



**Board of Directors Regular Meeting
& Executive Sessions
Bandon Professional Center
February 27, 2025 - 6:00 p.m.**

AGENDA

- I. Call to Order 6:00 p.m.**
1. Agenda Corrections or Additions.....(action)
- II. Health District Board Appointment – Position #4**
1. Nomination for Appointment of Kay Hardin.....(action)
2. Swearing-In by Robert S. Miller, Legal Counsel
- III. Consent Agenda**
1. Meeting Minutes (*Executive Session Minutes are Reviewed in Executive Session*):
a. Regular Meeting–01-23/25..... 3
b. Special Meeting Open Session-02/12/25..... 8
c. Special Meeting Open Session-02/24/25..... (under separate cover)
2. Monthly Counsel Invoice – Robert S. Miller III Attorney - None
Motion to Approve Consent Agenda.....(action)
- IV. New Business**
1. Coos County Special District Election – May 20, 2025 (Candidate Filings Due March 20)
The following Southern Coos Health District board positions will be on the May ballot:
a. Position #4 – Kay Hardin
b. Position #5 – Robert Pickel
2. Consideration of Policy 800.011 Board of Director Orientation.....(action)
3. Audit Firm Discussion.....12
- V. Old Business**
1. Consideration of Edits to Health District Bylaws Article V. Committees.....(action)13
- VI. Staff Reports-Discussion**
1. CEO Report..... 24
2. CMO Report 26
3. CNO Report 28
4. CFO Report 31
5. CIO Report (under separate cover)
6. Multi-Specialty Clinic Report..... 33
7. SCHD Foundation Report 35
8. Strategic Plan Update (under separate cover)
- VII. Monthly Financial Statements: Review & Discussion**
1. CFO Month End Summary Narrative..... 36
2. Month End Statements for Period Ending January 31, 2025 38

VIII. Executive Session

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 under ORS 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 hearing. This statute may not be used to do a general evaluation of an agency goal, objective or operation or any directive to personnel concerning these subjects. No decisions will be made in Executive Session.

- 1. Review of Executive Session Minutes
 - a. Regular Meeting Executive Session 01/23/25
 - b. Special Meeting Executive Session 02/24/25
- 2. Review of Monthly Reports:
 - a. Quality, Risk & Compliance Report
 - 1. 162.008 Grievance Committee Charter
 - b. Medical Staff Committee Report
- 3. CEO Performance Evaluation & Contract Renewal

IX. Return to Open Session

- 1. Executive Session Minutes (listed above).....(action)
- 2. Reports from Executive Session for Approval (listed above).....(action)
 - a. Quality, Risk & Compliance Report
 - 1. 162.008 Grievance Committee Charter.....44
- 3. CEO Performance Review & Contract Renewal.....(action)

X. Open Discussion

XI. Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
January 23, 2025
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 6:39 p.m.**

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

1. Agenda - Corrections or Additions

None.

2. Public Input

Henry Holmes, MD, thanked Southern Coos Administration for their efforts and attention to Coast Community Health Center during its recent operational crisis, stating that CCHC is an asset that the community cannot afford to lose. Others in attendance as observers-only were introduced.

At this time Mr. Hino introduced David Serle, SCHHC new Clinic Director.

- III. **Action from Executive Session**

- 1. Quality, Risk & Compliance Report**
- 2. Medical Staff Report**

2-Year Privileges – New

Monika Mehrens, DO – Provisional – Hospitalist

Jennifer Webster, MD – Provisional – Family Medicine

Direct Radiology – Third Party Reading Radiology Group

Aaron Wickley, MD – Reappointment – Courtesy

Change of Status

Mark Stefanelli, MD – Emergency Med – Privileges to Lapse 01.31.25

Wesley Johnson, MD – Ortho Surgery – Privileges to Lapse 01.31.25

Ann Cooley, MD – Emergency Medicine – Add Pediatric Sedation Privileges

3. HIPAA Risk Assessment Report

Pam Hansen **moved** to accept the 3 reports presented in Executive Session. The Quality Assurance & Performance Improvement Plan, revised policy 155.001, will be approved under New Business. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

IV. Consent Agenda

1. Meeting Minutes

- a. Regular Meeting–12/19/24
- b. Executive Session-12/19/24
- c. Special Meeting Open Session-12/30/24
- d. Special Meeting Executive Session-12/30/24
- e. Special Meeting Executive Session-01/02/25
- f. Special Meeting Open Session-01/15/25
- g. Special Meeting Executive Session—1/15/25

2. Monthly Counsel Invoice – None

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

V. New Business

1. SCHD Open Board Position #4

Mr. Bedell announced that recruitment has begun to fill the open seat on the district board recently vacated by Norbert Johnson. Advertising has begun in the local newsletter and hospital social media. It is the hope of the board of directors to fill the position with another candidate with a clinical background if possible.

2. Short Term Facility Master Plan

Mr. Bedell suggested putting this project on hold with Coast Community Health Center now possibly to transition to another FQHC. Mr. Hino shared that the abbreviated master plan is not counter-productive, though suggested at the January 15 special meeting, it actually supports current Southern Coos strategic initiatives already in progress, and includes 4 options: 1) to lease additional office space; 2) expand clinical services to the current business services building; 3) add another modular building; or 4) work with a developer. At this time we plan to proceed with our current expedited plan to convert the business building to clinical space, moving

business services to the 2nd Street location, hopefully by mid-March.

3. Policies for Approval

- a. 155.001 QAPI (Quality Assurance & Performance Improvement Plan, revision 6.0)

Robert Pickel **moved** to approve policy 155.001 revision 6.0 as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

VI. Old Business

1. Process for CEO Performance Evaluation

Robert Pickel presented an outline for consideration including Board initial accountabilities, suggested metrics from Mr. Hino pulled from the ACHE (American College of Healthcare Executives), suggested areas for review and suggested timeline to conclude with a performance review in executive session on February 24 and meeting with CEO on date of regular meeting on February 27. Direct report staff to complete a confidential and anonymous performance survey. Mr. Bedell requested aggregate and composite results. Mr. Bedell thanked Mr. Pickel for his work. Mr. Miller shared that the CEO has the option to receive his review in a public meeting on February 27. Mr. Hino stated that Executive Session is acceptable.

VII. Staff Reports

1. CEO Report

Mr. Hino reviewed new managers in January, David Serle, Clinic Director, and Alix McGinley, who moved from interim to Executive Director of the Health Foundation, working with a philanthropy consultant Ursula Marinelli who has worked with the Samaritan Health System in Oregon. Pam Hansen, board liaison to the SCH Foundation expressed her support for both Alix and Ursula.

2. CMO Report

Dr. Forrester provided an update on clinic provider recruitment and noted a new telestroke program review to occur in February. A local provider already living in Bandon is considering an offer with physician credentialing in progress and potential March start date.

3. CNO Report

Cori Valet, CNO, summarized her report for the month of December. Staffing: A new case manager joined Southern Coos in January, we were able to remove a contract nurse in Surgical Services. Seven (7) nurses were nominated for the Daisy Award, we recognize two times per year. The board and public are invited to attend the Daisy Award Ceremony scheduled for Friday, January 24 at 1:30 p.m. in the hospital cafeteria. Bed Capacity: There were three incidents in December

where we did not have bed capacity to admit, and one (1) incident in November, all but one were attributed to patients in need of a higher level of care. Mr. Bedell would like to see a return of the staffing grid to the report. Pam Hansen requested more information on several positions referred to as “chronic” open staffing, relating to special clinical modalities that are difficult to fill.

4. CFO Report

Antone Eek, Chief Financial Officer, provided a summary of his department achievements and activities in the month of December. Sage configuration issues stemming from the Wipfli consulting project management group will be addressed by new consultant. Thank you to the Accounting and Materials Management team for their work and support through these issues. The depth and breadth of the reporting functionality issue is not impacting revenue. Inventory must be adjusted manually, but it is accurate. We hope to select the new consultant by next week, with goal of 6 months for full correction. As of today \$1M in claims have been successfully submitted. Retail pharmacy to be expedited as soon as possible with the physical build and permitting in process.

5. CIO Report

Scott McEachern, Chief Information Officer, provided a recap of the annual HIPAA Risk Assessment report. Board members asked Administration to look into on-site security services. Conversion of the 2nd Street building on track for mid-February.

