



**Board of Directors Regular Meeting  
& Executive Session  
Bandon Professional Center  
April 24, 2025 - 6:00 p.m.**

**AGENDA**

- I. Call to Order 6:00 p.m.**  
1. Agenda Corrections or Additions.....(action)
- II. Consent Agenda**  
1. Open Session Meeting Minutes  
a. Regular Meeting-03/27/25.....3  
**Motion to Approve Consent Agenda**.....(action)
- III. New Business**  
None.
- IV. Old Business**  
None.
- V. Staff Reports-Discussion**  
1. CEO Report.....10  
2. CMO Report .....13  
3. CNO Report .....15  
4. CFO Report .....18  
5. CIO Report .....20  
6. Multi-Specialty Clinic Report.....23  
7. SCHD Foundation Report .....27  
8. Strategic Plan Update.....(under separate cover)
- VI. Monthly Financial Statements: Review & Discussion**  
1. CFO Month-End Summary.....28  
2. Month-End Statements for Period Ending March 31, 2025 .....29
- VII. 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. No decisions will be made in Executive Session.*  
1. Review of Executive Session Minutes for Consideration in Open Session  
a. Regular Meeting Executive Session 03/27/25  
2. Review of Monthly Reports for Consideration in Open Session:  
a. Quality, Risk & Compliance Report  
b. Medical Staff Committee Report

**VIII. Return to Open Session**

1. Consideration of Executive Session Minutes from 03/27/25.....(action)
2. Consideration of Reports from Executive Session
  - a. Quality, Risk & Compliance Report.....(action)
  - b. Medical Staff Report .....(action)

**IX. Open Discussion**

**X. Adjournment**

**Southern Coos Health District  
Board of Directors Meeting  
Open Session Minutes  
Bandon Professional Center  
March 27, 2025**

**I. Open Session Call to Order at 6:00 p.m.**

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

**1. Agenda - Corrections or Additions – None.**

**2. Public Input – None.**

**II. Consent Agenda**

**1. Open Session Meeting Minutes (Executive Session Minutes are Reviewed in Executive Session):**

a. Regular Meeting–02/27/25

**2. Monthly Counsel Invoice – Robert S. Miller III Attorney – None.**

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

**III. New Business**

**1. Consideration of Liability Insurance Coverage Proposals/Coverage Year 2025-2026**

Derek Grewatz, Assistant Vice President with Chirvaroli & Associates, attending remotely, reviewed his presentation and proposal for the coming coverage year, citing indicators of leadership stability resulting in more competitive bids than received in recent past years. The proposed Medical Malpractice and General Liability insurer, Physician's Insurance, has an excellent rating of A-. **Discussion:** While considered excellent, an "A-" rating suggests a company's financial strength is slightly below that of an "A+" company. An insurance company achieves an "A+" rating, indicating superior financial strength and ability to meet obligations, through demonstrating strong financial performance, robust risk management, and a stable business model. A company might receive an "A-" rating due to factors such as a

less diversified portfolio. The D&O (Director's and Officer's) and EPL (Employment Practices Liability) bids received were more favorable than in the past with Physician's Insurance offering a lower premium and no deductible. Fiduciary & Crime liability coverage helps protect from claims of mismanagement and the legal liability related to serving as a fiduciary, as an employer with a retirement and health plan for employees. The recommendation is to retain Fiduciary & Crime Insurance by Travelers Casualty & Surety Company of America. Security and Privacy Insurance, or Cybersecurity coverage, provides compensation for financial losses resulting from a data breach, including lost revenue, business interruption, and theft of funds. Mr. Grewatz recommends that Southern Coos renew with Houston Casualty, a Tokio Marine Company, who returned with the low bid, an increase of \$2,441, and financial strength rating of "A++" (Superior). Mr. Hino concluded with the recommendation from Administration to accept the renewal as presented, representing a reduction in our annual cost of \$7,000 and elimination of the previous \$150,000 deductible for claims by high-earning employees.

Mary Schamehorn **moved** to accept the insurance proposal as presented. Pam Hansen **seconded** the motion. **All in favor. Motion passed. Discussion:** Members inquired why some physicians may prefer to retain their own medical malpractice coverage, which may be due to existing business relationships or whether or not that provider is an employee of the health district. Mr. Grewatz thanked the Board and exited the meeting at 6:33 p.m.

#### **IV. Old Business**

##### **1. Financial Audit RFP Update**

Brenda Sund, Controller, shared details regarding plans to solicit five reputable audit firms with an RFP process for selection of an independent financial audit company for fiscal year ending June 30, 2025. Moss Adams has been the health district audit company for 12 years, or more, and is included in the group. An Audit Committee has been formed with members from the Southern Coos Health District Finance Committee, a group of volunteer community members. The Audit Committee includes Pam Hansen, Chair; Anne McCaleb and Jack Sahl. RFPs will be returned by April 30 for review by the committee. A final recommendation will be made to the Board of Directors. No vote required today.

##### **2. District Bylaws Edit to Medical Staff Article VII, Section 4**

Dr. Forrester presented the proposed edits to the District Bylaws for the purpose of correcting the privilege term to reflect what is practiced by the Southern Coos Health District Medical Staff Committee of 24 months, or bi-annually, on the date of the most prior privileging, rather than the birth month as currently stated.

Mary Schamehorn **moved** to approve proposed edits to the District Bylaws as presented. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

## V. Staff Reports

### 1. CEO Report

Mr. Hino provided highlights from his monthly report, opening with a clinic provider staffing update, noting that a contract renewal is in progress with Dr. Preslar, and two physician providers, Dr. Tami Marriott and Dr. Hank Holmes are working part-time to increase patient access to care. On March 10, members of the community joined several board members and staff for a Facility Master Plan Whiteboard Planning Session with Joe Kunkel, of the Healthcare Collaborative. Thank you to community representatives, Marie Simonds, Carly McCullough, and Joseph Bain, and board members Tom Bedell and Pam Hansen. Community engagement and input will be included in the process. A call for Request for Proposals for Architectural and Engineering firms was published in the Daily Journal of Commerce, also in March.

### 2. CMO Report

Dr. Forrester opened with a review of functional hospital capacity and review of the double-bed room configuration. Room 130 is to be available for use within 90 days. When capacity is increased, other services must also increase. Dr. Simmonds will be onboarding, to begin officially in April. Additional recruitment continues in the areas of primary care, anesthesia and hospitalist. A formal proposal for telemedicine ED pediatric and stroke care will be brought forward to the Board of Directors in the next month or two.

### 3. CNO Report

Nurse staffing was reviewed with Ms. Valet noting the resignation of the recently hired case manager. Recruitment for that position has resumed. The Medical Imaging department passed the state inspection of all modalities with zero deficiencies. Upon realization that an EMTALA violation occurred, Southern Coos self-reported the incident. Diversionary status must be in place for an ambulance to be redirected. The two bi-pap machines reported last month to be replaced have been serviced and are fully functional. The purchase of an alternative C-Pap/Bi-Pap machine will be included in the 2026-2027 capital budget. Statistics were reviewed with ER stats indicating more transfers in February with 3 out of 29 due to lack of bed capacity. **Discussion:** Transfers occur when higher level of care needed such as neurology, cardiology, and need for ICU, for example.

### 4. CFO Report

Antone Eek provided a review of department activities in the previous month. **Accounting and Finance:** Southern Coos welcomed a new Accounts Payable Coordinator who is doing a great job, we are pleased to have her on the team. Budget planning has begun with leadership working on capital requests. Department managers have been doing a great job and are engaged in the Epic conversion. **Materials Management:** The Materials team has been collaborating with CLA to resolve several issues related to the Enterprise Resource Platform

(ERP), Sage. **Revenue Cycle:** Mr. Eek reviewed DNFB (Discharge Not Final Billed) and Candidate for Billing (CFB) statistics, also noting the significant increase in weekly billing. Despite workflow challenges, February saw a significant reduction in billing cycle times, increasing collections, and optimizing our financial assistance programs. The new Retail Pharmacy construction is going well and on schedule with a soft opening in early May, based on pending insurance contracting.

## **5. CIO Report**

Mr. McEachern, attending via remote link, provided a review of the prior month department activities. Post-EMR (Electronic Medical Record) conversion troubleshooting continues as anticipated. Clinical Informatics continue to review ancillary department workflows. There are many new projects, including update of the phone tree for outside callers to include AI agent routing for efficiency and to alleviate administrative burden. The hospital has a number of outside direct lines for hospital, clinic, and individual departments. Additional projects include the following departments: Respiratory Therapy, Quality, Med Surg, Emergency Department, Laboratory, Radiology, and HIM (Health Information Management). Work continues on the Business Building conversion to clinic space and preparation of the Second Street building. It was acknowledged that the retail pharmacy project is on schedule to be completed in April or by first of May, as Mr. Eek stated earlier, with a soft opening projected to be in early May.

## **6. Clinic Report**

David Serle, Clinic Director, provided a review of Clinic operations during the month of February. Clinic volume is increasing and efforts in place for continued improvement. Dr. Tami Marriott, who has been seeing acute patients one day a week, will increase to 2 days per week in June. Dr. Henry Holmes has been providing locums coverage for another provider while out of office and is a welcome addition to the team. Dr. Webster has been doing great as the new Clinic Medical Director and maintaining a full patient schedule. Illness was an issue with staffing in February. No shows and cancellations were discussed, these are primarily patient-based rather than provider-based. Chronic Care enrollment is up 5% and increasing, with projected enrollment in March estimated at 29%. Mr. Serle explained enrollment data metrics. This Medicare program is a preventive health program, which may reduce chronic care needs, while also increasing clinic traffic. Dr. Simmonds, DO, OBGYN will be onboarding in April. Dr. Simmonds' onboarding is in process. Patient Satisfaction stats reviewed, showing that overall we are exceeding expectations, but there are also several items noted that were possibly related to the conversion from CPSI to EPIC. Mr. Bedell expressed the desire to see similar reporting as provided from the previous electronic health record.

## **7. SCHD Foundation Report**

Alix McGinley, Executive Director, reviewed her report for the month of February. Planning is underway for the Women's Health Day to be held on March 29. This year's theme is holistic and financial health. Donations are received for this event that is free to the public, but we will be including an "ask" for donations this year.

Any donations that exceed the cost of the event will be forwarded to the School Nurse Program. Work has begun on the 18<sup>th</sup> annual Golf for Health Classic at Bandon Crossings. Chivaroli will return as our main event sponsor. The Friday night reception will remain at Bandon Dunes, but will move to the MacDonald Room which has greater capacity for this growing event. In April, Alix will introduce the new Grateful Patient program at the weekly community forum held at the Bandon Fisheries Warehouse every Tuesday, following a presentation by Ray Hino on March 11 to review hospital updates. The Quarterly Art Show will be held on Sunday, April 13. Also, two staff parking spots will be raffled for staff, with a thoughtful, anonymous donor purchasing raffle tickets for a couple of departments. Other upcoming events include the June 18 Chamber After Hours event. Mr. Hino described the opportunity and requested Board input regarding the standard practice of serving complimentary wine and beer. If approved, we will include in our special event insurance coverage. Member response was favorable. Mr. Hino added that we will also schedule a Retail Pharmacy ribbon cutting with date yet to be determined.

## **8. Strategic Plan**

Mr. Hino provided a review of the Strategic Plan distributed to the board under separate cover, but available to the public on the hospital website or by request. Monthly strategic plan work sessions have resumed following the electronic health record conversion. Amanda Bemetz has joined the group workshop. The plan includes 41 major goals at 45% completion at this time. Board members requested that start date, due date and final completion date be included in the spreadsheet and formatting corrected to include all text in the spreadsheet fields. Mr. Bedell requested to see comments on items under 5.2 Profitability plan to define a X% increase to the bottom line, that has several due dates approaching.

## **VI. Monthly Financial Statements Review & Discussion**

### **1. CEO Executive Summary**

The management team is fully aware of factors contributing to the poor financial performance shown in February financial statements. The outlier was the contractual deduction for the month. Revenue was strong. It is impressive in that we are not receiving projected revenue for the geriatric psych program and contracted services with Coast Community Health Center, so we are pleased to nearly reach projected revenue. The contractual deduction of 45% is largely due to holding claims for six weeks from the electronic health record conversion “go-live” date in December to end of January increasing contractual deductions in February. We have remained within timely billing guidelines. Gross charges does not change, at roughly \$4.5M charges per month. Revenue is our charges, current with inpatient days. Gross charges for the month is what we charge. There is a 3-day minimum delay from discharge to when we can bill for the claim. Billed charges are our revenue, recognized the month it is billed, it does not mean that’s what will be collected. There is a 20-30 day window for insurance payer payment. Cash is separate from revenue. Contractual write-offs were described. 69% of payments in February were Medicare. Medicare is a 40% write-off. Medicaid was 20% of payments and is higher than Medicare

contractual adjustments before payer denials and other contributing factors. 45 claims sent out at end of month had not yet been received. If those had come in, it would have been closer to 38.8%. Mr. Hino acknowledged that we will be challenged to break-even by end of fiscal year, however, we are seeing growth in our revenue and will continue to control expenses. Inpatient census is increasing. Colene Hickman shared that our swing bed utilization pays more than we bill which helps offset adjustments. This is a key reason why swing bed programs are important for Critical Access Hospital financial stability. Capital expenditures are low, with our history of typically spending 50%, or less, of the capital budget. Ms. Sund, Controller, added that so far March is trending favorably, with our average daily deposits are greater than our average daily expenses.

