

Board of Directors Regular Meeting & Executive Session **October 24, 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-09/26/24
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 Report and Attachments
 - i. 156.025 Cardboard Policy
 - ii. 011.025 Procedural Sedation
 - iii. 800.023 Contract Management and Evaluations
 - iv. Sedation Flowsheet (Form)
 - b. Medical Staff Report
 - i. 163.006 Provider Orientation & Annual Education Policy

IV. Consent Agenda

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 - b. Executive Session-09/26/24 (*Provided in Executive Session*)
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2. Monthly Counsel Invoice – Robert S. Miller III Attorney: (None)
3. Policies for Approval: (No additional policies)

Motion to Approve Consent Agenda.....(action)

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X. Open Discussion

XI. Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
September 26, 2024**

- 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 decisions were made in Executive Session.

At 6:29 p.m. the meeting moved to Open Session.

- II. **Open Session Call to Order at 6:31 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:** Barbara Lorschach, GovernWell (via remote link); Dawn Gray, Clinic Manager; Brenda Sund, Controller; Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None.

1. Agenda - Corrections or Additions

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

2. Public Input – None

- III. **Action from Executive Session**

1. Quality & Patient Safety, Risk & Compliance

a. Quality Assurance & Performance Improvement Plan

2. Medical Staff

a. Policy 163.005 Emergency and Disaster Privileges

b. Physician Credentialing & Privileging

2-Year Privileges – New

Alden Forrester, MD – Active – Hospitalist

Connor Hambelton, MD – Provisional – Emergency Medicine

2-Year Privileges – Reappointments

None

Direct Radiology After Hours Reading Radiology

Sanford Smoot, MD – Reappointment – Courtesy

William Randazzo, MD - Reappointment – Courtesy
Perry Kaneriya, MD – Resignation
Thomas VanderJagt, MD – Resignation

Medical Staff Status Changes

David Benziger, MD – Emergency Medicine – Privileges Lapse
09.30.24

Adam Kawalek, MD – Emergency Medicine – Privileges lapse 09.30.24

c. Proposed changes to Medical Staff Bylaws

8.2-1 Removal of Chief of Staff role as Chief Medical Officer

8.2-2 Addition to Vice Chief of Staff role filling in for Chief of Staff when needed.

7.5 Addition of Disaster Privileges as required by DNV

Norbert Johnson **moved** to approve the Quality & Patient Safety Plan, the Quality & Patient Safety Report, Medical Staff Report, Policy 163.005 Emergency and Disaster Privileges policy, and proposed changes to Medical Staff Bylaws from Executive Session. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

IV. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–08/22/24
- b. Executive Session-8/22/24 (presented in Executive Session)
- c. Special Joint Meeting with CCHC-8/27/24
- d. Special Meeting-9/16/24

2. Monthly Counsel Invoice – None

3. Policies for Approval

See III. Action from Executive Session.

Discussion: Dr. Keizer requested a correction for the August 22 Executive Session minutes, noting his attendance. Mary Schamehorn **moved** to approve the Consent Agenda with correction as noted. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

V. New Business

1. None.

VI. Old Business

1. Board Education Presentation - Barbara Lorsbach, GovernWell

Mr. Hino introduced Ms. Lorsbach, President of GovernWell, who shared performance assessment results from the recent board self-evaluation, used to determine next steps in training. Included were Performance Overview, Evaluation results, Strengths and Gaps; Mission, Vision and Values; Quality & Patient Safety; and Roles and Responsibilities. **Discussion:** It is best practice to review Mission, Vision, and Values every 12 months. An opportunity to meet providers will be with a Joint Conference yet to be scheduled. At this time, the full minutes from Medical Staff Meetings have not been included in board reporting, but can be added. Next step is to develop an action plan. Mr. Bedell asked members to think about a Board Retreat for this purpose; to discuss at October meeting. Ms. Lorsbach to provide copy of tonight's presentation for members and add to meeting record.

2. Coast Community Health Center Collaboration Update

Mr. Hino provided an update following the special meeting held on September 16. Both Southern Coos and Coast Community Health Center legal representatives are reviewing the proposed master services agreement, after which time a special meeting may be called if necessary to review with plan to include Exhibit 1, scope of services and fees for IT support services, which members of both organizations are working on now.

3. DNV Accreditation Report Update

The 2024 DNV Accreditation visit occurred on August 20-21. We were pleased with the report, resulting in 9 findings with 10 calendar days to respond. The plan of correction was submitted 2 days early. All action plans are to be completed by October 21. An extension was granted for review of all non-patient facing contracts to be completed by June 1, 2025. A new contract management system has been planned to be implemented before that date. DNV corrective action plans are to be incorporated into the Strategic Plan.

4. 2nd Street Real Estate Acquisition Update

It has been confirmed with the Bandon City Planning Department that the property located at 930 2nd Street, Bandon, Oregon, approved in July for negotiation to purchase, is properly permitted for healthcare services. A new permit will be required for signage and possibly before paving of the parking area. Closing documents are in process with the title company with closing date to be October 22.

VII. Staff Reports

1. CEO Report

Raymond Hino, CEO, provided a summary of his monthly report. **Leadership Updates:** Alden Forrester, MD, is ready to start work next week. He will be residing in Bandon with his family. The process has begun to hire a new Foundation Executive Director, with a 4-person hiring committee. Two onsite

interviews are scheduled October 7 and 8. **Sterile Processing Remodel:** Inspection completed and approved pending one final sink installation. Surgeries to resume the week of October 7.

2. Clinic Report

Dawn Gray, Clinic Manager, provided a summary review of clinic operations for the month of August. Statistics provided show that productivity improved despite provider vacations. Recruitment has begun to replace Judith Fitzgibbons, FNP, at end of year. Ms. Fitzgibbons considered our offer but has made the decision to continue to travel. Interviews are underway for a Clinic Medical Director. We have resumed providing pre-employment physicals for Roseburg Forest Products.

3. CNO Report

Cori Valet presented her report summary for the month of August. **Clinical Staffing Update:** The staffing grid was reviewed noting corrections in areas of Surgical Services (1 new FT RN added) and Respiratory Therapy (1 per diem is not transitioning to FT). **SAINTS Study Participation:** The purpose of the 2-year Safety Integration Stewards study with OHSU is to minimize patient fall risk and reduce patient-assist staff injuries. Southern Coos will either be a control hospital or a program hospital. Surgical Services: Ms. Valet provided photos of the sterile processing remodel, board members were invited to tour the department tonight before the 2nd Executive Session. **Flu and Covid Vaccine Clinics:** The annual drive-thru community event will be held on October 23. The Bandon Dunes vaccine clinic will be held the 2nd week of November. The confederated tribes will be utilizing their new clinic to provide vaccines this year. **Emergency Department:** ED stats continue to track above prior year.

4. CFO Report

Mr. Eek, CFO, provided a summary of departmental activities for the month of August. **Sage Intact Enterprise Resource Platform (ERP) Implementation:** The go live date has been adjusted from October to November 1 due to a staffing issue with the consultant, Wipfli. Remediation efforts are in place. Data transfer from Epic into Sage to be prioritized and staggered if necessary. **Discussion:** Mr. Bedell requested that weekly status updates be provided to the board. **Staffing:** Recruitment is in process with 2 candidates presently for the Director of Revenue Cycle position, and 3 candidates presently for the Director of Pharmacy position.

5. CIO Report

Scott McEachern, CIO, reviewed cybersecurity tracking statistics for the month of August and an update on national cybersecurity attacks. Ransomware attacks on healthcare facilities continue. In August a cyber attack caused the shutdown of Seattle-Tacoma Airport and there were attacks on other well-known organizations. The present focus is on third party access to systems. We remain vigilant.

6. SCHD Foundation Report

Scott McEachern, CIO and Foundation Director, provided a brief summary of the August Foundation report. **Golf for Health:** At the time of the printed report the annual Golf for Health Foundation tournament held on September 21 at Bandon Crossings had not yet taken place. Final accounting is still in process but we believe we met the \$100,000 goal. The turnout and energy this year was wonderful. Special thanks to Alix McGinley and Amy Moss-Strong, and many event volunteers, for their work to make the 17th annual event the best yet. Plans have begun on the 2025 event.

7. Strategic Plan

Ray Hino, CEO, provided summary review of the Strategic Plan, noting that will take several years to reach our long-term goals. **Discussion:** Quality metric data is aged 3-years, having been reported to CMS. Bay Area Hospital is included in same peer group. Now may be a good time to focus advertising on Medical Imaging. Board members have access to the working strategic plan document. The Strategic Plan is posted monthly on the hospital website at www.southerncoos.org and the employee intranet page, The Pulse Page.

VIII. Monthly EHR/ERP Implementation

Scott McEachern, CIO, reviewed the Electronic Health Record and Enterprise Resource Planning platform implementation project dashboard noting training schedule to begin in October. The risk chart was reviewed with the Sage implementation presently at high risk, data extraction and conversion, however, as provided in the CFO report, the vendor is responsive and we have adjusted to a new go live date for Sage of November 1. Equipment deployment is in process. A planned financial expenditure of \$1M is anticipated before Epic December go live. Medical and clinical engagement in process; Dr. Forrester, Chief Medical Officer (CMO), is meeting with the Providence CMO on September 27.

IX. Monthly Financial Statements Review & Discussion

Antone Eek, CFO, reviewed financial statements for the month of August. In the interest of time Mr. Eek began with a review of the Summary Statements of Revenues, Expenses and Changes in Net Position. Operating Revenue is below budget as anticipated, with salary under budget due to unfilled positions. Departments are steering to lower use of contract labor. Purchased services increased due to movement of several items into that category. Depreciation is favorable, spread over the year. Days cash on hand is projected to lower as we use cash rather than line-of-credit for EMR/ERP implementation. A consultant has been contracted, at a reasonable rate, to assist with payor contract renegotiation during this time of EMR/ERP implementation. Days in A/R (Accounts Receivable) projected to improve, presently slowed by review of processes for Epic conversion slowing collections. We should see improvement in 2 months.

X. Open Discussion

Norbert Johnson suggested a review of District Bylaws following the recent SDAO (Special Districts of Oregon) board training class attended by 4 members. Mr. Johnson to review and make suggested edits for consideration at the October meeting. Mr. Bedell presented an opportunity for members to sign a card for staff members Dotti Foley and Josh Foley, whose home was lost in a recent fire, inviting fellow members to contribute donations if they had not already done so.

At 7:58 p.m. members broke for a tour of the Surgical Services Sterile Processing Remodel.

XI. Executive Session 2 of 2

At 8:09 p.m. members of the Board entered 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.

No decisions were made in or following Executive Session.

With no further discussion and no members of the public in attendance, the meeting was adjourned at 8:50 p.m.

Thomas Bedell, Chairman 09-26-2024

Mary Schamehorn, Secretary 09-26-2024

**Southern Coos Health District
Board of Directors
Special Meeting Minutes
Bandon Professional Center
October 2, 2024 - 6:00pm**

I. Call to Order

At 6:01 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.

1. Roll Call

Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pam Hansen, Treasurer; Norbert Johnson, and Bob Pickel, Directors. **Administration (via remote link):** Raymond Hino, Chief Executive Officer, Antone Eek, CFO. **Others present:** None. **Press:** None.

2. Agenda Additions or Corrections and Motion to Approve

No changes or additions.

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

At 6:31 p.m. the meeting moved to Open Session. No decisions were made in Executive Session.

II. Open Session Call to Order

At 6:32 p.m. Open Session was called to order.

Others in attendance: Robert S. Miller, Geneva Miller.

1. Public Input – None.

III. Consideration Regarding Real Estate Purchase Opportunity

Pam Hansen **moved** to withhold any decision until after other parties determine their position. Mary Schamehorn **seconded** the motion. **All in favor. All in favor. Motion passed.**

IV. Open Discussion & Adjournment

No further discussion.

At 6:45 p.m. the meeting adjourned.

Thomas Bedell, Chairman

10-24-2024

Mary Schamehorn, Secretary 10-24-24

DRAFT



DATE: October 24, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Tuition Assistance Request

Administration requests your consideration of tuition assistance per policy 500.060 Tuition Assistance, attached for your reference.

A continuing education opportunity has arisen for a valuable member of the Patient Financial Services team that would provide professional certification in Billing and Coding. Tina Gulseth, Billing Specialist II, has the opportunity to register for this course at a 50% discount on tuition by registering before October 31, 2024. The price of this course is normally \$11,635.00 but is presently available at \$5,145.00, a financial hardship for her at this time. See attached information.

This course will provide education and training on resolution of billing and coding issues improving efficiency and productivity in line with our goal to reduce the number of rejected claims and have claims paid in the first billing cycle.

This 32-week course with instructor is offered on-line. The discount offer was extended from September 30 to October 31.

DEPARTMENT: Human Resources	NUMBER: 500.060
SUBJECT: Tuition Assistance	PAGE: 1 of 2
EFFECTIVE DATE: August 1, 2023	REPLACES POLICY DATED: 08-02-2019, 01-22-2020, 12-10-2021
APPROVED BY: Executive Team, Policy & Procedure Committee	DISTRIBUTION: Organization wide

Policy:

Southern Coos Health District (SCHD) may reimburse full-time, regular employees for education costs for courses approved by SCHD. The approval for reimbursement will be dependent on the course and its relevance to the employee's current or impending position, operational budget and SCHD Board approval. All approvals must be obtained prior to commencement.

- All approved classes relating to bachelor's and associate degrees will be reimbursed at 100 percent, assuming that the individual does not already have a bachelor's or associate degree.
- A second degree will be reimbursed at 50 percent only if it is an advanced degree in a field of study applicable to the employee's current or impending position.
- Employees must be actively employed by the company when reimbursement is sought. Employees subjected to a reduction in force (RIF) by the company will be reimbursed for courses currently approved and enrolled in at the time of the RIF.
- Employees must satisfactorily complete/pass the course work to be considered for reimbursement.
- Reimbursement will be at the public, state-supported institution tuition rate. Private university costs will be reimbursed up to the highest maximum cost for the course at an equivalent public institution in the same state. Attendance at private institutions, in correspondence programs or in other high-cost programs will not be considered justification for payment of exceptional tuition or related costs without prior approval.
- All required fees will be reimbursed at the designated approval percentage. Books, lab and building use fees will be reimbursed at 50 percent, regardless of the course of study.
- In no circumstance shall Tuition Assistance for any individual employee exceed \$20,000.
- Initial approval of a course of study does not obligate the company to future/continued approval of courses in that course of study. Approvals are only valid for the course and semester given. Similarly, the payment of courses at a higher private institution rate does not obligate the company to continue payment at that higher rate.

Purpose:

The objective of this policy is to assist employees who wish to pursue further education in an effort to enhance their current skills as well as to improve future potential benefit to Southern Coos Health District (SCHD).

Procedure:

- The employee requests tuition assistance approval via manager in writing. It must be a formal request with specific information about the related course, institution, and time frame for classes.
- The request is reviewed by HR for employment history, performance record, must be in good standing and course relevance to SCHD position or impending position.
- If approved, the CEO or CFO review request for succession planning and budgetary conditions. If approved, they recommend a percentage and convey request to the SCHD Board for approval. If the Board approved Administrators, then notify HR Director (HRD).

DEPARTMENT: Human Resources	NUMBER: 500.060
SUBJECT: Tuition Assistance	PAGE: 2 of 2
EFFECTIVE DATE: August 1, 2023	REPLACES POLICY DATED: 08-02-2019, 01-22-2020, 12-10-2021
APPROVED BY: Executive Team, Policy & Procedure Committee	DISTRIBUTION: Organization wide

- HRD or designee responds in writing to employee as to general course approval reimbursement percentage that is approved for reimbursement at the time of passing course.
 - Before any reimbursement is made under this policy, the employee will be required to sign a Promissory Note. Requiring reimbursement back to the Hospital for any expenses paid if for any reason the employee should voluntarily leave employment of the Health District or be released from employment for cause, including poor performance, within twenty-four (24) to thirty-six (36) months per the agreement, of the date of beginning tuition assistance. SCHD will prorate the amount due if the employee leaves employment prior to agreement (24 or 36 month per the agreement) months and this will be payable within 30 days of invoice.
- The employee may then submit a request for reimbursement to Finance/Accounting at the time of completion. Proof of passing grade must be attached or the reimbursement request is considered incomplete.
- Direct bill from the institution may be approved only in specific circumstances by CEO & CFO approval only.



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- Apply coding conventions when assigning diagnoses and procedure codes
- Identify the information in appendices of the CPT[®] code book
- Explain the determination of the levels of E/M services
- Code a wide variety of patient services using CPT[®], ICD-10-CM, and HCPCS Level II codes
- List the major features of HCPCS Level II codes
- Provide practical application of coding operative reports and evaluation and management services
- List a variety of health insurance models and how they affect medical entities.
- Understand the legal regulatory considerations involved in health care reimbursement and collections.
- Explain the process of a physician-based insurance claim including obtaining patient data, claim form completion, insurance carrier processing and payment received.
- Demonstrate the ability to use the three major coding manuals, CPT[®], ICD-10-CM, and HCPCS Level II, and apply medical necessity standards.
- Explain the follow up process for A/R in a physician's office, including the top denials by insurance carrier along with their



Southern Coos Health District Bylaws

Amended ~~July 28, 2022~~

Article I Scope and Purpose

1. Nature of District

Southern Coos Health District is a municipal corporation of the State of Oregon which is organized, existing and exercising the powers and functions of a health district under Oregon laws relating to municipal corporations, special districts and health districts as approved by public vote in 1955. These bylaws are subject to applicable provisions of Oregon Revised Statutes relating to units of local government and health care facilities, including government ethics, public records and meetings, local budgets, public purchasing and contracting, and district elections, as they now exist or may hereafter be amended. In any cases of conflict, Oregon law supersedes these bylaws.

- a. Amendment and Repeal. The Bylaws may be changed by a majority vote of the Board at any meeting of the Board of Directors.
- b. Suspension. Any provision of these Bylaws may be suspended by the unanimous consent of the Board Members at any duly constituted meeting of the Board of Directors.

2. The Purposes of the District are:

- To assure quality health care with a personal touch is provided to every patient;
- To improve the health of the community served by the District;
- To assure the ongoing financial viability of facilities operated by the District;
- To build a culture of service excellence for our customers;
- To meet all provisions of Oregon law.