6. SCHD Foundation Report

Alix McGinley, Health Foundation Executive Director provided a review of her report for the month of December, opening with the and End of Year Campaign, closing at \$37,400. The monthly 25th anniversary lecture series held at the Bandon Fisheries Warehouse will continue into 2025 with Cori Valet, CNO, as guest speaker in February. Karen Reber and our Gift Shop volunteers had a banner month in December, the Quarterly Art Show is doing well, and the Bottle Drop campaign is already at \$675 this year. Planning has begun on the annual golf fundraiser in September with new goal this year of \$125,000. A grant was submitted to Oregon Community Foundation seeking unrestricted funds in amount of \$40,000. The 22nd annual Women’s Health Day will be held on March 29. Women’s Health Day is a free event provided for the community with an average attendance of 125. We are planning a physician panel to include Jennifer Webster, MD, and OBGYN, and Dr. Nathan as keynote speaker. Board members noted it is a great event in which to showcase Southern Coos services.

7. Strategic Plan

Mr. Hino reviewed highlights from the strategic plan which was not available in December, noting a new director with the Confederated Tribes, a focus on utilization of surgical services with new OBGYN surgeon, and the change in plans regarding partnering with Coast Community Health Center due to their recent announcement. Color coding in the report described; no color indicates “in future”

or not yet in play.

VIII. Monthly Financial Statements Review & Discussion

Antone Eek, Chief Financial Officer, opened with a statement recognizing significant Revenue Cycle improvement following the Epic platform implementation as noted earlier regarding successful capture of billable services and claims submittal. Pre-authorization denials will be addressed by the new prior authorization team as well as medical necessity denials and write-offs. Mr. Bedell noted how deductions from revenue impact the bottom line. Mr. Eek reviewed the financial statements, noting that total operating expenses are below budget. Swingbed revenue is already \$1M above last year as of January. Inpatient revenue growth at 14.5%. Labor \$500K under budget or 9.5% under. Operating loss shown of \$1.2M is actually only \$300K below budget and with time to improve. Southern Coos has strategically not incurred more debt or interest expense and we are collecting more. Board members requested if possible to remove services from budget not yet provided. Clinic provider productivity discussed; noting that clinic budget reflects planned drops in revenue to allow for new provider ramp-up. Since Epic implementation one provider has already increased from 10 to 16 patients per day. Dr. Forrester projects that clinic visits could potentially move from 250 to 750 visits per month. An experienced advanced practice physician may have a patient panel of 1200-1500 patients. Physician documentation requirements discussed with Mr. Eek noting that there are specific requirements from CMS related to reimbursement.

IX. Open Discussion

Members discussed and consensus was reached to move the Executive Session to the end of the meeting in the agenda, moving forward, with open session to begin at 6:00 p.m. Mr. Pickel inquired whether a board liaison to a committee is a voting member of that committee, or not. Through discussion, members agreed that board members are present in a governance role only, not operational, therefore are non-voting committee members. Concerns were raised about limited patient parking, with Mr. Eek sharing that additional employee parking is expanding marginally with improvements to the gravel lot at corner of June Avenue and 11th Street, plus the pending move of business office services and staff to the new 2nd Street building.

X. **Adjournment.** The meeting adjourned at 8:33 p.m. The next regular meeting will be held on February 27, 2025.

Thomas Bedell, Chairman 02-25-2025

Mary Schamehorn, Secretary 02-25-2025

**Southern Coos Health District
Board of Directors Special Meeting
Open Session Minutes
February 12, 2025
Bandon Professional Center**

I. Special Meeting Open Session Call to Order at 4:18 p.m.

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison and Robert Pickel, Director (via remote link). **Administration:** Raymond Hino, CEO; Scott McEachern, CIO; Antone Eek, CFO (via remote link). **Others present:** Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None.

1. Agenda - Corrections or Additions

None.

2. Public Input

None.

II. Consideration to increase original proposed budget for the Retail Pharmacy project at Southern Coos Hospital & Health Center from \$200,000 to \$303,000

Antone Eek, Chief Financial Officer introduced the increased/revised budget noting increased labor, materials and other related costs, SCHHC Administration is respectfully requesting an increase in the initial investment to accommodate the new and unforeseen expenses as listed. Mr. Eek reviewed the return on investment (ROI) remains positive with net margin improvement in years 2-3. **Discussion:** The contingency line item changed with the receipt of actual bids since received. Mr. Hino added that he had requested this updated budget as a “Not to Exceed” budget to avoid having to return to the board with additional requests. April 1 remains the target opening date based on payor credentialing and/or regulatory issues that are not in the hospital’s control. There was disappointment expressed in the cost increase, but it was noted that net results and projected revenue continue to support the project as well as the benefit to the community. Plumbing and electrical bids were subcontracted in order to help reduce overall costs. Inline Construction is responsible for physical construction, only.

Mary Schamehorn **moved** to proceed with new retail pharmacy construction budget as presented, not to exceed \$303,000. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

III. New Business

1. SCHD Open Board Position #4

Mr. Bedell opened discussion regarding how to proceed regarding receipt of a single letter of interest from a qualified candidate defined as preferred to have a clinical background, if possible. The candidate, Kay Hardin, indicated that she is a retired RN, meeting that requested qualification. **Discussion:** Mr. Bedell would like to invite Ms. Hardin to attend the February 24 special meeting for an opportunity to meet with current members. Ms. Hardin had also indicated her intention to participate in the May Special Election, open to all qualified candidates living in the Southern Coos Health District who are not employees of the Health District. Mr. Pickel announced his intention to participate in the May election as well, for Position #5 for which he was appointed in 2024. It was decided to invite the candidate for a “meet and greet” with the board of directors at the special meeting on February 24 for introductions and discussion before official appointment at the regular meeting.

IV. Open Discussion

Mr. Bedell thanked Bob Pickel for his efforts regarding the CEO evaluation survey and results compilation to be reviewed on February 24.

V. Adjournment

The meeting adjourned at 5:00 p.m. There is a special meeting in executive session scheduled to be held at 6:00 p.m. on Monday, February 24 for the purpose of reviewing the CEO performance evaluation. The next regular meeting will be held on February 27, 2025 at 6:00 p.m. Both meetings will be held at the Bandon Professional Center.

Thomas Bedell, Chairman 02-27-2025

Mary Schamehorn, Secretary 02-27-2025



DEPARTMENT: Administration	NUMBER: 800.011
SUBJECT: Board Orientation	PAGE: 1 of 2
EFFECTIVE DATE: June X, 2023	REPLACES POLICY DATED: N/A
APPROVED BY: Executive Team, Policy & Procedure Committee, Board of Directors	DISTRIBUTION: Organization wide

Policy:

Individual members of the Governing Body shall be oriented to all facets of the organizational structure of Southern Coos Health District and legal requirements, as well as his or her duties and responsibilities as a member of the Board of Directors.

Procedures:

Within 30 days of Governing Board members official start date on the Southern Coos Health District Board of Directors, it shall be the responsibility of the Hospital CEO to schedule a date for Board orientation for new Board members.

During the Board orientation meeting, the following topics will be covered by the Hospital C.E.O:

- The organization’s mission, vision, values, and goals
- The organization’s safety and quality goals
- The organization’s structure and the decision-making process
- The development of the organization’s budget
- Interpretation of the organization’s financial statements
- Population served by the organization.
- Any issues related to the population served.
- Cultural diversity and sensitivity
- Confidentiality/Health Information Portability and Accountability Act (HIPAA)
- Patient rights and ethical aspects of care, treatment, and services and the process used to address ethical issues.
- Emergency procedures
- The organization’s policies and procedures and all employee benefits
- The individual and interdependent responsibilities and accountabilities of the Governing Body, senior management, and medical staff leaders



DEPARTMENT: Administration	NUMBER: 800.011
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- How these responsibilities and accountabilities support the mission of the organization and providing safe, quality care
- Applicable laws and regulations, including accrediting organization standards and federal and state regulations.
- The organization’s channels of communication regarding:
 - Clinical issues
 - Security Issues
 - Administrative Issues
- Additional training and information shall be provided by the C.E.O., the Executive Team, Director of Quality, Director of Human Resources and Medical Staff leaders, and other as necessary that may be required for additional skills or expertise to care out their job responsibilities.



DATE: February 21, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Annual Independent Audit Recommendations – Presented February 27

Recommended Action

It is the recommendation of management that the SCHHC Board of Directors give approval to the Southern Coos Hospital & Health Center (SCHHC) staff to create a Request for Proposals (RFP) process for selection of an Independent Audit Firm for the 2025 Financial Audit, and that consideration be given to making a multi-year (3 years is recommended) award.

