

**Board of Directors Regular Meeting & Executive Session  
December 19, 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 192.660(2)(i) and 192.660(8) to review and evaluate the performance of an officer, employee or staff member if the person does not request an open meeting. No decision will be made in Executive Session.*
  - 1. Review of Executive Session Minutes-11/21/24
  - 2. Monthly Reports: Risk & Compliance (No December Quality or Medical Staff meetings)
  
- 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 Report from Executive Session:
    - a. Risk & Compliance Report**Motion to Approve Report from Executive Session.....(action)**
  
- IV. Consent Agenda**
  - 1. Meeting Minutes:
    - a. Regular Meeting–11/21/24 ..... 3
    - b. Executive Session–11/21/24 (*Provided in Executive Session*)
  - 2. Policies for Approval:
    - a. 800.025 Clinical Departments Procedure Development Maintenance & Mgmt..... 9
  - 3. Monthly Counsel Invoice – Robert S. Miller III Attorney - None
  - Motion to Approve Consent Agenda.....(action)**
  
- V. New Business**
  - 1. Facility Master Plan Proposal – Joe Kunkle.....(action)11
  - 2. Coast Community Health Center Services Exhibits to Master Services Agreement..... 32
    - a. Exhibit 1 Information Technology Support Services (*under separate cover*).....(action)
    - b. Exhibit 2 Financial Support Services (*under separate cover*).....(action)
  
- VI. Old Business - None**
  
- VII. Staff Reports-Discussion**
  - 1. CEO Report..... 34
  - 2. Multi-Specialty Clinic Report (*no December report*)
  - 3. CMO Report ..... 36
  - 4. CNO Report ..... 37
  - 5. CFO Report ..... 39
  - 6. CIO Report ..... 41
  - 7. SCHD Foundation Report ..... 42
  - 8. Strategic Plan Update (*under separate cover*)

<b>VIII.</b>	<b>Monthly EHR/ERP Implementation</b>	
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	2. Dashboard.....	45
<b>IX.</b>	<b>Monthly Financial Statements: Review &amp; Discussion</b>	
	1. CFO Month End Summary Narrative.....	47
	2. Month End Statements for Period Ending November 30, 2024 .....	49
<b>X.</b>	<b>Open Discussion</b>	
<b>XI.</b>	<b>Adjournment</b>	

**Southern Coos Health District  
Board of Directors Meeting  
Open Session Minutes  
November 21, 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 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.

**At 6:35 p.m. the meeting moved to Open Session.**

- II. **Open Session Call to Order at 6:37 p.m.**

**Roll Call – Quorum established;** Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison; Norbert Johnson, Director/Quality Liaison, and Robert Pickel, Director. **Administration:** Raymond Hino, CEO; Antone Eek, CFO; Alden Forrester, MD, CMO; Scott McEachern, CIO; Philip Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, Counsel; Stacy Nelson, HR Director; Brenda Sund, Controller; Alix McGinley, Interim SCH Foundation Director Kim Russell, Executive Assistant. **Via Remote Link:** Tony Andrade, Moss Adams Audit Firm; Cori Valet, CNO; Amanda Bemetz, Quality/Risk/Compliance Director. **Press:** None.

**1. Agenda - Corrections or Additions**

900.001 Finance Committee & Budget Committee Role & Regulatory Compliance was moved out of Consent Agenda to New Business for discussion. The first item under New Business, the Audit Report to be advanced in the agenda, shown below under V. New Business, 1. Annual Audit Report.

Mary Schamehorn **moved** to accept the agenda with Finance Committee Policy moved to New Business. Norbert Johnson **seconded** the motion. **All in favor. Motion passed.**

**2. Public Input – None.**

- III. **Action from Executive Session**

**1. Quality & Patient Safety, Risk & Compliance**

**a. Quality Assurance & Performance Improvement Plan**

**2. Medical Staff**

a. **Physician Credentialing & Privileging**

**2-Year Privileges –New**

Ginger Vaughn, MD – Provisional – Emergency Medicine

**2-Year Privileges – Reappointments**

None

**Direct Radiology Appointments & Reappointments – After Hours Reading Radiology**

William Phillips, MD - Reappointment – Courtesy

Asti Pilika, MD – Reappointment - Courtesy

**Medical Staff Status Change**

Fernando Dietsch, MD – Emergency Med –Privileges Lapse 12.31.24

Rajesh Ravuri, MD – Hospitalist – Resigning Privileges as of 12.31.24

Bhaskar Ongole, MD – Hospitalist – Resigning Privileges as of 12.31.24

Paavani Atluri, MD – Hospitalist – Privileges Lapse 12.31.24

Robert Pickel **moved** to approve the Quality & Patient Safety Report and Medical Staff Report. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

**IV. Consent Agenda**

**1. Meeting Minutes**

a. Regular Meeting–10/24/24

b. Executive Session-10/24/24 (presented in Executive Session)

**2. Policies for Approval:**

a. 900.001 Finance Committee & Budget Committee Role & Regulatory Compliance (*moved to New Business*)

b. 163.006 Provider Orientation & Annual Education Policy

c. 800.024 Clinical Dept Procedure Development Maintenance & Mgt.

**3. Monthly Counsel Invoice – None**

Mary Schamehorn **moved** to approve the Consent Agenda, with 900.001 Finance policy moved to item #4 under new business for discussion and approval. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

**V. New Business**

**1. Annual Audit Report – Tony Andrade, Moss Adams, LLC**

Tony Andrade from Moss Adams attending via remote link, shared his Powerpoint presentation, with paper copies also provided to meeting attendees. Mr. Andrade provided the year-end audit review including both hospital and foundation financials, with the firm issuing a clean opinion on compliance with Oregon Minimum Standards. There were no findings regarding internal controls. Mr. Andrade addressed the confusion regarding the firm’s planning letter regarding a standard notification for smaller organizations. The Cost Report adjustment was

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reviewed. Mr. Andrade provided an overview of the audit review of financial statement components of Revenue and Expense details, with comparisons to other regional critical access hospitals, with Southern Coos comparing favorably or similarly to regional hospitals and other AB hospitals in Oregon. The FY24 year-end report closed with a \$169,000 positive bottom line.

## **2. Coast Community Health Center Collaboration Update/Contract Review**

Mr. Hino provided a copy of the proposed master services agreement reviewed by counsel, Davis Wright and Tremaine. The master services agreement is the base document on which other exhibits for specific services will be added as identified, potentially to include Information Systems support and Financial Accounting. Individual exhibits will be approved separately by both boards and able to be cancelled or added separate from the master services agreement and with separate terms.

Mary Schamehorn **moved** to approve the collaboration master services agreement as presented. Robert Pickel **seconded** the motion. **Discussion:** Southern Coos current priority is the Epic and Sage conversion. Exhibits not anticipated to be prepared until late December or January. Accounting support is needed; audit necessary to determine next steps. **All in favor. Motion passed.**

## **3. Employee Holiday Bonus**

Mary Schamehorn **moved** to approve the proposed annual employee end of year bonus. Pam Hansen **seconded** the motion. Norbert Johnson **recused** himself as a spouse of an employee. **4 in favor; 1 abstention. Motion passed.**

## **4. 900.001 Finance Committee & Budget Committee Role & Regulatory Compliance** (moved from Consent Agenda)

Tom Bedell, Chairman and Chair of the Finance Committee, introduced the new policy that names the Finance Committee as a advisory committee to the District Board, therefore future meetings will be publicly noticed and open to the public. The Finance Committee will meet 3 times per year with a 4<sup>th</sup> meeting as the Budget Committee as required by Oregon Budget Law, to review the annual budget.

Mary Schamehorn **moved** to approve policy 900.001 as presented. Norbert Johnson **seconded** the motion. **Discussion:** No change is required to the Bylaws document. **All in favor. Motion passed.**

# **VI. Old Business**

## **1. District Bylaws**

Mr. Hino submitted additional clarification to the Bylaws amendment approved in October, under Article III, adding language taken from the SDAO (Special Districts of Oregon) governance training documentation received in July, to clarify allowed communication methods. Final simplification of language provided by members.

Final document to be prepared for signature.

