



**Board of Directors
Regular Meeting & Executive Session
August 28, 2025 6:00 p.m.**

AGENDA

- I. Regular Meeting Open Session Call to Order 6:00 p.m.**
1. Agenda - Corrections or Additions.....(action)
- II. Consent Agenda**
1. Meeting Minutes
- a. Regular Meeting-07-24-253
- b. Special Meeting-07-31-2510
- c. Special Meeting-08-21-2512
2. Board Counsel Invoice – Robert S. Miller III Attorney – #1100.....13
4. **Motion to Approve Consent Agenda**.....(action)
- III. New Business**
1. Resolution 2025-02 Bank Signature Authority.....14
2. Business Office Conversion & Remodel Recommendation.....*BOCP Insert pages 1-7* (action)
- IV. Old Business**
- None.
- V. Staff Reports-Discussion**
1. CEO Report.....15
2. CMO Report.....19
3. CNO Report21
4. CFO Report*CFO Report & Rev Cycle Presentation Insert pages 1-19*
5. CIO Report24
6. Multi-Specialty Clinic Report26
7. HR Report*HR Report Insert pages 1-3*
8. SCHD Foundation Report27
9. Strategic Plan Update.....*Strategic Plan Insert pages 1-3 and 1-21*
- VI. Monthly Financial Statements: Review & Discussion**
1. Month End Summary & Month End Statements for Period Ending July 31, 202528

VII. Open Discussion

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)(f) to consider information or records that are exempt by law from public inspection. No decision will be made in Executive Session.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-07/24/25.....(action)
2. Motion to Approve Reports from Executive Session:.....(action)
 - a. Quality & Patient Safety, Risk & Compliance
 - b. Medical Staff Report

X. Adjournment

**Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
July 24, 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, Quality Liaison, and Robert Pickel, Directors. **Administration:** Raymond Hino, CEO; Antone Eek, CFO; Alden Forrester, CMO; Scott McEachern, CIO; David Serle, Clinic Director; Philip J. Keizer, MD, Chief of Staff. **Absent:** Cori Valet, CNO; Alix McGinley, SCH Foundation Executive Director. **Others present:** Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Via Remote Link:** Stacy Nelson, HR Director; Amanda Bemetz, Quality/Risk/Compliance Director. **Press:** None.

1. Agenda - Corrections or Additions

#9 Strategic Plan added to Staff Reports.

Bob Pickel **moved** to agenda as amended. Mary Schamehorn **seconded** the motion. All in favor. Motion passed.

2. Public Input – None. Mr. Bedell reminded viewers of recorded meeting that a link to the live meeting is available by request.

II. Consent Agenda

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

- a. Regular Meeting–06/25/25**
- b. Board Legal Counsel Invoice #1081**

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

III. New Business

1. Annual Election of Officers

Mary Schamehorn **nominated** Thomas Bedell as Chairman. Pam Hansen **seconded**. **All in favor.**

Tom Bedell **nominated** Mary Schamehorn to continue as Secretary and Pam Hansen continue as Treasurer. Pam Hansen **seconded**. **All in favor.**

2. FY 2026 Public Meeting Calendar

Members acknowledged the proposed calendar for the current fiscal year, a continuation of the current schedule for the regular meeting of the Southern Coos

Health District Board of Directors will be held every 4th Thursday at 6:00pm, adjusted to the third Thursday in the months of November and December due to holidays.

IV. Old Business

None.

V. Staff Reports

1. CEO Report

Ray Hino, CEO, opened with a recruitment update, noting recent addition of a new consulting Registered Dietician to replace the service previously provided by Bay Area Hospital, thanks to the assistance of the new Bay Area Hospital Board Chairman. The new consulting Dietician is currently full-time with Lower Umpqua Hospital but will provide Southern Coos with a site visit one day per month and be available for telephone consultations. Mr. Hino provided a summary regarding passage of the Federal Budget Reconciliation Act, HR1, that has prompted several calls from the Hospital Association of Oregon and Oregon Office of Rural Health to Oregon legislators. The bill will have no effect on the FY26 budget. Reductions in the Oregon Provider Tax Program, used to increase matching funds from the federal government will begin in FY28, gradually, with a .5% reduction and then additional .5% reductions each year until 2032. Medicaid cuts affecting eligibility for recipients are anticipated, with most provisions in effect by the end of FY 2026, likely to increase uninsured patient visits through the ER. The goal of the bill is to reduce the federal government's share of Medicaid. In anticipation of these provisions, the Hospital Association of Oregon (HAO) is currently working at rolling back burdensome regulations such as those relating to community engagement (charity) and staffing requirements. On a positive note, the Rural Health Transformation Fund bill appropriates \$10 billion each year, over 5 years beginning in FY26, to provide assistance for rural health facilities.

2. CMO Report

- a. Medical Staff Bylaws – Revised July 2025**
- b. Medical Staff Rules & Regulations – Revised July 2025**

Dr. Forrester, Chief Medical Officer, presented his monthly report this month including the recently revised/updated Medical Staff Bylaws and Medical Staff Rules and Regulations, approved by the Medical Staff on July 9, noting that the revision process involved himself, members of the Quality team and Health Information Management team. The purpose of the revisions were to update terminology, add items required by DNV, and reflect current practices. Peer Review was discussed, regarding 30-day process and approval by Medical Staff.

