



**Board of Directors Regular Meeting & Executive Session
January 23, 2025 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. No decision will be made in Executive Session.
 - 1. Review of Executive Session Minutes-11/21/24
 - 2. Monthly Reports for Review:
 - a. Quality, Risk & Compliance Report
 - i) 155.001 Quality Assurance & Performance Improvement Plan (QAPI) 2025 Rev. 6.0
 - b. Medical Staff Committee
 - c. HIPAA Risk Assessment Report

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

- III. Action from Executive Session**
 - 1. Motion to Approve Report from Executive Session:
 - a. Quality, Risk & Compliance Report
 - b. Medical Staff Report
 - c. HIPAA Risk Assessment Report
 - Motion to Approve Report from Executive Session.....(action)**

- IV. Consent Agenda**
 - 1. Meeting Minutes (*Executive Session Minutes are Reviewed in Executive Session*):
 - a. Regular Meeting–12/19/24 3
 - b. Executive Session–12/19/24
 - c. Special Meeting Open Session -12/30/24..... 10
 - d. Special Meeting Executive Session – 12/30/24
 - e. Special Meeting Executive Session (no open session) - 01/2/25
 - e. Special Meeting Open Session - 01/15/25 11
 - f. Special Meeting Executive Session – 1/15/25
 - 2. Monthly Counsel Invoice – Robert S. Miller III Attorney - None
 - Motion to Approve Consent Agenda.....(action)**

- V. New Business**
 - 1. Open District Board Position #4
 - 2. Short Term Facility Master Plan.....(under separate cover)
 - 3. Policies for Approval:
 - a. 155.001 Quality Assurance and Performance Improvement Plan.....(action).12



VI. Old Business

- 1. Process for CEO Performance Evaluation

VII. Staff Reports-Discussion

- 1. CEO Report..... 19
- 2. CMO Report 21
- 3. CNO Report 22
- 4. CFO Report 25
- 5. CIO Report 27
- 6. SCHD Foundation Report (under separate cover)
- 7. Strategic Plan Update (under separate cover)

VIII. Monthly Financial Statements: Review & Discussion

- 1. CFO Month End Summary Narrative..... 28
- 2. Month End Statements for Period Ending December 31, 2024 30

IX. Open Discussion

X. Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
December 19, 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 6:30 p.m. the meeting moved to Open Session.

- II. Open Session Call to Order at 6:30 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; Alden Forrester, MD, CMO; Cori Valet, CNO; Scott McEachern, CIO. **Others present:** Robert S. Miller, Counsel; Amanda Bemetz, Quality/Risk/Compliance Director; Alix McGinley, Interim SCH Foundation Director; Kim Russell, Executive Assistant. **Via Remote Link:** Antone Eek, CFO; Stacy Nelson, HR Director. **Absent:** Philip Keizer, MD, Chief of Staff. **Press:** None.

1. Agenda - Corrections or Additions

An item not on the published agenda must be added under Old Business. Resolution 2024-05 USDA Telecom USDA Grant Admin and Security, supporting the grant received earlier this year, requires board approval and signature to support the grant reporting process.

2. Public Input – None.

- III. Action from Executive Session**

1. Quality, Risk & Compliance Report

A request was made to please spell out all acronyms in future reports. A Quality Assurance Performance Improvement plan update will be out in January, to be included on the January agenda.

Norbert Johnson **moved** to approve the Quality & Patient Safety Report. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

2. CEO Contract Extension – February 2025

Mary Schamehorn **moved** that the Southern Coos Health District Board of

Directors agree to extend the CEO contract following the scheduled CEO evaluation in January, with length and terms to be determined. Robert Pickel **seconded** the motion. **All in favor. Motion passed.**

IV. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–11/21/24
- b. Executive Session-11/21/24 (presented in Executive Session)

2. Policies for Approval:

- a. 800.025 Clinical Departments Procedure Development Maintenance & Management

3. Monthly Counsel Invoice – None

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

V. New Business

1. Facility Master Plan - Joe Kunkle, The Healthcare Collaborative Group

Mr. Hino opened with the staff recommendation to engage the services of Joe Kunkle and The Healthcare Collaborative Group to proceed with the Facility Master Plan project management proposal, made possible by the generous donation from the Keiser Family Foundation in the amount of \$171,000, in part due to our collaborative support of Coast Community Health Center. Mr. Kunkle proceeded to introduce himself and his company, their methodology and background. The process will include an RFP for architectural and engineering contractors. The project management dashboard will track risk and include project structure, financial aspects, strategic capital, market analysis and forecasting with estimated milestones and timeline. Financing of actual construction will be made possible in part by grants, with support from state legislators, and possible low interest loans, such as USDA. Determining financing (strategic capital) is included in the project management. **Discussion:** Critical Access Hospital designation limits our inpatient beds to 25 or fewer, but we can review the existing structural footprint, consider spacial options, review services, and consider private patient rooms as we seek to grow with and support our community. Concern was expressed about tightening the timeline.

Pam Hanson **moved** to engage 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. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

2. Coast Community Health Center Services Exhibits to Master Services Agreement

Mr. Hino provided an introduction and update regarding the proposed exhibits to the Master Services Agreement approved in November. At this time Exhibit A-1 is prepared to 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. 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. Discussion: Members of the Board requested that language is confirmed to support financial expectation and breach of contract language. Southern Coos will be protected from pass through vendor costs with separate vendor agreements in place to include "hold harmless" clause. Estimated potential income on time and materials is \$551,613.

Mary Schamehorn **moved** to approve Exhibit A-1 Information Technology Services, as presented. Robert Pickel **seconded** the motion. **All in favor. Motion passed.** **Discussion:** As noted earlier, our collaboration with CCHC was viewed favorably by the Bandon Dunes Charitable Foundation helping to solidify the Facility Master Plan grant award to Southern Coos of \$171,000. Exhibit A-2 Financial Support Services, will be completed after the first of the new year.

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 4th 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. Resolution 2024-05 USDA Telecom USDA Grant Admin and Security

The approval of this resolution, not on the published agenda, is required in conjunction with the USDA Telecom Grant received earlier this year, to support

reporting requirements.

