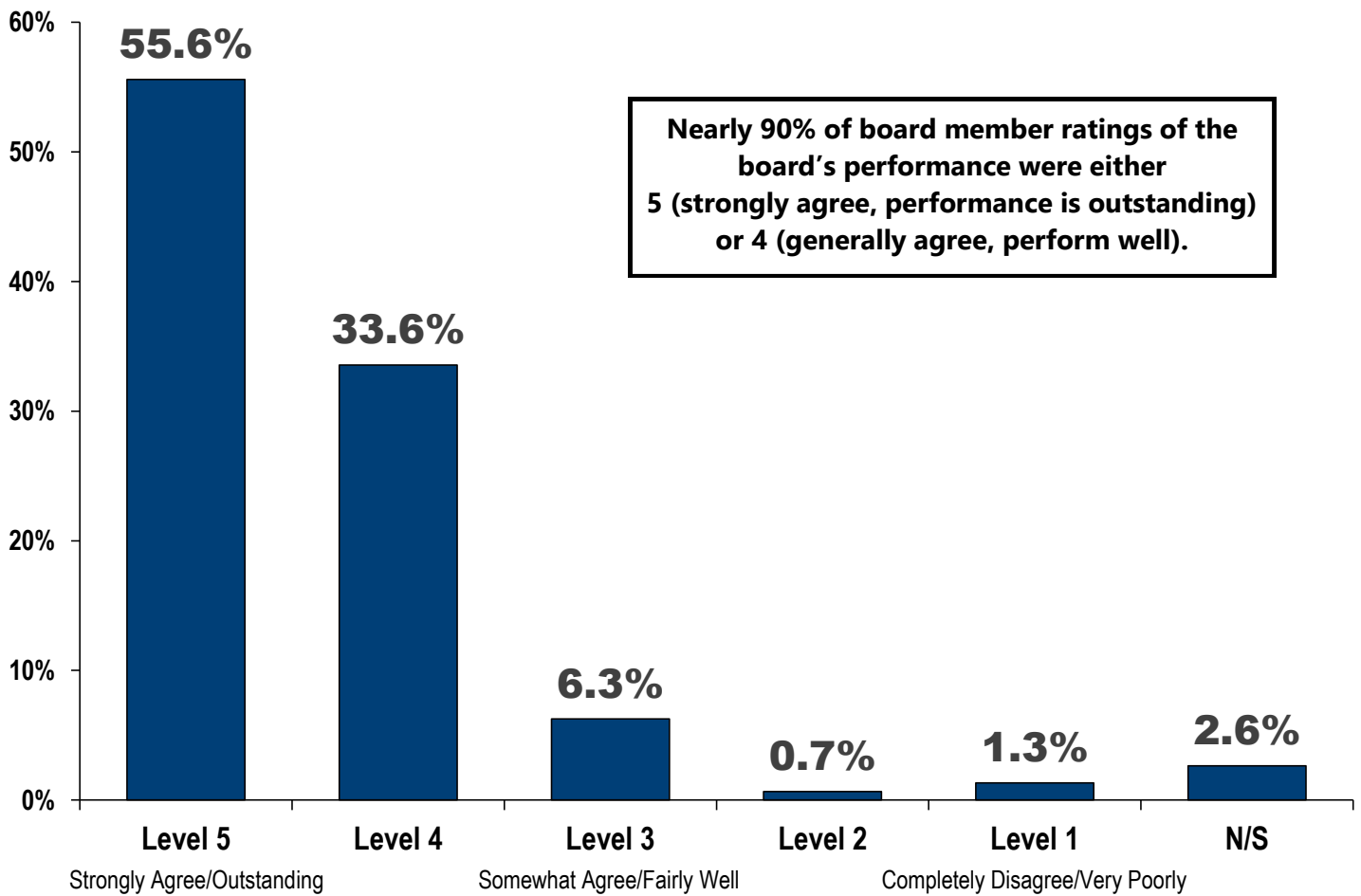
Board Performance: Leadership Strengths and Gaps

Board members rated their overall governing performance positively, with room for improvement in some areas.

A majority (89 percent) of the ratings indicate that directors either “strongly agree” or “generally agree”

with the positive statements rated about the board’s performance. The remaining responses are “level 3,” with a small percentage of “level 2,” level 1” and “not sure” responses. Items with lower ratings represent areas for potential governance improvement.

Figure 1: Overall Satisfaction With Governing Performance



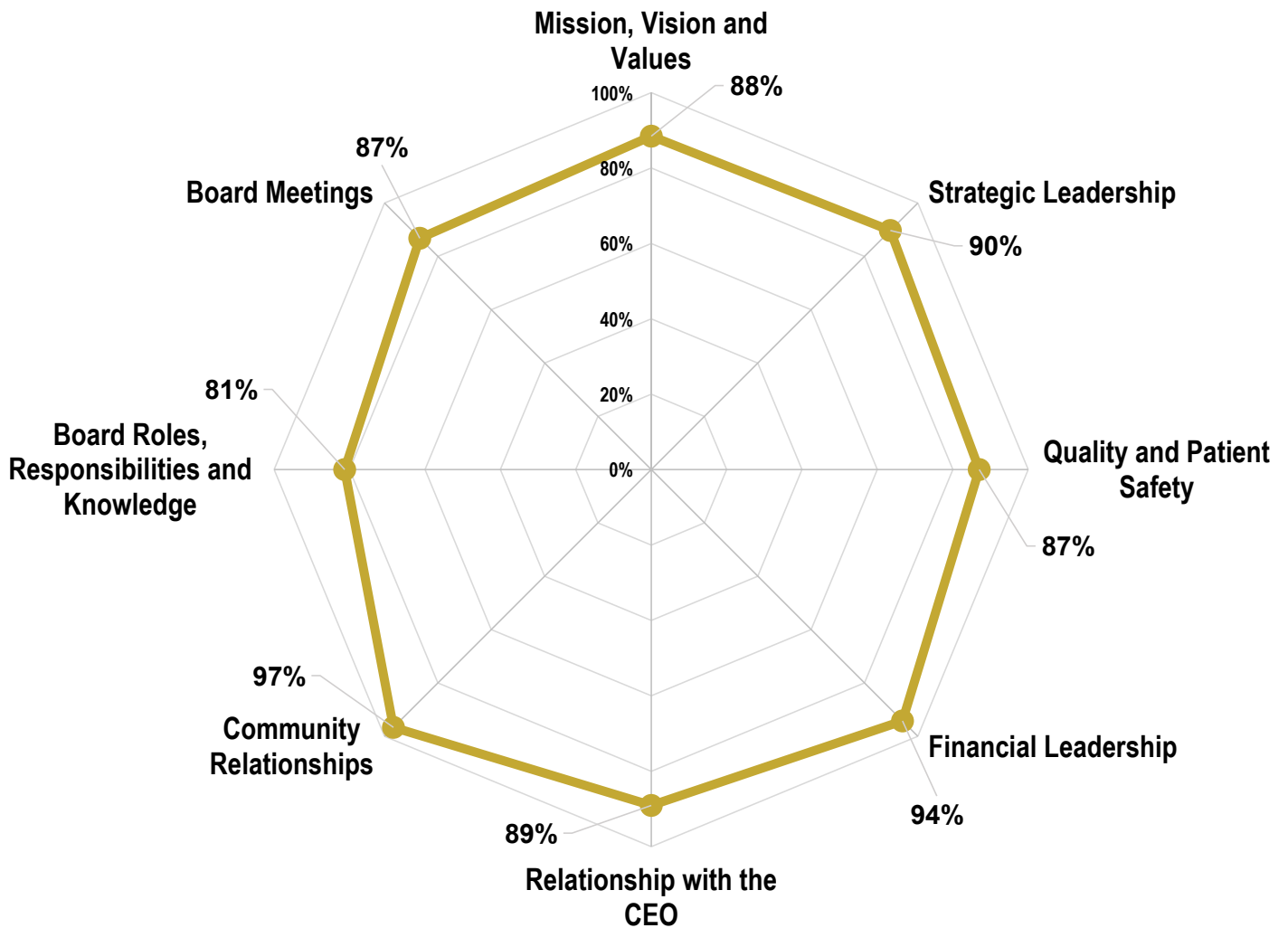
The figure below (*Figure 2*) depicts the overall Effectiveness Performance Factors (EPF) for each of the eight governing leadership areas measured in the assessment.

Southern Coos Hospital & Health Center board members rated the eight leadership areas between 81 percent EPF and 97 percent EPF, which indicates an ability to discern effectiveness as well as an opportunity for improvement in some areas.

The area between the outer line and the gold line depicts the governance “performance gap,” the areas with the greatest opportunities for leadership improvement.

Ratings by leadership area begin on page 9.

Figure 2: Board Performance Overview: Leadership Strengths and Gaps



Higher-Rated Responsibilities

The responsibilities that received an overall rating of 5.00 are listed below.

- Our board members have the diverse background, experience and perspectives necessary to best serve our communities (*Board Roles, Responsibilities and Knowledge*)
- Community health needs are addressed in our strategic planning (*Strategic Leadership*)
- Our board members are comfortable asking questions about financial issues during board meetings (*Financial Leadership*)
- We have a board-wide commitment to building healthier communities (*Community Relationships*)
- The actions and decisions of our board contribute to our organization's connection with the communities we serve (*Community Relationships*)
- Our organization works with others in the community to develop collaborative partnerships for building a healthier community (*Community Relationships*)
- Our organization promotes and supports specific initiatives whose sole purpose is improving the health of communities (*Community Relationships*)
- Our organization conducts a community needs assessment (*Community Relationships*)
- Working relationships among our board members are good (*Board Meetings*)

Lower-Rated Responsibilities

The lower-rated responsibilities are listed below in order from lowest to highest mean score (mean ratings of 3.80 and below). *It is important to note that lower-rated does not necessarily mean low-rated.*

- Our board has written criteria for evaluating board member performance (*Board Roles, Responsibilities and Knowledge*)
- Board members annually declare conflicts that may inhibit their ability to provide unbiased, independent thinking and decision making (*Board Meetings*)
- New board members participate in an orientation process that prepares them to successfully carry out their leadership responsibilities (*Board Roles, Responsibilities and Knowledge*)
- We have reviewed and discussed our mission statement within the last 12 months to ensure that it is current and relevant (*Mission, Vision and Values*)
- Our governance development process identifies governance issues and determines educational needs (*Board Roles, Responsibilities and Knowledge*)
- Board members receive agendas and meeting materials at least one week in advance of board, committee and task force meetings (*Board Meetings*)

Board Perspectives on Issues and Priorities for the Coming Year

Board members were asked to identify issues they believe should occupy the board's time and attention, the single highest priority for the board in the next year, and suggestions for future governance education.

Board members' verbatim responses are displayed in the report's "Issues and Priorities" section on page 23.

Issues for the Board's Time and Attention

The board identified the following as issues that should occupy the board's time and attention in the next year:

- Continued accountability to the strategic plan, including a focus on quality, growth and facility expansion
- Support for the electronic health record implementation
- Ensuring financial sustainability
- Preparing for next year's accreditation
- Collaboration with Coast Community

The Highest Priorities for Our Board

While no specific key themes emerge from the board comments, board members identified the following as their highest priorities for the board in the next year:

- DNV accreditation
- Implementation of the new HER system
- Continued strategic focus
- Ensuring a positive operating margin
- Greater understanding of rural health

Future Board Education

The board identified the following as suggestions for board education:

- Governance basics and best practices
- Board/CEO communication and relationships
- Governmental regulations
- Oregon's Public Meetings Law
- Diversity, equity and inclusion
- Conflict of interest
- New board member orientation

Overall Governing Performance

Effectiveness Performance Factor

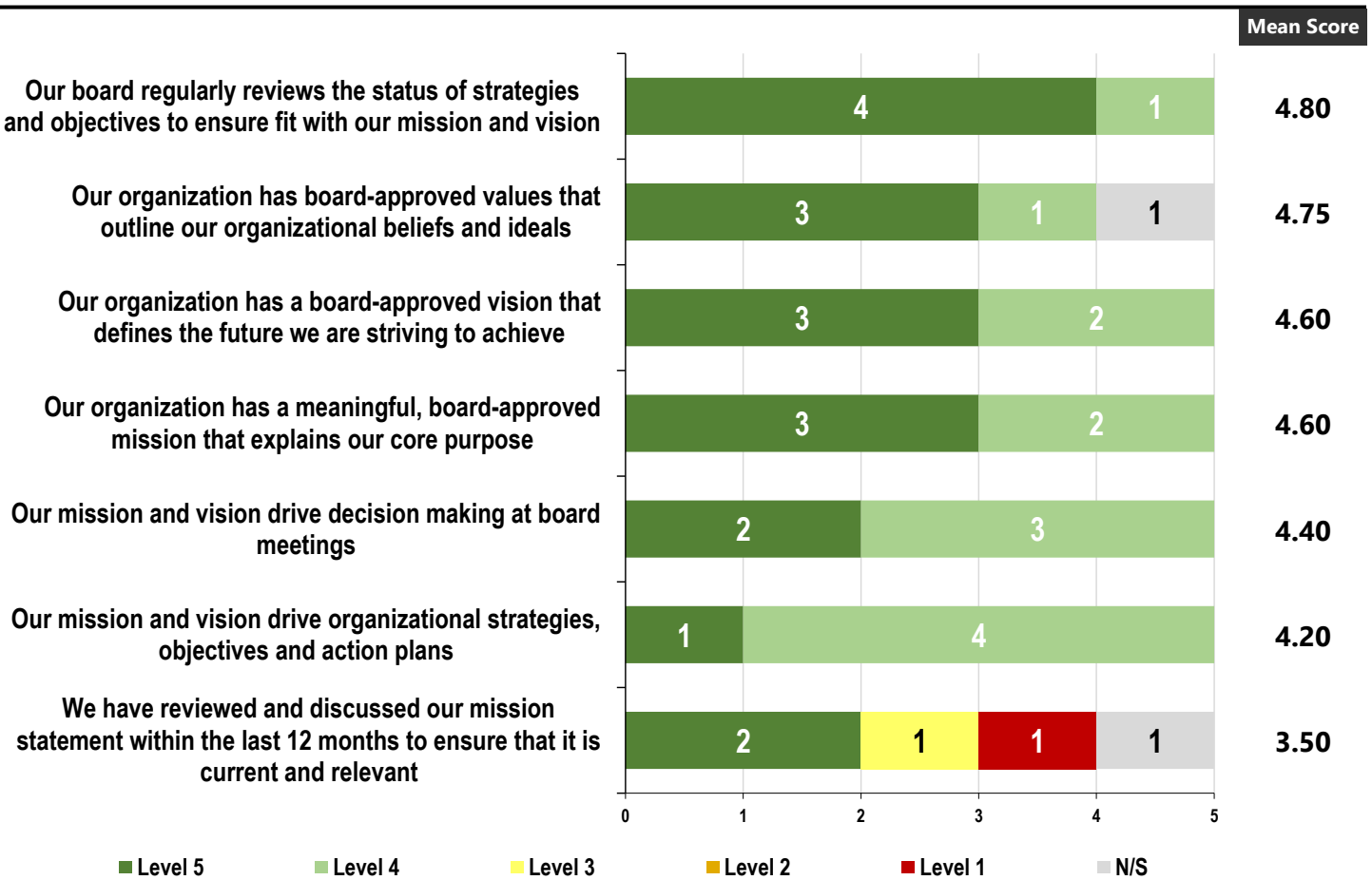
88%

The board's rating of its performance in this area (overall mean score ÷ 5)

Mission, Vision and Values

Board members rated their agreement with governing performance in attributes related to the mission, vision and values (see Figure 3).

Figure 3: Mission, Vision and Values (sorted by highest to lowest mean score)



Board Member Comments

- Mission and vision statements are so broad that any decision a board makes can be found to be a good fit.
- I believe we have strong mission and vision statements, however I don't believe everyone is on the same page.
- I was recently appointed to the Board and have participated in three board meetings. A great community-minded strategic Planning meeting and an historic combined board meeting with Coast Community.

Effectiveness Performance Factor

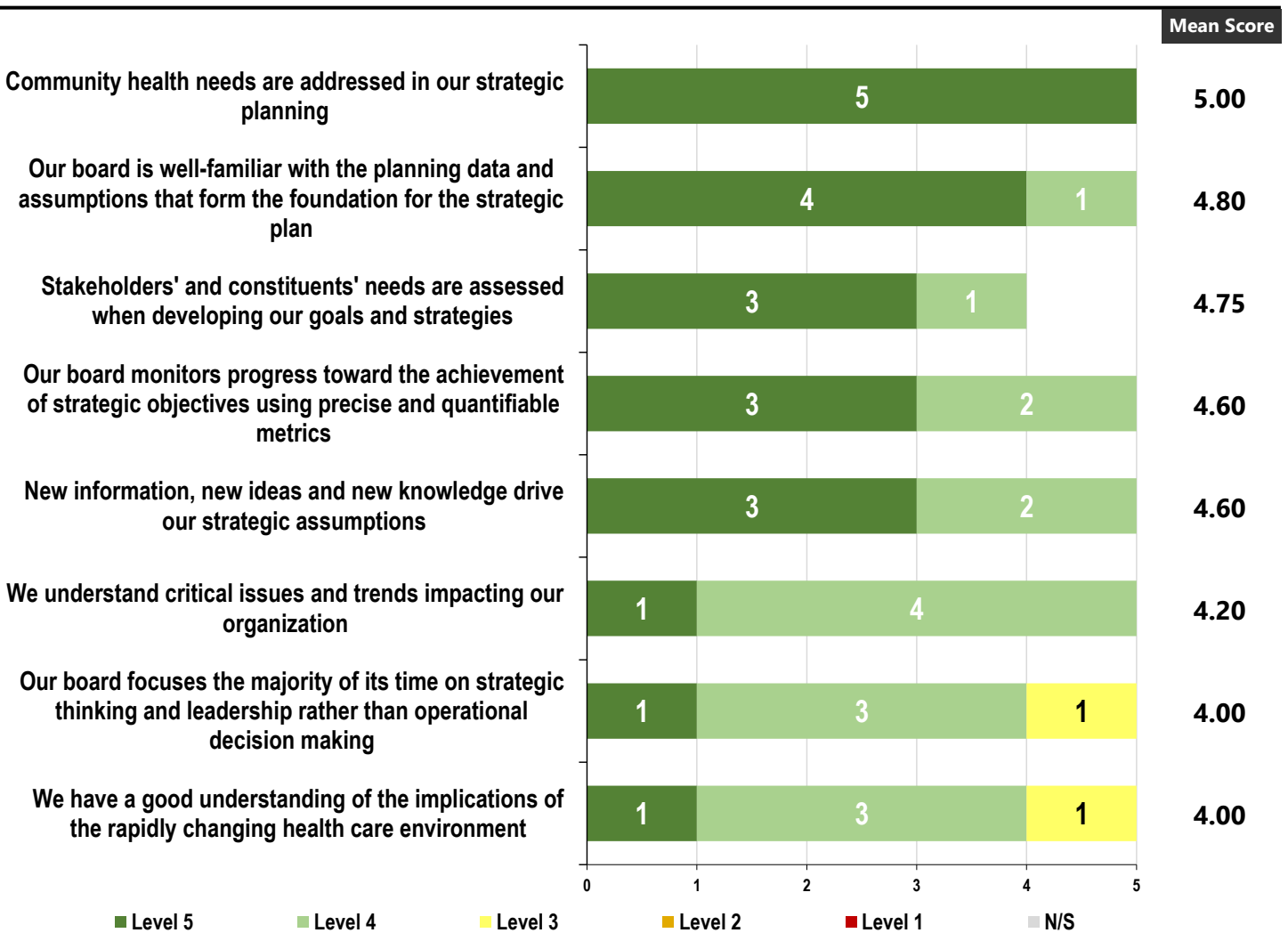
90%

The board's rating of its performance in this area (overall mean score ÷ 5)

Strategic Leadership

Board members rated their agreement with governing performance in attributes related to the organization's strategic leadership (*see Figure 4*).

Figure 4: Strategic Leadership
(sorted by highest to lowest mean score)



Board Member Comments

- I believe the board tries for the most part spending the majority of its time on strategic thinking. However, with the loss of key leadership staff positions, the hospital keeps starting all over again. Recent positions lost include surgery, HR Director, quality and risk, and registration/billing managers.