Background

Oregon State Statute ORSS 440.410 requires that all Oregon Health Districts, including Southern Coos Health District, shall conduct an annual financial audit.

For over 12 years, or as long as anyone on the current staff of Southern Coos Hospital & Health Center (SCHHC) can remember, the annual independent audits of the Southern Coos Health District have been conducted by the International Firm of Moss Adams. Moss Adams was initially founded in 1913. Today it is one of the largest public accounting firms in the United States, and is headquartered in Seattle, Washington.

With its rich history, Moss Adams has an excellent reputation and does an excellent job of conducting hospital audits. This recommendation has nothing to do with the quality of previous Moss Adams audits.

Justification for Recommendation

In my experience, with over 25 years of holding CEO positions in hospitals, with the majority of them having been District hospitals, it is very unusual for a hospital to continue to use the same accounting firm for its annual independent audits for so many consecutive years.

In fact, many credible organizations, including the Government Finance Officers Association (GFOA) recommend that as a best practice, that governmental entities should enter into multi-year agreements, which minimize the potential for disruption in connection with the independent audit (and which may also result in cost savings by allowing auditors to recover certain “startup” costs over several years) and that a full-scale competitive process for the selection of independent auditors should occur at the end of the term of each audit contract. The process of making a change in audit firms is known as audit firm rotation.

An excellent article on “The Case for and Against Mandatory Rotation of Audit Firms” was written by Dr. Steven M. Mintz in April of 2024. In his article, Mintz cites the following benefits of rotating at set time periods:

- Reduces potential conflicts of interest because of a familiarity threat to independence.
- Provides a check against the lack of independence in appearance because of the long tenure of an audit firm.

- Enhances objectivity, impartiality, and professional skepticism by getting fresh eyes after a long period of time.
- Counteracts the professional judgment biases that develop over time, including confirmation bias, anchoring and availability bias.
- Reduces the incentive to gain favor with client's management in order to retain the firm.
- Lessens the pressure to support client decisions because of impending rotation.
- Counteracts audit decisions to smooth over problem areas to retain the client over the long term.
- Encourages competition and can help to maintain the public's trust.

Dr. Mintz also points out that there is a potential for increased costs by rotating at Set Time Periods, including:

- Increased costs for the client to get the new audit firm up to speed since firms develop an expertise and institutional knowledge over a long-term relationship.
- Reduced time horizon over which an audit firm can recover the benefits from acquiring client-specific knowledge.
- Potential reduction in effort during the final year of the audit because rotation is imminent.
- Steep learning curve for the new audit firm to gain knowledge about the client's business and industry dynamics.
- Possibility of unintended consequences, including an adverse impact on audit quality.

Summary

In the case of the Southern Coos Health District annual audits, we believe that 12+ years with the same firm is enough. Even though Moss Adams is one of the largest and best known accounting firms in the United States, there are many more that also have decades of experience in conducting high quality independent audits for health care districts.

We propose the following steps:

- Form an Audit Committee, including members of the hospital's Finance Committee and Hospital Accounting Department.
- Create a Competitive Request for Proposals (RFP) Process and advertise it within the Healthcare Financial Managers Association (HFMA) for the Western United States.
- The Audit Committee will receive proposals and make recommendations to the SCHHC Board of Directors.
- The SCHHC Board of Directors will interview the finalist accounting firms and make a decision on a successful auditing firm prior to the end of the current fiscal year, June 30, 2025.



Southern Coos Health District Bylaws

Amended November 21, 2024

Article I Scope and Purpose

1. Nature of District

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

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

2. The Purposes of the District are:

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

Article II District Board

1. Members and Qualifications

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

2. Conflicts of Interest

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

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

3. **Election and Terms of Office**

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

4. **Board Pay and Expense Reimbursement**

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

5. **Employment Restrictions**

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

Article III Meetings of the Board

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

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

4. **Regular Meetings:** The District Board shall hold at least one regular meeting each month at the Hospital or at such other location as determined by the Board. Notice of time and place designated for all regular meetings shall be posted in a public place and public notice provided at least 48 hours before the meeting by whatever means is considered most efficient and effective. Notice of changes of date or time or place of regular meetings shall be posted as above providing at least three (3) days prior to such meeting if possible.
5. **Special Meetings:** Special meetings of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place. The notice will include the principle subjects to be discussed.
6. **Executive Sessions:** Executive sessions of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Executive sessions must conform to Oregon law, which limits the purposes for which such sessions may be called. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place. The Oregon Ethics Commission may investigate claims of violations of Executive Session laws on its own without necessarily receiving a complaint.
7. **Emergency Meetings:** An emergency meeting may be called and held in the same manner as a special meeting, except that the notice may be given less than 24 hours prior to the meeting and the Board shall place in the minutes the reason for the emergency.
8. Any member of the Board, or any committee established by the Board, may participate in the meeting gathering in a physical location, using electronic, video or telephonic technology, in order to communicate among participants.
9. A quorum of the members of the Board shall not, outside of a meeting conducted in compliance with Oregon Public Meetings Law, use a series of communications of any kind, directly or through intermediaries, for the purpose of deliberating toward a decision. This includes the following types of communications: in-person, telephone calls, videos, video-conferencing, written communications (including electronic written communications), use of intermediaries.

Article IV Board of Directors

1. Authority

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

2. Duties and Fiduciary Responsibilities

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

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

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

3. **Officers**

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

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

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

4. **Resignations**

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

5. **Vacancy**

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

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

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

Article V Committees

1. **Committees and Powers**

a. Committees of the Board shall be Standing, or Advisory and established by majority vote of the Board. Standing Committees shall be the Budget Committee, Quality & Patient Safety Committee, Finance Committee and such other standing committees as the Board may authorize.

b. ~~The Board liaisons to each committee chair and all members of each committee shall be appointed by the Board following the July meeting. Board liaisons do not vote at committee meetings.~~ Members of each committee shall hold office for one year or until their successors are appointed. The Board liaison will fill any vacancies that occur on their committees ~~for the remainder of the year.~~

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c. Committees shall have power to act only as stated in these Bylaws or as conferred by the District Board in specific matters.

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d. Committee members may include persons in advisory or consulting capacity, who are not residents ~~members of the District Board.~~

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e. Minutes shall be recorded for all committee meetings and filed in the appropriate manner per Southern Coos Health District & Health Center policy and by applicable Oregon law.

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f. Qualifications for committee members will be as follows:

- 1) Committee members ~~need not shall~~ be residents of the district.
- 2) Neither district employees nor persons having a contractual relationship with the district may serve on district committees as public members.
- g. Board members may suggest persons for committee membership.
- h. The district will give public notice of committee vacancies.
- i. The board may, by majority vote, remove a member of the public from a district committee prior to the expiration of the term of office.
- j. Committees and their members have no authority to represent the district's official position on any matter except by express and explicit approval of the board for such.

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2. **Standing Budget Committee**

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

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

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

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

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

4. **Standing Finance Committee**

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

The Finance Committee shall meet the first, second and third quarters of the fiscal year quarterly to review the financial status of the District and make recommendations based thereon. The annual Budget Committee meeting shall take the place of the fourth quarter meeting of the Finance Committee.

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5. **Additional Standing Committees**

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

6. **Ad Hoc Advisory Committees**

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

Article VI – Administrator

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

- 1. Responsible for carrying out policies and programs adopted by the Board and for following regulations provided by law or by the District Board.

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

Article VII Medical Staff

1. **Medical Staff**
The Medical Staff shall be organized in accordance with the Medical Staff Bylaws. The Medical Staff shall govern its own affairs, elect its own officers, and conduct meetings in accordance with Medical Staff Bylaws.
2. **Medical Staff Bylaws**

Medical Staff Bylaws and related rules and regulations for the government and operation of the Medical Staff may be proposed and recommended by the Medical Staff to the District Board, but only those bylaws, rules and regulations which are adopted by the District Board shall become effective. In the exercise of the powers and functions delegated to it by the laws of the State of Oregon, the District Board shall adopt, amend, carry out and enforce rules and regulations for the government and operation of the Medical Staff and any of its functions and services.