## **2. CFO Narrative**

Antone Eek, CFO, in consideration of time, quickly highlighted two points; that we continue to work on year-to-date revenue deductions, and that Days of Cash on Hand are at 102.

## **3. Month-End Financial Statements Review & Discussion**

Mr. Eek, directed the group to page 34 of the packet “EPIC Stabilization Graph Package as of 3/14/25” with all but 2 of the key metric areas in “green” or positive status. It is highly unusual to be leading in these areas at such a young stage in the Epic transition. We are getting claims out quickly and collecting faster. Our cash is up and we are seeing an average increase of \$200,000 in each cycle. CFB is acronym for Candidate for Billing. This is a team effort. Mr. Eek recognized the medical staff who are successfully submitting charges and the finance team for their work, for us to be performing at this level.

## **VII. Executive Session**

At 8:11 p.m., all attendees not staying for Executive Session were excused and the board moved into Executive Session. Remaining in attendance were Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison, Kay Hardin, and Robert Pickel, Directors. **Administration:** Raymond Hino, CEO. **Others present:** Kim Russell, Executive Assistant; Robert S. Miller, Counsel. Ms. Russell was excused at 8:30 for the contractual review.

## **VIII. Return to Open Session**

At 8:35 p.m. the meeting returned to Open Session.

### **1. Executive Session Minutes**

#### **a. Regular Meeting 01/23/25**

Mary Schamehorn **moved** to accept Executive Session Minutes with correction in attendance. The motion was seconded. **All in favor. Motion passed.**



## 2 Monthly Reports for Approval

- a. **Quality, Risk & Compliance Report**
- b. **Medical Staff Report**

Mary Schamehorn moved to accept the Quality, Risk & Compliance and Medical Staff reports. The motion was seconded. **All in favor. Motion passed.**

## 3. CEO Post-Evaluation Contract Renewal

No action was required. Evaluation and terms for renewal were completed and approved in February, a renewal contract was completed.

## IX. Open Discussion

None.

- X. **Adjournment.** The meeting adjourned at 8:35 p.m. The next regular meeting will be held on April 24, 2025.

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Thomas Bedell, Chairman 04-24-2025

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Mary Schamehorn, Secretary 04-24-2025



## 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, April 2025

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### **Providers:**

- Dr. Veronica Simmonds, our new Gynecologist/Surgeon began work for Southern Coos on March 28. During her first week on the job, she had contact with 80 patients that are following her from her previous practice site. On April 15, she started seeing patients in her new office in our Southern Coos Hospital clinic. Our entire team has been working together to get Dr. Simmonds and this new service implemented for our hospital and our community.
- We have not had a Nurse Practitioner working for us in our clinic, since December. Earlier this month, we interviewed 2 Nurse Practitioner candidates. Our hope is to find a Nurse Practitioner that would be interested in starting as a Temporary position and transitioning into a Full Time employed position.
- Effective as of April 30, Dr. Noel Pense will no longer be a full-time hospitalist provider for SCHHC. We have contracted with 2 new hospitalist providers recommended by Dr. Forrester. Their names are Laine Murphey, MD and Drew Abernathy, MD. Dr. Murphey is on the hospitalist schedule beginning on May 7.

### **DNV Survey:**

- The Internal Audit training that was held on April 3, went well. We plan to begin conducting internal audits, as required by our DNV accreditation, this month.

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

- I continue to meet weekly with Kendra Newbold at Coast Community Health Center. We have been helping her team with Financial reporting, and are actively working on transitioning laboratory services from Quest Laboratories to SCHHC. The barrier to starting the service at this time is that CCHC is requiring that an electronic health record interface between CCHC's Epic system and our Hospital Epic system be completed, prior to start of the new service.
- In the meantime, Waterfall Clinic in Coos Bay has also inquired about contracting with SCHHC for Laboratory Services. We are working with our Laboratory and Finance team to create a proposal for services at Waterfall Clinic.

### **Cathy Mann Retirement:**

- Cathy Mann's official last day of employment (after 28 years of service) was March 31. I am planning to make a hospital contribution to the Southern Coos Health Foundation in order to purchase a

recognition plaque on our “Tree of Life” Donor Display in the hospital lobby. This will serve to be a long-lasting tribute to Cathy and her near 3 decades of service to the Southern Coos Health District and our patients.

### **Bay Area Hospital:**

- Last month, Board Chair, Tom Bedell and I wrote a letter to oppose the proposal that had been created by the United Food & Commercial Workers (UFCW) Labor Organization, to create a “Super” sized Health District incorporating the boundary lines of 5 existing health districts (Lower Umpqua, Bay Area, Coquille Valley, Southern Coos, Curry Health). I believe that proposal has now been withdrawn.
- On April 7, I was notified that a workgroup has been created that includes the 2 clinics in Coos Bay, the Coquille Tribe, Advanced Health, 4 citizens running for seats on the Bay Area Hospital Board of Directors and UFCW, to “develop a regional healthcare system model that prioritizes the sustainability of all the hospitals and clinics.” The Hospital CEOs for all 4 of the critical access hospitals on the Southern Oregon Coast were also invited. No representatives of Bay Area Hospital were invited. I was unable to attend due to my planned vacation. I have been informed that the group plans to meet weekly, and I am invited to attend at any time that I would like.

### **Expansion Plans:**

- As reported last month, a Request for Proposals (RFP) for Architectural and Engineering firms was published in the Daily Journal of Commerce on March 19 and March 21. 3 responses were received before the deadline date for submittals. The 3 firms all have a wealth of hospital and healthcare experience. 1 is based in Denver. 1 is based in Portland. 1 is based in Seattle. We have planned a work session on April 25 to go over the 3 proposals. It is likely that we will invite at least 2 of the firms to come to Bandon for an on-site visit and interview. The final decision on the successful architectural firm will be made by the Board of Directors in May.
- We have begun to distribute Community Surveys on Health Services in Bandon and surrounding areas, as a part of the community engagement portion of our Master Facility Plan. So far, they were handed out at a Tuesday Meet & Greet, Chamber of Commerce event and a Professional Society meeting for Engineers that I presented at in April. Within a week we plan to have drop boxes in the hospital, clinic, library, Station restaurant and Baltimore Center for Mailing and Shipping.

### **Revenue Cycle:**

- Our new Revenue Cycle processes and staffing have remained strong. We ended the month of March with daily deposits of \$169,000 per day and daily expenses of \$148,000 per day. For the month of April, for the first 18 days we are standing at daily deposits of \$128,000 per day and daily expenses of \$132,000 per day.

### **Community and Political Engagement:**

- On March 20, I testified in support of SB 1050, a bill created by Senator David Brock Smith to provide \$2.2 million in funding to support expansion of primary care services in Bandon at the Southern Coos Hospital. I was informed by Senator Smith earlier this month that our Bill did pass through the Senate Committee on Health Care and is still alive for the 2025 Legislative Session.

- On April 16, I spoke to the Southwest Oregon Professional Engineers Association in Coos Bay. My topic was the Master Facility Plan since their interest is in engineering. My presentation was well received, and I did get some of our Community Surveys completed and turned in during the event.
- The 22<sup>nd</sup> Annual Women's Health Day, provided by the Southern Coos Health Foundation and Southern Coos Hospital & Health Center was held on March 29 and was a huge success this year. Dr. Neal Nathan was the keynote speaker. All of the speakers and presentations were graded very high by the attendees this year. Alix McGinley, Amy Moss Strong and Rita Hamilton all did a great job, along with a team of volunteers for a highly successful event.
- Hospital Week 2025 will be observed during the week of May 12 to May 16. Once again, we are planning a staff barbeque during the week (May 15), and it would be great to get Hospital Board volunteers to join in the festivities and to help.
- On May 14, the Bandon Chamber of Commerce will be holding their 2025 Annual Meeting, beginning at 5pm and going until 7pm, including dinner. It will be held at the Bandon Community Center. We plan to have a table at this event. If any Board members would like to join, please let Kim Russell know.
- On April 28 to April 30, I will be away from Southern Coos Hospital to attend the Becker's Healthcare Annual Meeting in Chicago. I have been asked to speak on a panel again this year. My panels topic is "Raising the Bar: Achieving Hospital Excellence through Quality Measures." We will be on the agenda on Tuesday, April 29 from 11:20 am to 12:00 noon, Central Time Zone. I always enjoy participating in the Becker's Conference and I am looking forward to this one.
- On May 2, I have a Hospital Association of Oregon Board of Directors Meeting in Lake Oswego. So, I will be away from Southern Coos Hospital from April 28 to May 2, and returning to the office on May 5.



## Chief Medical Officer Report

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

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### **Dr. Simmonds:**

Dr. Simmonds, our new gynecologist, started seeing patients April 15th. Getting a new service line up and running in such a short time frame is the result of the heroic efforts of many dedicated individuals representing virtually every department in our organization. I am extremely grateful for everyone's hard work, and while there is more to be done, it is amazing that we have already reached the milestone where patients are being seen, and surgeries planned.

Currently Dr. Simmonds is practicing out of our main clinic location.

### **OHSU Telemedicine Collaboration:**

Telemedicine services provide the means to significantly enhance our clinical capabilities. Specifically, over the last several months, we investigated a collaboration with OHSU to provide our emergency department staff with consultation services to allow them to more effectively manage adult stroke patients and pediatric emergencies.

The OHSU program offers several advantages not offered by other potential telemedicine partners. First, the combination of stroke and pediatric services in one package matches several of our greatest needs. Second, there are no initial or ongoing fees charged to us by OHSU for this service. Other potential telemedicine partners charge usage and startup fees. Our costs will be limited to our own equipment and administrative costs. We have been assured by the USDA that the grant funding that was promised for the purchase of equipment for telemedicine is still available to us. Our total annual expenditure for this service is estimated to be \$20,000 to cover our own administrative and IT support costs.

While this service is not expected to generate revenue for SCHHC, it will provide invaluable support to our community. Patients with stroke symptoms and critically ill children coming to our emergency department for care can be examined by an OHSU specialist who can coordinate care with our team and, if needed, cut through the 'red tape' to expedite transfer to a hospital with appropriate specialty care. As a parent in this community, I know I will sleep more soundly at night knowing this capability is available.

The Collaboration Agreement for this service drafted by OHSU is currently under review by our house counsel. Assuming that there are no significant problems identified by that review and that the Board has no objections, it is our intention to enter into an agreement with OHSU to provide this service.

**Bandon Dunes:**

We have been selected as the medical provider for the 125<sup>th</sup> U.S. Women's Amateur Championship to be held at Bandon Dunes August 1-10, 2025. Other opportunities to collaborate with Bandon Dunes have recently presented themselves. At Ray Hino's direction I and other members of the executive team plan to pursue these opportunities aggressively. More details will be shared as these projects move beyond the mere conceptual stage.

**Recruiting:**

Now that Dr. Simmonds is onboard, recruiting efforts are focused on increasing our primary care capacity. The process of interviewing potential candidates and negotiating contract terms is ongoing with several providers, although none have formally committed to us as of yet. We also continue to explore options to bring general surgery services to Bandon.

**Resident Physician Training:**

I am pleased to announce that on April 17th we received notification from Cascades East OHSU Family Medicine Residency in Klamath Falls that at least one of their resident physicians wishes to come to Bandon for an elective training rotation. We are in the process of developing a formal working agreement with Cascades East and will need to make sure that we have the appropriate internal processes, policies and procedures in place prior to the resident physician's arrival this fall. Not only is this an opportunity to aid the worthy cause of medical education, but it serves as an excellent recruiting tool to attract young physicians to Bandon who could serve our community for decades to come.

**Personal Note:**

I am absent tonight because this is the week of my 20<sup>th</sup> wedding anniversary. I am currently traveling with my wife on a vacation I promised her many, many years ago. Given the inconvenience of time zones, it was also not practical for me to call in on Teams this month as, while you read these words, it is likely nearing 4 in the morning where I am now. I hope my absence this month can be forgiven. I do not plan on making a habit of it.



## 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 – April 24, 2025

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### **Clinical Department Staffing** –

- One full-time certified nursing assistant has been recruited and has begun orientation on the Medical-Surgical unit.
- One full-time emergency department registered nurse/trauma coordinator, has been recruited and has begun orientation.
- One full-time sterile processing/surgical scrub tech resigned from the position and requested to return. Request was granted.
- One full-time medical laboratory technologist/scientist has been recruited and has begun orientation! This has been a position that has been utilizing an agency/contract MLT for over two years!
- One per diem medical laboratory assistant I has been recruited and has begun orientation.