## VII. Staff Reports

### 1. CEO Report

Raymond Hino, CEO, provided a summary of his printed report. Highlights included: **Staffing:** Mr. Hino shared, with regret, the resignation of Dawn Gray, Clinic Manager, for personal reasons. Interviews are in progress. We are pleased to have several qualified candidates. Ms. Gray will be available to assist with orientation and training of her replacement. We are very pleased to have Kassandra Keller in place as our Assistant Manager, doing a great job. Recruitment of a general surgeon is in process as well as a review of possible dermatologist and dermatologist PA. **Marketing:** Southern Coos is exploring the possibility of securing a second billboard in the Bandon area, south of town on Hwy 101. **End of Year:** The annual employee end of year/holiday party will be held on Saturday, December 14, at Bandon Fisheries Warehouse, with board members cordially invited to attend. **Discussion:** Mr. Bedell requested a copy of the master contract list created in response to DNV requirements.

### 2. Clinic Report

The Clinic Report was written and submitted by Dawn Gray and presented tonight by Ray Hino, CEO. A question was posed later in the meeting about the number of 153 cancellations. It was discussed that this number does not reflect that many of these appointments are rescheduled. When an appointment is cancelled, staff work to reschedule that appointment. We are pleased to have received interest from several qualified candidates for the Clinic Manager position.

### 3. CMO Report

Dr. Forrester thanked the board for the opportunity to serve the Bandon Community in this new position as Chief Medical Officer. Dr. Forrester will also be included in the hospitalist rotation. Dr Jennifer Webster will start in the outpatient clinic in January. General surgery recruitment is in process. Southern Coos is also currently exploring Providence's telemedicine stroke and general neurology services. Dr. Forrester is performing a systematic review of all clinical policies and procedures with current focus on those directly related to the implementation of EPIC and deficiencies from our recent DNV survey.

### 4. CNO Report

Cori Valet, CNO, attending via remote link, provided a summary of her report for the month of October. **Staffing:** Ms. Valet was pleased to report the addition of 3 full-time staff with a CNA, a Unit Coordinator, and full-time RN in surgical services. **Community:** An additional community vaccine clinic has been scheduled November 30 to make available the surplus flu and Covid vaccines, in conjunction with another communication event. In the interest of time, Ms. Valet referred to the written report. There were no questions.

## **5. CFO Report**

The Sage enterprise resource platform implementation is complete with the Financial Accounting team working out remaining issues. Thanks to all staff for their work on this transition. Financial reports generated from the new system will have a different appearance next month. Employee medical benefits will be moving from Moda Health to Regence Blue Cross Blue Shield, with open enrollment before end of year. We are pleased to have negotiated successfully to minimize any increase in cost to the employee.

## **6. CIO Report**

Scott McEachern, CIO, provided a summary of his monthly report. The Information Systems team priority has been planning, preparation and training for the upcoming Epic implementation transition to occur on Saturday, December 7. The annual HIPAA Risk Assessment is in process with final report to be presented in January. Southern Coos will participate in a free cybersecurity review through the Microsoft Tech for Social Impact initiative with funds granted to our consultant FSi for completion. The Information Systems team is working with the larger project team on infrastructure of the Second Street building to be utilized for administrative staff in the near term.

## **7. SCHD Foundation Report**

Mr. Bedell introduced Alix McGinley, interim Health Foundation Executive Director. Ms. McGinley opened her monthly report by encouraging support for the Bottle Drop matching funds campaign. The 25<sup>th</sup> Anniversary local lecture series continues with Dr. Forrester to present on December 3. Promotion has begun for the next quarterly art show. The 2024 year-end fundraising slogan is, "It's a wonderful community," a nod to the holiday favorite, "It's a Wonderful Life." A mailer and social media campaign is scheduled to begin the first week of December. Southern Coos received confirmation that the grant request submitted to Bandon Dunes and the Keizer Family Foundation was approved and awarded in the amount of \$171,000 to fund our Master Facility Plan.

## **8. Strategic Plan**

Ray Hino, CEO, provided a review of the strategic plan with paper copies provided at the meeting. At this time, Executive Team focus has been on the Sage and Epic implementations. It was understood that following the Epic conversion, attention will return to details of the strategic plan.

## **VIII. Monthly EHR/ERP Implementation**

Mr. McEachern reviewed the project dashboard Key Milestones, noting excellent staff and provider engagement at 80% to-date. This weekend November 23-24 is the mock cutover exercise for outpatient scheduling and registration with key staff. The December 6-7 cutover is anticipated to be intense, with Providence support staff on site. We have invited Furry Friends to make the rounds during business

hours and have several days of complimentary meals and treats scheduled. Staff have been focused, engaged, and positive. After go-live, the Command Center will focus on clinical and revenue cycle workflows. **Risk areas:** Several risk focus areas show improvement; no areas in “red” at this time, with attention still on workflow analysis. **Financial:** the \$1.4M payment was made to Tegria.

**IX. Monthly Financial Statements Review & Discussion**

Mr. Eek reviewed financial statements for the month ending November 30, noting that performance appears skewed where missing revenue from budgeted services does not show relative expense. In November, both Imaging and the ER outperformed budgeted expectations. Labor was below budget. We are starting to see improvements in charge capturing with Coding Concepts and anticipate additional improvement with the Epic implementation. The legacy system, older charges, were categorized as bad debt, as well as a recent large swingbed write off, we are working on with Advanced Health. We are pleased to welcome Dr. Webster to the clinic in January. We hope to extend the contract with Judith Fitzgibbons, FNP. The Epic electronic medical record will help to increase clinic productivity, as well as the addition of a new clinic medical director. Days cash on hand is below the benchmark of 80 at 70.5 days due to lowered collections efforts by outgoing vendor. We are redesigning how we work with patients with time of service co-pay collection. Days in Accounts Receivable is down to 54 and will continue to lower. **Discussion:** Insurance payor contracts are currently in review for purpose of renegotiation.

**X. Open Discussion**

The group offered congratulations to Mary Schamehorn on her reelection as Bandon Mayor, and wishes to all for a Happy Thanksgiving.

**XI. Adjournment.** The meeting adjourned at 8:43 p.m. The next regular meeting will be held on December 19, 2024 at the Bandon Professional Center conference room. Public meetings will resume at the hospital location in January.

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Thomas Bedell, Chairman 12-19-2024

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Mary Schamehorn, Secretary 12-19-2024





DEPARTMENT:	Administration	NUMBER:	800.025
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:	800.025
SUBJECT:	Clinical Departments Procedure Development, Maintenance and Management	PAGE:	2 of 2
EFFECTIVE DATE:	November 21, 2024	REPLACES POLICY DATED:	N/A
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- 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: December 13, 2024  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO   
SUBJECT: Master Facility Plan Proposal and Recommendation

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### Recommended Action

It is the recommendation of management that the SCHHC Board of Directors give approval for engaging the services of The Healthcare Collaborative Group to create a Master Facility Plan for Southern Coos Hospital & Health Center, including engaging with design professionals and engineers, market analysis, financial analysis, and others, for a cost not to exceed \$171,000, unless additional Board approval is given for additional costs.

### Background

The current Southern Coos Hospital & Health Center was built in 1999 and celebrated 25 years of serving the Bandon and surrounding areas community earlier this year. Unfortunately, the current structure has size and space limitations that make it difficult, if not impossible, to adequately fulfill our mission of providing the highest level of care possible for our patients and our community. This is evidenced by, at least, the following:

- No Emergency Department Waiting Room
- Only 2 treatment areas in the Emergency Department with privacy walls
- Undersized Clinical Laboratory and inadequate space for drawing blood for our patients
- Undersized Medical Imaging Department with no space for Radiologist Reading Room
- Patient rooms with 2 beds, instead of private patient rooms
- Only 1 surgical suite
- Cluttered hallways
- Only 1 meeting room
- Undersized outpatient clinic with providers sharing office space and exam rooms being used for office space
- Many staff being asked to work remotely from home due to inadequate office space
- Inadequate parking space

I could go on, but that is a starter list of inadequacies in the current building. The lack of space has led the hospital to acquire an additional building on 2<sup>nd</sup> street in Bandon for additional expansion. More space is needed. Management has been creative, but ultimately there is a need for a comprehensive plan for the future that will evaluate our current space requirements and future needs and plan for space for future expansion. That is what we plan to accomplish through the creation of a Master Facility Plan.