Quality and Patient Safety

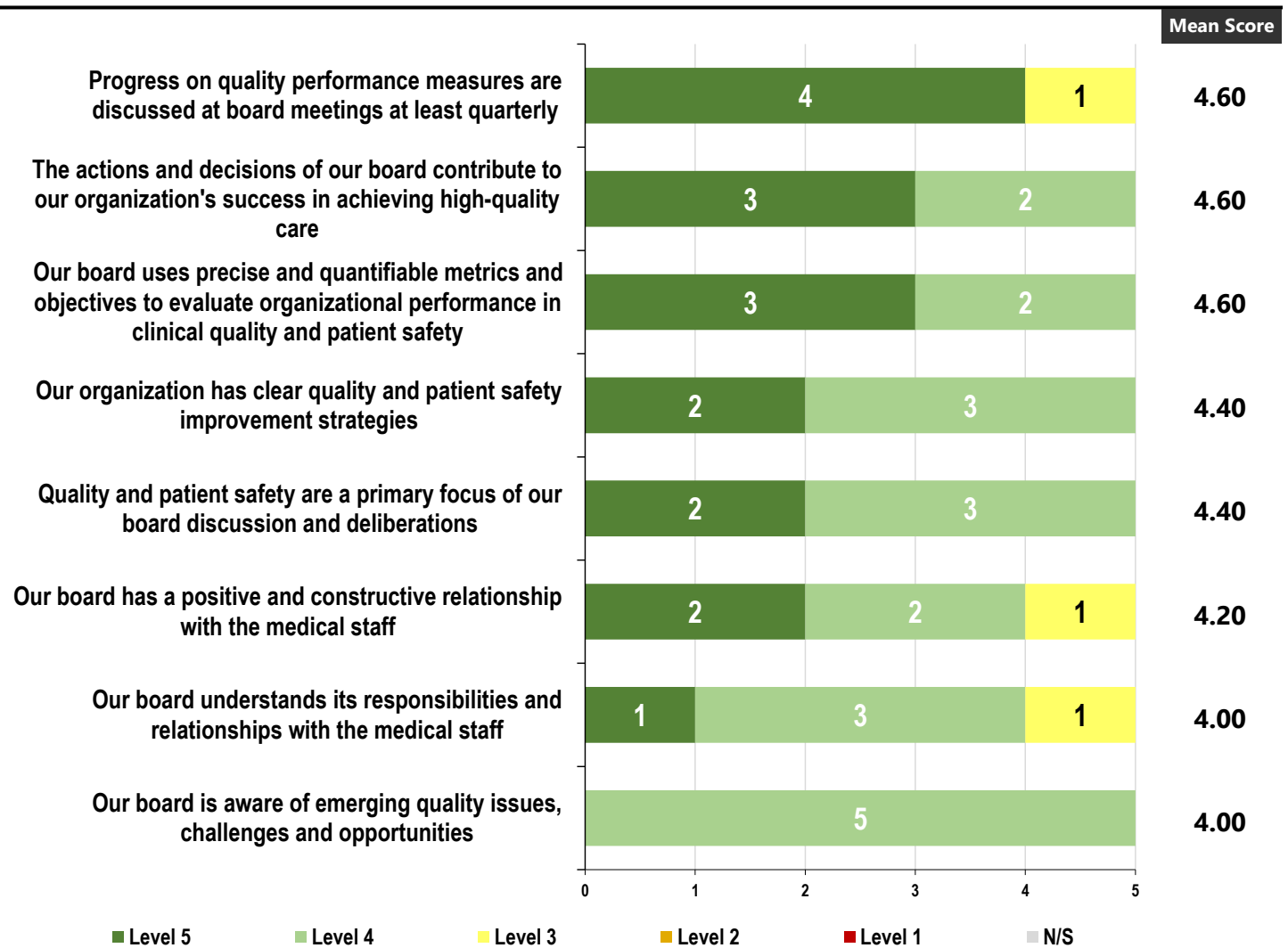
Board members rated their agreement with governing performance in attributes related to quality and patient safety (see Figure 5).

Effectiveness Performance Factor

87%

The board's rating of its performance in this area (overall mean score ÷ 5)

Figure 5: Quality and Patient Safety (sorted by highest to lowest mean score)



Board Member Comments

- We recently hired a new quality/risk manager that's trying to get everything back up to date.

Effectiveness Performance Factor

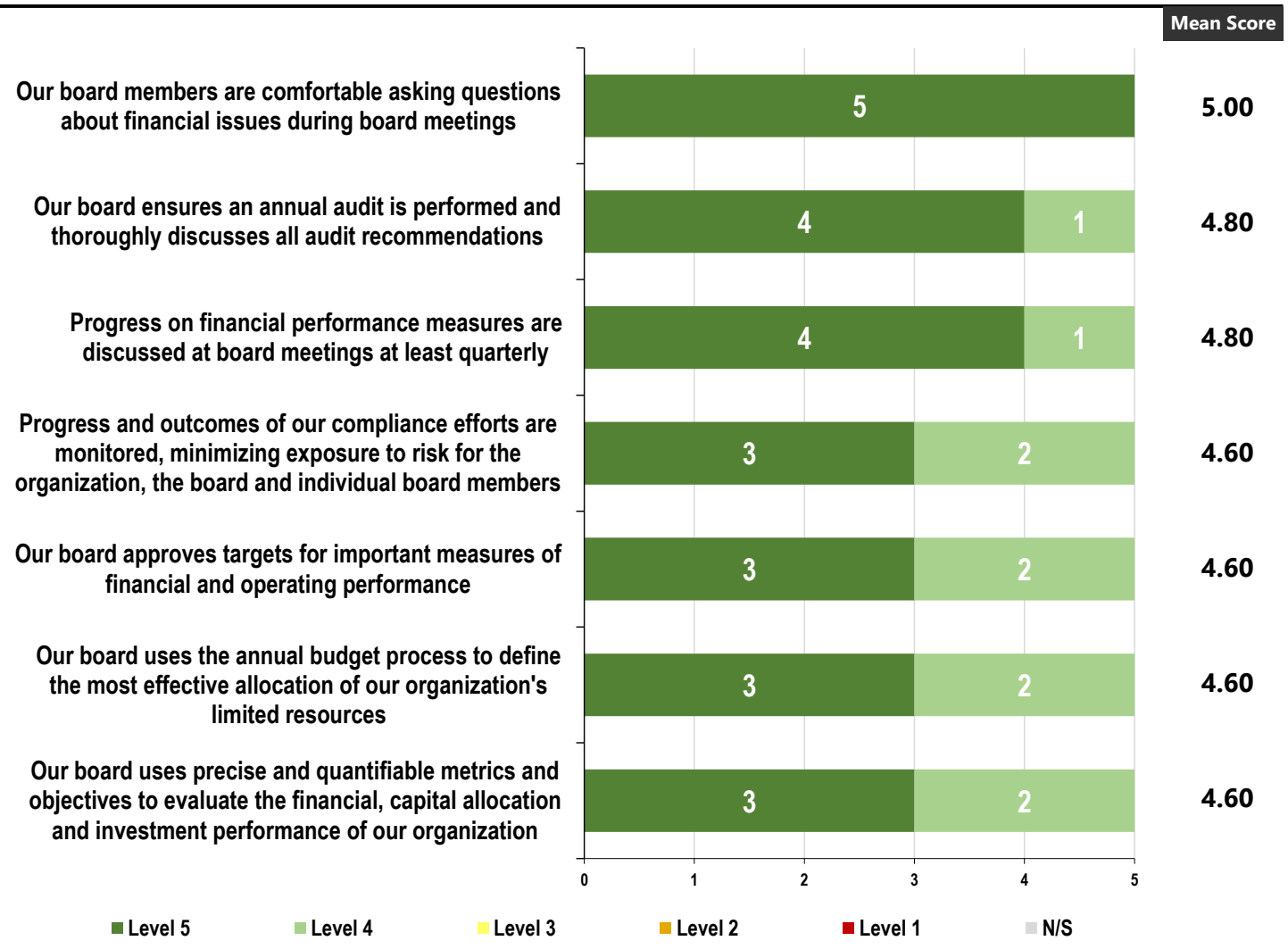
94%

The board's rating of its performance in this area (overall mean score = 5)

Financial Leadership

Board members rated their agreement with governing performance in attributes related to financial leadership (see Figure 6).

Figure 6: Financial Leadership (sorted by highest to lowest mean score)



Board Member Comments

No additional comments were provided in this area.

Effectiveness Performance Factor

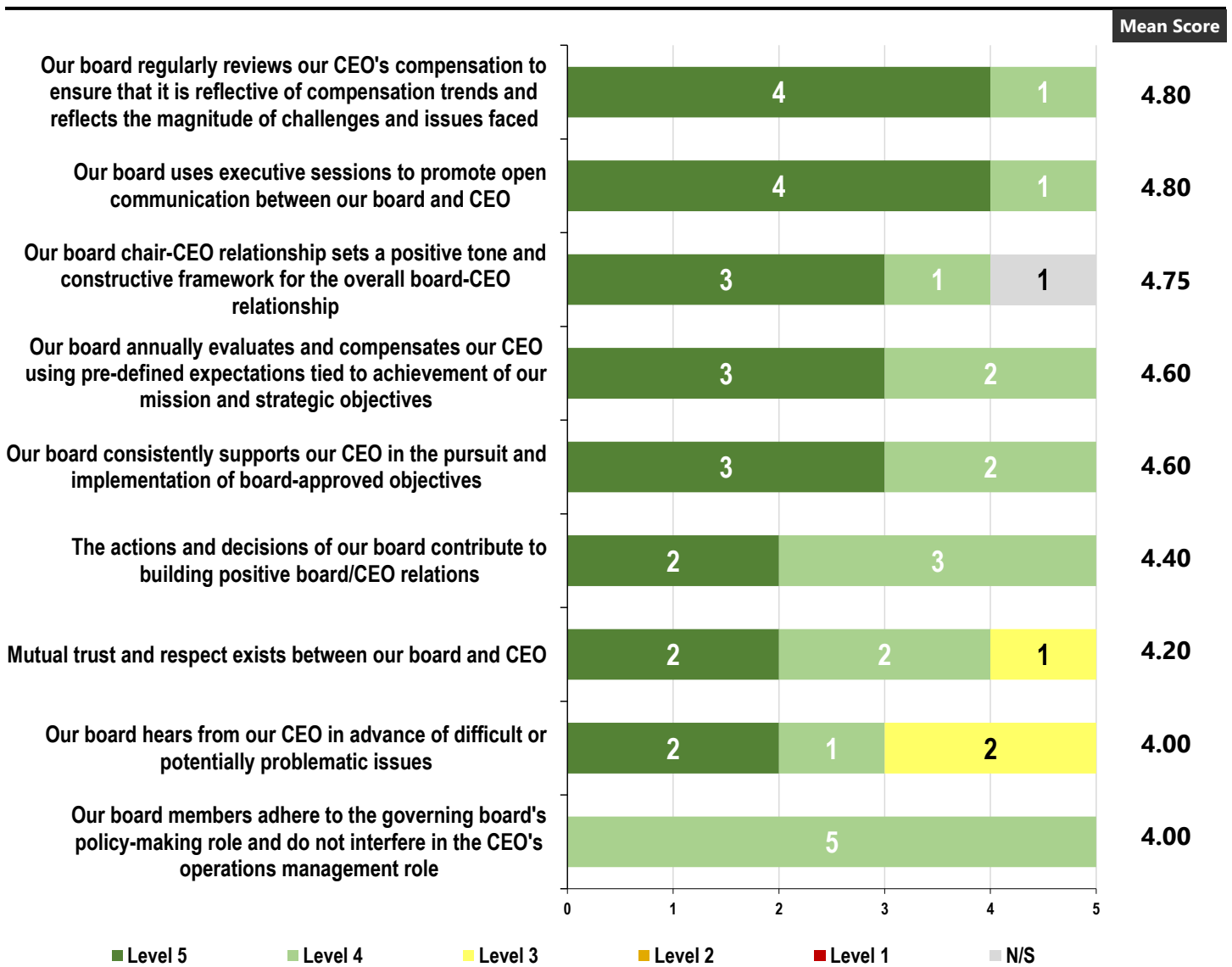
89%

The board's rating of its performance in this area (overall mean score ÷ 5)

Relationship with the CEO

Board members rated their agreement with governing performance in attributes related to the board's relationship with the CEO (see Figure 7).

Figure 7: Relationship with the CEO (sorted by highest to lowest mean score)



Board Member Comments

- We have a new Board Chair. Previously I believe the Board-Chair and CEO relationship was constructive.

Effectiveness Performance Factor

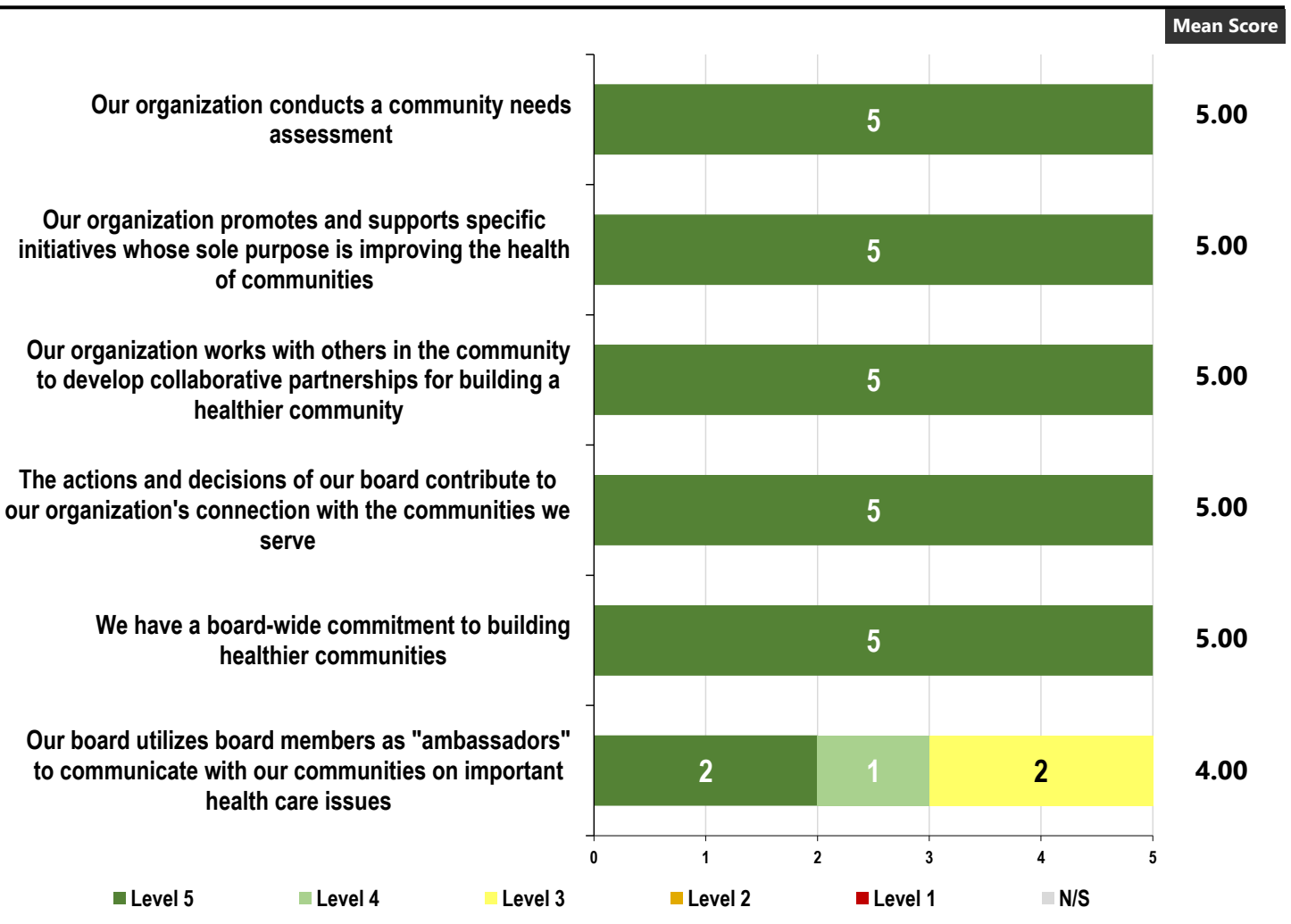
97%

The board's rating of its performance in this area (overall mean score ÷ 5)

Community Relationships

Board members rated their agreement with governing performance in attributes related to the board's community relationships (see Figure 8).

Figure 8: Community Relationships (sorted by highest to lowest mean score)



Board Member Comments

No additional comments were provided in this area.

Board Roles, Responsibilities and Knowledge

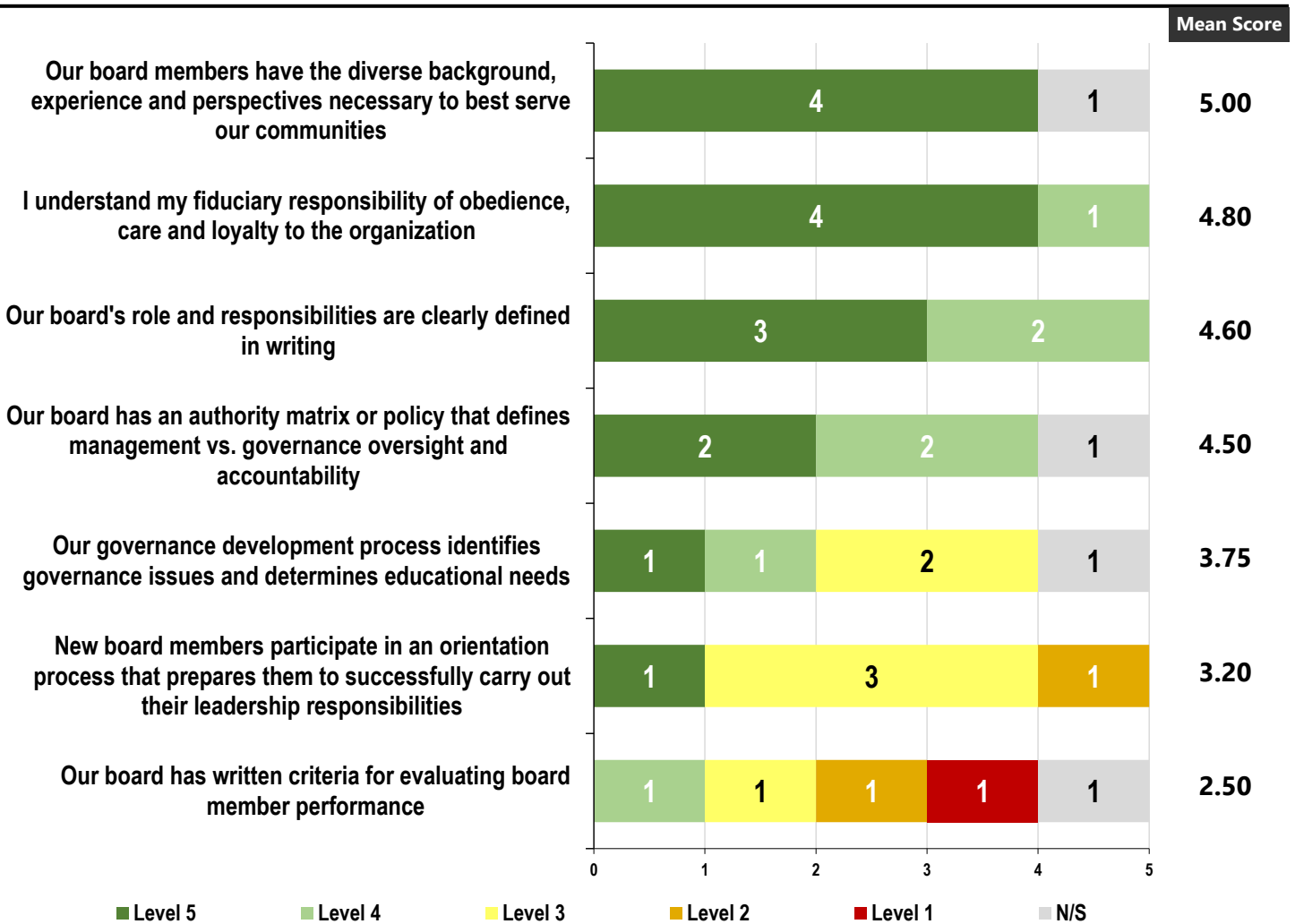
Effectiveness Performance Factor

81%

The board's rating of its performance in this area (overall mean score ÷ 5)

Board members rated their agreement with governing performance in attributes related to the board's roles, responsibilities and knowledge (see Figure 9).

Figure 9: Board Roles, Responsibilities and Knowledge (sorted by highest to lowest mean score)



Board Member Comments

- We don't have a SCHHC-specific policy that defines management vs. governance. We rely on material from organizations such as governWell.

Effectiveness Performance Factor

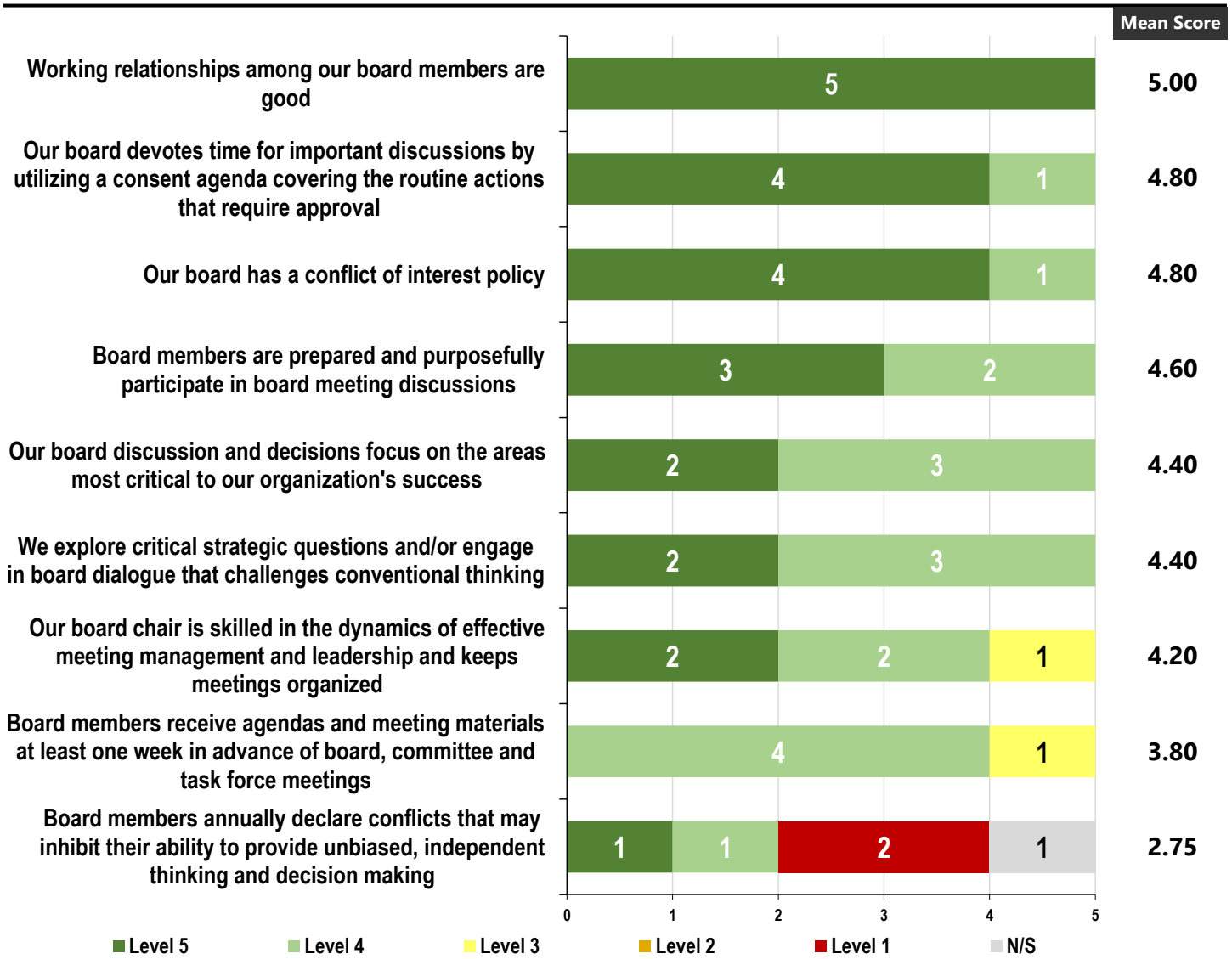
87%

The board's rating of its performance in this area (overall mean score ÷ 5)

Board Meetings

Board members rated their agreement with governing performance in attributes related to board meetings (*see Figure 10*).

