

Board of Directors Regular Meeting & Executive Session
November 21, 2024 6:00 p.m.
AGENDA

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

Executive Session Under 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations and ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law including written advice from attorney. No decision will be made in Executive Session.

1. Review of Executive Session Minutes-10/24/24
2. Monthly Reports: Quality, Risk & Compliance & Medical Staff Report
3. Regional Hospitals & Health Systems Discussion

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:
 - a. Quality & Patient Safety, Risk & Compliance Report and Attachments.....(action)
 - b. Medical Staff Report.....(action)

IV. Consent Agenda

1. Meeting Minutes:
 - a. Regular Meeting–10/24/24 2
 - b. Executive Session–10/24/24 (*Provided in Executive Session*)
 2. Policies for Approval:
 - a. 900.001 Finance Committee & Budget Committee Role & Regulatory Compliance... 9
 - b. 163.006 Provider Orientation & Annual Education Policy..... 13
 - c. 800.024 Clinical Dept Procedure Development Maintenance & Management..... 15
 3. Monthly Counsel Invoice – Robert S. Miller III Attorney - None
- Motion to Approve Consent Agenda**.....(action)

V. New Business

1. Annual Audit Report – Tony Andrade, Moss Adams.....(action) 17
2. Coast Community Health Center Collaboration Update/Contract Review.....(action) 18
3. Employee Holiday Bonus.....(action) 19

VI. Old Business

1. District Bylaws – Final Edit & Review.....(action) 20

VII. Staff Reports-Discussion

1. CEO Report..... 32
2. Multi-Specialty Clinic Report (*under separate cover*)
3. CMO Report 35
4. CNO Report 36
5. CFO Report 39
6. CIO Report 41
7. SCHD Foundation Report 42
8. Strategic Plan Update (*under separate cover*)



VIII.	Monthly EHR/ERP Implementation Dashboard-Discussion	43
IX.	Monthly Financial Statements: Review & Discussion	
	1. CFO Month End Summary.....	51
	2. Month End Statements for Period Ending October 31, 2024	53
X.	Open Discussion	
XI.	Adjournment	

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
October 24, 2024
Bandon Professional Center**

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

At 6:31 p.m. the meeting moved to Open Session.

- II. Open Session Call to Order at 6:40 p.m.** This meeting was publicly noticed to be held at an alternative location to accommodate necessary staff training space required for new electronic health record implementation. The November and December meetings will also be held at the Bandon Professional Center. Regular meetings will return to the hospital conference room in January.

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; Alden Forrester, MD, CMO; Scott McEachern, CIO; Philip Keizer, MD, Chief of Staff. **Via Remote Link:** Antone Eek, CFO; Cori Valet, CNO; Dawn Gray, Clinic Manager. **Others present:** Brenda Sund, Controller; Amanda Bemetz, Quality/Risk/Compliance Director; Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None.

1. Agenda - Corrections or Additions

The Tuition Assistance Request was removed from New Business. All policies will be approved in Open Session under New Business at this meeting and moving forward to be included in open session packet. During the meeting a request was made to add consideration regarding Quality Assurance Performance Improvement Plan, added under New Business.

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. Physician Credentialing & Privileging

2-Year Privileges –New

None

2-Year Privileges – Reappointments

Paul Preslar, DO – Courtesy – Family Medicine

Paul Michaels, MD – Courtesy - Pathology

Direct Radiology Appointments & Reappointments – After Hours Reading Radiology

William Pace, MD – Appointment – Courtesy

Sandeep Amesur, MD - Reappointment – Courtesy

Troy Belle, MD – Reappointment – Courtesy

Lillian Cavin, MD - Reappointment – Courtesy

Stephen DeFriez, MD – Reappointment - Courtesy

Medical Staff Status Change

Jay Johnson, DO – Emergency Medicine –Privileges Lapse 10.31.24

Robert Evans, MD – Emergency Medicine – Add Pediatric Sedation

Kathleen Edmunds, MD – Emergency Medicine – Add Pediatric Sedation

Norbert Johnson **moved** to approve the Quality & Patient Safety Report and Medical Staff Report. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed. Discussion:** Policies included in Quality and Medical Staff Reports are to be reviewed and approved in Open Session.

IV. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–09/26/24
- b. Executive Session-09/26/24 (presented in Executive Session)
- c. Special Meeting-10/02/24

2. Monthly Counsel Invoice – None

Discussion: Ms. Russell noted a correction to the September 26 open session minutes regarding specific contact information cited for Dr. Forrester with Providence Health regarding Electronic Health Record implementation. Mary Schamehorn **moved** to approve the Consent Agenda with correction to 9/26/24 Executive Session minutes as noted. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

V. New Business

1. Consideration of New Policies (moved from Action from Executive Session)

a. 800.023 Contract Management and Evaluations

Discussion: Should this policy include language regarding legal review? The purpose of this policy is to confirm the process for ongoing contract management and evaluation according to CMS requirements. Legal review is presently at management discretion which was recommended by the board to be added to the appropriate policy(ies). Other contract

related policies include the Board Delegation of Authority that provides specific monetary signatory thresholds, and the Contracting and Procurement Policy. This policy was previously reviewed and approved by the Executive Team, Policy Committee, and Quality and Patient Safety Committee.

Mary Schamehorn **moved** to approve policy 800.023. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

b. 156.025 Cardboard Policy

This policy is necessary for infection prevention and control and was previously reviewed and approved by the Policy Committee, Infection Control Committee, and Quality and Patient Safety Committee.

Mary Schamehorn **moved** to approve policy 156.025. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

c. 011.025 Procedural Sedation

This policy is an Anesthesia policy previously approved by the Policy Committee, Quality and Patient Safety Committee, and Medical Staff Committee.

Mary Schamehorn moved to approve policy 011.025. Bob Pickel seconded the motion. All in favor. Motion passed.

d. Quality Assurance and Performance Improvement Plan (QAPI)

Not on the published agenda. Mr. Johnson, Board Quality Committee Liaison, brought forward the request to move the QAPI reporting structure to a calendar year schedule from a fiscal year schedule.

Norbert Johnson **moved** to approve the change to a calendar year format January-December. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

2. Tuition Assistance Request – Removed from agenda.

3. Review of District Bylaws-Proposed Edits

Norbert Johnson reviewed proposed edits to the Health District Bylaws last amended July 28, 2022. Suggested edits were made following recent SDAO Governance Training attended by Mr. Johnson, Tom Bedell, Pam Hansen, and Bob Pickel. Proposed edits included addition of language regarding the Oregon Ethics Commission and addition of language regarding available meeting formats according to Oregon Public Meeting Law.

4. Annual Review: Mission, Vision, Values & Governance Retreat

The GovernWell governance guidance includes an annual review of Mission, Vision and Value statements, last updated in approximately 2018. Options for review during a special retreat were considered and determined not to be the highest priority at this time. It was determined that the published statements continue to represent the organization appropriately. There will be no changes at this time.

VI. Old Business

1. Real Estate: 2nd Street Acquisition Update

The purchase of the property located at 930 2nd Street, Bandon, Oregon, is now complete, having officially closed on October 22. Initial site visits by the Information Technology team and Engineering are occurring this week. Discussion included adding signage to advertise “coming soon” information. Initially the space may provide much needed non-clinical office space, with improvements and permitting required to upgrade for clinical use.

VII. Staff Reports

1. CEO Report

Raymond Hino, CEO, provided highlights from his monthly report. **Staffing Updates:** Recruitment continues for the Foundation Executive Director position as Scott McEachern moves to focus on his role as Chief Information Officer. Alix McGinley has assumed role as acting/interim Foundation Director. Amy Moss Strong will continue in her role as Marketing Development Coordinator, but will now report to Mr. Hino. Jennifer Webster, MD, will be joining the Multi-Specialty Clinic in January. Dr. Monsivais has submitted her resignation citing a desire to move nearer to family; her last day will be January 17. Surgeon recruitment has resumed. Local surgeons have expressed interest in performing cases at Southern Coos. **Community News:** Mr. Hino will forward to board members an advance copy of the recent article from The World newspaper expected to publish next week. Southern Coos participated in the Toast of the South Coast and is excited to see results to be published in January. **Coast Community Health Center Collaboration:** The draft master services agreement is still in legal review for both parties and work is in progress on what will likely be the first exhibit for Information Systems support. Another meeting is scheduled to be held on October 29.

2. Clinic Report

Dawn Gray, Clinic Manager, attending via remote link, provided a summary review of clinic operations for the month of September. Ms. Gray opened by voicing appreciation to the board of directors and administration for their support during her time here, stating that her departure was a difficult decision and she will work on a smooth transition for the team. Her last day will be November 15. Mr. Bedell, on behalf of the Board of Directors, expressed appreciation for her good work at

the clinic, leaving it better than when she arrived. Though volume was down in September, the clinic still outperformed budget projections. The team is pleased to welcome Dr. Webster, as Mr. Hino noted will be joining in January. Clinic goal for Medicare Secondary Payer Questionnaire (MSPQ) is to survey every Medicare patient as well as collecting copays at every visit. **Discussion:** In response to a question regarding collection rate, Mr. Eek noted that Southern Coos is currently working with a consultant to renegotiate higher reimbursement rates from all payors in conjunction with our move to the new electronic health record.

3. CNO Report

Cori Valet, CNO, attending via remote link, presented a summary of her report for the month of September. **Clinical Staffing Update:** The staffing grid was provided as a handout for this meeting due to scheduled time out of office. The staffing grid includes all clinical hospital departments Med Surg, Swing Bed, Emergency Room, Surgical Services, Radiology and subcategories for Ultrasound, Mammography, CT and MRI; Laboratory, Pharmacy and Respiratory Therapy. Full Time Employees (FTE) presently equal 90% of staffing and contract employees presently equal 10%. Work continues to reduce contract labor. **Annual Community Flu Clinic:** The annual drive through community flu and covid vaccine clinic held on October 23 was very successful, with 313 flu vaccines and 185 Covid vaccines given. **Emergency Department Statistics:** The Emergency Department continues to see an increase in visits month to month from prior year, but there was a dip in hospital admissions. We are looking into this and hope to have more information to report next month.

4. CFO Report

Brenda Sund, Controller, provided a summary of September finance department operations on behalf of Antone Eek, CFO, who attended a portion of the meeting via remote link while in transit. **Cost Report:** Final documents were completed for the FY24 Cost Report submission. The final audit report will be delivered by Tony Andrade, Moss Adams, at the November 21 regular meeting. **Sterile Processing Remodel:** The SPD project is nearly complete with final payment to be made soon. **Sage Intaact Enterprise Resource Platform (ERP) Implementation:** We are on track to meet the adjusted go live date of November 1. **Staffing Update:** Coleen Hickman from CCHC has accepted the Revenue Cycle Director position; we anticipate to include revenue cycle support for Coast Community Health Center as a part of the collaboration agreement. Recruitment is in process for Director of Pharmacy and Pharmacy 340B Tech. Minor construction will be required to add the pharmacy, projected to open in the first calendar year quarter of 2025.

5. CIO Report

Scott McEachern, CIO, provided a review of operations for the month of September. This year for the Annual HIPPA Risk Assessment required by CMS, we have brought on our Quality and Risk team to participate in the survey. An expert from Critical Insight, our cybersecurity service provider, is conducting the survey. The final report will be presented in January. Southern Coos participated

in a free cybersecurity review subsidized by Microsoft's Tech for Social Impact initiative. The review identified several areas to improve but overall we are pleased to confirm a robust and strong program. Information Systems and Clinical Informatics teams are collaborating with Human Resources and Medical Staff Office to revamp our staff onboarding and offboarding processes, a key component in recruitment and retention.

6. SCHD Foundation Report

Scott McEachern, CIO and Foundation Executive Director since 2014, provided review of the Health Foundation report for the month of September, highlighting results from the 17th annual golf fundraiser, which exceeded expectations, raising a total of \$103,576. We are pleased that this event has grown exponentially over the years. Planning is already underway for the 2025 event. The year-end campaign is in progress. Alix McGinley, the new interim Executive Director, will report next month.

7. Strategic Plan

Ray Hino, CEO, provided a summary review of the Strategic Plan. Several date corrections were noted and formatting requests regarding color coding for the status of each initiative. Dr. Forrester provided information regarding preliminary telehealth discussions with Providence, possibly to include telestroke neurology. Dr. Forrester added that he has scheduled a regional quarterly CMO meeting.

VIII. Monthly EHR/ERP Implementation

Scott McEachern, CIO, reviewed the Electronic Health Record and Enterprise Resource Planning platform implementation project, referencing his weekly internal EPIC memos requested by the Board of Directors. Sage Intact preparation is on track for the November 1 go-live date, with triage points set and training going very well at 50%. Staff capacity is highest concern. **Financial update:** a large payment will be made to Tegria to be reflected in the next financial report.

IX. Monthly Financial Statements Review & Discussion

Mr. Hino, CEO, provided a special narrative to address several items of note in the September financials. Inpatient and swing bed census has been below budget, reducing gross inpatient revenue by \$300,000. Outpatient revenue was below budget due to closure of surgery during the sterile processing remodel. It is not unusual for the fall census to be lower, increasing again in winter months. Mr. Hino will meet with ER and Hospitalist medical staff to discern if there were any specific impacts. Property tax revenue will be distributed in November, increasing Days of Cash on Hand. Mr. Hino described a recovery plan to include increased cash collections, the tax revenue, a Medicare Cost Report receivable in February, and strategic initiatives including the Epic and Sage implementation, pharmacy, Coast Community collaboration, new surgeon to replace Dr. Monsivais, and new full-time clinic providers. Brenda Sund, Controller, presented on behalf of CFO Antone Eek,

who is traveling, adding to Mr. Hino’s narrative, reviewing performance ratios, balance sheet details, and income statement. Days of Cash on Hand were reduced as previously noted. Days in Accounts Receivable increased to 59.2 days from 51.1, anticipated to improve with increased cash collections, tax revenue, cost report receiveable, and strategic initiatives as noted by Mr. Hino. Ms. Sund noted the change in Net Position for the month of September of -\$128,000 was within 2% of budgeted expectations. Lower operating expenses aided in offsetting the shortfall.

X. Open Discussion

Mr. Hino reiterated the non-disclosure requirement for Toast of the South Coast results information, to be publicly announced in January.

XI. Adjournment. The meeting adjourned at 8:22 p.m. The next regular meeting will be held on November 21, 2024.

Thomas Bedell, Chairman 11-21-2024

Mary Schamehorn, Secretary 11-21-2024

DRAFT



DEPARTMENT:	Board of Directors	NUMBER:	900.001
SUBJECT:	The Finance Committee and Budget Committee Role and Regulatory Compliance	PAGE:	1 of 4
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED:	N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Finance Committee, Board of Directors	DISTRIBUTION:	Organization wide

Policy:

1. It is the policy of the Southern Coos Hospital & Health Center (SCHHC)’s Board of Directors to appoint a Finance Committee, with membership by District citizens who are qualified by education, profession, and/or previous experience, to serve in an advisory role to the Board. The Finance Committee of the Board of Directors shall meet quarterly in a location that is accessible to the public, and shall comply with all State of Oregon Health District meeting requirements for public meetings.
2. The June Finance Committee meeting will included an expanded membership, including all five (5) District Board members, and will be designated as the Budget Committee for the District. The Southern Coos Health District and its Budget Committee shall comply with all requirements for the Oregon Revised Statutes (ORS) 40.403, including, but not limited to:
 - Preparing a proposed budget for the fiscal year not later than June 1 of each year;
 - Publishing a notice of the proposed budget and of the date and place of a hearing on the proposed budget five (5) to thirty (30) days prior to the hearing;
 - Holding a public hearing on the proposed budget;
 - Adopting a final budget by resolution not later than June 30 of each year; and
 - Filing a written notice with the Coos County Tax Assessor (Form LB-50) not later than June 30 of each year if the district seeks to impose property taxes.

Purpose:

1. The Finance Committee’s purpose is to assist the Hospital Board in its oversight of the District’s financial affairs, including the District’s financial condition, financial planning, operational, and capital budgeting, debt structure, debt financing and other significant financial matters involving the District.
2. The Budget Committee’s purpose is to receive and review the proposed budget for the District in a public hearing, that is compliant with the requirements of ORS 40.403, and to make a recommendation to the District Board of Directors for adoption of the final budget.