Article II District Board

1. Members and Qualifications

The business and affairs of the District shall be managed by a Board of Directors consisting of five (5) members. Board members shall be registered voters within the health district elected as provided by the applicable provisions of Oregon Revised Statutes relating to health care facilities.

2. Conflicts of Interest

Board members are strictly prohibited from using a position in public office for private financial gain. Board members must give public notice of any actual or potential conflict of interest at a public board meeting, and such notice will be reported in the meeting minutes. The disclosure shall be repeated and recorded in the meeting minutes in each instance where the matter is discussed.

- a. Potential Conflict of Interest: Exists when a decision being deliberated by the board could result in financial gain or avoidance of financial loss to the board member, a relative of the board member, or a business owned by the board member or a relative of the board member. A potential conflict must be disclosed, but the board member may still participate in the discussion and vote on the issue.
- b. Actual Conflict of Interest: Exists when a decision by the board will result in a financial gain or avoidance of financial loss to the board member, a relative of the board member, or a business owned by the board member or a relative of the board member. An actual conflict must be disclosed and the board member may not participate in discussion of the matter or vote on the issue.

3. **Election and Terms of Office**

Each newly elected Board member shall take an Oath of Office at the Board meeting in July. Board members appointed to fill vacancies shall take the oath at the first Board meeting they attend. The oath declares that the Board member will faithfully perform the duties of the office as required by law and will support the Constitution of the United States, the Constitution of the State of Oregon, and the laws made pursuant thereto. Each new Board member shall execute a Conflict of Interest Statement and a Confidentiality Statement. The term of office is four (4) years.

4. **Board Pay and Expense Reimbursement**

The members of the Board of Directors shall receive a stipend of \$100 per month. Also, expenses shall be allowed for a Director's actual necessary traveling and incidental expenses incurred in the performance of official business of the District.

5. **Employment Restrictions**

No member of the District Board of Directors may be an employee of Southern Coos Hospital District & Health Center.

Article III Meetings of the Board

1. All meetings of the Board shall be conducted in accordance with the requirements of Oregon law.
2. District Boards must have a quorum in order to have an official meeting. A quorum shall consist of three (3) members which shall be sufficient to transact business. In Oregon, it takes a majority of the entire membership of the board to adopt a motion, resolution or ordinance or take any other action. A majority of a quorum is insufficient. This means that three affirmative votes on a five person board are required to pass a motion. All official business of the board shall be conducted only during said regular or special meetings at which a quorum is present and all said meetings shall be open to the public, except for executive sessions.
3. The agenda for Board meetings shall be developed by the Chair of the Board. Any Director may request a matter be added to the next regular meeting of the Board for which there is sufficient time to fully comply with all notice and agenda posting requirements. Board

members and administration should make every effort to ensure that agenda items they wish to be considered are submitted in a timely manner in advance of the meeting. However, a board member may also move to add an item to the agenda at the beginning of a meeting, subject to unanimous board approval. If approved by the board, the item will be added to the agenda to be considered as the last item under New Business.

4. **Regular Meetings:** The District Board shall hold at least one regular meeting each month at the Hospital or at such other location as determined by the Board. Notice of time and place designated for all regular meetings shall be posted in a public place and public notice provided at least 48 hours before the meeting by whatever means is considered most efficient and effective. Notice of changes of date or time or place of regular meetings shall be posted as above providing at least three (3) days prior to such meeting if possible.
5. **Special Meetings:** Special meetings of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place. The notice will include the principle subjects to be discussed.
6. **Executive Sessions:** Executive sessions of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Executive sessions must conform to Oregon law, which limits the purposes for which such sessions may be called. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place.
6. The Oregon Ethics Commission may investigate claims of violations of Executive Session laws on its own without necessarily receiving a complaint.
7. **Emergency Meetings:** An emergency meeting may be called and held in the same manner as a special meeting, except that the notice may be given less than 24 hours prior to the meeting and the Board shall place in the minutes the reason for the emergency.

Any member of the Board or any committee established by the Board may participate in a meeting, gathering in a physical location, using electronic, video or telephonic technology to be able to communicate among participants; using serial electronic written communication among participants; or an intermediary to communicate among participants by means of a conference telephone or similar communications equipment by which all persons participating in the meeting can hear each other at the same time. Such participation shall constitute presence in person at the meeting.

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Article IV Board of Directors

1. **Authority**

Members of the Board of Directors may exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and during Board of Directors' meetings or meetings of authorized committees of the Board of Directors. The Chair of the Board of Directors is expected to confer with the Hospital Chief Executive Officer regarding committee agendas, and other matters between scheduled meetings of the Board of Directors. As individuals, Directors may not commit the District to any policy, act or expenditure except when specifically delegated by the Board.

2. **Duties and Fiduciary Responsibilities**

- a. The Board of Directors shall have responsibility for the oversight of operations, affairs of the District, and its facilities according to the best interests of the District.
 - 1) Duty of Care. Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.
 - 2) Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
 - 3) Duty of Obedience. Directors shall be faithful to the underlying purposes and mission of the District.
 - 4) Fiduciary duty. Directors act in the best interests of the District.
 - 5) If it is determined, by majority vote of the Board of Directors in office at that time, that a Director has violated any of their duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article IV Section 6.
- b. Upon the recommendation of the medical staff executive committee and the CEO the Board of Directors shall approve membership of the Medical Staff as well as the bylaws for the governance of the Medical Staff as provided in Article 7 of the District Bylaws. The Board of Directors may delegate certain powers to the Medical Staff and other adjunct organizations in accordance with the Medical Staff Bylaws.
- c. Review and approve the Hospital's and clinic's Quality Assurance Program. Responsible for the quality of care rendered to patients by both the medical and professional staff.
- d. Responsible for the financial soundness and success of the organization, and for strategically planning its future. It shall, upon recommendations of the Budget and Finance Committees review the annual operating budget and capital expenditures, and evaluate and approve financial statements for all financial matters of the District.
- e. Hire the Chief Executive Officer (CEO) and approve the plans and budgets by which the CEO will accomplish the quality, financial and strategic goals of the Board.

Develop a performance review document for the CEO. Plan and establish the Chief Executive Officer's compensation.

- f. Act as trustee for District assets.
- g. Grant physician staff clinical privileges.
- h. Identify health needs of the community and establish the District's role in meeting those needs.
- i. Periodically review and evaluate the effectiveness of programs and services offered by the District.
- j. Establish an appropriate orientation program for new Board members. Board members are expected to participate in the entire Board Orientation process and additional ongoing training.
- k. Every Board Member is required to attend or view training provided by the Oregon Ethics Commission at least once during the member's term of office and verify the member's attendance.
- l. The Board shall endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District's interests.
- m. The Board of Directors must approve all contracts, unless they have delegated this authority elsewhere, such as to the CEO. The scope of this delegation for approval of contracts, including assigning dollar limits to this authority.
- n. Key reports should be regularly provided to the Hospital Board for review. These reports should include financial statements, Medicare cost reports, Quality and Patient Safety reports, Compliance and Regulatory reports, Risk Management and Incident reports, Grant and Funding reports, Strategic Planning reports, Human Resources reports, Board Governance and Ethics reports, and any other essential report so that the Board has the necessary information to make informed decisions about the operation compliance, and strategic direction of the Hospital and Healthcare Clinic

3. **Officers**

The officers of the District Board shall be a Chair, Secretary and Treasurer, all of whom shall be elected by the Board at the July meeting each year and shall hold office for a period of one year or until their successors have been elected.

- a. The **Board Chair** shall preside at all meetings of the Board, shall execute documents which are official acts of the District or its Board, stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote, shall make committee appointments upon approval of the Board, and implement processes designed to facilitate the collective awareness of the Board regarding major activities within the district so that all individual Board members are provided the opportunity to stay informed. During the absence of the Chair, any other Board member may perform the duties of the Chair.
- b. The **Secretary** shall attest to documents executed by the Board, shall review correspondence to and from the Board and shall review and sign minutes of Board meetings. The Secretary shall perform such other duties as usually pertain to this office.

- c. The **Treasurer** shall execute financial and banking documents when appropriate or authorized by the District Board.

4. **Resignations**

Any member may resign from the Board at any time by giving written notice to the Chair or Secretary of the Board, and the acceptance of such resignation shall not be necessary to make it effective.

5. **Vacancy**

Board vacancies shall occur if a duly elected Board member resigns, is recalled, or cannot fulfill the duties of office. A vacancy shall be filled by vote of a majority of the remaining Board members. The appointee shall serve until the next regular election for that position. If the remaining Board members cannot agree on a majority vote, the selection of appointee shall be turned over to County Board of Commissioners or as provided by Oregon law.

6. **Determination of and Sanctions for Misconduct in Office**

The Board shall establish a Board Sanction Policy to address individual Board misconduct or malfeasance in office. Such Policy will be reviewed periodically. The Policy will describe the process to be utilized by the Board in circumstances where an individual Board Member has been found by a majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the laws of the Oregon Government Ethics Commission.

Article V Committees

1. **Committees and Powers**

- a. Committees of the Board shall be Standing, or Advisory and established by majority vote of the Board. Standing Committees shall be the Budget Committee, Quality & Patient Safety Committee, Finance Committee and such other standing committees as the Board may authorize.
- b. The Committee chair and all members of each committee shall be appointed by the Board following the July meeting. Members of each committee shall hold office for one year or until their successors are appointed. The Board will fill any vacancies that occur on committees for the remainder of the year.
- c. Committees shall have power to act only as stated in these Bylaws or as conferred by the District Board in specific matters.
- d. Committee members may include persons in advisory or consulting capacity, who are not members of the District Board.
- e. Minutes shall be recorded for all committee meetings and filed in the appropriate manner per Southern Coos Health District & Health Center policy and by applicable Oregon law.
- f. Qualifications for committee members will be as follows:
 - 1) Committee members shall be residents of the district.

- 2) Neither district employees nor persons having a contractual relationship with the district may serve on district committees as public members.
- g. Board members may suggest persons for committee.
- h. The district will give public notice of committee vacancies.
- i. The board may, by majority vote, remove a member of the public from a district committee prior to the expiration of the term of office.
- j. Committees and their members have no authority to represent the district's official position on any matter except by express and explicit approval of the board for such.

2. **Standing Budget Committee**

The Budget Committee shall consist of the CEO, CFO, all members of the Board and at least five (5) members of the community. One (1) Board member shall be appointed by the Chair of the Board, following Board approval, following the July meeting to serve as the committee chair. The Budget committee shall meet once annually, and as needed, in a public meeting to review and approve the annual operating budget for adoption by the District Board and submission to Coos County.

3. **Standing Quality and Patient Safety Committee**

The Quality and Patient Safety Committee shall consist of the CEO, CFO, CNO, Quality Risk Manager, hospital department managers and one (1) Board Member liaison who shall be appointed by the Chair of the Board, following Board approval, following the July meeting. The Quality Risk Manager shall act as the Committee chair.

- a. The Committee meets monthly to consider all matters concerning the clinical and safety operations of the facilities, the Medical Staff Bylaws, credentialing and privileges of medical staff, and other matters concerning professional practice.
- b. The Committee ensures the quality of care rendered in the District's facilities is at the highest level when compared to national standards and that actions are taken on behalf of the Board to ensure the safety and well-being of the citizens served. The duties of the Committee shall include but are not limited to:
 - 1) Regularly review and approve the systems annual and long-term quality assurance plans to ensure the identification, assessment, and resolution of patient care issues.
 - 2) Review, assess and establish that the system is meeting regulatory and governmental requirements and standards pertaining to the delivery of quality medical care in all its facilities and programs.
 - 3) Monitor institutional liability/risk experience and ensure proper systems are put in place to reduce exposure to loss.
 - 4) Review, assess and establish that credentials of Medical and Allied Health Staff are reviewed and privileges granted are renewed based on demonstrated professional competence and adherence to the bylaws and code of conduct set forth by the Medical Executive Committee.
 - 5) Provide oversight to the development and management of educational endeavors to improve staff performance and skills in the completion of their clinical care responsibilities.

- 6) Regularly review and assess quality care reports, statistics and programs from Medical Staff and system departments to identify trends or clinical care issues and to recommend stewardship where appropriate.
- 7) Perform such other duties as assigned by the Board.
- c. The Committee also serves as a formal means of liaison to assure effective communication between the Board of Directors and the Medical Staff.
- d. The Quality and Patient Safety Committee shall report its findings and recommendations with respect to these issues at the monthly District Board Meeting.

4. **Standing Finance Committee**

The Finance Committee shall consist of the CEO, CFO, 1 Board member, and at least 3 members of the community. The Board member shall be appointed by the Chair of the Board, following Board approval, following the July meeting and will act as Board liaison to the Committee and as the committee chair.

The Finance Committee shall meet quarterly to review the financial status of the District and make recommendations based thereon.

5. **Additional Standing Committees**

- a. The board will create additional standing committees as needed for each major service area.
- b. Terms for standing committees will be determined by the Board
- c. Standing committees will report and/or respond to questions from the Board as requested.

6. **Ad Hoc Advisory Committees**

The Board may create ad hoc committees as needed to assess the needs of the district, evaluate existing programs and/or facilities, and recommend long-range goals and plans, or any other needs as determined by the board. Any ad hoc advisory committees formed will operate for such time as needed to accomplish the assigned purpose and may be discharged after their recommendations to the board, or at any other time at the discretion of the board. All recommendations must be ratified by the Board prior to any action taken.

Article VI – Administrator

The District Board shall employ a competent and qualified person to act as Administrator of the Health Care District, and the Board shall evaluate the performance of such administrator yearly. Such Chief Executive Officer (CEO) of the District shall exercise supervision and control over the Administrative functions of the District. The Administrator shall have the following powers, duties, functions, and responsibilities.

- 1. Responsible for carrying out policies and programs adopted by the Board and for following regulations provided by law or by the District Board.
- 2. Develop a plan of organization for the personnel involved in the operation of the District facilities and programs, have responsibility for the selection, employment, control, and

discharge of employees and the development and maintenance of personnel policies and practices, shall establish means for accountability on the part of subordinates and shall provide for lines of authority and communication within and between District facilities, medical staff, auxiliary, and other personnel.

3. Shall ensure that the established mechanisms relating to the functions of the Medical Staff organization are carried out and to act as the official channel of contact between the District Board and the Medical Staff. The Administrator shall have the following specific powers:
 - a. To grant temporary privileges to Medical Staff whenever such action is in the best interest of patient care or safety, or to prevent disruption of its operation.
 - b. To summarily suspend all or any portion of the clinical privileges of a member of the medical staff whenever such action must be taken immediately in the best interest of patient care or safety to prevent disruption of District operations.
4. Shall attend meetings of the District Board and shall serve as liaison officer for communications between the District Board, its committees, medical staff, and the Foundation.
5. Shall prepare a proposed strategic plan for approval and adoption of the District Board and shall annually and as needed recommend appropriate modifications to such plan.
6. Shall be responsible for preparation of a proposed annual budget and for carrying out the fiscal policies of the District.
7. Shall pursue a continuing program of education in health care, administrative, and management systems and procedures and may participate in community, state, and national hospital associations and other professional activities.
8. Shall be employed by the District Board and, after receiving and reviewing an annual evaluation, the administrator's compensation shall be determined by the Board.
9. Responsible for continual planning and marketing of District services including program evaluation and development of new services taking into account clearly defined service populations, current technology and financial viability.

Article VII Medical Staff

1. **Medical Staff**
The Medical Staff shall be organized in accordance with the Medical Staff Bylaws. The Medical Staff shall govern its own affairs, elect its own officers, and conduct meetings in accordance with Medical Staff Bylaws.
2. **Medical Staff Bylaws**
Medical Staff Bylaws and related rules and regulations for the government and operation of the Medical Staff may be proposed and recommended by the Medical Staff to the District Board, but only those bylaws, rules and regulations which are adopted by the District Board

shall become effective. In the exercise of the powers and functions delegated to it by the laws of the State of Oregon, the District Board shall adopt, amend, carry out and enforce rules and regulations for the government and operation of the Medical Staff and any of its functions and services.

3. **Conflicts with Medical Staff Bylaws**

In the event that any of the provisions of the Medical Staff Bylaws are in conflict with any of the provisions of the Southern Coos Hospital District & Health Center Bylaws, the District bylaws shall be deemed to be controlling.

4. **Medical Staff Membership**

- a. Membership on the Medical Staff is a privilege which shall be extended only to persons professionally competent in their related fields, licensed to practice in the State of Oregon, and whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgement of the District Board, that any patient admitted to or treated in Southern Coos Hospital and Health Clinic will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Hospital & Clinic Policies and Procedures, Medical Staff Bylaws and Rules and Regulations.
- b. The District Board shall review and act upon the advice and recommendations of the Medical Staff, and shall give careful consideration for clinical privileges at our healthcare facilities.
- c. Duration. Appointment to the Medical Staff shall be for a maximum term of two (2) years. Medical Staff members shall be reappointed bi-annually in the birth month of the applicant.
- d. The Medical Staff will also make recommendations to the District Board concerning appointments, reappointments, alterations of staff status, the granting of clinical appointments, disciplinary actions, other matters relating to professional competency, and such other related matters as may be referred to it by the District Board.

5. **Allied Health Professionals**

The categories of allied health professionals eligible to hold specific practice privileges to perform services within the scope of their licensure, certification, or other legal authorization and corresponding privileges, prerogatives, terms and conditions for each such allied health professional category or practitioner shall be determined by the CEO upon recommendations received from the Medical Staff executive committee.

6. **Accountability**

The Medical Staff shall conduct continuing review and appraisal of the quality of professional care provided in District facilities, and shall, at least annually, or more frequently as needed, report such activities and their results to the District Board.

7. **Exclusion from the Medical Staff**

The District Board shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to retract privileges, of anyone who has not exhibited that standard of education, training, experience, and demonstrated competence,

which will assure, in the judgement of the District Board, that any patient admitted to or treated in the Hospital or Health Clinic will be given high quality professional care.