Figure 10: Board Meetings
(sorted by highest to lowest mean score)



Board Member Comments

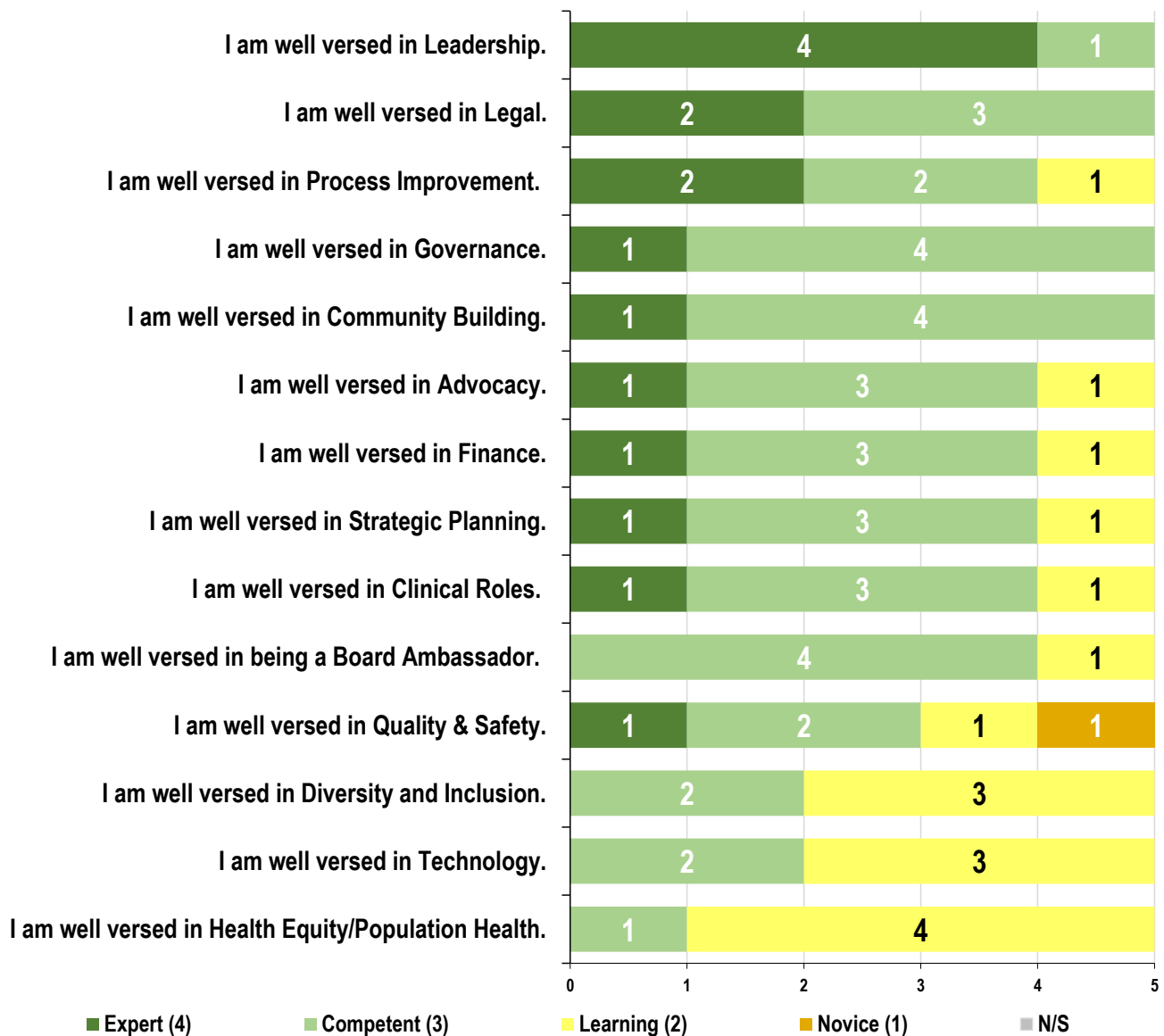
No additional comments were provided in this area.

Board Attributes

Board Attributes and Background

Board members were asked to rate their attributes and background in 14 areas to help understand the current board composition and assist with selection of future board members. (see **Figure 11**). The attributes were defined in the survey, but the graph below lists only the attribute headings for simplicity.

Figure 11: Board Attributes and Background
(sorted by highest to lowest mean score)



Board Member Comments

No additional comments were provided in this area.

Personal Performance Assessment

Personal Performance Assessment

Board members rated their personal performance in attributes related to their expectations and performance as a board member (*see Figures 12a and 12b*).

Figure 12a: Personal Performance Assessment—Highest-Rated
(sorted by highest to lowest mean score)

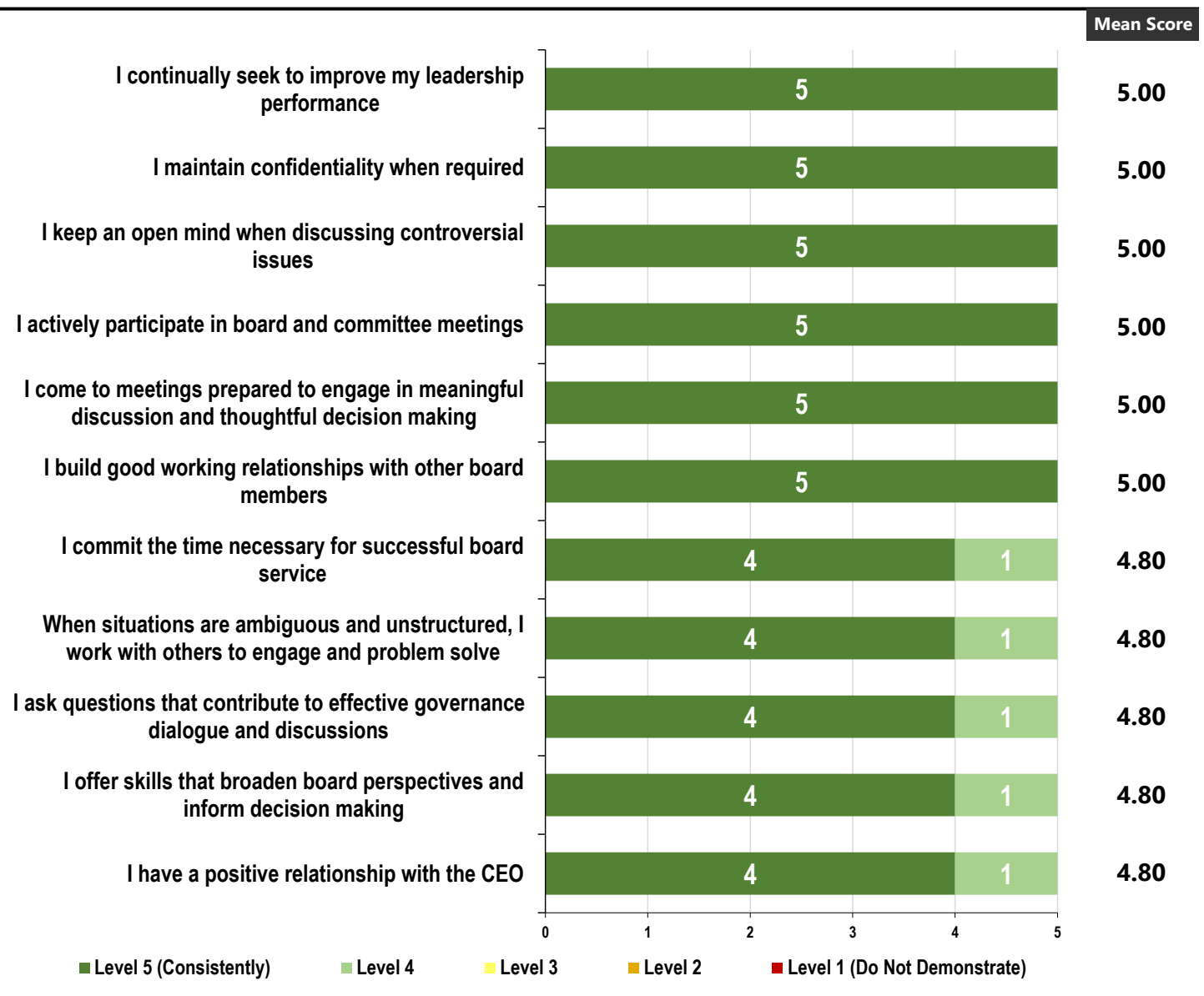
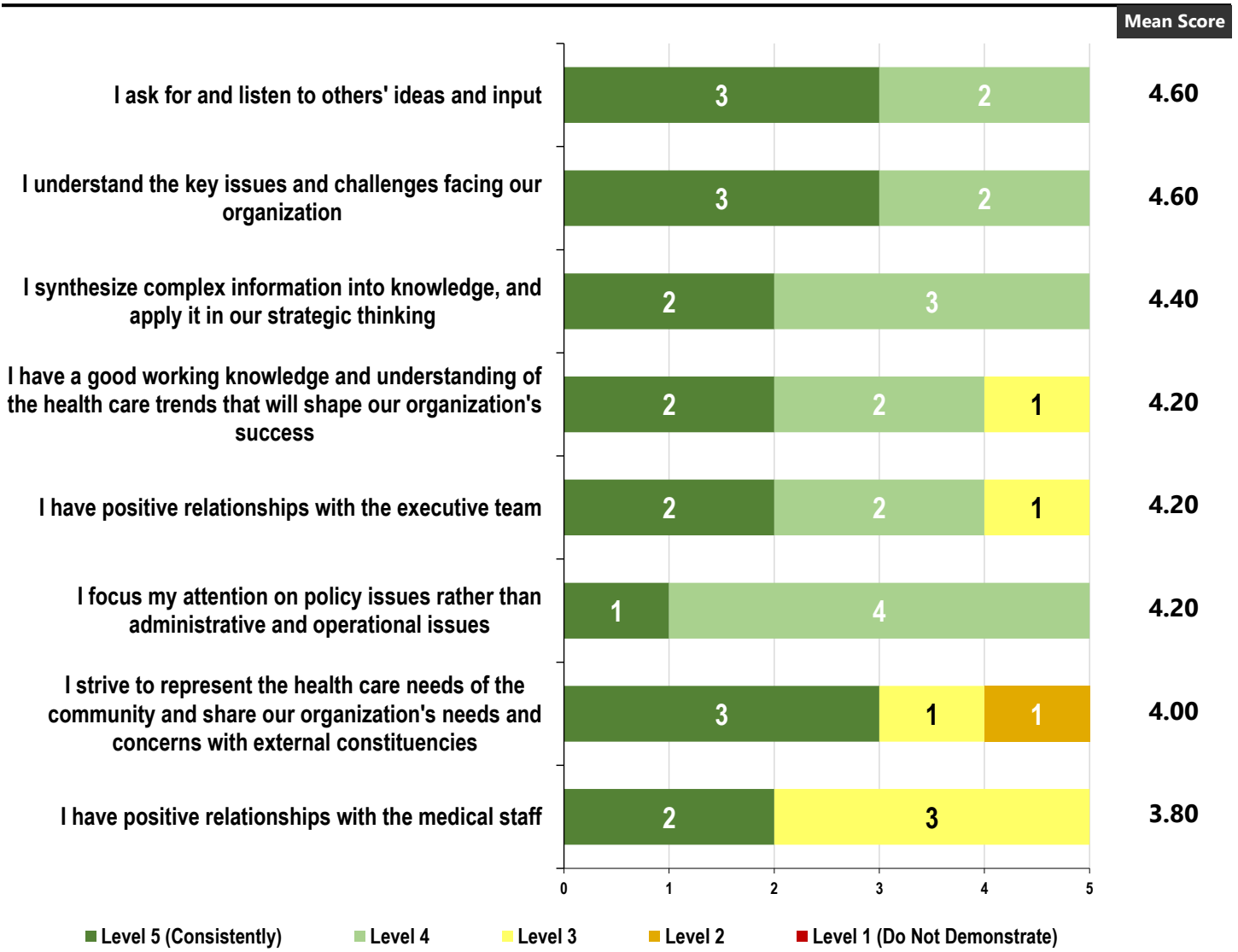


Figure 12b: Personal Performance Assessment—Lower-Rated
(sorted by highest to lowest mean score)



Board Member Comments

No additional comments were provided in this area.

Issues and Priorities



Issues and Priorities

Board members responded to three open-ended questions about their board's issues and priorities. Below are verbatim comments, grouped by key theme where possible.

Issues That Should Occupy Board Time and Attention

Continued Accountability to the Strategic Plan, Including a Focus on Quality, Growth and Facility Expansion

- We need to be aware of the strategic plan and try to remain on track. This is our guideline for good governance.
- Consistent accountability to the strategic plan, quality assurance, financial sustainability.
- Improving quality operation.
- Growth, and facility expansion.
- Progress on strategic plan.

Support for the Electronic Health Record Implementation

- Keeping focused on EHR implementation and central processing to restart surgical services.
- We need to support the staff's efforts for a smooth implementation of Epic.
- Conversion to Epic and Sage.

Ensuring Financial Sustainability

- Fiscal strength.
- Financial performance.

Preparing for Next Year's Accreditation

- Preparing for next year's DNV accreditation for ISO, while not losing focus on daily operations.

Collaboration with Coast Community

- Collaboration with Coast Community.

Highest Board Priorities

- DNV accreditation.
- To support the implementation of the new EHR Epic system.
- Due diligence in strategic plan and management follow through to achieve plan objectives.
- Personally I want to become an expert in rural health perspectives, the particular needs of Southern Oregon coastal communities, and clinically integrated networks. I'm excited to be a part of this board and feel this year we will solidify and excel.
- Making decisions that will move SCHHC to a positive operating margin.

Suggestions for Board Education

- Governance, best board practices, asking tough questions, and what specific items the CEO should share with the board.
- Continuing governance education.
- Government mandates/requirements.
- We need to better understand the Oregon Open Meetings Law.
- Current DEI.
- Provide an example of an annual conflict declaration form. Provide examples of board member performance criteria evaluation process and form.
- New board member orientation.
- I'm grateful to be a part of this process. In the past four months I've been given several excellent training opportunities. Ray Hino has developed a positive learning environment here at Southern Coos and I'm excited to help this hospital and clinic excel!

Recommendations for Governance Improvement

Recommendations for Improvement

Conducting a board self-assessment is a critical first step to improving board performance and ultimately elevating the organization's ability to achieve its mission and vision. The real power resulting from the governance assessment is what the board does with the results—how it uses board members' input to advance the board's governing performance.

To enable the board to perform most effectively, governWell™ recommends a careful review of the ratings and comments provided by board members in this report. The board should set aside time to review the results, allowing an opportunity for board members to discuss their interpretation of the findings and to develop a "governance gain" action plan to address lower-performing areas.

Below are high-level recommendations to consider based on the lower-rated areas in the governance practices and performance assessment.

Mission, Values and Vision

- Review the mission, values and vision annually at a board retreat, challenging the assumptions in place at the time the mission and vision were developed, and making modifications based on the realities of today's environment.

Strategic Leadership

- Focus board energy and time on strategic thinking rather than operational decision-making. Review board agendas to ensure they set the tone for board discussions focused on the right issues.
- Provide ongoing education about the changing health care environment and its effects on the organization, and update the board when major challenges or changes occur.

Quality and Patient Safety

- Involve physicians in board decision-making processes, and seek physician input regularly relating to quality and patient safety improvement opportunities.
- Ensure a thorough understanding of the board's responsibilities with the medical staff, including the board's role in physician credentialing and building constructive relationships with the medical staff.

Financial Leadership

This was one of the highest-rated areas. While there is room for improvement in every area, it is recommended that the board first prioritize recommendations in lower-rated areas.

Relationship with the CEO

- Establish an organized process for meaningful CEO/board communication between board meetings.
- Clearly define board and management roles to ensure that the board and CEO focus on their respective roles in complementary ways.

Community Relationships

This was one of the highest-rated areas. While there is room for improvement in every area, it is recommended that the board first prioritize recommendations in lower-rated areas.

Board Roles, Responsibilities and Knowledge

- Maintain written criteria outlining board member performance, ensuring that board members understand what's expected, including meeting attendance and engagement, participation, and commitments to education, conflict of interest and confidentiality.
- Ensure a well-defined process is in place for new board member orientation and onboarding.
- Commit to ongoing education that identifies emerging governance issues and knowledge gaps and provides consistent board education, including oversight of the board assessment process.

Board Meetings

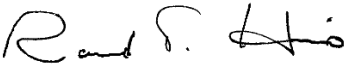
- Ensure a clearly defined and adhered to conflict of interest policy, requiring board members to annual declare conflicts and to identify and take appropriate action when new conflicts arise.
- Ensure board members are provided with concise, easy to understand and actionable materials in advance of board, committee and task force meetings.



Illinois Office
One Mid America Plaza, Floor 3
Oakbrook Terrace, IL 60181
630-613-7580
barb@governwell.net

Oregon Office
31090 SW Boones Bend Rd
Wilsonville, OR 97070
630-613-7580
larry@governwell.net

governwell.net

DATE: September 23, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Coast Community Health Center Collaboration Update

Recommended Action

No action is recommended at our September Board meeting on the agenda item for Southern Coos Hospital & Health Center (SCHHC) Collaboration with Coast Community Health Center (CCHC).

Background

On August 27, 2024, the Boards of Directors for both Southern Coos Hospital & Health Center and Coast Community Health Center, met in a Joint Boards meeting in the Bandon Library Community Room. At the meeting, our CFO, Antone Eek, presented a draft Master Collaboration Services Agreement for the consideration of the Board members present. Antone has done a great job of creating a document that would identify the legal roles, responsibilities and structure for a collaboration. This was a first draft to give the 2 Boards a good idea of what was likely to be involved in creating a structure to work together. It was stated at the August 27 meeting that the draft Master Services agreement had not yet been examined by legal counsel for each entity. The SCHHC team had scheduled a call with legal counsel with Davis, Wright & Tremaine (the counsel that we use for medical staff, compliance and health care law) to be held the following day on August 28. Kendra Newbold stated that Coast Community Health Center would wait for SCHHC legal review, before submitting the document to CCHC.

The Davis, Wright & Tremaine (DWT) attorney completed her review on September 6, and the document was transmitted to Kendra Newbold on that date. DWT recommended that the original single bi-directional (agreement where both parties are both service providers and service recipients) be converted to two (2) uni-directional agreements. She recommended that we have 2 uni-directional agreements, instead of 1 bi-directional agreement. It's easier and cleaner that way. She was also able to reduce the size of the Services Agreement from the original document of 21 pages, down to 14 pages. She did retain the concept of keeping the actual contract services (IT, HR, Finance, etc.) as exhibits, attached to the Master Services agreement.

Current Status

As of September 18, I was informed by Kendra Newbold that the Services Agreement was reviewed by the CCHC Executive Team and by CCHC legal counsel. It was returned to Kendra with comments and requests for changes, which will need to come back to SCHHC for an additional legal review.

For that reason, CCHC has notified me that the agreement will not be ready in time for this month's SCHHC or CCHC Board of Directors meeting. Kendra asks that while we are waiting for the additional legal reviews, that we work towards finalizing Exhibit 1, which will include the scope of services and fees for IT support services to be provided from SCHHC to CCHC. Kendra Newbold and Scott McEachern are working on that now. The current status is that we will not have a recommendation at this month's meeting, and we will keep the Board notified on a proposed time frame for approval. That might mean a Special Board meeting for approval of the SCHHC – CCHC Collaboration Agreement and Exhibit 1.

DATE: September 23, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: DNV Accreditation Report

Recommended Action

No action is recommended at our September Board meeting on the agenda item for our 2024 DNV Accreditation Survey.

Background

On August 20 and August 21, 2024, Southern Coos Hospital & Health Center had our 2024 DNV accreditation visit. Once again, we were visited by 3 surveyors. They included 1 Life Safety Code Engineer, 1 Registered Nurse Clinician and 1 Health Care Administrator Generalist. On September 5, 2024, we received our Survey Report Results. I was pleased with the report. We received 8 NC-1 level findings and 1 NC-2 level finding. This is the least number of finding that we have had in a DNV survey, and it is particularly notable since this year, we are also being evaluated for We had 10 calendar days (until September 15, 2024) to submit a Plan of Corrective Action back to DNV with our plans of correction, including milestone dates and accountabilities. Amanda Bemetz and Rachel Maddux led our efforts for submittal of a corrective action plan, and we met the deadline with 2 days to spare, by submitting our Plan of Corrective Action on September 13.

Current Status

According to the Corrective Action Plan that we submitted to DNV on September 13, all of our corrective action plans will be completed by October 21, 2024. We only requested 1 exception to that. On the citation for review and evaluation of all of our contracts, we requested that the “patient facing” contracts must be evaluated no later than October 21, 2024, but the “non patient facing” contracts would have until June 1, 2025, for evaluation. The reason for that request is that we have over 300 contracts that need to be evaluated, and per DNV, they do not all need to be reviewed once per year. Only the “patient facing” contracts need an annual review. So, we placed the highest priority on completing all of our “patient facing” evaluations before October 21.