Mary Schamehorn **moved** to approve Resolution 2024-05 USDA Telecom Grant Administration and Security as presented, to identify persons with authorization to submit required grant reporting. Robert Pickel **seconded** the motion. **All in favor. Motion passed.**

VII. Staff Reports

1. CEO Report

Raymond Hino, CEO, provided a summary of his printed report for the month of November. **Staffing:** Mr. Hino was pleased to announce that an offer has been made and accepted by David Searle for the Clinic Director position, with Mr. Searle to begin on January 22, 2025, the same day as our new Clinic Medical Director, Jennifer Webster, MD. Southern Coos entertained a Foundation Consultant, Ursula Marinelli, from Samaritan Health System to review Southern Coos and the Southern Coos Health Foundation. More on that visit will be provided by Alix McGinley, Interim Health Foundation Director. Mr. Hino is working on a general surgery coverage proposal for board consideration in January, noting that including a general surgeon on staff would support efforts to gain Level 4 Trauma Center status. **Oregon Hospital Board:** Mr. Hino has been nominated and voted in as a new member of the Hospital Association of Oregon Board of Directors, with estimated time commitment to average one meeting per month. **Discussion:** Members of the Health District Board congratulated Mr. Hino on the appointment, with Mr. Bedell noting potential benefit to Southern Coos.

2. CMO Report

Dr. Forrester expressed his gratitude for the passage of the Facility Master Plan project management proposal earlier tonight, acknowledging existing space constraints. Dr. Forrester stated that he could not be more proud of the clinical team during the Epic conversion, when at 8:00 a.m. on Day 1 they encountered a multi-state outage, with our staff moving to downtime procedures and powering through while patient census increased. They did an excellent job under challenging circumstances. The new electronic health record is already supporting increased volumes in the clinic with improved provider productivity. Expansion of clinical space has shifted to consideration of the current business office building, as it has similar structure as the current primary care clinic, supporting up to 8 exam rooms, vs. 4 in the other new building. It was noted that Dr. Preslar has requested his contract now be a month-to-month agreement. Dr. Forrester is working to develop channels for younger providers to perform residency in Bandon with hope to retain in full-time practice, noting that Southern Coos has a excellent organization to market. **Discussion:** Robert S. Miller, Counsel, added that consideration could also be given to co-leasing space in the CCHC building.

3. CNO Report

Cori Valet, CO, noted that the staffing grid was not available this month as provided

to her from the financial analyst who has been focused on the Epic and Sage conversion, however, she is able to provide an update regarding recruitment in process to replace one Respiratory Therapist and one Emergency Room RN, as well as an active search for a Mammography Technician, with appreciation for our Medical Imaging Manager who has been filling in. One Medical/Surgical RN is moving to Surgical Services, a great opportunity for her. In November we saw the number of transfers increase, prompting an internal audit, noting that only one transfer was due to no bed available; and all other patients transferred due to requiring a higher level of care. Room 130 is to be opening soon. There was no further discussion.

4. CFO Report

Antone Eek, Chief Financial Officer, provided a summary of his department achievements and activities in the month of November. We are now generating reports from Sage Intacct, with additional reports in process of being built; some cleanup of historical data is in progress and on track for completion by end of December. Issues with the financial consulting firm Wipfli were reviewed, noting that both Mr. Eek and Scott McEachern, CIO, have been working closely with the vendor on improvement. The FY24 Cost Report was submitted on time and FY25 cost report impact meeting scheduled with CLA to revise settlement expectations for current fiscal year and discuss impacts related to strategic plan. Colene Hickman, our new Revenue Cycle Director, is already working on Epic workflows and staffing re-allocation and structure. The retail pharmacy setup is in process while we assess and plan the space. **Discussion;** Mr. Bedell noted the \$100,000 overstated loss.

6. CIO Report

In the interest of time, Scott McEachern, CIO, made himself available for any questions on his written report. There were no questions.

7. SCHD Foundation Report

Alix McGinley, interim Health Foundation Executive Director provided a review of her report for the month of November and End of Year Campaign, thanking Scott McEachern, former Executive Director, for his collaboration. As of this meeting date, the end of year campaign has reached \$33,000. Ms. McGinley thanked board members and staff for their contributions. The monthly 25th anniversary lecture series held at the Bandon Fisheries Warehouse will continue into 2025 with Cori Valet, CNO, as guest speaker at the next meeting in February, to review the International Daisy Award program.

8. Strategic Plan

The Action Strategy platform, on which the strategic plan resides, was not available to provide current report due to technical issues. At this time, the Executive Team focus has been on the Sage and Epic implementations. Attention will return to the strategic plan following the Electronic Medical Record implementation.

VIII. Monthly EHR/ERP Implementation

Mr. McEachern reviewed the project dashboard noting that Southern Coos is staying in the high performance level with the Key Performance Indicators (KPI). The Epic platform brings immense visibility to Revenue Cycle. Mr. McEachern gave kudos to Colene Hickman, Director of Revenue Cycle, and to Katelin Wirth, Financial Analyst, for their work in Rev Cycle and daily tracking. Final data extraction has been moved up to January and data archive to March 31. The Compass Rose Care Coordination Program will go live on May 30. Over \$8M is outstanding in Evident to be detailed for the Board in January. Legacy Accounts Receivable is a higher risk area. Wipfli accountability has been escalated. Project financing is at budget. It was noted that the team is at 93% closed help tickets. Key performance areas are being tracked, including verbal orders with compliance in the 90th percentile and barcode medication management in Emergency and Operating Room between 92%-100%. My Chart activations are being tracked with plans for education and marketing. Board members gave congratulations to the team for job well done. Mr. Hino praised the leadership of Mr. McEachern, Mr. Eek and Dr. Forrester, as well as all staff for their hard work and support of this important project.

IX. Monthly Financial Statements Review & Discussion

Mr. Eek opened by sharing that this is his 5th Epic conversion, and gave kudos to Scott McEachern, CIO, as his co-executive sponsor, Dr. Forrester, and the rest of the Executive Team for their contributions to the success of the conversion project. Financials for the month of November indicate an underperformance of revenue. Volumes were down, but we expect to see improvement. Financial health indicators of Days of Cash on Hand improved from 108.4 to 117.9. Days in Accounts Receivable decreased to 50.2 from 54. Mr. Eek reminded the Board that the Sterile Processing remodel was paid from cash. **Discussion:** Mr. Bedell requested a focus on revenue deductions. Mr. Eek added that we will be looking at medical necessity and prior authorizations. Ms. Valet added that we will be increasing case management from 5 to 7 days per week.

X. Open Discussion

Mr. Johnson requested that the monthly board meetings be moved to open at 5:45pm from 6:00pm. Ms. Schamehorn and Mr. Pickel added that they prefer the meeting room at the Bandon Professional Center. Mr. Bedell prefers the hospital location for its connectedness to staff and facility; Ms. Hansen expressed concern for accessibility to the public. Mr. Miller confirmed that there is no legal conflict with meeting offsite, but that meeting space is something that could be added to the Facility Master Plan. The next meeting in January will again be held at the Bandon Professional Center.