Bob Pickel **moved** to approve the Medical Staff Bylaws and Rules and Regulations as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

3. CNO Report

Ray Hino, CEO, presented on behalf of Cori Valet who is out of office. We are pleased to report the recent completion of 6 successful interviews that will help us reduce the current number of RN travelers. Our new case manager will begin this month, allowing us to provide discharge planning coverage 7 days per week. This will update the Strategic Plan to 100%. Southern Coos will participate in the OHSU SAINTS fall prevention and next month will learn if we will participate as a control group or active participant. Participating facilities will receive trainings and quality improvement cycles over the 2 year study period in line with our goals for reduced patient falls and employee injury due to falls. ED Transfers: Of the 24 transfers from our facility for a higher level of care, 2 were due to lack of bed availability due to last minute staffing shortage. ED census was down slightly in the month of June. Our next Daisy Award ceremony to recognize nurses will be held on September 4 at 1:30 p.m.

4. CFO Report

Antone Eek, Chief Financial Officer, opened with announcement of the resignation of Katelin Wirth, Financial Analyst. Katelin has offered to assist in the transition. Until this position is filled, the finance department will require some mitigation of work allocation. Resources are being reviewed and evaluated. Accounting department activities were described for each position and skill sets. Materials Management is doing very well with the new Sage configuration and training. Payments rose in June reflecting improvements in collections. Focus remains on reducing initial claim billing delays. The Retail Pharmacy is going very well, we are still working to hire a second pharmacist. Insurance contracting has progressed to approximately 80% completion. At end of last month after being open just 9 days, an average of 42 prescriptions were filled daily.

5. CIO Report

Scott McEachern, Chief Information Officer, provided a review of department activities for the month of June with a recap of new and ongoing projects. A new AI phone agent was implemented and has stabilized after 2 months. A new contract management system is in development to meet DNV contract management requirements and we hope to be live by August 1. A new IT help desk solution is in process with roll out to all staff on August 1.

6. Clinic Report

David Serle, Clinic Director, opened with upcoming activities for the clinic staff including August 15 sports physical program open to Coos and Curry County schools and the annual PSA program in September. New FNP Kim Bagby is ramping up to 10 patients per day and is doing extremely well. Felisha Miller, FNP, is scheduled to start in September. Full time physician recruitment is in process. Clinic volume has increased 6 straight months. July will be lower due to scheduled

vacations and staffing changes. A new contract was completed with Dr. Preslar agreeing to increase to 13-15 patients per day. Wellness visits are anticipated to increase. Mr. Serle noted that the clinic just missed breaking even over the last 6 months by \$310.00 thanks in part to contributions from the Pain Management Clinic and Dr. Webster, new clinic Medical Director, also doing very well. This year's loss of \$300K was incurred primarily in the first 6 months of the year. Board members noted this as a great turnaround!

7. Human Resources Report

Stacy Nelson, HR Director, attending remotely, introduced himself and his new report for the monthly meeting to include a similar structure each month. Metrics this month included Employee Engagement activities, Compensation Survey update, and Staffing Turnover report compared to prior years. Open positions were identified. Regulatory updates include DNV readiness, Wage and Hour Laws, and an update of the SCHHC Employee Handbook to be in process. Training and Development initiatives include a transition from Relias to Healthstream online modular training and a "Legal 101" training for Leadership. Mr. Nelson announced the clinical and non-clinical employees of the month, Deena Buchanan and Michele Jurgenson, both in Medical Imaging. On a sad note, we share the loss of a beloved staff member who had been with Southern Coos in our Laboratory for over a decade, Jim Morgan. Jim was not only a valued team member at Southern Coos, but also a volunteer fire fighter for the Coquille Valley Fire Department and had been an EMT. On August 9 there will be a celebration of life for Jim at the Coquille Community Center precipitated by a ladder truck fire truck flag processing from Lincoln School to the Coquille Community Center at 11:15 with BBQ at 11:30, open to the public. The annual employee and family picnic will be on August 16, 11am to 4pm on private property owned by Dr. Crane and board members are welcome to join for the BBQ and staff engagement.

8. SCHD Foundation Report

Ray Hino presented on behalf of Alix McGinley, Foundation Executive Director, who is attending a conference. The annual major fundraiser of the year, the Golf for Health Classic at Bandon Crossings to be held in September, has received sponsor and donation commitments over \$80,000 as of this report, toward goal of \$125,000. Pam Hansen, Board Liaison to the Foundation added that donations are tax deductible and hole sponsor signage can be a marketing expense write off for businesses. The written report included updates on the weekly community Meet and Greet presentations which in July included Ray Hino with an overview of FY25 and what we might expect from the Federal Budget Reconciliation Bill. On July 22 we added a special forum as part of the Master Facility Planning with a presentation from the architect team evaluation and receive community feedback.