Regulatory Compliance:

1. Per District Policy #800.006, entitled “Public Meeting Policy,” the Finance Committee of SCHHC qualifies as an advisory group, appointed by the Board and is therefore required to meet all requirements as a public meeting including, but not limited to the following:

DEPARTMENT:	Board of Directors	NUMBER: 900.001
SUBJECT:	The Finance Committee and Budget Committee Role and Regulatory Compliance	PAGE: 2 of 4
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED: N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Finance Committee, Board of Directors	DISTRIBUTION: Organization wide

- A. Compliance with Law – All meetings shall be conducted in accordance with the Oregon Public Meetings Law, ORS 192.610-192.710, and 192.990.
 - B. Location of Meetings – All meetings shall be held within the geographic boundaries of the District, except for training sessions held without any deliberative action. No meeting shall be held in any place where discrimination on the basis of race, creed, color, sex, age, national origin, or disability is practiced. All meetings shall be held in places accessible to the handicapped.
 - C. Public Meetings - For more information, please refer to SCHHC Policy #800.006.
2. The Budget Committee shall comply with all requirements of Oregon Revised Statutes (ORS) 40.403 for adoption of a health district budget, and ORS 310.060 for timely filing of a written notice if the district seeks to impose property taxes.

Committee Membership:

1. The Finance Committee members are appointed by the SCHHC Board of Directors.
2. All District Citizen members of the committee must be stakeholders of the District. The District Board has defined stakeholder for the purpose of committee membership as:
 - Living some or all of the time in the District, or
 - Maintaining a place of business in the District.
3. The Finance Committee shall be chaired by a member of the SCHHC Board of Directors, appointed by the SCHHC Board Chairman.

Duties and Responsibilities:

The Finance Committee's primary duties and responsibilities are as follows:

1. Quarterly Review of Financial Operating Performance.
 - A. Review the District's quarterly financial operating performance. This includes, but is not limited to monthly financial statements (e.g., Statement of Revenues and Expenses, Balance Sheet and Statement of Cash Flows) and other financial indicators. These reports will be prepared by management.

DEPARTMENT:	Board of Directors	NUMBER: 900.001
SUBJECT:	The Finance Committee and Budget Committee Role and Regulatory Compliance	PAGE: 3 of 4
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED: N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Finance Committee, Board of Directors	DISTRIBUTION: Organization wide

B. Review management's plan for improved financial and operational performance including but not limited to new patient care programs, cost management plans, and new financial arrangements. The committee will make recommendations to the Board of Directors when appropriate.

2. Debt, Financing and Refinancing.

A. Evaluate and monitor the District's long and short-term indebtedness, debt structure, collateral or security, and uses and applications of funds.

B. Evaluate and recommend to the Board for approval proposed new debt financing, including lines of credit, financings and refinancing, including (i) interest rate and whether the rate will be fixed or floating rate; (ii) collateral or security, if any; (iii) issuance costs; (iv) banks, investment banks, and underwriters retained or compensated by the District in connection with financing or refinancing.

3. Annual Review and Recommendation for Approval of the District Budget.

A. In June of each year, the Finance Committee and the Board of Directors will meet together and will be designated as the Budget Committee for Southern Coos Hospital & Health Center, and will fulfill all of the requirements of Oregon Statutes, including but not limited to:

- i. Review management's budget assumptions including volume, growth, inflation and other budget assumptions.
- ii. Review and recommend to the Board for approval of an annual operating budget for the District.
- iii. Review and recommend to the Board for approval an annual capital expenditures budget for the District.

4. General.

A. Perform such other duties and responsibilities as the Committee deems appropriate to carry out its purpose as provided in this policy.

B. The Finance Committee will be invited to attend the presentation by the District's independent auditors.



DEPARTMENT:	Board of Directors	NUMBER: 900.001
SUBJECT:	The Finance Committee and Budget Committee Role and Regulatory Compliance	PAGE: 4 of 4
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED: N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Finance Committee, Board of Directors	DISTRIBUTION: Organization wide

Meeting Schedule:

The Finance Committee will meet 3 times per year, acting solely as the Finance Committee for the District and once per year, in combination with the District Board of Directors, as the designated Budget Committee for Southern Coos Health District. The meeting schedule will be as follows:

- October Q1 Finance Committee
- January Q2 Finance Committee
- April Q3 Finance Committee
- June Budget Committee (including both Finance Committee and all Board of Directors)

DRAFT



DRAFT COPY

DEPARTMENT: Medical Staff Services	NUMBER: 163.006
SUBJECT: Contracted Provider Orientation and Annual Education	PAGE: 1 of 2
EFFECTIVE DATE:	REPLACES POLICY DATED: N/A
APPROVED BY: Policy & Procedure Committee, Medical Staff Committee, Board of Directors	DISTRIBUTION: Organization Wide

POLICY:

Newly contracted licensed independent providers (LIPs) at Southern Coos Hospital & Health Center (SCHHC) shall receive an orientation specific to their job duties, responsibilities, and work environment equivalent to the orientation provided to all employed staff. Thereafter, LIPs will be required to attend annual continuing education and training each year, in order to maintain education and knowledge of the most recent education programs provided at SCHHC.

PURPOSE:

To ensure that all Southern Coos Hospital and Health Center (SCHHC) contracted licensed independent providers have the necessary knowledge, skill and expertise to be effective and efficient in their role.

PROCEDURE FOR ORIENTATION NEW PROVIDERS:

The Medical Staff Services department staff will provide new contracted provider orientation when all credentialing requirements have been satisfied and approved by the Medical Staff Committee but prior to patient contact

- Licensed independent practitioners’ orientation shall include, but not be limited to:
 - Southern Coos Hospital and Health Center mission statement
 - Organizational structure
 - Important Contact Numbers
 - Medical Staff Bylaws and Medical Staff Rules and Regulations
 - Patient Safety
 - Access to Policies and procedures (MCN)
 - Code of Conduct
 - Emergency Medical Treatment and Labor Act (EMTALA) Fact Sheet
 - Emergency Operation Plans (including Fire Safety, Emergency Codes, etc.)
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Infection Prevention and Control guidelines pertinent to the organization and the employee’s department, unit, work setting, or program-specific duties and responsibilities
 - Patient rights and ethical aspects of care, treatment, and services and the process used to address ethical issues.
 - Restraint and Seclusion training



DEPARTMENT:	Medical Staff Services	NUMBER:	163.006
SUBJECT:	Contracted Provider Orientation and Annual Education	PAGE:	2 of 2
EFFECTIVE DATE:		REPLACES POLICY DATED:	N/A
APPROVED BY:	Policy & Procedure Committee, Medical Staff Committee, Board of Directors	DISTRIBUTION:	Organization Wide

- Restraint and Seclusion training must be completed before a LIP may perform patient care, treatment, or services for patients in the surgical, emergency, or medical-surgical departments.
- The contracted LIP will sign an attestation to acknowledge receipt of the orientation packet and Medical Staff Bylaws and Rules & Regulations.

PROCEDURE FOR CONTINUING EDUCATION AND TRAINING:

SCHHC shall provide continuing education and training that shall support contracted providers in the day-to-day performance of their job duties and improve competence, increasing patient safety and the quality of care.

- Continuing education and training shall be provided for all contracted providers utilizing the hospital’s electronic continuing education platform (currently Relias software).
- Contracted providers shall receive training on the use of the computerized medical record & billing systems (EPIC, etc.)
- Contracted providers shall receive annual education on:
 - Antibiotic Stewardship Core Elements
 - Basics of Hand Hygiene
 - Bloodborne Pathogens and Sharps Precautions
 - Restraint & Seclusion Training
 - MRI Safety for Hospital Staff
 - Transmission Based Precautions: Airborne, Contact, Droplet
- Medical Staff Services staff shall monitor continuing education assigned to the contracted providers.
- Medical Staff Services staff will notify providers that are 30-days overdue for annual continuing education training with a copy of the letter sent to the Chief of Staff.

DEPARTMENT:	Administration	NUMBER:	800.024
SUBJECT:	Clinical Departments Procedure Development, Maintenance and Management	PAGE:	1 of 2
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED:	N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Quality & Patient Safety Committee, Board of Directors	DISTRIBUTION:	Organization wide

Policy:

Standardized policies and procedures are an essential component of the Culture of Patient Safety at Southern Coos Hospital & Health Center (SCHHC). Policies and procedures guide day-to-day operations, standardize practices and streamline processes throughout the organization, and communicate expectations to staff, ensuring that every patient receives the same level of care. Detailed instructions on how to create a policy and procedure are found in SCHHC Policy #800.001, entitled “Policy Development Review and Approval Process.”

It is the policy of SCHHC to maintain a comprehensive electronic library of both policies and procedures, necessary for safe patient care and efficient operations, that are comprehensive, periodically reviewed to ensure that they remain current, and are accessible to all staff that rely upon them for consistency and optimal operations. All SCHHC policies are required to be accessible on the hospital’s Policy Document Management System.

Policies and Procedures may be:

- Standalone policy statements only (with no procedure accompanying it),
- A combined Policy and Procedure document, including both the broad policy statement and the list of steps to comply, in one document. Combined Policy and Procedure documents are most frequently used for administrative and non-patient care departments, or
- A standalone policy statement, and a separate step-by-step procedure document that are maintained in two separate documents and in two separate electronic systems. Standalone policy statements and separate procedure documents are most frequently used for clinical departments and patient care departments, due to the importance of using evidence-based practices to guide teams of clinicians, and due to the fact that they are subject to frequent changes as evidence-based practice effectiveness and outcomes change.

This policy focuses on the development, maintenance and management of clinical department procedures, that will be maintained in a separate electronic library from clinical department policies (which will be maintained in the SCHHC Lippincott Electronic Procedure Management System).

Definitions:

- A policy is a written document that guides a particular activity or service by establishing a framework for both management and staff. It is broadly written to address minimum legal requirements and specifies responsibility for action. Given their broad framework, hospital policies are reviewed periodically, but do not typically require substantial changes to remain compliant with current legal requirements.

DEPARTMENT:	Administration	NUMBER: 800.024
SUBJECT:	Clinical Departments Procedure Development, Maintenance and Management	PAGE: 2 of 2
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED: N/A
APPROVED BY:	Executive Team, Policy & Procedure Committee, Quality & Patient Safety Committee, Board of Directors	DISTRIBUTION: Organization wide

- A procedure, on the other hand, contains more detailed requirements to ensure compliance with the policy. A procedure is a sequence of steps for completing a given activity. A procedure can also outline the manner in which a particular policy should be implemented. Since procedures are more detailed and sequential, they are typically updated and revised more frequently.

Procedures:

1. It is the responsibility of the Manager of the Department (for each SCHHC policy) to ensure that all departmental applicable and specific SCHHC policies (that have received final approval), under their supervision, are uploaded into the hospital's electronic policy document management system.
2. The Manager of the Department (for each SCHHC policy) is responsible for understanding the change impacts and determining communication and training needs for each policy and procedure. If a new or revised policy or procedure requires communication or training, such communications and training will be developed by the Department Manager in consultation with appropriate stakeholders and, if necessary, prior to the policy or procedure taking effect.
3. The official version of SCHHC policies are the ones that are posted in the SCHHC electronic document management system.
4. Standalone procedure documents must specifically include a reference to the SCHHC (companion) policy that serves as the high-level statement of principle enacting the need for detailed step-by-step procedure actions. The same is true for standalone policy statements with separate procedure documents. The policy must specifically include a reference to the SCHHC procedure that supports it.
5. It is the responsibility of the Manager of Department (for each SCHHC standalone procedure) to ensure that all SCHHC procedures (that have received final approval) under their supervision, are uploaded into the hospital's electronic Lippincott Electronic Procedure Management System.
6. All SCHHC policies and procedures require periodic approval, in either 1-year or 2-year approval cycles. Responsible reviewers are expected to provide their feedback or approval timely from notification in the Hospital Policy Document Management System.

References:

CMS Conditions of Participation for Critical Access Hospitals §485.635
 DNV, Standard GB.1
 DNV, Standard QM.2



DATE: November 15, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: Annual Audit

Status of Audit Report

Tony Andrade, CPA, CHFP, Partner with Moss Adams, will be present by Teams video at Thursday night's Board Meeting to present the results of the 2023-2024 Financial Audit. Our Accounting team had a meeting with him and auditor, McKenna Sampson, on Friday, November 15 to make some final adjustments to the audit report. It will be ready for signing off by management on Monday, November 18 and will be emailed and available in hard copy on the same day (Monday, November 18).

The Moss Adams Accounting firm is a well known and highly reputable accounting firm with vast experience in auditing healthcare organizations in the United States. They have been doing annual audits at Southern Coos Hospital for at least 12 years that we can verify and perhaps longer. It is best practice in industry to periodically put audit reports out for competitive bid and to make changes. It is going to be the recommendation of management, following this year's audit, to put out a competitive bid for a multi-year contract (2-3 years) for our 2024-2025 audit.



DATE: November 15, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO *Raymond T. Hino*
SUBJECT: Coast Community Health Center Collaboration Update

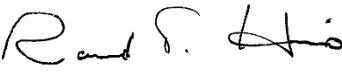
Recommended Action

It is the recommendation of management that the SCHHC Board of Directors approve the proposed Clinic Support Services Agreement, that has been developed in collaboration with the Executive Team and Legal Counsel of Coast Community Health Center.

Unfortunately, at the time of the email distribution of this Board Packet, the final version of the Clinic Services Agreement is still not ready to distribute to the Board of advance viewing. I anticipate that I will be able to send a SCHHC – CHHC Clinic Support Services Agreement to our Board of Directors no later than Wednesday, November 19.

Current Status

I last reported at our October Board meeting that we were putting a hold on approval of the Collaboration Services Agreement because CCHC had requested more time for a legal review. Since that meeting, we have received CCHC's comments and we have held a joint meeting with the legal counsel for both SCHHC and CCHC. Following that meeting, CCHC's legal counsel has made more changes and they are currently in the hands of SCHHC's counsel. I am hoping to have a final version to present to our Board of Directors at our Board meeting on 11-20-2024.

DATE: November 21, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Employee Holiday Bonus Request

Recommended Action

That the Southern Coos Health District Board of Directors approve paying each regular full time and part time District employee a holiday bonus in the amount of \$200 (plus a 20% gross up) per employee. Per diem employees do not qualify for the bonuses. 159 Full Time plus 10 Part Time employees will qualify for the bonus payments this year. The total cost of the bonus payments is \$38,194


Background

For at least the past 11 years, the Southern Coos Health District Board of Directors have granted a holiday bonus payment for eligible employees. Prior to 2022, the bonus payment was for a net payment per employee of \$100.00 each. In 2022 a decision was made by the District Board of Directors to increase the bonus payment from \$100 to \$200 (plus gross up). It is the recommendation of the Southern Coos Health District Executive Team that the District continue this tradition for the calendar year ended December 31, 2024.

The bonus payments are proposed to be paid directly to employees in the same manner as their regular paychecks (either as a paper check or electronic deposit). The proposal is that the bonus payments be made on December 13, 2024.

If approved, we will provide each bonus eligible employee with a letter signed by each member of the Board of Directors tonight, notifying each employee that they will receive their holiday bonus payment on December 13.

Thank you for your consideration.

DATE: November 15, 2024
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Proposed Revisions to District Bylaws

Recommended Action

It is the recommendation of management that the SCHHC Board of Directors approve the revised District Bylaws, including new language on page 3 of 11, Article III, #8 and #9 in red.

Background

As the Board may recall, last month, Board Director Norbert Johnson presented proposed edits to the District Bylaws to be consistent with the latest legal updates provided by the Special District Association of Oregon (SDAO) during their Regional Road Show for the Summer of 2024 on “Authorities, Duties, and Liabilities of Special District Board Members & Staff.”

One of the revisions that was presented by Norbert Johnson was for new language under Article III, #7 Emergency Meetings. Upon reading the language proposed by Norbert, I have followed-up with him and made some suggested changes to his edits that I think are easier to read. Specifically, I am proposing that we add Article III, #8 and #9. I used language that I pulled directly out of the Oregon Municipal Handbook on Chapter 9, Public Meetings Law, published by the League of Oregon Cities and updated in October 2024.

Please review my recommended new language on page 3 of 11, Article III, #8 and #9. If you agree that this is easier to read, please vote for approval.

I sent my recommendations to Norbert on November 5, 2024 and he agreed with my changes.



Southern Coos Health District Bylaws

Amended November 21, 2024

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. 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.
8. Any member of the Board, or any committee established by the Board, may participate in the meeting gathering in a physical location, using electronic, video or telephonic technology, in order to communicate among participants.
9. A quorum of the members of the Board shall not, outside of a meeting conducted in compliance with Oregon Public Meetings Law, use a series of communications of any kind, directly or through intermediaries, for the purpose of deliberating or deciding on any matter that is within the jurisdiction of the Board of Directors. This includes the following types of communications: in-person, telephone calls, videos, video-conferencing, written communications (including electronic written communications), use of intermediaries to convey information among members, or any other means of conveying information.