Overall, I am very satisfied with the work that has been done by our team, and particularly Amanda and Rachel for their leadership of this process. Our managers are taking this process very seriously and taking necessary actions to ensure compliance with the DNV requirements.

I am going to incorporate our DNV corrective action plans into our Action Strategy Plan, so that we can document completion of each of the non-conformity citations this year. This will be done before the September Board meeting on September 26.

DATE: September 23, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: Real Estate Acquisition

Recommended Action

No action is recommended at our September Board meeting on the agenda item for Real Estate acquisition of the clinic property at 930 2nd Street, Bandon, Oregon 97411.

Background

On September 16, 2024, we held a Special Board meeting for the purpose of approving Board Resolution #2024-04, which provided authorization for CEO Raymond Hino to acquire title, purchase real property and to sign documents (including loan documents, escrow instructions, etc.) required for a purchase of the property, located at 930 2nd Street, Bandon, Oregon 97411. The resolution was approved with the contingency that CEO Hino was to confirm that (1) the final closing would be contingent upon the property being vacant, and (2) that the 930 2nd Street property is approved by the City of Bandon to be used as a medical building.

Current Status

1. Closing to Occur with the Contingency that the Building Must be Vacated.

Antone Eek was able to confirm that the Offer to Purchase documents, that have already been signed, did in fact contain language that final closing is contingent upon the building being vacated. Closing is scheduled for October 22, 2024. The building is to be vacated no later than October 21, 2024.

2. 930 2nd Street Property To Be Approved by City of Bandon for Use as a Medical Clinic

On September 17, Kim Russell contacted the City of Bandon and requested an appointment for Raymond Hino to meet with Dana Nichols. Kim spoke to Nicolette in the planning department, who said that a meeting with Dana is not necessary. She was able to check on the status of the building for medical clinic usage. She got back to Kim and informed her that the building was previously approved in 2019 for a conversion from a residential property to commercial use, being used as a Medical, Dental or related office, as defined in Chapter 17.44.020. She said that the building is already approved for use as a medical clinic, because the previous owners had already gone through the approval process. No additional approvals are necessary, except that a new sign would require City approval. There is still the potential that we may need an additional permit if we want to pave the parking lot.

Due to the determination that both contingencies are met, we released the Board Resolution to the Title Company on September 23, 2024. I am awaiting further instructions on a time and date to sign documents. That has not taken place as of today's date.

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, September 2024

Leadership Updates:

- **Chief Medical Officer** – As reported previously, we have hired a Chief Medical Officer, who will also serve as a 4th hospitalist, starting on October 1. His name is Alden Forrester, M.D. Dr. Forrester is excited about this new position and opportunity, and we are excited to having him join us. He notified me this morning that he has purchased a home in the City of Bandon. He is moving into his new home on September 24. I anticipate that Dr. Forrester is going to be a valuable asset to our hospital, as we pursue our goals of Epic EHR implementation and DNV/ISO 9001 accreditation.
- **Foundation Executive Director** – The Southern Coos Health Foundation has created a 4-member Committee to assist with the recruitment of a new Executive Director for the Foundation. The members of the committee are Joseph Bain, Pam Hansen, Becky Armistead and Scott McEachern. The first 2 on-site interviews are scheduled for October 7 and October 8.

Clinic Providers:

- Since our last Board meeting, we have (1) made an offer to Judith Fitzgibbons, Family Nurse Practitioner, to convert from Temporary Contract provider to full time employee Family Nurse Practitioner. We have also interviewed a very qualified primary care physician, currently living in North Bend, OR, for the vacant full time employee position of Clinic Medical Director/Clinic Primary Care Physician. The first interview went extremely well, and the physician is very interested in a full-time position with productivity incentives. A second interview with the candidate is scheduled for Friday, September 27.

Surgery:

- As was reported last month, the surgery/sterile processing project is going well and is near completion. There were some delays, due to scheduling between the contractor and the equipment suppliers. However, by the time we have our September Board meeting on September 27, it is expected to be completed and ready for final cleaning, prior to re-opening. We anticipate being ready to perform all surgeries that Dr. Monsivais is able to perform, without limitations, starting on Monday, September 30.

DNV Survey:

- I will make a full report on our DNV survey, which took place on August 20-21 under old business on our September Board meeting agenda. In short, we received our official report of deficiencies

on September 5, and had 10 calendar days (until September 15) to submit our Plan of Corrective Action back to DNV. We were able to send our Action Plan back 2 days early on September 13. This year was our best DNV survey yet, with a total of 9 deficiencies (8 NC-1, 1 NC-2).

Coast Community Health Center:

- I will make a full report on the status of our contract negotiations with Coast Community Health Center (CCHC) under old business on our September 27 Board of Directors meeting. In summary, our legal counsel that is handling this agreement (Davis, Wright, Tremaine) was able to shorten the Master Services Agreement, originally created by Antone Eek. They also converted it to a uni-directional (1-way) agreement, instead of its original format of a bi-directional agreement where both parties are both providers and consumers of services. That agreement was sent to Kendra Newbold on September 6. On September 18, Kendra informed me that the final contract will not be ready in time for the September Board meetings. She is suggesting that we work on finalizing the first exhibit for IT services, provided by SCHHC to CCHC, and that we plan on a special meeting in October to approve both the Master Services agreement and the first exhibit.

Western University Osteopathic Medical School Family Physician Residency Program

- I have attended 2 meetings in Coos Bay, which were hosted by Advanced Health and in which, all 3 hospitals in Coos County plus the 2 Federally Qualified Health Centers (FQHCs) were invited. The presenters at the 2 meetings were faculty from Western University of Health Sciences, which is 1 of the largest medical schools in the Country with over 1,000 medical students. Western University has 2 campuses. The first campus is located in Pomona, California (coincidentally, my hometown in Southern California) and the second one is located in Lebanon, Oregon (east of Interstate 5 and east of Corvallis). The proposal by Western University is, in 3 years, to create a residency training program for physicians. Residency training programs, throughout the United States, are offered in every medical and surgical specialty. The Coos County proposal is to create either a Family Medicine or an Internal Medicine residency program.
- On September 19, we had an on-site visit by Diana Lacey, Vice Provost, for Strategy, Growth & Transformation for Western University. Before beginning work in academic medicine, 10 years ago, she previously worked for Lower Umpqua Hospital (Reedsport), Peace Harbor Hospital (Florence) and in PeaceHealth's corporate offices. Her husband is a 4th generation native of Reedsport and she is very supportive of enhancing access to medical services on the Southern Oregon coast. She visited with me on September 19. Diana feels that there is a great opportunity for either a Family Medicine or an Internal Medicine residency program in Coos County, and including Lower Umpqua Hospital and Curry General Hospital.

Southern Coos Hospital & Health Center 25th Year Celebration

- I greatly appreciate that all 5 of our Board members were able to attend our 25-year Silver Anniversary Celebration on September 8. We had a great turnout. We are estimating 75 people that attended the celebration, including many former employees and former Board member (and physician), Dr. Greg Aitchison, who served on the Board for approximately 20 years, ending his service in 2008. Dr. Aitchison informed us that he and his wife kept their home in Bandon and will be moving back to our area this year. The event was extremely successful and greatly appreciated by our former (and current) employees that were here in 1999. We continued the 1999 theme for our float in this year's Bandon Cranberry Festival parade. We had a great turnout and a lot of fun. But did not win a prize this year.

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 – September 26, 2024

Provider News

Clinic productivity has improved compared to last month, even with Dr. Preslar (3 days) and Dr. Monsivais (7 days) being on vacation. However, we anticipate a potential decrease in productivity next month as both Dr. Monsivais and Victoria Schmelzer are out of the office for a significant portion of September.

A review of the Clinic’s Income Statement reveals that, while our operating expenses remain within budget, we continue to fall short in patient revenue. Although provider productivity is a key factor, another significant issue is our low average collection rate, which currently stands at just 41%. To address this, we plan to conduct a thorough review of our insurance contracts after the successful implementation of our ERP/EHR systems. This review will help ensure we are optimizing reimbursements and improving overall financial performance.

We have extended a permanent offer to Judith Fitzgibbons, FNP, who is currently considering the position. She is discussing the opportunity with her husband and exploring housing options in the Coos Bay area. Judith will provide us with her final decision by Friday, September 27th.

August 2024 Clinic Stats										
Provider	Days in Clinic	Patients			Total	Average	No Show	Cancelation	Total	Total
	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Bonnie Wong, DO	12	122	7	2	113	9.4	2%	6%	4	5
Judith Fitzgibbons, FNP	18	168	19	3	146	8.1	2%	11%	2	24
Hank Holmes, MD	2	11	0	1	10	5.0	9%	0%	1	0
Noel Pense, DO	1	12	0	1	11	11.0	8%	0%	0	0
Paul Preslar, DO	10	148	24	12	112	11.2	8%	16%	0	22
Shane Matsui, LCSW	20	103	15	10	78	3.9	10%	15%	6	0
Victoria Schmelzer, CRNA	8	76	14	1	61	7.6	1%	18%	0	1
Sharon Monsivais, MD	7.5	163	16	8	139	18.5	5%	10%	0	0
Outpatient Services	22	220	15	2	203	9.2	1%	7%	0	0
Totals	100.5	1023	110	40	873	8.7	4%	11%	13	52
Total telehealth	13									
						670 Clinic Registrations				

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

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

Clinic Report

- After several months of effort, we successfully resumed conducting pre-employment physicals for Roseburg Forest Products. Next month, they are planning to host a few hiring fairs, which will likely lead to a significant increase in candidates coming to our clinic for pre-employment physicals.

- 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. August statistics:
 - While the total of 46 patients served didn't change, we were able to provide additional Behavioral Health Integration (BHI) services on top of the CCM services.
 - \$3,675.55 billable services provided for a total of \$17,471.31 since April 2024.
- The No-Show rate for August is 4%. We expected an increased No Show rate as patients take last minute summer vacations before the school year starts.
- 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 eCQM Performance Report for 2024						
Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	As of 8/31/2024	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						

- Our numbers remain fairly stable across all categories but I would like to note that we experienced a 7 point increase in the Easy to Get Appointment category. This is attributed to Judy Fitzgibbons having multiple Acute appointments available each day.

August 2024 Results	Asked about medications		Care provider courtesy and respect		Care providers explain things		Care providers listened		Easy to get appt		Felt safe and secure		Human Understanding		NPS: Facility would recommend		Providers knew medical history	
	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Preslar, Paul (1437141793)	95.5	22	90.9	22	86.4	22	90.9	22	72.7	22	90.9	22	81.8	22	95.5	22	68.2	22
Monsivais, Sharon (1023455490)	89.5	19	95.2	21	85.7	21	90.5	21	57.1	21	90.5	21	71.4	21	81	21	76.2	21
Fitzgibbons, Judith (1932284197)	100	13	100	13	100	13	92.3	13	84.6	13	92.3	13	92.3	13	76.9	13	46.2	13
Wong, Bonnie (1437404415)	100	8	100	8	75	8	75	8	62.5	8	100	8	62.5	8	100	8	75	8
Schmelzer, Victoria (1417312893)	100	4	100	4	100	4	100	4	100	4	100	4	75	4	50	4	75	4
Pense, Noel (1790118636)	100	3	100	3	100	3	100	3	33.3	3	100	3	100	3	100	3	100	3
Grand Total	95.7	69	95.8	71	88.7	71	90.1	71	69	71	93	71	78.9	71	85.9	71	69	71

Clinic Provider Income Summary

All Providers

For The Budget Year 2025

Current Budget YTD

	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics							
Clinic Days	76	89	79	89	155	178	(24)
Total Visits	641	776	670	776	1,311	1,551	(240)
Visits/Day	8.4	8.7	8.5	8.7	8.5	8.7	(0.2)
Total RVU	1,558	1,773	1,230	1,773	2,789	3,546	(757)
RVU/Visit	2.43	2.29	1.84	2.29	2.13	2.29	(0.16)
RVU/Clinic Day	20.50	19.92	15.67	19.92	18.05	19.92	(1.87)
Gross Revenue/Visit	342	399	427	400	385	400	(14)
Gross Revenue/RVU	141	175	233	175	181	175	6
Net Rev/RVU	61	77	98	78	78	77	0
Expense/RVU	109	142	142	140	123	141	(17)
Diff	(47)	(64)	(44)	(62)	(46)	(63)	17
Net Rev/Day	1,258	1,540	1,541	1,546	1,402	1,543	(141)
Expense/Day	2,226	2,821	2,228	2,783	2,227	2,802	(575)
Diff	(968)	(1,280)	(687)	(1,237)	(825)	(1,259)	434
Patient Revenue							
Outpatient							
Total Patient Revenue	219,184	309,620	286,179	310,347	505,363	619,967	(114,603)
Deductions From Revenue							
Total Deductions From Revenue (M)	123,571	172,528	165,186	172,724	288,757	345,251	(56,494)
Net Patient Revenue	95,613	137,092	120,993	137,623	216,606	274,715	(58,109)
Total Operating Revenue	95,613	137,092	120,993	137,623	216,606	274,715	(58,109)
Operating Expenses							
Salaries & Wages	104,563	153,914	101,380	153,914	205,943	307,828	(101,885)
Benefits	12,145	13,799	9,032	12,537	21,177	26,336	(5,159)
Purchased Services	0	0	0	0	0	0	0
Medical Supplies	1,089	875	430	875	1,519	1,750	(231)
Other Supplies	78	610	(7)	610	71	1,220	(1,149)
Maintenance and Repairs	0	21	0	21	0	42	(42)
Other Expenses	4,783	3,292	1,766	3,292	6,549	6,583	(34)
Allocation Expense	46,496	78,522	62,282	76,477	108,778	154,999	(46,221)
Total Operating Expenses	169,153	251,033	174,884	247,726	344,037	498,759	(154,722)
Excess of Operating Rev Over Exp	(73,539)	(113,940)	(53,892)	(110,103)	(127,431)	(224,043)	96,613
Total Non-Operating Income	1,585	394	1,269	394	2,854	788	2,067
Excess of Revenue Over Exp	(71,954)	(113,547)	(52,623)	(109,709)	(124,577)	(223,256)	98,679

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

Chief Nursing Officer Report

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

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

Re: CNO Report for SCHD Board of Directors Meeting – September 26, 2024

Clinical Department Staffing - August 2024

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	26.15	31.43	-5.27	2.19	-	2.19	28.34	31.43	-3.08
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA I	3.29	4.50	-1.21	-	-	0.00	3.29	4.50	-1.21
CNA II	3.73	4.49	-0.75	-	-	0.00	3.73	4.49	-0.75
Patient Activities Coordinator	-	-	0.00	-	-	0.00	-	-	0.00
Health Screener	-	-	0.00	-	-	0.00	-	-	0.00
Charge Nurse	3.52	3.85	-0.33	-	-	0.00	3.52	3.85	-0.33
RN	10.77	13.30	-2.52	2.19	-	2.19	12.97	13.30	-0.33
LPN	2.21	2.45	-0.24	-	-	0.00	2.21	2.45	-0.24
Telemetry Tech	1.62	1.85	-0.23	-	-	0.00	1.62	1.85	-0.23
Swing Bed	1.95	1.97	-0.02	-	-	0.00	1.95	1.97	-0.02
Case Manager	0.96	0.97	-0.01	-	-	0.00	0.96	0.97	-0.01
Patient Activities Coordinator	0.99	1.00	-0.01	-	-	0.00	0.99	1.00	-0.01
LPN	-	-	0.00	-	-	0.00	-	-	0.00
Emergency Room	13.44	14.16	-0.73	2.81	0.90	1.91	16.25	15.07	1.18
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA II	1.05	1.35	-0.30	-	-	0.00	1.05	1.35	-0.30
LPN	3.85	3.37	0.47	-	-	0.00	3.85	3.37	0.47
RN	7.54	8.44	-0.90	2.81	0.90	1.91	10.35	9.34	1.01
Surgical Services	4.44	8.00	-3.56	1.16	0.77	0.39	5.60	8.77	-3.17
Director	-	-	0.00	-	-	0.00	-	-	0.00
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Surgical Nurse	1.03	3.50	-2.47	1.16	0.77	0.39	2.19	4.27	-2.08
Circulator	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Sterile Processing Tech	0.69	1.00	-0.31	-	-	0.00	0.69	1.00	-0.31
Surgical Tech	1.71	1.50	0.21	-	-	0.00	1.71	1.50	0.21
Radiology	4.94	6.94	-2.00	2.11	1.63	0.48	7.04	8.56	-1.52
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Coordinator	0.76	0.76	-0.01	-	-	0.00	0.76	0.76	-0.01
Medical Imaging Admin	0.99	1.00	0.00	-	-	0.00	0.99	1.00	0.00
Rad Tech IV	0.09	0.37	-0.28	2.11	1.63	0.48	2.20	2.00	0.20
Ct/Rad Tech Reg	2.09	3.80	-1.71	-	-	0.00	2.09	3.80	-1.71
Ultrasound	2.36	2.01	0.35	-	-	0.00	2.36	2.01	0.35
Ultrasound Tech III	1.27	0.94	0.32	-	-	0.00	1.27	0.94	0.32
Ultrasound Tech II	1.00	0.70	0.31	-	-	0.00	1.00	0.70	0.31
Ultrasound Tech IV	0.09	0.37	-0.28	-	-	0.00	0.09	0.37	-0.28
Mammography	-	0.36	-0.36	-	-	0.00	-	0.36	-0.36
Mammo Tech	-	0.36	-0.36	-	-	0.00	-	0.36	-0.36
Rad Tech IV	-	-	0.00	-	-	0.00	-	-	0.00
Cat Scan	1.90	2.32	-0.43	-	-	0.00	1.90	2.32	-0.43
Rad Tech II	1.90	1.38	0.52	-	-	0.00	1.90	1.38	0.52
Ct/Rad Tech Reg	-	0.95	-0.95	-	-	0.00	-	0.95	-0.95
MRI	1.03	1.00	0.03	-	-	0.00	1.03	1.00	0.03
Rad Tech IV	1.03	1.00	0.03	-	-	0.00	1.03	1.00	0.03
Lab	9.24	11.29	-2.05	1.78	0.98	0.80	11.02	12.27	-1.24
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Assistant I	2.48	0.24	2.25	-	-	0.00	2.48	0.24	2.25
Assistant II	1.25	3.79	-2.54	-	-	0.00	1.25	3.79	-2.54
Assistant III	1.00	1.04	-0.04	-	-	0.00	1.00	1.04	-0.04
CNA II	-	0.49	-0.49	-	-	0.00	-	0.49	-0.49
Medical Lab Tech Lead	-	0.45	-0.45	-	-	0.00	-	0.45	-0.45
Medical Lab Scientist	0.32	1.29	-0.97	-	-	0.00	0.32	1.29	-0.97
Medical Lab Tech	3.19	3.00	0.19	1.78	0.98	0.80	4.97	3.98	0.99
Pharmacy	1.91	2.91	-1.00	-	-	0.00	1.91	2.91	-1.00
Pharmacy Director	0.68	0.63	0.05	-	-	0.00	0.68	0.63	0.05
RN	1.23	1.29	-0.06	-	-	0.00	1.23	1.29	-0.06
Pharmacy Tech	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Respiratory	6.48	6.23	0.25	1.04	-	1.04	7.52	6.23	1.29
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Respiratory Therapist	5.48	5.23	0.25	1.04	-	1.04	6.52	5.23	1.29
Total Difference	73.83	88.63	-14.79	11.08	4.27	6.81	84.92	84.92	0.00
% of FTE	86.95%			13.04%					

- **Medical-Surgical Department –**
 - Three full-time nurse positions vacant.
 - Three contract RNs utilized.
 - Four full-time CNA positions vacant.
- **Emergency Department –**
 - One full-time RN position vacant.
 - One full-time LPN float position vacant (float between MS and ED).
 - Two contract RNs utilized.
- **Surgical Services –**
 - Two full-time RN positions vacant in August.
 - One full-time RN has submitted notice of resignation.
 - Two full-time RNs have accepted positions and will begin September 25, 2024
 - Two contract RNs utilized
- **Medical Imaging –**
 - One full-time MRI Technologist position vacant.
 - Three contract Radiology Technologists utilized (new employee orientation has extended the need)
- **Laboratory –**
 - Two full time Medical Lab Technologist/Scientist positions vacant.
 - Two contract Medical Lab Technologist utilized.
- **Respiratory Therapy –**
 - One per diem RT transitioning to full-time in September.
 - One contract RT utilized to cover staff on leave.

SAINTS Study Participation –

Southern Coos Hospital & Health Center is taking part in the Safety Integration Stewards (SAINTS) study with Oregon Health & Sciences University. SAINTS aims to minimize patient fall risk and reduce patient-assist injuries among hospital staff. The study will extend over a two-year time period. SCH&HC has not yet been notified if we will be a control hospital or a program hospital. Control hospitals will engage in standard operating procedures and gain access to SAINTS trainings after the 2-year study period. The program hospitals will receive trainings and quality improvement cycles during the 2-year study period. Either method of participation will support our goals for reduced patient falls and employee injury related to falls.

Surgical Services –

Operating room and sterile processing down-time for construction extended. Anticipated completion September 26, 2024. Oregon Health Authority scheduled to be on-site for inspection September 25, 2024.