Article VIII Indemnification

To the extent consistent with applicable Oregon laws, Southern Coos Health District and Health Center shall indemnify any Board Member or officer in connection with proceedings that arise from their service on behalf of the District if (a) they acted in good faith and in a manner that they reasonably believed to be in ~~to~~ the best interests of the District; and (b) with respect to any criminal proceeding, they had no reasonable cause to believe conduct was unlawful. It is intended that the rights of indemnification provided hereunder shall be as broad as permitted under the Government Code of the State of Oregon. The District may advance expenses, including attorney's fees, for which the Board member or Officer is indemnified pursuant to this Article.

The District authorizes Southern Coos Health District & Health Center to purchase and maintain insurance on behalf of directors and officers against liabilities imposed upon them by reason of actions taken in their official capacity, their status as an officer or director, or arising from Southern Coos Health District & Health Center request(s).

Article IX Public Meeting Laws Violation

Anyone who believes a governing body has violated public meetings laws may, within 30 days of the alleged violation, file a written grievance with the Board, setting forth the specific facts and circumstances of the alleged violation. The Board must provide a written response within 21 days acknowledging receipt; denying the claim and setting out corrected facts and circumstances; admitting to them and explaining why they are not in violation; or admitting the violation happened and setting out a plan to address it. The written grievance and the response must be filed with the Oregon Ethics Commission.

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Article IX Foundation

Article X Foundation


The District Foundation shall develop and adopt Bylaws to delineate the purpose and function of the organization, form its own Board of Directors to include one (1) Board Member liaison, and establish a means of accountability to the District Board. Such Bylaws shall be in conformity with the policy of the Board and shall become effective upon approval of the Board.

Amended and adopted July 28, 2022.

Signed:

Mary Schamehorn, Secretary/Acting Chair

Tom Bedell, Treasurer

DATE: October 18, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Mission, Vision, Values and Governance Retreat

Recommended Action

It is recommended by management that the Board of Directors review our current Mission, Vision & Values Statement and make a determination on whether to reserve time to undertake a full overhaul and change of our Mission, Vision & Values or to decide if the current Mission, Vision & Values Statements continue to apply with no more than minor changes, if any.

Current Mission, Vision & Values Statements

Our Mission

Quality healthcare with a personal touch.

Our Vision

Southern Coos Hospital and Health Center will improve the health and viability of the community by working to be the best place for patients to receive care, for employees to work, and for providers to practice medicine.

Our Values

- *Compassion: we care deeply, are active listeners, practice empathy, and welcome all who walk through our doors as family.*
- *Patient-Centered Care: our care is respectful and responsive to individual patient preferences, needs, and values.*
- *Teamwork: we ask for help when we need it and accept support from one another. Our dedication to quality patient care is measured in the times we come together to make a difference for our patients, peers, and stakeholders.*
- *Community: we are empowered to volunteer our time and resources to inspire a culture of collaboration with patients, community partners, and stakeholders.*
- *Professionalism: we have respect for self and for others. We practice open and honest communication built on a foundation of trust.*
- *Integrity: we keep our commitments and are accountable for our behavior. We demonstrate humility and accept forgiveness.*

Background

At the September 30, 2024, regular Board meeting, our Board received a report from governWell President, Barb Lorschach, on the results of our 2024 Governing Board Self-Assessment. One of the questions on the Self-Assessment was whether the Board had conducted a formal review of the hospitals Mission, Vision & Values Statements during the past year. Our Board members were divided on

whether we had a formal review or not. This is understandable since David Sandberg did bring up a discussion of Mission, Vision & Values during our Strategic Planning retreat on June 13, 2024. But there was never a formal agenda item to specifically discuss the statements.

It was decided at the September 26 Board meeting to schedule a Mission, Vision, Values discussion for this year. After our Board meeting, I contacted Barb Lorschach, to see what resources governWell could provide for a Mission, Vision, Values exercise. This is what she said:

There are 2 options:

- If the Board is relatively satisfied with the current Mission, Vision, Values and wants to go through a review to make minor changes, then governWell could facilitate a review in a Virtual Teams meeting, during a regular Board meeting.
- On the other hand, if the Board wants to consider a complete revamping of the Mission, Vision, Values statements for the District, then governWell would recommend that this facilitated discussion be combined with a Governance Education retreat. This could take place after January 1, 2025 if the Board wishes and include Todd Linden coming on-site to walk the Board through the Mission, Vision, Values and a full or half-day Educational Retreat.

Per Barb, the choice is up to our Board of Directors on which direction that you would like to go.



DATE: October 18, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Real Estate Acquisition

Recommended Action

No action is recommended at our October 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.

At the September Regular Board Meeting, management reported back to the Board that the purchase documents do require that the premises be vacated prior to closing on October 22, 2024, and that the property has been approved by the City of Bandon for use as a medical clinic.

Current Status

1. Closing Documents

On October 17, I appeared at the Ticor Title Company offices in Coquille and signed all of the closing documents for closing on the 930 2nd Street property. A cashier's check in the amount of \$98,614.15 has been obtained and will be delivered to the Ticor Title Company offices on Monday, October 21. I will inspect the property on Saturday, October 19 to ensure that the property has been vacated. The transaction is scheduled to close on Tuesday, October 22. We have applied with the City of Bandon for utility services to begin on the property on October 22.



CEO Report

To: Southern Coos Health District Board of Directors
From: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, October 2024

Leadership Updates:

- Foundation Executive Director – The first 2 on-site interviews for the Executive Director position for the Southern Coos Health Foundation occurred on October 7 and October 8. They were interviewed by a 4-member Search Committee, consisting of Joseph Bain, Pam Hansen, Becky Armistead and Scott McEachern. The Committee has decided to continue seeking additional candidates. Because of the critical nature of getting a strong focus on our Foundation and a Year-end fundraising campaign, I have decided to elevate Alix McGinley into an Interim Executive Director role until a new full time Executive Director is hired. I am doing this because with Scott McEachern's full time dedication on the Epic and Sage conversions (which is absolutely necessary and critical), I believe that we will benefit by having a full time Director focused on the campaign. I have talked over this Interim role with Alix, Scott and Joseph Bain. All are supportive and understand that this is an Interim position until a full time Director can be hired. Alix will report directly to me in this role as Interim Director.
- In a corresponding move, I am also going to move Amy Moss-Strong's position as Marketing & Development Coordinator to a direct reporting position to the CEO as well. This move is made to free up Scott from marketing and to give me the opportunity as CEO to become more involved in marketing efforts for our hospital.
- Both moves, for Alix and Amy will take place at the start of the next pay period.

Clinic Providers:

- As reported last month, we have had final interviews with a candidate for a full-time physician provider/Medical Director for our clinic. I am pleased to announce that we have hired a well established Family Physician, currently working for North Bend Medical Center in Coos Bay. Her name is Jennifer Webster, MD. Dr. Webster is a well-established and highly regarded family physician in Coos Bay. As evidence of her loyal patient following, she was also honored in the Coast of the South Coast competition last year and awarded a Gold Medal for Best Doctor on the South Coast. We are very excited to be adding Dr. Webster to our provider panel in our clinic. With the shortage of primary care providers in Bandon, she will be a welcome addition, and due to the fact that she lives in Coos Bay, there will be no relocation or moving expenses associated with her addition. We are planning for Dr. Jennifer Webster to start her new position with SCHHC in January 2025.

Surgery:

- As previously announced, the surgery department re-opened on October 1, and we anticipate having a full and busy month of surgeries for the month of October, as surgeries that have been postponed for the past 2 months are now able to get done.



- As the Board is aware, we received a resignation letter from Dr. Sharon Monsivais on October 10. Dr. Monsivais gave us 3 months' notice. Her last day of work for SCHHC will be January 17, 2025. I met with her on Monday, October 14, and asked if there was anything that we could have done differently. She explained to me that this was a family decision to move closer to aging parents and not due to any dissatisfaction with SCHHC. In fact, she said that this was a very difficult decision because of the great affection that she has for her patients, our staff and our facility. She is working with us to help us recruit new surgeons. We are working on a plan to get this position filled ASAP.

DNV Survey:

- As I reported previously, our DNV survey for 2024 has now been completed, including an agreement with DNV on our Plan of Corrective Action. Our Quality Department is doing an excellent job in working with our managers on corrective action plans. With the changes that we have made with our Quality Department and the addition of Dr. Alden Forrester as our Chief Medical Officer, we are positioned extremely well for our next DNV survey, which will take place in August or September of 2025.

Coast Community Health Center:

- The most recent update on the Coast Community Health Center (CCHC) Collaboration Agreement is that a Master Services Agreement, created by legal counsel for SCHHC, has now been reviewed and has received comments from both SCHHC and CCHC legal counsel. The next agreed step is for 1 meeting with the Executive Teams for both organizations and their legal counsels to meet together in 1 meeting to make final decisions and agreements on a Services Agreement that can be brought back to both Boards of Directors for final approvals. I would anticipate that this will take place in the month of November.
- One very positive development with respect to a collaboration with the 2 organizations is that Laboratory Services will be provided to Coast Community Health Center by SCHHC, beginning on 10-25-2025. Effective as of that date, CCHC will no longer be using Quest Reference Laboratories and SCHHC will be their exclusive laboratory provider. This is a great opportunity to provide necessary services for the CCHC patient population and bring in new outpatient revenue for SCHHC.

Awards, Marketing and Publicity

- On October 2-4, I attended the Annual Hospital Association of Oregon Meeting in Sunriver, Oregon. I was surprised with the Association awarded me the 2024 Grassroots Champion Award. This award was in recognition of my efforts to work with our legislators, David Brock Smith and Court Boice on legislative matters important to Southern Coos Hospital and the State of Oregon. I was surprised and very honored to receive this award.
- On October 18, I was interviewed by a reporter for the World Newspaper in Coos Bay. He was following up on reports of SCHHC's purchase of a clinic building in Bandon. He is doing a story on the growth and positive new developments at Southern Coos Hospital & Health Center. I think that the story will be well received. He said that the story should appear in The World on Tuesday, October 29.

Multi-Specialty Clinic Report

To: Southern Coos Health District Board of Directors and Southern Coos Management
From: Dawn Gray, Clinic Manager
Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – October 24, 2024

Provider News

As anticipated, our clinic's patient volume has decreased due to construction in the surgery department. However, I'm pleased to report that the clinic has outperformed budget projections, which were adjusted to account for this impact. While there have been occasional dips in average patient numbers, these fluctuations are not typical. Our front desk team continues to work diligently, proactively filling open appointment slots with patients on the waiting list to ensure smooth operations.

We are thrilled to announce that Dr. Jennifer Webster will be joining our team in January 2025! Dr. Webster brings extensive experience and a deep passion for rural medicine, having dedicated several years to practicing in remote Alaska. Her commitment to community healthcare aligns perfectly with our mission. In addition to her clinical expertise, Dr. Webster will step into the role of Medical Director, guiding our practice with her leadership and vision. She will also see patients as a Primary Care Provider (PCP), offering compassionate care to individuals and families in our community.

September 2024 Clinic Stats										
	Days in Clinic	Patients			Total	Average	No Show	Cancellation	Total	Total
Provider	Clinic	Scheduled	CXL'D	No Show	Seen	Seen	Rate	Rate	Telehealth	New Pts
Bonnie Wong, DO	11	124	5	1	118	10.7	1%	4%	7	7
Judith Fitzgibbons, FNP	16	131	10	7	114	7.1	5%	8%	0	6
Noel Pense, DO	1	2	0	0	2	2.0	0%	0%	0	0
Paul Preslar, DO	11	140	20	6	114	10.4	4%	14%	0	11
Shane Matsui, LCSW	18	97	11	5	81	4.5	5%	11%	12	0
Victoria Schmelzer, CRNA	8	73	24	1	48	6.0	1%	33%	0	0
Sharon Monsivais, MD	5	91	17	1	73	14.6	1%	19%	0	0
Outpatient Services	20	219	12	2	205	10.3	1%	5%	0	0
Totals	90	877	99	23	755	8.4	3%	11%	19	24
Total telehealth	19				550	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

- To strengthen the clinic's revenue cycle, we have implemented tracking for two key performance indicators (KPI's): MSPQ (Medicare Secondary Payer Questionnaire) and Collected Copays.
 - MSPQ – The MSPQ ensures that Medicare is billed only when it is the primary payer. If another insurance is responsible, billing Medicare first will result in denied claims. By confirming this information with patients, we reduce delays in reimbursement and minimize the risk of denials.
 - September statistic – 79% of patients were asked to complete the MSPQ. Our goal is 100% to ensure accuracy in billing.

- Collected Copays – We are working to collect patient copays at the time of service. Collecting copays upfront is essential to maintaining cash flow and reducing outstanding balances. If a patient cannot pay at the time of service, staff document the reason to ensure transparency and follow-up.
 - September statistic – 73% of patient copays were successfully collected. While we recognize collecting 100% of copays may not be feasible, our objective is to normalize upfront payments and continue improving the collection rate over time.
- September Chronic Care Management (CCM) program statistics:
 - The total number of patients for September was 35, reflecting a slight decline from previous months. This temporary dip is attributed to our CCM RN, Kelli Cotton, being on medical leave for part of the month. Despite the brief staffing impact, the program continues to deliver meaningful care, with steady growth in services provided.
 - \$2,794.07 billable services provided for a total of \$20,265.38 since April 2024.
- The No-Show rate for September is 3%.
- 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 10/4/2024	Goals*
CARE-2: Screening for Future Fall Risk	4.5%	4.5%	4.5%		4.5%	TBD
DM-2: Diabetes HbA1c Poor Control (>9.0%)	28.0%	26.9%	26.9%		26.9%	23%
HTN-2: Controlling High Blood Pressure	50.2%	57.4%	57.4%		48.8%	67%
MH-1: Depression Remission at 12 months**	-	-	-		-	TBD
PREV-5: Breast Cancer Screening	35.4%	38.8%	38.8%		41.8%	64%
PREV-6: Colorectal Cancer Screening	4.1%	4.6%	4.6%		6.6%	62%
PREV-7: Influenza Immunization	29.7%	29.7%	29.7%		29.7%	46%
PREV-10: Tobacco Use Screening & Cessation	87.1%	93.8%	93.8%		87.5%	82%
PREV-12: Depression Screening and Follow-Up Plan	0.0%	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 constantly stable across all categories. Here are a couple of positive comments given during the survey:
 - Victoria and Marissa take amazing care of me and are genuinely interested in my well-being.
 - I really like Judith Fitzgibbons – very positive interaction with her, and glad she is my healthcare provider.
 - This was my first visit and I had a really great and positive experience all around!!

September 2024 Results	Asked about medications		Care provider courtesy and respect		Care providers explain things		Care providers listened		Easy to get appt		Felt safe and secure		Human Understanding		NPS: Facility would recommend		Providers knew medical history	
	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size	Score	n-size
Provider Name																		
Preslar, Paul (1437141793)	100	14	100	14	86.7	15	92.9	14	71.4	14	100	14	78.6	14	92.9	14	64.3	14
Fitzgibbons, Judith (1932284197)	100	11	91.7	12	84.6	13	83.3	12	75	12	91.7	12	83.3	12	83.3	12	33.3	12
Monsivais, Sharon (1023455490)	91.7	12	100	12	91.7	12	100	12	33.3	12	75	12	75	12	91.7	12	33.3	12
Schmelzer, Victoria (1417312893)	83.3	6	100	7	100	7	85.7	7	57.1	7	85.7	7	100	7	71.4	7	85.7	7
Wong, Bonnie (1437404415)	100	5	100	6	100	6	100	6	83.3	6	100	6	100	6	100	6	100	6
Grand Total	95.8	48	98	51	90.6	53	92.2	51	62.7	51	90.2	51	84.3	51	88.2	51	56.9	51

Clinic Provider Income Summary

All Providers

For The Budget Year 2025

							Current Budget YTD		
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics									
Clinic Days	76	89	79	89	70	74	225	252	(28)
Total Visits	641	776	670	776	550	494	1,861	2,045	(184)
Visits/Day	8.4	8.7	8.5	8.7	7.9	6.7	8.3	8.1	0.2
Total RVU	1,575	1,773	1,516	1,773	478	1,103	3,569	4,649	(1,079)
RVU/Visit	2.46	2.29	2.26	2.29	0.87	2.23	1.92	2.27	(0.36)
RVU/Clinic Day	20.72	19.92	19.31	19.92	6.83	14.91	15.90	18.45	(2.55)
Gross Revenue/Visit	342	339	427	400	503	431	420	407	13
Gross Revenue/RVU	139	175	189	175	578	193	219	179	40
Net Rev/RVU	61	77	80	78	242	88	93	80	13
Expense/RVU	107	142	115	140	320	221	139	160	(21)
Diff	(47)	(64)	(36)	(62)	(78)	(133)	(46)	(80)	34
Net Rev/Day	1,258	1,540	1,541	1,546	1,656	1,316	1,481	1,477	4
Expense/Day	2,226	2,821	2,228	2,783	2,189	3,302	2,215	2,949	(734)
Diff	(368)	(1,280)	(687)	(1,237)	(533)	(1,986)	(734)	(1,472)	738
Patient Revenue									
Outpatient									
Total Patient Revenue	219,184	309,620	286,179	310,347	276,506	212,813	781,869	832,779	(50,910)
Deductions From Revenue									
Total Deductions From Revenue (Not	123,571	172,528	165,186	172,724	160,610	115,411	449,368	460,663	(11,295)
Net Patient Revenue									
	95,613	137,092	120,993	137,623	115,895	97,401	332,501	372,116	(39,615)
Total Operating Revenue									
	95,613	137,092	120,993	137,623	115,895	97,401	332,501	372,116	(39,615)
Operating Expenses									
Salaries & Wages	104,563	153,914	101,380	153,914	86,254	151,253	292,198	459,081	(166,883)
Benefits	12,145	13,799	9,032	12,537	9,911	12,132	31,088	38,469	(7,381)
Purchased Services	0	0	0	0	0	0	0	0	0
Medical Supplies	1,089	875	430	875	591	875	2,109	2,625	(516)
Other Supplies	78	610	(7)	610	245	610	316	1,829	(1,513)
Maintenance and Repairs	0	21	0	21	0	21	0	64	(64)
Other Expenses	4,783	3,292	1,766	3,292	2,067	3,292	8,617	9,875	(1,258)
Allocation Expense	46,496	78,522	62,282	76,477	54,169	76,153	162,947	231,152	(68,205)
Total Operating Expenses	169,153	251,033	174,884	247,726	153,238	244,336	497,275	743,094	(245,819)
Excess of Operating Rev Ov									
	(73,539)	(113,940)	(53,892)	(110,103)	(37,343)	(146,935)	(164,774)	(370,978)	206,204
Total Non-Operating Income									
	1,585	394	1,269	394	0	394	2,854	1,181	1,673
Excess of Revenue Over Exp									
	(71,954)	(113,547)	(52,623)	(109,709)	(37,343)	(146,541)	(161,920)	(369,797)	207,877

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 – October 24, 2024

Clinical Department Staffing - September 2024 – FTE grid report to be provided October 24, 2024.