XI. Adjournment. The meeting adjourned at 8:40 p.m. The next regular meeting will be held on January 23, 2025 at the Bandon Professional Center conference room.

Thomas Bedell, Chairman 01-23-2025

Mary Schamehorn, Secretary 01-23-2025

DRAFT

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
December 30, 2024
Bandon Professional Center**

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

An Executive Session was held under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law, including written advice from counsel. No decisions were made in Executive Session.

At 6:55 p.m. the meeting moved to Open Session.

II. Open Session Call to Order at 6:55 p.m.

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison; Norbert Johnson, Quality Committee Liaison. **Others present:** Robert S. Miller, Counsel. **Press:** None.

1. CEO Evaluation

Discussion included the process for the CEO evaluation and focused on 2025 goals and opportunities. An evaluation tool was not yet determined.

III. Open Discussion

At this time Norbert Johnson submitted his letter of resignation of Position #4 from the Board of Directors effective at the end of this meeting on December 30, 2024. Members thanked Mr. Johnson for his years of service.

IV. Adjournment. The meeting was adjourned at 7:16 p.m. There will be a be another special meeting at 3:00 p.m. on Thursday, January 2, 2025, at the Bandon Professional Center conference room.

Thomas Bedell, Chairman 01-23-2025

Mary Schamehorn, Secretary 01-23-2025

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
January 15, 2025 – 3:30 p.m.
Southern Coos Hospital & Health Center**

I. Call to Order 3:30 p.m. – Thomas Bedell, Chairman

Roll Call: Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer; Robert Pickel, Director. **Administration:** Raymond Hino, CEO; Alden Forrester, CMO; Cori Valet, CNO; Scott McEachern, CIO. **Via remote link:** Robert Pickel, Director; Antone Eek, CFO; Stacy Nelson, Director HR; Kim Russell, Executive Assistant. **Press:** None.

1. Move to Executive Session

At 3:31 p.m. Mr. Bedell moved the meeting to Executive Session Under 192.660 (2)(e) to conduct deliberations with persons you have designated to negotiate real property transactions, and 162.660(2)(j) to carry on negotiations under ORS Chapter 293 with private persons or businesses regarding proposed acquisition, exchange or liquidation of public investments. No decisions were made in Executive Session.

II. Return to Open Session

At 4:40 p.m. the Board moved into Open Session.

Mr. Bedell requested a motion to approve Administration to work with Senator Smith on a bill to fund primary care expansion.

Mary Schamehorn **moved** to approve that Mr. Hino proceed to work with Senator Smith on a bill to fund primary care expansion. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

III. Open Discussion & Adjournment

At 4:42 p.m. the meeting was adjourned.

Thomas Bedell, Chairman 01-23-25

Mary Schamehorn, Secretary 01-23-25



Quality Assurance and Performance Improvement Plan (QAPI)

In Effect Calendar Year 2025

Purpose

To develop, implement, and maintain an effective, ongoing, organization-wide, data- driven Quality Assessment and Performance Improvement program.

To establish a planned, systematic, and interdisciplinary approach to improving the care, treatment and services provided.

Philosophy

The Quality Assurance and Process Improvement (QAPI) plan is established in accordance with our purpose, beliefs, and values along with the Southern Coos Hospital and Health Center mission of ‘Quality healthcare with a personal touch’.

Scope & Applicability

Southern Coos Hospital and Health Center (SCHHC) Health Care District is a public entity located in Bandon, Oregon. SCHHC is a 21-bed, publicly owned critical access hospital, and includes a specialty clinic. This is an organization-wide plan. It applies to all departments, care, treatment, and service settings (including those services furnished under contract or arrangement).

The Quality Management System (QMS) governs all services provided by SCHHC Health Care District to include contracted services. This QMS identifies patients, families, the community at large, Third-Party Payers, regulatory agencies, vendors, Providers, and staff as relevant interested parties.

Governance and Authority

The Governing Board of Southern Coos Hospital and Health Center; hereafter referred to as “the Governing Board”, is responsible and accountable for the quality of care and services delivered at Southern Coos Hospital and Health Center. The Governing Board participates in management review activities via the Quality and Patient Safety Committee. The Governing Board accepts responsibility for ensuring a patient focus throughout the organization.

The Organized Medical Staff is accountable to the Governing Board for patient safety and the quality of care delivered at SCHHC. Senior Leadership is accountable to the Governing Board for ensuring processes and procedures are in place to provide patient safety, quality patient care, and continuous process improvement. The Governing Board authorizes the establishment of this performance improvement program. The Governing Board is responsible for assuring:

- That an ongoing program for quality improvement is defined, implemented, and maintained.
- That the organization-wide quality assessment and performance improvement efforts address priorities for improved quality of care, and patient safety and that all improvement actions are evaluated.
- That adequate resources are allocated for measuring, assessing, improving, and sustaining the organization’s performance and patient safety.

Administration & Management

The Governing Board also delegates the development, implementation, and evaluation

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of this program to the organization's Administration and Management team. Administration and Management are responsible for improving the quality of care, safety, and service provided by organization staff. The Administration and Management team have developed structures and processes to carry out this responsibility.

Leadership

Senior Leadership accepts responsibility for ensuring that the Quality Management System (QMS) meets the requirements of Det Norske Veritas (DNV), Centers for Medicare and Medicaid (CMS), and Oregon State Laws as well as ensuring the integrity of the QMS is maintained when changes to the QMS are planned and implemented. Senior Management will review the activities of the QMS and ensure that processes are delivering intended outcomes and appropriate corrective and preventative actions are instituted and sustained. This process will be measured and monitored through participation in the Quality and Patient Safety Committee (QPSC). Responsibility for reporting on the performance of the QMS and opportunities for improvement to Senior Leadership and the Governing Board will be that of the Director of Quality, Risk, and Compliance.

Collecting Data on Performance

Organizational Goals

Goals for calendar year 2025 (approval/ effective date is reflective of the Quality, Risk, and Compliance department development) are in the 2025 Quality Metrics Workbook. Quality objectives are outlined in this Quality Manual but are subject to change as the needs of the organization or external environment dictate. All changes to the QMS will be approved by the Governing Board.

Frequency of Data Collection

By approval of this program, the Governing Body has defined the frequencies of data collection to be ongoing, time limited, episodic, intensive, or recurring. The duration, intensity, and frequency of data collection to measure a specific indicator shall be based on the needs of the organization, external requirements, and the result of data analysis.