### **Medical Imaging** –

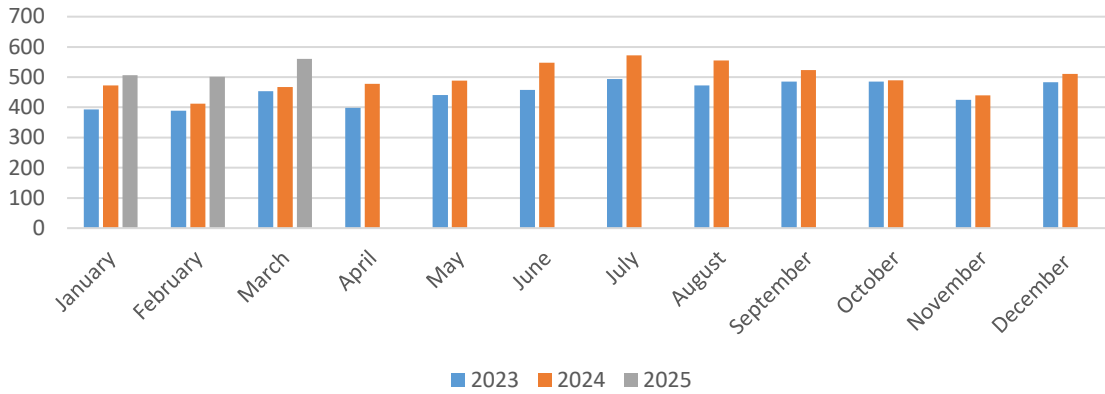
- A state inspection of all medical imaging modalities was completed 3/11/2025. Inspections ensure that quality standards are met for personnel, equipment, maximum allowable radiation dose, quality assurance, medial audit and outcome analysis, medical recordkeeping and reporting requirements. Zero deficiencies were identified.
- The MQSA inspection for mammography services was completed the week of April 8, 2025. Two deficiencies were identified in regard to language used in official reports as well as compression testing. Plan of correction has been identified and initiated.

### **Nursing Skills Day** –

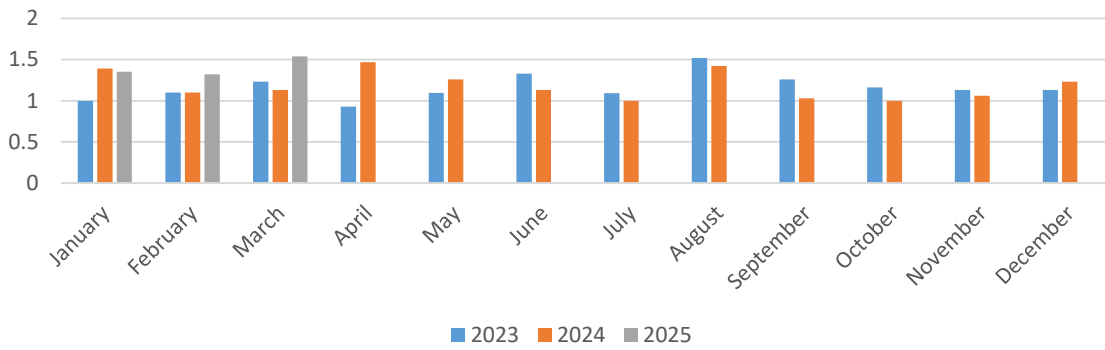
April 15 & 17, 2025 Nursing Skills Day was held at the Bandon Community Center. This event was organized and lead by Nick Lucas, ED manager, and Amanda Myers, MS manager. Training was provided by multiple passionate SCHHC employees from multiple departments, including: Nursing staff members and managers, Infection Control, Clinical Informatics, Respiratory Therapy, Health Information Management, and Nursing Administration. Each educational topic was supplemented with EPIC process/documentation/billing training.

## Emergency Department Statistics –

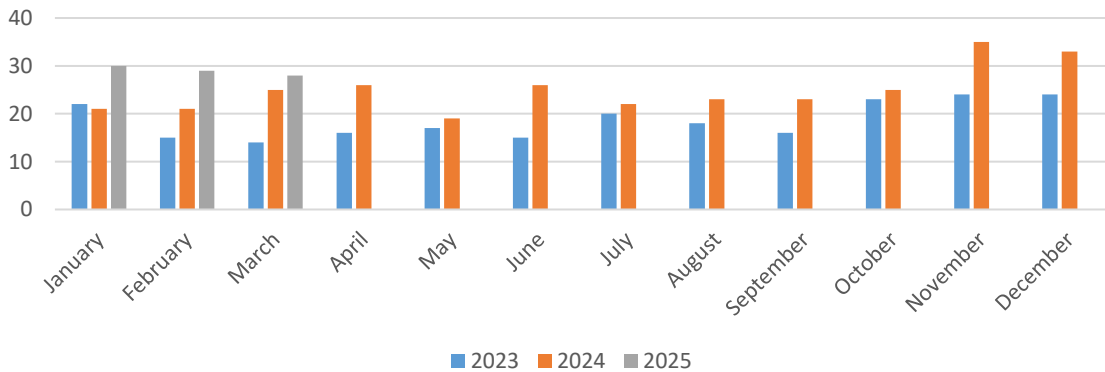
ED Census Tracking 2023-2025



Average ED Admissions to Med-Surg Unit per Day

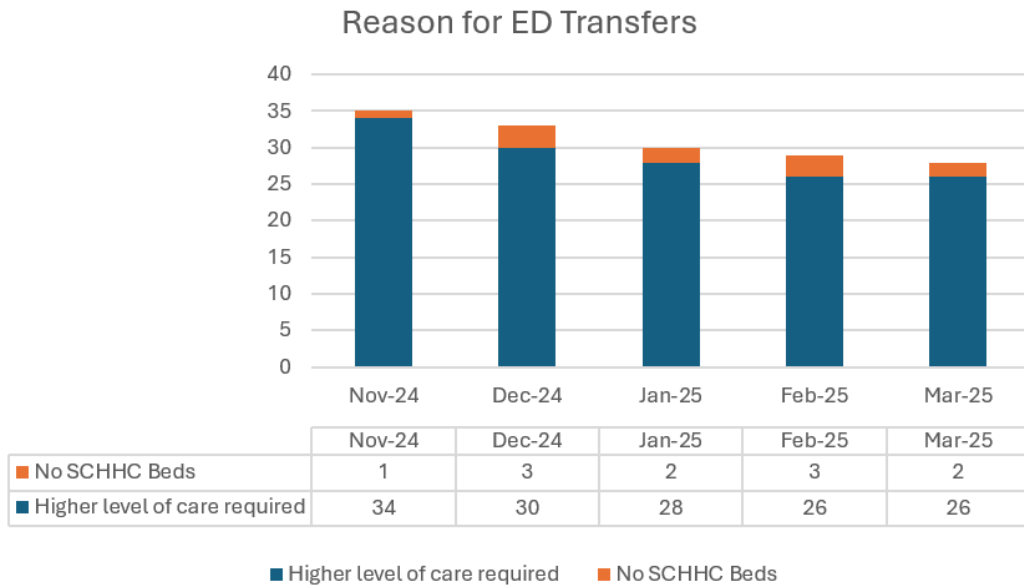


ED Transfers





- March 2025 Transfers – 28 Total Transfers. 26 transfers required due to need for higher level of care and/or services not offered at SCHHC. 3 transfers due to no bed availability at SCHHC (Unable to obtain additional staff to accommodate additional patients).





## Chief Financial Officer Report

To: Board of Directors and Southern Coos Management  
From: Antone Eek, CFO  
Re: CFO Report for Board of Directors Meeting – April 2025

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### March 2025 Department Achievements/Activities

#### Accounting & Finance Department – Key Updates & Accomplishments

- **Budget Process:** Initial department meetings are complete. The next phase includes refining baseline revenue projections, followed by adjustments to non-departmental budgets.
- **Staffing Update:** Hired a new Payroll Coordinator with 25 years of experience to train under a Payroll Supervisor (current and longstanding Payroll Specialist in her 20th year at SCHHC).
- **Planned Position Posting:** Will be requesting permission to post a new Financial & Revenue Analysis Reporting position (included in Finance Department's FY25 budget); role will report to Katelin as FP&A Manager with a dotted-line to the Controller.
- **Audit RFPs:** Four firms, including Moss Adams, have requested RFPs for the FY26 financial statement audit; two scoping calls have been completed. No completed proposals received as of April 18.
- **Loan Payoff Analysis:** Finance will present a recommended debt reduction strategy at the May board meeting to pay off three loans on June 30, 2025. This will:
  - Reduce total debt
  - Improve attractiveness to future lenders for expansion/remodeling
  - Save over \$100,000 in interest
  - Provide a \$50,000 financial advantage compared to investing the same funds
- **Investment Policy:** A draft District Investment Policy will be submitted to the Policy Committee by the end of April for review and possible subsequent approval by the board.
- **Foundation Tax Filing:** Preparing and filing the SCH Foundation's IRS Form 990 and OR DOJ CT-12, due May 15.
- **Surveys & Audits Completed or In Progress:**
  - SAIF Workers' Compensation FY24 Payroll Audit
  - American Hospital Association (AHA) Annual Survey
  - U.S. Census Bureau's Annual Integrated Economic Survey
  - U.S. Census Bureau's Annual Survey of Public Employment & Payroll
- **Sage System Optimization:** Ongoing optimization and improvement projects in Sage Intacct to enhance reporting and workflows.

## Accounting & Finance Department – continued

- **Project Line of Credit (PLOC) Updates:**

- The PLOC used for ERP/EMR conversion will be termed out to a five-year loan effective April 30, with an effective interest rate of 2% using a secured CD investment arrangement.
- The PLOC for the Sterile Processing Department remodel will be closed with no drawdown. No five-year loan at 8% interest is required, as the project was paid for with existing cash.
- If a PLOC is needed for the upcoming business building remodel, Finance recommends obtaining a new PLOC under similar terms as the ERP/EMR PLOC, secured with a CD investment. This method supports prudent cash management in light of falling LGIP yields and improved revenue performance.

### Engineering / EVS Update:

- Pharmacy Project
- Business Office Conversion Planning
- Corner Parking Lot Expansion

### Materials Management / Supply Chain Update:

- Pharmacy Project

### Revenue Cycle Update:

- Swing Bed Program Optimization
- Prior Authorization Optimization
- Referral Process Optimization

### Other Items:

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

### NCPDP: Complete

- **Board of Pharmacy:** Complete
- **DEA:** Complete
- **Pharmacy IS System:** Liberty
  - Pharmacy IS System Install: Install Week of 4/14/25
- **Personnel**
  - Director of Pharmacy: Hired
  - Pharmacists: Offers Sent
  - Pharmacy Techs: Posting
- **Construction Status:** Completed
  - Inline Completion: 4/7/25
  - UniWeb Completion: 4/3/25
- **Insurance Contracting:** In Process



## Chief Information Officer Report

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

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

**Re:** CIO Report for SCHD Board of Directors, April 24, 2025

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

1. The top priority for IS over the past month has been onboarding Dr. Simmonds. She began seeing patients on 4/15/25. She saw a total of 15 patients throughout the week. We have convened a multidisciplinary team to address ongoing issues in bringing her practice online.
2. Working with Engineering to complete infrastructure build at 2<sup>nd</sup> Street Building.
3. Preparing a VOIP system to ensure remote workers can make phone calls on behalf of SCHHC.
4. Performing the final evaluation of a new contract management software system with members of administration, materials management, and IS.

### Projects

#### ❖ **Dr. Simmonds' Onboarding**

The IS and Clinical Informatics teams have been focused, along with many other departments, on onboarding Dr. Simmonds to SCHHC. During her first week seeing patients, we convened a daily morning meeting to review emergent issues and track ongoing resolution. We will continue to hold weekly meetings with Dr. Simmonds and a cross-disciplinary team.

#### ❖ **Retail Pharmacy**

Please see the report on the SCHHC Retail Pharmacy elsewhere in the packet.

#### ❖ **Business Building Conversion to Clinic Space**

We are in process of reviewing the initial design for the conversion of the business building to clinic space.

#### ❖ **Second Street Building**

The Second Street building is now ready for occupancy.

#### ❖ **Compass Rose Implementation**

SCHHC is implementing a new Epic module called Compass Rose. This module is a care coordination module that our Care Coordination Manager will utilize to track patient follow-ups and annual wellness visits. Go live is May 1, 2025.