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 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.

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 November 21, 2024

Signed:

Thomas Bedell, Chairman

Mary Schamehorn, Secretary



Chief Executive Officer Report

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

Leadership Updates:

- **Director of Revenue Cycle** – Colene Hickman has joined the management team of SCHHC, effective 11-11-2024, as our new Director of Revenue Cycle. Colene was previously the Director of Revenue Cycle for Coast Community Health Center. She comes to SCHHC with over 20 years of healthcare experience, including extensive experience in critical access hospitals. She has a bachelor's degree in healthcare administration and previously Epic implementation experience. Colene's experience and knowledge is going to be critical as we transition our billing and collections infrastructure from CPSI/TruBridge to an in-house department.
- **Clinic Director Recruitment** – We have had an excellent response to our recruitment of a replacement for Dawn Gray, with at least 5-6 qualified candidates with previous clinic management experience having applied. An offer to hire has been made to 1 candidate. But unfortunately, it was declined. We have since interviewed 2 additional candidates (and had 1 additional interview declined, due to a candidate deciding to accept a position in Arizona). Of those candidates, we have extended an offer for an on-site interview as soon as possible. This candidate has a strong clinic management background and has family in Coos County and has previously visited Bandon on multiple occasions and loves our area.

Clinic Providers:

- As previously reported, a new Family Physician, Dr. Jennifer Webster, has been hired and will begin employment with SCHHC in mid-January.
- Judith Fitzgibbons, FNP is under contract to work as a Temp Family Nurse Practitioner with SCHHC until the end of December. We are recruiting a full-time employed FNP to replace her. If we are unable to recruit a full-time employed FNP, we may choose to extend her beyond her 12-31-2024 end date.

Surgery:

- We interviewed a General Surgeon last week (Nov 14-15), who is interested in coming to work for us at SCHHC on a part time basis. He would be willing to do, primarily elective surgeries, including colonoscopies, EGDs (upper GI scopes), bronchoscopies and other general surgery procedures. If all goes well with contract negotiations, he could potentially start as early as January 2025.
- I have also interviewed a Dermatologist, who performs dermatology surgery, who is interested in a Bandon and Coos County surgical practice, on a part time basis.

DNV Survey:

- Our Quality department is continuing to do an excellent job in following up with our departments on corrective action plans, approved by DNV.
- My responsibility in the DNV Corrective Action Plan (CAP) was to create a system for annual and bi-annual evaluation of all contracted services at SCHHC. As part of the CAP, I have created a master list of all contracted services at SCHHC and a schedule on whether they will be evaluated every 12 months (required for patient facing contracts) or every 24 months (required for all other contracts). I also documented in the CAP that all patient facing contracts would have a contract evaluation by the end of October (last month). That has all been accomplished. We will complete a contract evaluation of all of the non-patient facing contracts before 6-1-2025.

Coast Community Health Center:

- Our current status with a Collaborative Services Agreement with Coast Community Health Center is covered under a separate agenda item on this month's Board agenda packet.

Expansion Plans:

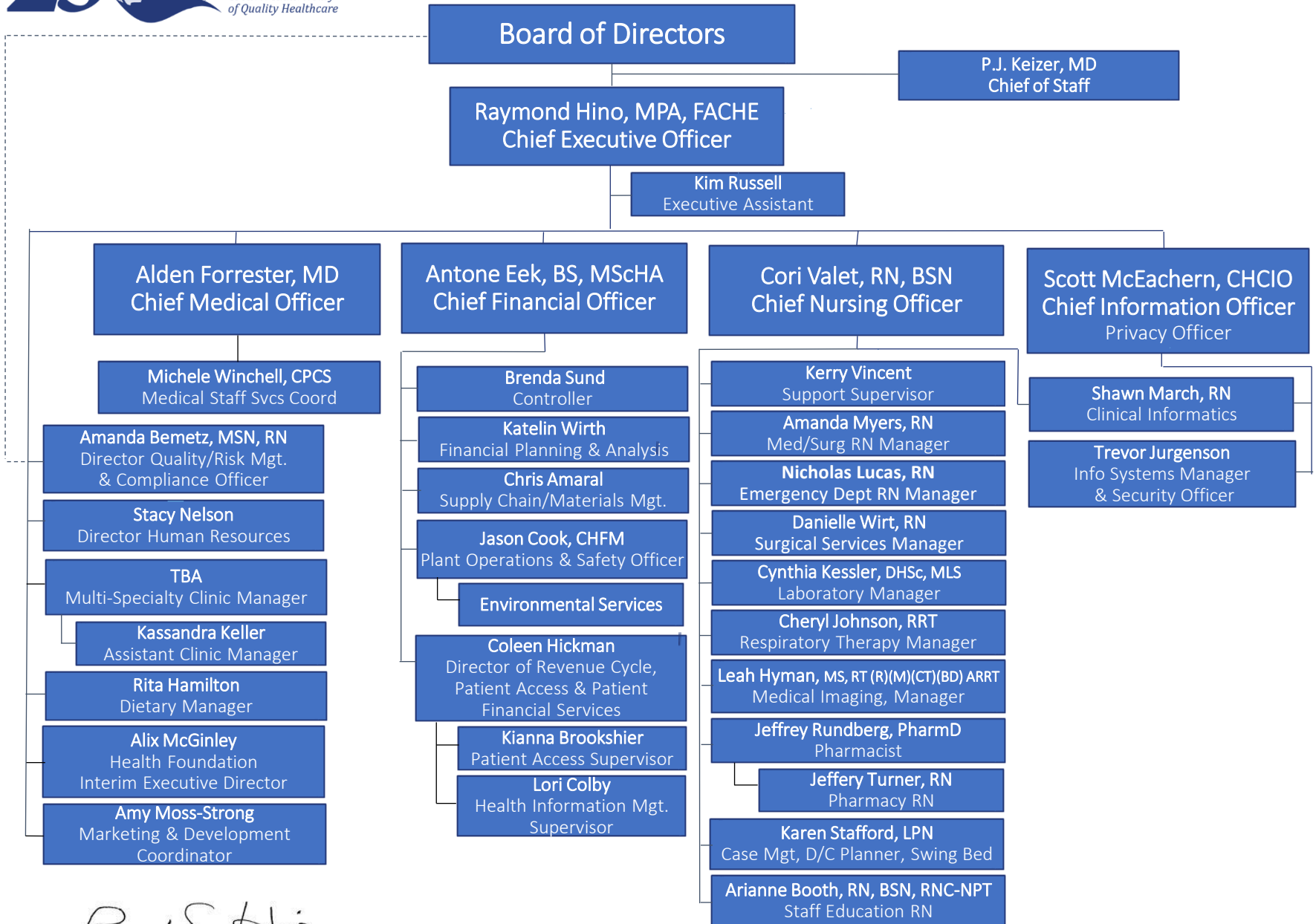
- The 2nd Street building closed on 10-22-2024. Our initial plans for the building are to move office spaces into the building, with the intention of opening up more space for physicians and providers in our own buildings on our main campus. I expect that the building will be ready for occupancy by our staff in the second week of December.
- We have engaged the Anderson Dabrowski architecture firm to create the design plans for (1) the new retail pharmacy in our Clinic building.

Employee Activities

- Our Annual Year-End Holiday Party will be held on Saturday, December 14 at the Bandon Fisheries Warehouse (same location as last year) beginning at 6:30 pm and going until 9:30 pm. We are hoping that all of our Board members (+ 1 guest) will be able to join us, once again, for this celebration and show of appreciation for our employees, medical staff and volunteers at Southern Coos Hospital & Health Center. This year has been an especially challenging year with the Epic and Sage implementations. Our staff has done an outstanding job of implementation and training on the new system. This will be a great opportunity to thank all of our staff.

Marketing and Publicity

- We have retained the rights to a 2nd billboard sign in Bandon. This one is southbound on Highway 101 on the west side of the street, next to Alpha Heating & Air. The billboard currently has a Mahalo Sign on it. We will be replacing it with a SCHHC billboard this month.



Raymond T. Hino

Raymond T. Hino, CEO

11-15-24

Date



Chief Medical Officer Report

To: Southern Coos Health District Board of Directors
From: Alden Forrester, MD, Chief Medical Officer
Re: CMO Report for SCHD Board of Directors, November 21, 2024

Personal Message:

As I write this report, I am roughly 45 days into my new role as Chief Medical Officer for Southern Coos Hospital and Health Center. Thank you for the opportunity to be of service. My family and I are excited to be here as newly minted residents of Bandon. I look forward to working with you, Mr. Hino, and the rest of the team here to grow this organization to better serve our community.

Expansion of Services

Dr Jennifer Webster will start in our outpatient clinic after the first of the year. She will also serve as the clinic's Medical Director—a position not currently occupied. I am excited to have Dr. Webster on our team both from a clinical care and administrative perspective.

We are currently exploring Providence's telemedicine stroke and general neurology services. These services would allow us access to neurological diagnoses and treatment recommendations from a Providence neurologist in real time to allow us to provide the best possible care for patients suffering from stroke or other neurologic symptoms. Preliminary cost numbers look good, but the dialogue with Providence continues regarding exact costs and fees. It is hoped a formal proposal will be ready for presentation to the board in February or March of 2025 with the potential to initiate these services in late spring or early summer 2025.

We are actively recruiting for general surgery. Dr. Kenny Lawson was on site for a visit November 14 and 15. If an agreement is reached, he will provide endoscopy and other general surgery services for us 1 week per month.

We are recruiting additional back-up hospitalists to fill in if needed. Dr. Laine Murphey is being offered a contract. He currently works at Gold Beach and so is familiar with this area.

General Policy Review:

It is my intent to continue to work with our leadership team to perform a systematic review of our clinical policies and procedures and to update them as necessary as well as to create new policies and procedures if needed. Currently our focus is on those policies and procedures directly related to our upcoming implementation of EPIC and deficiencies from our recent DNV survey.

Chief Nursing Officer Report

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

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

Re: CNO Report for SCHD Board of Directors Meeting – November 21, 2024

Clinical Department Staffing - October 2024 –

	Current Month								
	FTE			Contract			Total		
	Actual	Budget	Diff	Actual	Budget	Diff	Actual	Budget	Diff
Med Surg	23.85	31.43	-7.58	3.27	-	3.27	27.12	31.43	-4.30
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA I	2.97	4.50	-1.53	-	-	0.00	2.97	4.50	-1.53
CNA II	3.46	4.49	-1.03	-	-	0.00	3.46	4.49	-1.03
Patient Activities Coordinator	-	-	0.00	-	-	0.00	-	-	0.00
Health Screener	-	-	0.00	-	-	0.00	-	-	0.00
Charge Nurse	3.57	3.85	-0.28	-	-	0.00	3.57	3.85	-0.28
RN	9.78	13.30	-3.52	3.27	-	3.27	13.06	13.30	-0.24
LPN	1.95	2.45	-0.50	-	-	0.00	1.95	2.45	-0.50
Telemetry Tech	1.12	1.85	-0.73	-	-	0.00	1.12	1.85	-0.73
Swing Bed	1.97	1.97	0.00	-	-	0.00	1.97	1.97	0.00
Case Manager	0.97	0.97	0.00	-	-	0.00	0.97	0.97	0.00
Patient Activities Coordinator	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
LPN	-	-	0.00	-	-	0.00	-	-	0.00
Emergency Room	14.59	14.16	0.43	0.56	-	0.56	15.16	14.16	0.99
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
CNA II	1.00	1.35	-0.35	-	-	0.00	1.00	1.35	-0.35
LPN	3.48	3.37	0.11	-	-	0.00	3.48	3.37	0.11
RN	9.11	8.44	0.67	0.56	-	0.56	9.67	8.44	1.23
Surgical Services	3.47	8.00	-4.53	-	0.77	-0.77	3.47	8.77	-5.30
Director	-	-	0.00	-	-	0.00	-	-	0.00
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Surgical Nurse	0.37	3.50	-3.13	-	0.77	-0.77	0.37	4.27	-3.90
Circulator	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Sterile Processing Tech	0.77	1.00	-0.23	-	-	0.00	0.77	1.00	-0.23
Surgical Tech	1.33	1.50	-0.17	-	-	0.00	1.33	1.50	-0.17
Radiology	4.57	6.94	-2.36	3.35	1.63	1.72	7.92	8.56	-0.64
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Coordinator	0.77	0.76	0.00	-	-	0.00	0.77	0.76	0.00
Medical Imaging Admin	0.53	1.00	-0.47	-	-	0.00	0.53	1.00	-0.47
Rad Tech IV	-	0.37	-0.37	3.35	1.63	1.72	3.35	2.00	1.35
Ct/Rad Tech Reg	2.28	3.80	-1.52	-	-	0.00	2.28	3.80	-1.52
Ultrasound	2.32	2.01	0.31	-	-	0.00	2.32	2.01	0.31
Ultrasound Tech III	1.31	0.94	0.36	-	-	0.00	1.31	0.94	0.36
Ultrasound Tech II	1.01	0.70	0.32	-	-	0.00	1.01	0.70	0.32
Ultrasound Tech IV	-	0.37	-0.37	-	-	0.00	-	0.37	-0.37
Mammography	-	0.36	-0.36	-	-	0.00	-	0.36	-0.36
Mammo Tech	-	0.36	-0.36	-	-	0.00	-	0.36	-0.36
Rad Tech IV	-	-	0.00	-	-	0.00	-	-	0.00
Cat Scan	1.91	2.32	-0.41	-	-	0.00	1.91	2.32	-0.41
Rad Tech II	1.91	1.38	0.54	-	-	0.00	1.91	1.38	0.54
Ct/Rad Tech Reg	-	0.95	-0.95	-	-	0.00	-	0.95	-0.95
MRI	0.95	1.00	-0.05	-	-	0.00	0.95	1.00	-0.05
Rad Tech IV	0.95	1.00	-0.05	-	-	0.00	0.95	1.00	-0.05
Lab	8.82	11.29	-2.47	2.09	0.98	1.11	10.91	12.27	-1.36
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Assistant I	1.76	0.24	1.52	-	-	0.00	1.76	0.24	1.52
Assistant II	1.52	3.79	-2.26	-	-	0.00	1.52	3.79	-2.26
Assistant III	1.08	1.04	0.04	-	-	0.00	1.08	1.04	0.04
CNA II	-	0.49	-0.49	-	-	0.00	-	0.49	-0.49
Medical Lab Tech Lead	-	0.45	-0.45	-	-	0.00	-	0.45	-0.45
Medical Lab Scientist	0.38	1.29	-0.92	-	-	0.00	0.38	1.29	-0.92
Medical Lab Tech	3.09	3.00	0.09	2.09	0.98	1.11	5.18	3.98	1.20
Pharmacy	2.03	2.91	-0.88	-	-	0.00	2.03	2.91	-0.88
Pharmacy Director	0.75	0.63	0.12	-	-	0.00	0.75	0.63	0.12
RN	1.28	1.29	-0.01	-	-	0.00	1.28	1.29	-0.01
Pharmacy Tech	-	1.00	-1.00	-	-	0.00	-	1.00	-1.00
Respiratory	6.90	6.23	0.67	-	-	0.00	6.90	6.23	0.67
Manager	1.00	1.00	0.00	-	-	0.00	1.00	1.00	0.00
Respiratory Therapist	5.90	5.23	0.67	-	-	0.00	5.90	5.23	0.67
Total Difference	71.40	88.63	-17.23	9.27	3.37	5.90	80.67	92.00	-11.33
% of FTE	88.50			11.5					

- **Medical-Surgical Department –**
 - Four full-time RN positions vacant (3 Noc shift, 1 Day shift).
 - Three contract RNs utilized.
 - One full-time CNA on-onboarded and began orientation.
 - Three full-time CNA positions vacant in October
 - One full-time unit coordinator on-boarded and began orientation
- **SWING Bed –**
 - One full-time RN case manager position vacant
- **Emergency Department –**
 - Two full-time RN positions vacant.
 - One full-time LPN float position vacant (float between MS and ED).
 - One contract RN utilized.
- **Surgical Services –**
 - One full-time RN on-boarded and began orientation.
 - One full-time Circulating RN position remains vacant.
 - One contract RN utilized.
- **Medical Imaging –**
 - One full-time MRI Technologist position vacant.
 - One full-time Mammography 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

Bandon Dunes Golf Resort Flu/Covid Vaccine Clinic –

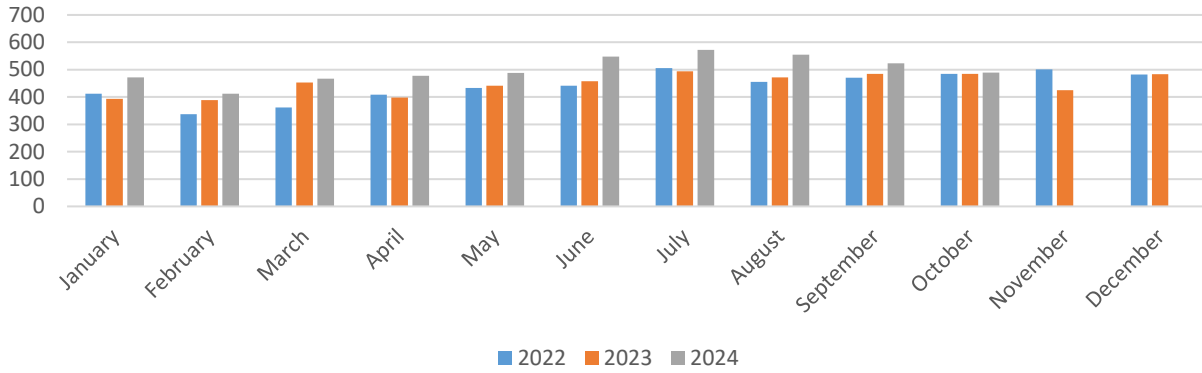
- November 14, 2024 from 8:00am-4:30pm – Bandon Dunes Employee vaccine event. Influenza and COVID vaccines were provided by SCHHC. Forty-five (45) vaccines were administered, which is less than half of the volumes administer at the 2023 event. Planning is in process to identify if an additional vaccine event would be beneficial.