Detail of Data Collection

By approval of this program, the Governing Body has determined that data shall be collected in sufficient detail to provide the user of that data with sufficient information to make timely, accurate, and data-driven decisions.

Aggregation and Analysis of Data

Data on rate-based performance measures are aggregated to determine patterns, trends, and variation (common or special cause). Data may be aggregated for a single point in time or over time, depending on the needs of the organization and the reason for monitoring performance. In general, measurement designed to establish the desired stability of a process, or a desired outcome will be measured over time until target levels of performance are met.

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Once a process is considered stable, and/or a desired level of performance has been achieved, then an analysis of performance measures may be conducted in a more episodic fashion.

Data that is event based is analyzed in singular or aggregated form depending on the number of data elements in the performance measure. In general, event-based measurements are monitored on an ongoing basis. Where appropriate and able, data shall be compared against internal and/or external benchmarks to allow for comparative performance over time.

The purpose of data aggregation and analysis is to:

- Establish a baseline level of performance
- Determine the stability of process
- Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks)
- Identify opportunities for improvement
- Identify the need for more focused data collection
- Determine whether improvement has been achieved and/or sustained.

Compilation of Data

Data shall be compiled in a manner that is usable to those individuals and entities charge both with analyzing the data and taking action on the information derived from data analysis. Where appropriate, statistical tools and techniques shall be used in data display, to assist in appropriate analysis.

Analysis of Data

Data on performance measures will be analyzed to:

- Monitor the effectiveness and safety of services and quality of care
- Identify opportunities for improvement and changes that will lead to improvement

Where appropriate, statistical tools and techniques shall be used in data display, to assist in appropriate analysis.

Intensive Assessments

Data will be intensively assessed when the organization detects or suspects a significant undesirable performance or variation. Intense analysis is called for when:

- Levels of performance, patterns, or trends vary significantly and undesirably from those expected.
- Performance varies significantly and undesirably from that of other organizations or recognized standards.
- A sentinel event has occurred.

Improving Performance

Performance Model

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The system for improving outcomes of care and services is based on scientific approaches and the concepts and principles of continual improvement. This organization will utilize the Institute for Healthcare Improvement (IHI) recommended Model for Improvement as its scientific methodology. Design of the process and measurement tools will take into consideration the dimensions of performance, which are efficiency, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring.

The organization will undertake efforts to improve existing processes and outcomes and then sustain the improved performance. To accomplish this, the organization has adopted a performance improvement model: Plan, Do, Study, Act (PDSA). The performance improvement model is utilized, formally or informally, in improvement efforts throughout the organization.

The Plan-Do-Study-Act (PDSA) Worksheet is a useful quality improvement tool for documenting a test of change. The PDSA cycle, an essential component of the [Model for Improvement](#), is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Prioritizing Performance Improvement Activities:

The organization will prioritize those performance improvement activities that target processes that:

- Align with the SCHHC Strategic Plan, addressing strategic/critical domains and initiatives
- May be organization-wide in scope, targeted to specific areas, departments, and services, or focused on selected populations.
- Address gaps in performance in any service area.
- Focus on high-risk, high-volume, or problem-prone areas.
- Consider the incidence, prevalence, and severity of nonconformities.
- Departmental process improvement projects as identified.
- Affect health outcomes, patient safety, and quality of care; and
- Address regulatory, accreditation, certification, or other requirements.
- The number, scope, and determination of QAPI projects conducted annually shall be proportional to the scope and complexity of the hospital's services and operations.

Reporting of Performance Improvement Activities

Regular reports on the status and effectiveness of performance improvement activities shall be made to the QPSC, Governing Board as well as the leadership of the organization and its medical staff. Action shall also be taken when planned improvements are not achieved or sustained. Follow-up corrective action may be in the form of an internal corrective action plan reviewed and approved by QPSC. Other performance activities and QAPI resources may include:

- Failure Mode Effect Analysis (FMEA) Root Cause Analysis (RCA), cause

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- mapping, proactive risk assessments, and/ or GAP analysis.
- Documentation will include evidence of ongoing monitoring of the project's progress periodic data collection and analysis, will be noted in internal auditing and/or QPSC meeting minutes.
- Evaluation of the effectiveness of improvement actions that the hospital has implemented.

Departmental Process Improvement Projects: Internal patient care service area(s) will have departmental level process improvements project boards, including applicable reportable CMS quality metrics, e.g. CAUTI, CLABSI, etc.

Audit Schedule

Review and evaluation of the effectiveness of improvement actions/ projects that the hospital has implemented will be monitored through the PDSA cycle and/ or internal audits as applicable. The major processes in the provision of care will be audited consistently during the year to ensure conformance with standards. These processes include planning, admission, provision of care, discharge, and Life Safety/ Environment of Care. These audits are scheduled in the 2025 Audit Schedule (in development).

Interactions of the Quality Management System (QMS)

The below graphics depict how the QMS interacts with the flow and processes of the organization. The Quality Management System oversees the processes and outputs of the organization. This organization defines relevant interested parties (process inputs) as patients, payers, providers, regulatory bodies, accreditation agencies, and the community at large. Outputs are patient care and services. Management has a responsibility to the patients to produce safe patient care and services, a responsibility to the staff to provide a safe work environment, and to the Governing Board of Directors to provide care in a fiscally responsible and sustainable manner. Management reviews and analyzes process and outcome measures as well as customer input and feedback to ensure continual improvement in the quality of care and services delivered.