### Summary

Recognizing that Southern Coos Hospital & Health Center is “bursting at the seams,” and out of space, management is proposing the creation of a Master Facility Plan, which will identify a methodical and

systematic approach to facility planning with a desired future physical plant. The final plan will also provide recommendations for financing the cost of construction of new facilities. In order to aid in the development of this plan, management applied to the Bandon Dunes Charitable Foundation for funding for the necessary professional resources to create a plan. We are beyond grateful to the Bandon Dunes Charitable Foundation for their decision to fully fund and support our process to plan for the future. I am attaching to this memorandum a copy of the press release that went out this week to announce the grant award.

We wish to thank the Keizer family and the entire Bandon Dunes organization, and especially the Bandon Dunes Charitable Foundation for their generosity that will greatly aid Southern Coos Hospital & Health Center to plan to serve the Bandon community and the Southern Oregon Coast for the next 25 years and beyond.

**\*\*FOR IMMEDIATE RELEASE\*\***

Contact:

Amy Moss Strong

Southern Coos Hospital & Health Center

Phone: 541-347-2426

Email: amossstrong@southerncoos.org

## **Building the Blueprint for Bandon’s Future: Southern Coos Health Foundation and the Southern Coos Hospital & Health Center Unveils Master Facilities Planning Initiative**

Bandon, OR — December 11, 2024

Southern Coos Health Foundation (SCHF) and Southern Coos Hospital & Health Center (SCHHC) are thrilled to announce the receipt of a transformative gift from the Bandon Dunes Charitable Foundation that will allow SCHF and SCHHC to launch our joint Master Facilities Planning (MFP) initiative. Due to the generosity of the Bandon Dunes Charitable Foundation, we will embark on a comprehensive and collaborative project designed to address the growing healthcare needs of the southern Oregon coast while ensuring sustainable growth and enhanced service delivery for the community.

For years, SCHF and SCHHC have benefited from the generous support of the Bandon Dunes Charitable Foundation and The Keiser Family’s Charitable Giving. This partnership has fostered critical programs, including the Bandon School District School Nurse Program, the Living & Aging Well initiative, and expanded healthcare access through the Multi-Specialty Clinic.

Building on this strong foundation, the MFP initiative represents the next step in SCHHC’s strategic vision to improve healthcare access, quality, and infrastructure. A central focus for the MFP initiative is to work closely with the hospital’s community partners, such as the Bandon Dunes Golf Resort, the City of Bandon, Bandon School District, Coast Community Health Center, as well as local businesses and developers, to develop durable and effective plan that benefits all of Bandon and the surrounding communities.

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### **Expanding Healthcare Services for the Future**

In recent years, SCHHC has experienced a surge in patient volume and increasing demand for specialized services. The MFP initiative will provide a detailed roadmap to guide future growth, ensuring facilities and resources align with the evolving needs of the community.

Key elements of the MFP include:

#### **Short-Term Initiatives:**

- Launching a retail pharmacy within the SCHHC Multi-Specialty Clinic by March 31, 2025, providing affordable access to essential medications.
- Implementing tele-neurology services in the Emergency Department, leveraging advanced technology to connect patients with specialists in real time.

**Long-Term Planning:**

- Comprehensive analysis of current facilities to identify opportunities for improvement.
- Strategic evaluation of SCHHC land assets and prioritization for future development.
- Integration of prioritized capital investments into SCHHC’s Long-Range Financial Plan.

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**A Commitment to Community Well-Being**

“Our mission to deliver exceptional, compassionate care with a personal touch remains at the heart of this initiative,” said Raymond T. Hino, CEO of SCHHC. “The Master Facilities Plan will empower us to meet current and future healthcare needs while fostering economic growth in Bandon. We are grateful for the ongoing support of the Bandon Dunes Charitable Foundation, which allows us to dream bigger and serve better.”

The MFP will address critical objectives, including reducing wait times, enhancing care quality, and aligning services with the needs of a growing, aging population. Additionally, as Bandon’s second-largest employer, SCHHC is committed to contributing to regional economic stability and collaboration with local businesses.

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**MFP Project Timeline**

The generous early investment from the Bandon Dunes Charitable Foundation will be pivotal in shaping the future of healthcare for the region.

The MFP planning process has already started, in collaboration with The Healthcare Collaborative Group, based out of Portland, Oregon. A central element of the MFP is to gather community input through a series of in-person focus groups; these events are slated to begin in March-May 2025, with initial deliverables, including facility assessments and land evaluations, to be completed by April 2026.

With the MFP as a blueprint, SCHHC aims to create a robust and resilient healthcare infrastructure that prioritizes patient care, operational excellence, and community prosperity.

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**About Southern Coos Health Foundation**

Southern Coos Health Foundation supports Southern Coos Hospital & Health Center in delivering high-quality, compassionate healthcare to the residents of Bandon and surrounding communities. Through strategic planning, innovative programs, and community partnerships, SCHF strives to enhance health outcomes and foster a healthier future.

For more information or to support this initiative, contact Alix McGinley, Interim Executive Director, at [amcginley@southerncoos.org](mailto:amcginley@southerncoos.org).

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\*\*###END###\*\*

# Southern Coos Hospital & Health Center Master Facilities Planning



**December 19, 2024**



# Agenda

- Introductions
- THCG Overview
- Overview of MFP Process
- A/E RFP Elements and Process
- Project Structure
- Financing
- Milestones
- Q/A, Next Steps

# THCG Overview

- Founded in 2006 – translate strategy/ops to facilities
- Background in operations, finance, strategy
- Passion for rural health
- Managed development of 10 new hospitals in PNW
- 2 hospitals under development currently
- Client List

# THCG Client List

Franciscan Health System (Tacoma WA)

Catholic Health Initiatives (Denver CO)

Swedish Healthcare (Seattle WA)

Multi-Care (Tacoma WA)

PeaceHealth (Vancouver WA)

Samaritan Health System (Corvallis OR)

**Samaritan Healthcare (Moses Lake WA)**

**Columbia Memorial Hospital (Astoria OR)**

**Telluride Hospital District (Telluride CO)**

Enloe Hospital (Chico CA)

**Lake District Hospital (Lakeview OR)**

**San Juan Public Hospital District #1**

**Harney District Hospital (Burns, OR)**

**Willapa Harbor Hospital (South Bend, WA)**

St. Alphonsus Health System (Boise, ID)

**Coquille Valley Hospital (Coquille, OR)**

**Vashon Health Care District (WA)**

**Family Health Centers (Omak, WA)**

Trios Healthcare (Kennewick WA)

**St Elizabeth Hospital (Enumclaw WA)**

**Peace Island (Friday Harbor WA)**

**Peace Harbor Hospital (Florence OR)**

St Joseph Hospital (Bellingham WA)

**Lake Chelan Health District (Chelan, WA)**

St Anthony Hospital (Gig Harbor, WA)

**St Anthony Hospital (Pendleton, OR)**

Salem Health (Salem OR)

**Kittitas Valley Healthcare (Ellensburg, WA)**

Sky Lakes Medical Center (Klamath Falls OR)