DAISY Award Program –

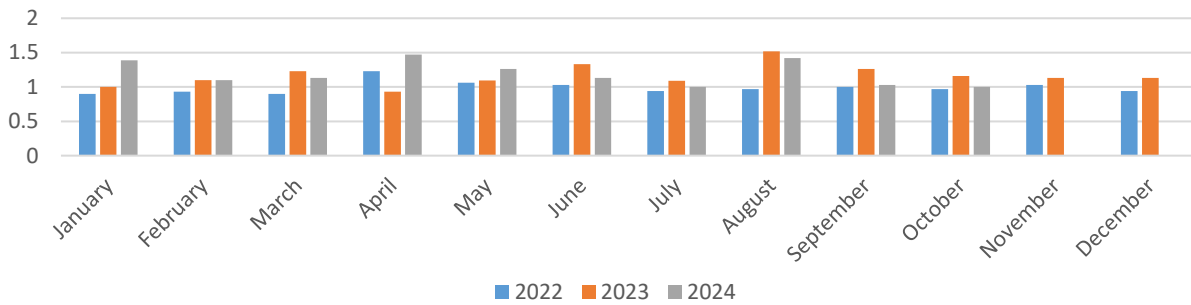
The DAISY award celebrates nurses who provide extraordinary compassionate care. In this bi-annual nomination period, ten (10) deserving nurses were nominated for going above and beyond in providing exceptional care to their patients. The DAISY award honoree has been selected and will remain confidential until the January 20, 2025 award ceremony. Each nominee will be personally informed of their nomination and encouraged to attend the award ceremony. All SCHHC staff members, providers and board members are invited and encouraged to attend to support and recognize the outstanding efforts of all nominated.

Emergency Department Statistics -

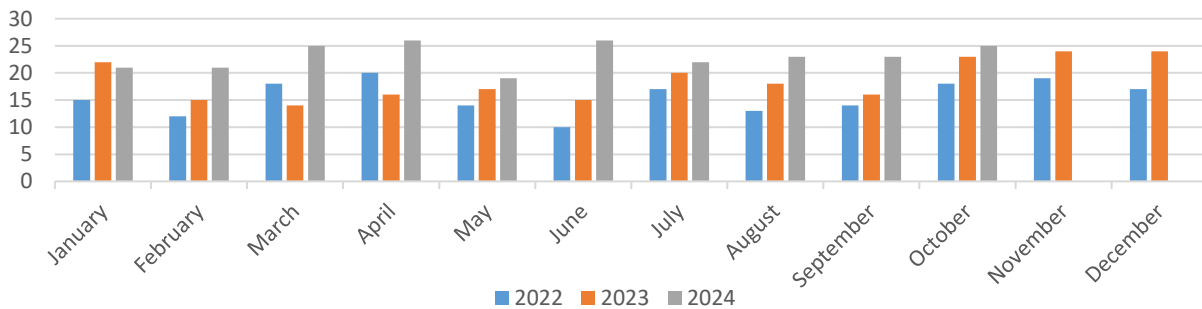
ED Census Tracking 2021-2023



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 – Nov 2024

Oct 2024 Department Achievements/Activities

Accounting and Finance Update:

- **Sage Intacct – On Track (Live as of 11/1/24)**
 - November financial reports presented in December will look different as reports will be generated from the new Sage system instead of our current system.
 - While reporting functions are being developed over the next few months, the board reports from the finance team may include less detailed information while the finance team gets up to speed.
- **EPIC – On Track**
- **FY2024 Audit**
 - On track for completion November 19th
- **FY2024 Cost Report**
 - On track to be filed by November 30th – in final review
- **Salary / Wage Increase for FY 2024 – Complete**

Engineering / EVS Update:

- **Parking Space**
 - Main Lot – Resurfacing (On Hold – Weather and Scheduling)
 - Corner Lot – On Track
 - Tree Removal - Scheduled
 - Leveling and Gravel - Scheduled

Materials Management / Supply Chain Update:

- Updated the Inventory Master List including removing items no longer used and clarifying descriptions
- Coordinate with Wipfli transfer of active Inventory List, vendor list, purchase orders that should be uploaded from CPSI to Sage Intact
- Secure consistent source of IV fluids during the current supply chain challenges by renewing a contract agreement with our current supplier with manufacturing out of the path of hurricanes.
- After go live with Sage Intact on November 1st, coordinated with accounting, department managers, and end users to maintain supplies across the hospital during the steep part of the Intact learning curve.
- Helped train end users in the process of placing orders with Materials Department through the requisition software.

Revenue Cycle Update:

- **Director of Revenue Cycle:** Offer to Colene Hickman
 - Started 11/11/24
- **Billing / Reimbursement**
 - **EPIC – On track**
- **Health Information Management (HIM)**
 - Backlog Catchup – Complete
 - EPIC – On Track
- **Coding**
 - Backlog – On Track
 - EPIC – On Track

Other Items:

- Employee Medical Benefits Negotiations
 - Moda
 - BCBS – OR (Regence)
- Pharmacy
 - OP Retail Pharmacy
 - Contractor - Inline
 - Cardinal Contracted Services
 - NPI
 - NCPDP
 - 340B Coordinator/Tech – Hired: Christina Harner
 - Director of Pharmacy - Interviewing



Chief Information Officer Report

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

From: Scott McEachern, Chief Information Officer

Re: CIO Report for SCHD Board of Directors, November 21, 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: we continue to work Critical Insight, our cybersecurity as a service provider to gather information for the assessment. We will present a final report at the January 2025 meeting, I can report out two initial findings:
 - Policies: we have identified several policies that need revision to better reflect SCH's current practices
 - Protected Health Information (PHI) protection: we have received strong positive feedback from our assessor regarding the effectiveness of our PHI safeguards
- Cybersecurity review: we participated in a free cybersecurity review that was subsidized as part of Microsoft's Tech for Social Impact initiative. As part of this review, our consultant FSi submitted a funding request to Microsoft to fund their work on SCH's behalf.
- The IS team is working with the larger project team to build out the infrastructure of the Second Street building. We are planning to utilize the space for administrative staff in the near term. We hope to inhabit the space by mid-December.

Southern Coos Health Foundation Report

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

From: Alix McGinley, Interim Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, November 21, 2024

The 18th anniversary 2025 **Golf for Health Classic** planning meetings will begin soon.

The **Bottle Drop** program continues to raise money. Brenda Sund signed up the Southern Coos Health Foundation for the Bottle Drop Holiday Match, which began on Nov. 15 and ends 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 Lecture Series

The final lecture in our special series will be held on Tuesday, December 3. Chief Medical Officer Dr. Alden Forrester will do a brief introduction and Southern Coos Hospital & Health Center update, followed by meet and greet. The lecture series has been very popular, and we appreciate the Bandon Fisheries Warehouse for hosting these sessions.

SCHF Quarterly Art Show

The new show “Sunshine and/or Shadows” is in effect and will run through 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.

Bandon Dunes Charitable Foundation

Annual grant request was submitted. Titled Building the Blueprint for Bandon’s Future: Master Facilities Planning for Sustainable Growth. Ask is our biggest to date at \$171,000.

End of Year Campaign

Our EOYC is in full swing. This year theme is based on “It’s a Wonderful Life” and is entitled It’s a Wonderful Community: **Join Us in Making a Difference**. This is a multifaceted campaign including mailing, email for community partners and social media approaches. Social media and email campaigns will begin the week of November 18th. Mailer will follow first week of December and will be distributed to homes in Bandon, Langlois, Port Orford, Ofer and Powers.

EHR/ERP Implementation Dashboard



Program Overview

Overall Status	Schedule	Risks/Issues
On Track	On Track	On Track

Summary

Epic build continues and is at 98% complete. Overall project is green. SFTP server setup is complete, and tickets have been submitted to build the SFTP jobs. Novarad MRN conversion issue is resolved; however, interface testing is behind schedule. 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	PAS 88% HIM 75% HB&C 100% PP F/U 87%
Epic Build	12/6/24	98%
3PA Build (Providence Managed)	11/4/24	76%
Interface / SFTP Build	11/4/24	55%
IT Hardware Deployment	10/15/24	84%
Training (HealthStream)	12/6/24	75%
Provider Optimization Workshops	12/3/24	0%

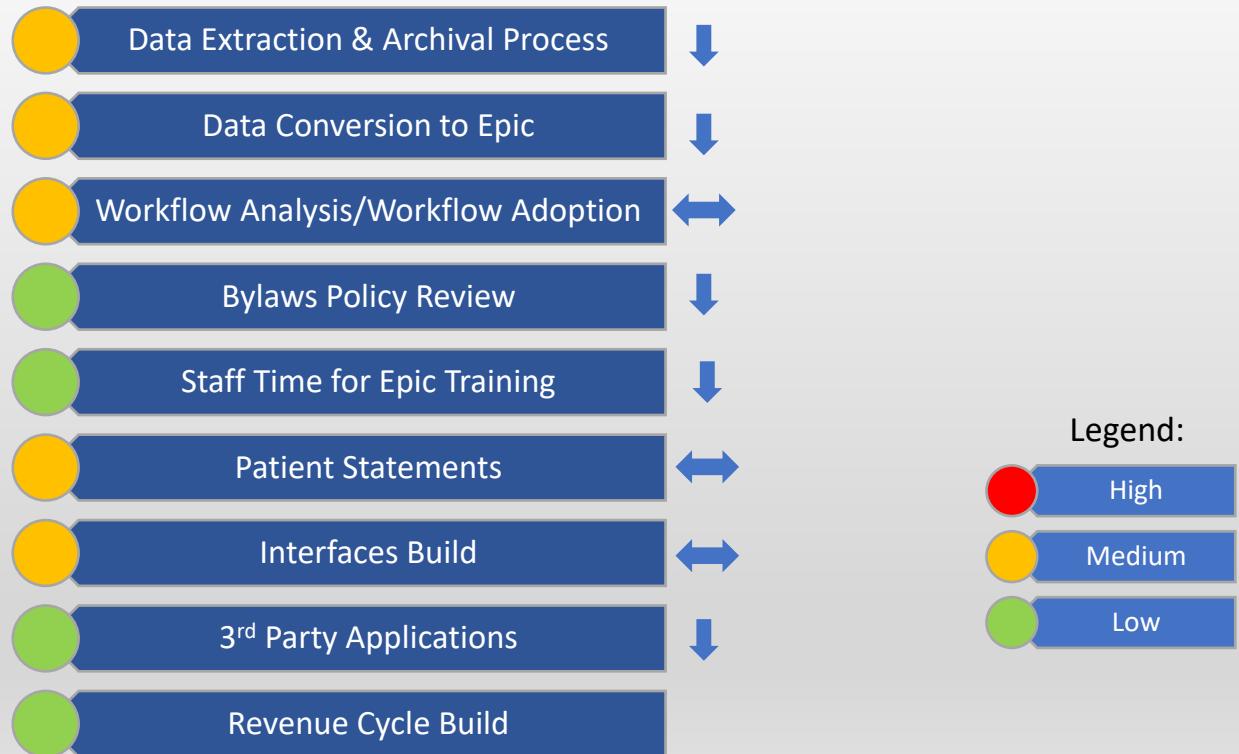
Recent Accomplishments

- 340B contract complete
- Technical Dress Rehearsal
- Surgery Preference Card Build
- Account Claiming
- Clinic Schedule Template Build

Upcoming Activities

- End User Training
- Surgery Block Build & Schedule Conversion
- Workflow Dress Rehearsal
- Mock Cutover
- Outpatient Schedule & Registration Conversion

SCHHC Sage/Epic Implementation Risks



November 2024

**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 (Amount Remaining)	
	\$ 2,853,841	\$ 2,557,206	\$	296,635
	\$ 605,637	\$ 176,798	\$	428,839
	\$ 3,459,479	\$ 2,734,004	\$	725,475

SCHHC Key Events Roadmap for Epic

Activities outlined for prior to and after Go live
(NOV/DEC 2024)



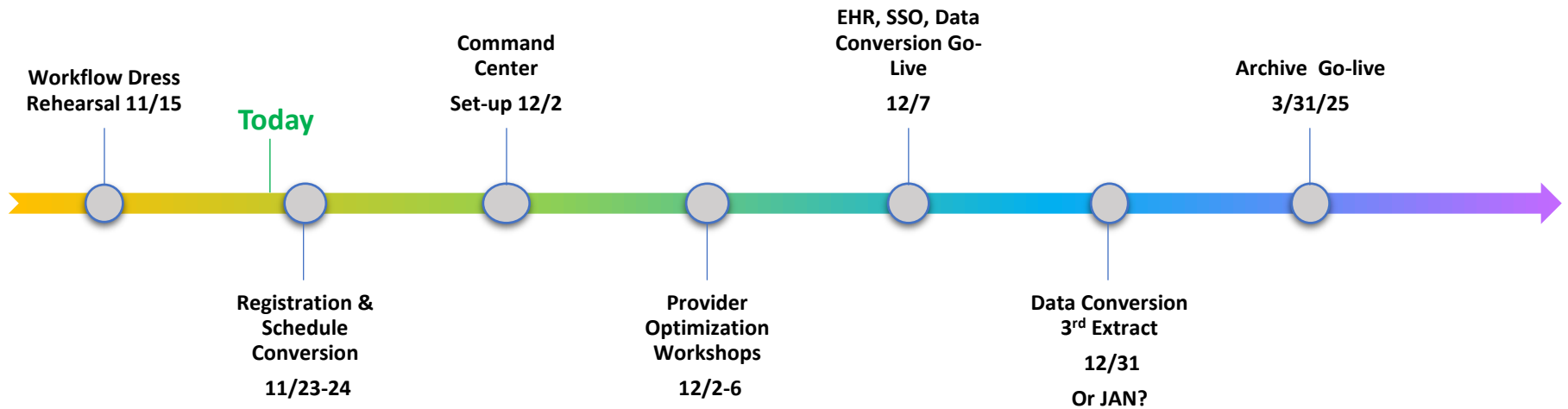
Unlocking the Future:
Sage & Epic Implementation 2024



SCHHC Sage/Epic Implementation Milestones

2024

2025



Unlocking the Future:
Sage & Epic Implementation 2024



November 2024

NOV 4th - 19th

Activity:	Dates:	Participation:	Description:
Template Training	Week of NOV 4	SMEs who own template build going forward	Building OP schedule templates; Imaging session is on Nov 21
Epic Log in Labs	Week of NOV 11	All staff	Assistance for user login on Epic (with Stephanie, Shawn and/or Anna)
Revenue Integrity Workshops	NOV 13-14	Department Managers & Charge Review Staff, Finance and Billing Office	Introduce tools needed to manage the department's revenue as it moves through Epic and posts to the patient's accounts and the general ledger
Workflow Review and Practice (WRaP)	NOV 18-22	SMEs from Clinic and front office scheduling	Orientation of workflow (with Liz). Begin w/ 1 hr demo and open to practice for the day
Workflow Dress Rehearsal (WDR)	NOV 19-20	All users available during scheduled times	Simulation of system use for all clinical areas
Revenue Integrity Department Specific Charge Training	NOV 19-21	Department Managers, charge reviewers and charging SMEs	Clinical Department charging workflow overview