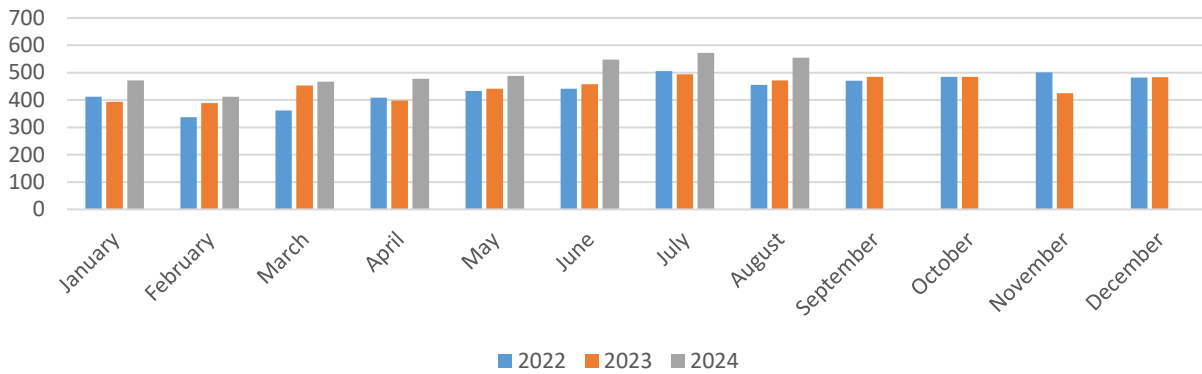
Flu/Covid Vaccine Clinics –

The coordination of the Flu/Covid vaccine clinics has initiated.

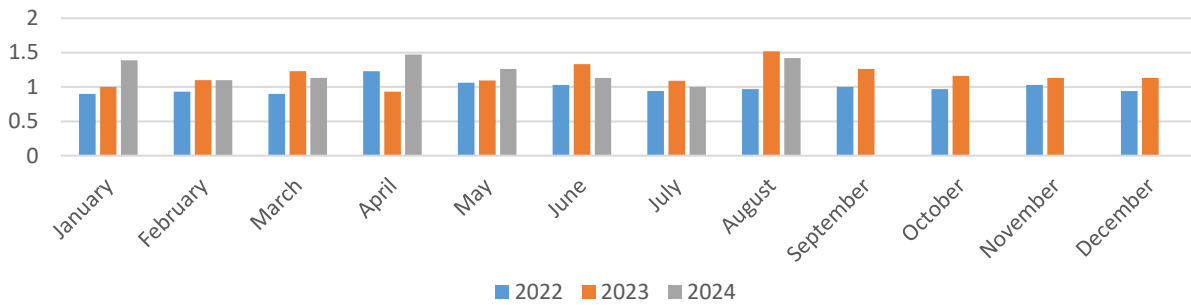
- Bandon Community Flu/Covid vaccine drive through clinic to be held at the Bandon City Park, Wednesday, October 23, 2024. SCHHC staff will arrive for set up at 6:00am with a vaccination start time planned for 8:00am (day light). Clinic will run until 2:00 pm.
- Bandon Dunes employee vaccine clinic tentatively scheduled for the second week in November, 2024.
- Confederated Tribes will be utilizing their newly opened health clinic to provide vaccines this year.

Emergency Department Statistics

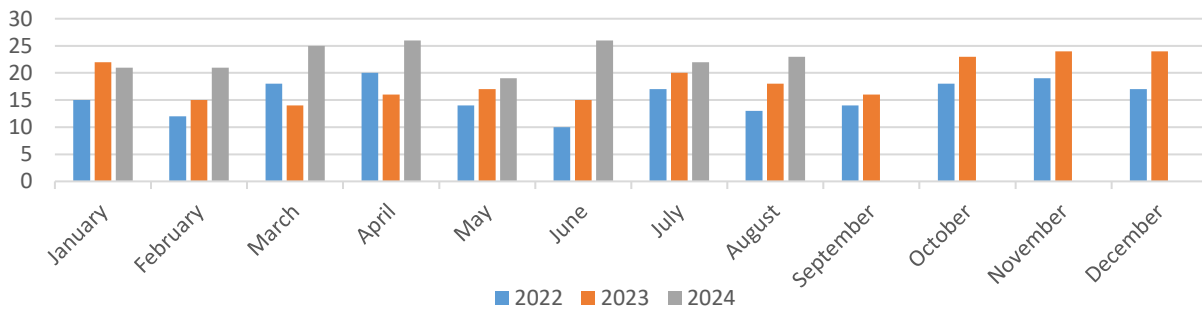
ED Census Tracking 2021-2023



Average ED Admissions to Med-Surg Unit per Day



ED Transfers



Chief Financial Officer Report

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

Aug 2024 Department Achievements/Activities

Accounting and Finance Update:

- Preparation for Cost Report – Final documents being submitted this week / next week
- Finishing Audit
- SAGE Intacct Completion – Prep for Go-live Oct 1

Engineering / EVS Update:

- SPD – Moving forward, Contractors onsite
- Parking lot
 - Planters to be completed in the next two weeks
 - Surfacing to be completed within 3-4 weeks.

Materials Management / Supply Chain Update:

- SAGE Intacct Training

Revenue Cycle Update:

- **Director of Revenue Cycle:** Interviewing
- **Billing / Reimbursement**
 - Posting Transition - Complete
- **Health Information Management (HIM)**
 - Backlog Catchup - 65% from Completion
- **Coding**
 - No update

Other Items:

- Pharmacy
 - OP Retail Pharmacy
 - Contractor - Inline
 - Cardinal Planning Meeting kickoff: 8/27/24
 - 340B Technician - Interviewing
 - Director of Pharmacy - Interviewing

Chief Information Officer Report

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

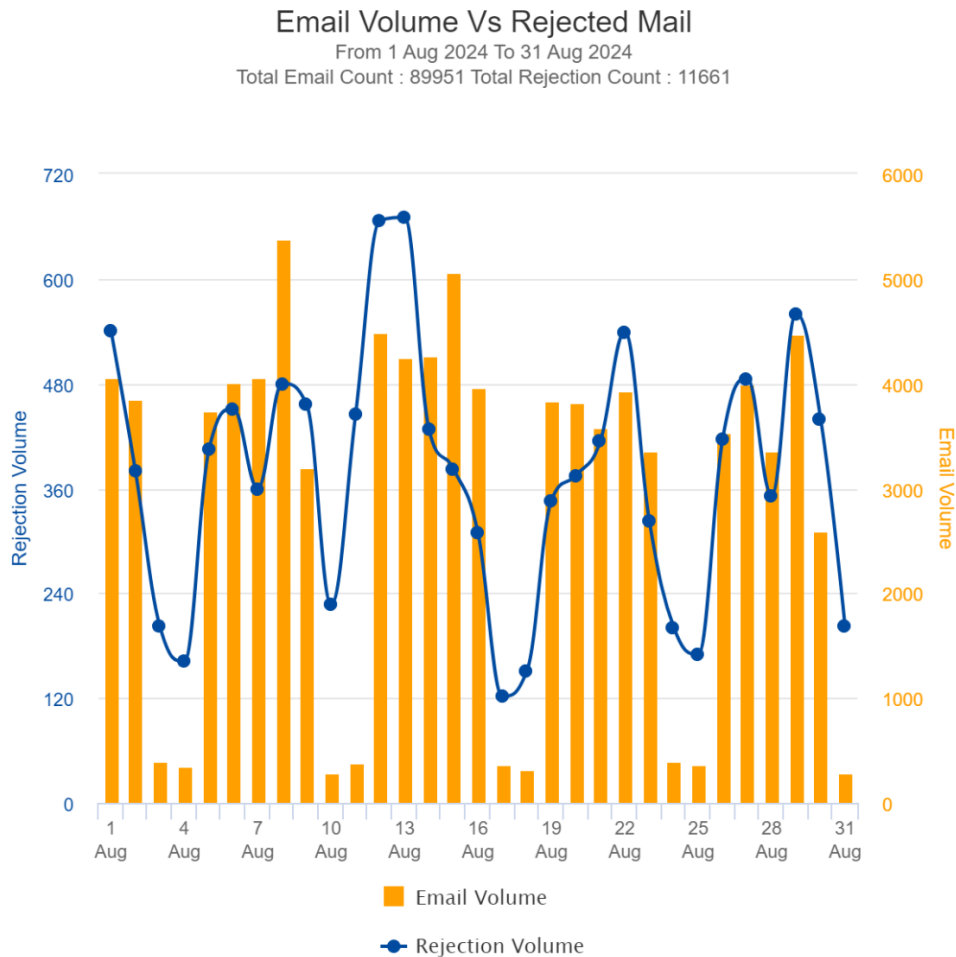
From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, September 26, 2024

Cybersecurity Report

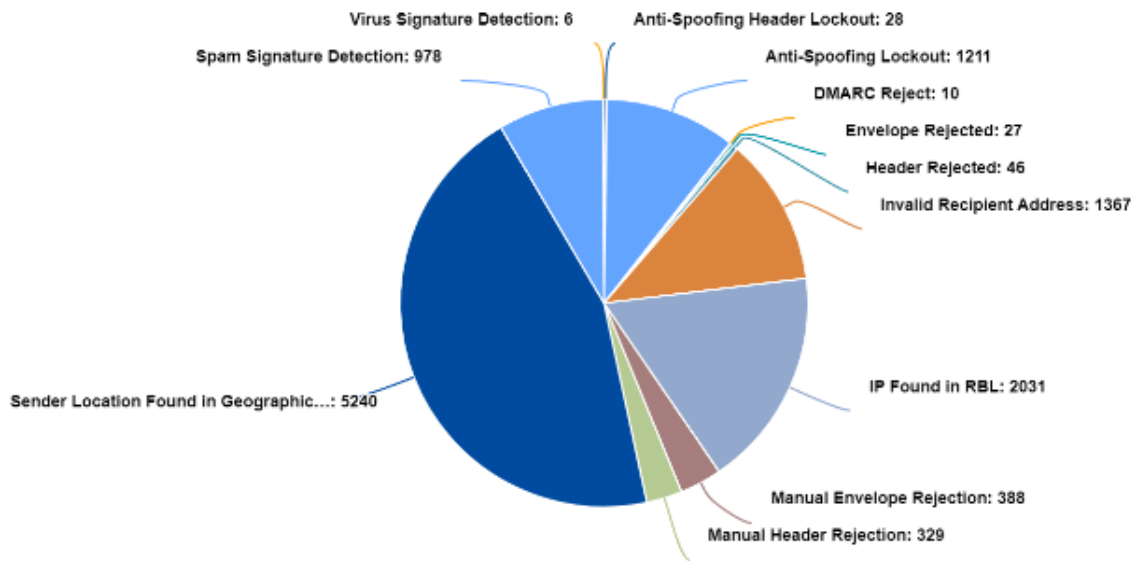
SCHHC Email Volume vs. Rejected Email

August 2024



Email Rejection Overview, by Type of Rejection

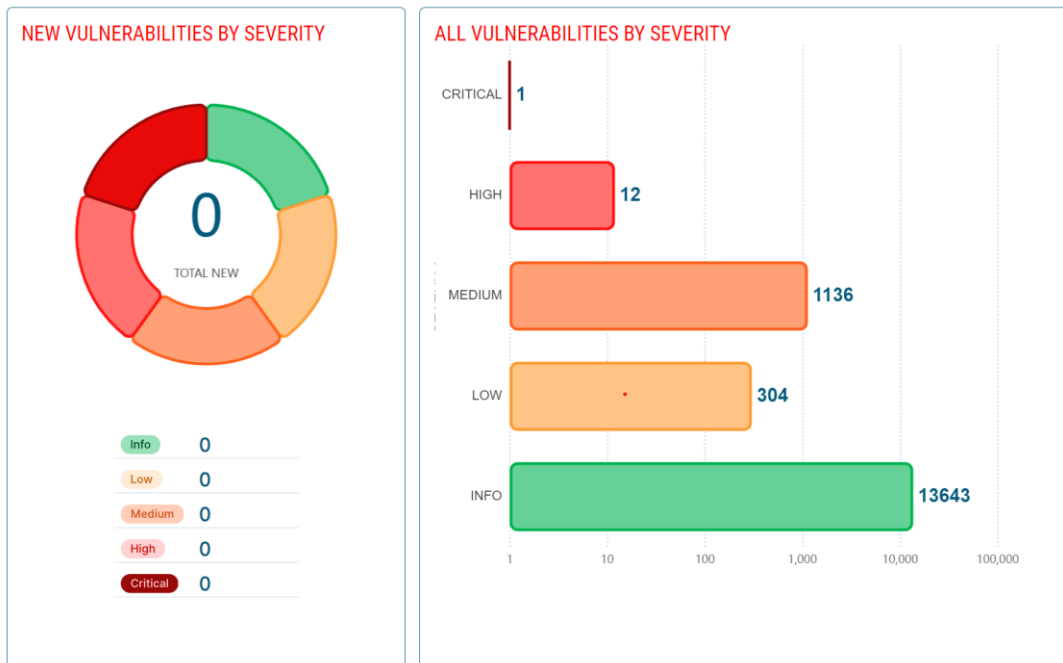
Rejection Overview
From 1 Aug 2024 To 31 Aug 2024
Total Rejection Count: 11661



Critical Insight Investigations



SCHHC Vulnerabilities by Severity



August Cybersecurity Climate

OneBlood: ransomware attack on July 29 disrupted patient care, delayed elective procedures, and notified over 250 hospitals in the southeast to temporarily activate critical blood shortage protocols. This is one of a growing number of cyberattacks on blood banks across the nation.

McLaren Health Care: A ransomware attack encrypted files on the network of McLaren Health Care, disrupting IT systems and affecting all 13 of its hospitals, cancer centers, surgery centers, and clinics.

Kootenai Health, Coeur d'alene, Idaho: On August 12, 2024, 3AM ransomware stole the data of 464,000 patients at Kootenai Health. The hospital began notifying patients affected by the breach on that date.

Other cyberattacks of note in August 2024:

- Dick's Sporting Goods – unnamed third party snooping around its servers
- Seattle-Tacoma International Airport – cyber attack left Sea-Tac Airport without internet and web systems
- Halliburton – victim of a cyberattack that affected operations at its headquarters in Houston



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, September 26, 2024

Golf for Health Classic

The 17th Golf for Health Classic is September 20-21st. As of this writing, we have raised over \$92,000 toward a goal of \$100,000.

The Quarterly Art show, “Best Friends” has been successful. So far, 17 pieces have sold, with most of those artists donating a percentage to the Foundation.

Executive Director Search

Raymond Hino, CEO, is leading the executive director search. We are scheduling onsite interviews with four candidates in October.



DATE: September 20, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: Strategic Plan Update

Will be provided September 23.



Unlocking the Future: Sage/Epic Implementation 2024

Unlocking the Future:
Sage & Epic Implementation 2024

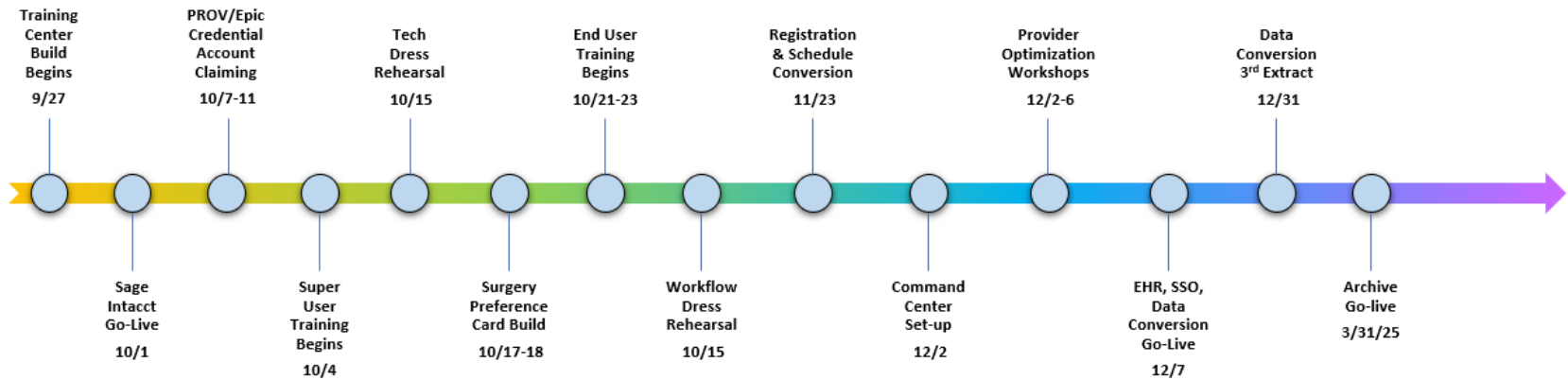


Progress Report Prepared for the
Southern Coos Hospital & Health Center Board of Directors
September 20, 2024

SCHHC Sage/Epic Implementation Milestones

2024

2025



Unlocking the Future:
Sage & Epic Implementation 2024

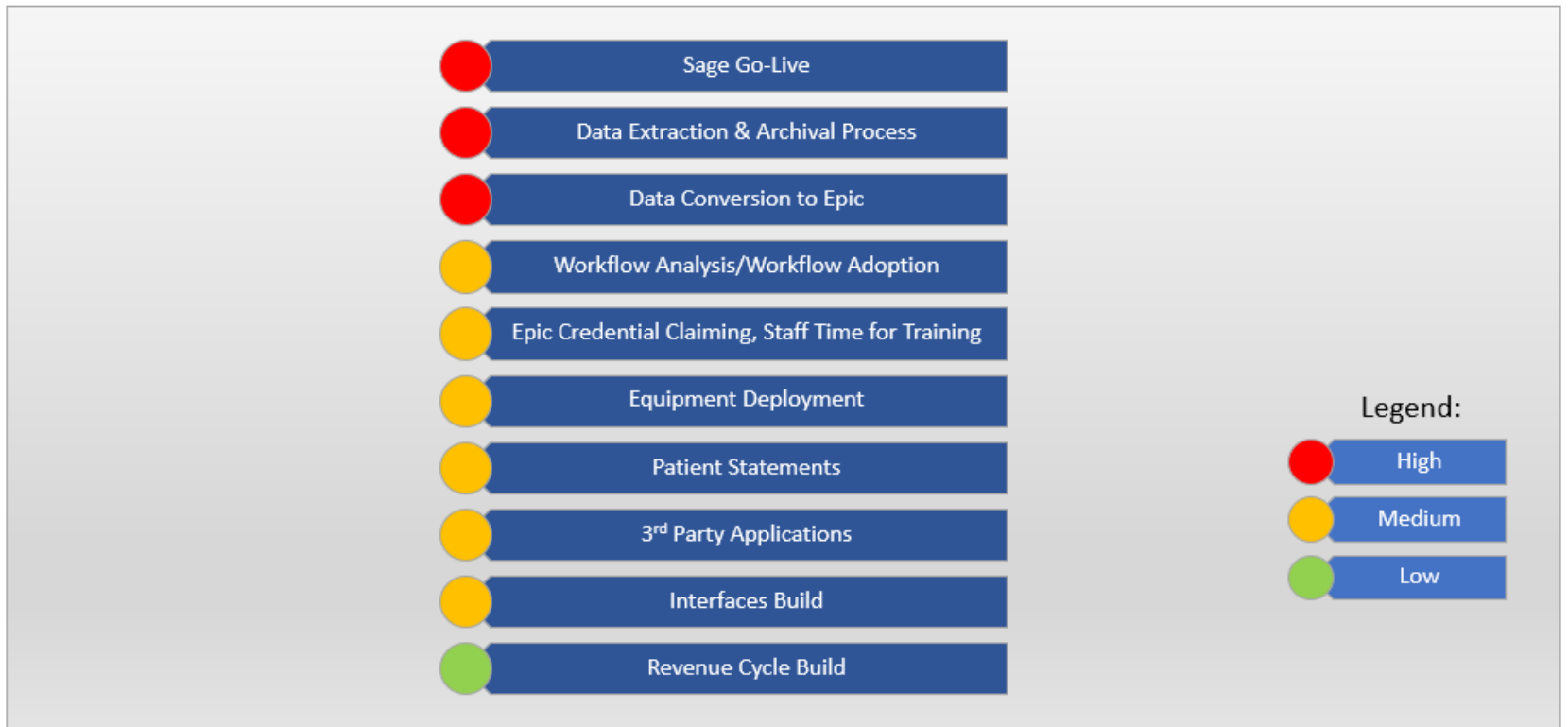


Southern Coos Hospital & Health Center
Astoria, Oregon



September 2024

SCHHC Sage/Epic Implementation Risks:



September 2024

SCHHC Sage/Epic Implementation Risks: Detail

- **Sage/Intacct Go-Live:** The Sage/Intacct go-live is now a high risk project element. The reason it is now high risk is due to an issue with the project management team we are working with, Wipfli. The project manager assigned to the project became very ill at the end of August and went out on FMLA. Another high-level manager was assigned to the project, instead of despite requests by SCHHC executives and escalation of the issue to Wipfli's executives. As of this writing, we are working with the Wipfli executives to reassign the current project manager and adjust the steps necessary to adopt a phased approach to Sage/Intacct implementation.
- **Data Extraction & Archival Process:** SCHHC has had extraordinary difficulty in extracting a full set of our patient electronic health information (EHI) from our current EHR vendor Trubridge. SCHHC has filed a claim against Trubridge to the ONC.
- **Data Conversion to Epic:** SCHHC is also importing data directly into the Epic environment. We will accomplish the import of data: demographics, encounters, and labs at go-live.
- **Workflow Analysis/Workflow Analysis:** SCHHC has built workflows for all clinical and non-clinical workflows and are currently reviewing in light of the Providence Epic standard workflows.
- **Epic Credential Claiming/Staff Time for Training:** We have scheduled a busy October for our staff. October 7-11: Staff will "claim" their credentials from Providence. This is the first step to access the learning management system for training. October 14-17: Technical Dress Rehearsal; October 21-25: End-user Training.
- **Equipment Deployment:** IS is busy deploying the label printers, scanners, monitors, and peripherals necessary for the Providence Epic project.
- **3rd Party Applications:** As part of the Epic project, SCHHC is adopting several new 3rd party applications, transitioning some existing vendors, and decommissioning others. This line item is identified as a risk due to the magnitude of managing all the application workstreams.
- **Interfaces Build:** Essentially, the interfaces we are building will allow seamless flow of medical data into and out of SCHHC's Epic environment, which will ultimately benefit our patients' experience at SCHHC.
- **Revenue Cycle Build**

Medical & Clinical Engagement Series

Medical & Clinical Engagement Series

- *Session 1: August 1, 2024 – Overview of Series*
- *Session 2: August 29, 2024 – Bylaws, Policies, and Procedures Part I*
- *Session 3: September 12, 2024 – Bylaws, Policies, and Procedures Part II*
- Session 4: September 26, 2024 – Info Blocking/Open Notes-21st Century Cures Act/Orientation to Patient Chart
- Session 5: October 24, 2024 – Documentation in Epic
- Session 6: November 7, 2024 – Decision on Templates: Ambulatory, Inpatient, and ED
- Session 7 : November 21, 2024, if needed



Project Financials Update

- To be distributed at the meeting.