- **Medical-Surgical Department –**
 - One full-time RN accepted a Noc shift position, begins October 10, 2024
 - Three full-time nurse positions vacant in September (All Noc shift).
 - Three contract RNs utilized.
 - One full-time CNA accepted position and begins October 10, 2024.
 - Three full-time CNA positions vacant in September.
 - One unit coordinator submitted resignation creating a new staff vacancy.
- **Emergency Department –**
 - One full-time RN position vacant.
 - One full-time LPN float position vacant (float between MS and ED).
 - Two contract RNs utilized until 9/24/2024 then transitioned to MS.
- **Surgical Services –**
 - Two full-time RN positions vacant.
 - Zero contract RNs utilized due to sterile processing down-time.
- **Medical Imaging –**
 - One full-time MRI Technologist position vacant.
 - Two contract Radiology Technologists utilized
- **Laboratory –**
 - Two full time Medical Lab Technologist/Scientist positions vacant.
 - Two contract Medical Lab Technologist utilized.
- **Respiratory Therapy –**
 - Fully staffed.

Surgical Services –

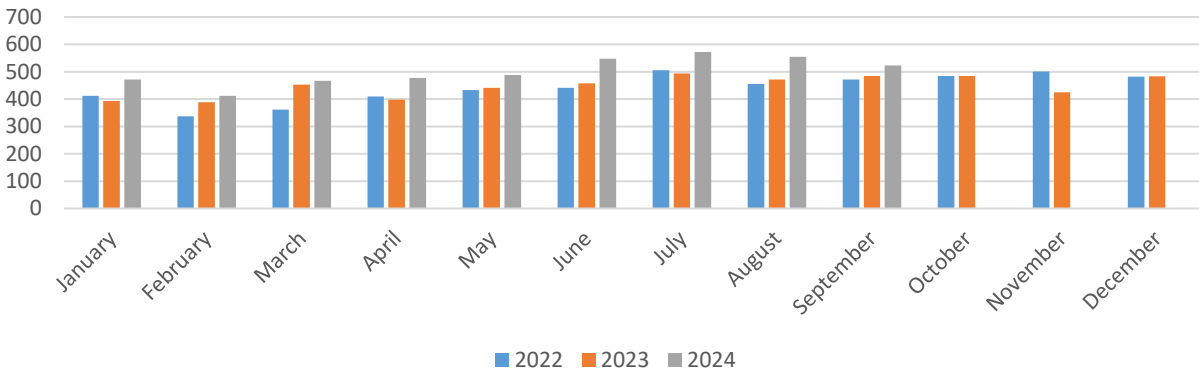
- Surgical cases resumed October 9, 2024.

Bandon Community Drive-Through Flu/Covid Vaccine Clinic –

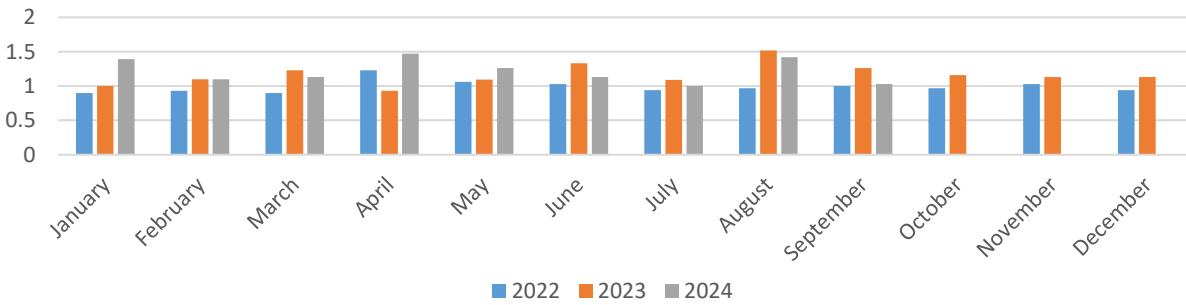
- Bandon Community Flu/Covid vaccine drive through clinic to be held at the Bandon City Park, Wednesday, October 23, 2024. An update with total vaccines administered will be provided at the October 24, 2024 Board meeting

Emergency Department Statistics

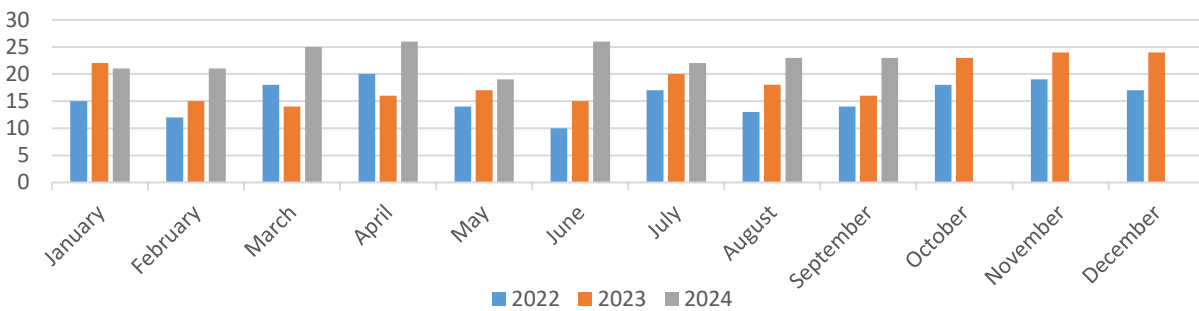
ED Census Tracking 2021-2023



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 – October 2024

September/October 2024 Department Achievements/Activities

Accounting and Finance Update:

- Preparation for Cost Report – Final documents being submitted this week / next week
- Finalizing Audit – Moss Adams presentation to the Board of Directors on November 21st
- SAGE Intacct Completion – Prepared for Go-Live November 1st

Engineering / EVS Update:

- SPD – 99% complete
 - Pending - fan/louvre delivery and installation
 - Pending - sink delivery and installation – expected by end of October
 - Will not delay use of surgery department
 - OHA inspection complete (pass)
 - Final building inspection – to be completed once sinks and fan are installed
 - Permission was given to use the space until final inspection
- Parking lot
 - Planters removed and rock added
 - June Avenue gravel area – tree removal and paving scheduled

Materials Management / Supply Chain Update:

- Completed purchases for Sterile Processing Dept renovation
- Completed purchases of EPIC conversion hardware including supplies for training room.
- Identified and ordered scanners to enable to Materials department to begin using scanners for inventory management.
- Collaborate on identifying the inventory master list to be exported to Sage.
- Completed agreement with Masimo to provide high-level pulse oximeters (value \$8,675.00) at no charge along with an agreement to buy disposable sensors at a lower than current cost.
- Supported purchases for Golf for Health Classic
- Initiated a recycling program for SCHHC fluorescent bulbs aligning with disposal regulations along with a battery recycling program

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
 - DBA registered with the Oregon Secretary of State
 - Contractor – In Line Construction
 - Cardinal Planning Meeting kickoff: 8/27/24
 - 340B Technician - Interviewing
 - Director of Pharmacy – Interviewing
- Building at 930 2nd St. SE, Bandon
 - Closing Documents to be signed on October 22nd
 - City of Bandon utility services account created

Chief Information Officer Report

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

From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, October 24, 2024

The Information Systems and Clinical Informatics teams have been working on a variety of projects in addition to the priority Epic implementation.

- Annual HIPPA Risk Assessment: every year, as required by CMS, SCHHC conducts an annual HIPPA risk assessment. This year, we have brought on our Quality and Risk team to participate in the survey. An expert from Critical Insight, our cybersecurity as a service provider, is conducting the survey. We will present a final report at the January 2025 meeting.
- Cybersecurity review: we participated in a free cybersecurity review that was subsidized as part of Microsoft's Tech for Social Impact initiative. The review identified several areas that we can improve in but overall, SCHHC's cybersecurity posture is extremely strong and robust, especially as compared to other Critical Access Hospitals.
- As part of the conversion to Providence Epic, our IS and CI teams are collaborating with the Human Resources and Medical Staff Office to revamp our staff onboarding and offboarding processes. Because SCHHC is now part of the Providence Epic ecosystem, we need to align our practices with Providence.



Southern Coos Health Foundation Report

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

From: Scott McEachern, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, October 24, 2024

The 17th Annual **Golf for Health Classic** exceeded its fundraising goals and raised \$103,576 all of which will benefit the Southern Coos Health Foundation, in its efforts to support programs, projects and equipment for Southern Coos Hospital & Health Center. This is significantly higher than last year's event, which raised \$78,000 and the 2022 event, which raised \$51,000.

This year's event, held Friday, Sept. 20, and Saturday, Sept. 21, was the biggest ever, with more money raised than at any previous Southern Coos Health Foundation fundraising event. More people attended the event as well. There were 32 teams representing 127 players.

The 17th Annual Golf for Health Classic was listed in the 2024 Top 5 one-day golf events in Oregon, based on gross amount raised, according to golf pros at Bandon Crossings Golf Course.

The **Bottle Drop** program continues to raise money. Brenda Sund has signed up the Southern Coos Health Foundation for the Bottle Drop Holiday Match, which will run from Nov. 15-Dec. 2. The Foundation will receive a 20% match for all funds raised during that period. Thank you to Brenda for her continued work on this project!

To donate from home, fill a blue plastic bag with cans or bottles and bring it back to the hospital or drop it off at the Bottle Drop in Coos Bay. Brenda in the Business Building, Kim Russell in the Administrative Office, and Amy have extra bags.

25th Anniversary Celebration

The 25th Anniversary Celebration on Sunday, Sept. 8, went well, with 80-100 people in attendance. The event was to commemorate the 25th anniversary of the current hospital building, which was dedicated on 9/9/99.

The event was held in a tent outside the hospital and inside the hospital, featuring guest speakers, a video, a special art show, live music, light appetizers, cupcakes, and a lapel pin for those attending. Special invitations were sent to people identified as having worked or volunteered with the hospital who are still in the area.

A press release was sent to local papers and posted on our website, Bandon Health Wave and social media, along with photos.

25th Anniversary Lecture Series

The fourth lecture in a special series was held on Tuesday, Oct. 8, and featured Lisa Amaral, VP, Senior Trust Officer with Oregon Pacific Bank, whose talk was "A Primer on Estate Planning." The

lecture series has been popular and will continue on the second Tuesday of the month at the Bandon Fisheries Warehouse through December.

SCHF Quarterly Art Show

The new show is “Sunshine and/or Shadows” and will run October-December. The opening reception was held on Sunday, Oct. 13, featuring a new musical group, the Summer Wind Ensemble, who played lovely classical music. A few art pieces have already sold. We may move the reception to 2-4 p.m. as several people came late thinking it was later. That is the same time as other art shows, plus the drop-off and pick-up, so it makes sense to be consistent.

Unlocking the Future: Epic Implementation Report

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

From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, October 24, 2024

Program Overview

Referring to slide # 1, the Overall Status, Schedule, and Risks/Issues have been identified as Off Track. This does not mean that the overall project is in critical risk or at significant risk of not going live on December 7. In fact, the Providence team, led by John Sang, notes in the Summary section that there is “No concern with overall Go Live.”

The SCHHC team is working closely with the Providence team to ensure that identified tasks are completed and back on track. Referring to the Action Items/Deliverables, there are three Overdue items that I would like to discuss:

1. **Confirm billing for dietician consults:** this is a workflow change between our legacy system and the new Epic system. We have completed our analysis and confirmed the new workflow with Providence. This Action Item is complete.
2. **Develop new workflow for sending financial assistance letters per the new law ORHB 3320.** This law requires all systems to send a financial assistance letter to all patients, regardless of their financial need. SCH is working with Metro Presort to develop a net new workflow to automate the printing and delivery of the FA letters. Because this is net new workflow involving a third party, our project team is reviewing each step to ensure seamless delivery of letters at go-live and therefore is taking longer than anticipated.
 - a. Goal is to be completed by 10/25.
3. **GL Adjustment code mapping:** this the last piece of a much larger project of building our GL into the Epic system. Essentially, our revenue cycle team is mapping payment and debit/credit adjustment codes.
 - a. Goal is to be completed by 10/25.

Reflecting on the rest of the Action Items/ Deliverables, slide number 4, we will have most, if not all Action Items slated for a due date of 10/18 finished or in progress by the time of the board meeting.

Program Accomplishments

October has already been a busy month for the Sage Epic Implementation project.

- Technical Dress Rehearsal – **99% complete**
- Built out Surgery Preference Cards – **100% complete**
- Providence Account Claiming – **92% complete**
- Finalized all third part application (3PA) contracts – **100% complete**
- Started Super User Training & End User Training – **10% complete**

Upcoming Key Events

- Revenue Integrity Workshops: November 13 & 14
- Front Office Workflow Review and Practice: Week of November 18th
- Clinical Workflow Dress Rehearsal: November 19-20th
- Provider Optimization Workshops: November 21 & 22
- Mock Cutover: November 21
- Scheduling & Registration Conversion: November 23 & 24
- Treatment & Therapy Plan Conversion: November 23 & 24

SCHHC Sage/Epic Project Implementation Risks

In reviewing the risk slide, page 8, we have seen several items move down, from high risk to medium and low risk. SCHHC leadership moved the Sage Intacct go-live to November 1, and we will not miss that date; therefore, we have moved this element to a medium risk level. The reason we have kept the Sage Intacct go-live as a medium risk level is because we are still working through validating the build and training our staff. Once we accomplish the go-live on November 1, we will convert the Sage Go-Live element to Sage Post-Live optimization and it will remain as a medium risk while we iron out workflows.

Data Extraction & Archival Process and Data Conversion to Epic remain high risk. At this point, we will keep these two items as high risk until we accomplish the Data Conversion to Epic on December 7. The Data Extraction into an archive will remain high risk until the archive is ready for use by clinical staff, which we anticipate will be March 2025.

Program Overview

Overall Status	Schedule	Risks/Issues
Off Track	Off Track	Off Track



Summary

Epic build continues and is at 81% complete. Overall project is trending yellow due to delay in epic build in a few areas. PHS and SCHHC are collaborating on mitigation plans to return project schedule on track. Remediation plans include dedication of additional resources addressing overdue items and working with vendors to meet timelines. No concern with overall Go Live.

Key Milestones Status

Data Validation	7/1/24	100%
Functional Readiness (Clinical)	12/2/24	100%
Functional Readiness (Nonclinical)	12/2/24	77%
Epic Build	12/6/24	81%
3PA Build (Providence Managed)	11/4/24	16%
Interface / SFTP Build	11/4/24	20%
IT Hardware Deployment	10/15/24	84%
Training (HealthStream) – started this week	12/6/24	10%
Provider Optimization Workshops	12/3/24	0%

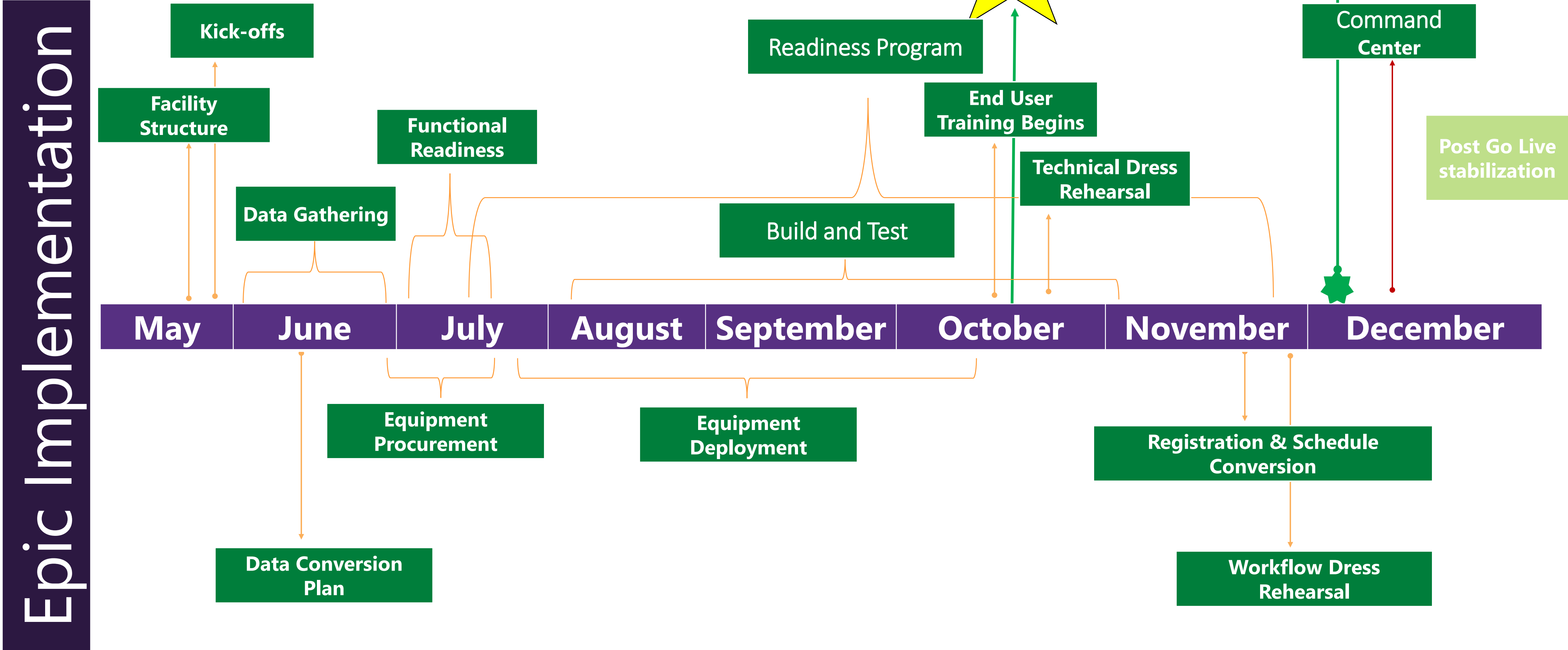
Recent Accomplishments

- 340B contract complete
- Technical Dress Rehearsal

Upcoming Activities

- Account Claiming – Today & Tomorrow
- Surgery Preference Card Build - Today
- End User Training – All Staff Start Monday