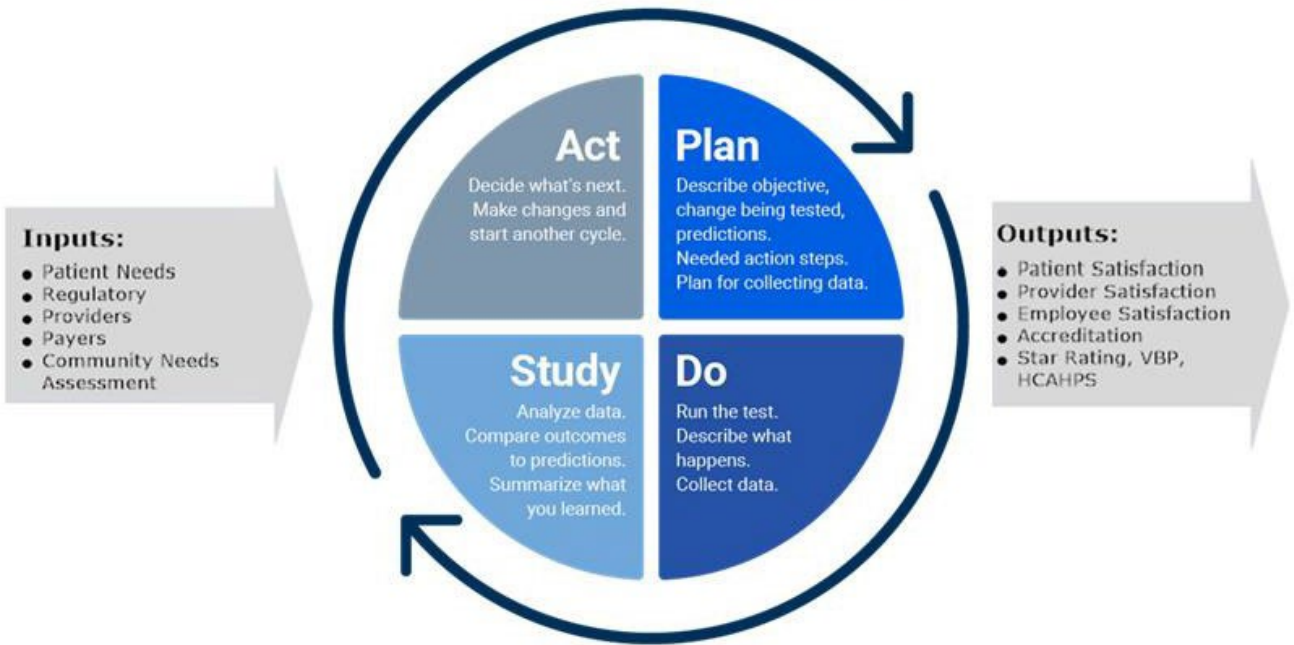
References:

CMS Conditions of Participation for Critical Access Hospitals §485.641(b)
DNV, Standard QM.7

How to improve: Model for improvement. Institute for Healthcare Improvement. (n.d.). Retrieved from <https://www.ihl.org/resources/how-improve-model-improvement>

Quality Management System Interactions

Southern Coos Hospital District Board & Leadership





CEO Report

To: Southern Coos Health District Board of Directors
From: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, January 2025

Leadership Updates:

- **Clinic Director Recruitment** – As reported last month, we have hired a new Clinic Director for our outpatient clinic. His name is David Serle. David has a bachelor's degree in business management and 28 years of experience in clinic management, including previous experience as the Director of Practice Management with 7 clinics, 27 providers and 80 support staff for Whidbey General Hospital, a Critical Access Hospital in Coupeville, Washington. During his time there he decreased clinic overhead expenses by 5% and boosted surgical services at the hospital by 13%. He has already moved to Bandon and will start officially on Wednesday, January 22.
- **Foundation Executive Director Recruitment** – On January 13, I promoted Alix McGinley to the position of Foundation Executive Director. She has done an excellent job as Interim Executive Director, having raised over \$37,000 in our Foundation Year End campaign in December, a 213% increase from the previous year. She also successfully applied for and received the \$171,000 grant from the Bandon Dunes Charitable Foundation, and earlier this month applied for a \$40,000 grant from the Oregon Community Foundation. I have contracted with an experienced Hospital Foundation Director, Ursula Marinelli, to be Alix's mentor and to help develop her skills and grow our Foundation.

Clinic Providers:

- As previously reported, a new Family Physician, Dr. Jennifer Webster, has been hired and will begin employment with SCHHC on January 22.
- We have made an offer of employment to a local Nurse Practitioner. If accepted, she will be full-time and will replace our Traveler FNP, Judith Fitzgibbons.
- Dr. Forrester will report on other physicians and providers that are currently in the pipeline for recruitment.

DNV Survey:

- Our Quality Team submitted our DNV Corrective Action Plan Objective Evidence Submission was submitted on 12-30-2024, which was earlier than our deadline date for submission. We received word on 01-08-2025 that our submission was received and accepted by the DNV Accreditation team. That was the last step before our next DNV survey which will take place in either August or September of this year. This year will be our 4th DNV annual survey and will be our most comprehensive survey yet. This time we expect to be visited by 6 surveyors, including 3 DNV surveyors and 3 CMS surveyors.

Coast Community Health Center:

- As the Board and the entire community of Bandon, Port Orford and surrounding areas are aware, the Board of Directors of Coast Community Health Center announced on 01-15-2025 that they have made the decision to close their 2 clinics (Bandon, Port Orford) as well as their 2 pharmacies (Bandon, Port Orford) on 02-15-2025. This has left much of our community in shock and fear of loss of primary care providers. Our Executive Team has been working closely with CCHC staff and with our State and Local officials and elected representatives to preserve access to primary care and pharmacy services in Bandon. This is a very fluid situation, and I expect to have additional updates for our Board of Directors and our staff by the time of our January Board meeting on 01-23-2025.
- As a result of the loss of primary care providers in our community, related to the CCHC closure, I have been in touch with State Senator, David Brock Smith regarding submitting a bill into the legislature this year for funding for primary care recruitment, hiring and clinic office expansion. Senator Smith has been very supportive and has sponsored Legislative Counsel (LC) 4236 into the 2025 legislative session. Our Executive Team created a \$2.2 million project and budget for this bill.

Expansion Plans:

- I want to thank our Board of Directors for your approval, during our December Board meeting, of our Master Facilities Planning (MFP) process and our Project Manager, Joe Kunkel, Principal of the Healthcare Collaborative Group. We meet weekly with Mr. Kunkel.
- In addition to the MFP, as reported last month, we are also meeting weekly to expedite completion of the pharmacy project and a business office remodel project, which will result in the conversion of the current business office building into additional clinic space. Both projects are tentatively scheduled to be completed in April 2025.

Representation and Advocacy

- On 12-09-2025, I was notified that I have been elected to serve on the Board of Directors for the Hospital Association of Oregon (formerly Oregon Hospital Association). My first HOA Board Meeting will take place on 02-07-2025 and will be held in Lake Oswego, OR. This is the first of 4 in-person Board meetings that take place during the year. I will keep the Board informed of my time commitments and travel for the Oregon Hospital Association Board. I do not anticipate that it will be significant.

Marketing and Publicity

- On January 7, 2024, we attended the 2025 Bicoastal Media “Toast of the South Coast” Awards. This year we received 4 awards: Hospital (Gold), Medical Facility (Gold), Emergency Services (Silver), Behavioral Health (Silver). Congratulations to our entire facility and, particularly our excellent Emergency Department team and Shane Matsui for Behavioral Health.