Monthly Financial Report

To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: August 2024 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$4,290,000, falling short of the budgeted \$4,871,000.
- OP Gross Revenue: Reached \$3,334,000, falling short of the budgeted \$3,664,000.
- IP and Swing Bed Revenues: Totaled \$956,000, falling short of the budgeted \$1,207,000.

Patient Activity Metrics:

- Average Daily Census (ADC): Recorded at 6.1, falling short of the budgeted 7.3, and below the prior year's 7.1.
- ER volumes significantly exceeded expectations.
- Clinic and Lab volumes met or exceeded budget projections.
- Imaging and RT volumes fell short of budget projections.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,596,000, accounting for 37.2% of gross revenue, above the budgeted 36.6%.
- YTD Revenue Deductions: Stood at 35.9%, compared to the budgeted 36.6%.
- Medicare Cost Report Settlement: Anticipated receivable of \$237,000.

Operating Revenues:

- Total Operating Revenues: Registered at \$2,694,000, under the budgeted \$3,190,000, but marking an increase of \$441,000 from the same period last year.

Operating Expenses:

- Labor Expenses: Totaled \$1,982,000, coming in below the budgeted \$2,105,000.
 - Open positions and unfilled new FTE's drove this favorability.
- Professional Fees and Purchased Services: Combined expense reached \$575,000, surpassing the budgeted \$540,000.
 - Independent contractor ER Physician coverage costs remain flat at \$170k per month.
 - Higher expenses related to consulting services with Experis for the EHR and ERP projects.
- Medical Supplies, Drugs, and Other Supplies: Accumulated to \$239,000, coming in above the budgeted \$229,000.

Operating Income/Loss:

- Operating Loss: a loss of \$379,000, compared to a budgeted loss of \$33,000.
 - Lower revenue in both inpatient and outpatient contributed to this loss.

Net Position Change:

- Decrease in Net Position: A loss of \$223,000, compared to the budgeted gain of \$71,000.
 - Lower operating expenses aided in offsetting some of the shortfall in revenue for August.

Financial Health Indicators:

- Days Cash on Hand: Stood at 120.0 days, a decline from the previous month's 126.5 days.
- Accounts Receivable (A/R) Days Outstanding: Increased to 51.1 days, up from 49.8 days in the prior month.
- 3-month Average Daily Revenue fell again in August due to expected work on cleanup of receivables.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending August 2024

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to		Actual	Budget	Prior Year	Variance to	
					Bud	Prior Year				Bud	Prior Year
Payor Mix - Gross Charges	Medicare	62.4%	64.0%	64.0%	-2.4%	-2.4%	62.0%	61.7%	61.7%	0.5%	0.5%
	Medicaid	17.7%	14.4%	14.4%	23.2%	23.2%	18.1%	15.9%	15.9%	14.2%	14.2%
	Commercial	12.9%	12.9%	12.9%	0.3%	0.3%	12.7%	13.2%	13.2%	-3.4%	-3.4%
	Government	4.5%	7.0%	7.0%	-34.9%	-34.9%	4.5%	7.0%	7.0%	-35.6%	-35.6%
	Other	0.2%	0.5%	0.5%	-56.6%	-56.6%	0.3%	0.6%	0.6%	-49.8%	-49.8%
	Self Pay	2.1%	1.3%	1.3%	68.6%	68.6%	2.3%	1.6%	1.6%	43.1%	43.1%
Total		100.0%	100.0%	100.0%			100.0%	100.0%	100.0%		

		Month					Year To Date				
		FY25 Actual	FY25 Budget	FY24 Prior Year	Variance %		FY25 Actual	FY25 Budget	FY24 Prior Year	Variance %	
					To Budget	To Prior Year				To Budget	To Prior Year
Patient Volumes	In Patient Days	109	157	149	-30.4%	-26.8%	177	263	250	-32.6%	-29.2%
	Swing Bed Days	92	71	71	29.6%	29.6%	181	168	168	7.7%	7.7%
	Total Patient Days	201	228	220	-11.7%	-8.6%	358	431	418	-16.9%	-14.4%
	Emergency Visits	527	460	452	14.5%	16.6%	1,078	949	932	13.6%	15.7%
	Radiology Procedures	877	1,045	959	-16.1%	-8.6%	1,776	1,925	1,766	-7.7%	0.6%
	Laboratory Tests	3,948	3,971	3,631	-0.6%	8.7%	8,006	7,644	6,989	4.7%	14.6%
	Respiratory Visits	490	600	851	-18.3%	-42.4%	946	1,200	1,349	-21.2%	-29.9%
	Surgeries and Endoscopic	32	76	21	-57.9%	52.4%	84	152	41	-44.7%	104.9%
	Specialty Clinic Visits	203	218	231	-6.9%	-12.1%	434	436	429	-0.5%	1.2%
Primary Care Clinic	734	776	530	-5.4%	38.5%	1,375	1,551	1,005	-11.4%	36.8%	



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending August 31, 2024

	Current Month - Aug-2024					Year To Date - Aug-2024				
	Aug-2024 Actual	Aug-2024 Budget	Variance	Var %	Aug-2023 Actual	Aug-2024 Actual	Aug-2024 Budget	Variance	Var %	Aug-2023 Actual
Patient Revenue										
Inpatient	956,036	1,206,680	(250,645)	(20.8%)	1,128,762	1,883,456	2,212,685	(329,229)	(14.9%)	2,012,951
Outpatient	3,333,664	3,664,218	(330,554)	(9.0%)	2,966,388	6,904,961	7,199,792	(294,831)	(4.1%)	5,841,252
Total Patient Revenue	4,289,700	4,870,899	(581,198)	(11.9%)	4,095,150	8,788,417	9,412,477	(624,060)	(6.6%)	7,854,203
Deductions From Revenue										
Total Deductions	1,595,895	1,782,674	186,778	10.5%	1,841,841	3,153,571	3,443,958	290,387	8.4%	3,307,871
<i>Revenue Deductions %</i>	<i>37.2%</i>	<i>36.6%</i>			<i>45.0%</i>	<i>35.9%</i>	<i>36.6%</i>			<i>42.1%</i>
Net Patient Revenue	2,693,805	3,088,225	(394,420)	(12.8%)	2,253,309	5,634,846	5,968,519	(333,673)	(5.6%)	4,546,332
Other Operating Revenue	320	101,543	(101,223)	(99.7%)	20	* 17,251	203,086	(185,835)	(91.5%)	65
Total Operating Revenue	2,694,125	3,189,768	(495,643)	(15.5%)	2,253,329	5,652,097	6,171,605	(519,508)	(8.4%)	4,546,397
Operating Expenses										
Total Labor Expenses	1,982,005	2,105,248	123,244	5.9%	1,617,389	3,617,685	4,240,318	622,633	14.7%	3,294,889
Total Other Operating Expenses	1,090,905	1,117,511	26,606	2.4%	989,402	2,185,039	2,233,701	48,662	2.2%	1,896,340
Total Operating Expenses	3,072,910	3,222,760	149,850	4.6%	2,606,791	5,802,724	6,474,018	671,294	10.4%	5,191,229
Operating Income / (Loss)	(378,785)	(32,992)	(345,793)	1048.1%	(353,462)	(150,626)	(302,413)	151,786	(50.2%)	(644,833)
Net Non-Operating Revenues	155,748	104,305	51,443	49.3%	151,003	301,283	208,610	92,673	44.4%	269,580
Change in Net Position	(223,037)	71,313	(294,350)	(412.8%)	(202,459)	150,656	(93,803)	244,459	(260.6%)	(375,253)
Collection Rate %	62.8%	63.4%	(1.0%)	(1.0%)	55.0%	64.1%	63.4%	1.1%	1.1%	57.9%
Compensation Ratio %	73.6%	66.0%	11.5%	11.5%	71.8%	64.0%	68.7%	(6.8%)	(6.8%)	72.5%
Operating Margin	(14.1%)	(1.0%)	1259.3%	1259.3%	(15.7%)	(2.7%)	(4.9%)	(45.6%)	(45.6%)	(14.2%)
OP EBIDA Margin \$	(274,068)	134,309	(408,377)	(304.1%)	(255,908)	58,606	32,189	26,417	82.1%	(450,367)
OP EBIDA Margin %	(10.2%)	4.2%	(14.4%)	(341.6%)	(11.4%)	1.0%	0.5%	0.5%	98.8%	(9.9%)
Total Margin (%)	(8.3%)	2.2%	(10.5%)	(470.3%)	(9.0%)	2.7%	(1.5%)	4.2%	(275.4%)	(8.3%)

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$3k - Advanced Health CCO (Coordinated Care Organization) Risk Share



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending August 2024

	Balance as of August 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	767,377	1,400,507	(633,130)	8,783,262
Cash Equivalents	10,381,638	10,320,508	61,130	3,988,481
Net Patient Accounts Receivable	4,117,933	3,907,633	210,301	2,813,679
Other Current Assets	1,025,254	798,202	227,052	678,641
Total Current Assets	16,292,201	16,426,850	(134,648)	16,264,064
Net PP&E	6,509,618	6,387,741	121,877	6,677,893
Total Assets	22,801,820	22,814,591	(12,771)	22,941,957
Liabilities and Net Assets				
Current Liabilities				
Current Liabilities	4,243,671	4,330,389	(86,718)	3,780,023
Total Long-Term Debt, net	4,207,534	4,284,244	(76,710)	5,494,794
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	150,656	532,818	(382,162)	1,136,125
Total Net Assets	14,350,615	14,199,958	150,656	13,667,140
Total Liabilities & Net Assets	22,801,820	22,814,591	(12,771)	22,941,957
Ratios				
Cash to Debt Ratio	0.18	0.33	(0.14)	1.60
Debt Ratio	0.37	0.38	(0.01)	0.40
Current Ratio	3.84	3.79	0.05	4.30
Average Age of Plant	12.27	12.30	(0.03)	14.87
Debt to Capitalization Ratio	0.23	0.23	(0.01)	0.29



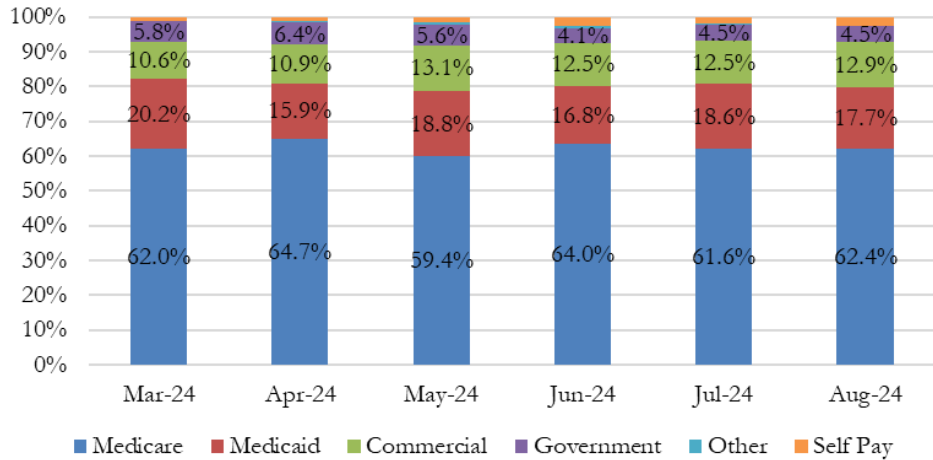
Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending August 2024

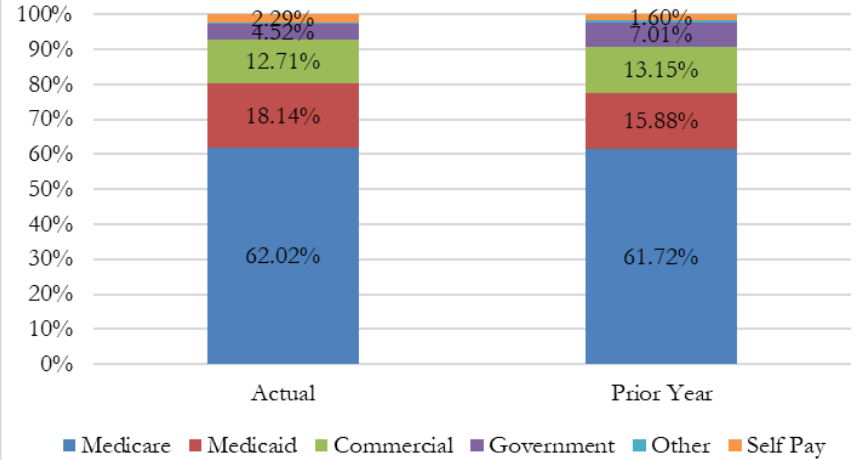
		Month					Year to Date				
		Actual	Budget	Prior Year	Variance	Variance	Actual	Budget	Prior Year	Variance	Variance
					to Bud	to Prior				to Bud	to Prior
Volume Summary	IP Days	109	157	149	-30.4%	-26.8%	177	263	250	-32.6%	-29.2%
	Swing Bed Days	92	71	71	29.6%	29.6%	181	168	168	7.7%	7.7%
	Total Inpatient Days	201	228	220	-11.7%	-8.6%	358	431	418	-16.9%	-14.4%
	Avg Daily Census	6.5	7.3	7.1	-11.7%	-8.6%	5.8	6.9	6.7	-16.9%	-14.4%
	Avg Length of Stay - IP	3.6	3.8	3.6	-4.9%	0.0%	3.5	3.7	3.5	-6.2%	-1.4%
	Avg Length of Stay - SWB	13.1	6.5	6.5	103.6%	103.6%	12.9	9.3	9.3	38.5%	38.5%
	ED Registrations	527	460	452	14.5%	16.6%	1,078	949	932	13.6%	15.7%
	Clinic Registrations	611	475	484	28.6%	26.2%	1,201	950	919	26.4%	30.7%
	Ancillary Registrations	1,087	1,130	1,130	-3.8%	-3.8%	2,230	2,073	2,073	7.6%	7.6%
Total OP Registrations	2,225	2,065	2,066	7.7%	7.7%	4,509	3,972	3,924	13.5%	14.9%	
Key Income Statement Ratios	Gross IP Rev/IP Day	7,837	6,973	6,961	12.4%	12.6%	8,765	7,563	7,310	15.9%	19.9%
	Gross SWB Rev/SWB Day	1,106	1,613	1,289	-31.4%	-14.2%	1,835	1,340	1,105	36.9%	66.1%
	Gross OP Rev/Total OP Registrations	1,498	1,774	1,436	-15.6%	4.4%	1,531	1,813	1,489	-15.5%	2.9%
	Collection Rate	62.8%	63.4%	55.0%	-1.0%	14.1%	64.1%	63.4%	57.9%	1.1%	10.8%
	Compensation Ratio	73.6%	66.0%	71.8%	11.5%	2.5%	64.0%	68.7%	72.5%	-6.8%	-11.7%
	OP EBIDA Margin \$	(274,068)	134,309	(255,908)	-304.1%	7.1%	58,606	32,189	(450,367)	82.1%	-113.0%
	OP EBIDA Margin %	-10.2%	4.2%	-11.4%	-341.6%	-10.4%	1.0%	0.5%	-9.9%	98.8%	-110.5%
Total Margin	-8.3%	2.2%	-9.0%	-470.3%	-7.9%	2.7%	-1.5%	-8.3%	-275.4%	-132.3%	
Key Liquidity Ratios	Days Cash on Hand	120.0	80.0	117.7	50.0%	2.0%					
	AR Days Outstanding	51.1	50	51	2.2%	0.2%					