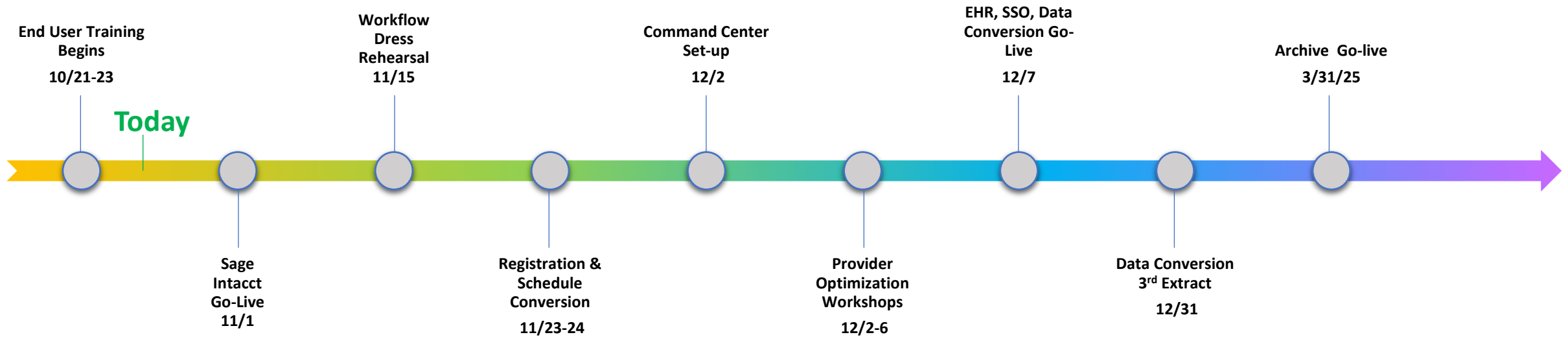
Implementation – Key Events



SCHHC Sage/Epic Implementation Milestones

2024

2025



Unlocking the Future:
Sage & Epic Implementation 2024



October 2024

Action Items/Deliverables - Open

Description	Due Date	Owner	Update	Status
Confirm billing for dietician consults	1-Oct	Katelin Wirth	[sb.10/15] Emailed to confirm decision.	Overdue
Follow up on ORHB 3320 current workflows & letters	3-Oct	Antone	[sb.10/10] WIP, SCHHC discussing internally.	Overdue
GL Adjustment code mapping	3-Oct	Katelin	10/17 - Near complete, Gigi provided a list of items that need to be confirmed.	Overdue
Decision for where micro will be sent at Go Live - if submitter build is needed	18-Oct	Scott & Cindy	Meeting scheduled 10/18 to review options and determine for go live. Micro build pending decision.	In Progress
Need SFTP site for export / import of Epic files	18-Oct	Scott McEachern	[sb.10/18] Per Scott will have by end of week. Need for: NRC, SSI, Verity, Sage EMRConnect	In Progress
Complete OnBase Financial Correspondence worksheet	1-Nov	Antone Eek	10/16: Work in progress	In Progress
Complete the additional information needed re: fee schedules	3-Nov	Sophie / Antone	10/2: Initial review complete - additional info needed spreadsheet provided.	In Progress

Action Items/Deliverables - Open

Description	Due Date	Owner	Status
Review contracts for Roseburg and Arcadia Clients for any special pricing/fee schedules	16-Oct	Katelin Wirth	New
Decision around external amount to be marked on remit or loaded into Epic	18-Oct	Antone & Sophie	New
Non invoice specific PLB's - Marked as legacy amount or posted in epic to a clearing account?	18-Oct	Antone & Sophie	New
Legacy account #'s for splitter – need structure for invoices	18-Oct	Katelin Wirth	New
Fill out and submit the ECR form to the state to provide notice of intent to submit through Providence	18-Oct	Scott	New
Confirm and provide the list of reportable conditions from Southern Coos to Lehrin.	22-Oct	Shawn March & Cindy Kessler	New
Enroll providers for EPCS	1-Dec	Anna Peters & Shawn March	New

Add-on Scope Requests in Discovery

Focus Area	Description	Disposition / Notes
Lab	Ellkay LKOrbit product interface	Not Approved for Go Live – discussions ongoing, will be post live if approved for a future date
Lab	Pipeline additional interface solution for Coquille for AMS (AUR) reporting	Follow up call scheduled 10/18
Lab	Outreach lab ordering – Carelink or other	Moved to parking lot – meeting completed; info provided 10/2
OpTime / Cadence	mPulse surgery reminders	Meeting scheduled 10/24 to discuss next steps
Device Integration	Mindray + eGateway	Approved for Go Live – moved to technology workstream
Rev Cycle	HB export for Sage upload	Approved for Go Live – moved to HB build workstream

3PA Integrated Contracts - Status

Application	Status
3M	Completed 8/1
InterQual	Completed 9/11
WestFax	Completed 7/17
SSI	Completed 6/28
Experian RTE	Completed 8/8 - Need OR Medicaid Enrollment form
Hyland OnBase	Completed 8/16
mPulse	Completed 7/31
Nuance DMO/PMM	9/19 Awaiting quote from vendor
Masimo	Completed 7/22
Data Innovations	Completed 10/7
Network Connectivity - SDWAN	Completed 5/28

SCHHC Sage/Epic Implementation Risks



**Unlocking the Future:
Sage & Epic Implementation 2024**



Providence Epic Implementation Expense
Sage/Intacct Implementation Expense
Totals:

Sage/Epic Implementation Project Totals					
	TCO		Actuals		Budget to Actuals
	\$ 2,853,841	\$	1,073,135	\$	1,780,706
	\$ 605,637	\$	228,798	\$	376,839
	\$ 3,459,479	\$	1,301,933	\$	2,157,546



DATE: September 23, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: September Financial Report – Follow Up Plan

Executive Summary

The September Financial Report for Southern Coos Hospital & Health Center requires more explanation and detail than what has customarily been provided in the Board Meeting packet in the past. I am providing this additional detailed report of what happened, and what the management team is doing in response to this month's financial report.

What Happened

- Inpatient census, including both acute patient days and swing bed patient days has been underperforming for the first 3 months of the new fiscal year, after finishing the previous fiscal year (ended 6-30-2024) extremely strong. Low inpatient census has had the effect of reducing gross inpatient revenue by \$300,000 in September.
- Outpatient activity and revenue was affected by the closure of surgery for the month of September. This was anticipated, due to the closure of surgery for the sterile processing project, and it was predictable that there would be a loss. The loss of surgery activity drove the loss of outpatient revenue for the month. The last full month of surgery activity in July 2024 brought in \$250,000 in gross revenue and \$147,000 in net revenue.
- Low inpatient census and lack of surgical volume in September accounts for the almost the entire budget variance for the month of September. The surgical volume problem is temporarily addressed due to the fact that surgery volume resumed on October 1. With surgical volume resuming in October and a continuation of strong performance in laboratory, medical imaging and our outpatient clinic, October is predicted to be back on track for outpatient revenue.
- Resuming surgical services volume, starting on October 1, will greatly improve the financial performance of SCHHC. But, due to Dr. Monsivais announced departure in January of 2025, it is incumbent upon management to identify replacement surgery to keep our surgery service moving forward. We have identified 4 surgical specialties that could be considered this year to replace surgical volume.
- Additionally, I will be meeting with our emergency department medical staff and hospitalist medical staff this week to determine if we can understand and address the cause of reduced inpatient activity for the first quarter of this year. One thing that may be helpful to know is that in looking at prior years, the fall quarter does tend to be lower inpatient volume, and the winter months tend to be the busiest quarter of the year.



- Days cash on hand dropped in the month of September from 120 days in August, down to 79 days in September. This was predicted last month and reported to the Board due to the fact that we have needed to draw funds from the Line of Credit for the Epic and Sage projects from our Banner Bank line of credit. We still have the cash that was in our account last month, but \$3.5 million has been reclassified from unrestricted to restricted, since it is being used to secure the Line of Credit loan. As the Line of Credit loan is paid off, the cash will be reclassified back to non-restricted. We do anticipate a jump in Days Cash on Hand by approximately 10 days during the month of November due to Property Tax Receipts for the month. This will be helpful, but it is critical that we use these funds to replenish reserves and to build back up our cash reserves. We are also working on several cash collections initiatives that are expected to increase cash collections in November, that I will go into more detail on later in this report.
- Accounts receivable days are up for the month of September at 59 days. This is attributed partially to making the switch from TruBridge as our revenue cycle department and switching to our own staff for billing and collections. Due to the fact that electronic health record conversions (like our Epic conversion) are known to be high risk for increases in accounts receivable days, we are focusing our full attention on improving collections. Our CFO, Antone Eek, has created an action plan to identify gaps and to immediately deploy resources and new systems to catch problems before they grow larger. Specific payers that have slowed payments have been identified and we are working with them to release payments. It is important to know that we are addressing this problem early, while claims are still in the 1-30 day billing window, so that they do not grow to uncollectable claims over time. This is where many hospitals get into trouble with computer conversions and billing system conversions.

Next Steps

- It is critical that we conserve cash at this time and allow our reserves to replenish. We anticipate that infusions will occur to the (1) increased cash collections, (2) annual receipt of tax revenues, and (3) a Medicare Cost Report receivable (due to be received in February 2025). To that end, we will continue to remain highly focused on our top priorities, that will assist us to rebuild cash collections including (1) Epic and Sage implementation, (2) Pharmacy implementation and (3) Coast Community Health Center collaboration (due to revenue enhancement opportunities), (4) new surgeon to replace Dr. Monsivais and (5) hiring full time providers in the clinic, so that we can eliminate traveling provider positions. All other initiatives will be paused, as we focus our efforts on rebuilding.
- We will be prepared to provide the Board with updates on this Recovery Plan on Monday, October 21.



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: September 2024 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$4,044,000, falling short of the budgeted \$4,613,000.
- OP Gross Revenue: Reached \$3,130,000, falling short of the budgeted \$3,406,000.
- IP and Swing Bed Revenues: Totaled \$913,000, falling short of the budgeted \$1,207,000.

Patient Activity Metrics:

- Average Daily Census (ADC): Recorded at 5.2, falling short of the budgeted 8.4, and below the prior year's 8.1.
- ER volumes significantly exceeded expectations.
- Clinic Visits met budget projections.
- Imaging, Lab and RT volumes fell short of budget projections.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,640,000, accounting for 40.6% of gross revenue, above the budgeted 37.2%.
- YTD Revenue Deductions: Stood at 37.4%, compared to the budgeted 36.8%.
- Medicare Cost Report Settlement: Anticipated receivable of \$527,000.

Operating Revenues:

- Total Operating Revenues: Registered at \$2,406,000, under the budgeted \$3,000,000, and marking a decrease of \$324,000 from the same period last year.

Operating Expenses:

- Labor Expenses: Totaled \$1,775,000, coming in below the budgeted \$2,042,000.
 - Open positions and unfilled new FTE's drove this favorability.
- Professional Fees and Purchased Services: Combined expense reached \$527,000, slightly under the budgeted \$534,000.
 - Independent contractor ER Physician coverage costs remain flat at \$170k per month.
- Medical Supplies, Drugs, and Other Supplies: Accumulated to \$205,000, coming in below the budgeted \$214,000.

Operating Income/Loss:

- Operating Loss: a loss of \$380,000, compared to a budgeted loss of \$136,000.
 - Lower revenue in both inpatient and outpatient contributed to this loss.

Net Position Change:

- Decrease in Net Position: A loss of \$279,000, compared to the budgeted loss of \$32,000.
 - Lower operating expenses aided in offsetting some of the shortfall in revenue for September.

Financial Health Indicators:

- Days Cash on Hand: Reduced to 79.0 days, a decline from the previous month's 120.0 days.
 - As funds were drawn from the line of credit to fund the EPIC and SAGE projects, the Certificate of Deposit funds are no longer considered unrestricted and therefore the \$3.5 million in the CD was removed from unrestricted cash totals resulting in a significant drop in days cash on hand.
- Accounts Receivable (A/R) Days Outstanding: Increased to 59.2 days, up from 51.1 days in the prior month.
- 3-month Average Daily Revenue fell again in September due to expected work on cleanup of receivables.

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending September 2024

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Payor Mix - Gross Charges	Medicare	62.7%	64.2%	64.2%	-2.3%	-2.3%	62.2%	62.5%	62.5%	-0.5%	-0.5%
	Medicaid	19.5%	19.9%	19.9%	-2.2%	-2.2%	18.6%	17.2%	17.2%	7.7%	7.7%
	Commercial	10.4%	10.8%	10.8%	-3.5%	-3.5%	12.0%	12.4%	12.4%	-3.0%	-3.0%
	Government	5.4%	3.5%	3.5%	54.1%	54.1%	4.8%	5.8%	5.8%	-17.8%	-17.8%
	Other	0.3%	0.4%	0.4%	-32.7%	-32.7%	0.3%	0.6%	0.6%	-45.4%	-45.4%
	Self Pay	1.8%	1.2%	1.2%	43.3%	43.3%	2.1%	1.5%	1.5%	43.9%	43.9%
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 % To Budget	To Prior Year	FY25 Actual	FY25 Budget	FY24 Prior Year	Variance % To Budget	To Prior Year
Patient Volumes	In Patient Days	95	144	137	-34.0%	-30.7%	272	407	387	-33.1%	-29.7%
	Swing Bed Days	61	107	107	-43.0%	-43.0%	242	275	275	-12.0%	-12.0%
	Total Patient Days	156	251	244	-37.9%	-36.1%	514	682	662	-24.6%	-22.4%
	Emergency Visits	503	475	466	6.0%	7.9%	1,581	1,424	1,398	11.0%	13.1%
	Radiology Procedures	874	968	888	-9.7%	-1.6%	2,650	2,893	2,654	-8.4%	-0.2%
	Laboratory Tests	3,846	4,022	3,678	-4.4%	4.6%	11,852	11,666	10,667	1.6%	11.1%
	Respiratory Visits	405	581	612	-30.4%	-33.9%	1,351	1,781	1,961	-24.2%	-31.1%
	Surgeries and Endoscopic	-	-	4	0%	-100.0%	84	152	45	-44.7%	86.7%
	Specialty Clinic Visits	205	211	202	-2.8%	1.5%	639	647	631	-1.2%	1.3%
Primary Care Clinic		550	494	392	11.4%	40.3%	1,861	2,045	1,397	-9.0%	33.2%



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

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

	Current Month - Sep-2024					Year To Date - Sep-2024				
	Sep-2024 Actual	Sep-2024 Budget	Variance	Var %	Sep-2023 Actual	Sep-2024 Actual	Sep-2024 Budget	Variance	Var %	Sep-2023 Actual
Patient Revenue										
Inpatient	913,250	1,206,578	(293,328)	(24.3%)	1,101,722	2,796,706	3,419,263	(622,557)	(18.2%)	3,114,673
Outpatient	3,130,338	3,406,448	(276,110)	(8.1%)	2,859,737	10,035,299	10,606,240	(570,941)	(5.4%)	8,700,989
Total Patient Revenue	4,043,588	4,613,026	(569,438)	(12.3%)	3,961,459	12,832,005	14,025,503	(1,193,498)	(8.5%)	11,815,662
Deductions From Revenue										
Total Deductions	1,639,815	1,714,354	74,538	4.3%	1,231,396	4,793,387	5,158,312	364,925	7.1%	4,539,267
<i>Revenue Deductions %</i>	<i>40.6%</i>	<i>37.2%</i>			<i>31.1%</i>	<i>37.4%</i>	<i>36.8%</i>			<i>38.4%</i>
Net Patient Revenue	2,403,772	2,898,672	(494,900)	(17.1%)	2,730,063	8,038,618	8,867,192	(828,573)	(9.3%)	7,276,395
Other Operating Revenue	2,538	101,543	(99,005)	(97.5%)	55	* 19,789	304,629	(284,840)	(93.5%)	120
Total Operating Revenue	2,406,310	3,000,215	(593,905)	(19.8%)	2,730,118	8,058,408	9,171,821	(1,113,413)	(12.1%)	7,276,515
Operating Expenses										
Total Labor Expenses	1,774,948	2,042,238	267,290	13.1%	1,527,636	5,392,633	6,282,555	889,923	14.2%	4,822,525
Total Other Operating Expenses	1,011,496	1,094,341	82,845	7.6%	945,773	3,196,535	3,328,042	131,507	4.0%	2,842,113
Total Operating Expenses	2,786,444	3,136,579	350,135	11.2%	2,473,409	8,589,168	9,610,597	1,021,429	10.6%	7,664,638
Operating Income / (Loss)	(380,134)	(136,364)	(243,770)	178.8%	256,709	(530,760)	(438,777)	(91,984)	21.0%	(388,123)
Net Non-Operating Revenues	101,543	104,305	(2,762)	(2.6%)	115,691	402,825	312,915	89,910	28.7%	385,272
Change in Net Position	(278,591)	(32,059)	(246,532)	769.0%	372,401	(127,935)	(125,861)	(2,073)	1.6%	(2,852)
Collection Rate %	59.4%	62.8%	(5.4%)	(5.4%)	68.9%	62.6%	63.2%	(0.9%)	(0.9%)	61.6%
Compensation Ratio %	73.8%	68.1%	8.4%	8.4%	56.0%	66.9%	68.5%	(2.3%)	(2.3%)	66.3%
Operating Margin	(15.8%)	(4.5%)	247.6%	247.6%	9.4%	(6.6%)	(4.8%)	37.7%	37.7%	(5.3%)
OP EBIDA Margin \$	(275,519)	30,937	(306,456)	(990.6%)	354,044	(216,913)	63,126	(280,039)	(443.6%)	(96,323)
OP EBIDA Margin %	(11.4%)	1.0%	(12.5%)	(1210.4%)	13.0%	(2.7%)	0.7%	(3.4%)	(491.1%)	(1.3%)
Total Margin (%)	(11.6%)	(1.1%)	(10.5%)	983.5%	13.6%	(1.6%)	(1.4%)	(0.2%)	15.7%	(0.0%)