CMO Report

To: Southern Coos Health District Board of Directors
From: Alden Forrester, MD, Chief Medical Officer
Re: CMO Report for SCHD Board of Directors, January 2025

Clinic Operations:

Clinic operations have suffered this month with the departure of Ms. Fitzgibbons, FNP. Fortunately, Dr. Webster is starting this week. We are also extending a contract offer to Pamela Nemenyi, NP, to work full time as a primary care provider in our clinics, meaning that we anticipate adding two new full-time providers to replace the loss of Ms. Fitzgibbons.

We are also taking the first steps toward an Urgent Care clinic. Dr. Marriott wants to phase out work in our ED (fortunately we have plenty of coverage for our ED even if Dr. Marriott leaves the ED) and transition to an outpatient acute care role. We have already started her in the clinic seeing acute same-day visits. I anticipate this as the nucleus that will eventually grow into an actual Urgent Care.

At the time I write this (January 14) the situation with CCHC is still very fluid and it is unclear how the outcome will affect our clinic operations. Please see separate Clinic Capacity Report generated at the Board's request.

Recruiting:

As mentioned above, a contract offer is being extended to Pamela Nemenyi, FNP.

We continue to recruit a dermatology physician's assistant to be an employed provider of our clinic. Samantha Decker remains interested. Our primary problem has been space for her clinic, although recent events with CCHC may offer a solution to this issue.

Dr. Veronica Simmonds, who is a surgeon specializing in gynecology procedures, has expressed a strong interest in moving her practice here from Coquille (she has already resigned from Coquille). The level of interest seems high on both sides (ours and hers), but the devil is in the financial details.

We continue to explore the option of contracting with Rural Physicians Group to provide general surgeon coverage for our hospital and clinics at least half time. The rough estimate of cost is about \$800,000 per year for half time.

Preview of Coming Attractions:

At the February board meeting I plan to present the formal proposal from Providence for Telestroke/Teleneuro services for telemedicine neurology in our ED.



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 – January 23, 2025

Clinical Department Staffing - December 2024 –

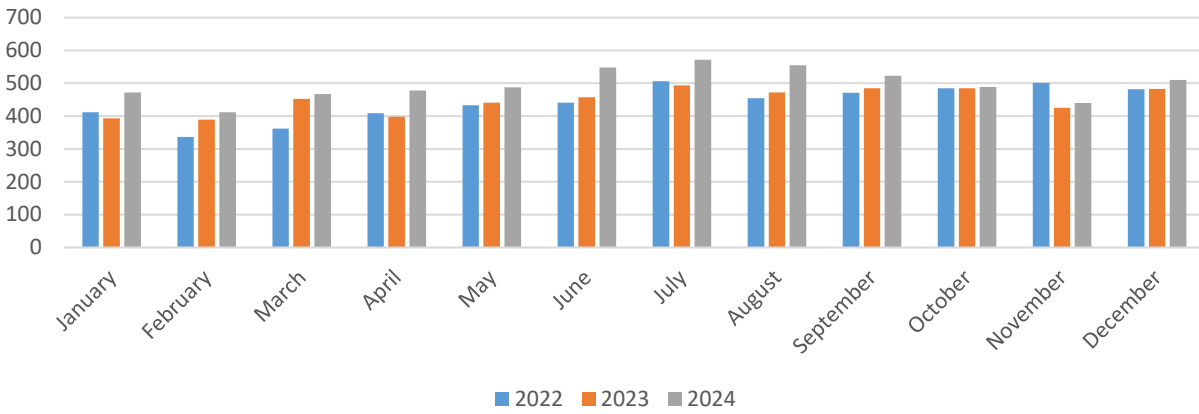
- **Medical-Surgical Department** –
 - Four full-time RN positions vacant (3 Noc shift, 1 Day shift)
 - Three contract RNs utilized
 - 1 full-time CNA recruited and began orientation
 - One full-time CNA positions vacant in December
- **SWING Bed** –
 - One full-time RN case manager recruited and will begin orientation in January 2025
- **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 Circulating RN position remains vacant.
 - One contract RN utilized in December
- **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.
 - Three contract Medical Lab Technologist utilized
- **Respiratory Therapy** –
 - One full-time Respiratory Therapist position vacant
 - Zero contract Therapists utilized
 - Vacant shifts covered by current staff

DAISY Award Program –

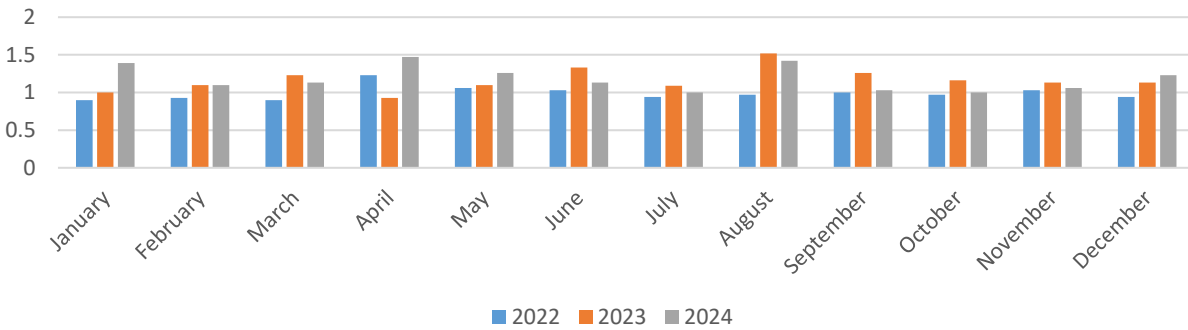
A DAISY award ceremony is scheduled for January 24, 2025 at 1:30 pm in the SCHHC main conference room. At this ceremony, seven deserving nurses, who have been nominated for going above and beyond in providing exceptional care to their patients, will be recognized. The recipient of the DAISY award is kept confidential and will be announced and celebrated at the award ceremony. This event is open to all SCHHC staff, board members and family of those nominated.