3. **Conflicts with Medical Staff Bylaws**

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

4. **Medical Staff Membership**

a. Membership on the Medical Staff is a privilege which shall be extended only to persons professionally competent in their related fields, licensed to practice in the State of Oregon, and whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgement of the District Board, that any patient admitted to or treated in Southern Coos Hospital and Health Clinic will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Hospital & Clinic Policies and Procedures, Medical Staff Bylaws and Rules and Regulations.

b. The District Board shall review and act upon the advice and recommendations of the Medical Staff, and shall give careful consideration for clinical privileges at our healthcare facilities.

c. Duration. Appointment to the Medical Staff shall be for a maximum term of two (2) years. Medical Staff members shall be reappointed bi-annually in the birth month of the applicant.

d. The Medical Staff will also make recommendations to the District Board concerning appointments, reappointments, alterations of staff status, the granting of clinical appointments, disciplinary actions, other matters relating to professional competency, and such other related matters as may be referred to it by the District Board.

5. **Allied Health Professionals**

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

6. **Accountability**

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

7. **Exclusion from the Medical Staff**

The District Board shall have the power to exclude from Medical Staff membership, to deny reappointment to the Medical Staff, or to retract privileges, of anyone who has not exhibited that standard of education, training, experience, and demonstrated competence, which will assure, in the judgement of the District Board, that any patient admitted to or treated in the Hospital or Health Clinic will be given high quality professional care.

Article VIII Indemnification

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

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

Article IX Public Meeting Laws Violation

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

Article X Foundation

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

Amended and adopted November 21, 2024.

Signed:

Thomas Bedell, Chairman

Mary Schamehorn, Secretary



Chief Executive Officer Report

To: Southern Coos Health District Board of Directors
From: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, February 27, 2025

Clinic Providers:

- We are pleased to report that we have reached an agreement on a contract with Dr. Veronica Simmonds. Dr. Simmonds is a Gynecologist and a surgeon. She has lived and worked in Coos County for many years and brings with her an excellent reputation and the loyal following of her patients. She will fill the surgery schedule vacancies that were left with the departure of Dr. Sharon Monsivais. We are hopeful that Dr. Simmonds will begin work in April. Initially, we plan to put her medical office in our current clinic building. When the new clinic building (current Business Office Building) is completed, then we will move her in to that new building, along with other specialties, such as Pain Management, and potentially Dermatology.

DNV Survey:

- Our Quality Team continues to support our department managers and staff on DNV compliance reporting. New Data Analyst & Performance Improvement Specialist, Jamie Schultz has created some excellent tools and resource sites to help our managers with their compliance.

Coast Community Health Center:

- I continue to work with Kendra Newbold, CEO at Coast Community Health, and now, Gregory Brigham, MD, CEO at Adapt Integrated Health Care, a 54-year-old, highly successful and respected Federally Qualified Health Center, based in Roseburg, Oregon.
- Areas where we are working with CCHC at this time, are (1) accounting (Katelin Wirth has been providing some support); (2) revenue cycle (Colleen Hickman has knowledge of some of CCHC's funding sources and has been able to help them on a limited basis); and public announcements (Amy Moss Strong has helped with creating some public announcements on the FQHC transition). We are still working on getting the laboratory contract set up.

Expansion Plans:

- We have begun our Master Facility Plan (MFP) process with weekly meetings with our Project Manager, Joe Kunkel. One of the first steps will be to onboard a Market Analysis and Demand Modeling vendor. The preferred vendor has agreed to include a community engagement component, including community surveys and community listening sessions.
- State Senator David Brock Smith has agreed to sponsor a bill this legislative session that will request funds for expansion of primary care and pharmacy services at Southern Coos Hospital & Health

Center. The early draft, identified as Legislative Counsel (LC) 4236, requests \$2.2 million from the legislature to support expansion of primary care and pharmacy services at SCHHC.

Representation and Advocacy

- On 02-07-2025, I attended my first Hospital Association of Oregon Board of Directors meeting. I'm humbled by the opportunity to serve with so many talented health care leaders around our State. A highlight of the meeting was an opportunity for our Board to speak to Oregon Governor, Tina Kotek. During that part of the meeting, I was impressed that Governor Kotek made a point of calling me out, by name, for the work that we are doing with Coast Community Health Center. I was immediately struck by the fact that the Governor did her homework to see who was on the Board and in the room, and to praise a rural hospital constituent for working to improve healthcare in the community. I also made an impression on my fellow Board members.

Marketing and Publicity

- As a member of the Bandon Rotary Club, I have agreed to arrange for the speakers at the weekly Rotary club meetings for the month of March. Here are the March speakers that I arranged:

Date	Speaker(s)	Title(s)	Topic
3-7	Raymond Hino	CEO, SCHHC	Southern Coos Hospital Annual Update
3-14	Colene Hickman & Brenna Watkins	Revenue Cycle Director (Colene) & Medicare Certified Counselor (Brenna)	Medicare/ Senior Health Insurance Benefits Program
3-21	Dr. Jennifer Webster & David Serle	Clinic Medical Director (Dr. Webster) & Clinic Administrative Director (David)	Southern Coos Health Clinic
3-28	Kendra Newbold, CEO	CEO, Coast Community Health Center	Coast Community Health Center Update

- Additionally, I am the featured speaker on 3-11-2025 at the Bandon Meet & Greet, at the Bandon Fisheries Warehouse. My topic will be an introduction to the Master Facility Plan process for SCHHC.

Absence from Facility

- For the first 2 months of this year, I have been away from the facility for 1 day. That day was a trip to Lake Oswego, Oregon to attend a Hospital Association of Oregon Board of Directors meeting.



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, February 27, 2025

Recruiting:

Pamela Namenyi, FNP graciously declined our offer of employment as a primary care provider in our clinic. Recruiting efforts for primary care are ongoing. Currently there are two offer letters out to advanced practice clinicians to join our clinic and a physician was interviewed on February 17th for a full-time clinic primary care position. I continue to work with David Serle, our clinic manager, and Dr. Jennifer Webster, our clinic medical director, to increase primary care capacity.

Dr. Veronica Simmonds, a gynecologist, has signed a contract with us as an employed provider. We are planning for her to start seeing patients in our clinic and performing procedures in our OR in late March or early April. She is excited to get started as soon as possible. Dr. Simmonds' addition is expected to create significant OR volume.

We continue ongoing efforts to recruit for dermatology and other specialties.

Chart and Peer Review:

This month the final pieces have fallen into place to allow routine reviews of patient charts by members of our medical staff to ensure that we are providing the highest quality of care. This is a standard practice at most hospitals and one I am happy to see implemented here at SCHHC.

Also, our formal peer review process in collaboration with Lower Umpqua is in use. We have already sent them two cases and I received word on February 20th that Lower Umpqua has almost completed the review of these cases and will send a report to us soon. This is a huge step forward in improving the quality of care delivered at our hospital and clinics.

I'd like to thank the medical staff, the quality department, the health information department, the medical staff services office, and others for their assistance with these initiatives.

Telemedicine:

I had planned to present a formal proposal at this meeting including a budget for a collaboration between Southern Coos Hospital and Health Center and Providence to provide telemedicine stroke and neurology services. However, we are currently exploring an alternative vendor for these services who has the potential to provide a wider range of services at a reduced cost compared to Providence. This is currently in the due diligence stage which hopefully will be completed in time for a presentation at the April board meeting.

Business Office Conversion:

As of the February 14th design planning meeting, the general design for the conversion of the current business office into clinic space has been finalized. It will include seven exam rooms, three clinician offices, space for four medical assistants, a small laboratory space, and medication storage. Multiple departments including SCHHC engineering, clinic management, CEO, CIO, CFO, and I have had input and are excited for the next step which is full architectural plan rendering so that official bids can be solicited.

The current occupancy plan is that our new gynecologist Dr. Simmonds and Victoria Schmelzer's pain clinic will move into this space once completed. That leaves space for a third provider yet to be recruited.