**Quincy Valley Medical Center (Quincy, WA)**

**Samaritan Pacific Comm. Hospital (Newport)**

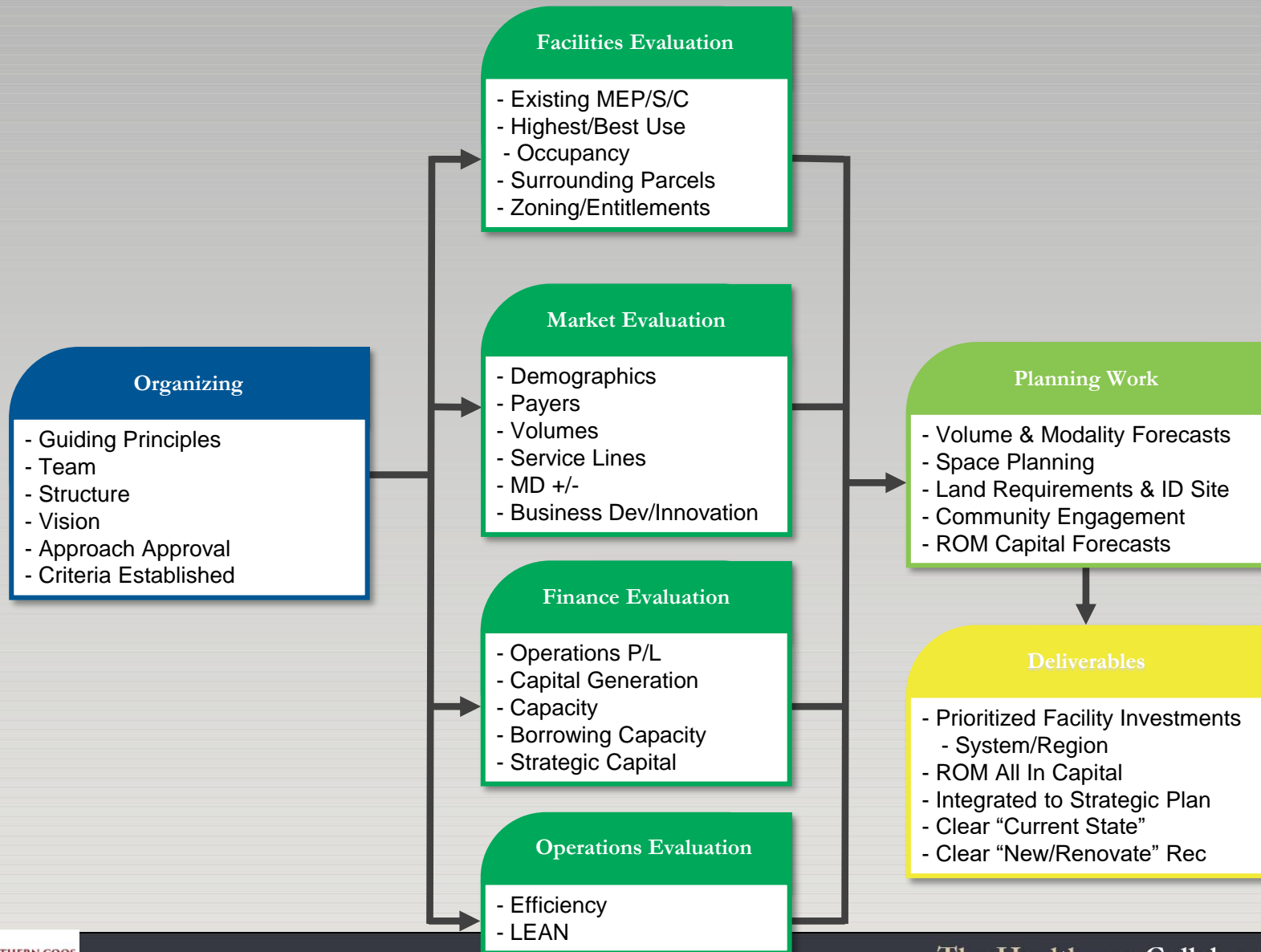
**Curry Health Network (Brookings, OR)**

**Summit Pacific Med Center (Elma, WA)**

# SFP Methodology:

- The SFP identifies the type, quantity and location of spaces needed by the organization and contains two main components;
  - the first being an in-depth analysis of existing facilities
  - and the other an achievable and affordable plan to meet the organization's needs (tied to strategic plan)

# MFP Process Overview



# Architectural and Engineering Selection - PROCESS

- Draft RFP for services
- Short List to 3-4 firms
- Interviews
- Preferred Firm
- Fee Proposal

# A/E RFP Elements

- Rural Healthcare Experience (CAH)
- Include Engineering Firms on Team
- Coastal Experience
- LEAN Experience
- Community Engagement
- Other

# A/E RFP Selection

- Issue/Publish RFP
- Proposals Due (3-4 Weeks later)
- Initial Screen (1 Week later)
- Interviews (2 Weeks later)
- Selection (Immediately after interview)



# Risk Register

System	Impact Level	Risk/Impact Description and Notes
<b>Mechanical Systems</b>		
Ventilation	6	Decentralized cooling system with portions past their rated life, energy code concerns. Areas are difficult to access and maintain. Aging equipment
Cooling	8	DX Cooling Only, Energy Code and DOH Long Term Concerns
Heating	3	Centralized, Proper Code redundancy, Single Fuel Source. Equipment near its rated life, but not past.
Controls	4	System issued are currently being addressed. Controls are being upgraded and improved
<b>Plumbing Systems</b>		
Domestic HW, CW, and ICW	9	Lack of readily available hot water noted in areas. Age of Piping and distribution systems concern, Access to piping for ongoing repair.
Plumbing Fixtures	5	Older vintage fixtures working fine. May require replacement or difficulty getting parts
Medical Gas	3	Proper Code Setup and operation. Newer Equipment
Sanitary Sewer, Vent and Storm	9	Documented blockages in the existing system. Aging piping and access issues
Fire Protection	2	Code compliant system and distribution.
<b>Electrical Systems</b>		
Utility Service	5	Any modifications to the 208V main service switchboard itself may trigger code required addition of main service breaker.
Generator & Essential Electrical System	8	Capacity and code deficiencies mean a remodel or expansion will likely trigger major modifications to this system.
Electrical Distribution	4	Aging existing distribution will likely require upgrade or replacement within area of remodel.
Lighting & Lighting Controls	2	Aging existing lighting and lighting controls will likely require replacement within areas of remodel.
Signal Systems	2	Aging existing signal systems will likely require replacement within areas of remodel.

# Project Structure

- Project “Core Team” (weekly)
- Steering Committee
- Connection to Board
- Engagement process
  - Leadership
  - Medical Staff
  - Greater Coos Co Community

# Financial Aspects

- Baseline/Forecast P&L
- Strategic Capital
- Capital Stack for facility investments
  - Reserves
  - Borrowing Capacity
  - Public Funds
  - Grants, Philanthropy
  - Other (New Market Tax Financing)

# Market Analysis, Forecasting & Engagement

- Inpatient/Swing/ Ambulatory
- New Program development v. expansion of current
- Forecast Timeline
- Community Engagement Process
- Health Facilities Planning & Development

# Project Cost

- All-In Estimate
- Grant Funding

# Estimated Milestones

- Issue/Publish RFP (March 2025)
- Short List (April 2025)
- Interviews & Selection (May/June 2025)
- Kickoff with A/E Team (August 2025)
- Facility Evaluations (Aug/Sep 2025)
- Market analysis (Aug-Oct 2025)
- Community Engagement (Oct 2025)
- Option development & Prioritization (Nov 2025 – Feb 2026)
- Final Report/Rec (April 2026)

# Questions?



DATE: December 13, 2024  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO *Raymond T. Hino*  
SUBJECT: CCHC Clinic Support Services Agreement, Exhibit 1 and Exhibit 2

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Recommended Action

It is the recommendation of management that the SCHHC Board of Directors give approval for Exhibit 1 and Exhibit 2, that will be additions to the Coast Community Health Center Clinic Support Services Agreement that was approved by both the SCHHC Board of Directors and the CCHC Board of Directors in November 2024.

Background

On August 27, 2024, the Boards of Directors for both Southern Coos Hospital & Health Center and Coast Community Health Center, met in a Joint Boards meeting in the Bandon Library Community Room. At the meeting, our CFO, Antone Eek, presented a draft Master Collaboration Services Agreement template that required further legal review by the attorneys for both SCHHC and CCHC. After several months of working with counsel for both organizations a Coast Community Health Center (CCHC) Clinic Support Services Agreement was finally completed and agreed upon by legal counsel for both entities and presented to both boards for approval at the November board meetings. Both boards approved the document.

It was presented that the Clinic Support Services Agreement was the Master Agreement that described the relationship between the 2 organizations. The actual details of services to be provided by each entity to the other would be defined and documented in Exhibits to this agreement. This month we are presenting Exhibit 1 and Exhibit 2. Here is a brief description of each.

Exhibit 1

Exhibit 1 will cover the Information Technology Support Services that are proposed to be provided by SCHHC to CCHC. These services will include, at minimum, (1) access to cybersecurity protection for CCHC's electronic record system, (2) help desk support services, and (3) technical support for CCHC's OCHIN Epic system. Exhibit 1 will also include the cost of these services to CCHC. We believe that SCHHC will be able to provide these support services at lower cost than CCHC would be able to procure these services in the market.

Exhibit 2

Exhibit 2 will include Financial Support Services for CCHC. Examples of the types of services to be provided will include: (1) Assistance with creation of monthly financial reports, (2) accounting support and CFO level advice. Just as with Exhibit 1, Exhibit 2 will include the cost of these services to CCHC.