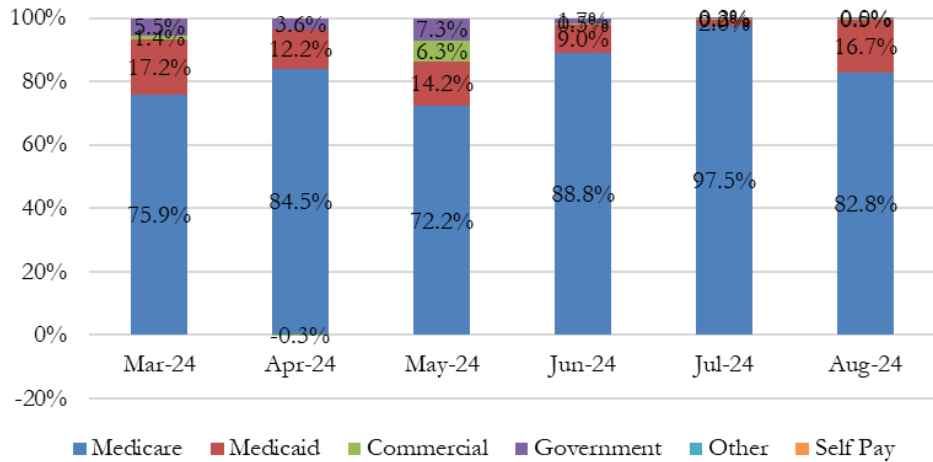
All Patients Payor Mix



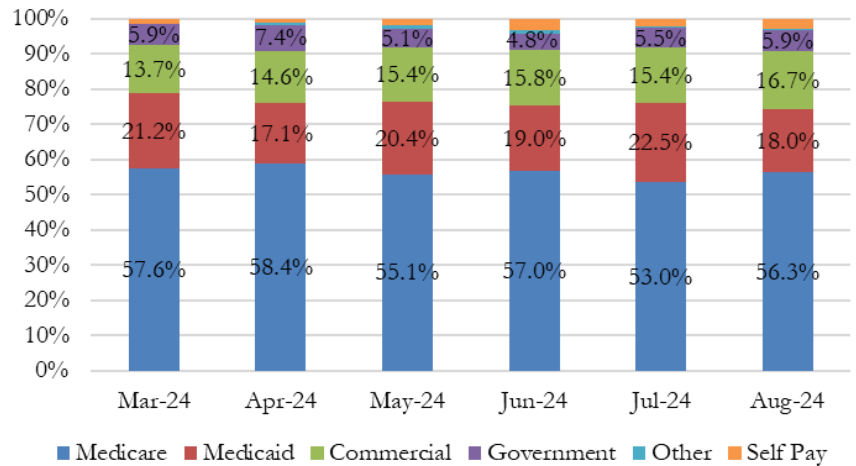
Year to Date Payor Mix



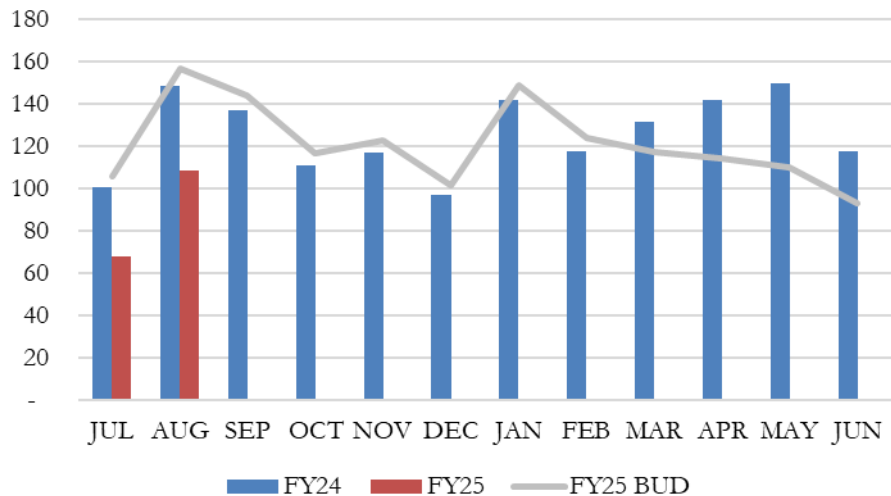
IP Payor Mix



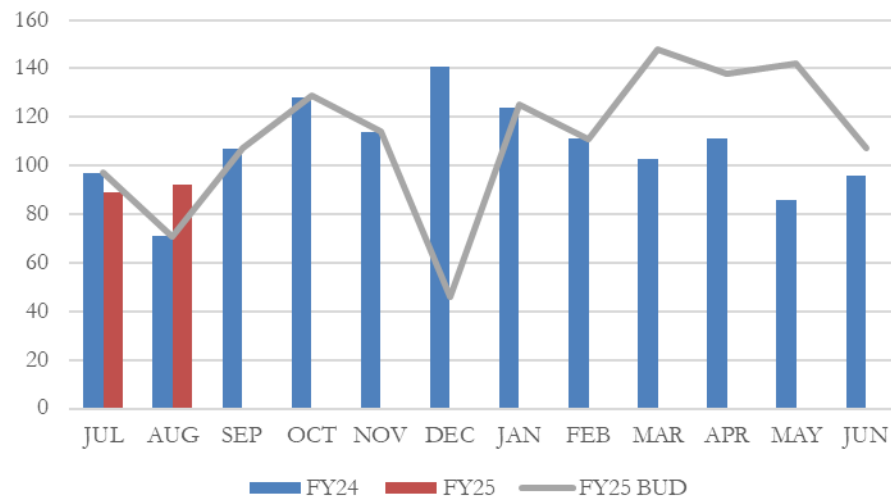
OP Payor Mix



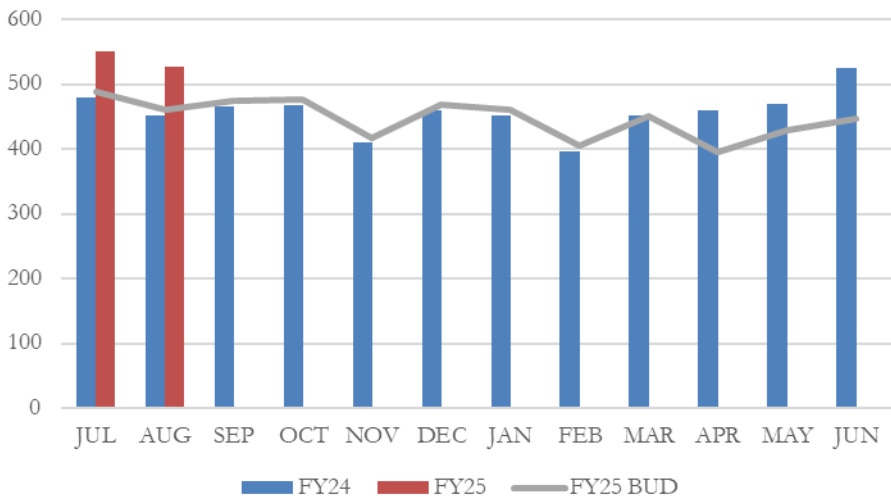
IP Days



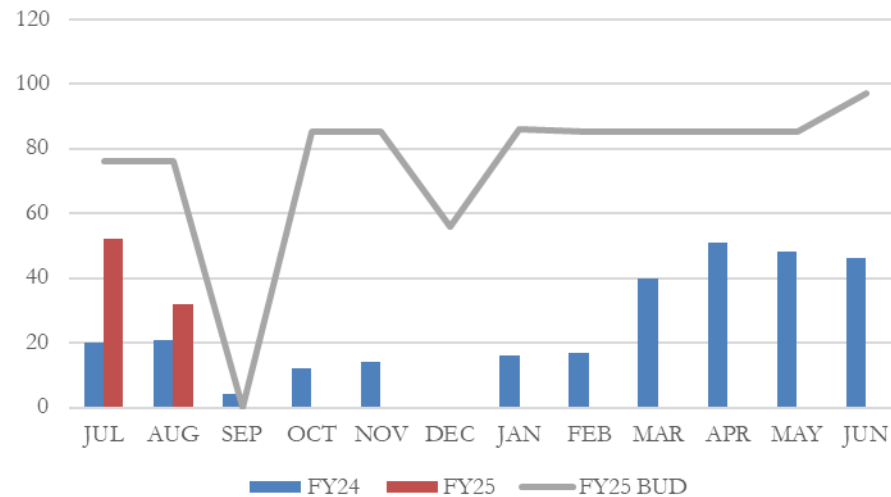
Swing Bed Days



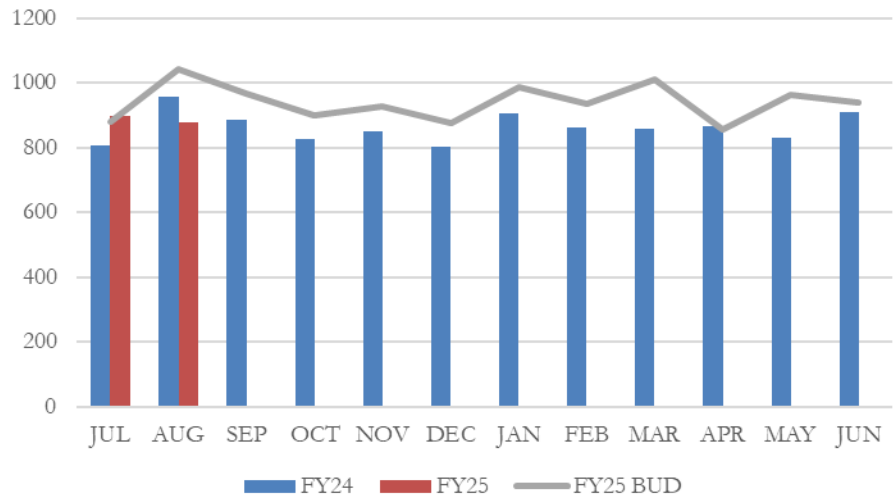
ER Visits



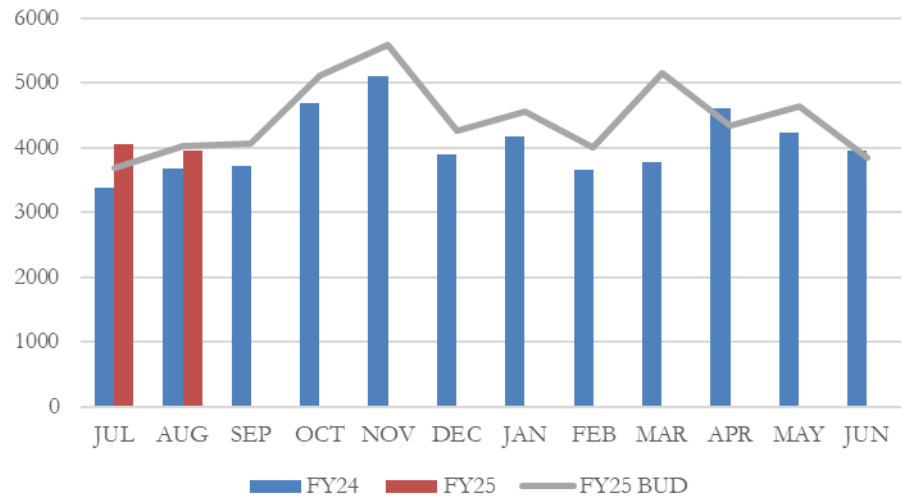
Surgery Patients



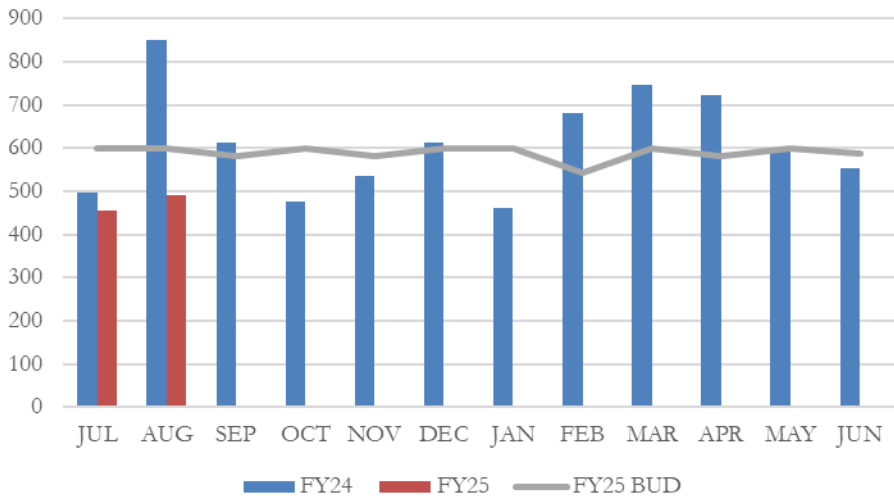
Imaging Visits



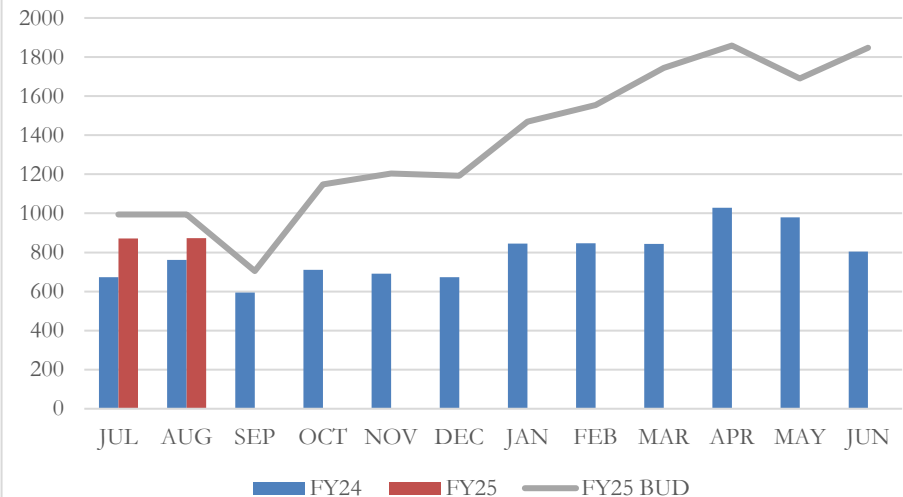
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending August 2024

	Balance as of August 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	767,377	1,400,507	(633,130)	8,783,262
Covid-19 Relief Funds	-	-	-	-
Medicare Accelerated Payments	-	-	-	-
Investments - Unrestricted	4,137,558	4,076,428	61,130	1,772,505
Investments- Reserved Certificate of Deposit	3,510,375	3,510,375	-	-
Investments - Restricted	-	-	-	9,488
Investment - USDA Restricted	233,705	233,705	-	233,705
Investment - Board Designated	2,500,000	2,500,000	-	1,972,783
Cash and Cash Equivalents	11,149,015	11,721,015	(572,000)	12,771,743
Patient Accounts Receivable	7,492,494	7,228,498	263,995	5,628,112
Allowance for Uncollectibles	(3,374,561)	(3,320,866)	(53,695)	(2,814,433)
Net Patient Accounts Receivable	4,117,933	3,907,633	210,301	2,813,679
Other Receivables	(387)	21,045	(21,431)	20,892
Inventory	253,250	230,931	22,320	262,233
Prepaid Expense	540,980	465,262	75,718	367,358
Property Tax Receivable	231,409	80,964	150,445	28,158
Medicare Receivable	-	-	-	-
Total Current Assets	16,292,201	16,426,850	(134,648)	16,264,064
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	20,467,311	20,435,404	31,907	20,092,234
Less: Accumulated Depreciation	(15,403,395)	(15,194,163)	(209,232)	(13,904,245)
Construction In Progress	984,175	684,972	299,202	28,376
Net PP&E	6,509,618	6,387,741	121,877	6,677,893
Total Assets	22,801,820	22,814,591	(12,771)	22,941,957



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending August 2024

	Balance as of August 2024	Balance as of June 2024	Change	Balance as of June 2023
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,067,919	1,307,337	(239,417)	842,313
Accrued Payroll and Benefits	1,065,034	1,411,152	(346,118)	1,145,490
Line of Credit	675,886	-	-	-
Interest and Other Payable	127,368	100,993	26,376	100,328
Medicare Reserve Payable	543,984	747,650	(203,666)	1,441,004
Current Portion of Long Term Debt	763,661	763,258	403	250,887
Current Liabilities	4,243,671	4,330,389	(86,718)	3,780,023
Long-Term Debt	4,971,195	5,047,502	(76,307)	5,745,681
Less Current Portion of Long-Term Debt	(763,661)	(763,258)	(403)	(250,887)
Total Long-Term Debt, net	4,207,534	4,284,244	(76,710)	5,494,794
Total Liabilities	8,451,205	8,614,633	(163,427)	9,274,817
Net Assets:				
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	150,656	532,818	(382,162)	1,136,125
Total Net Assets	14,350,615	14,199,958	150,656	13,667,140
Total Liabilities & Net Assets	22,801,820	22,814,591	(12,771)	22,941,957



Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending August 31, 2024

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS

- \$3k - Advanced Health CCO (Coordinated Care Organization) Risk Share

	Current Month - Aug-2024				Year To Date - Aug-2024					
	Aug-2024 Actual	Aug-2024 Budget	Variance	Var %	Aug-2023 Actual	Aug-2024 Actual	Aug-2024 Budget	Variance	Var %	Aug-2023 Actual
Patient Revenue										
Inpatient	956,036	1,206,680	(250,645)	(20.8%)	1,128,762	1,883,456	2,212,685	(329,229)	(14.9%)	2,012,951
Outpatient	3,333,664	3,664,218	(330,554)	(9.0%)	2,966,388	6,904,961	7,199,792	(294,831)	(4.1%)	5,841,252
Total Patient Revenue	4,289,700	4,870,899	(581,198)	(11.9%)	4,095,150	8,788,417	9,412,477	(624,060)	(6.6%)	7,854,203
Deductions From Revenue										
Total Deductions	1,595,895	1,782,674	186,778	10.5%	1,841,841	3,153,571	3,443,958	290,387	8.4%	3,307,871
Revenue Deductions %	37.2%	36.6%			45.0%	35.9%	36.6%			42.1%
Net Patient Revenue	2,693,805	3,088,225	(394,420)	(12.8%)	2,253,309	5,634,846	5,968,519	(333,673)	(5.6%)	4,546,332
Other Operating Revenue	320	101,543	(101,223)	(99.7%)	20	* 17,251	203,086	(185,835)	(91.5%)	65
Total Operating Revenue	2,694,125	3,189,768	(495,643)	(15.5%)	2,253,329	5,652,097	6,171,605	(519,508)	(8.4%)	4,546,397
Operating Expenses										
Salaries & Wages	1,426,350	1,514,869	88,519	5.8%	1,105,312	2,514,198	3,029,427	515,229	17.0%	2,191,226
Contract Labor	236,808	183,113	(53,695)	(29.3%)	283,570	490,907	390,225	(100,681)	(25.8%)	515,907
Benefits	318,847	407,267	88,420	21.7%	228,508	612,580	820,665	208,085	25.4%	587,756
Total Labor Expenses	1,982,005	2,105,248	123,244	5.9%	1,617,389	3,617,685	4,240,318	622,633	14.7%	3,294,889
Professional Fees	245,590	248,167	2,577	1.0%	271,895	521,354	496,334	(25,020)	(5.0%)	545,938
Purchased Services	329,589	291,908	(37,682)	(12.9%)	259,262	679,161	583,815	(95,346)	(16.3%)	529,524
Drugs & Pharmaceuticals	95,091	77,835	(17,256)	(22.2%)	57,011	197,944	155,670	(42,275)	(27.2%)	148,439
Medical Supplies	48,133	31,675	(16,458)	(52.0%)	18,874	93,604	62,028	(31,576)	(50.9%)	34,367
Other Supplies	96,213	119,061	22,848	19.2%	125,366	166,886	238,121	71,235	29.9%	211,042
Lease and Rental	-	-	-	0.0%	1,100	-	-	-	0.0%	1,100
Maintenance & Repairs	24,663	28,160	3,497	12.4%	21,338	44,346	56,321	11,975	21.3%	49,785
Other Expenses	99,176	103,210	4,034	3.9%	92,112	179,282	206,420	27,139	13.1%	92,648
Utilities	26,225	29,577	3,353	11.3%	25,030	50,213	59,155	8,942	15.1%	49,311
Insurance	21,508	20,618	(891)	(4.3%)	19,860	43,016	41,235	(1,781)	(4.3%)	39,720
Depreciation & Amortization	104,717	167,301	62,584	37.4%	97,554	209,232	334,601	125,369	37.5%	194,465
Total Operating Expenses	3,072,910	3,222,760	149,850	4.6%	2,606,791	5,802,724	6,474,018	671,294	10.4%	5,191,229
Operating Income / (Loss)	(378,785)	(32,992)	(345,793)	1048.1%	(353,462)	(150,626)	(302,413)	151,786	(50.2%)	(644,833)
Non-Operating										
Property Taxes	93,248	89,427	3,821	4.3%	89,427	172,161	178,853	(6,693)	(3.7%)	191,696
Non-Operating Revenue	10,106	19,203	(9,097)	(47.4%)	46,708	24,789	38,406	(13,616)	(35.5%)	49,655
Interest Expense	(22,090)	(47,125)	25,035	(53.1%)	(25,964)	(44,396)	(94,250)	49,853	(52.9%)	(52,161)
Investment Income	74,485	42,800	31,684	74.0%	40,833	148,729	85,601	63,128	73.7%	80,391
Total Non-Operating	155,748	104,305	51,443	49.3%	151,003	301,283	208,610	92,673	44.4%	269,580
Change in Net Position	(223,037)	71,313	(294,350)	(412.8%)	(202,459)	150,656	(93,803)	244,459	(260.6%)	(375,253)



Southern Coos Hospital & Health Center

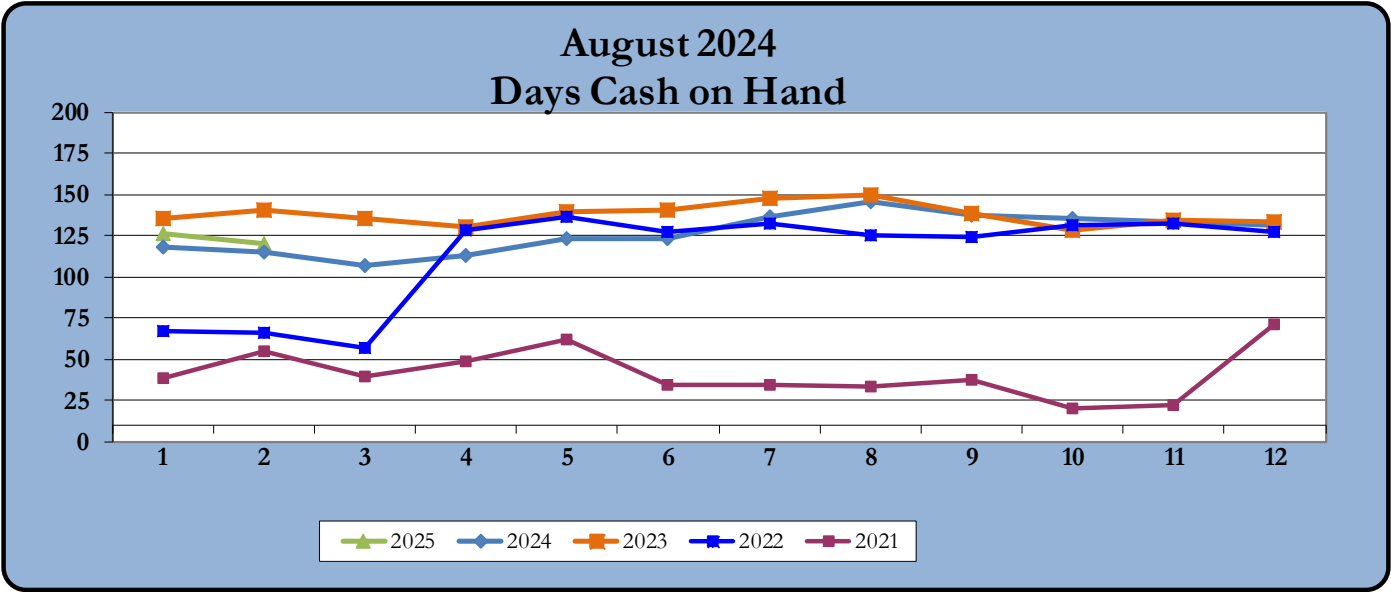
Income Statement

For The Period Ending August 2024

Comparison to Prior Months

	Current FY 2025					
	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Patient Revenue						
Inpatient	770,755	1,201,348	1,182,810	993,919	927,420	956,036
Outpatient	2,112,993	3,456,287	3,306,888	3,305,149	3,571,297	3,333,664
Total Patient Revenue	2,883,748	4,657,635	4,489,698	4,299,068	4,498,717	4,289,700
Deductions From Revenue						
Charity Services	7,542	101,098	19,768	31,801	15,185	24,379
Contractual Allowances	1,225,657	1,459,249	1,589,783	1,403,392	1,484,531	1,481,971
Other Discounts	89,674	158,776	123,232	193,038	61,901	100,556
Bad Debt	8,834	(22,059)	(2,698)	(20,786)	(3,941)	(11,012)
Total Deductions	1,331,707	1,697,064	1,730,085	1,607,445	1,557,676	1,595,895
Net Patient Revenue	1,552,041	2,960,571	2,759,614	2,691,623	2,941,041	2,693,805
Other Operating Revenue	24,522	2,895	1,345	42,897	16,931	320
Total Operating Revenue	1,576,563	2,963,466	2,760,959	2,734,520	2,957,972	2,694,125
Operating Expenses						
Salaries & Wages	782,802	1,118,037	1,190,872	1,198,810	1,087,849	1,426,350
Benefits	222,327	342,966	360,596	338,576	293,733	318,847
Contract Labor	159,628	182,631	309,047	227,960	254,099	236,808
Professional Fees	207,963	261,438	283,716	266,522	275,764	245,590
Purchased Services	195,355	369,507	271,258	351,856	349,571	329,589
Medical Supplies	21,583	25,400	17,097	19,071	45,472	48,133
Drugs & Pharmaceuticals	54,653	299,262	150,696	64,080	102,854	95,091
Other Supplies	94,916	70,173	117,722	110,375	70,674	96,213
Depreciation & Amortization	56,703	104,206	104,101	104,354	104,515	104,717
Lease and Rental	4,003	-	-	-	-	-
Maintenance & Repairs	15,871	22,158	17,379	25,848	19,682	24,663
Utilities	4,955	31,430	30,727	27,149	23,989	26,225
Insurance	8,573	21,508	21,508	63,589	21,508	21,508
Other Expenses	102,474	96,999	85,331	102,907	80,105	99,176
Total Operating Expenses	1,931,808	2,945,716	2,960,052	2,901,098	2,729,814	3,072,910
Excess of Revenue Over Expn	(355,245)	17,750	(199,093)	(166,578)	228,159	(378,785)
Non-Operating						
ses from Operations						
Unrestricted Contributions	84,424	93,248	93,248	135,558	78,913	93,248
Other NonOperating Revenue	96,349	69,819	9,743	49,027	14,683	10,106
Investment Income	5,006	42,579	28,799	33,475	74,244	74,485
Total Non-Operating	185,779	205,646	131,790	218,813	167,841	177,838
Interest Expense	(15,828)	(23,430)	(23,218)	(23,005)	(22,306)	(22,090)
Excess of Revenue Over Expn	(185,294)	199,966	(90,521)	29,230	373,693	(223,037)





Calculation:

$$\frac{\text{Total Unrestricted Cash on Hand}}{\text{Daily Operating Cash Needs}}$$

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
2025	123.3
2024	126.4
2023	137.8
2022	113.0
2021	41.2