NOV 19th - DEC 6th

Activity:	Dates:	Participation:	Description:
Peri Ops Sched/Reg Conversion	NOV 19	Registration and Surgical Services staff	Converting future appointments (12/7 and forward) into Epic
Mock Cutover	NOV 20	IP and Pharmacy staff	Simulation of the go live cutover event for transitioning hospital patients from CPSI to Epic
Provider Optimization Workshops (POW)	NOV 21-22	All physicians and APPs	Specialized training for providers on personalized tools used in Epic
Sched/Reg OP & Imaging Conversion	NOV 23	Scheduling Staff	Converting future appointments (12/7 and forward) into Epic
Sched/Reg Referral & Imaging Conversion	NOV 24	Scheduling Staff	Converting future appointments (12/7 and forward) into Epic
Therapy Plan Backload	NOV 25	Infusion Nurses	Converting OP Infusion orders into Epic
Working in PROD	NOV 25-27	Patient Access/Front Desk	Follow up to Sched/Reg conversion; capture new appointments with support
ED Charge Training	DEC 2 - 3	Nichole's Team (Coders)	For provider fees & charges
Leadership Dress Rehearsal (LDR/TPIM)	DEC 3	Leadership Team, Super Users and Operational Readiness Leads	Provides a Status of Key concerns and Risks for the go live. Orients on Command Center logistics and processes

Experis Health Solutions



During Go-Live: Dec 6th – Dec 31st

Activity:	Dates:	Participation:	Description:
Go live Cutover	DEC 6	IP staff and IT support	Real-time transition to Epic from CPSI
Clinical Engagement Center (CEC)	DEC 7-20	Any Clinical Staff needing assistance	Drop in for clinical workflow questions and help during go live – located in Command Center
Revenue Engagement Center (REC)	DEC 9-20	Any Revenue Cycle Staff needing assistance	Drop in for revenue cycle workflow questions and help during go live – located in Business Office Conference Room
Revenue Tracking – Back to Baselines Monitoring & Review	DEC 10-20	Department Managers and Charge Review staff, with Rev Cycle and Finance Staff	Daily Revenue Tracking call on weekdays. (Depending on status, can extend to week 3)
Mock Month End	TBD (before end of December)	Finance Team	Prior to the actual month end process, conduct a “mock month end” to walk the team through the steps in preparation for real month end



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: October 2024 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$4,728,000, falling just short of the budgeted \$4,793,000.
- OP Gross Revenue: Reached \$3,678,000, just above the budgeted \$3,674,000.
- IP and Swing Bed Revenues: Totaled \$1,051,000, falling short of the budgeted \$1,119,000.

Patient Activity Metrics:

- Average Daily Census (ADC): Recorded at 7.7, falling short of the budgeted 7.9.
- Imaging and RT volumes significantly exceeded expectations.
- ER volume met budget projections.
- Surgery, Lab and Clinic volumes fell short of budget projections.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,774,000, accounting for 37.5% of gross revenue, above the budgeted 36.1%.
- YTD Revenue Deductions: Stood at 37.4%, compared to the budgeted 36.6%.
- Medicare Cost Report Settlement for FY25: Anticipated receivable of \$400,000.

Operating Revenues:

- Total Operating Revenues: Registered at \$2,956,000, under the budgeted \$3,165,000, and marking an increase of \$322,000 from the same period last year.

Operating Expenses:

- Labor Expenses: Totaled \$1,989,000, coming in just below the budgeted \$2,088,000.
 - Open positions and unfilled new FTE's drove this favorability.
- Professional Fees and Purchased Services: Combined expense reached \$710,000, slightly under the budgeted \$540,000.
 - Independent contractor ER Physician coverage costs remain flat at \$170k per month.
 - Use of Star Locums for Hospitalist coverage and recruitment fees contributed to the increased expense. (Expecting a decreased need for locum tenens hospitalist shift coverage with the addition of CMO, Dr. Forrester.)
- Medical Supplies, Drugs, and Other Supplies: Accumulated to \$184,000, coming in below the budgeted \$229,000.

Operating Income/Loss:

- Operating Loss of \$173,000, compared to a budgeted loss of \$43,000.
 - Lower revenue and volume in inpatient services contributed to this loss – as it did in the prior year for the same period, October 2023.

Change in Net Position:

- A loss of \$31,000, compared to the budgeted gain of \$68,000.
 - Total Margin YTD of (1.4%) compared to budgeted YTD of (0.5%) – a 0.9% difference

Financial Health Indicators:

- Days Cash on Hand: Reduced to 70.5 days, a decline from the previous month's 79.0 days.
 - The current (and paid) expenses for the SPD project, \$770,000, were paid without utilizing the line of credit established for the necessary remodel. This drove days cash on hand down but kept overall costs lower by saving on interest and keeping the debt ratio in line. (Final Expected Spend for Sterile Processing Dept Remodel = \$824,000)
 - DCOH will increase in November-December as the District receives Property Tax income. (Projected on past receipts: approximately \$1 Million over those two months.)
- Accounts Receivable (A/R) Days Outstanding: Decreased to 54.0 days, down from 59.2 days in the prior month.
- 3-month Average Daily Revenue made a slight increase in October (with an increase of \$685,000 over the previous month's total revenue).

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending October 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	103	117	111	-11.7%	-7.2%	375	523	498	-28.4%	-24.7%
	Swing Bed Days	135	129	128	4.7%	5.5%	377	404	403	-6.7%	-6.5%
	Total Inpatient Days	238	246	239	-3.1%	-0.4%	752	927	901	-18.9%	-16.5%
	Avg Daily Census	7.7	7.9	7.7	-3.1%	-0.4%	6.1	7.5	7.3	-18.9%	-16.5%
	Avg Length of Stay - IP	4.7	5.1	4.8	-7.7%	-3.0%	3.8	4.2	4.0	-8.6%	-4.0%
	Avg Length of Stay - SWB	45.0	8.6	8.5	423.3%	427.3%	14.5	10.4	10.3	40.0%	40.3%
	ED Registrations	467	476	467	-1.8%	0.0%	2,048	1,899	1,865	7.8%	9.8%
	Clinic Registrations	668	475	422	40.6%	58.3%	2,381	1,884	1,695	26.4%	40.5%
	Ancillary Registrations	1,128	1,046	1,046	7.8%	7.8%	4,373	4,147	4,147	5.4%	5.4%
	Total OP Registrations	2,263	1,997	1,935	13.3%	17.0%	8,802	7,930	7,707	11.0%	14.2%

Key Income Statement Ratios	Gross IP Rev/IP Day	8,850	8,609	8,150	2.8%	8.6%	8,805	7,809	7,483	12.8%	17.7%
	Gross SWB Rev/SWB Day	1,033	889	892	16.1%	15.7%	1,448	1,116	1,010	29.8%	43.3%
	Gross OP Rev/Total OP Registrations	1,625	1,840	1,461	-11.7%	11.2%	1,558	1,801	1,496	-13.5%	4.2%
	Collection Rate	62.5%	63.9%	68.5%	-2.2%	-8.7%	62.6%	63.4%	63.3%	-1.3%	-1.1%
	Compensation Ratio	67.3%	66.0%	70.8%	2.0%	-5.0%	67.0%	67.8%	67.5%	-1.2%	-0.7%
	OP EBIDA Margin \$	(68,985)	123,985	(47,726)	-155.6%	44.5%	(285,898)	187,110	(144,049)	-252.8%	98.5%
	OP EBIDA Margin %	-2.3%	3.9%	-1.8%	-159.6%	28.8%	-2.6%	1.5%	-1.5%	-271.1%	78.6%
	Total Margin	-1.1%	2.1%	-1.5%	-149.3%	-31.2%	-1.4%	-0.5%	-0.4%	205.9%	231.4%

Key Liquidity Ratios	Days Cash on Hand	70.5	80.0	113.1	11.9%	-37.7%					
	AR Days Outstanding	54	50	51.7	8.0%	4.4%					



Southern Coos Hospital & Health Center

Data Dictionary

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



Southern Coos Hospital & Health Center

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

	Current Month - Oct-2024					Year To Date - Oct-2024				
	Oct-2024 Actual	Oct-2024 Budget	Variance	Var %	Oct-2023 Actual	Oct-2024 Actual	Oct-2024 Budget	Variance	Var %	Oct-2023 Actual
Patient Revenue										
Inpatient	1,050,934	1,119,221	(68,287)	(6.1%)	1,018,842	3,847,640	4,538,483	(690,844)	(15.2%)	4,133,514
Outpatient	3,677,565	3,673,859	3,707	0.1%	2,826,783	13,712,864	14,280,099	(567,235)	(4.0%)	11,527,772
Total Patient Revenue	4,728,499	4,793,079	(64,580)	(1.3%)	3,845,624	17,560,504	18,818,582	(1,258,078)	(6.7%)	15,661,286
Deductions From Revenue										
Total Deductions	1,773,793	1,729,460	(44,333)	(2.6%)	1,212,238	6,567,180	6,887,772	320,592	4.7%	5,751,504
<i>Revenue Deductions %</i>	<i>37.5%</i>	<i>36.1%</i>			<i>31.5%</i>	<i>37.4%</i>	<i>36.6%</i>			<i>36.7%</i>
Net Patient Revenue	2,954,705	3,063,619	(108,913)	(3.6%)	2,633,387	10,993,324	11,930,810	(937,487)	(7.9%)	9,909,782
Other Operating Revenue	1,633	101,543	(99,910)	(98.4%)	880	* 21,423	406,172	(384,749)	(94.7%)	1,000
Total Operating Revenue	2,956,339	3,165,162	(208,823)	(6.6%)	2,634,267	11,014,747	12,336,983	(1,322,236)	(10.7%)	9,910,782
Operating Expenses										
Total Labor Expenses	1,989,222	2,087,811	98,590	4.7%	1,865,414	7,381,854	8,370,367	988,513	11.8%	6,687,939
Total Other Operating Expenses	1,139,923	1,120,666	(19,256)	(1.7%)	931,424	4,336,458	4,448,708	112,251	2.5%	3,773,537
Total Operating Expenses	3,129,144	3,208,478	79,334	2.5%	2,796,838	11,718,312	12,819,075	1,100,763	8.6%	10,461,476
Operating Income / (Loss)	(172,805)	(43,316)	(129,489)	298.9%	(162,571)	(703,565)	(482,093)	(221,473)	45.9%	(550,694)
Net Non-Operating Revenues	141,649	110,923	30,725	27.7%	122,229	544,474	423,839	120,635	28.5%	507,501
Change in Net Position	(31,157)	67,607	(98,764)	(146.1%)	(40,342)	(159,091)	(58,254)	(100,837)	173.1%	(43,194)
Collection Rate %	62.5%	63.9%	(2.2%)	(2.2%)	68.5%	62.6%	63.4%	(1.3%)	(1.3%)	63.3%
Compensation Ratio %	67.3%	66.0%	2.0%	2.0%	70.8%	67.0%	67.8%	(1.2%)	(1.2%)	67.5%
Operating Margin	(5.8%)	(1.4%)	327.1%	327.1%	(6.2%)	(6.4%)	(3.9%)	63.5%	63.5%	(5.6%)
OP EBIDA Margin \$	(68,985)	123,985	(192,969)	(155.6%)	(47,726)	(285,898)	187,110	(473,008)	(252.8%)	(144,049)
OP EBIDA Margin %	(2.3%)	3.9%	(6.3%)	(159.6%)	(1.8%)	(2.6%)	1.5%	(4.1%)	(271.1%)	(1.5%)
Total Margin (%)	(1.1%)	2.1%	(3.2%)	(149.3%)	(1.5%)	(1.4%)	(0.5%)	(1.0%)	205.9%	(0.4%)

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$6k - Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k - SWOREIPA Quality Incentives



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2024

	Balance as of October 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	741,208	1,400,507	(659,299)	8,783,262
Cash Equivalents	9,535,381	10,320,508	(785,127)	3,988,481
Net Patient Accounts Receivable	4,400,081	3,907,633	492,448	2,813,679
Other Current Assets	1,145,373	798,202	347,171	678,641
Total Current Assets	15,822,043	16,426,850	(604,807)	16,264,064
Net PP&E	8,587,218	6,387,741	2,199,477	6,677,893
Total Assets	24,409,261	22,814,591	1,594,671	22,941,957
Liabilities and Net Assets				
Current Liabilities				
Current Liabilities	6,342,976	4,330,389	2,012,587	3,780,023
Total Long-Term Debt, net	4,025,419	4,284,244	(258,825)	5,494,794
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	(159,091)	532,818	(691,910)	1,136,125
Total Net Assets	14,040,867	14,199,958	(159,091)	13,667,140
Total Liabilities & Net Assets	24,409,261	22,814,591	1,594,671	22,941,957
Ratios				
Cash to Debt Ratio	0.18	0.33	(0.14)	1.60
Debt Ratio	0.42	0.38	0.05	0.40
Current Ratio	2.49	3.79	(1.30)	4.30
Average Age of Plant	12.46	12.30	0.16	14.87
Debt to Capitalization Ratio	0.23	0.23	(0.01)	0.29



Southern Coos Hospital & Health Center

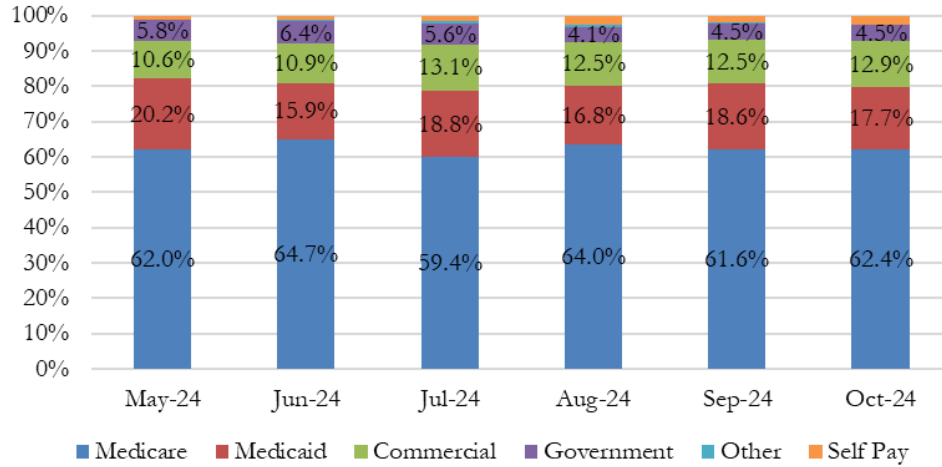
Volume and Key Performance Ratios
For The Period Ending October 2024

		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	64.1%	61.3%	61.3%	4.6%	4.6%	62.8%	62.2%	62.2%	0.8%	0.8%
	Medicaid	16.1%	19.6%	19.6%	-17.4%	-17.4%	17.9%	17.8%	17.8%	0.6%	0.6%
	Commercial	11.5%	12.2%	12.2%	-6.2%	-6.2%	11.8%	12.3%	12.3%	-3.9%	-3.9%
	Government	6.0%	5.6%	5.6%	7.3%	7.3%	5.1%	5.8%	5.8%	-11.4%	-11.4%
	Other	0.6%	0.3%	0.3%	154.1%	154.1%	0.4%	0.5%	0.5%	-17.9%	-17.9%
	Self Pay	1.6%	1.1%	1.1%	50.4%	50.4%	2.0%	1.4%	1.4%	44.2%	44.2%
Total		100.0%	100.0%	100.0%			100.0%	100.0%	100.0%		