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 – February 27, 2025

Clinical Department Staffing – January –

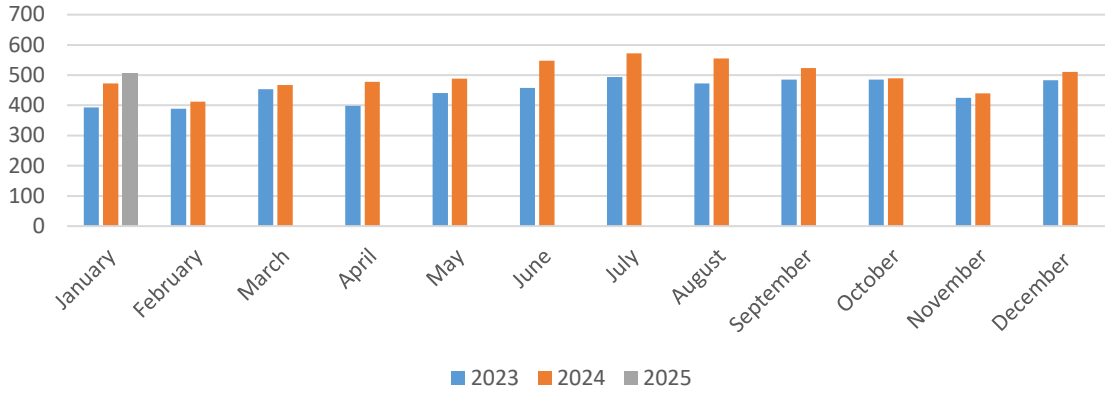
- **Medical-Surgical Department –**
 - Four full-time RN positions vacant (3 Noc shift, 1 Day shift)
 - Four contract RNs utilized
 - One full-time CNA position vacant
- **SWING Bed –**
 - One full-time RN case manager /discharge planner/UR coordinator began orientation
- **Emergency Department –**
 - One full-time RN Trauma Coordinator position vacant (
 - One full-time RN position 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.
 - Zero contract RNs 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.
 - Three contract Medical Lab Technologists utilized
- **Respiratory Therapy –**
 - One full-time Respiratory Therapist position vacant
 - One contract Respiratory Therapist utilized

Respiratory Therapy Equipment Update:

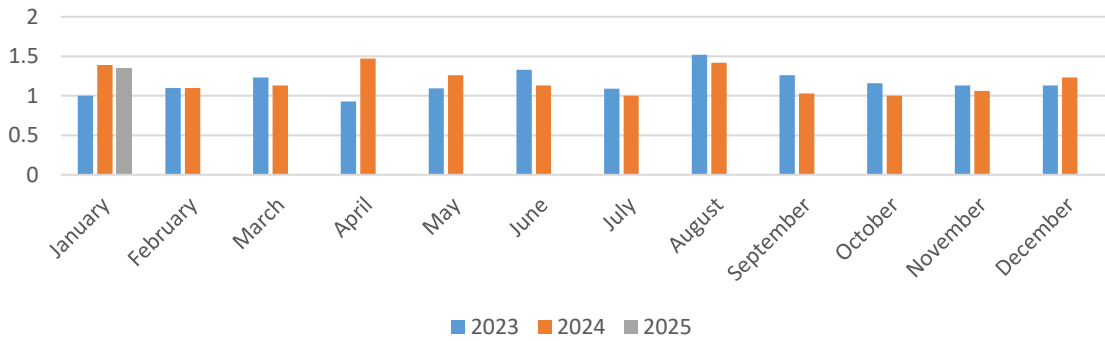
- The two Bi-Pap machines that are utilized within the Emergency Department and Inpatient unit are no longer serviceable. At this time Philips Trilogy Bi-Pap machines are in good working order and in use. In the event that one of the machines has a failure, we will be limited to only one unit. With the level of infectious respiratory illness in our region this is especially concerning. We do have other respiratory interventions that can be utilized, such as ventilators or high flow oxygen administration, however they do not provide the same type of treatment as the Bi-Pap. Replacement units are being evaluated for the purchase of at least one Bi-pap machine but ultimately two will be required.

Emergency Department Statistics –

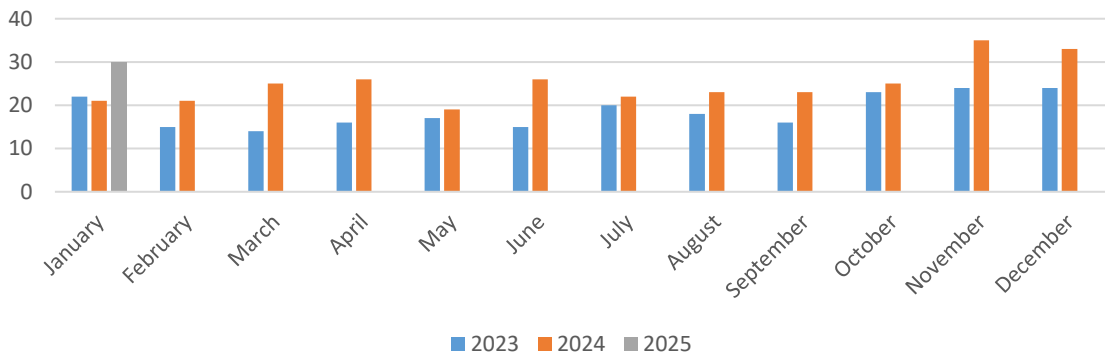
ED Census Tracking 2023-2025



Average ED Admissions to Med-Surg Unit per Day

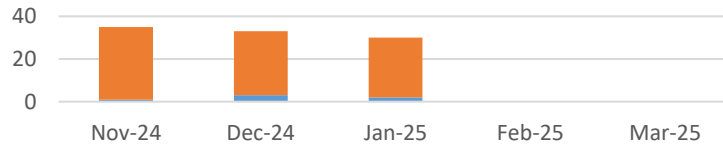


ED Transfers



- January 2025 Transfers – 30 Total Transfers. 28 transfers required due to need for higher level of care and/or services not offered at SCHHC. 2 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	28	0	0
No SCHHC Beds	1	3	2	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 – Feb 2025

January 2025 Department Achievements/Activities

Accounting and Finance Update:

- New Accounting Team member for Accounts Payable - Starting in two weeks
- Starting on Budget Planning
 - Capital Requests have gone out to Department Leaders
- Annual Audit Partner – Recommendation from CFO and Finance Team
 - Selection of new auditing partner: Recommended
 - The decision is recommended to be completed before: April 2025
 - Agreement Recommendation: One Year initial Term, with option to extend
 - This allows us to evaluate our new partner and make any further recommendations to the board for a go-forward partnership

Engineering / EVS Update:

- New EVS Supervisor – Starting in two weeks

Materials Management / Supply Chain Update:

Materials Management has been working diligently on getting new equipment not only for the new programs but preparing for new providers that will be starting at Southern Coos in the coming months.

Revenue Cycle Update:

CPSI / TruBridge: A/R Run Down

- ATB on 12.31.24 total: \$4,079,829.03
- ATB on 01.26.25 total: \$2,535,309.03
- ATB on 02.17.25 total: \$1,670,205.72

EPIC Status:

- Still experiencing charging issues
 - These are being handled through working with specific departments and vendors that are responsible for charging

Other Items:

- **Pharmacy Update**
 - **OP Retail Pharmacy**
 - Contractor: Inline
 - Cardinal Contracted Services

- **NPI** – Complete
- **NCPDP** – Complete
- **Board of Pharmacy** – Complete
- **DEA** – Submitted – In Approval Process
- **Pharmacy IS System:** Liberty
- **Personnel**
 - Director of Pharmacy: Interviewing
 - Pharmacists: Interviewing
 - Pharmacy Techs: On Hold



Multi-Specialty Clinic Report January 2025

To: Southern Coos Health District Board of Directors and Southern Coos Management
From: David M Serle – Director Medical Group Operations
Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – February 27, 2025

Clinic Visits

Clinic visits are down for the month of January vs the previous month of December by 183 visits, and for the same time last year in January by 97 visits. The contributing factors for reduction in clinic visits compared to December were reduced clinic days for Fitzgibbons, and Monsivais, and Dr. Webster just starting. New patients for January were 34, no-shows were at 4.2% and cancelations were at 7.1%.