Benchmark

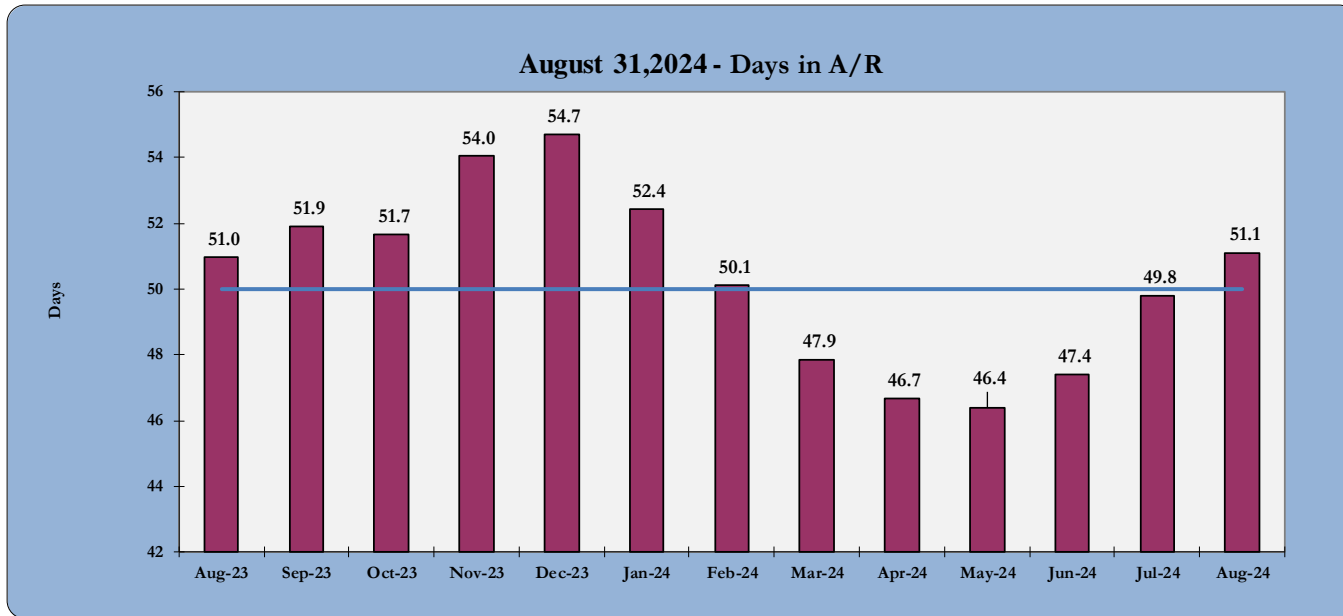
80 Days

How ratio is used:

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

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2025	126.5	120.0										
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





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

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

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

Benchmark 50

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

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
A/R (Gross)	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	7,194,350	7,269,865
Days in AR	51.0	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1
***	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
A/R (Gross)	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	7,194,350	7,269,865
Days in Month	31	30	31	30	31	31	29	31	30	31	30	31	31
Monthly Revenue	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	4,498,717	4,289,700
3 Mo Avg Daily Revenue	121,672	128,431	129,372	130,028	129,311	135,125	138,338	141,547	146,198	146,357	147,763	144,429	142,255
Days in AR	51.0	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1



**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2025**

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Notes
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Budgeted Non-Threshold Capital Purchases (<\$15,000)

Abbott ID Now Analyzer	Clinic	10,000		10,000		
60' Refrigerated Chef Base	Dietary	6,000		6,000		
Gas Griddle	Dietary	5,000		5,000		
Convection Oven	Dietary	7,000		7,000		
OBGYN Gurney	ER	6,500		6,500		
New Desk/Workspace	ER	10,000		10,000		
Cast Cart	ER	5,500	5,163	337	8/31/2024	
Mindray Monitor Upgrade	ER	6,000		6,000		
Exam Lights	ER	13,000		13,000		
Phone System VOIP upgrade	Information Systems	5,000		5,000		
Ortho MTS Workstation (Blood Bank)	Lab	8,000		8,000		
ID TipMaster	Lab	5,000		5,000		
Freezer	Lab	10,000		10,000		
Centrifuges (x4)	Lab	8,000		8,000		
Reclining Chairs	Med Surg	12,000		12,000		In Progress
Suction Flow Meters	Med Surg	6,000		6,000		
Instrument Sets	Surgery	13,000		13,000		

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

				-		
				-		

Totals - Non Threshold Projects

136,000

5,163

130,837



**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2025**

Approved Projects:

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

Budgeted Threshold Projects (>\$15,000)

Meal Carts	Dietary	18,000		18,000		
Floor Replacement for Various Departments	Engineering	36,000		36,000		
Vital Sign Machines (10 EA)	Engineering	45,000		45,000		
Building Automation (HVAC)	Engineering	95,000		95,000		
ER Signage	Engineering	25,000		25,000		
Parking Lot Resurface	Engineering	30,000		30,000		In Progress
Air Handler	Engineering	150,000		150,000		
Gurney (x3)	ER	45,000		45,000		
Storage Server Replacement	Information Systems	15,000		15,000		
DataCenter Battery Backup Replacement	Information Systems	19,000		19,000		
Blood Culture Incubator w/ Synapsys (BD FX 40)	Lab	20,500		20,500		
Bacterioscan	Lab	23,500		23,500		
Biosafety Cabinet Type II Class 2B (Hood)	Lab	25,000		25,000		
BACT Alert Combination System	Lab	35,000		35,000		
Bariatric Bed	Med Surg	31,000		31,000		
Cardiac Monitors	Med Surg	29,000		29,000		
Second Ultrasound Machine	Radiology	170,000		170,000		
Ultrasound Echo Bed	Radiology	20,000		20,000		
Vyntus PFT	Respiratory	75,000		75,000		
Liposuction Equipment	Surgery	50,000		50,000		
Sonosite Ultrasound	Surgery	25,000		25,000		
Medication Management System	Surgery	25,000		25,000		
Glide Scope	Surgery	25,000	15,544	9,456	8/31/2024	
Arthroscopy Tower Light Source	Surgery	20,000		20,000		

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

Totals - Threshold Projects

1,052,000	15,544	1,036,456
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Grand Total

1,188,000	20,707	1,167,293
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**SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2025**

Grant Funded Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Date Completed	Grant Funding Source
				-		
				-		
Totals - Grant Funded		<u>-</u>	<u>-</u>	<u>-</u>		

Epic & Sage Projects

	Expected Project Cost	Spending To Date	Amount Remaining
EPIC	1,800,758	880,191	920,567
SAGE	605,637	168,566	437,071



Clinic Provider Income Summary

All Providers

For The Budget Year 2025

						Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics							
Clinic Days	76	89	79	89	155	178	(24)
Total Visits	641	776	670	776	1,311	1,551	(240)
Visits/Day	8.4	8.7	8.5	8.7	8.5	8.7	(0.2)
Total RVU	1,558	1,773	1,230	1,773	2,789	3,546	(757)
RVU/Visit	2.43	2.29	1.84	2.29	2.13	2.29	(0.16)
RVU/Clinic Day	20.50	19.92	15.67	19.92	18.05	19.92	(1.87)
Gross Revenue/Visit	342	399	427	400	385	400	(14)
Gross Revenue/RVU	141	175	233	175	181	175	6
Net Rev/RVU	61	77	98	78	78	77	0
Expense/RVU	109	142	142	140	123	141	(17)
Diff	(47)	(64)	(44)	(62)	(46)	(63)	17
Net Rev/Day	1,258	1,540	1,541	1,546	1,402	1,543	(141)
Expense/Day	2,226	2,821	2,228	2,783	2,227	2,802	(575)
Diff	(968)	(1,280)	(687)	(1,237)	(825)	(1,259)	434
Patient Revenue							
Outpatient							
Total Patient Revenue	219,184	309,620	286,179	310,347	505,363	619,967	(114,603)
Deductions From Revenue							
Total Deductions From Revenue (Note A)	123,571	172,528	165,186	172,724	288,757	345,251	(56,494)
Net Patient Revenue	95,613	137,092	120,993	137,623	216,606	274,715	(58,109)
Total Operating Revenue	95,613	137,092	120,993	137,623	216,606	274,715	(58,109)
Operating Expenses							
Salaries & Wages	104,563	153,914	101,380	153,914	205,943	307,828	(101,885)
Benefits	12,145	13,799	9,032	12,537	21,177	26,336	(5,159)
Purchased Services	0	0	0	0	0	0	0
Medical Supplies	1,089	875	430	875	1,519	1,750	(231)
Other Supplies	78	610	(7)	610	71	1,220	(1,149)
Maintenance and Repairs	0	21	0	21	0	42	(42)
Other Expenses	4,783	3,292	1,766	3,292	6,549	6,583	(34)
Allocation Expense	46,496	78,522	62,282	76,477	108,778	154,999	(46,221)
Total Operating Expenses	169,153	251,033	174,884	247,726	344,037	498,759	(154,722)
Excess of Operating Rev Over Exp	(73,539)	(113,940)	(53,892)	(110,103)	(127,431)	(224,043)	96,613
Total Non-Operating Income	1,585	394	1,269	394	2,854	788	2,067
Excess of Revenue Over Expenses	(71,954)	(113,547)	(52,623)	(109,709)	(124,577)	(223,256)	98,679



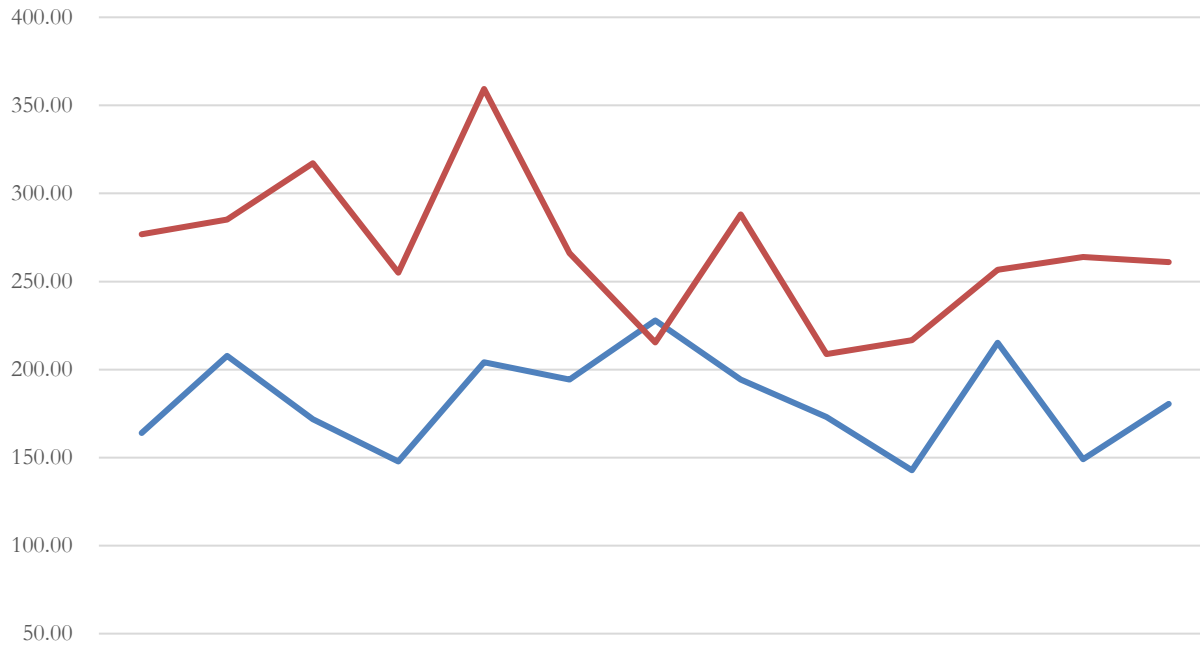
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For The Period Ending August 31, 2024

	Current Month - Aug-2024			Year To Date - Aug-2024		
	Hospital Actual	Clinic Providers Actual	Aug-2024 Actual	Hospital Actual	Clinic Providers Actual	Aug-2024 Actual
Patient Revenue						
Inpatient	956,036	-	956,036	1,883,456	-	1,883,456
Outpatient	3,047,485	286,179	3,333,664	6,399,598	505,363	6,904,961
Total Patient Revenue	4,003,521	286,179	4,289,700	8,283,054	505,363	8,788,417
Deductions From Revenue						
Total Deductions	1,430,709	165,186	1,595,895	2,864,814	288,757	3,153,571
<i>Revenue Deductions %</i>	<i>35.7%</i>	<i>57.7%</i>	<i>37.2%</i>	<i>34.6%</i>	<i>57.1%</i>	<i>35.9%</i>
Net Patient Revenue	2,572,812	120,993	2,693,805	5,418,240	216,606	5,634,846
Other Operating Revenue	320	-	320	17,251	-	17,251
Total Operating Revenue	2,573,132	120,993	2,694,125	5,435,491	216,606	5,652,097
Operating Expenses						
Total Labor Expenses	1,871,592	110,413	1,982,005	3,390,565	227,120	3,617,685
Total Other Operating Expenses	1,026,434	64,472	1,090,905	2,068,122	116,917	2,185,039
Total Operating Expenses	2,898,026	174,884	3,072,910	5,458,687	344,037	5,802,724
Operating Income / (Loss)	(324,894)	(53,892)	(378,785)	(23,196)	(127,431)	(150,626)
Net Non-Operating Revenues	154,479	1,269	155,748	298,429	2,854	301,283
Change in Net Position	(170,414)	(52,623)	(223,037)	275,233	(124,577)	150,656
Collection Rate %	64.3%	42.3%	62.8%	65.4%	42.9%	64.1%
Compensation Ratio %	72.7%	91.3%	73.6%	62.4%	104.9%	64.0%
OP EBIDA Margin \$	(220,177)	(53,892)	(274,068)	186,037	(127,431)	58,606
OP EBIDA Margin %	(8.6%)	(44.5%)	(10.2%)	3.4%	(58.8%)	1.0%
Total Margin (%)	(6.6%)	(43.5%)	(8.3%)	5.1%	(57.5%)	2.7%



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Net Rev/Visit	163.99	207.69	171.87	147.77	204.04	194.28	227.88	194.26	172.98	142.82	215.23	149.16	180.59
Expenses/Visit	276.74	285.08	317.15	255.02	359.31	266.06	215.46	288.00	208.78	216.67	256.61	263.89	261.02



Surgical Services Income Summary

All Providers

For The Budget Year 2025

						Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics							
Productive Days	21	21	23	23	21	21	0
Total Visits	52	76	32	76	84	152	(68)
Visits/Day	2.5	3.6	1.4	3.3	4.0	7.2	(3.2)
Gross Revenue/Visit	4,803	2,754	5,072	3,043	4,906	2,899	2,007
Net Rev/Day	7,018	5,880	4,163	5,933	11,577	12,378	(801)
Expense/Day	6,979	8,831	6,558	8,028	14,162	17,624	(3,462)
Diff	38	(2,951)	(2,395)	(2,095)	(2,585)	(5,245)	2,660
Patient Revenue							
Outpatient							
Total Patient Revenue	249,777	209,303	162,290	231,283	412,067	440,586	(28,519)
Deductions From Revenue							
Total Deductions From Revenue	102,409	85,814	66,539	94,826	168,947	180,640	(11,693)
Net Patient Revenue	147,368	123,489	95,751	136,457	243,119	259,946	(16,826)
Total Operating Revenue	147,368	123,489	95,751	136,457	243,119	259,946	(16,826)
Operating Expenses							
Salaries & Wages	58,708	103,344	97,820	103,344	156,528	206,688	(50,160)
Benefits	18,630	27,923	22,280	27,104	40,911	55,028	(14,117)
Purchased Services	46,564	20,629	9,706	20,629	56,270	41,258	15,012
Medical Supplies	11,582	16,989	8,670	16,989	20,252	33,979	(13,727)
Other Supplies	5,383	8,167	6,281	8,167	11,665	16,335	(4,670)
Maintenance and Repairs	5,313	6,347	5,980	6,347	11,293	12,695	(1,402)
Other Expenses	388	2,059	100	2,059	488	4,117	(3,629)
Allocation Expense							-
Total Operating Expenses	146,569	185,459	150,838	184,641	297,407	370,100	(72,692)
Excess of Revenue Over Expenses	799	(61,971)	(55,087)	(48,184)	(54,288)	(110,154)	55,866



SPD Project Tracker

	ACT Spend	Expected Spend	Current Budget YTD	
			Budget	Variance
Additional SPD Expenses				
Project Management	14,092	12,652	0	12,652
Architectural & Engineering Fees	66,391	54,642	75,000	(20,358)
Construction	0	484,987	400,000	84,987
Capital	100,827	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	206,686	789,773	830,000	(40,227)

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 Financing)

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

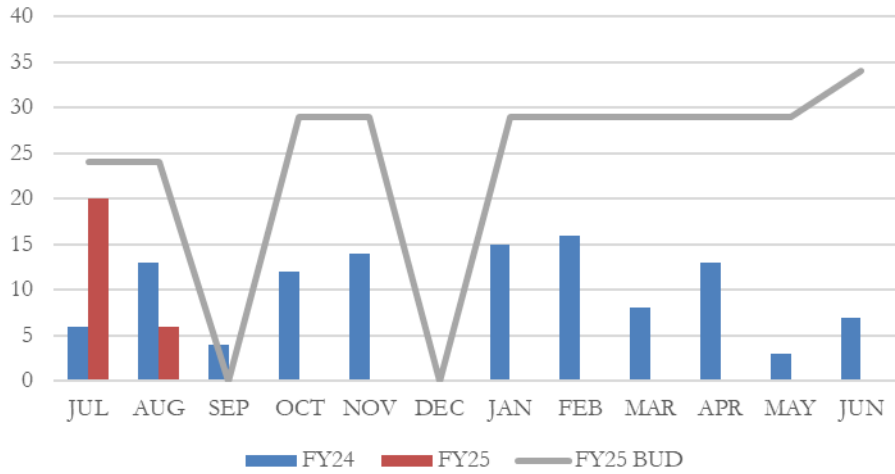
SPD Remodel Investment (5 Year Financing)	
Architectural & Engineering Fees	75,000
Construction	400,000
SPD Equipment	150,000
Total	625,000
Additional Routine Capital Needs	
Liposuction Equipment	55,000
Other Instrumentation & Equipment	150,000
Total	205,000
Total Year 1 Investment	830,000

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)

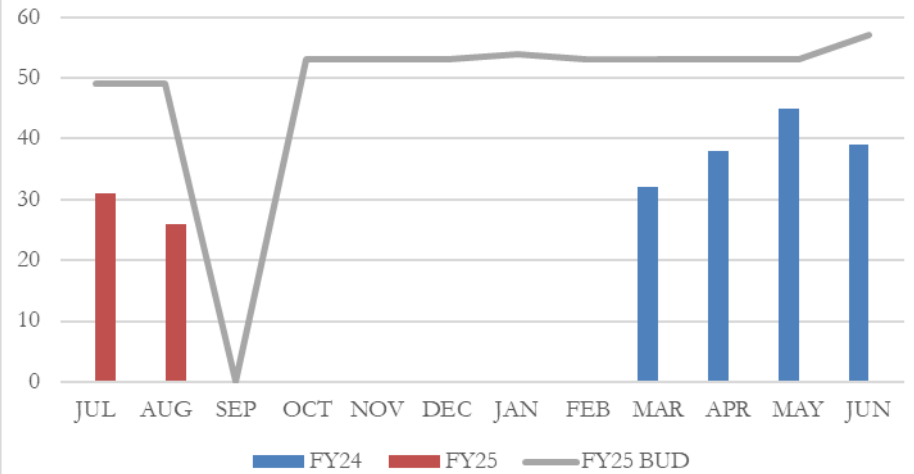
Projected Annual Cashflows	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
Surgical Operating Revenues	4,239,411.17	4,404,748.21	4,576,533.39	4,755,018.19	4,940,463.90	5,133,141.99	5,333,334.53
Surgical Operating Expenses	(3,759,118.16)	(3,920,785.42)	(4,089,405.44)	(4,265,277.26)	(4,448,712.75)	(4,640,037.19)	(4,839,589.86)
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%						



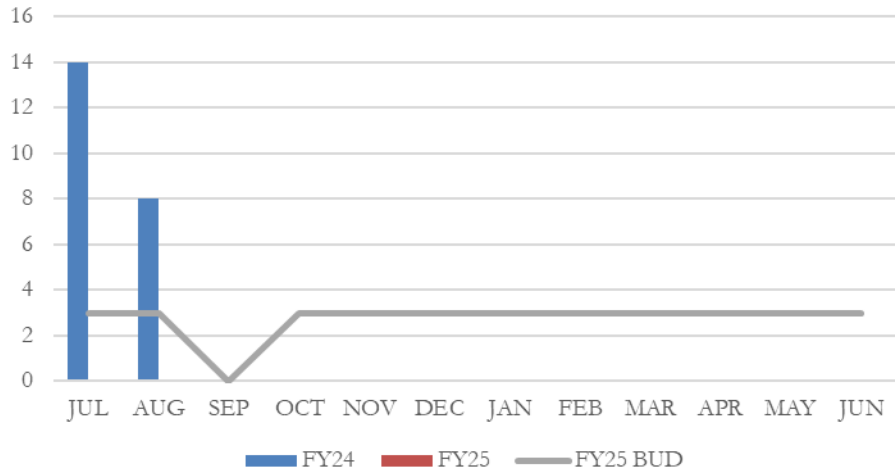
Pain Procedures



Hand/Plastics Procedures



Other



ER Provider Income Summary

All Providers

For The Budget Year 2025

						Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics							
Productive Days	31	31	31	31	62	62	0
Total Visits	551	489	527	460	1078	949	129
Visits/Day	17.8	15.8	17.0	14.8	17.4	15.3	2.1
Operating Expenses							
Purchased Services	173,960	174,840	169,800	174,840	343,760	349,680	(5,920)
Other Expenses	5,087	4,018	4,627	4,018	9,714	8,037	1,677
Total Operating Expenses	179,047	178,858	174,427	178,858	353,474	357,717	(4,243)