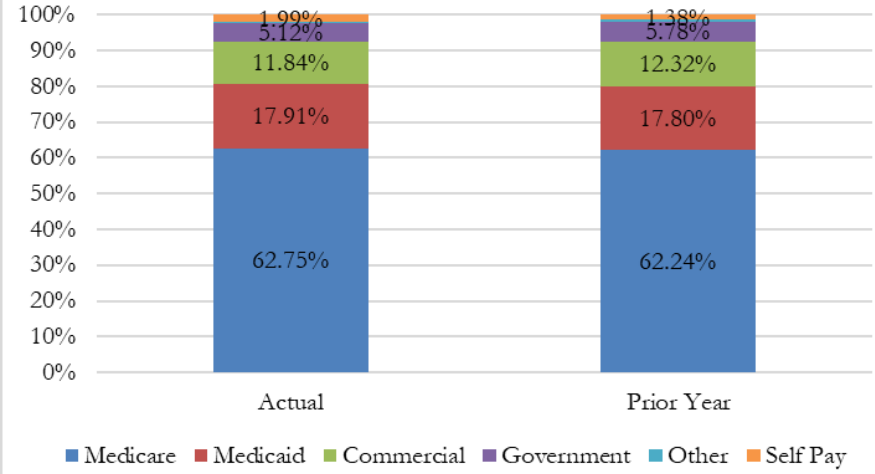
		Month					Year To Date				
		FY25 Actual	FY25 Budget	FY24 Prior Year	Variance %		FY25 Actual	FY25 Budget	FY24 Prior Year	Variance %	
					To Budget	To Prior Year				To Budget	To Prior Year
Patient Volumes	In Patient Days	103	117	111	-11.7%	-7.2%	375	523	498	-28.4%	-24.7%
	Swing Bed Days	135	129	128	4.7%	5.5%	377	404	403	-6.7%	-6.5%
	Total Patient Days	238	246	239	-3.1%	-0.4%	752	927	901	-18.9%	-16.5%
	Emergency Visits	467	476	467	-1.8%	0.0%	2,048	1,899	1,865	7.8%	9.8%
	Radiology Procedures	1,000	901	828	11.0%	20.8%	3,650	3,794	3,482	-3.8%	4.8%
	Laboratory Tests	4,072	5,090	4,654	-20.0%	-12.5%	15,924	16,756	15,321	-5.0%	3.9%
	Respiratory Visits	696	600	476	16.0%	46.2%	2,047	2,381	2,437	-14.0%	-16.0%
	Surgeries and Endoscopic	44	85	12	-48.2%	266.7%	128	237	57	-46.0%	124.6%
	Specialty Clinic Visits	203	218	249	-6.9%	-18.5%	842	865	880	-2.7%	-4.3%
	Primary Care Clinic	731	931	462	-21.5%	58.2%	2,592	2,976	1,859	-12.9%	39.4%



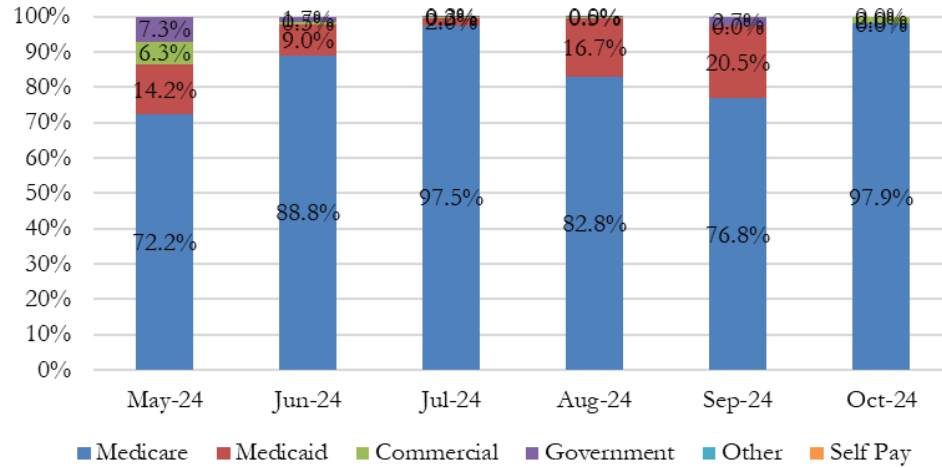
All Patients Payor Mix



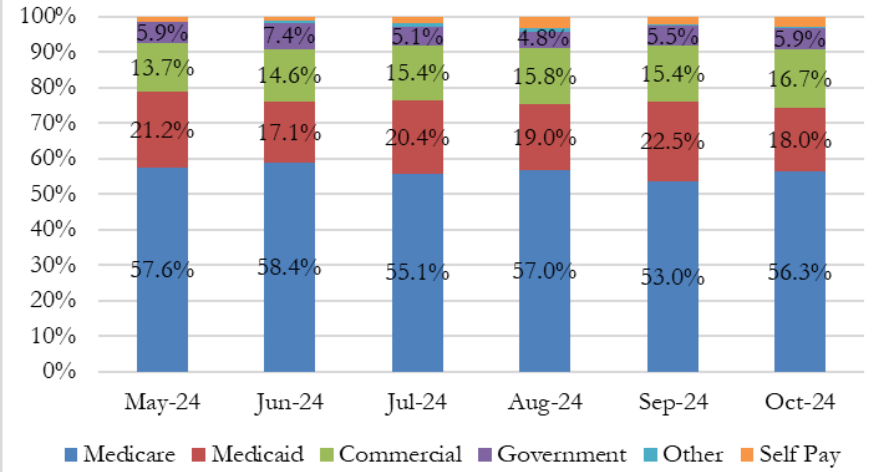
Year to Date Payor Mix



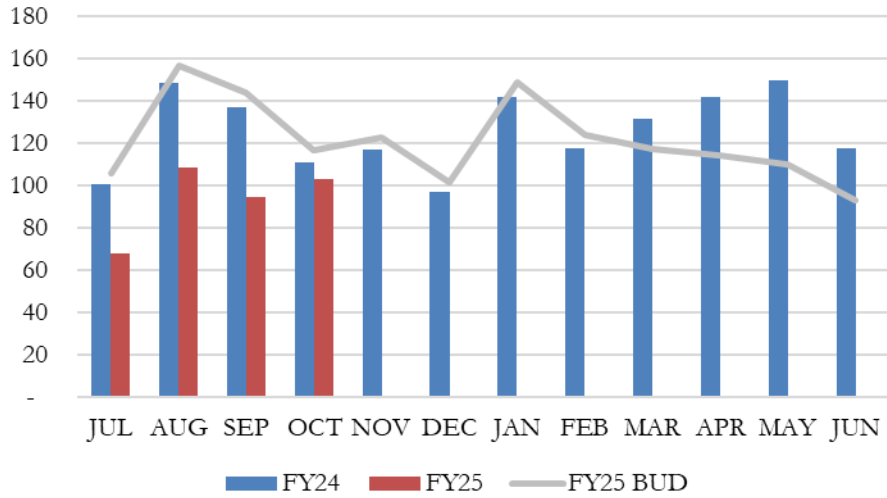
IP Payor Mix



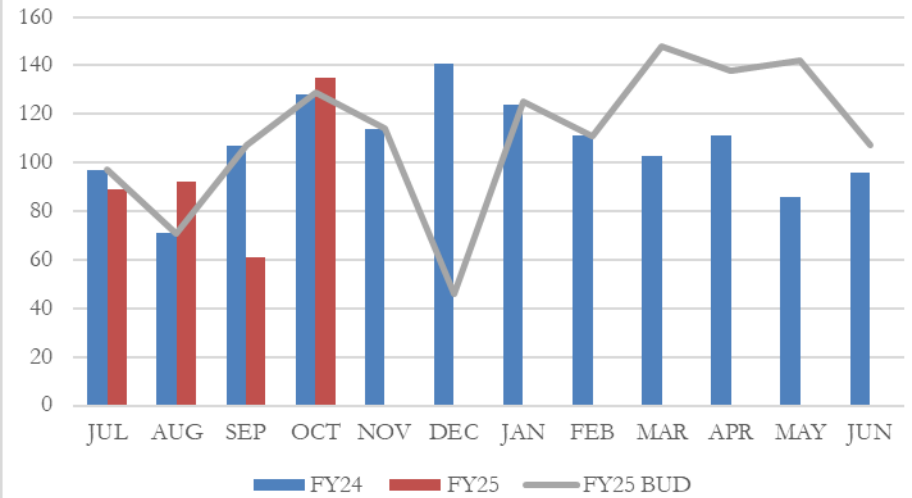
OP Payor Mix



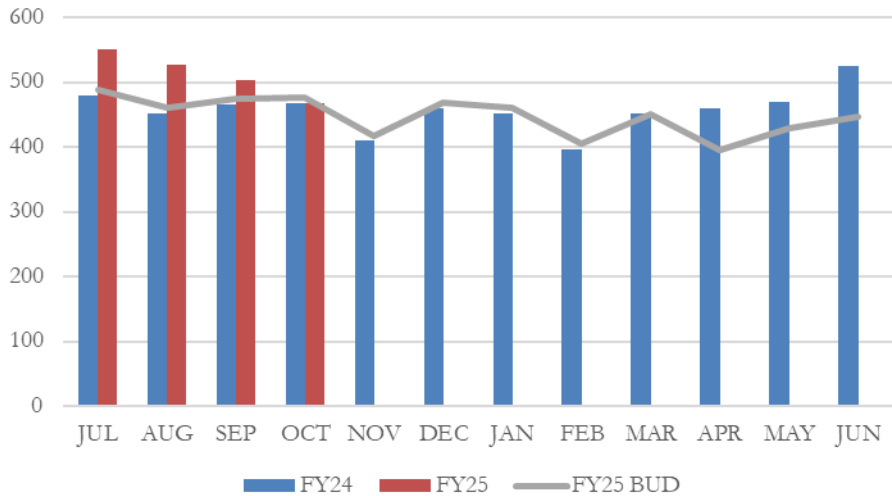
IP Days



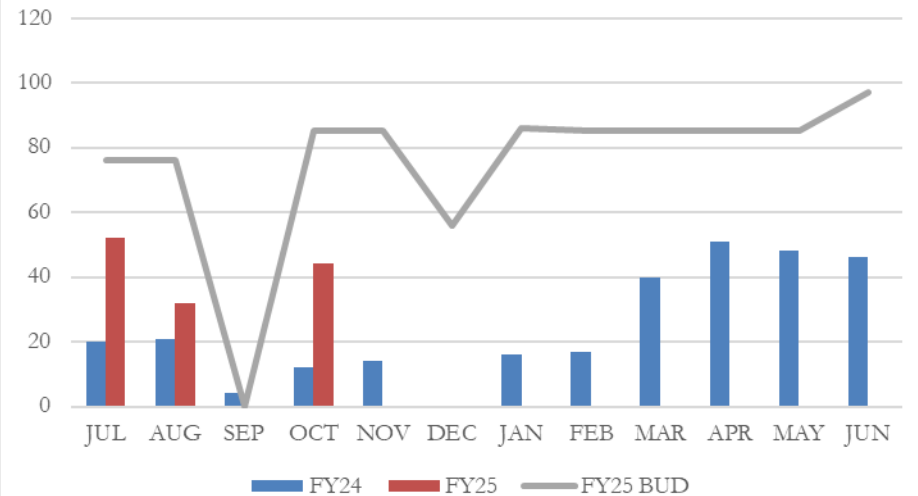
Swing Bed Days



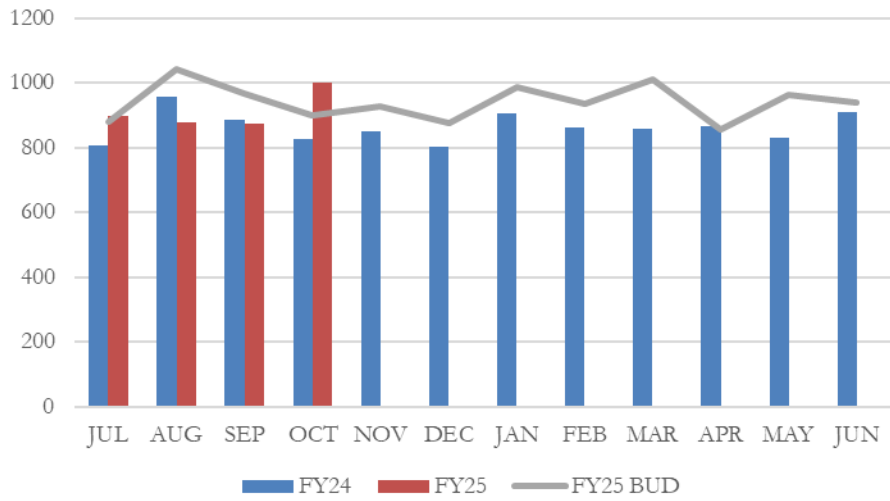
ER Visits



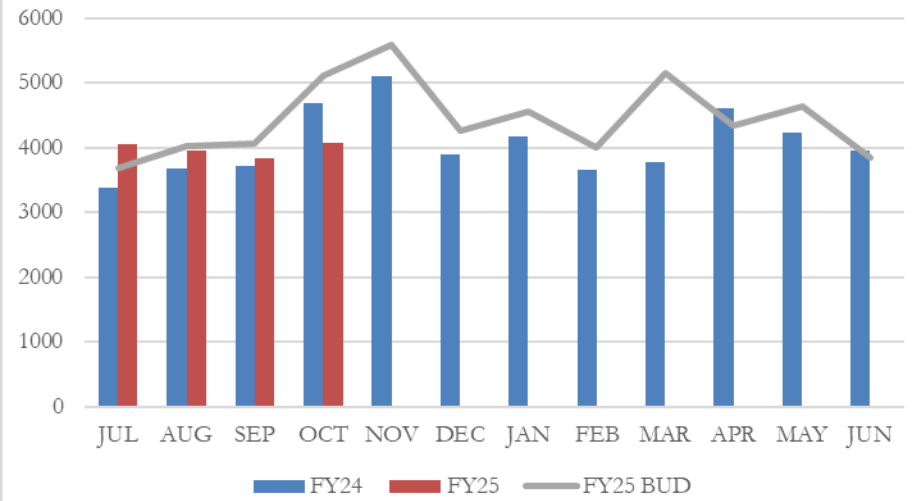
Surgery Patients



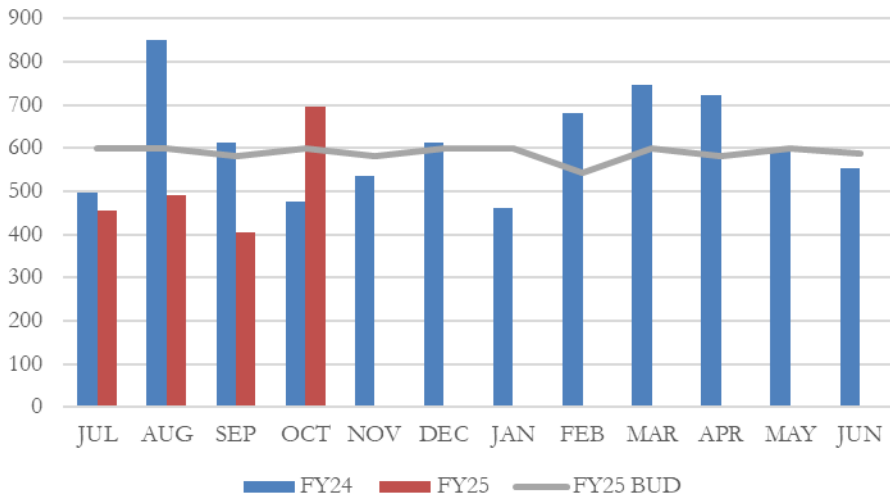
Imaging Visits



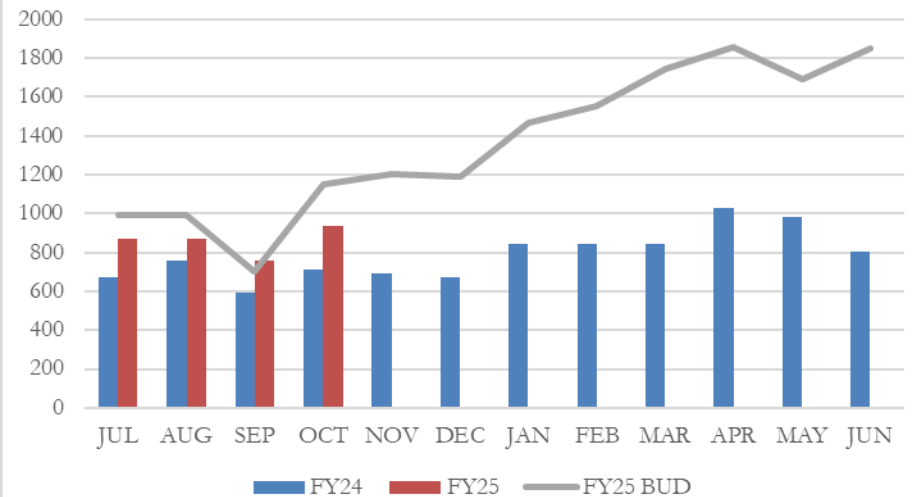
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2024