## Clinical Informatics Projects by Department

- ✓ *Complete*
- 🔄 *In Progress*
- *Education/Monitoring*
- 🔍 *Reviewing*

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### CI Tickets Summary

Month	Open	Waiting	Closed	Total
March 2025	0	3	34	37
April 2025	4	2	21	27

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### Clinical Informatics

- ✓ Provider Onboarding Checklist – *Complete*
- 🔄 EMR Workflow Videos – *In Progress*
- ✓ Provider SER Account Audit – *Complete*
- 🔄 Data Extraction – Archive Setup/Validation – *In Progress*

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### Emergency Department

- ✓ ED Documentation Workflow for Follow-Up Contacts – *Complete*
- 🔍 ED Divert Designations – *Reviewing*

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### HC Primary Care

- 🔄 Epic Build for New Service OB/GYN – *In Progress*
- 🔄 Provider Onboarding Support – Dr. Simmonds – *In Progress*
- 🔄 Result Scanning Workflow for External Results – *Education/In Progress*
- 🔄 Ambulatory EKG Workflow for Interpretation Documentation – *In Progress*
- Internal and External Referral Order Entry Process – *Education/Monitoring*

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### HIM

- 🔄 Care Everywhere ID Access for Transfers – *In Progress*

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### Laboratory / Ambulatory Clinic

- Lab Test Order Entry Process for Lab vs. Clinic Collect – *Education/Monitoring*
- 🔍 Ambulatory Pre-appointment Lab Testing Scheduling – *Reviewing*





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### Med Surg

- Patient Status Transition Process (IP to Swing, DCRA One Way) – *Education/Monitoring*
- Blood Transfusion Workflow – *Education/Monitoring*


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## OP Nursing

-  Transition Wound Care Photo Tool from Rover to Haiku – *Complete*
-  Ambulatory ClinDoc Update for OP Nursing/Med Surg – *Complete*
-  Internal and External Therapy Plan Workflow – *Education/Monitoring*
-  Wound Care Acute/Ambulatory Workflow – *Reviewing*


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## Pharmacy

-  Medication Waste Documentation/Settings – *Reviewing*


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## Quality

-  Clinical Documentation Review – *In Progress*

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## Radiology

-  Internal Imaging Ordering Process – *In Progress*


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## Respiratory Therapy

-  Internal Order Routing to Workqueue for RT Orders – *In Progress*

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## Revenue Cycle

-  Authorization and Referral Workqueue Routing – *In Progress*

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## Surgical Services

-  Anesthesia Workflow Review – Personalization Setup – *Reviewing*



## Multi-Specialty Clinic Report

**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 – April 24, 2025

### Provider Recruiting/Onboarding: As of 4/18/25

Dr. Simmonds:

- Has seen 13 patients in her first week and 14 more scheduled to be seen by the end of April.
- Current referrals waiting to be scheduled are 23, and 22 waiting for credentialing.
- Fulltime MA has been hired

Interviewed:

- Two nurse practitioners and one is looking promising.

Negotiating:

- Counteroffer being proposed for Dr. Nelson, Fulltime FP.

												Jan	Feb	Mar	Apr Projec	
Year: 2025	Clinic	PT's		No	Total	AVG	No	Cancel	Tele	New						
Month: March							Show									Rate
Provider							Days									Sched
Bonnie Wong, DO	9	113	1	3	109	12.1	2.7%	0.9%	5	1		83	118	109	48	
Paul Preslar, DO	11	144	10	1	133	12.1	0.7%	6.9%	0	22		160	143	133	163	
Shane Matsui, LCSW	12	54	10	4	40	3.3	7.4%	18.5%	12	2		84	66	40	90	
Victoria Schmelzer, CRNA	8	64	4	0	60	7.5	0.0%	6.3%	0	6		63	60	60	73	
Tami Marriott, MD	3	38	3	0	35	11.7	0.0%	7.9%	0	0		25	32	35	35	
Jennifer Webster, MD	11	147	13	1	133	12.1	0.7%	8.8%	2	14		24	152	133	150	
Holmes	5	69	9	0	60	12.0	0.0%	13.0%	0	0		0	0	60	56	
Veronica Simmonds, MD												0	0	0	27	
Outpatient Services	21	228	24	3	201	9.6	1.3%	10.5%	0	0		190	183	201	257	
Totals	80	857	74	12	771	9.6	1.4%	8.6%	19	45		716	754	771	899	
Total Clinic Visits Minus OP Services	59	629	50	9	570	9.7	1.4%	7.9%	19	45		526	571	570	642	

### Clinic Visits:

- Total clinic visits are up 2% from the previous month (+17)
- Provider visits minus OP services are relatively neutral (-1)
- Total clinic visits for April are projected to be 17% higher than March (+128)
- Provider visits minus OP services are projected to be up 13% (+72)
- Included in the April projection are 27 visits for Dr. Simmonds

# Clinic Provider Income Summary

## All Providers

For The Budget Year 2025

	Current Budget YTD							
	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT MAR	BUD MAR	ACT YTD	FY25 Budget      Variance
<b>Provider Productivity Metrics</b>								
Clinic Days	73	120	67	115	59	115	631	941 (311)
Total Visits	526	1,251	581	1,357	570	1,527	5,273	9,080 (3,807)
Visits/Day	7.3	10.4	8.7	11.9	9.7	13.3	8.4	9.6  (1.3)
Total RVU	1,142	2,616	1,452	2,727	1,334	2,991	12,208	19,492 (7,284)
RVU/Visit	2.17	2.09	2.50	2.01	2.34	1.96	2.32	2.15  0.17
RVU/Clinic Day	15.76	21.80	21.68	23.81	22.61	26.01	19.36	20.71  (1.35)
Gross Revenue/Visit	693	380	629	370	692	358	517	388  129
Gross Revenue/RVU	319	182	252	184	296	183	223	181  43
Net Rev/RVU	135	79	106	79	125	78	95	79 16
Expense/RVU	110	81	88	71	127	70	116.89	101 16
Diff	25	(2)	19	8	(2)	8	(22)	(23) 0
Net Rev/Day	2,135	1,713	2,305	1,886	2,827	2,039	1,833	1,631 202
Expense/Day	1,737	1,758	1,899	1,691	2,882	1,833	2,263	2,099 164
Diff	398	(45)	406	195	(55)	206	(430)	(468) 38
<b>Patient Revenue</b>								
Outpatient								
Total Patient Revenue	364,678	475,000	365,686	502,517	394,363	546,731	2,724,937	3,518,761 (793,823)
<b>Deductions From Revenue</b>								
Total Deductions From Revenue (Note A)	209,923	269,404	211,239	286,569	227,551	312,190	1,569,013	1,983,573 (414,560)
<b>Net Patient Revenue</b>	<b>154,755</b>	<b>205,596</b>	<b>154,447</b>	<b>215,947</b>	<b>166,812</b>	<b>234,540</b>	<b>1,155,925</b>	<b>1,535,188 (379,263)</b>
<b>Total Operating Revenue</b>	<b>154,755</b>	<b>205,596</b>	<b>154,447</b>	<b>215,947</b>	<b>166,812</b>	<b>234,540</b>	<b>1,155,925</b>	<b>1,535,188 (379,263)</b>
<b>Operating Expenses</b>								
Salaries & Wages	72,413	106,550	75,807	98,454	98,153	106,550	839,198	1,087,588 (248,390)
Benefits	3,654	14,847	4,645	13,410	5,301	14,847	68,967	116,176 (47,209)
Medical Supplies	(163)	875	0	875	(202)	875	2,456	7,554 (5,098)
Other Supplies	317	610	0	610	0	610	946	5,488 (4,541)
Maintenance and Repairs	0	21	0	21	0	21	0	191 (191)
Other Expenses	70	3,292	0	3,292	0	3,292	10,907	29,625 (18,718)
Allocation Expense	49,615	84,801	46,805	76,984	66,789	84,603	504,561	728,966 (224,405)
Total Operating Expenses	125,906	210,996	127,257	193,646	170,041	210,799	1,427,035	1,975,589 (548,554)
<b>Excess of Operating Rev Over Exp</b>	<b>28,849</b>	<b>(5,400)</b>	<b>27,190</b>	<b>22,301</b>	<b>(3,229)</b>	<b>23,742</b>	<b>(271,110)</b>	<b>(440,401) 169,291</b>
<b>Total Non-Operating Income</b>	<b>150</b>	<b>394</b>	<b>(450)</b>	<b>394</b>	<b>(2,854)</b>	<b>394</b>	<b>(300)</b>	<b>3,544 (3,844)</b>
<b>Excess of Revenue Over Expenses</b>	<b>28,999</b>	<b>(5,006)</b>	<b>26,740</b>	<b>22,694</b>	<b>(6,083)</b>	<b>24,135</b>	<b>(271,410)</b>	<b>(436,857) 165,447</b>

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



## Chronic Care Management:

Chronic Care Management Program (CCM)										
<b>Year:</b> 2025	Enrolled	99490	99439	99487	99489	99484	99495	99496		Total
<b>Month:</b> March	Eligible		Additional		Additional					Services Eligible
<b>CCM Patients</b>	Billed PT's	CCM	20 Mins	Complex	30 Mins	BHI	TCM	TCM		To be Billed
1/30/2025	39	39	7	0	0	0	0	0		85
2/28/2025	41	38	23	0	0	2	1	0		105
3/30/2025	65	53	26	0	0	0	1	1		146
<b>Totals</b>	<b>145</b>	<b>130</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>		<b>336</b>

Enrollment is up:

- 58% from the previous month (+24)
- YTD 67% (+26)

*Continued next page.*

## Patient Satisfaction January 2025 to April 17, 2025



Human understanding

### Department Summary

#### NET PROMOTER SCORE

81.5 n-size: 157



#### ALERT PERFORMANCE

OPEN ALERTS

CLOSED ALERTS

1

1

#### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Staff members courtesy/respect	93.8	94.8	96.6	161	93.8	86.3	7.5	<div></div>
Clean and good condition	92.4	92.4	94.7	158	92.4	85.5	6.9	<div></div>
Staff listened	88.1	88.1	89.7	160	88.1	85.5	2.6	<div></div>
Include in care discussions	87.5	88.1	89.7	160	87.5	84.8	2.7	<div></div>
Staff explained things	87.5	88.1	87.9	160	87.5	76.7	10.8	<div></div>
Were you seen timely manner	86.1	86.4	89.5	158	86.1	77.3	8.8	<div></div>
Confident in care team	85.4	85.6	84.2	158	85.4	85.8	-0.4	<div></div>
Key Metric NPS: Facility would recommend	81.5	83.2	82.5	157	81.5	84.8	-3.3	<div></div>
Providers knew medical history	65.4	66.9	67.2	159	65.4	74.7	-9.3	<div></div>
Easy to get appt	59.5	62.1	59.6	158	59.5	65.6	-6.1	<div></div>

#### QUALITATIVE SUMMARY

##### Promoter

Recognition  
 Doctor  
 Collective Team  
 Courtesy/Respect  
 Presence



##### Passive

Doctor  
 Doctor-Courtesy/Respect  
 Administrative Staff-Courtesy/Resp...  
 Common Areas  
 Courtesy/Respect



##### Detractor

Administrative Staff  
 Insurance Benefits  
 Medication



- Most question categories were above NRC's National Benchmark
- The highest score above the national benchmark was **"Staff explained things"**
- Lowest score below the national benchmark was **"Providers knew medical history"**



## Southern Coos Health Foundation Report

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

**From:** Alix McGinley, Executive Director, SCHF

**Re:** SCH Foundation Report for SCHD/SCHF Board of Directors, April 2025

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### **Women's Health Day (WHD)**

Our 22<sup>nd</sup> annual Women's Health Day was another successful event! Overall survey results very positive- 81% said information was very relevant 18% relevant. 79% said they very likely and 18% somewhat likely to use some/all information presented. Both speakers Dr. Neil Nathan and Stephanie Pollizi received 92% Excellent/Above Average ratings Healthcare Panel received 86% Excellent/Above Average and Financial had 100% Excellent/Above Average ratings. Comments were also very favorable and some even said this was our best year yet!

We had 126 people in attendance and ended up with \$3,400 in sponsorships, \$225 in donations (baskets & journals) and \$760 in raffle tickets sales. Our Bandon School District School Nurses (BSN) program ask resulted in an extra \$100. Our expenses are still coming in but as soon as we have totals, we will be following up with a story about final donation total to BSN program with an wider reach call to action for additional donations.

### **Golf for Health Classic (GFHC)**

The 18<sup>th</sup> anniversary 2025 Golf for Health Classic is September 19<sup>th</sup> and 20<sup>th</sup>. Our goal for this year's signature event is \$125,000.00. We already have almost \$30k in promises for this year's tournament and have received \$5,500 to date! Sponsor packets are available, and webpage is going through another update. First major round of sponsorship requests will begin as soon as updates are complete.

### **Meet & Greet-SCHHC & SCHF Lecture Series**

SCHHC/SCHF is slotted in for the second Tuesday of each month. Our third lecture for 2025 at the Bandon Fisheries Warehouse Meet & Greet was presented by David Serle regarding our Clinic updates. In May Colene Hickman & Brenna Watkins our SHEBA certified Medicare counselor will present followed by Alix in June 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**

Our new Art Show entitled Roads Less Traveled, featured artist Michael William Ousley. Reception on Sunday, April 13<sup>th</sup> was another hit. Gift Shop is still going strong and the pop-up at Women's Health Day was a hit and bringing in \$453.

### **New/Continuation of Fundraising Programs**

\* Framework for new initiatives to enhance patient engagement, employee involvement and add new revenue streams are coming along well. Grateful Patient kick off candidate has emerged and is onboard for being the face of program rollout in 2Q25.

\* Parking spot raffle and auction winners were announced and fundraiser brought in \$1,150

\* We are working on funding for our community pharmacy and new clinic grants asks.

\* Employee Annual Giving program and Capital Campaign initiatives to follow.

\* Coos Health and Wellness will be hosting Living & Aging Well going forward. SCHHC & SCHF will be event sponsors to keep us closely tied to this event.