## Summary

The SCHHC 2024 Operating Budget included revenue for providing support services to CCHC. By beginning these support services, we will not only be providing valuable assistance to CCHC. But we will also be creating new revenue producing services for SCHHC. Ultimately, the goal is to create a collaborative relationship between SCHHC and CCHC that will help both organizations to become stronger and better able to provide health care services to our respective patient populations.



## 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, December 2024

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### **Leadership Updates:**

- **Clinic Director Recruitment** – Here is the status of this recruitment in the past 30 days. We have received 41 applications since this recruitment began on 11-4-2024. Of those, 18 have been received in the past 30 days. 5 candidates have been interviewed in the past month via video conferencing. The top 3 candidates have been invited to Bandon for a 2<sup>nd</sup> round of interviews. Of the 3 finalists, 1 is currently in Oregon and 2 are from out of state. The first of those 3 took place on 12-13. The 2<sup>nd</sup> candidate was interviewed on 12-18 and the 3<sup>rd</sup> candidate will be interviewed later this month. I am extremely happy with the quality of the 3 finalist candidates and hope to be able to make an employment offer before the end of this month.
- **Foundation Executive Director Recruitment** – This recruitment has gone slower than the Clinic Director recruitment. We have also received 41 applications since this recruitment began on 7-9-2024. In the past 30 days we have received only 3 new applications, and no additional interviews have taken place. On 12-10-2024 and 12-11-2024, we brought in an experienced Hospital Foundation Executive Director (previously with the 2 Samaritan Health Hospitals in Lincoln City and Newport, Oregon. She was brought in, but not for an interview. She was brought in to conduct an assessment of our current Foundation and to meet Interim Director, Alix McGinley and members of our Foundation Board. She will be providing me with an Assessment Report within the next week, and she has agreed to be a mentor to Alix McGinley to help Alix in her new role as Interim Director. For now, I believe that a pairing of Alix McGinley and our consultant, Ursula Marinelli, will be an effective combination for us.

### **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 offered her an extension of her contract and she declined. We have interviewed 1 full-time FNP, who would be agreeable to coming onboard as an employee in the past month. We have an interview with a physician provider on Monday, 12-16, scheduled.
- We have also interviewed a Dermatology Family Nurse Practitioner for a full-time position in our clinic.

### **Surgery:**

We have decided to continue our general surgeon search. I have a proposal, in hand, with a company that would staff a general surgeon for SCHHC 2 weeks each month. That surgeon would perform all required surgical procedures and endoscopy procedures (colonoscopies, EGDs). We are conducting a financial review of the proposal. My goal is to bring a proposal to the Board for our January Board meeting.

### **DNV Survey:**

- While we are implementing our Epic electronic health record system, work also continues on our DNV accreditation compliance. The next milestone is that we are required to submit objective evidence of compliance with the cited NC-1 findings. Our Quality department has done an excellent job of creating a tracking tool for documentation of corrective action plans. I am supporting the Quality department and our managers in getting all of the corrective action plans completed in a timely manner.

### **Coast Community Health Center:**

- Last month we requested and received approval from the Board of Directors for a Coast Community Health Center Support Services Agreement. That agreement was approved by both the SCHHC Board of Directors and the CCHC Board of Directors last month. This month, under a separate agenda item, we are presenting Exhibit 1 and Exhibit 2 for approval by both boards.

### **Expansion Plans:**

- I am adding a separate agenda item this month to ask for Board approval to proceed with a Master Facilities Plan process.
- In the meantime, we are actively working with the architects that we worked with on the SPD project for a remodel of the current Business Office building to convert it to a clinic. Our plan will be to move the Business Office building occupants to the new building that was recently purchased on 2<sup>nd</sup> Street. The reason for this change is that we have determined that the current business office building will be easier to convert and to get licensed by the Oregon Health Authority. In addition, it has the advantage of being located on our hospital campus.

### **Marketing and Publicity**

- Last month, I reported to the Board that we had secured the rights for a 2<sup>nd</sup> billboard in Bandon. That 2<sup>nd</sup> billboard is located on Highway 101 next to Alpha Heating & Air. Earlier this month, I noticed that the billboard on Highway 101, directly across the street from Rite Aid is now also available. I plan to secure that billboard, due to its prime location, and to allow the billboard next to Alpha Heating & Air to lapse after 12 months (ending 10-31-2025).
- On January 7, 2024, we have been invited to attend the Annual Toast of the South Coast Awards Open House at the Wildflour Public House in North Bend. We plan to attend to receive our awards from this year's "Toast of the South Coast" competition.



## 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, December 2024

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### **Epic Report:**

As is likely covered in much more detail in the CIO report, Epic is up and running throughout our organization. I could not be prouder of how our clinical team is adapting to our new health record. This represents an epic (pun intended) leap in our capabilities as an organization.

### **Clinic Operations:**

The board, in previous meetings, has pointed out concerns regarding our clinic visit volume. In investigating this issue, it has come to my attention that there are many opportunities for improvement over several domains including recruiting new primary and specialty providers, maximizing clinician scheduling, ending the practice of allowing clinicians to deny access to care for residents of the health district, and improving the operational efficiency of the clinic staff.

Dr. Webster, our new clinic medical director and primary care provider, starts next month and I plan to work closely with her, Antone Eek, and the clinic staff to address all of these issues.

### **Recruiting:**

As mentioned above, Dr. Webster will start next month.

We continue to recruit a dermatology physician's assistant to be an employed provider of our clinic.

The dermatology physician group we are in talks with have decided to open their primary clinic in the region at North Bend Medical Center. They have expressed an interest in opening a satellite clinic here, but only wish to rent space from us and it is unclear at this time if that would be financially advantageous for us, especially at a time when our clinic space is so limited.

We are actively recruiting additional primary care providers using multiple channels including recruitment agencies and by developing relationships with residency training programs. I plan to meet with the director of the Roseburg family medicine residency in early January as part of this effort.

Both locums tenens hospitalists currently being recruited have agreed in principle to work here as needed. One has been offered a contract which he is reviewing, the other will be offered a contract shortly.

Unfortunately, after due consideration, we have decided not to offer a contract to the general surgeon interviewed recently. We continue to explore options for surgical coverage including contracting with a surgical group practice to provide general surgery services for us.

## 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 – December 19, 2024

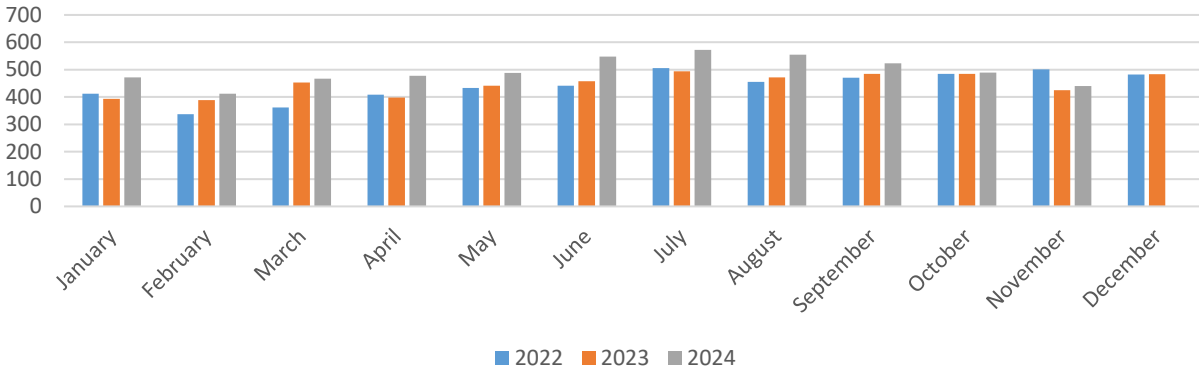
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**Clinical Department Staffing -November 2024** – FTE grid report to be provided December 19, 2024.