Year: 2025										
Month: January	Clinic	PT's		No	Total	AVG	No Show	Cancel	Total	Total
Provider	Days	Sched	Cancel	Show	Seen	Seen	Rate	Rate	Tele Hlth	New Pts
Bonnie Wong, DO	11	84	1	0	83	7.5	0%	1%	3	1
Judith Fitzgibbons, FNP	3.5	16	2	0	14	4.0	0%	13%	0	0
Paul Preslar, DO	14	184	13	11	160	11.4	6%	7%	0	17
Shane Matsui, LCSW	22	97	9	4	84	3.8	4%	9%	6	1
Victoria Schmelzer, CRNA	10	74	6	5	63	6.3	7%	8%	0	0
Tami Marriott, MD	3	28	2	1	25	8.3	4%	7%	0	0
Sharon Monsivais, MD	6	85	8	4	73	12.2	5%	9%	0	4
Jennifer Webster, MD	3	25	1	0	24	8.0	0%	4%	0	11
Outpatient Services	22	223	31	2	190	8.6	1%	14%	0	0
Totals	94.5	816	73	27	716	7.6	3.3%	8.9%	9	34
Total Clinic Visits minus OP Services	72.5	593	42	25	526	7.3	4.2%	7.1%	9	34

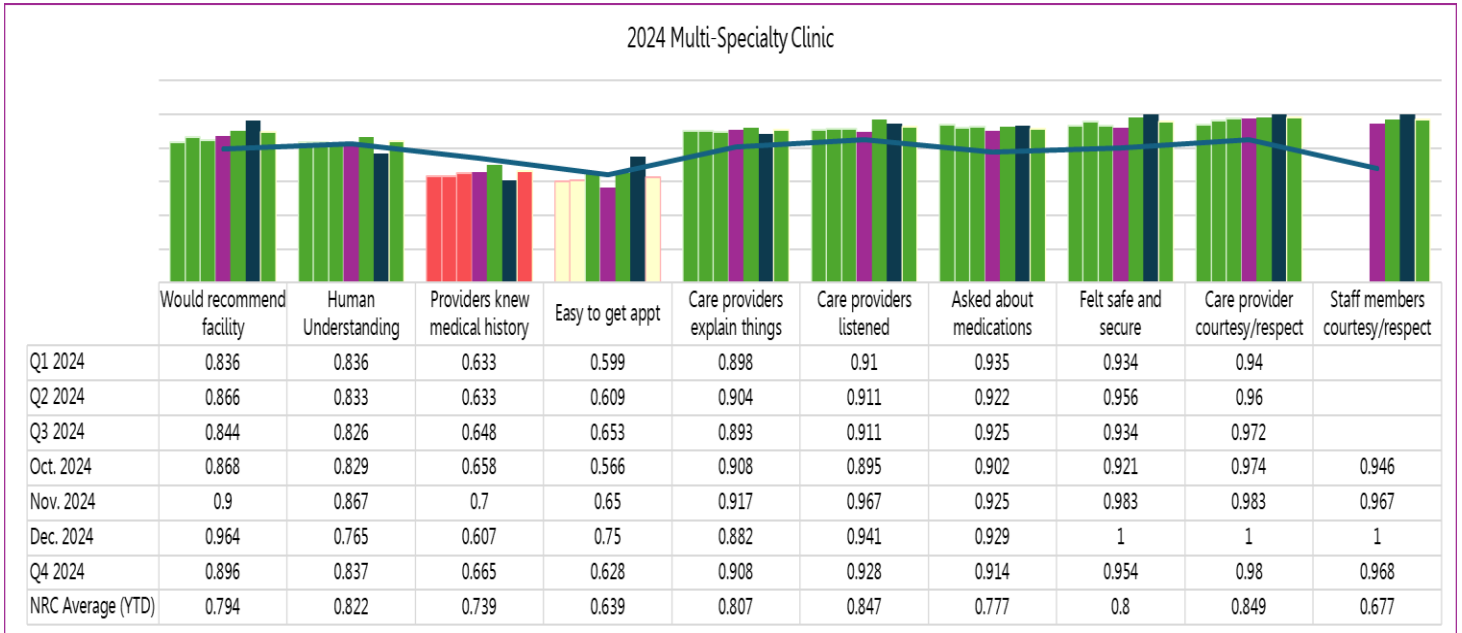
Chronic Care Management (CCM) program statistics:

- The total number of patients for January and eligible to bill were 42 with a projection 51 in February.

Provider Recruiting:

The onboarding process has begun for Dr. Simmonds, and we were anticipating a start date for her in April with patient scheduling to begin in late March. We are hoping to have a locum for Dr. Wong in April and the first couple of weeks in May, while she is off. There is a potential for recruiting a full-time FP who could be available in August to start and there is ongoing communication with two FP advanced practitioners.

Annual Patient Satisfaction Results for 2024



The annual patient satisfaction survey results for the clinic in most areas exceeded the NRC national average. Areas for improvement are in the following areas:

- Providers Knew Medical History
- Easy To Get An Appointment



Southern Coos Health Foundation Report

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

From: Alix McGinley, Executive Director, SCHF

Re: SCH Foundation Report for SCHD Board of Directors, February 18, 2025

Women's Health Day

Our 22nd annual Women's Health Day will be held on Saturday, March 29th at the Bandon Community Center (The Barn). This year's focus is on holistic physical and financial health. Keynote address speaker Dr. Neil Nathan will join our **Healthcare Panel** (Dr. Paul Preslar, Dr. Jennifer Webster, and Dr. Veronica Simmonds) and **Financial Panel** (Robin Miller, Lisa Amaral, Amanda Whitlatch, and Anne McCaleb). Vendors include SCHF POP-UP Gift Shop, SCHHC (Colene, Brenna & Carolyn), Advanced Health, South Coast Hospice, Violet Flame, Coos Health & Wellness and Coos Elderly Services. Currently have \$1,500 in promises and sponsorships with another \$2k in asks. Alix will also be presenting at 100 Strong Bandon meeting on February 19th.

This year Alix will be introducing our Bandon School District School Nurse program. Lizzy Deters and Lena Hawthorne will have a short presentation about the program followed by a SCHF ask from participants. In addition, any overages from sponsors/donors will be given to support the School Nurse program.

Golf for Health Classic The 18th anniversary 2025 Golf for Health Classic planning meetings begin on January 28th. Our goal for this year's signature event is \$125,000.00. We already have almost \$25k in promises for this year's tournament! Sponsor packets are available, and webpage will be updated asap. GFHC beloved Friday night reception will remain at Bandon Dunes but will move to the space above McKee's Pub. Please refer any inquiries for sponsorships or tourney info to Alix.

SCHHC & SCHF Lecture Series

Our first lecture for 2025 at the Bandon Fisheries Warehouse Meet & Greet was presented by CNO Cori Valet on the Daisy Awards. Topic was well received, and Ray Hino answered several questions about our new community pharmacy. SCHHC/SCHF is slotted in for the second Tuesday of each month. Next up CEO Ray Hino March 11th SCHHC news, MFP, etc. Alix will follow in April to introduce the Grateful Patient Program. If you have an idea for speaker or topic, please let Alix or Amy Moss Strong know.

SCHF Quarterly Art Show & Gift Shop

Continue to bring in new artists and patrons.

New Programs

Alix is working on a comprehensive set of initiatives to enhance both patient engagement and employee involvement and add new revenue streams. Programs include Grateful Patient in 2Q25 that will have an employee recognition component and Employee Giving to be released 4Q25. Annual giving program and capital campaign initiatives to follow.



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: January 2025 Month End Financial Results - Presented February 27

Revenue Performance:

- Gross Revenue: Achieved \$5,319,000, surpassing the budgeted \$5,131,000.

Revenue Deductions:

- Deductions from Revenue: Amounted to \$1,860,000, accounting for 35.0% of gross revenue, below the budgeted 35.8%.
- YTD Revenue Deductions: Stood at 37.7%, compared to the 36.3% budgeted.
- Medicare Cost Report Settlement for FY25: Anticipated receivable of \$770,000.

Operating Revenues:

- Total Operating Revenues: Registered at \$3,460,000, just above the budgeted \$3,397,000, and marking an increase of \$700,000 from the same period last year.
- Total Operating Revenues YTD FY25 came in at \$19,920,000, which was an increase of \$1,838,000 over YTD FY24 for the same month.

Operating Expenses:

- Labor Expenses totaled \$2,135,000, coming in below the budgeted \$2,460,000.
 - Open positions and unfilled new FTE's drove this favorability.
- Other Operating Expenses reached \$1,421,000, above the budgeted \$887,000.
 - Higher expenses in the following drove this variance:
 - Purchase Services related to Epic and Sage project management
 - Dues & subscriptions related to Epic
 - Depreciation catchup of capitalized Epic and Sage assets
 - YTD operating expenses of \$21,250,000 remain under a budget of \$22,795,000

Operating Income/Loss:

- Operating Loss of \$95,000 compared to a budgeted gain of \$49,000.