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$5k - Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k - SWOREIPA Quality Incentives



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending September 2024

	Balance as of September 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	501,851	1,400,507	(898,656)	8,783,262
Cash Equivalents	10,411,480	10,320,508	90,972	3,988,481
Net Patient Accounts Receivable	4,357,145	3,907,633	449,512	2,813,679
Other Current Assets	1,078,039	798,202	279,837	678,641
Total Current Assets	16,348,514	16,426,850	(78,336)	16,264,064
Net PP&E	6,631,804	6,387,741	244,063	6,677,893
Total Assets	22,980,318	22,814,591	165,727	22,941,957

Liabilities and Net Assets

Current Liabilities				
Current Liabilities	4,737,857	4,330,389	407,468	3,780,023
Total Long-Term Debt, net	4,170,438	4,284,244	(113,806)	5,494,794
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	(127,935)	532,818	(660,753)	1,136,125
Total Net Assets	14,072,024	14,199,958	(127,935)	13,667,140
Total Liabilities & Net Assets	22,980,318	22,814,591	165,727	22,941,957

Ratios

Cash to Debt Ratio	0.12	0.33	(0.21)	1.60
Debt Ratio	0.39	0.38	0.01	0.40
Current Ratio	3.45	3.79	(0.34)	4.30
Average Age of Plant	12.35	12.30	0.05	14.87
Debt to Capitalization Ratio	0.23	0.23	(0.00)	0.29



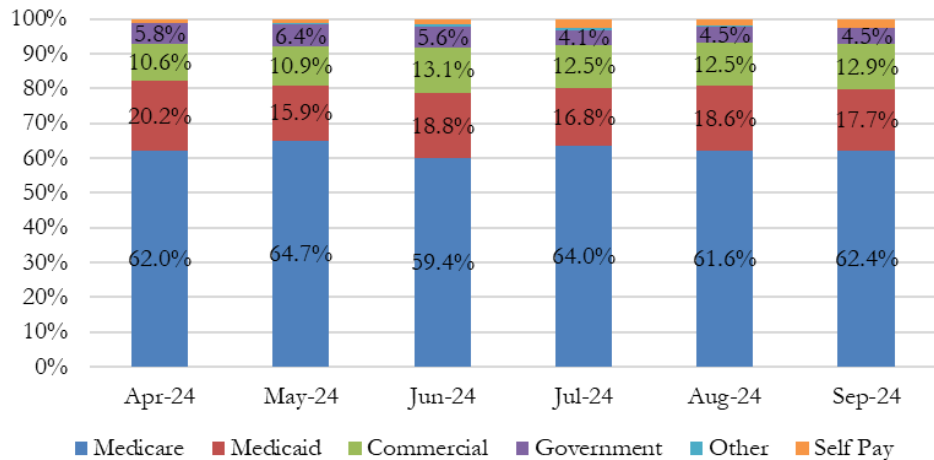
Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending September 2024

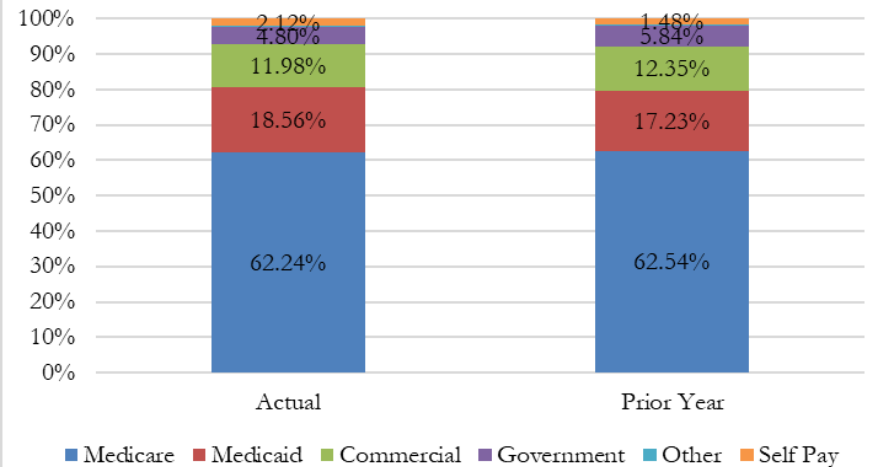
		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	95	144	137	-34.0%	-30.7%	272	407	387	-33.1%	-29.7%
	Swing Bed Days	61	107	107	-43.0%	-43.0%	242	275	275	-12.0%	-12.0%
	Total Inpatient Days	156	251	244	-37.9%	-36.1%	514	682	662	-24.6%	-22.4%
	Avg Daily Census	5.2	8.4	8.1	-37.9%	-36.1%	5.6	7.4	7.2	-24.6%	-22.4%
	Avg Length of Stay - IP	3.8	4.6	4.4	-18.2%	-14.0%	3.6	4.0	3.8	-10.3%	-5.7%
	Avg Length of Stay - SWB	6.8	17.8	17.8	-62.0%	-62.0%	10.5	11.5	11.5	-8.2%	-8.2%
	ED Registrations	503	475	466	6.0%	7.9%	1,581	1,424	1,398	11.0%	13.1%
	Clinic Registrations	512	459	354	11.5%	44.6%	1,713	1,409	1,273	21.6%	34.6%
	Ancillary Registrations	1,015	1,028	1,028	-1.3%	-1.3%	3,245	3,101	3,101	4.6%	4.6%
	Total OP Registrations	2,030	1,962	1,848	3.5%	9.8%	6,539	5,934	5,772	10.2%	13.3%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,831	7,608	7,258	16.1%	21.7%	8,788	7,579	7,291	15.9%	20.5%
	Gross SWB Rev/SWB Day	1,218	1,036	1,003	17.5%	21.4%	1,679	1,222	1,065	37.4%	57.7%
	Gross OP Rev/Total OP Registrations	1,542	1,737	1,547	-11.2%	-0.4%	1,535	1,787	1,507	-14.1%	1.8%
	Collection Rate	59.4%	62.8%	68.9%	-5.4%	-13.7%	62.6%	63.2%	61.6%	-0.9%	1.7%
	Compensation Ratio	73.8%	68.1%	56.0%	8.4%	31.8%	66.9%	68.5%	66.3%	-2.3%	1.0%
	OP EBIDA Margin \$	(275,519)	30,937	354,044	-990.6%	-177.8%	(216,913)	63,126	(96,323)	-443.6%	125.2%
	OP EBIDA Margin %	-11.4%	1.0%	13.0%	-1210.4%	-188.3%	-2.7%	0.7%	-1.3%	-491.1%	103.3%
	Total Margin	-11.6%	-1.1%	13.6%	983.5%	-184.9%	-1.6%	-1.4%	0.0%	15.7%	3951.0%
Key Liquidity Ratios	Days Cash on Hand	79.0	80.0	106.8	-1.3%	-26.0%					
	AR Days Outstanding	59.2	50	51.9	18.4%	14.1%					