Emergency Department Statistics -

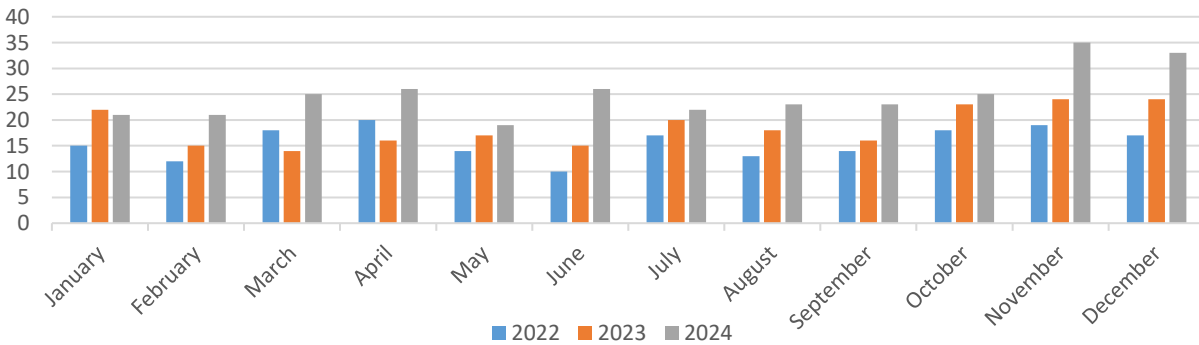
ED Census Tracking 2022-2024



Average ED Admissions to Med-Surg Unit per Day

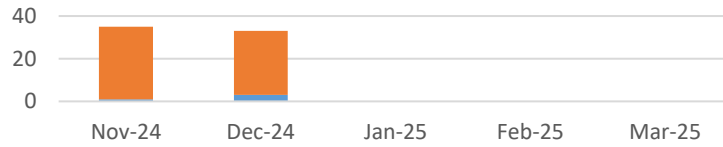


ED Transfers



- December 2024 Transfers – 33 Total Transfers. 30 transfers required due to need for higher level of care or services not offered at SCHHC. 3 transfer due to no bed availability at SCHHC (Unable to obtain additional staff to accommodate additional patients).

Reason for ED Transfers



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Higher Level of Care Required	34	30	0	0	0
No SCHHC Beds	1	3	0	0	0



Chief Financial Officer Report

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

December 2024 Department Achievements/Activities

Accounting and Finance Update:

I want to take a moment to acknowledge the extraordinary efforts of our accounting team during what has undeniably been a very challenging period. Despite the significant obstacles caused by the configuration issues from Wipfli with our new Sage Intacct system, the team's unwavering dedication and resilience have been nothing short of remarkable.

The creativity and resourcefulness they've shown in developing workarounds, adapting to unexpected challenges, and ensuring that critical tasks continue to be completed are a testament to their professionalism and commitment. Their ability to maintain focus and “get the job done” in the face of ongoing difficulties has been a true demonstration of excellence. This team has gone above and beyond, and their hard work has not gone unnoticed.

Their contributions are integral to our continued success, and I am incredibly proud of their efforts during this time.

Engineering / EVS Update:

- No update at this time.

Materials Management / Supply Chain Update:

- Significant efforts were made to address the challenges created by issues in November. After discussions with Wipfli, it was successfully advocated that purchases be made using various units of measure, rather than just "Each." This change was essential, as several key vendors would not accept POs using the previous unit of measure.
- Key areas where errors occurred were identified, and data was provided to Jenny Percy for necessary account adjustments.
- Marginal progress was made in ongoing education within Sage, and Wipfli was engaged to better understand the unique aspects of the work environment.
- Support was provided to accounting to ensure timely vendor payments and accurate invoice matching with Sage Receivers.
- Despite operating in both CPSI and Sage, supplies continued to be delivered to the hospital without disruption.
- In collaboration with vendors and under Dr. Forrester's guidance, the national saline IV fluid shortage was successfully managed. Agreements made in October 2024 ensured a steady supply for the hospital.

Information from Chris Amaral, Materials Manager

Revenue Cycle Update:

- **Claims Submission Performance**
We are pleased to report that the first claims from EPIC were successfully submitted on December 20th. By month-end, we had submitted 463 claims totaling \$647,997 in charges.

These claims achieved a 96% acceptance rate with payors, which is an excellent outcome for the initial weeks of EPIC's use. We anticipate further improvements in claims volume and efficiency as staff become more proficient with the new system.

- **Workflow Optimization**

The Revenue Cycle team has been focused on identifying and addressing potential issues within the new workflows, including:

- Missing charges or revenue
- Incomplete documentation
- Errors in insurance information
- Claims denials or underpayments

Efforts include conducting root cause analyses to resolve issues quickly, with a proactive approach to ensure optimal performance and continued improvements.

- **Accounts Receivable Management**
Alongside the EPIC transition, we have developed an action plan to address outstanding accounts receivable from the legacy Evident/CPSI system. This plan involves adding temporary resources to expedite resolution and collection of balances, ensuring revenue is fully realized.
- **Summary**
The hard work of the Revenue Cycle team during this transitional period has resulted in promising early outcomes. While there is still work to be done, we are laying a solid foundation for optimizing the revenue cycle and maximizing EPIC's capabilities. We will continue to monitor progress and provide updates as we move forward.

Information from Colene Hickman, Director of Revenue Cycle

Other Items:

- **Pharmacy Update**
 - **OP Retail Pharmacy**
 - Contractor: Inline
 - Cardinal Contracted Services
 - **NPI – Complete**
 - **NCPDP – Complete**
 - **Board of Pharmacy – In Progress**
 - **DEA – In Progress (dependent on Board of Pharmacy approval)**
 - **Pharmacy IS System: Contract Review Process in progress**
 - **Personnel**
 - Director of Pharmacy: Interviewing
 - Pharmacists: Interviewing
 - Pharmacy Techs: On Hold



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, January 23, 2025

The **Information Systems** team is working on the following items:

1. Remediating the annual HIPAA Risk Assessment. This annual assessment is required by CMS.
 - a. A central recommendation is to review IS policies and procedures in light of the recent conversion to Epic and Sage to ensure that all policies and procedures reflect current practices.
2. Evaluating several vendors for a new IS ticketing system. We currently use a system that is adequate but does not have certain features. The ticketing system is vital to the IS team and their daily workflow.
3. Evaluating a new contract management software system with members of administration, materials management, and IS.

Projects:

❖ Retail Pharmacy

We are working with the project team to evaluate pharmacy information systems. As of this writing, we have narrowed the possibilities to two vendors; by the board meeting, we will have selected a vendor. We will discuss the Retail Pharmacy budget in more detail at the board meeting; a comprehensive budget will be presented. Our goal is to open the Retail Pharmacy by April 1, 2025.

❖ Business Building Conversion to Clinic Space

SCH will convert the current business building to clinical space. We are working with Anderson Dabrowski and Healthcare Collaborative Group to develop construction documents and a budget which we will present to the board at the February 2025 meeting.

❖ Second Street Building

IS has contracted with Reese Electric to install data ports in the second street building, in an effort to ready the building for occupancy. We hope to have the building ready for staff by the week of February 10th.