\* Scrub Sale on April 18

Reminders- **SCHHC** will host the Bandon Chamber of Commerce "After Hours" event on June 18<sup>th</sup>. Ray will be one the speakers for the Annual BCC dinner on May 15<sup>th</sup>.



# Monthly Financial Report & Statements

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

**From: Antone Eek, CFO**

**RE: March 2025 Month End Financial Results - Presented April 24, 2025**

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## **Revenue Performance:**

- Gross Revenue: Achieved \$4,912,000, just under the budgeted \$5,202,000.

## **Revenue Deductions:**

- Deductions from Revenue: March amounted to \$1,972,000 or 40.1%, down from 46.3% in February. YTD Deductions stand at 38.9% compared to a budget of 36.2%. As efforts to reduce claim processing time and cleanup of aging receivables continue, we expect deductions to continue to decline.
- Medicare Cost Report Settlement for FY25: Anticipated receivable of \$500,000 to be finalized in November.

## **Operating Revenues:**

- Total Operating Revenues: Totaling \$2,945,000, under a budget of \$3,452,000 which marked an increase of \$365,000 from the same period last year.
- Total Operating Revenues YTD FY25 came in at \$25,401,000, which was a significant increase of \$1,955,000 over YTD FY24 for the same month.

## **Operating Expenses:**

- Labor Expenses totaled \$2,161,000, coming in below the budgeted \$2,459,000.
  - Open positions and unfilled new FTE's drove this favorability.
- Other Operating Expenses reached \$849,000, flat with a budget of \$846,000.
  - Higher expenses in the following drove this variance:
  - YTD operating expenses of \$27,439,000 remain under a budget of \$29,199,000

## **Operating Income/Loss:**

- Operating Loss of \$70,000 compared to a budgeted gain of \$147,000.

## **Change in Net Position:**

- A loss of \$1,000 compared to the budgeted gain of \$258,000

## **Financial Health Indicators:**

- Days Cash on Hand: Increased to 68.6 from 63.7 in February.
- Accounts Receivable (A/R) Days Outstanding: Decreased to 53.4 days, down from 56.5 days in February.

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

	Month Ending 03/31/2025				Month Ending 03/31/2024	Year To Date 03/31/2025				Prior Year To Date 03/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
<b>Total Patient Revenue</b>										
Inpatient Revenue	881,295	1,079,696	(198,402)	(18.4) %	828,549	7,538,057	9,155,038	(1,616,980)	(17.7) %	6,959,426
Outpatient Revenue	3,681,985	4,006,445	(324,460)	(8.1) %	3,217,288	31,222,033	33,122,604	(1,900,572)	(5.7) %	27,137,841
Swingbed Revenue	349,008	115,715	233,294	201.6 %	271,674	2,784,276	1,011,020	1,773,257	175.4 %	2,554,416
<b>Total Patient Revenue</b>	<b>4,912,288</b>	<b>5,201,856</b>	<b>(289,568)</b>	<b>(5.6) %</b>	<b>4,317,511</b>	<b>41,544,366</b>	<b>43,288,662</b>	<b>(1,744,295)</b>	<b>(4.0) %</b>	<b>36,651,683</b>
<b>Total Deductions</b>	<b>1,971,896</b>	<b>1,851,602</b>	<b>120,295</b>	<b>6.5 %</b>	<b>1,738,095</b>	<b>16,174,691</b>	<b>15,653,958</b>	<b>520,733</b>	<b>3.3 %</b>	<b>13,260,228</b>
Revenue Deductions %	40.1 %	35.6 %	4.5 %	12.7 %	40.3 %	38.9 %	36.2 %	2.7 %	7.6 %	36.2 %
<b>Net Patient Revenue</b>	<b>2,940,391</b>	<b>3,350,254</b>	<b>(409,863)</b>	<b>(12.2) %</b>	<b>2,579,416</b>	<b>25,369,676</b>	<b>27,634,704</b>	<b>(2,265,028)</b>	<b>(8.2) %</b>	<b>23,391,456</b>
Other Operating Revenue	4,467	101,543	(97,076)	(95.6) %	5	31,478	913,887	(882,409)	(96.6) %	54,842
<b>Total Operating Revenue</b>	<b>2,944,858</b>	<b>3,451,797</b>	<b>(506,939)</b>	<b>(14.7) %</b>	<b>2,579,421</b>	<b>25,401,154</b>	<b>28,548,591</b>	<b>(3,147,437)</b>	<b>(11.0) %</b>	<b>23,446,298</b>
<b>Total Operating Expenses</b>										
Total Labor Operating Expenses	2,161,270	2,459,092	(297,822)	(12.1) %	2,017,353	19,282,654	21,360,738	(2,078,084)	(9.7) %	17,777,443
Total Other Operating Expenses	848,587	846,048	2,539	0.3 %	819,279	8,155,869	7,837,941	317,928	4.1 %	6,413,449
<b>Total Operating Expenses</b>	<b>3,009,857</b>	<b>3,305,140</b>	<b>(295,283)</b>	<b>(8.9) %</b>	<b>2,836,632</b>	<b>27,438,523</b>	<b>29,198,679</b>	<b>(1,760,156)</b>	<b>(6.0) %</b>	<b>24,190,892</b>
<b>Operating Income / (Loss)</b>	<b>(64,999)</b>	<b>146,657</b>	<b>(211,656)</b>	<b>(144.3) %</b>	<b>(257,212)</b>	<b>(2,037,369)</b>	<b>(650,088)</b>	<b>(1,387,282)</b>	<b>213.4 %</b>	<b>(744,595)</b>
<b>Net Non Operating Revenue</b>	<b>63,865</b>	<b>110,923</b>	<b>(47,059)</b>	<b>(42.4) %</b>	<b>79,673</b>	<b>1,012,148</b>	<b>978,456</b>	<b>33,692</b>	<b>3.4 %</b>	<b>1,122,621</b>
<b>Change In Net Position</b>	<b>(1,134)</b>	<b>257,580</b>	<b>(258,715)</b>	<b>(100.4) %</b>	<b>(177,539)</b>	<b>(1,025,222)</b>	<b>328,368</b>	<b>(1,353,589)</b>	<b>(412.2) %</b>	<b>378,027</b>

<b>Collection Rate %</b>	59.9%	64.4%	(7.1%)	(7.1%)	59.7%	61.1%	63.8%	(4.3%)	(4.3%)	63.8%
<b>Compensation Ratio %</b>	73.4%	71.2%	3.0%	3.0%	78.2%	75.9%	74.8%	1.5%	1.5%	75.8%
<b>Operating Margin</b>	(2.2%)	4.2%	(151.9%)	(151.9%)	(10.0%)	(8.0%)	(2.3%)	252.2%	252.2%	(3.2%)
<b>OP EBIDA Margin \$</b>	<b>118,748</b>	<b>313,958</b>	<b>(195,210)</b>	<b>(62.2%)</b>	<b>(151,442)</b>	<b>(739,704)</b>	<b>855,618</b>	<b>(1,595,322)</b>	<b>(186.5%)</b>	<b>177,671</b>
<b>OP EBIDA Margin %</b>	4.0%	9.1%	(5.1%)	(55.7%)	(5.9%)	(2.9%)	3.0%	(5.9%)	(197.2%)	0.8%
<b>Total Margin (%)</b>	(0.0%)	7.5%	(7.5%)	(100.5%)	(6.9%)	(4.0%)	1.2%	(5.2%)	(450.9%)	1.6%

\* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$11k – Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k – SWOREIPA Quality Incentives
- \$5k – GPO Rebates



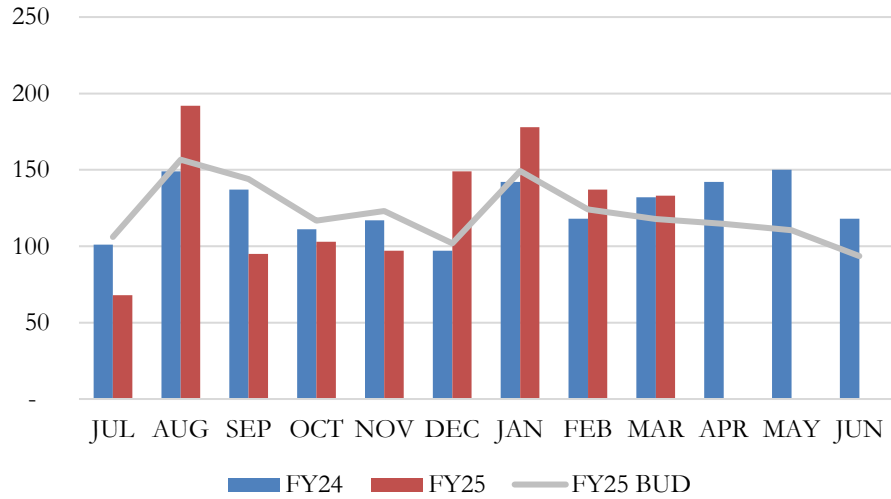
## Southern Coos Hospital & Health Center Balance Sheet Summary

	Year To Date 03/31/2025	Year Ending 06/30/2024		Year Ending 06/30/2023
	Current Year Balance	Prior Year	Current vs. Prior	Actual
<b>Total Assets</b>				
Total Current Assets				
Cash and Cash Equivalents	10,375,489	11,721,015	(1,345,526)	12,771,743
Net Patient Accounts Receivable	4,857,810	3,907,633	950,177	2,813,679
Other Assets	379,660	798,202	(418,542)	678,642
Total Current Assets	15,612,959	16,426,850	(813,891)	16,264,064
Net PP&E	9,001,710	6,423,952	2,577,758	6,677,893
<b>Total Assets</b>	<b>24,614,669</b>	<b>22,850,802</b>	<b>1,763,867</b>	<b>22,941,957</b>
<b>Total Liabilities &amp; Net Assets</b>				
Total Liabilities				
Current Liabilities	7,331,388	4,490,006	2,841,382	4,057,278
Total Long Term Debt, Net	4,482,837	4,535,131	(52,293)	5,217,539
Total Liabilities	11,814,225	9,025,137	2,789,089	9,274,817
Total Net Assets	12,800,444	13,825,665	(1,025,222)	13,667,140
<b>Total Liabilities &amp; Net Assets</b>	<b>24,614,669</b>	<b>22,850,802</b>	<b>1,763,867</b>	<b>22,941,957</b>

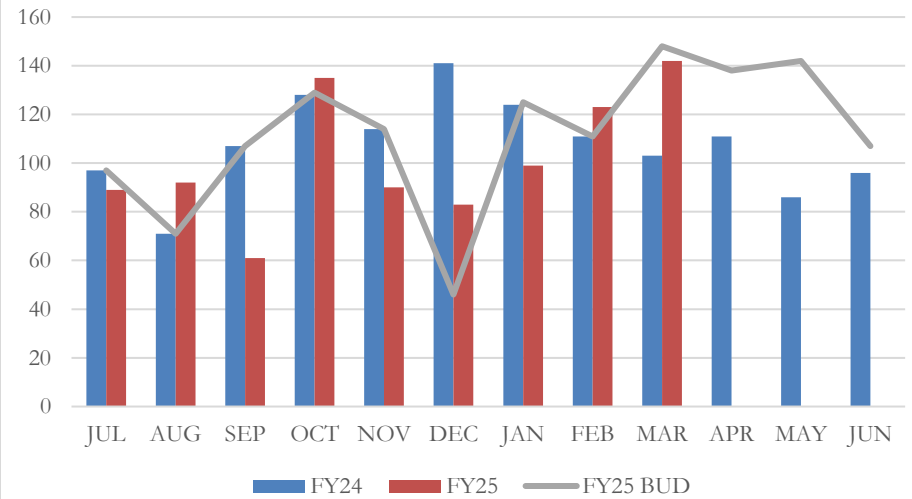
Cash to Debt Ratio	0.88	1.30	(0.42)	1.38
Debt Ratio	0.48	0.39	0.09	0.40
Current Ratio	2.13	3.66	(1.53)	4.01
Average Age of Plant	9.07	12.30	(3.23)	13.67
Debt to Capitalization Ratio	0.24	0.25	(0.01)	0.29