	Balance as of October 2024	Balance as of June 2024	Change	Balance as of June 2023
Assets				
Current Assets				
Cash - Operating	741,208	1,400,507	(659,299)	8,783,262
Investments - Unrestricted	3,291,301	4,076,428	(785,127)	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	10,276,589	11,721,015	(1,444,426)	12,771,743
Patient Accounts Receivable	7,670,231	7,228,498	441,732	5,628,112
Allowance for Uncollectibles	(3,270,150)	(3,320,866)	50,716	(2,814,433)
Net Patient Accounts Receivable	4,400,081	3,907,633	492,448	2,813,679
Other Receivables	825	21,045	(20,220)	20,892
Inventory	321,116	230,931	90,185	262,233
Prepaid Expense	406,816	465,262	(58,446)	367,358
Property Tax Receivable	416,617	80,964	335,652	28,158
Total Current Assets	15,822,043	16,426,850	(604,807)	16,264,064
Property, Plant and Equipment				
Land	461,527	461,527	-	461,527
Property and Equipment:	20,576,941	20,435,404	141,536	20,092,234
Less: Accumulated Depreciation	(15,611,830)	(15,194,163)	(417,667)	(13,904,245)
Construction In Progress	3,160,581	684,972	2,475,608	28,376
Net PP&E	8,587,218	6,387,741	2,199,477	6,677,893
Total Assets	24,409,261	22,814,591	1,594,671	22,941,957



Southern Coos Hospital & Health Center

Balance Sheet

For The Period Ending October 2024

	Balance as of October 2024	Balance as of June 2024	Change	Balance as of June 2023
Liabilities and Net Assets				
Current Liabilities				
Accounts Payable	1,043,961	1,307,337	(263,376)	842,313
Accrued Payroll and Benefits	1,348,090	1,411,152	(63,062)	1,145,490
Line of Credit	2,667,915	-	-	-
Interest and Other Payable	30,691	100,993	(70,302)	100,328
Medicare Reserve Payable	492,983	747,650	(254,667)	1,441,004
Current Portion of Long Term Debt	759,337	763,258	(3,922)	250,887
Current Liabilities	6,342,976	4,330,389	2,012,587	3,780,023
Long-Term Debt	4,784,755	5,047,502	(262,746)	5,745,681
Less Current Portion of Long-Term Debt	(759,337)	(763,258)	3,922	(250,887)
Total Long-Term Debt, net	4,025,419	4,284,244	(258,825)	5,494,794
Total Liabilities	10,368,394	8,614,633	1,753,762	9,274,817
Net Assets:				
Fund Balance	14,199,958	13,667,140	532,818	12,531,014
Change in Net Position	(159,091)	532,818	(691,910)	1,136,125
Total Net Assets	14,040,867	14,199,958	(159,091)	13,667,140
Total Liabilities & Net Assets	24,409,261	22,814,591	1,594,671	22,941,957



Southern Coos Hospital & Health Center

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

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$6k - Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k - SWOREIPA Quality Incentives

	Current Month - Oct-2024					Year To Date - Oct-2024				
	Oct-2024 Actual	Oct-2024 Budget	Variance	Var %	Oct-2023 Actual	Oct-2024 Actual	Oct-2024 Budget	Variance	Var %	Oct-2023 Actual
Patient Revenue										
Inpatient	1,050,934	1,119,221	(68,287)	(6.1%)	1,018,842	3,847,640	4,538,483	(690,844)	(15.2%)	4,133,514
Outpatient	3,677,565	3,673,859	3,707	0.1%	2,826,783	13,712,864	14,280,099	(567,235)	(4.0%)	11,527,772
Total Patient Revenue	4,728,499	4,793,079	(64,580)	(1.3%)	3,845,624	17,560,504	18,818,582	(1,258,078)	(6.7%)	15,661,286
Deductions From Revenue										
Total Deductions	1,773,793	1,729,460	(44,333)	(2.6%)	1,212,238	6,567,180	6,887,772	320,592	4.7%	5,751,504
Revenue Deductions %	37.5%	36.1%			31.5%	37.4%	36.6%			36.7%
Net Patient Revenue	2,954,705	3,063,619	(108,913)	(3.6%)	2,633,387	10,993,324	11,930,810	(937,487)	(7.9%)	9,909,782
Other Operating Revenue	1,633	101,543	(99,910)	(98.4%)	880	* 21,423	406,172	(384,749)	(94.7%)	1,000
Total Operating Revenue	2,956,339	3,165,162	(208,823)	(6.6%)	2,634,267	11,014,747	12,336,983	(1,322,236)	(10.7%)	9,910,782
Operating Expenses										
Salaries & Wages	1,411,435	1,568,773	157,338	10.0%	1,296,214	5,178,865	6,065,087	886,223	14.6%	4,613,511
Contract Labor	218,291	110,584	(107,707)	(97.4%)	202,973	898,873	683,922	(214,951)	(31.4%)	948,375
Benefits	359,496	408,454	48,959	12.0%	366,228	1,304,117	1,621,358	317,241	19.6%	1,126,053
Total Labor Expenses	1,989,222	2,087,811	98,590	4.7%	1,865,414	7,381,854	8,370,367	988,513	11.8%	6,687,939
Professional Fees	280,760	248,167	(32,593)	(13.1%)	295,359	1,049,321	987,028	(62,293)	(6.3%)	1,115,773
Purchased Services	429,034	291,908	(137,127)	(47.0%)	234,027	1,388,379	1,167,631	(220,748)	(18.9%)	1,017,977
Drugs & Pharmaceuticals	94,796	77,835	(16,961)	(21.8%)	64,809	371,760	308,829	(62,931)	(20.4%)	292,679
Medical Supplies	13,738	31,909	18,171	56.9%	16,269	116,944	113,670	(3,273)	(2.9%)	71,153
Other Supplies	74,934	119,061	44,126	37.1%	76,376	358,088	476,243	118,155	24.8%	346,793
Lease and Rental	-	-	-	0.0%	1,100	-	-	-	0.0%	3,300
Maintenance & Repairs	14,394	28,160	13,766	48.9%	18,279	81,877	112,642	30,765	27.3%	78,856
Other Expenses	74,788	106,131	31,343	29.5%	70,668	360,834	412,684	51,850	12.6%	263,696
Utilities	32,149	29,577	(2,572)	(8.7%)	19,831	105,104	118,310	13,205	11.2%	97,225
Insurance	21,508	20,618	(891)	(4.3%)	19,860	86,484	82,470	(4,014)	(4.9%)	79,439
Depreciation & Amortization	103,820	167,301	63,480	37.9%	114,846	417,667	669,203	251,536	37.6%	406,646
Total Operating Expenses	3,129,144	3,208,478	79,334	2.5%	2,796,838	11,718,312	12,819,075	1,100,763	8.6%	10,461,476
Operating Income / (Loss)	(172,805)	(43,316)	(129,489)	298.9%	(162,571)	(703,565)	(482,093)	(221,473)	45.9%	(550,694)
Non-Operating										
Property Taxes	107,423	96,045	11,378	11.8%	104,710	372,832	364,325	8,507	2.3%	385,832
Non-Operating Revenue	28,237	19,203	9,035	47.0%	5,554	58,161	76,811	(18,650)	(24.3%)	66,501
Interest Expense	(21,802)	(47,125)	25,323	(53.7%)	(17,245)	(92,904)	(188,499)	95,595	(50.7%)	(95,164)
Investment Income	27,790	42,800	(15,010)	(35.1%)	44,134	206,385	171,202	35,184	20.6%	165,255
Gain(Loss) on Sale of Assets	-	-	-	0.0%	(14,924)	-	-	-	0.0%	(14,924)
Total Non-Operating	141,649	110,923	30,725	27.7%	122,229	544,474	423,839	120,635	28.5%	507,501
Change in Net Position	(31,157)	67,607	(98,764)	(146.1%)	(40,342)	(159,091)	(58,254)	(100,837)	173.1%	(43,194)



Southern Coos Hospital & Health Center

Income Statement

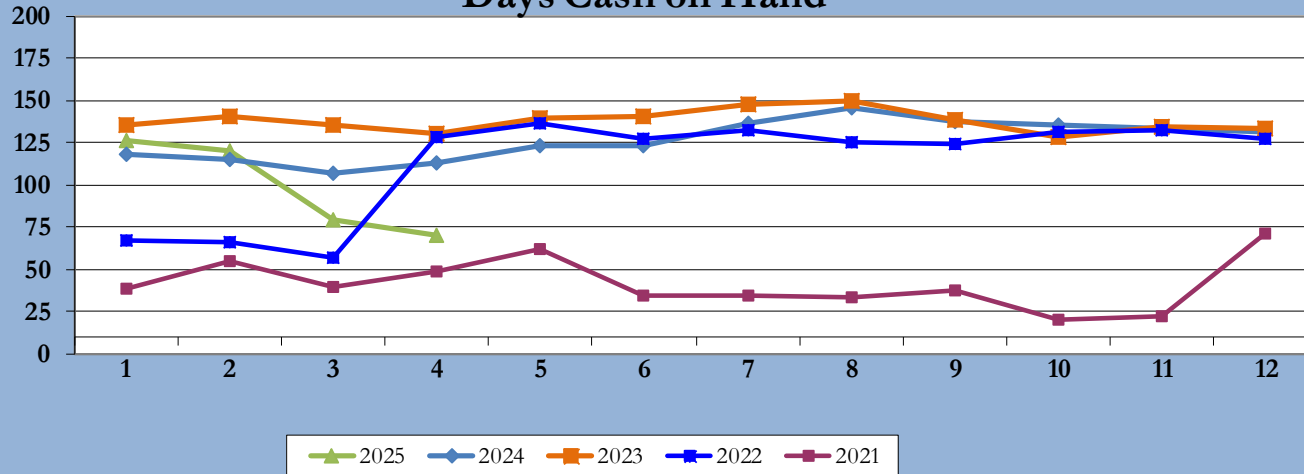
For The Period Ending October 2024

Comparison to Prior Months

	Current FY 2025					
	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Patient Revenue						
Inpatient	1,182,810	993,919	927,420	956,036	913,250	1,050,934
Outpatient	3,306,888	3,305,149	3,571,297	3,333,664	3,130,338	3,677,565
Total Patient Revenue	4,489,698	4,299,068	4,498,717	4,289,700	4,043,588	4,728,499
Deductions From Revenue						
Charity Services	19,768	31,801	15,185	24,379	8,965	8,925
Contractual Allowances	1,589,783	1,403,392	1,484,531	1,481,971	1,506,780	1,194,426
Other Discounts	123,232	193,038	61,901	100,556	127,981	355,014
Bad Debt	(2,698)	(20,786)	(3,941)	(11,012)	(3,911)	215,428
Total Deductions	1,730,085	1,607,445	1,557,676	1,595,895	1,639,815	1,773,793
Net Patient Revenue	2,759,614	2,691,623	2,941,041	2,693,805	2,403,772	2,954,705
Other Operating Revenue	1,345	42,897	16,931	320	2,538	1,633
Total Operating Revenue	2,760,959	2,734,520	2,957,972	2,694,125	2,406,310	2,956,339
Operating Expenses						
Salaries & Wages	1,190,872	1,198,810	1,087,849	1,426,350	1,253,231	1,411,435
Benefits	360,596	338,576	293,733	318,847	332,041	359,496
Contract Labor	309,047	227,960	254,099	236,808	189,675	218,291
Professional Fees	283,716	266,522	275,764	245,590	247,207	280,760
Purchased Services	271,258	351,856	349,571	329,589	280,184	429,034
Medical Supplies	17,097	19,071	45,472	48,133	9,602	13,738
Drugs & Pharmaceuticals	150,696	64,080	102,854	95,091	79,020	94,796
Other Supplies	117,722	110,375	70,674	96,213	116,268	74,934
Depreciation & Amortization	104,101	104,354	104,515	104,717	104,615	103,820
Maintenance & Repairs	17,379	25,848	19,682	24,663	23,137	14,394
Utilities	30,727	27,149	23,989	26,225	22,742	32,149
Insurance	21,508	63,589	21,508	21,508	21,959	21,508
Other Expenses	85,331	102,907	80,105	99,176	106,764	74,788
Total Operating Expenses	2,960,052	2,901,098	2,729,814	3,072,910	2,786,444	3,129,144
Excess of Revenue Over Expenses from Operations	(199,093)	(166,578)	228,159	(378,785)	(380,134)	(172,805)
Non-Operating						
Unrestricted Contributions	93,248	135,558	78,913	93,248	93,248	107,423
Other NonOperating Revenue\Expense	9,743	49,027	14,683	10,106	5,134	28,237
Investment Income	28,799	33,475	74,244	74,485	29,867	27,790
Gain(Loss) on Sale of Assets	-	753	-	-	-	-
Total Non-Operating	131,790	218,813	167,841	177,838	123,415	163,451
Interest Expense	(23,218)	(23,005)	(22,306)	(22,090)	(21,872)	(21,802)
Excess of Revenue Over Expenses	(90,521)	29,230	373,693	(223,037)	(278,591)	(31,157)



October 2024 Days Cash on Hand



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	99.0
2024	126.4
2023	137.8
2022	113.0
2021	41.2

Benchmark

80 Days

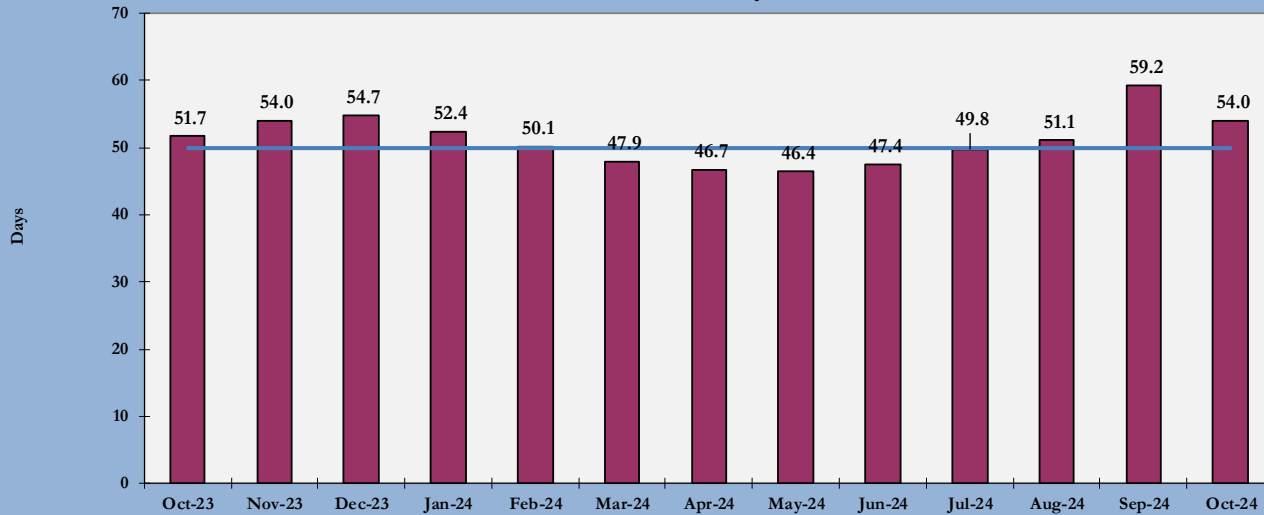
How ratio is used:

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	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2025	126.5	120.0	79.0	70.5								
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



October 31, 2024 - Days in A/R



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

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

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

Benchmark 50

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

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
A/R (Gross)	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	7,671,394
Days in AR	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1	59.2	54.0
***	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
A/R (Gross)	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	7,671,394
Days in Month	31	30	31	31	29	31	30	31	30	31	31	30	31
Monthly Revenue	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	4,728,499
3 Mo Avg Daily Revenue	129,372	130,028	129,311	135,125	138,338	141,547	146,198	146,357	147,763	144,429	142,255	139,478	141,976
Days in AR	51.7	54.0	54.7	52.4	50.1	47.9	46.7	46.4	47.4	49.8	51.1	59.2	54.0



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

Approved Projects:

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

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		
OBSG 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
--------------	------------	-----------------	----------------	------------------	----------------	-------

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

<u>1,052,000</u>	<u>31,413</u>	<u>1,020,587</u>
------------------	---------------	------------------

Grand Total

<u>1,188,000</u>	<u>42,742</u>	<u>1,145,258</u>
------------------	---------------	------------------