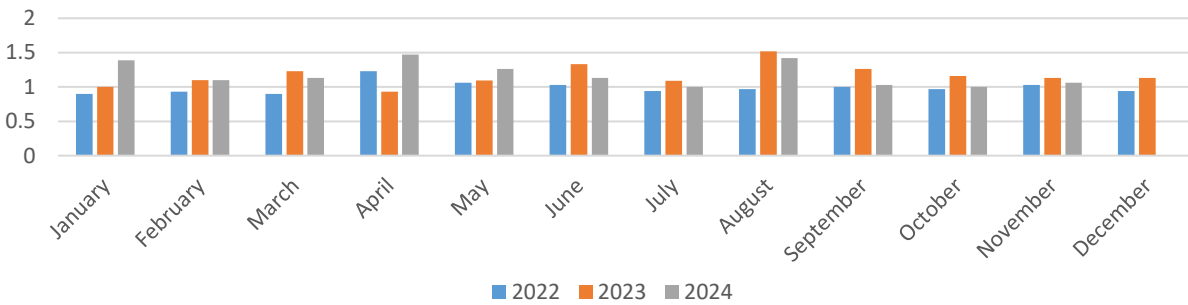
- **Medical-Surgical Department –**
  - Four full-time RN positions vacant (3 Noc shift, 1 Day shift).
  - Three contract RNs utilized.
  - Three full-time CNA positions vacant in October
- **SWING Bed –**
  - One full-time RN case manager position vacant
- **Emergency Department –**
  - Two full-time RN positions vacant.
  - One full-time RN (Nocs) resigned due to family move out of state.
  - One per diem RN transitioned into a full-time position
  - One full-time LPN float position vacant (float between MS and ED).
  - One contract RN utilized.
- **Surgical Services –**
  - 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
  - One RT submitted resignation due to family move out of state.

**Emergency Department Statistics -**

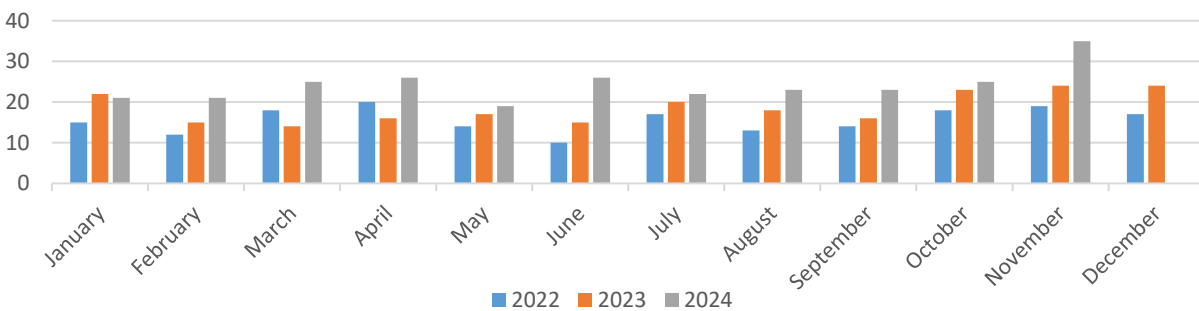
ED Census Tracking 2022-2024



Average ED Admissions to Med-Surg Unit per Day



ED Transfers



- November 2024 Transfers – 34 transfers required due to need for higher level of care or services not offered at SCHHC. 1 transfer due to no bed availability at SCHHC (sick calls on day and night shift, unable to fill vacancies).

## Chief Financial Officer Report

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

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### Nov 2024 Department Achievements/Activities

#### Accounting and Finance Update:

- Successful transition into Sage
  - Reports generating from Sage to produce our financials / additional reports being built
  - Some cleanup of historical data in progress, on track for end of December completion
  - Training continuing for all Accounting and Materials Management functions
- Medicare Cost report for FY24 filed on time, November 27<sup>th</sup>
  - FY25 cost report impact meeting scheduled with CLA to revise settlement expectations for current fiscal year and discuss impacts related to strategic plan

#### Engineering / EVS Update:

- Corner Lot – On Track
  - Tree Removal - Completed
  - Leveling and Gravel - Scheduled

#### Materials Management / Supply Chain Update:

- Coordinate with Wipfli transfer of active Inventory List, vendor list, purchase orders that should be uploaded from CPSI to Sage Intact – **Still in process**
  - Pricing – **Still in process**
- 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. – **Still Monitoring**

#### Revenue Cycle Update:

- **Director of Revenue Cycle:**
  - Started 11/11/24
  - Already working on Epic workflows and staffing re-allocation and structure
  - A/R from Legacy System (CPSI)
- **Billing / Reimbursement**
  - **EPIC – On track** (Claims review starts week of 12/16)
- **Health Information Management (HIM)**
  - Backlog Catchup – Complete
  - EPIC – On Track
- **Coding**
  - Backlog – On Track
  - EPIC – On Track

## Other Items:

- Employee Medical Benefits Negotiations
  - BCBS – OR (Regence) – Complete
    - Employees are now in active selection of benefits (Open enrollment)
- Pharmacy
  - OP Retail Pharmacy
    - Contractor - Inline
    - Cardinal Contracted Services
      - NPI - **Complete**
      - NCPDP- **Complete**
      - Board of Pharmacy – **Submitted**
      - DEA – **On HOLD** (dependent of BOP)
  - 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, December 19, 2024

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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 have finished the first draft of the risk assessment. We will present a final report at the January 2025 meeting.
- Cybersecurity review: we have kicked off a free cybersecurity review that was subsidized as part of Microsoft's Tech for Social Impact initiative. Our consultant FSi submitted a funding request to Microsoft to fund their work on SCH's behalf which we received.
- 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 end of December.
- I will begin working with CCHC to assess their IS infrastructure and then based on that assessment, design a set of services to support their network



## 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, December 19, 2024

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### **Bandon Dunes Charitable Foundation**

Annual grant request was submitted and approved for the \$171,000 ask. Titled Building the Blueprint for Bandon's Future: Master Facilities Planning for Sustainable Growth. Meetings are already underway and additional information to come. Funds have been received and deposited.

### **End of Year Campaign**

Our EOYC is in full swing. This year's 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 and social media. We have begun receiving gifts, all in total \$16,875 as of 12/13. The 18<sup>th</sup> anniversary 2025 **Golf for Health Classic** planning meetings will begin in January.

The **Bottle Drop** program continues to raise money. 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.

### **25<sup>th</sup> Anniversary Lecture Series**

Chief Medical Officer Dr. Alden Forrester finished out our 2024 series on Tuesday, December 3<sup>rd</sup>. He was well received by our community. We will continue on into 2025 with a monthly speaker. Ideas for next year's title?

### **SCHF Quarterly Art Show**

Our next show will be on Sunday, January 12<sup>th</sup> from 2-4 p.m. Theme for this quarter is Windows, Doors & Walls. The Summer Wind Ensemble will provide lovely music for the reception.

### **Gift Shop**

Christmas is here and fun finds are available at our SCHHC Gift Shop. Karen Reber and her volunteers continue their successful fund raising efforts for Mary Richards Scholarships.

# Unlocking the Future: Sage/Epic Implementation Report

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

**From:** Scott McEachern, Chief Information Officer

**Re:** CIO Report for SCHD Board of Directors, December 19, 2024

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## **Implementation Overview: Providence Epic Community Connect**

Southern Coos Hospital & Health Center went live on the Epic electronic health record (EHR) at 2am on December 7<sup>th</sup>, 2024. The SCHHC and Providence support staff spent several hours preparing for the cutover and then several hours after cutover remediating issues with workflows, interface connections, and access issues.

Overall, the implementation has been a huge success and has progressed better than most of our expectations. This is due to the high engagement and enthusiasm of the SCHHC staff: from the nursing staff at the ED and Med-Surg, to the Multi-Specialty Clinic to all of the rest of the staff.

The Providence support team has been onsite since December 5<sup>th</sup> and will leave on Friday, December 20<sup>th</sup>. We have daily meetings with Providence Epic analysts reviewing all aspects of the implementation. Just a few of the high priority meetings include:

- **Top Priority Issue Management (TPIM):** the purpose of this meeting is to review several key performance indicators (KPIs), including:
  - Barcode Administration Management rates
  - Ambulatory Visits
  - Average Registration time
- **Daily Revenue Tracker:** the purpose of this meeting is to review each department's actual revenue against baseline revenue; the goal is for our revenue to be as close as possible to the baseline revenue.
- **Specific Department-Level Revenue Tracker Meetings: Lab, Radiology, and Pharmacy:** each department has specific meetings to review their revenue and investigate issues

We have stood up two command centers for the project: 1. Main Command Center in the hospital conference room, and 2. Revenue Engagement Center, located in the business building conference room.