Change in Net Position:

- A gain of \$55,000 compared to the budgeted gain of \$160,000

Financial Health Indicators:

- Days Cash on Hand: Decreased to 64.2 from 79.7 in December.
- Accounts Receivable (A/R) Days Outstanding: Increased to 60.9 days, up from 51.9 days in the prior month due to Epic go live anticipated delays

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses, and Changes in Net Position
As of January 31, 2025

	Month Ending 01/31/2025				Month Ending 01/31/2024	Year To Date 01/31/2025				Prior Year To Date 01/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	1,271,252	1,146,230	125,022	10.9 %	866,192	6,002,072	7,062,589	(1,060,517)	(15.0) %	5,388,289
Outpatient Revenue	3,895,110	3,868,694	26,417	0.7 %	3,226,635	24,011,504	25,443,614	(1,432,110)	(5.6) %	20,779,133
Swingbed Revenue	152,350	115,852	36,498	31.5 %	287,716	1,898,312	791,459	1,106,853	139.8 %	1,984,051
Total Patient Revenue	5,318,712	5,130,776	187,937	3.7 %	4,380,543	31,911,888	33,297,662	(1,385,774)	(4.2) %	28,151,473
Total Deductions	1,860,000	1,835,447	24,553	1.3 %	1,621,642	12,017,448	12,094,025	(76,577)	(0.6) %	10,078,787
Revenue Deductions %	35.0 %	35.8 %	(0.8) %	(2.2) %	37.0 %	37.7 %	36.3 %	1.4 %	3.8 %	35.8 %
Net Patient Revenue	3,458,713	3,295,329	163,384	5.0 %	2,758,901	19,894,440	21,203,637	(1,309,197)	(6.2) %	18,072,686
Other Operating Revenue	1,413	101,543	(100,130)	(98.6) %	1,646	25,638	710,801	(685,163)	(96.4) %	9,665
Total Operating Revenue	3,460,126	3,396,872	63,254	1.9 %	2,760,547	19,920,078	21,914,438	(1,994,360)	(9.1) %	18,082,351
Total Operating Expenses										
Total Labor Operating Expenses	2,134,649	2,460,391	(325,741)	(13.2) %	2,108,802	15,047,575	16,630,804	(1,583,230)	(9.5) %	13,862,792
Total Other Operating Expenses	1,420,574	887,099	533,473	60.1 %	768,079	6,202,745	6,163,941	38,805	0.6 %	4,850,183
Total Operating Expenses	3,555,223	3,347,490	207,732	6.2 %	2,876,881	21,250,320	22,794,745	(1,544,425)	(6.8) %	18,712,975
Operating Income / (Loss)	(95,096)	49,382	(144,478)	(292.6) %	(116,335)	(1,330,242)	(880,307)	(449,935)	51.1 %	(630,624)
Net Non Operating Revenue	150,004	110,923	39,080	35.2 %	130,838	862,416	756,609	105,807	14.0 %	917,088
Change In Net Position	54,907	160,305	(105,398)	(65.7) %	14,503	(467,826)	(123,698)	(344,128)	278.2 %	286,464

* 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 01/31/2025	Year Ending 06/30/2024		Year Ending 06/30/2023
	Current Year Balance	Prior Year	Current vs. Prior	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	9,884,160	11,721,015	(1,836,855)	12,771,743
Net Patient Accounts Receivable	5,572,676	3,907,633	1,665,043	2,813,679
Other Assets	398,665	798,202	(399,537)	678,642
Total Current Assets	15,855,501	16,426,850	(571,349)	16,264,064
Net PP&E	9,228,787	6,423,952	2,804,835	6,677,893
Total Assets	25,084,288	22,850,802	2,233,486	22,941,957
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	7,176,484	4,490,006	2,686,478	4,057,278
Total Long Term Debt, Net	4,549,965	4,535,131	14,835	5,217,539
Total Liabilities	11,726,449	9,025,137	2,701,313	9,274,817
Total Net Assets	13,357,839	13,825,665	(467,827)	13,667,140
Total Liabilities & Net Assets	25,084,288	22,850,802	2,233,486	22,941,957

Cash to Debt Ratio	(0.03)	0.31 ▲	(0.34)	1.68
Debt Ratio	0.47	0.39	0.08	0.40
Current Ratio	2.21	3.66	(1.45)	4.01
Average Age of Plant	10.18	12.30	(2.12)	14.87
Debt to Capitalization Ratio	0.25	0.25	0.00	0.29



Budget As Presented

For The Period Ending January 31, 2025

Current Month - January

Account Description	Jul-2024 Actual	Jul-2024 Budget	Aug-2024 Actual	Aug-2024 Budget	Sep-2024 Actual	Sep-2024 Budget	Oct-2024 Actual	Oct-2024 Budget	Nov-2024 Actual	Nov-2024 Budget	Dec-2024 Actual	Dec-2024 Budget	Jan-2025 Actual	Jan-2025 Budget	Feb-2025 Budget	Mar-2025 Budget	Apr-2025 Budget	May-2025 Budget	Jun-2025 Budget	FY2025 Budget
SUMMARY INFORMATION																				
Revenue																				
Inpatient Revenue	927,420	1,006,005	956,036	1,206,681	913,250	1,206,578	1,050,934	1,119,221	1,043,232	1,134,051	1,584,470	919,431	1,423,602	1,262,082	1,116,599	1,195,411	1,124,108	1,136,344	985,757	13,412,268
Outpatient Revenue	3,571,297	3,535,574	3,333,664	3,664,218	3,130,338	3,406,448	3,677,565	3,673,858	3,097,721	3,699,927	3,307,249	3,594,895	3,895,110	3,868,694	3,672,545	4,006,446	3,618,495	3,911,617	3,837,627	44,490,344
Total Patient Revenue	4,498,717	4,541,579	4,289,700	4,870,899	4,043,588	4,613,026	4,728,499	4,793,079	4,140,953	4,833,978	4,891,719	4,514,326	5,318,712	5,130,776	4,789,144	5,201,857	4,742,603	5,047,961	4,823,384	57,902,612
Deductions	1,557,676	1,661,284	1,595,895	1,782,674	1,639,815	1,714,354	1,773,793	1,729,460	1,636,903	1,739,808	1,953,365	1,630,999	1,860,000	1,835,447	1,708,331	1,851,602	1,673,324	1,796,769	1,697,676	20,821,728
	34.62%	36.58%	37.20%	36.60%	40.55%	37.16%	37.51%	36.08%	39.53%	35.99%	39.93%	36.13%	34.97%	35.77%	35.67%	35.60%	35.28%	35.59%	35.20%	35.96%
Net Patient Revenue	2,941,041	2,880,295	2,693,805	3,088,225	2,403,772	2,898,672	2,954,705	3,063,619	2,504,050	3,094,170	2,938,354	2,883,327	3,458,712	3,295,329	3,080,813	3,350,255	3,069,279	3,251,192	3,125,708	37,080,884
Other Operating Revenue	16,931	101,543	320	101,543	2,538	101,543	1,633	101,543	67	101,543	2,735	101,543	1,413	101,543	101,543	101,543	101,543	101,543	101,543	1,218,516
Total Revenues	2,957,972	2,981,838	2,694,125	3,189,768	2,406,310	3,000,215	2,956,339	3,165,162	2,504,117	3,195,713	2,941,089	2,984,870	3,460,125	3,396,872	3,182,356	3,451,798	3,170,822	3,352,735	3,227,251	38,299,400
Operating Expenses	2,667,213	3,245,294	3,080,557	3,216,795	2,804,753	3,136,468	3,092,662	3,202,494	2,901,192	3,263,490	3,148,720	3,382,693	3,555,230	3,347,490	3,088,793	3,344,525	3,108,060	3,177,731	3,145,300	38,659,133
Net Operating Margin	290,759	(263,456)	(386,432)	(27,027)	(398,443)	(136,253)	(136,323)	(37,332)	(397,075)	(67,777)	(207,631)	(397,823)	(95,105)	49,382	93,563	107,273	62,762	175,004	81,951	(359,733)
Non-Operating Revenue	145,535	104,305	155,748	104,305	101,543	104,305	141,649	110,923	110,538	110,923	57,400	110,923	150,004	110,923	100,923	115,338	115,338	115,338	115,358	1,318,902
Net Margin	436,294	(159,151)	(230,684)	77,278	(296,900)	(31,948)	5,326	73,591	(286,537)	43,146	(150,231)	(286,900)	54,900	160,305	194,486	222,611	178,100	290,342	197,309	959,169

Note: December was budgeted at a larger loss in order to prepare for the EPIC transition. Volumes were significantly reduced in the budget in order to give staff ample opportunity to train on the new system.