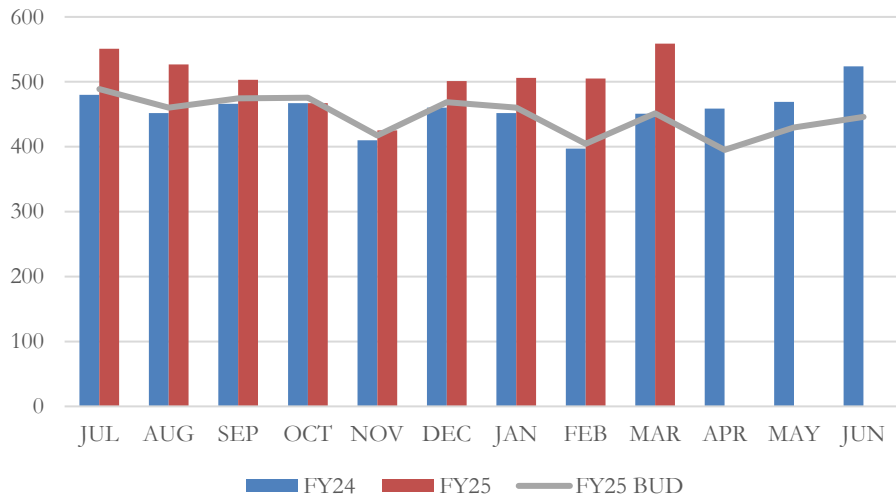
### IP Days



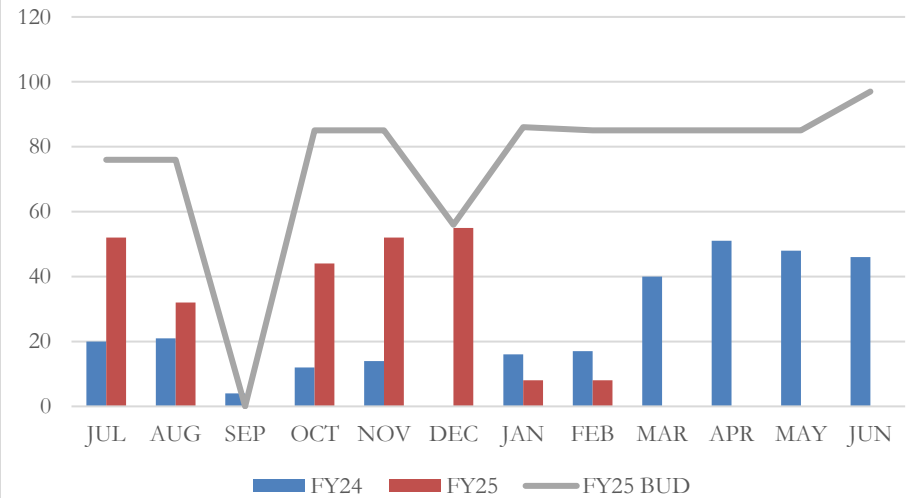
### Swing Bed Days



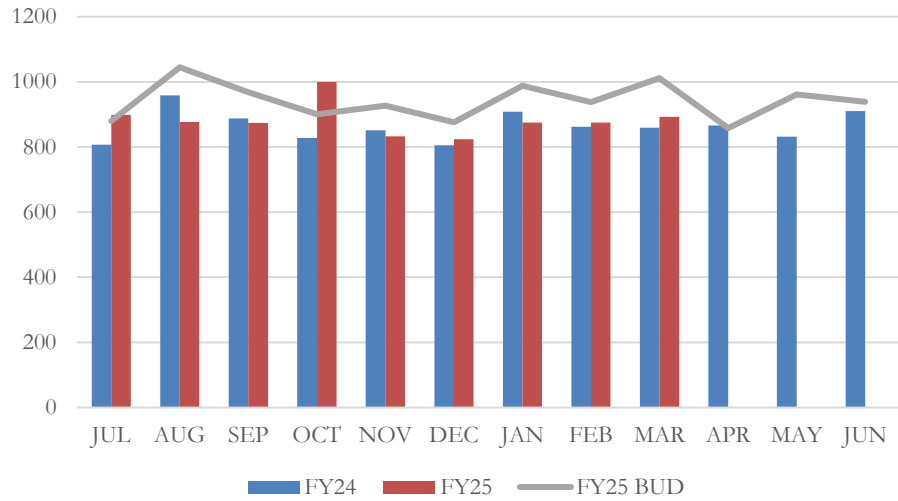
### ER Visits



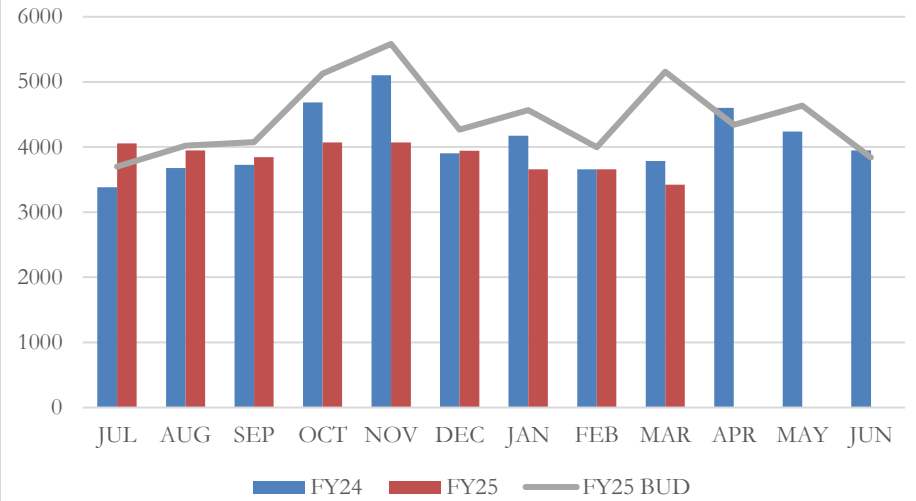
### Surgery Patients



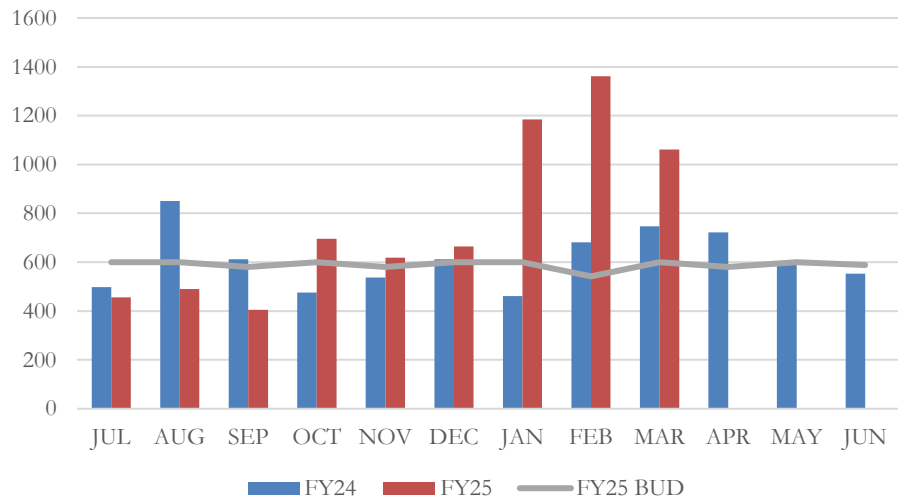
### Imaging Visits



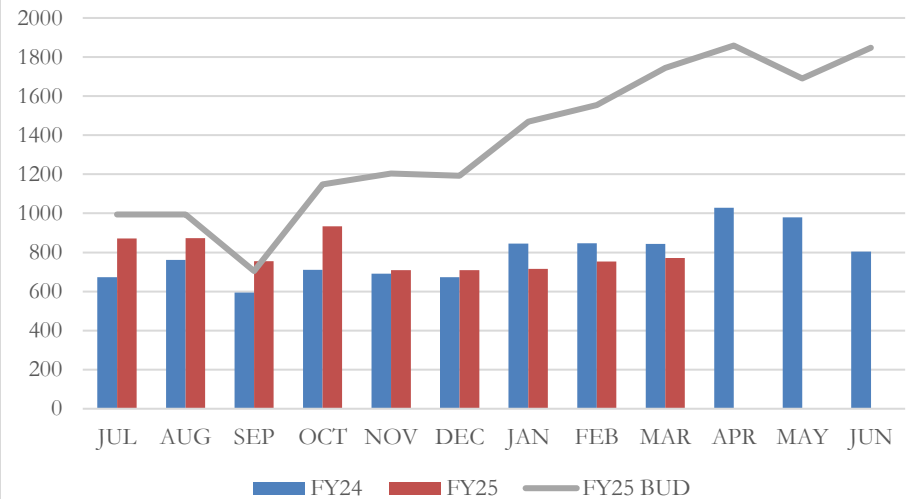
### Lab Tests



### RT Procedures



### Clinic Visits
















# EPIC Stabilization Graph Package

## As of 4/12/25

Week #18

### SO. COOS HB STABILIZATION

HB KEY METRICS										
Metric	Status	As of 4/11		As of 4/4		13wk	Baseline	Top	Median	Bottom
Total AR	◆	51.8 Days*	\$8.8M	52.3 Days*	\$8.8M		50 Days*	53.8 Days*	58 Days*	67.5 Days*
Epic AR	◆	45.8 Days*	\$7.8M	46 Days*	\$7.7M			42.8 Days*	48.3 Days*	51.8 Days*
Legacy AR	◆	6 Days*	\$1M	6.3 Days*	\$1.1M			7.2 Days*	9.8 Days*	13.7 Days*
Cumulative Charge Variance	◆	113.6%	\$2.5M	112.8%	\$2.2M		\$1M/wk	\$895.8K	\$341.8K	\$52.9K
Cumulative Payment Variance	◆	1.4 Weeks	\$882K	1.1 Weeks	\$690.5K		\$620.2K/wk	-\$162.6K	-\$456K	-\$1.2M
CFB	●	11.4 Days	\$1.9M	12.5 Days	\$2.1M			6.1 Days	7.7 Days	9 Days
Claim Edit	■	2.8 Days	\$479.7K	3.1 Days	\$505.3K			1.5 Days	2.2 Days	3.8 Days
Uncoded CFB	●	2.8 Days	\$468.4K	3.1 Days	\$510K			1.1 Days	1.5 Days	2.1 Days
Open Denial	◆	1.5 Days	\$261K	1.2 Days	\$198K			1.6 Days	2.2 Days	3.6 Days
Epic Payment Average	◆	132.6%	\$822.1K	140.3%	\$870.2K			100.7%	96.9%	92.6%
Primary Denial Rate	◆	13.2%	12% (Curr)	13.5%	12.5% (Curr)			10.7%	13.4%	19.4%

\*Total, Epic, and Legacy AR Days are calculated using combined Legacy+Epic ADR and not Epic-only ADR