### **SCHHC Sage/Epic Project Implementation Risks**

Legacy AR Rundown: the reason this is a high risk is because of ongoing issues with working with Trubridge. We have engaged legal counsel to advise us on dis-engaging from Trubridge.

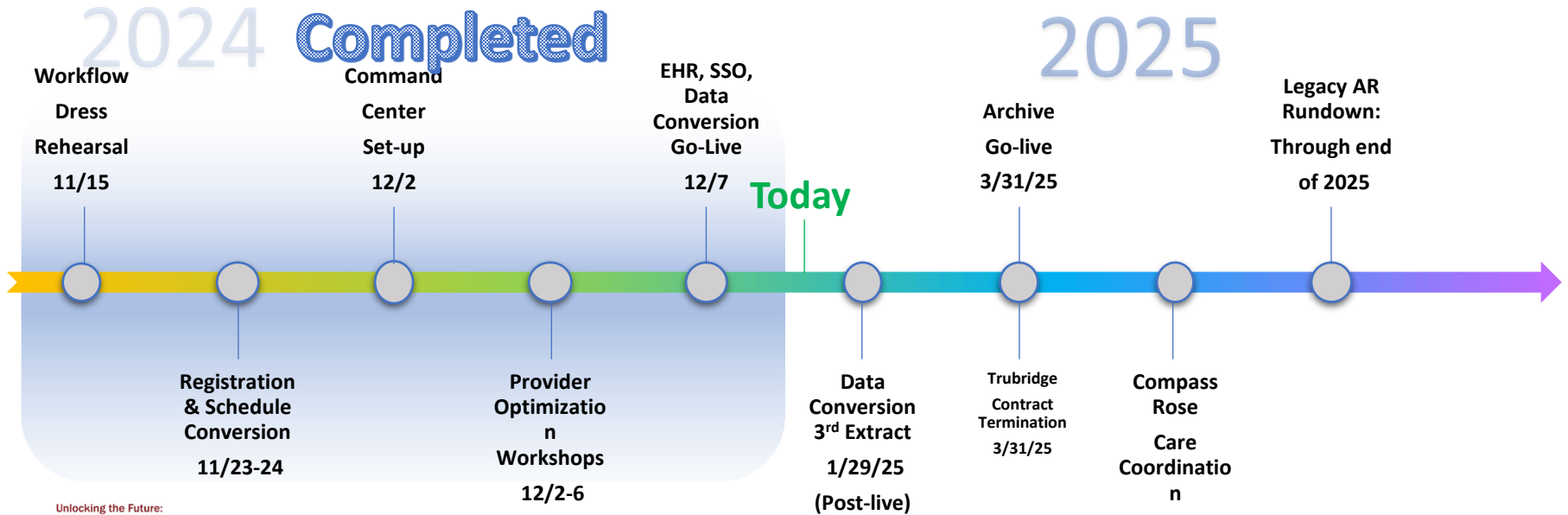
Legacy Clinical Record Archive Go-Live: our last extraction from the legacy system Evident will begin on January 31. The extraction will take about one month due to the limitations of the Evident system and because of the amount of data being transferred.

Documentation Completion in the Legacy System: with every EHR conversion, there is outstanding clinical documentation in the legacy system that needs to be completed before we can ramp down the legacy system to read-only. Medical Records department and Medical Staff department are working with providers to close all charts by December 31, 2024.

Wipfli Project Management of Sage Intacct Solution: we have experienced significant issues with the Wipfli team managing the implementation of Sage Intacct. These issues revolve around inventory management, approval processes, and reporting. We have escalated these issues to Wipfli executives.

Patient Statement Deployment: we are scheduled to begin sending statements to patients in the first week of January. This is by design as part of the implementation process.

# SCHHC Sage/Epic Implementation Milestones

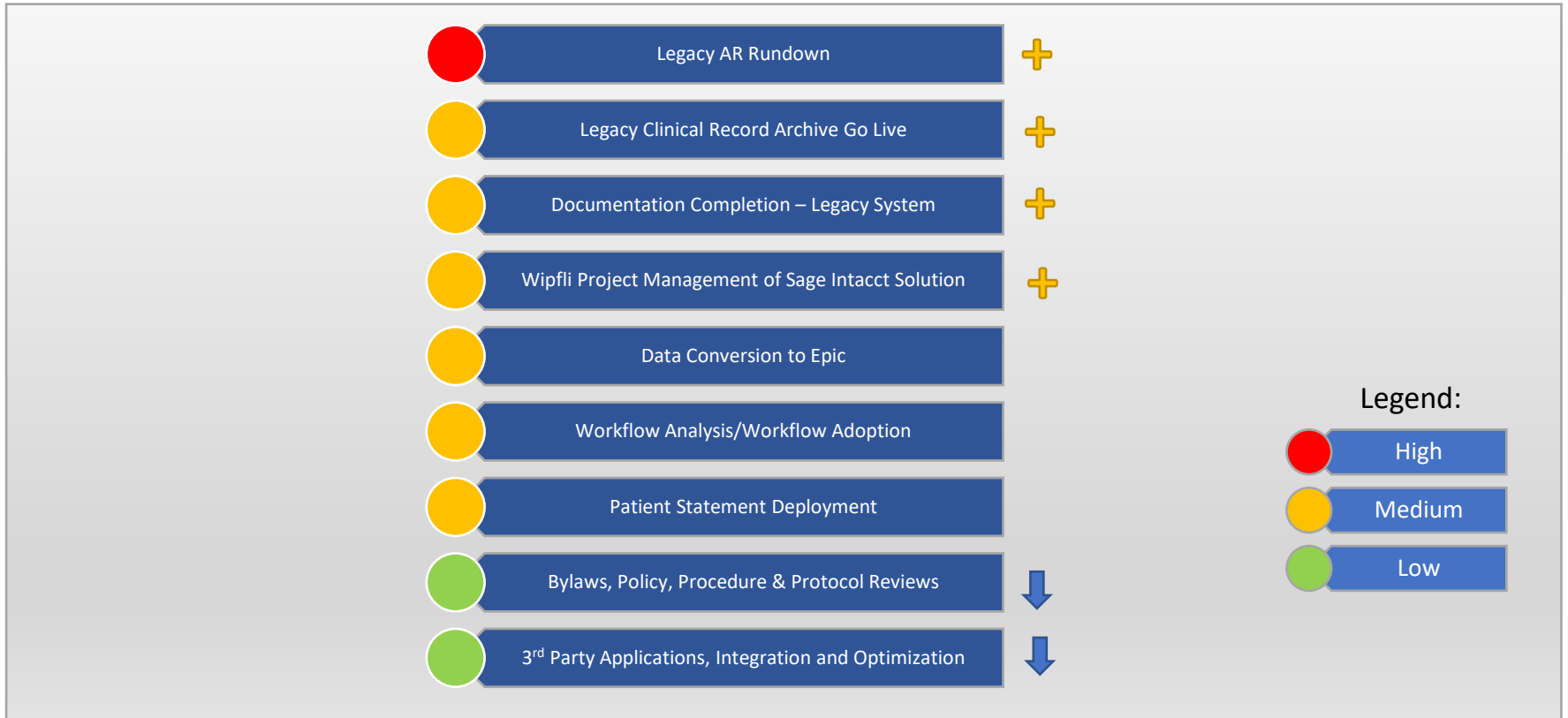


Unlocking the Future:  
Sage & Epic Implementation 2024



December 2024

# SCHHC Sage/Epic Implementation Risks



December 2024

**To: Board of Directors and Southern Coos Management**

**From: Antone Eek, CFO**

**RE: November 2024 Month End Financial Results**

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**Revenue Performance:**

- Gross Revenue: Achieved \$4,141,000, falling short of the budgeted \$4,834,000.
  - Budgeted revenue included an anticipated increase in surgery volumes, a Geri Psych service line and additional nurse practitioners in the clinic, none of which have been realized to date.

**Revenue Deductions:**

- Deductions from Revenue: Amounted to \$1,637,000, accounting for 39.5% of gross revenue, above the budgeted 36.0%.
- YTD Revenue Deductions: Stood at 37.8%, compared to the budgeted 36.5%.
- Medicare Cost Report Settlement for FY25: Anticipated receivable of \$400,000.