Budget with Initiatives Removed

For The Period Ending January 31, 2025

Current Month - January

Account Description	Jul-2024 Actual	Jul-2024 Budget	Aug-2024 Actual	Aug-2024 Budget	Sep-2024 Actual	Sep-2024 Budget	Oct-2024 Actual	Oct-2024 Budget	Nov-2024 Actual	Nov-2024 Budget	Dec-2024 Actual	Dec-2024 Budget	Jan-2025 Actual	Jan-2025 Budget	Feb-2025 Budget	Mar-2025 Budget	Apr-2025 Budget	May-2025 Budget	Jun-2025 Budget	FY2025 Budget	
Revenue																					
Inpatient Revenue	927,420	921,872	956,036	1,122,548	913,250	1,122,445	1,050,934	1,035,088	1,043,232	1,049,918	1,584,470	835,298	1,423,602	1,177,949	1,032,466	1,111,278	1,039,975	1,052,211	901,624	12,402,672	
Outpatient Revenue	3,571,297	3,535,574	3,333,664	3,664,218	3,130,338	3,406,448	3,677,565	3,673,858	3,097,721	3,699,927	3,307,249	3,594,895	3,895,110	3,868,694	3,672,545	4,006,446	3,618,495	3,911,617	3,837,627	44,490,344	
Total Patient Revenue	4,498,717	4,457,446	4,289,700	4,786,766	4,043,588	4,528,893	4,728,499	4,708,946	4,140,953	4,749,845	4,891,719	4,430,193	5,318,712	5,046,643	4,705,011	5,117,724	4,658,470	4,963,828	4,739,251	56,893,016	
Deductions	1,557,676	1,639,140	1,595,895	1,760,530	1,639,815	1,692,210	1,773,793	1,707,316	1,636,903	1,717,664	1,953,365	1,608,855	1,860,000	1,813,303	1,686,187	1,829,458	1,651,180	1,774,625	1,675,532	20,555,996	
	34.62%	36.77%	37.20%	36.78%	40.55%	37.36%	37.51%	36.26%	39.53%	36.16%	39.93%	36.32%	34.97%	35.93%	35.84%	35.75%	35.44%	35.75%	35.35%	36.13%	
Net Patient Revenue	2,941,041	2,818,306	2,693,805	3,026,236	2,403,772	2,836,683	2,954,705	3,001,630	2,504,050	3,032,181	2,938,354	2,821,338	3,458,713	3,233,340	3,018,824	3,288,266	3,007,290	3,189,203	3,063,719	36,337,020	
Other Operating Revenue	16,931	10,188	320	10,188	2,538	10,188	1,633	10,188	67	10,188	2,735	10,188	1,413	10,188	10,188	10,188	10,188	10,188	10,188	122,255	
Total Revenues	2,957,972	2,828,494	2,694,125	3,036,424	2,406,310	2,846,871	2,956,339	3,011,818	2,504,117	3,042,369	2,941,089	2,831,526	3,460,126	3,243,528	3,029,012	3,298,454	3,017,478	3,199,391	3,073,907	36,459,275	
Operating Expenses	2,667,213	3,144,843	3,080,557	3,116,344	2,804,753	3,036,017	3,092,662	3,102,043	2,901,192	3,163,039	3,148,720	3,282,242	3,555,230	3,247,039	2,988,342	3,244,074	3,007,609	3,077,280	3,044,849	37,453,716	
Net Operating Margin	290,759	(316,348)	(386,432)	(79,919)	(398,443)	(189,145)	(136,323)	(90,224)	(397,075)	(120,669)	(207,631)	(450,715)	(95,105)	(3,510)	40,671	54,381	9,870	122,112	29,059	(994,441)	
Non-Operating Revenue	145,535	104,305	155,748	104,305	101,543	104,305	141,649	110,923	110,538	110,923	57,400	110,923	150,004	110,923	100,923	115,338	115,338	115,338	115,358	1,318,902	
Net Margin	436,294	(212,043)	(230,684)	24,386	(296,900)	(84,840)	5,326	20,699	(286,537)	(9,746)	(150,231)	(339,792)	54,899	107,413	141,594	169,719	125,208	237,450	144,417	324,461	
Var to Bud	306%		-1046%		-250%		-74%		-2840%		56%		-49%								
Year to Date by Month			205,610	(187,658)	(91,290)	(272,498)	(85,964)	(251,799)	(372,501)	(261,546)	(522,732)	(601,338)	(467,833)	(493,925)							
Var YTD to Bud			210%		66%		66%		-42%		13%		5%								



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	In Progress	
Gas Griddle	Dietary	5,000		5,000	In Progress	
Convection Oven	Dietary	7,000		7,000	In Progress	
OBN Gurney	ER	6,500		6,500		
New Desk/Workspace	ER	10,000		10,000		
Cast Cart	ER	5,500	5,163	337	8/31/2024	
Mindray Monitor Upgrade	ER	6,000		6,000	Completed	Included in EPIC project
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	10,808	1,192	1/31/2025	
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)	1/31/2025	

Totals - Non Threshold Projects

136,000

36,161

99,839



**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		Completed - Pending Invoices
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		
BACTAlert 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	
		-		-		

Totals - Threshold Projects

1,052,000 77,805 974,195

Grand Total

1,188,000 113,966 1,074,034





DEPARTMENT: Quality, Risk, and Compliance	NUMBER: 162.008
SUBJECT: Grievance Committee Charter	PAGE: 1 of 2
EFFECTIVE DATE: TBD	REPLACES POLICY DATED: N/A
APPROVED BY: Grievance Committee- 1/23/2025 Policy & Procedure Committee-2-25-25 Board of Directors-2-27-25	DISTRIBUTION: Organization Wide

Statement of Purpose	<p>The Grievance Committee of Southern Coos Hospital & Health Center (SCHHC) assists the Board of Directors in fulfilling its oversight responsibilities in the areas relating to grievances.</p> <ul style="list-style-type: none"> • Provide oversight to grievance and complaint management and assure compliance to regulatory requirements and alignment with the organization’s vision and priorities. • Identify organizational opportunities to improve the quality of care and services delivered. • Coordinate data tracking and trending for the purpose of analysis and advisement to the appropriate teams. • The accrediting body Det Norske Veritas's (DNV’s) standards require hospitals to implement a formal grievance procedure that includes the following: <ul style="list-style-type: none"> ○ A list of whom to contact ○ Review and resolution of grievances by the governing body, or written delegation of this function to an appropriate individual or committee ○ A process to refer quality-of-care issues for quality management oversight ○ Delineation of reasonable time frames for review and response to grievances
Scope	<p>The Grievance Committee is responsible for the following functions:</p> <ul style="list-style-type: none"> • Addresses SCHHC’s District grievances to include SCHHC inpatient and outpatient services and SCHHC Specialty Clinic.
Guidance	<p>Responsibility for the operation of the grievance process has been delegated to the Grievance Committee by the organization’s governing board by approval of policy.</p>
Objectives	<ol style="list-style-type: none"> 1. Assure compliance with SCHHC’s Grievance and Complaint policy. 2. The data collected regarding patient complaints and grievances will be incorporated in the hospital’s Quality Assessment and Performance Improvement (QAPI) Program. 3. Assure complaints are appropriately categorized to the best of capabilities of the event reporting system. 4. At patient’s request, assure timely referral to the CMS Quality Improvement Organization (QIO) for concerns regarding quality of care or premature discharge. 5. The hospitals grievance process must be approved by the governing body; the Board of Directors, and the status of all grievances are reported to the Board of Directors at least annually. 6. Grievance Committees are responsible for reviewing and resolving patient grievances, per §485.614 Condition of Participation (CoP): Patient's rights.
Committee Membership	<p>The committee is made up of staff with knowledge of patient rights, hospital regulations, and conflict management. Members are appointed based on the position they hold at the organization.</p> <ul style="list-style-type: none"> • The Director of Quality, Risk, and Compliance will serve as the chairperson, and may appoint a delegate to chair the meeting at their sole discretion. • Chief Executive Officer (CEO) • Chief Nursing Officer (CNO)



DEPARTMENT: Quality, Risk, and Compliance	NUMBER: 162.008
SUBJECT: Grievance Committee Charter	PAGE: 2 of 2
EFFECTIVE DATE: TBD	REPLACES POLICY DATED: N/A
APPROVED BY: Grievance Committee- 1/23/2025 Policy & Procedure Committee-2-25-25 Board of Directors-2-27-25	DISTRIBUTION: Organization Wide

	<ul style="list-style-type: none"> • Chief Medical Officer (CMO) • Ad hoc member(s) as invited
Meetings	The Grievance Committee will meet routinely, with a minimum of six times per year. Meetings may be conducted in person, telephonically, or through a video conference, using the organization's approved communications channels, devices, modalities, or platforms.