# EPIC Stabilization Graph Package

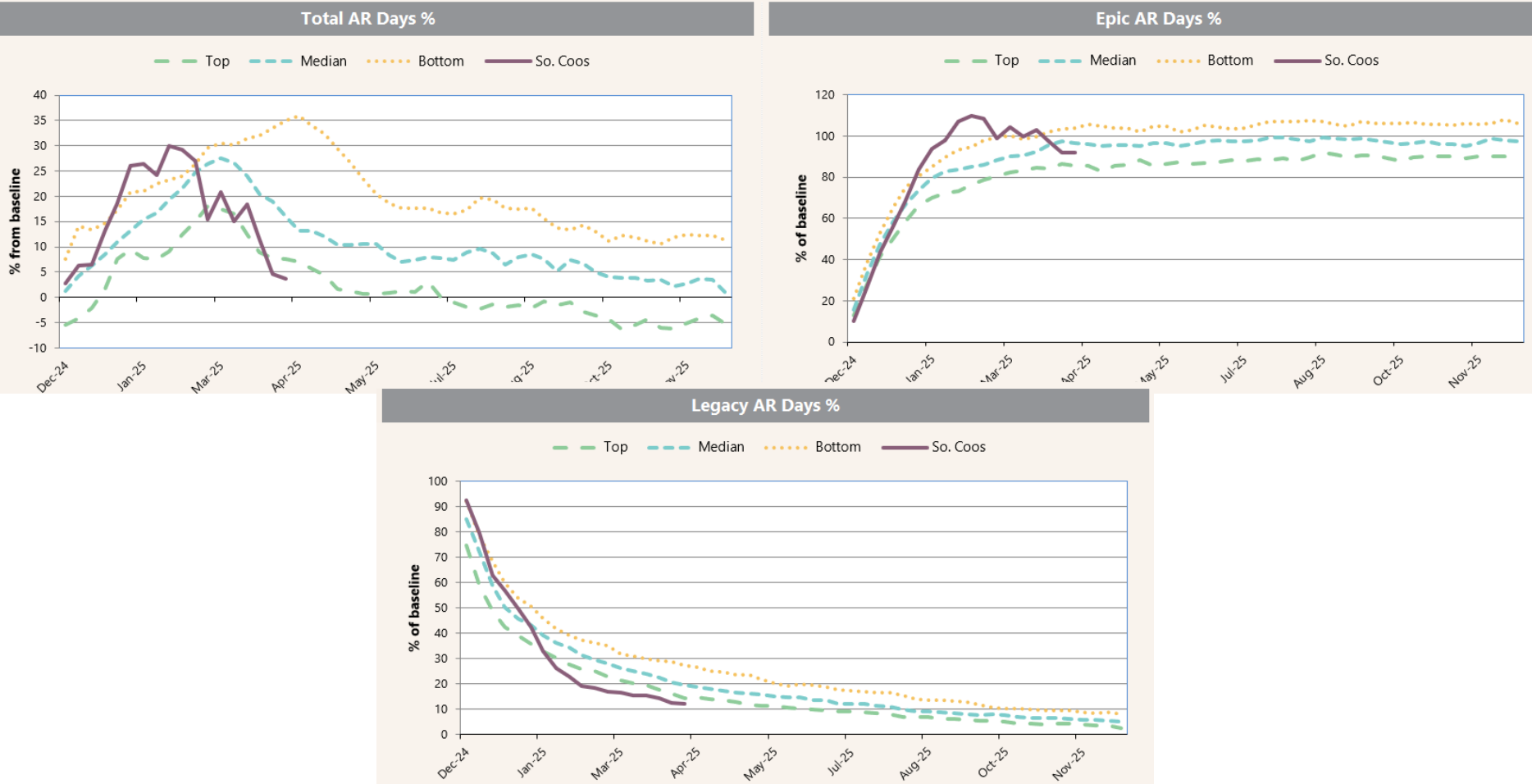
## As of 4/12/25

Definitions	
<b>Total AR</b>	Total outstanding Accounts Receivable (Epic + Legacy) / Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)
<b>Epic AR</b>	Epic outstanding Accounts Receivable / Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)
<b>Legacy AR</b>	Legacy outstanding Accounts Receivable / Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)
<b>Cumulative Charge Variance</b>	Total charges posted (Epic + Legacy) compared to the historical weekly charge average summed over the weeks live / Dollar difference between the two values and percent of total expected
<b>Cumulative Payment Variance</b>	Total payments posted (Epic + Legacy) compared to the historical weekly payment average summed over the weeks live / Dollar difference between the two values and difference divided by historical weekly payment average
<b>CFB</b>	Total of all discharged but not final billed balances, minus min hold balances / Days calc: amount divided by Epic average daily revenue (up to 13 weeks)
<b>Claim Edit</b>	Total of all billed account balances that are held for claim errors / Days calc: amount divided by Epic average daily revenue (up to 13 weeks)
<b>Uncoded CFB</b>	Total of all discharged but not final coded balances, minus min hold balances / Days calc: amount divided by Epic average daily revenue (up to 13 weeks)
<b>Open Denial</b>	Total of all account balances that have an open denial from insurance / Days calc: amount divided by Epic average daily revenue (up to 13 weeks)
<b>Epic Payment Average</b>	Average of Epic payments posted over the last 4 weeks / Percent of historical payment average
<b>Primary Denial Rate</b>	(4-Week Avg) Percent (by count) of payments received in the last 4 weeks that indicate a denial (Current Week) Percent (by count) of payments received this week that indicate a denial



# EPIC Stabilization Graph Package

## As of 4/12/25



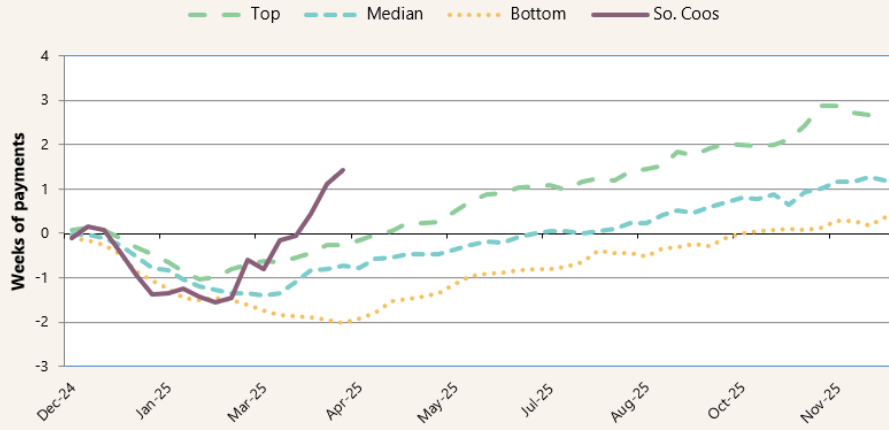
Note: There were initial issues with IP and SWB accounts flowing to WQs appropriately, which caused an initial spike in EPIC AR Days



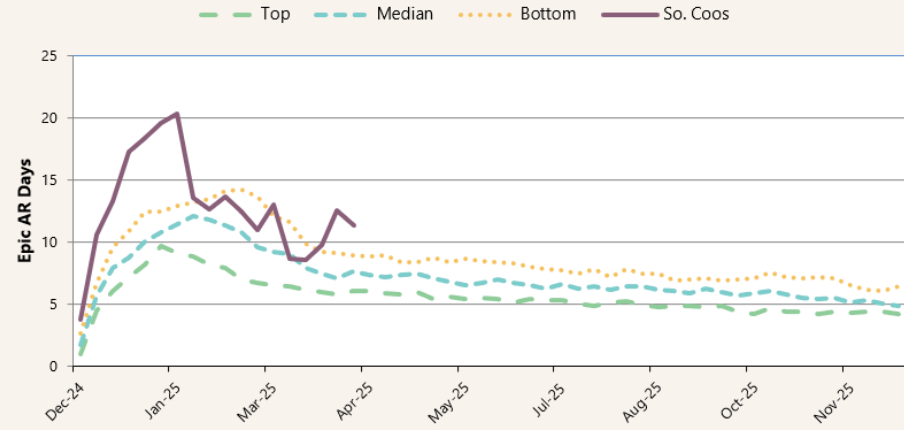
# EPIC Stabilization Graph Package

## As of 4/12/25

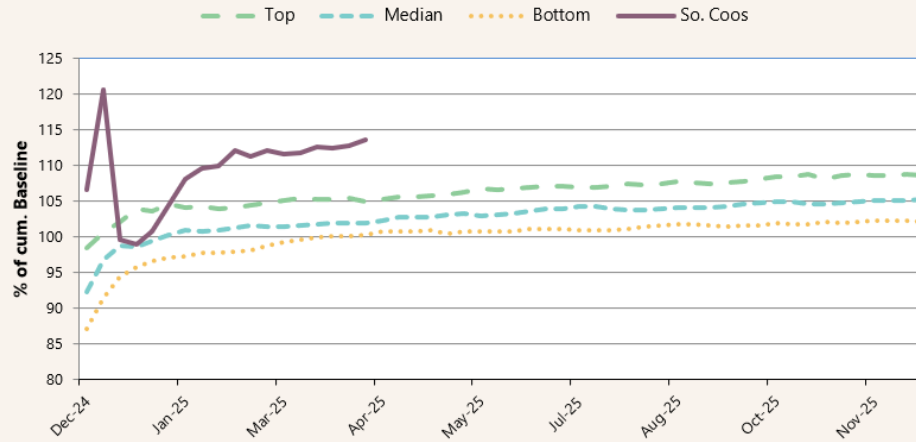
Cumulative Payments Variance



CFB Days



Total Cumulative Charges %



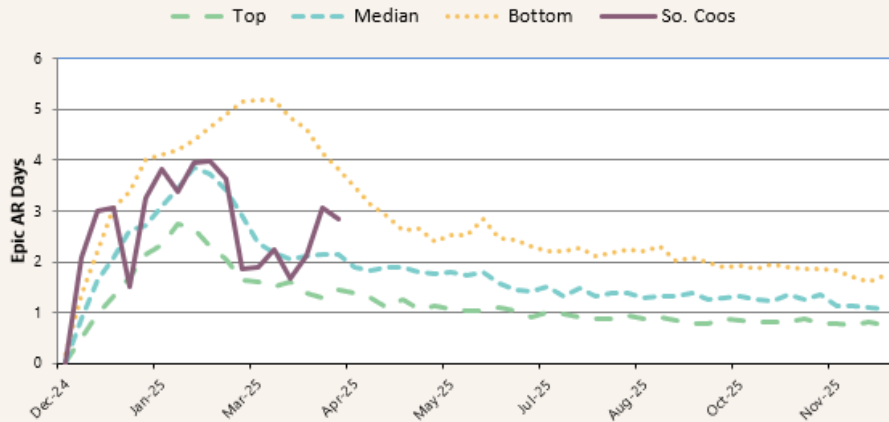
Note: The initial spike in charges was adding CPSI IP/SWB accounts into EPIC so they could be billed out of the new system, the dip was when the charges were removed from CPSI.