**Operating Revenues:**

- Total Operating Revenues: Registered at \$2,514,000, under the budgeted \$3,196,000, and marking an decrease of \$251,000 from the same period last year.
- Total Operating Revenues YTD FY25 came in at \$13,529,000 which was an increase of \$853,000 over YTD FY24 for the same month.

**Operating Expenses:**

- Labor Expenses: Totaled \$2,192,000, coming in below the budgeted \$2,384,000.
  - Open positions and unfilled new FTE's drove this favorability.
- Other Operating Expenses reached \$732,000, under the budgeted \$880,000.
  - Independent contractor ER Physician coverage costs remain flat at \$170k per month.
  - Lower expenses in purchased services related to reduced fees in sunsetting contracts related to Epic
  - Lower expenses in repairs and maintenance as all focus has been directed to SPD, Sage and Epic
  - Lower expenses in Medical Supplies, Drugs, and Other Supplies related to lower surgery volumes and other service lines not yet in place.

**Operating Income/Loss:**

- Operating Loss of \$409,000, compared to a budgeted loss of \$68,000.
  - Lower revenue and volume in inpatient services contributed to this loss

**Change in Net Position:**

- A loss of \$309,000, compared to the budgeted gain of \$43,000

**Financial Health Indicators:**

- Days Cash on Hand: Increased to 117.9 up from 108.4 in October.
  - The current (and paid) expenses for the SPD project, \$824,000, 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.
  - DCOH increased in November as the District received Property Tax income.
- Accounts Receivable (A/R) Days Outstanding: Decreased to 50.2 days, down from 54 days in the prior month.



**Southern Coos Hospital & Health Center**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**As of November 30, 2024**

	Month Ending 11/30/2024				Month Ending 11/30/2023	Year To Date 11/30/2024				Prior Year To Date 11/30/2023
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
<b>Total Patient Revenue</b>										
Patient Revenue	4,140,953	4,833,978	(693,025)	(14.3) %	4,025,479	21,701,456	23,652,560	(1,951,104)	(8.2) %	19,686,766
<b>Total Patient Revenue</b>	<u>4,140,953</u>	<u>4,833,978</u>	<u>(693,025)</u>	<u>(14.3) %</u>	<u>4,025,479</u>	<u>21,701,456</u>	<u>23,652,560</u>	<u>(1,951,104)</u>	<u>(8.2) %</u>	<u>19,686,766</u>
<b>Total Deductions</b>	1,636,903	1,739,808	(102,905)	(5.9) %	1,261,165	8,204,083	8,627,580	(423,497)	(4.9) %	7,012,670
Revenue Deductions %	39.5 %	36.0 %	3.5 %	9.8 %	31.3 %	37.8 %	36.5 %	1.3 %	3.6 %	35.6 %
Net Patient Revenue	2,504,050	3,094,170	(590,120)	(19.1) %	2,764,314	13,497,373	15,024,981	(1,527,607)	(10.2) %	12,674,096
Other Operating Revenue	10,242	101,543	(91,301)	(89.9) %	1,226	31,665	507,715	(476,050)	(93.8) %	2,226
<b>Total Operating Revenue</b>	<u>2,514,292</u>	<u>3,195,713</u>	<u>(681,421)</u>	<u>(21.3) %</u>	<u>2,765,540</u>	<u>13,529,039</u>	<u>15,532,696</u>	<u>(2,003,657)</u>	<u>(12.9) %</u>	<u>12,676,322</u>
<b>Total Operating Expenses</b>										
Total Labor Operating Expenses	2,191,970	2,383,596	(191,627)	(8.0) %	1,939,319	10,546,005	11,668,684	(1,122,679)	(9.6) %	9,691,578
Total Other Operating Expenses	731,641	879,894	(148,252)	(16.8) %	730,270	4,022,791	4,395,877	(373,086)	(8.5) %	3,439,488
<b>Total Operating Expenses</b>	<u>2,923,611</u>	<u>3,263,490</u>	<u>(339,879)</u>	<u>(10.4) %</u>	<u>2,669,589</u>	<u>14,568,796</u>	<u>16,064,561</u>	<u>(1,495,765)</u>	<u>(9.3) %</u>	<u>13,131,066</u>
<b>Operating Income / (Loss)</b>	<u>(409,319)</u>	<u>(67,777)</u>	<u>(341,542)</u>	<u>503.9 %</u>	<u>95,950</u>	<u>(1,039,757)</u>	<u>(531,866)</u>	<u>(507,892)</u>	<u>95.5 %</u>	<u>(454,744)</u>
Net Non Operating Revenue	100,363	110,923	(10,560)	(9.5) %	126,661	644,837	534,762	110,075	20.6 %	634,162
<b>Change in Net Position</b>	<u>(308,956)</u>	<u>43,146</u>	<u>(352,103)</u>	<u>(816.1) %</u>	<u>222,612</u>	<u>(394,920)</u>	<u>2,896</u>	<u>(397,817)</u>	<u>(13,734.8) %</u>	<u>179,418</u>

\* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$7k – Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k – SWOREIPA Quality Incentives
- \$7k – GPO Rebates



## Southern Coos Hospital & Health Center Balance Sheet

	Year To Date 11/30/2024	Year Ending 06/30/2024		Year Ending 06/30/2023
	Current Year Balance	Prior Year	Change	Actual
<b>Total Assets</b>				
<b>Total Current Assets</b>				
Cash and Cash Equivalents				
Cash Operating	2,084,314	1,400,507	683,807	8,783,262
Investments - Unrestricted	2,814,821	4,076,428	(1,261,607)	829,546
Investments - Reserved Certificate of Deposit	3,510,375	3,510,375	-	-
Investments - Restricted	-	-	-	952,448
Investment - USDA Restricted	233,705	233,705	-	233,704
Investment - Board Designated	2,500,000	2,500,000	-	1,972,783
Cash and Cash Equivalents	11,143,215	11,721,015	(577,800)	12,771,743
Net Patient Accounts Receivable				
Patient Accounts Receivable	7,121,141	7,228,499	(107,358)	5,628,112
Allowance for Uncollectibles	(2,973,070)	(3,320,866)	347,797	(2,814,433)
Net Patient Accounts Receivable	4,148,071	3,907,633	240,439	2,813,679
Other Assets				
Other Receivables	825	21,045	(20,220)	20,893
Inventory	298,048	230,930	67,117	262,233
Prepaid Expense	360,332	465,262	(104,930)	367,358
Property Tax Receivable	(327,564)	80,965	(408,529)	28,158
Other Assets	331,641	798,202	(466,562)	678,642
Total Current Assets	15,622,927	16,426,850	(803,923)	16,264,064
Net PP&E				
Land	461,527	461,527	-	461,527
Property and Equipment	20,972,926	20,435,404	537,522	20,092,235
Accumulated Depreciation	(15,715,650)	(15,194,163)	(521,487)	(13,904,245)
Construction In Progress	3,109,294	721,184	2,388,111	28,376
Net PP&E	8,828,097	6,423,952	2,404,146	6,677,893
<b>Total Assets</b>	<b>24,451,024</b>	<b>22,850,802</b>	<b>1,600,223</b>	<b>22,941,957</b>
<b>Total Liabilities &amp; Net Assets</b>				
<b>Total Liabilities</b>				
Current Liabilities				
Accounts Payable	943,180	1,344,652	(401,472)	842,313
Accrued Payroll and Benefits	1,472,089	1,411,152	60,938	1,145,491
Line of Credit Payable	2,667,916	-	2,667,915	-
Interest and Other Payable	43,463	100,992	(57,529)	100,328
Estimated Third Party Payor Settlements	1,061,417	997,650	63,767	800,004
Current Portion of Long Term Debt	592,833	635,560	(42,727)	1,169,142
Current Liabilities	6,780,898	4,490,006	2,290,892	4,057,278
Total Long Term Debt, Net				
Long Term Debt	4,239,382	4,535,131	(295,749)	5,217,539
Total Long Term Debt, Net	4,239,382	4,535,131	(295,749)	5,217,539
<b>Total Liabilities</b>	<b>11,020,280</b>	<b>9,025,137</b>	<b>1,995,143</b>	<b>9,274,817</b>
<b>Total Net Assets</b>	<b>13,430,744</b>	<b>13,825,665</b>	<b>(394,920)</b>	<b>13,667,140</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>24,451,024</b>	<b>22,850,802</b>	<b>1,600,223</b>	<b>22,941,957</b>