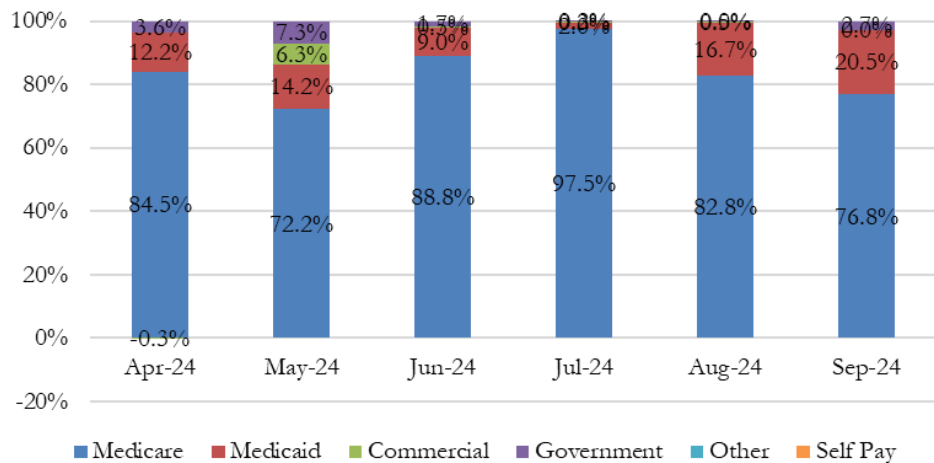
All Patients Payor Mix



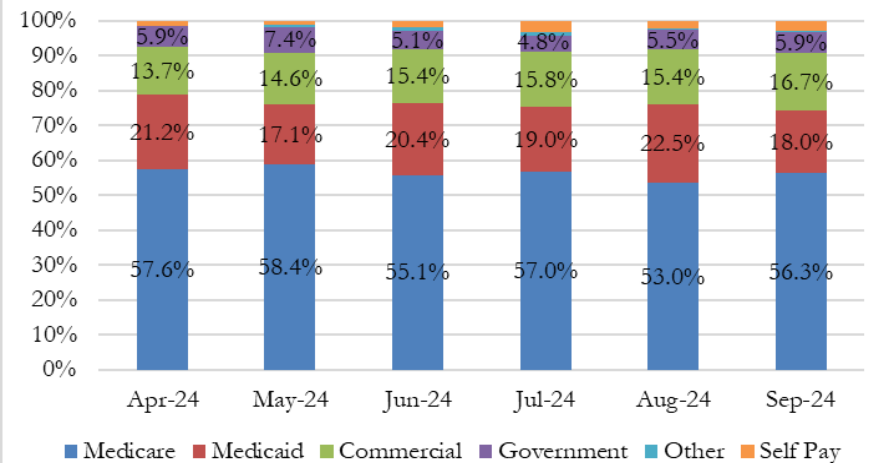
Year to Date Payor Mix



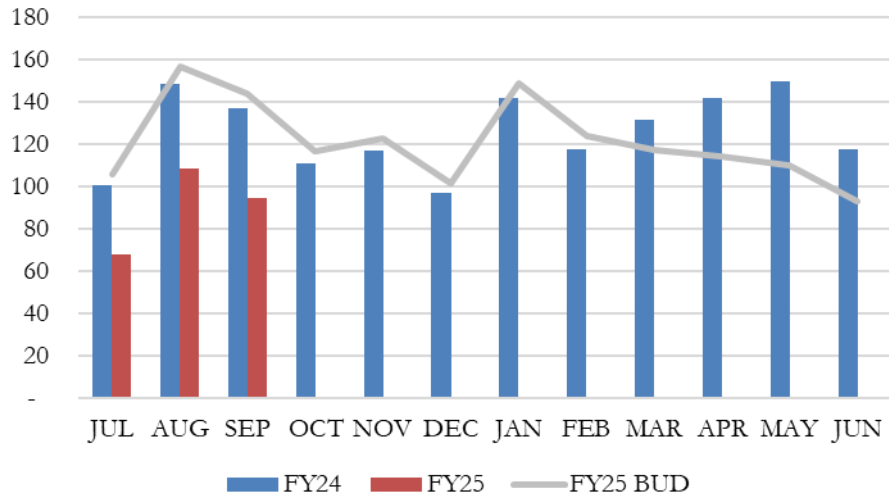
IP Payor Mix



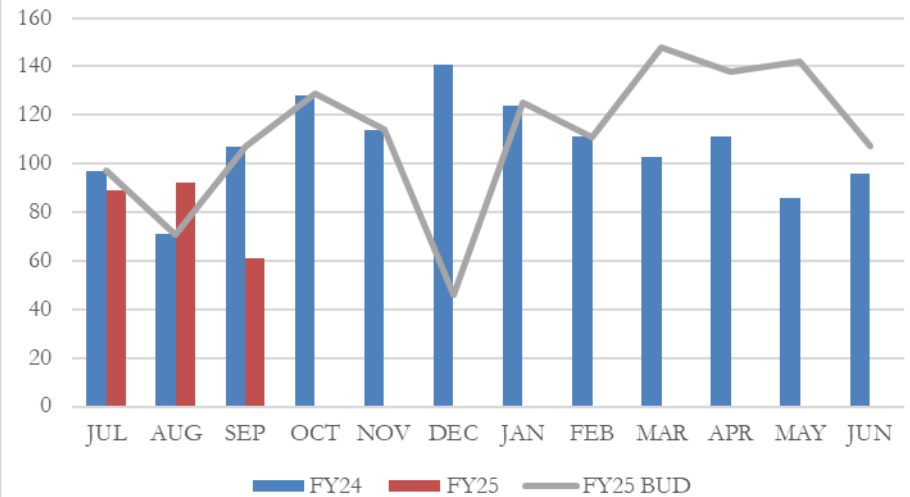
OP Payor Mix



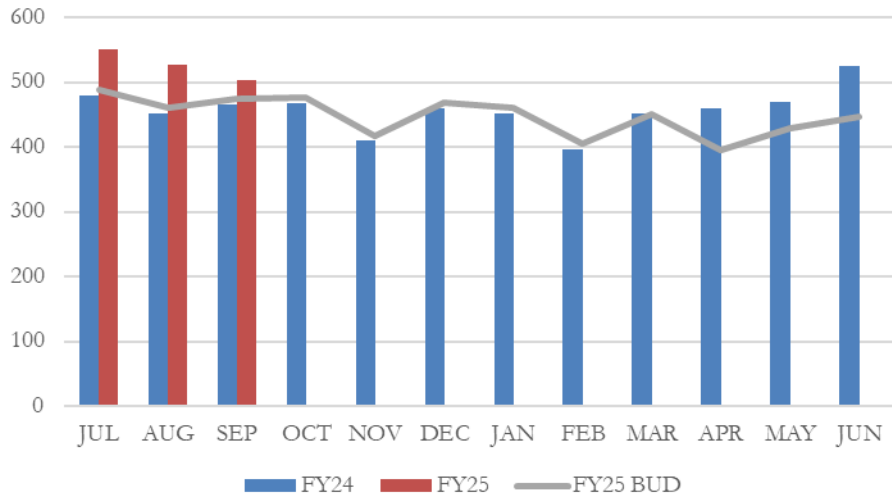
IP Days



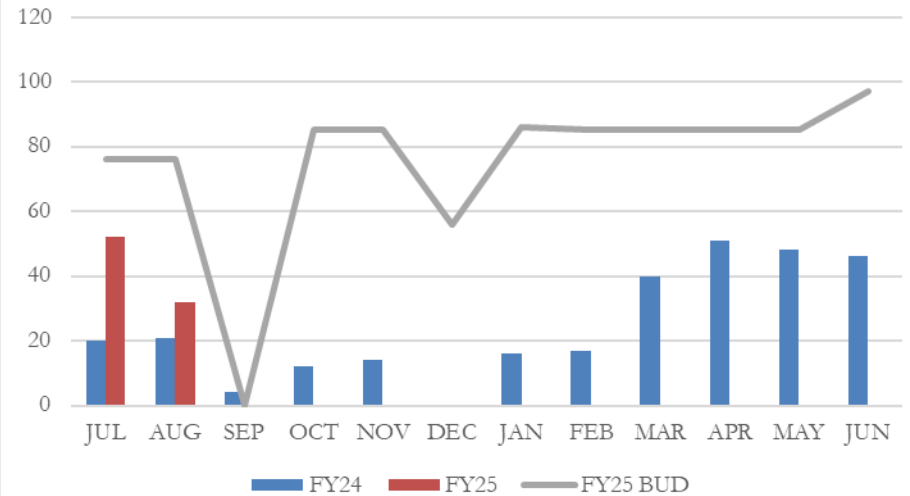
Swing Bed Days



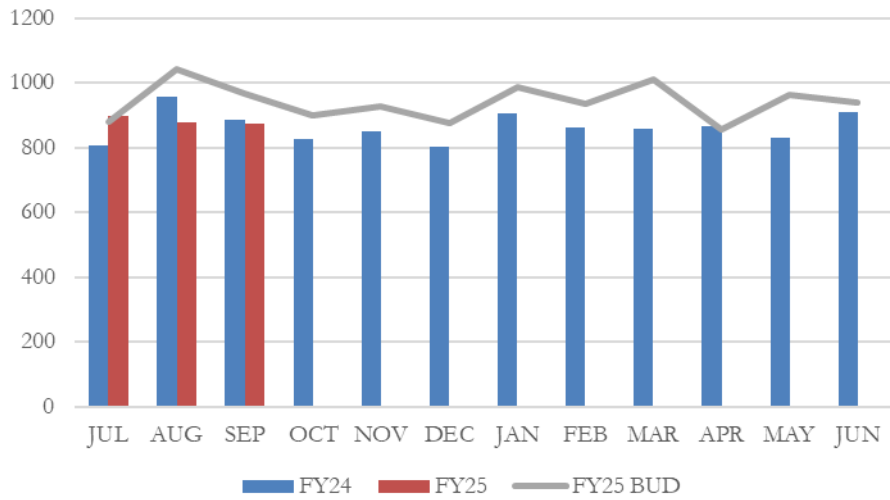
ER Visits



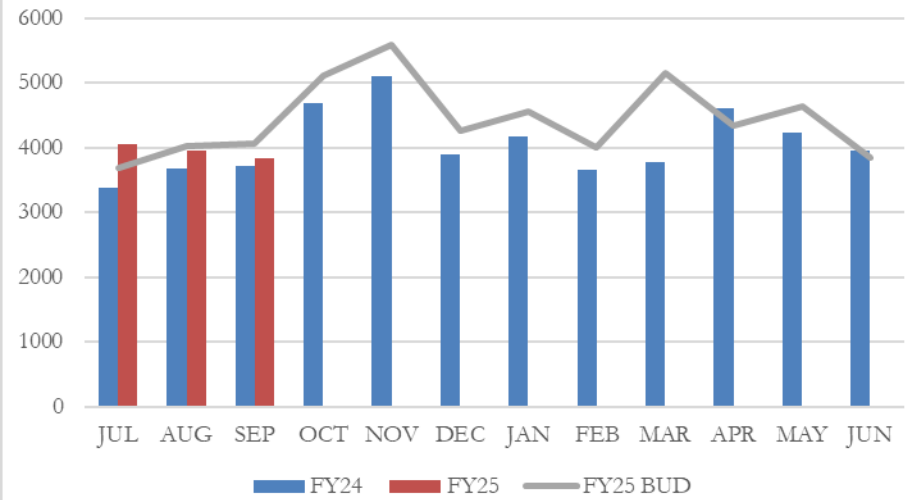
Surgery Patients



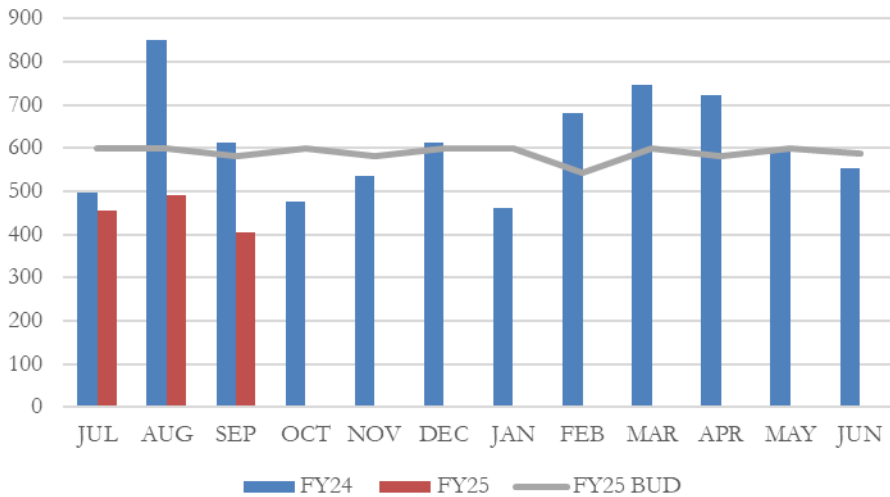
Imaging Visits



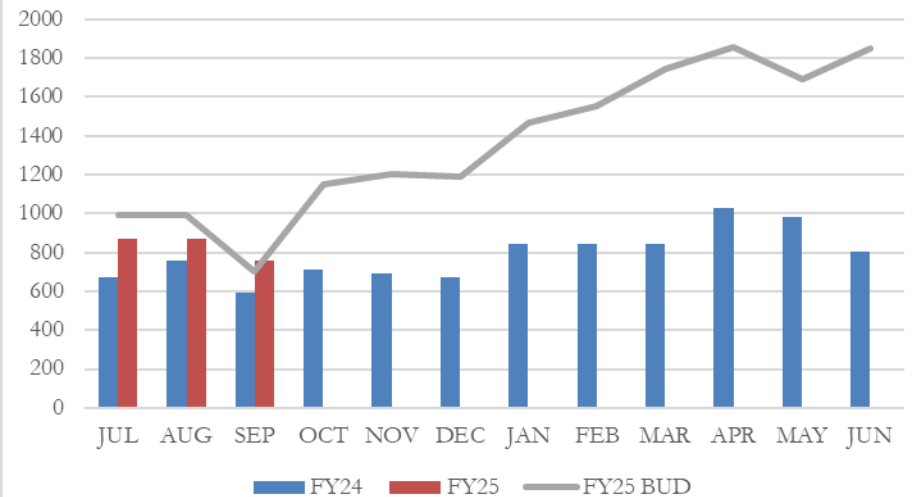
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending September 2024

	Balance as of September 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	501,851	1,400,507	(898,656)	8,783,262
Investments - Unrestricted	4,167,400	4,076,428	90,972	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	10,913,330	11,721,015	(807,685)	12,771,743
Patient Accounts Receivable	8,485,631	7,228,498	1,257,132	5,628,112
Allowance for Uncollectibles	(4,128,486)	(3,320,866)	(807,620)	(2,814,433)
Net Patient Accounts Receivable	4,357,145	3,907,633	449,512	2,813,679
Other Receivables	2,844	21,045	(18,201)	20,892
Inventory	278,660	230,931	47,729	262,233
Prepaid Expense	478,210	465,262	12,948	367,358
Property Tax Receivable	318,325	80,964	237,361	28,158
Total Current Assets	16,348,514	16,426,850	(78,336)	16,264,064
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	20,473,416	20,435,404	38,012	20,092,234
Less: Accumulated Depreciation	(15,508,010)	(15,194,163)	(313,847)	(13,904,245)
Construction In Progress	1,204,870	684,972	519,898	28,376
Net PP&E	6,631,804	6,387,741	244,063	6,677,893
Total Assets	22,980,318	22,814,591	165,727	22,941,957



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending September 2024

	Balance as of September 2024	Balance as of June 2024	Change	Balance as of June 2023
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,110,815	1,307,337	(196,522)	842,313
Accrued Payroll and Benefits	1,132,571	1,411,152	(278,581)	1,145,490
Line of Credit	1,241,772	-	-	-
Interest and Other Payable	140,556	100,993	39,563	100,328
Medicare Reserve Payable	349,865	747,650	(397,785)	1,441,004
Current Portion of Long Term Debt	762,278	763,258	(980)	250,887
Current Liabilities	4,737,857	4,330,389	407,468	3,780,023
Long-Term Debt	4,932,716	5,047,502	(114,786)	5,745,681
Less Current Portion of Long-Term Debt	(762,278)	(763,258)	980	(250,887)
Total Long-Term Debt, net	4,170,438	4,284,244	(113,806)	5,494,794
Total Liabilities	8,908,295	8,614,633	293,662	9,274,817
Net Assets:				
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	(127,935)	532,818	(660,753)	1,136,125
Total Net Assets	14,072,024	14,199,958	(127,935)	13,667,140
Total Liabilities & Net Assets	22,980,318	22,814,591	165,727	22,941,957



Southern Coos Hospital & Health Center

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

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$5k - Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k – SWOREIPA Quality Incentives

	Current Month - Sep-2024					Year To Date - Sep-2024				
	Sep-2024 Actual	Sep-2024 Budget	Variance	Var %	Sep-2023 Actual	Sep-2024 Actual	Sep-2024 Budget	Variance	Var %	Sep-2023 Actual
Patient Revenue										
Inpatient	913,250	1,206,578	(293,328)	(24.3%)	1,101,722	2,796,706	3,419,263	(622,557)	(18.2%)	3,114,673
Outpatient	3,130,338	3,406,448	(276,110)	(8.1%)	2,859,737	10,035,299	10,606,240	(570,941)	(5.4%)	8,700,989
Total Patient Revenue	4,043,588	4,613,026	(569,438)	(12.3%)	3,961,459	12,832,005	14,025,503	(1,193,498)	(8.5%)	11,815,662
Deductions From Revenue										
Total Deductions	1,639,815	1,714,354	74,538	4.3%	1,231,396	4,793,387	5,158,312	364,925	7.1%	4,539,267
<i>Revenue Deductions %</i>	<i>40.6%</i>	<i>37.2%</i>			<i>31.1%</i>	<i>37.4%</i>	<i>36.8%</i>			<i>38.4%</i>
Net Patient Revenue	2,403,772	2,898,672	(494,900)	(17.1%)	2,730,063	8,038,618	8,867,192	(828,573)	(9.3%)	7,276,395
Other Operating Revenue	2,538	101,543	(99,005)	(97.5%)	55	* 19,789	304,629	(284,840)	(93.5%)	120
Total Operating Revenue	2,406,310	3,000,215	(593,905)	(19.8%)	2,730,118	8,058,408	9,171,821	(1,113,413)	(12.1%)	7,276,515
Operating Expenses										
Salaries & Wages	1,253,231	1,466,886	213,655	14.6%	1,126,071	3,767,429	4,496,314	728,885	16.2%	3,317,297
Contract Labor	189,675	183,113	(6,563)	(3.6%)	229,496	680,582	573,338	(107,244)	(18.7%)	745,403
Benefits	332,041	392,239	60,198	15.3%	172,069	944,621	1,212,903	268,282	22.1%	759,825
<i>Total Labor Expenses</i>	<i>1,774,948</i>	<i>2,042,238</i>	<i>267,290</i>	<i>13.1%</i>	<i>1,527,636</i>	<i>5,392,633</i>	<i>6,282,555</i>	<i>889,923</i>	<i>14.2%</i>	<i>4,822,525</i>
Professional Fees	247,207	242,527	(4,680)	(1.9%)	274,475	768,561	738,861	(29,700)	(4.0%)	820,413
Purchased Services	280,184	291,908	11,724	4.0%	254,426	959,345	875,723	(83,622)	(9.5%)	783,949
Drugs & Pharmaceuticals	79,020	75,324	(3,696)	(4.9%)	79,431	276,964	230,994	(45,970)	(19.9%)	227,870
Medical Supplies	9,602	19,733	10,132	51.3%	20,516	103,206	81,761	(21,445)	(26.2%)	54,884
Other Supplies	116,268	119,061	2,793	2.3%	59,375	283,154	357,182	74,028	20.7%	270,417
Lease and Rental	-	-	-	0.0%	1,100	-	-	-	0.0%	2,200
Maintenance & Repairs	23,137	28,160	5,024	17.8%	10,792	67,482	84,481	16,999	20.1%	60,577
Other Expenses	106,764	100,132	(6,631)	(6.6%)	100,380	286,046	306,553	20,507	6.7%	193,028
Utilities	22,742	29,577	6,835	23.1%	28,084	72,955	88,732	15,777	17.8%	77,395
Insurance	21,959	20,618	(1,342)	(6.5%)	19,860	64,976	61,853	(3,123)	(5.0%)	59,580
Depreciation & Amortization	104,615	167,301	62,686	37.5%	97,335	313,847	501,902	188,055	37.5%	291,800
Total Operating Expenses	2,786,444	3,136,579	350,135	11.2%	2,473,409	8,589,168	9,610,597	1,021,429	10.6%	7,664,638
Operating Income / (Loss)	(380,134)	(136,364)	(243,770)	178.8%	256,709	(530,760)	(438,777)	(91,984)	21.0%	(388,123)
Non-Operating										
Property Taxes	93,248	89,427	3,821	4.3%	89,427	265,408	268,280	(2,872)	(1.1%)	281,122
Non-Operating Revenue	5,134	19,203	(14,069)	(73.3%)	11,292	29,924	57,608	(27,685)	(48.1%)	60,947
Interest Expense	(26,706)	(47,125)	20,419	(43.3%)	(25,758)	(71,102)	(141,374)	70,272	(49.7%)	(77,919)
Investment Income	29,867	42,800	(12,934)	(30.2%)	40,730	178,595	128,401	50,194	39.1%	121,121
Total Non-Operating	101,543	104,305	(2,762)	(2.6%)	115,691	402,825	312,915	89,910	28.7%	385,272
Change in Net Position	(278,591)	(32,059)	(246,532)	769.0%	372,401	(127,935)	(125,861)	(2,073)	1.6%	(2,852)



Southern Coos Hospital & Health Center

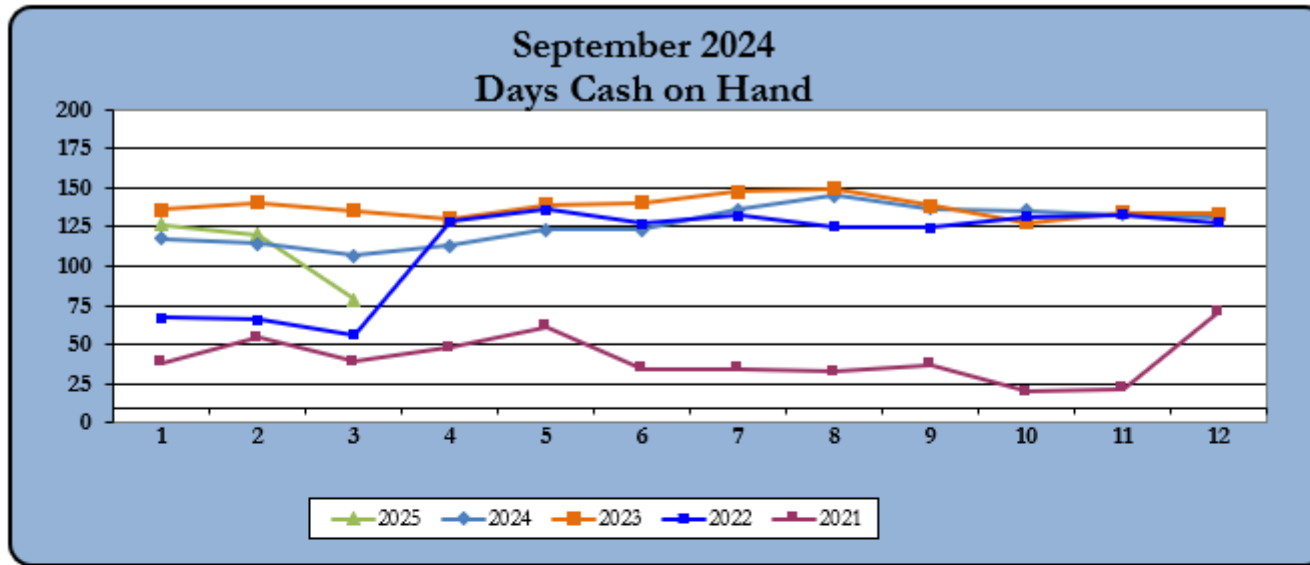
Income Statement

For The Period Ending September 2024

Comparison to Prior Months

	Current FY 2025					
	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024
Patient Revenue						
Inpatient	1,201,348	1,182,810	993,919	927,420	956,036	913,250
Outpatient	3,456,287	3,306,888	3,305,149	3,571,297	3,333,664	3,130,338
Total Patient Revenue	4,657,635	4,489,698	4,299,068	4,498,717	4,289,700	4,043,588
Deductions From Revenue						
Charity Services	101,098	19,768	31,801	15,185	24,379	8,965
Contractual Allowances	1,459,249	1,589,783	1,403,392	1,484,531	1,481,971	1,506,780
Other Discounts	158,776	123,232	193,038	61,901	100,556	127,981
Bad Debt	(22,059)	(2,698)	(20,786)	(3,941)	(11,012)	(3,911)
Total Deductions	1,697,064	1,730,085	1,607,445	1,557,676	1,595,895	1,639,815
Net Patient Revenue	2,960,571	2,759,614	2,691,623	2,941,041	2,693,805	2,403,772
Other Operating Revenue	2,895	1,345	42,897	16,931	320	2,538
Total Operating Revenue	2,963,466	2,760,959	2,734,520	2,957,972	2,694,125	2,406,310
Operating Expenses						
Salaries & Wages	1,118,037	1,190,872	1,198,810	1,087,849	1,426,350	1,253,231
Benefits	342,966	360,596	338,576	293,733	318,847	332,041
Contract Labor	182,631	309,047	227,960	254,099	236,808	189,675
Professional Fees	261,438	283,716	266,522	275,764	245,590	247,207
Purchased Services	369,507	271,258	351,856	349,571	329,589	280,184
Medical Supplies	25,400	17,097	19,071	45,472	48,133	9,602
Drugs & Pharmaceuticals	299,262	150,696	64,080	102,854	95,091	79,020
Other Supplies	70,173	117,722	110,375	70,674	96,213	116,268
Depreciation & Amortization	104,206	104,101	104,354	104,515	104,717	104,615
Lease and Rental	-	-	-	-	-	-
Maintenance & Repairs	22,158	17,379	25,848	19,682	24,663	23,137
Utilities	31,430	30,727	27,149	23,989	26,225	22,742
Insurance	21,508	21,508	63,589	21,508	21,508	21,959
Interest	-	-	-	-	-	-
Bad Debt	-	-	-	-	-	-
Other Expenses	96,999	85,331	102,907	80,105	99,176	106,764
Total Operating Expenses	2,945,716	2,960,052	2,901,098	2,729,814	3,072,910	2,786,444
Excess of Revenue Over Expenses from Operations	17,750	(199,093)	(166,578)	228,159	(378,785)	(380,134)
Non-Operating						
Unrestricted Contributions	93,248	93,248	135,558	78,913	93,248	93,248
Other Non-Operating Revenue	69,819	9,743	49,027	14,683	10,106	5,134
Investment Income	42,579	28,799	33,475	74,244	74,485	29,867
Interest Income	-	-	-	-	-	(4,833)
Gain(Loss) on Sale of Assets	-	-	753	-	-	-
Total Non-Operating	205,646	131,790	218,813	167,841	177,838	123,415
Interest Expense	(23,430)	(23,218)	(23,005)	(22,306)	(22,090)	(21,872)
Excess of Revenue Over Expenses	199,966	(90,521)	29,230	373,693	(223,037)	(278,591)





Calculation:

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition:

This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

Desired Position:

Upward trend, above the median

Year	Average
2025	108.5
2024	126.4
2023	137.8
2022	113.0
2021	41.2

Benchmark

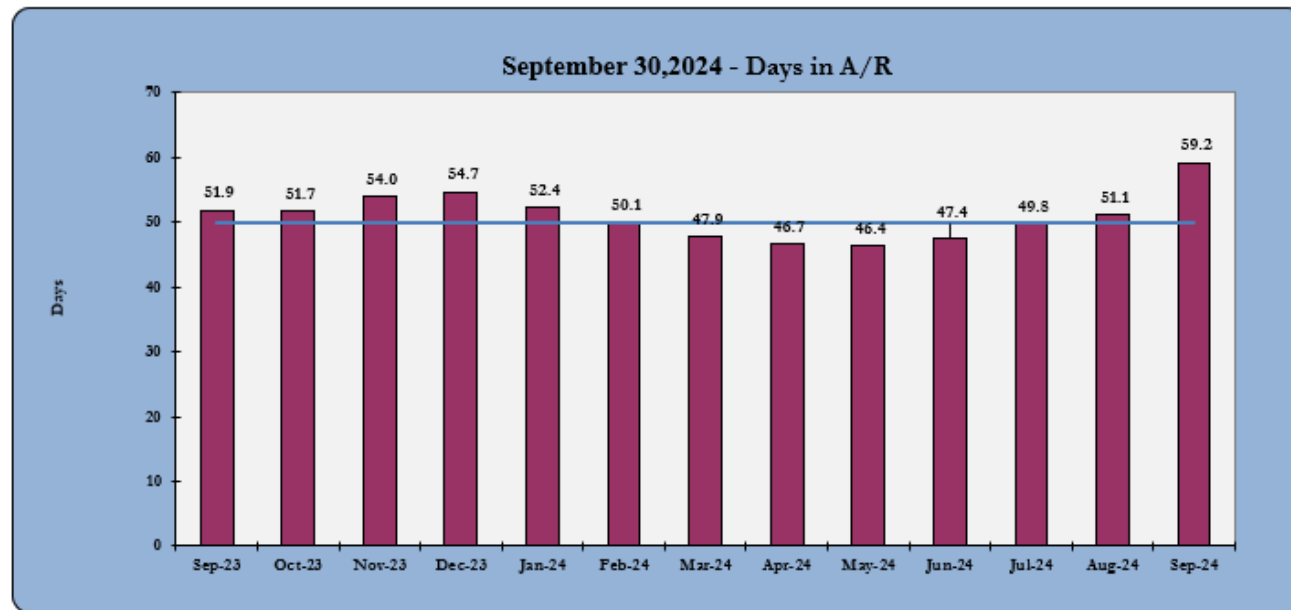
80 Days

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	79.0									
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.