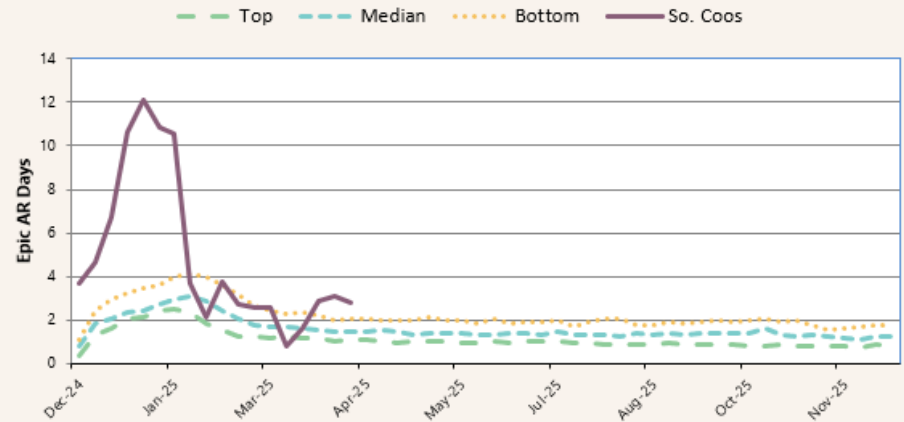
# EPIC Stabilization Graph Package

## As of 4/12/25

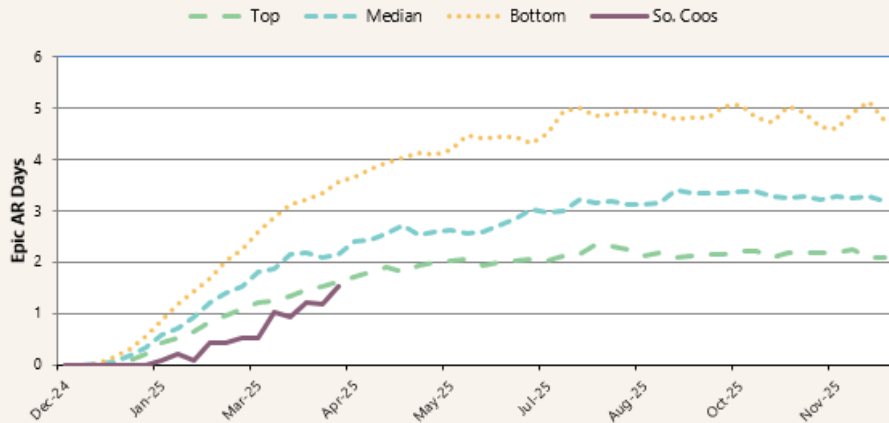
Claim Edit Days



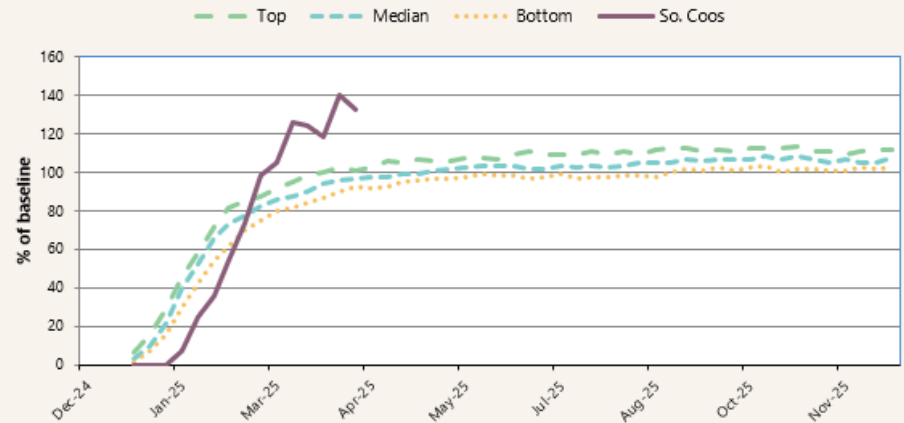
Coding Days



Open Denial Days

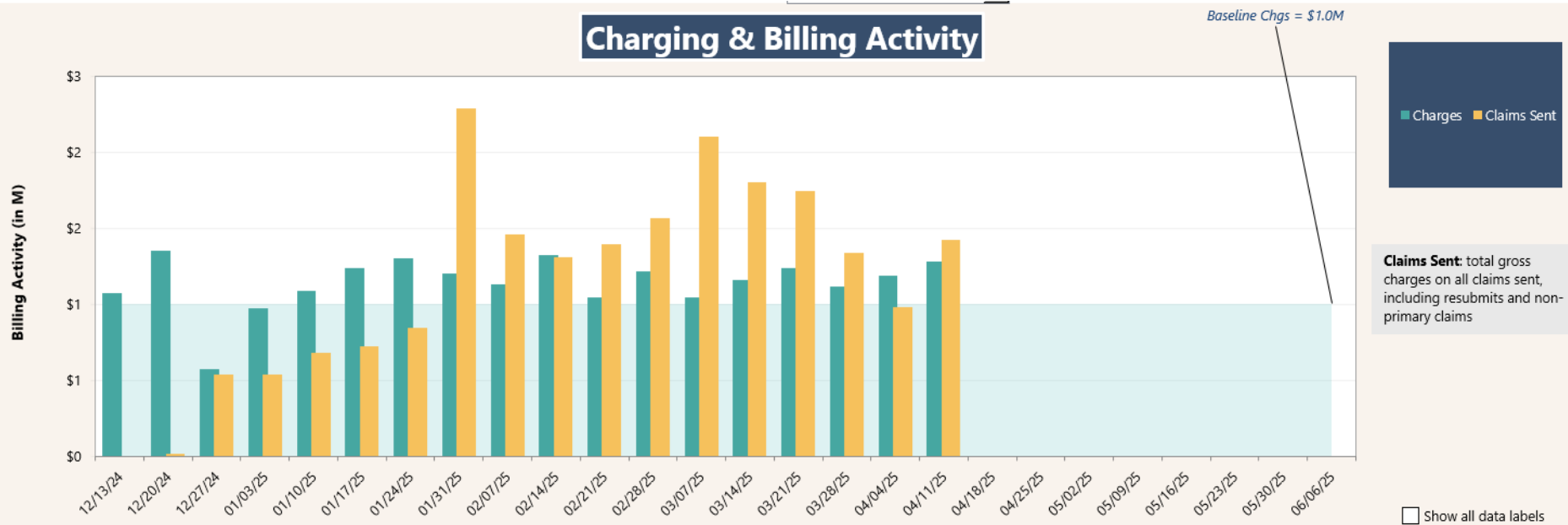


Epic Pmt Avg



# EPIC Stabilization Graph Package

## As of 4/12/25



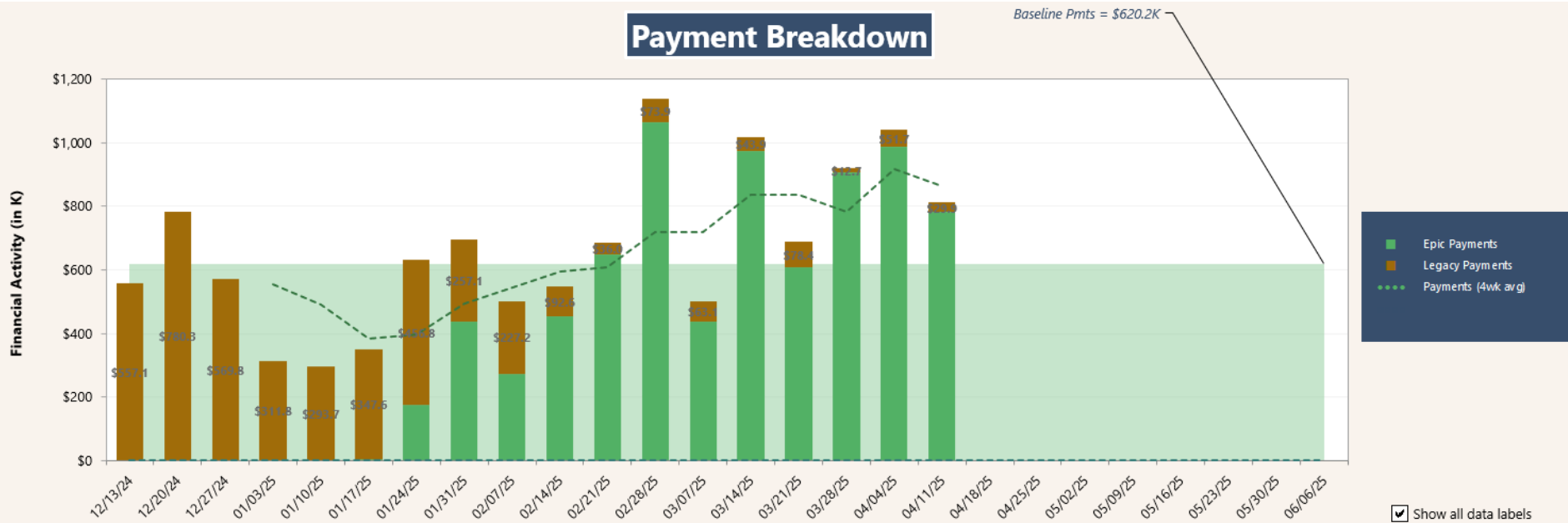
### Note:

- Charges for the weeks of Christmas and New Year's were lower than average due to lower volumes. Overall, SCHHC has recognized an increase in charges
- Claims were temporarily held until the last week of January while staff worked through processes and workflow challenges, we continue to optimize processes.



# EPIC Stabilization Graph Package

## As of 4/12/25



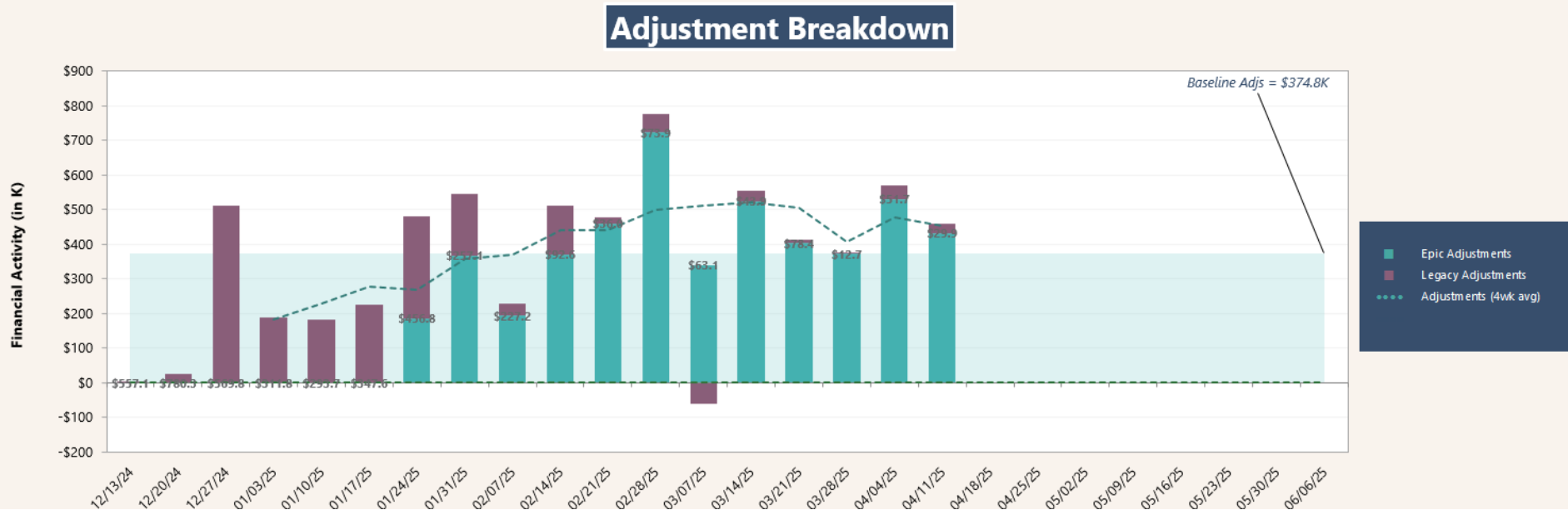
Note:

- A significant increase in payments (cash) was seen in February due to payments 30 days following the large push in claims at the end of January



# EPIC Stabilization Graph Package

## As of 4/12/25



Note:

- With a spike of cash payments in February, we also had a large number of contractals posted, which was expected as payments catch back up
- The number of contractual adjustments out of CPSI is dropping as total AR is worked down





# Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending March 2025

		Month					Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior	Actual	Budget	Prior Year	Variance to Bud	Variance to Prior
Volume Summary	IP Days	133	118	132	13.0%	0.8%	1,152	1,139	1,104	1.1%	4.3%
	Swing Bed Days	142	148	103	-4.1%	37.9%	914	948	996	-3.6%	-8.2%
	Total Inpatient Days	275	266	235	3.5%	17.0%	2,066	2,087	2,100	-1.0%	-1.6%
	Avg Daily Census	8.9	8.6	7.6	3.5%	17.0%	16.8	17.0	17.1	-1.0%	-1.6%
	Avg Length of Stay - IP	2.6	3.9	4.4	-33.5%	-40.7%	3.9	4.3	4.1	-7.9%	-4.9%
	Avg Length of Stay - SWB	7.9	21.1	14.7	-62.7%	-46.4%	11.9	11.3	11.9	5.2%	0.1%
	ED Registrations	559	451	451	23.9%	23.9%	4,544	4,101	4,035	10.8%	12.6%
	Clinic Registrations	771	475	598	62.3%	28.9%	5,650	4,197	4,333	34.6%	30.4%
	Ancillary Registrations	1,569	1,141	1,141	37.5%	37.5%	11,178	10,243	10,243	9.1%	9.1%
	Total OP Registrations	2,899	2,067	2,190	40.2%	32.4%	21,372	18,541	18,611	15.3%	14.8%
Key Income Statement Ratios	Gross IP Rev/IP Day	6,626	9,171	7,535	-27.7%	-12.1%	7,204	8,034	7,759	-10.3%	-7.1%
	Gross SWB Rev/SWB Day	2,458	782	1,025	214.4%	139.7%	2,212	1,066	952	107.4%	132.3%
	Gross OP Rev/Total OP Registrations	1,270	1,938	1,550	-34.5%	-18.1%	1,461	1,786	1,458	-18.2%	0.2%
	Collection Rate	59.9%	64.4%	59.7%	-7.1%	0.2%	61.1%	63.8%	63.8%	-4.3%	-4.3%
	Compensation Ratio	64.8%	64.6%	67.8%	0.3%	-4.4%	67.5%	67.6%	65.6%	-0.1%	3.0%
	OP EBIDA Margin \$	118,647	267,887	(142,579)	-55.7%	-183.2%	(736,241)	750,989	193,788	-198.0%	-479.9%
	OP EBIDA Margin %	4.0%	7.8%	-5.5%	-48.0%	-173.0%	-2.9%	2.6%	0.8%	-210.2%	-450.7%
	Total Margin	0.0%	6.1%	-6.5%	-100.6%	-99.4%	-4.0%	0.8%	1.7%	-615.1%	-340.1%
Key Liquidity Ratios	Days Cash on Hand	68.6	80.0	137.0	14.3%	-49.9%					
	AR Days Outstanding	53.4	50	47.9	6.8%	11.5%					



# Southern Coos Hospital & Health Center

## Data Dictionary

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



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

**Approved Projects:**

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

Abbott ID Now Analyzer	Clinic	10,000		10,000	
60' Refrigerated Chef Base / Gas Griddle / Convection Oven	Dietary	18,000	16,576	1,424	Completed
OBN Gurney	ER	6,500		6,500	
New Desk/Workspace	ER	10,000		10,000	
Cast Cart	ER	5,500	5,163	337	Completed
Mindray Monitor Upgrade	ER	6,000		6,000	Completed
Exam Lights	ER	13,000		13,000	
Phone System VOIP upgrade	Information Systems	5,000	-	5,000	Expensed - Under \$5k
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	Completed
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)	Completed
RT - Ventilation System	RT		7,590	(7,590)	Completed
Clinic Exam Tables (2)	Clinic		8,731	(8,731)	In Progress
Radiology Scanner	Radiology		9,000	(9,000)	Completed

**Totals - Non Threshold Projects**

**136,000**

**70,468**

**65,532**



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

**Approved Projects:**

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status
--------------	------------	-----------------	----------------	------------------	--------

**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	9,519	15,481	In Progress
Parking Lot Resurface	Engineering	30,000	20,515	9,485	In Progress
Air Handler	Engineering	150,000		150,000	
Gurney (x3)	ER	45,000		45,000	
Storage Server Replacement	Information Systems	15,000		15,000	
DataCenter Battery Backup Replacement	Information Systems	19,000		19,000	
Blood Culture Incubator w/ Synapsys (BD FX 40)	Lab	20,500		20,500	
Bacterioscan	Lab	23,500		23,500	
Biosafety Cabinet Type II Class 2B (Hood)	Lab	25,000		25,000	
BACT Alert Combination System	Lab	35,000		35,000	
Bariatric Bed	Med Surg	31,000		31,000	
Cardiac Monitors	Med Surg	29,000		29,000	
Second Ultrasound Machine	Radiology	170,000		170,000	
Ultrasound Echo Bed	Radiology	20,000		20,000	
Vyntus PFT	Respiratory	75,000		75,000	
Liposuction Equipment	Surgery	50,000		50,000	
Sonosite Ultrasound	Surgery	25,000		25,000	
Medication Management System	Surgery	25,000		25,000	
Glide Scope	Surgery	25,000	15,544	9,456	Completed
Arthroscopy Tower Light Source	Surgery	20,000		20,000	

**Un-Budgeted Threshold Projects (>\$15,000)**

OP Pharmacy	Pharmacy		80,237	(80,237)	In Progress
2nd Street Building Office Space	Administration		32,662	(32,662)	In Progress
Business Building Remodel to Clinic Space	Administration		16,774	(16,774)	In Progress

**Totals - Threshold Projects**

**1,052,000**

**175,251**

**876,749**

**Grand Total**

**1,188,000**

**245,719**

**942,281**