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 OCT	BUD OCT	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics											
Clinic Days	76	89	79	89	70	74	79	119	304	371	(68)
Total Visits	641	776	670	776	550	494	731	931	2,592	2,976	(384)
Visits/Day	8.4	8.7	8.5	8.7	7.9	6.7	9.3	7.8	8.5	8.0	0.5
Total RVU	1,603	1,773	1,563	1,773	1,079	1,103	1,258	2,102	5,503	6,751	(1,248)
RVU/Visit	2.50	2.29	2.33	2.29	1.96	2.23	1.72	2.26	2.12	2.27	(0.15)
RVU/Clinic Day	21.09	19.92	19.92	19.92	15.41	14.91	15.92	17.67	18.13	18.20	(0.06)
Gross Revenue/Visit	342	399	427	400	503	431	340	408	398	408	(10)
Gross Revenue/RVU	137	175	183	175	256	193	198	181	187	180	8
Net Rev/RVU	60	77	77	78	107	88	86	79	80	80	0
Expense/RVU	106	142	112	140	142	221	146	99	124	141	(17)
Diff	(46)	(64)	(34)	(62)	(35)	(133)	(61)	(20)	(44)	(61)	17
Net Rev/Day	1,258	1,540	1,541	1,546	1,656	1,316	1,361	1,398	1,450	1,451	(2)
Expense/Day	2,226	2,821	2,228	2,783	2,189	3,302	2,330	1,747	2,245	2,563	(318)
Diff	(968)	(1,280)	(687)	(1,237)	(533)	(1,986)	(969)	(349)	(795)	(1,112)	317
Patient Revenue											
Outpatient											
Total Patient Revenue	219,184	309,620	286,179	310,347	276,506	212,813	248,839	379,872	1,030,708	1,212,651	(181,942)
Deductions From Revenue											
Total Deductions From Revenue (Note A)	123,571	172,528	165,186	172,724	160,610	115,411	141,298	213,511	590,666	674,174	(83,508)
Net Patient Revenue	95,613	137,092	120,993	137,623	115,895	97,401	107,541	166,361	440,042	538,477	(98,435)
Total Operating Revenue	95,613	137,092	120,993	137,623	115,895	97,401	107,541	166,361	440,042	538,477	(98,435)
Operating Expenses											
Salaries & Wages	104,563	153,914	101,380	153,914	86,254	151,253	94,335	106,550	386,532	565,631	(179,099)
Benefits	12,145	13,799	9,032	12,537	9,911	12,132	10,743	11,897	41,831	50,365	(8,535)
Purchased Services	0	0	0	0	0	0	0	0	0	0	0
Medical Supplies	1,089	875	430	875	591	875	637	875	2,746	3,500	(754)
Other Supplies	78	610	(7)	610	245	610	457	610	773	2,439	(1,666)
Maintenance and Repairs	0	21	0	21	0	21	0	21	0	85	(85)
Other Expenses	4,783	3,292	1,766	3,292	2,067	3,292	17,220	3,292	25,837	13,167	12,670
Allocation Expense	46,496	78,522	62,282	76,477	54,169	76,153	60,679	84,687	223,627	315,839	(92,212)
Total Operating Expenses	169,153	251,033	174,884	247,726	153,238	244,336	184,071	207,932	681,346	951,026	(269,680)
Excess of Operating Rev Over Exp	(73,539)	(113,940)	(53,892)	(110,103)	(37,343)	(146,935)	(76,530)	(41,571)	(241,304)	(412,549)	171,245
Total Non-Operating Income	1,585	394	1,269	394	0	394	0	394	2,854	1,575	1,279
Excess of Revenue Over Expenses	(71,954)	(113,547)	(52,623)	(109,709)	(37,343)	(146,541)	(76,530)	(41,177)	(238,450)	(410,974)	172,524

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



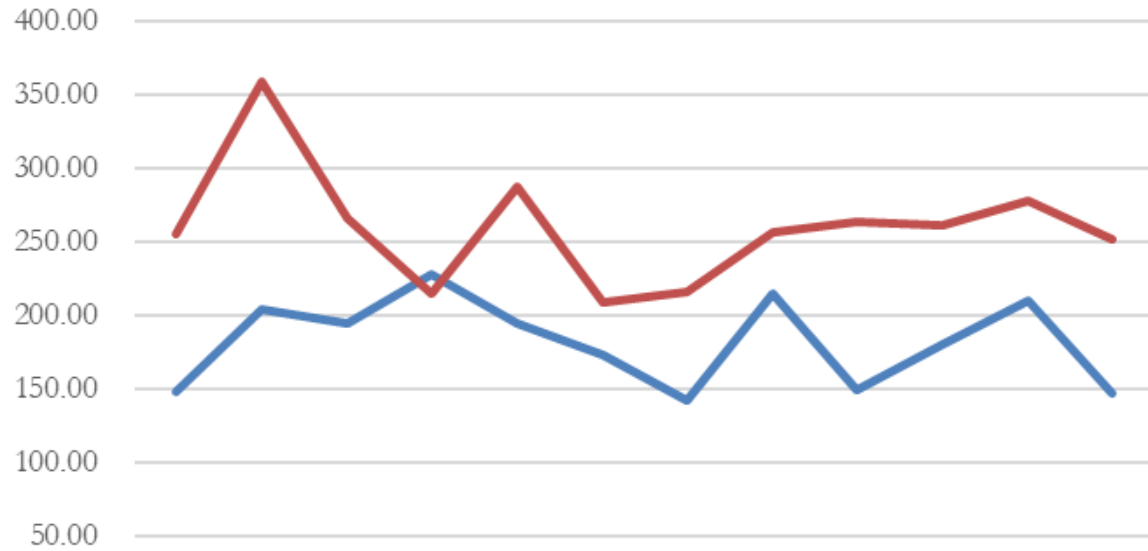
Southern Coos Hospital & Health Center

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

	Current Month - Oct-2024			Year To Date - Oct-2024		
	Hospital Actual	Clinic Providers Actual	Oct-2024 Actual	Hospital Actual	Clinic Providers Actual	Oct-2024 Actual
Patient Revenue						
Inpatient	1,050,934	-	1,050,934	3,847,640	-	3,847,640
Outpatient	3,428,726	248,839	3,677,565	12,682,156	1,030,708	13,712,864
Total Patient Revenue	4,479,659	248,839	4,728,499	16,529,795	1,030,708	17,560,504
Deductions From Revenue						
Total Deductions	1,632,495	141,298	1,773,793	5,976,514	590,666	6,567,180
<i>Revenue Deductions %</i>	<i>36.4%</i>	<i>56.8%</i>	<i>37.5%</i>	<i>36.2%</i>	<i>57.3%</i>	<i>37.4%</i>
Net Patient Revenue	2,847,164	107,541	2,954,705	10,553,281	440,042	10,993,324
Other Operating Revenue	1,633	-	1,633	21,423	-	21,423
Total Operating Revenue	2,848,798	107,541	2,956,339	10,574,704	440,042	11,014,747
Operating Expenses						
Total Labor Expenses	1,884,144	105,078	1,989,222	6,953,491	428,363	7,381,854
Total Other Operating Expenses	1,060,929	78,993	1,139,923	4,083,475	252,983	4,336,458
Total Operating Expenses	2,945,073	184,071	3,129,144	11,036,966	681,346	11,718,312
Operating Income / (Loss)	(96,275)	(76,530)	(172,805)	(462,262)	(241,304)	(703,565)
Net Non-Operating Revenues	141,649	0	141,649	541,620	2,854	544,474
Change in Net Position	45,373	(76,530)	(31,157)	79,358	(238,450)	(159,091)
Collection Rate %	63.6%	43.2%	62.5%	63.8%	42.7%	62.6%
Compensation Ratio %	66.1%	97.7%	67.3%	65.8%	97.3%	67.0%
OP EBIDA Margin \$	7,545	(76,530)	(68,985)	(44,595)	(241,304)	(285,898)
OP EBIDA Margin %	0.3%	(71.2%)	(2.3%)	(0.4%)	(54.8%)	(2.6%)
Total Margin (%)	1.6%	(71.2%)	(1.1%)	0.8%	(54.2%)	(1.4%)



Net Revenue/Expense Per Clinic Visit - Clinic Combined



	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Net Rev/Visit	147.77	204.04	194.28	227.88	194.26	172.98	142.82	215.23	149.16	180.59	210.72	147.12
Expenses/Visit	255.02	359.31	266.06	215.46	288.00	208.78	216.67	256.61	263.89	261.02	278.61	251.81



Surgical Services 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 OCT	BUD OCT	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics											
Productive Days	21	21	23	23	21	21	22	22	21	21	0
Total Visits	52	76	32	76	0	-	44	85	128	237	(109)
Visits/Day	2.5	3.6	1.4	3.3	0.0	0.0	2.0	3.9	6.1	11.3	(5.2)
Gross Revenue/Visit	4,803	2,754	5,072	3,043	-	-	2,801	1,790	4,230	2,802	1,429
Net Rev/Day	7,018	5,880	4,163	5,933	174	2,002	3,305	4,081	15,213	18,656	(3,443)
Expense/Day	6,979	8,831	6,558	8,028	3,073	8,011	9,085	8,591	26,752	34,635	(7,883)
Diff	38	(2,951)	(2,395)	(2,095)	(2,899)	(6,009)	(5,780)	(4,510)	(11,539)	(15,979)	4,440
Patient Revenue											
Outpatient											
Total Patient Revenue	249,777	209,303	162,290	231,283	6,180	71,268	123,234	152,172	541,481	664,026	(122,545)
Deductions From Revenue											
Total Deductions From Revenue (Note A)	102,409	85,814	66,539	94,826	2,534	29,220	50,526	62,391	222,007	272,251	(50,243)
Net Patient Revenue	147,368	123,489	95,751	136,457	3,646	42,048	72,708	89,782	319,474	391,775	(72,302)
Total Operating Revenue	147,368	123,489	95,751	136,457	3,646	42,048	72,708	89,782	319,474	391,775	(72,302)
Operating Expenses											
Salaries & Wages	58,708	103,344	97,820	103,344	34,331	100,168	122,759	107,283	313,618	414,139	(100,521)
Benefits	18,630	27,923	22,280	27,104	15,591	25,128	21,581	26,188	78,082	106,343	(28,261)
Purchased Services	46,564	20,629	9,706	20,629	(8,000)	20,629	33,696	20,629	81,966	82,516	(550)
Medical Supplies	11,582	16,989	8,670	16,989	4,930	5,738	6,714	18,322	31,896	58,039	(26,143)
Other Supplies	5,383	8,167	6,281	8,167	9,740	8,167	8,327	8,167	29,731	32,669	(2,938)
Maintenance and Repairs	5,313	6,347	5,980	6,347	7,382	6,347	5,908	6,347	24,584	25,390	(806)
Other Expenses	388	2,059	100	2,059	557	2,059	875	2,059	1,921	8,234	(6,313)
Allocation Expense											-
Total Operating Expenses	146,569	185,459	150,838	184,641	64,532	168,236	199,859	188,995	561,799	727,331	(165,533)
Excess of Revenue Over Expenses	799	(61,971)	(55,087)	(48,184)	(60,885)	(126,188)	(127,151)	(99,214)	(242,325)	(335,556)	93,231



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	83,383	88,672	75,000	13,672
Construction	479,295	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	7	12,272	150,000	(137,728)
Total Project Expense	769,533	823,803	830,000	(6,197)

Major Variances for Actual vs Expected

Most capital equipment has not been paid for, amounts were added to the project tracker when PO was placed

Construction costs are not paid for, amount added to the project tracker when quote was obtained



Lower SPD Project Estimate

Sterile Processing & Surgical Services Financial Model

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

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

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



Upper SPD Project Estimate

Sterile Processing & Surgical Services Financial Model

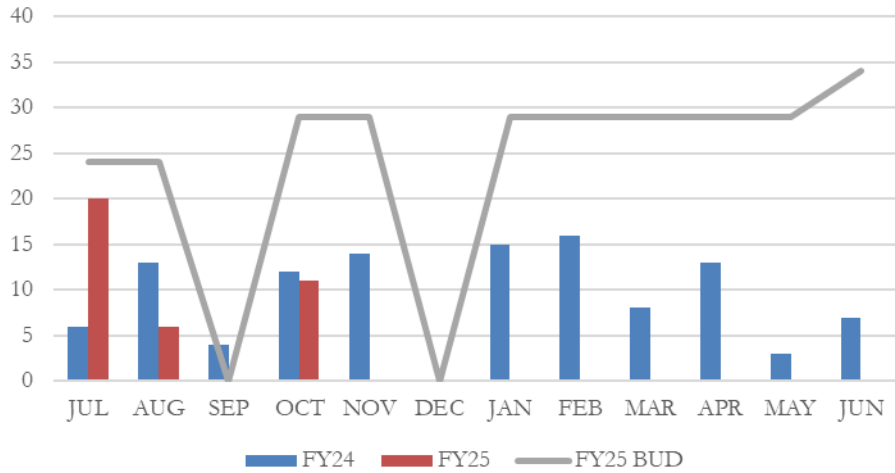
SPD Remodel Investment (5 Year Financing)	
Architectural & Engineering Fees	75,000
Construction	400,000
SPD Equipment	150,000
Total	625,000
Additional Routine Capital Needs	
Liposuction Equipment	55,000
Other Instrumentation & Equipment	150,000
Total	205,000
Total Year 1 Investment	830,000

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

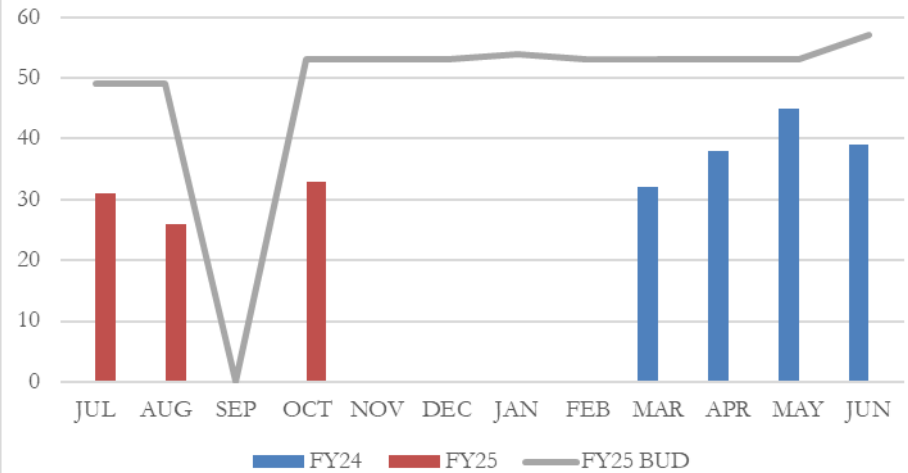
Projected Annual Cashflows	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
Surgical Operating Revenues	4,239,411.17	4,404,748.21	4,576,533.39	4,755,018.19	4,940,463.90	5,133,141.99	5,333,334.53
Surgical Operating Expenses	(3,759,118.16)	(3,920,785.42)	(4,089,405.44)	(4,265,277.26)	(4,448,712.75)	(4,640,037.19)	(4,839,589.86)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



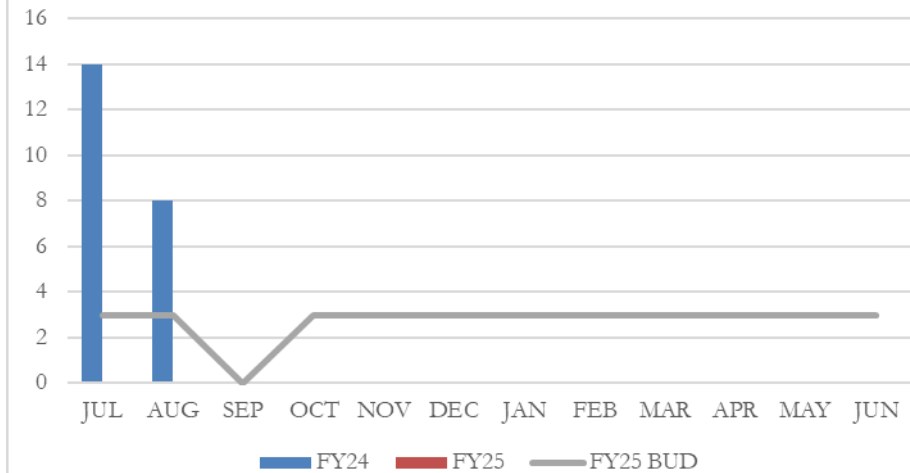
Pain Procedures



Hand/Plastics Procedures



Other



ER Provider Income Summary

All Providers

For The Budget Year 2025

										Current Budget YTD	
	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT YTD	FY25 Budget	Variance
Provider Productivity Metrics											
Productive Days	31	31	31	31	30	30	31	31	123	123	0
Total Visits	551	489	527	460	503	475	467	476	2048	1,899	149
Visits/Day	17.8	15.8	17.0	14.8	16.8	15.8	15.1	15.3	16.7	15.4	1.2
Operating Expenses											
Purchased Services	173,960	174,840	169,800	174,840	168,880	169,200	172,340	174,840	684,980	693,720	(8,740)
Other Expenses	5,087	4,018	4,627	4,018	2,390	3,889	2,719	4,018	14,823	15,944	(1,121)
Total Operating Expenses	179,047	178,858	174,427	178,858	171,270	173,089	175,059	178,858	699,803	709,664	(9,861)