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
A/R (Gross)	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	8,263,819
Days in AR	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1	59.2
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
A/R (Gross)	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	8,263,819
Days in Month	30	31	30	31	31	29	31	30	31	30	31	31	30
Monthly Revenue	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	4,043,588
3 Mo Avg Daily Revenue	128,431	129,372	130,028	129,311	135,125	138,338	141,547	146,198	146,357	147,763	144,429	142,255	139,478
Days in AR	51.9	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1	59.2



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		
OBN 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	N/A	Project came in under \$5k - expensed per policy
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	6,166	5,834		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

11,329

124,671



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 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	8,264	16,736		In Progress
Parking Lot Resurface	Engineering	30,000	7,605	22,395		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

31,413

1,020,587

Grand Total

1,188,000

42,742

1,145,258



Clinic Provider Income Summary

All Providers

For The Budget Year 2025

For The Budget Year 2025								Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics									
Clinic Days	76	89	79	89	70	74	225	252	(28)
Total Visits	641	776	670	776	550	494	1,861	2,045	(184)
Visits/Day	8.4	8.7	8.5	8.7	7.9	6.7	8.3	8.1	0.2
Total RVU	1,575	1,773	1,516	1,773	478	1,103	3,569	4,649	(1,079)
RVU/Visit	2.46	2.29	2.26	2.29	0.87	2.23	1.92	2.27	(0.36)
RVU/Clinic Day	20.72	19.92	19.31	19.92	6.83	14.91	15.90	18.45	(2.55)
Gross Revenue/ Visit	342	399	427	400	503	431	420	407	13
Gross Revenue/ RVU	139	175	189	175	578	193	219	179	40
Net Rev/RVU	61	77	80	78	242	88	93	80	13
Expense/RVU	107	142	115	140	320	221	139	160	(21)
Diff	(47)	(64)	(36)	(62)	(78)	(133)	(46)	(80)	34
Net Rev/Day	1,258	1,540	1,541	1,546	1,656	1,316	1,481	1,477	4
Expense/Day	2,226	2,821	2,228	2,783	2,189	3,302	2,215	2,949	(734)
Diff	(968)	(1,280)	(687)	(1,237)	(533)	(1,986)	(734)	(1,472)	738
Patient Revenue									
Outpatient									
Total Patient Revenue	219,184	309,620	286,179	310,347	276,506	212,813	781,869	832,779	(50,910)
Deductions From Revenue									
Total Deductions From Revenue (Note A)	123,571	172,528	165,186	172,724	160,610	115,411	449,368	460,663	(11,295)
Net Patient Revenue	95,613	137,092	120,993	137,623	115,895	97,401	332,501	372,116	(39,615)
Total Operating Revenue	95,613	137,092	120,993	137,623	115,895	97,401	332,501	372,116	(39,615)
Operating Expenses									
Salaries & Wages	104,563	153,914	101,380	153,914	86,254	151,253	292,198	459,081	(166,883)
Benefits	12,145	13,799	9,032	12,537	9,911	12,132	31,088	38,469	(7,381)
Purchased Services	-	-	-	-	-	-	-	-	-
Medical Supplies	1,089	875	430	875	591	875	2,109	2,625	(516)
Other Supplies	78	610	(7)	610	245	610	316	1,829	(1,513)
Maintenance and Repairs	-	21	-	21	-	21	-	64	(64)
Other Expenses	4,783	3,292	1,766	3,292	2,067	3,292	8,617	9,875	(1,258)
Allocation Expense	46,496	78,522	62,282	76,477	54,169	76,153	162,947	231,152	(68,205)
Total Operating Expenses	169,153	251,033	174,884	247,726	153,238	244,336	497,275	743,094	(245,819)
Excess of Operating Rev Over Exp	(73,539)	(113,940)	(53,892)	(110,103)	(37,343)	(146,935)	(164,774)	(370,978)	206,204
Total Non-Operating Income	1,585	394	1,269	394	-	394	2,854	1,181	1,673
Excess of Revenue Over Expenses	(71,954)	(113,547)	(52,623)	(109,709)	(37,343)	(146,541)	(161,920)	(369,797)	207,877
Note A - Average Collection Rate = 11% of Gross Charges, therefore the Deduction Rate is 50% of Gross Charges									

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



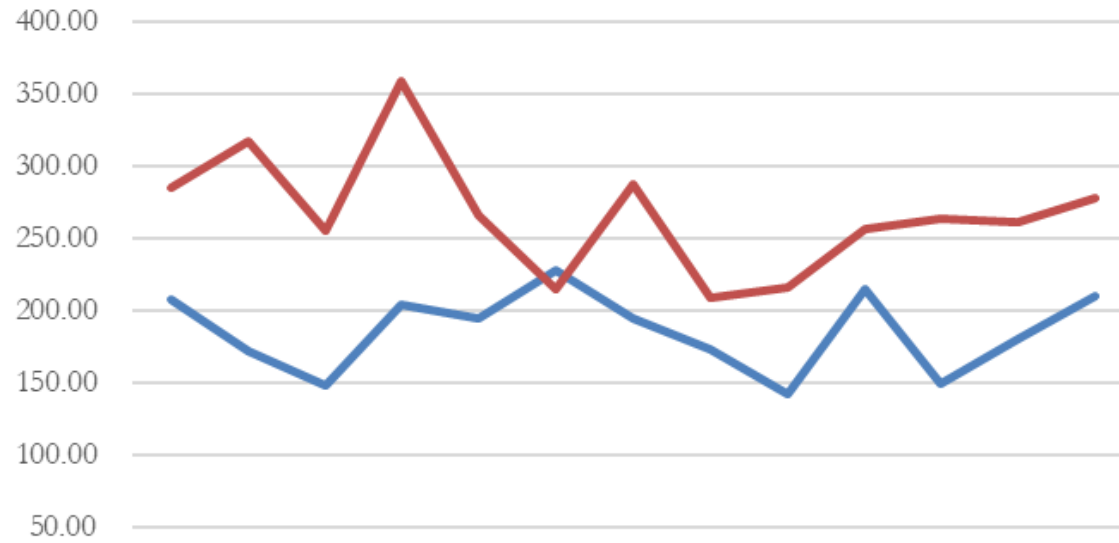
Southern Coos Hospital & Health Center

Summary Statements of Revenues, Expenses, and Changes in Net Position
For the Period Ending September 30th, 2024

	Current Month - Sep-2024			Year To Date - Sep-2024		
	Hospital	Clinic Providers	Sep-2024	Hospital	Clinic Providers	Sep-2024
	Actual	Actual	Actual	Actual	Actual	Actual
Patient Revenue						
Inpatient	913,250	-	913,250	2,796,706	-	2,796,706
Outpatient	2,853,832	276,506	3,130,338	9,253,430	781,869	10,035,299
Total Patient Revenue	3,767,082	276,506	4,043,588	12,050,136	781,869	12,832,005
Deductions From Revenue						
Total Deductions	1,479,205	160,610	1,639,815	4,344,019	449,368	4,793,387
<i>Revenue Deductions %</i>	<i>39.3%</i>	<i>58.1%</i>	<i>40.6%</i>	<i>36.0%</i>	<i>57.5%</i>	<i>37.4%</i>
Net Patient Revenue	2,287,877	115,895	2,403,772	7,706,117	332,501	8,038,618
Other Operating Revenue	2,538	-	2,538	19,789	-	19,789
Total Operating Revenue	2,290,415	115,895	2,406,310	7,725,907	332,501	8,058,408
Operating Expenses						
Total Labor Expenses	1,678,782	96,165	1,774,948	5,069,347	323,285	5,392,633
Total Other Operating Expenses	954,424	57,073	1,011,496	3,022,546	173,990	3,196,535
Total Operating Expenses	2,633,206	153,238	2,786,444	8,091,893	497,275	8,589,168
Operating Income / (Loss)	(342,791)	(37,343)	(380,134)	(365,986)	(164,774)	(530,760)
Net Non-Operating Revenues	101,543	-	101,543	399,971	2,854	402,825
Change in Net Position	(241,248)	(37,343)	(278,591)	33,985	(161,920)	(127,935)
Collection Rate %	60.7%	41.9%	59.4%	64.0%	42.5%	62.6%
Compensation Ratio %	73.3%	83.0%	73.8%	65.6%	97.2%	66.9%
OP EBIDA Margin \$	(238,176)	(37,343)	(275,519)	(52,140)	(164,774)	(216,913)
OP EBIDA Margin %	(10.4%)	(32.2%)	(11.4%)	(0.7%)	(49.6%)	(2.7%)
Total Margin (%)	(10.5%)	(32.2%)	(11.6%)	0.4%	(48.7%)	(1.6%)



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Net Rev/Visit	207.6	171.8	147.7	204.0	194.2	227.8	194.2	172.9	142.8	215.2	149.1	180.5	210.7
Expenses/Visit	285.0	317.1	255.0	359.3	266.0	215.4	288.0	208.7	216.6	256.6	263.8	261.0	278.6



Surgical Services Income Summary

All Providers

For The Budget Year 2025

For The Budget Year 2025								Current Budget YTD	
	ACT	BUD	ACT	BUD	ACT	BUD	ACT	FY25	
	JUL	JUL	AUG	AUG	SEP	SEP	YTD	Budget	Variance
Provider Productivity Metrics									
Productive Days	21	21	23	23	21	21	21	21	0
Total Visits	52	76	32	76	0	-	84	152	(68)
Visits/Day	2.5	3.6	1.4	3.3	0.0	0.0	4.0	7.2	(3.2)
Gross Revenue/Visit	4,803	2,754	5,072	3,043	-	-	4,979	3,367	1,612
Net Rev/Day	7,018	5,880	4,163	5,933	174	2,002	11,751	14,381	(2,630)
Expense/Day	6,979	8,831	6,558	8,028	3,073	8,011	17,235	25,635	(8,400)
Diff	38	(2,951)	(2,395)	(2,095)	(2,899)	(6,009)	(5,484)	(11,254)	5,770
Patient Revenue									
Outpatient									
Total Patient Revenue	249,777	209,303	162,290	231,283	6,180	71,268	418,247	511,854	(93,607)
Deductions From Revenue									
Total Deductions From Revenue (Note A)	102,409	85,814	66,539	94,826	2,534	29,220	171,481	209,860	(38,379)
Net Patient Revenue	147,368	123,489	95,751	136,457	3,646	42,048	246,766	301,994	(55,228)
Total Operating Revenue	147,368	123,489	95,751	136,457	3,646	42,048	246,766	301,994	(55,228)
Operating Expenses									
Salaries & Wages	58,708	103,344	97,820	103,344	34,331	100,168	190,859	306,856	(115,997)
Benefits	18,630	27,923	22,280	27,104	15,591	25,128	56,501	80,155	(23,654)
Purchased Services	46,564	20,629	9,706	20,629	(8,000)	20,629	48,270	61,887	(13,617)
Medical Supplies	11,582	16,989	8,670	16,989	4,930	5,738	25,182	39,717	(14,535)
Other Supplies	5,383	8,167	6,281	8,167	9,740	8,167	21,405	24,502	(3,097)
Maintenance and Repairs	5,313	6,347	5,980	6,347	7,382	6,347	18,676	19,042	(367)
Other Expenses	388	2,059	100	2,059	557	2,059	1,046	6,176	(5,130)
Allocation Expense									-
Total Operating Expenses	146,569	185,459	150,838	184,641	64,532	168,236	361,939	538,336	(176,397)
Excess of Revenue Over Expenses	799	(61,971)	(55,087)	(48,184)	(60,885)	(126,188)	(115,173)	(236,342)	121,169



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	75,445	54,642	75,000	(20,358)
Construction	0	484,987	400,000	84,987
Capital	166,105	195,799	150,000	45,799
Shipping and Handling	21,651	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	282,293	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
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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
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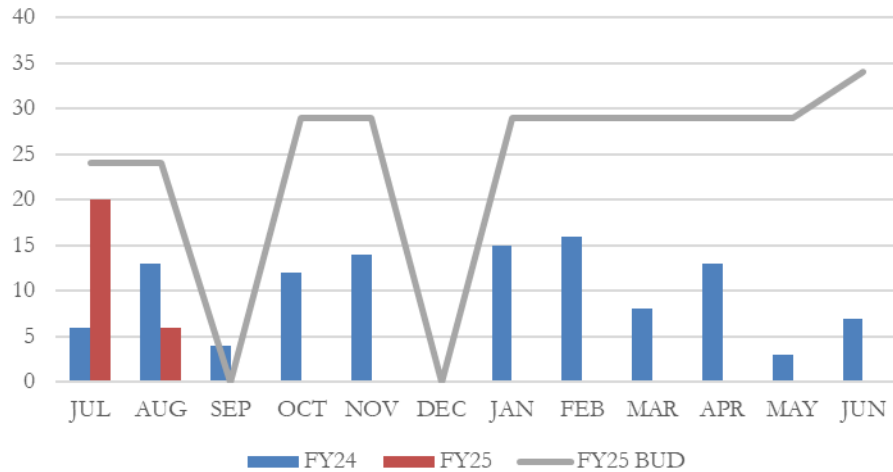
Summary of SPD Remodel Financing

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)

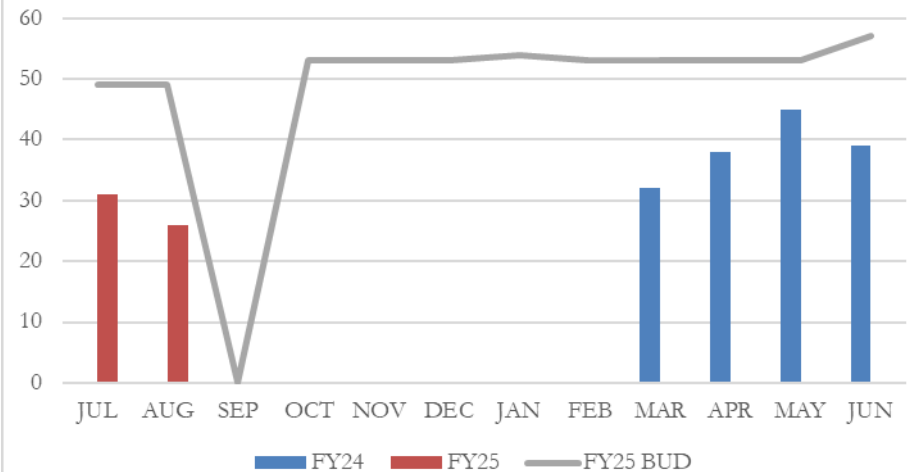
Projected Annual Cashflows	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
Surgical Operating Revenues	4,239,411.17	4,404,748.21	4,576,533.39	4,755,018.19	4,940,463.90	5,133,141.99	5,333,334.53
Surgical Operating Expenses	(3,759,118.16)	(3,920,785.42)	(4,089,405.44)	(4,265,277.26)	(4,448,712.75)	(4,640,037.19)	(4,839,589.86)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



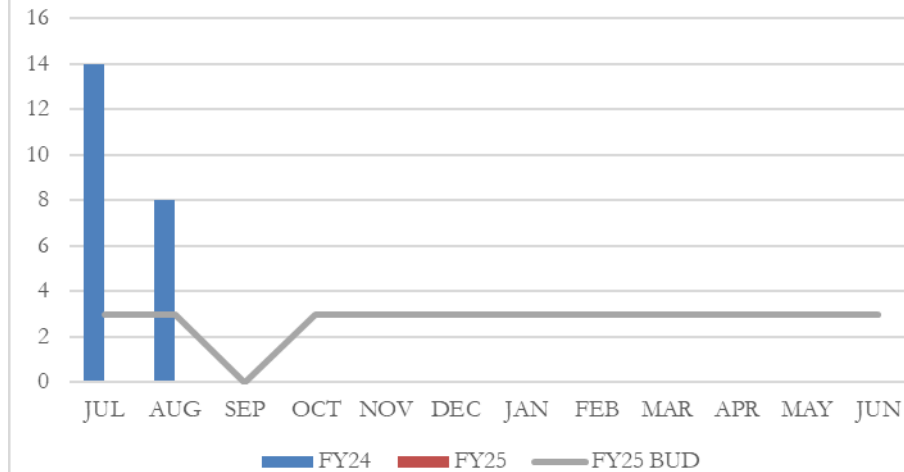
Pain Procedures



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 SEP	BUD SEP	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics									
Productive Days	31	31	31	31	30	30	92	92	0
Total Visits	551	489	527	460	503	475	1581	1,424	157
Visits/Day	17.8	15.8	17.0	14.8	16.8	15.8	17.2	15.5	1.7
Operating Expenses									
Purchased Services	173,960	174,840	169,800	174,840	168,880	169,200	512,640	518,880	(6,240)
Other Expenses	5,087	4,018	4,627	4,018	2,390	3,889	12,104	11,926	178
Total Operating Expenses	179,047	178,858	174,427	178,858	171,270	173,089	524,744	530,806	(6,062)