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: December 2024 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$4,891,000, surpassing the budgeted \$4,514,000.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,953,000, accounting for 39.9% of gross revenue, above the budgeted 36.1%.
- YTD Revenue Deductions: Stood at 38.2%, compared to the budgeted 36.4%.
- Medicare Cost Report Settlement for FY25: Anticipated receivable of \$700,000.

Operating Revenues:

- Total Operating Revenues: Registered at \$2,941,000, just under the budgeted \$2,985,000, and marking an increase of \$296,000 from the same period last year.
- Total Operating Revenues YTD FY25 came in at \$16,460,000 which was an increase of \$1,138,000 over YTD FY24 for the same month.

Operating Expenses:

- Labor Expenses: Totaled \$2,367,000, coming in below the budgeted \$2,502,000.
 - Open positions and unfilled new FTE's drove this favorability.
- Other Operating Expenses reached \$782,000, under the budgeted \$881,000.
 - Independent contractor ER Physician coverage costs remain flat at \$170k per month.
 - 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.
 - Receipt of funds from provider tax annual reconciliation and interest payment from FY24

Operating Income/Loss:

- Operating Loss of \$208,000, compared to a budgeted loss of \$398,000.
 - Higher Revenue Deductions contributed to this loss

Change in Net Position:

- A loss of \$150,000, compared to the budgeted loss of \$287,000

Financial Health Indicators:

- Days Cash on Hand: Decreased to 117.2 from 117.9 in November.
 - DCOH increased in November / December as the District received Property Tax income.
- Accounts Receivable (A/R) Days Outstanding: Decreased to 51.9 days, up from 50.2 days in the prior month.

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses, and Changes in Net Position
As of December 31, 2024

	Month Ending 12/31/2024				Month Ending 12/31/2023	Year To Date 12/31/2024				Prior Year To Date 12/31/2023
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	1,276,458	807,891	468,567	58.0 %	684,697	4,730,819	5,916,358	(1,185,539)	(20.0) %	4,522,097
Outpatient Revenue	3,307,249	3,594,895	(287,646)	(8.0) %	3,059,987	20,116,395	21,574,921	(1,458,527)	(6.8) %	17,552,497
Swingbed Revenue	308,012	111,540	196,472	176.1 %	339,480	1,745,961	675,607	1,070,355	158.4 %	1,696,336
Total Patient Revenue	4,891,719	4,514,326	377,393	8.4 %	4,084,164	26,593,175	28,166,886	(1,573,711)	(5.6) %	23,770,930
Total Deductions	1,953,365	1,630,999	322,367	19.8 %	1,444,475	10,157,448	10,258,578	(101,130)	(1.0) %	8,457,145
Revenue Deductions %	39.9 %	36.1 %	3.8 %	10.5 %	35.4 %	38.2 %	36.4 %	1.8 %	4.9 %	35.6 %
Net Patient Revenue	2,938,354	2,883,327	55,026	1.9 %	2,639,689	16,435,727	17,908,308	(1,472,581)	(8.2) %	15,313,785
Other Operating Revenue	2,735	101,543	(98,808)	(97.3) %	5,794	24,225	609,258	(585,034)	(96.0) %	8,019
Total Operating Revenue	2,941,089	2,984,870	(43,782)	(1.5) %	2,645,483	16,459,952	18,517,566	(2,057,614)	(11.1) %	15,321,805
Total Operating Expenses										
Total Labor Operating Expenses	2,366,921	2,501,730	(134,809)	(5.4) %	2,062,412	12,912,925	14,170,414	(1,257,488)	(8.9) %	11,753,990
Total Other Operating Expenses	781,799	880,963	(99,164)	(11.3) %	642,616	4,782,172	5,276,841	(494,669)	(9.4) %	4,082,104
Total Operating Expenses	3,148,720	3,382,693	(233,973)	(6.9) %	2,705,028	17,695,097	19,447,255	(1,752,157)	(9.0) %	15,836,094
Operating Income / (Loss)	(207,632)	(397,823)	190,191	(47.8) %	(59,545)	(1,235,146)	(929,689)	(305,457)	32.9 %	(514,289)
Net Non Operating Revenue	57,400	110,923	(53,524)	(48.3) %	152,088	712,412	645,685	66,727	10.3 %	786,250
Change In Net Position	(150,232)	(286,900)	136,668	(47.6) %	92,543	(522,733)	(284,003)	(238,730)	84.1 %	271,961

* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$7k – Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k – SWOREIPA Quality Incentives
- \$5k – GPO Rebates

**Southern Coos Hospital & Health Center
Balance Sheet Summary**

	Year To Date 12/31/2024	Year Ending 06/30/2024		Year Ending 06/30/2023
	urrent Year Balance	Prior Year	Summary	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	11,225,037	11,721,015	(495,978.00)	12,771,743
Net Patient Accounts Receivable	4,171,862	3,907,633	264,229.00	2,813,679
Other Assets	285,984	798,202	(512,217.00)	678,642
Total Current Assets	15,682,883	16,426,850	(743,966.00)	16,264,064
Net PP&E	9,312,878	6,423,952	2,888,926.00	6,677,893
Total Assets	24,995,761	22,850,802	2,144,960.00	22,941,957
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	7,108,314	4,490,006	2,618,308.00	4,057,278
Total Long Term Debt, Net	4,584,516	4,535,131	49,385.00	5,217,539
Total Liabilities	11,692,830	9,025,137	2,667,693.00	9,274,817
Total Net Assets	13,302,931	13,825,665	(522,733.00)	13,667,140
Total Liabilities & Net Assets	24,995,761	22,850,802	2,144,960.00	22,941,957

Cash to Debt Ratio	0.25	0.33	(0.08)	1.60
Debt Ratio	0.47	0.39	0.08	0.40
Current Ratio	2.21	3.66	(1.45)	4.30
Average Age of Plant	7.94	12.30	(4.36)	14.87
Debt to Capitalization Ratio	0.25	0.25	0.00	0.29

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2025

Approved Projects:

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

Abbott ID Now Analyzer	Clinic	10,000		10,000		
60' Refrigerated Chef Base	Dietary	6,000		6,000		
Gas Griddle	Dietary	5,000		5,000		
Convection Oven	Dietary	7,000		7,000		
OBSGYN 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)

Copier Replacement	Information Systems		12,600	(12,600)	In Progress	
RT - Ventilation System	RT		7,590	(7,590)	In Progress	

Totals - Non Threshold Projects

136,000 31,519 104,481

**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	11,015	18,985		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)

OP Pharmacy	Pharmacy		42,982	(42,982)	In Progress	
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Totals - Threshold Projects

1,052,000

77,805

974,195

Grand Total

1,188,000

109,324

1,078,676