9. Strategic Plan

Ray Hino, CEO, reviewed his summary of activities represented in the Strategic Plan working spreadsheet. In the first 12 months since the new Strategic Plan was created, the team has completed 5 goals (at 100% each) with all but 2 currently

activated. The five completed are: 1) Develop and Implement an organization wide Risk Management Strategy; 2) ERP Implementation, 3) Upgrade Sterile Processing Department; 4) Improve Service Offerings to Patients, and 5) Restructure Southern Coos Foundation and Fundraising. The team is at 65.20% completed for the 39 goals that have been activated so far in the plan. It is anticipated that the August report will highlight activity on 40 of the 41 goals. Mr. Hino took questions from members of the Board regarding several initiatives including the Profitability Plan (5.2) proposed percentage increase to the bottom line which will be defined when new service line projections for Geri-Psych and Surgery are added and to align with the budget contingency plan. Level IV Trauma goal has progressed from 14% to 27% complete with completion goal date of August 31.

VI. Monthly Financial Statements Review & Discussion

1. Month End Financial Summary and Review of Statements Ending June 30, 2025

Antone Eek, CFO, provided a summary overview noting the reduction in the revenue deduction to 41% from 46.3%. Days in Accounts Receivable has increased to over 120 days. Discussion of billing and collections included the length of time a provider has to submit a claim (365 days) and the time a payer has to make payment (less restricted), the claims process, and how the balance sheet reflects that discrepancy. The guidance to write off 100% after 4 months is conservative. The Cost Report has not yet been received so we have reserved over \$1M at this time. Claims were reviewed, noting that they vary in size, with one claim of \$170,000 having just moved past the 120-day mark with appeal in place and additional documentation requested. Contributing factors can be related to a specific insurance company, technology, and/or provider documentation. Debt ratio is good and we have solid cash coming in with a record month in Collections. Discussion included questions regarding how to reconcile FY25 loss from income statement against the balance sheet. It was noted that in general cash collections are up and expenses were reported significantly under budget. A board financial education session was offered the following week to include a review of deductions from revenue and swing bed vs inpatient utilization.

VII. Executive Session

At 7:50 p.m. the board moved into Executive Session Under ORS 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)(f) to consider information or records that are exempt from disclosure by law, including written advice from legal counsel. No decision were made in Executive Session

Stacy Nelson and David Serle were excused at this time. **Remaining in attendance:** Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison, Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director. **Administration:** Raymond Hino, CEO; Antone Eek, CFO; Scott McEachern, CIO; P.J. Keizer, Medical Staff Chief of Staff;

Alden Forrester, MD, Chief Medical Officer; and Amanda Bemetz, Director Quality Risk & Compliance. **Others in attendance:** Robert S. Miller, Counsel; Kim Russell, Executive Assistant. **Press:** None.

VIII. Return to Open Session

At 8:54 p.m. the meeting returned to Open Session.

1. Consideration of Executive Session Minutes 6/26/25

Mary Schamehorn **moved** to accept Executive Session Minutes as amended. Pam Hansen **seconded** the motion. **All in favor. Motion passed.**

2. Reports from Executive Session

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

2-Year Privileges – New

Brian Phelps, MD – Provisional – Emergency Medicine

Heather Huston, NP – Provisional – Emergency Medicine

2-Year Privileges – Reappointments

Douglas Crane, MD – Active - Hospitalist

Direct Radiology Appointments – After Hours Reading Radiology

Jeffrey Grossman, MD - Reappointment – Courtesy

Nathan Hannemann, DO – Reappointment – Courtesy

Andrew Sellers, MD - Reappointment – Courtesy

Anthony Vogel, MD - Reappointment – Courtesy

Medical Staff Status Change

James Woods, MD – Emergency Med – Letting Privileges Lapse
07.31.25

Bob Pickel **moved** to approve the reports as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

3. Consideration of Budgetary Contingency Plan Dashboard

In response to concerns regarding the passage of the Federal Budget Reconciliation bill, budgetary benchmarks and potential financial balancing actions were reviewed and considered.

Mary Schamehorn **moved** to approve the dashboard as presented. Pam Hansen **seconded** the motion. **Discussion:** Concern was expressed about the timeline with regard to adoption of the FY27 budget. Kay Hardin and Bob Pickel **opposed**. Tom Bedell **affirmed**. **The motion passed 3 to 2.**

IX. Open Discussion

None.

X. Adjournment

The meeting adjourned at 9:05 p.m. The next regular will be held on August 28, 2025 at 6:00 p.m. at the Southern Coos Hospital & Health Center main conference room.

Thomas Bedell, Chairman 08-28-2025

Mary Schamehorn, Secretary 08-28-25

**Southern Coos Health District
Board of Directors
Special Meeting Minutes
July 31, 2025**

I. Attendance

Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pam Hansen, Treasurer; Kay Hardin, Quality Liaison. **Absent:** Bob Pickel, Director. **Administration:** Raymond Hino, CEO; Scott McEachern, CIO; David Serle, Clinic Director. **Others present:** Joseph Bain, President; Alix McGinley, Executive Director. **Via Remote Link:** Antone Eek, CFO; Joe Kunkel, Consultant/Healthcare Collaborative; Jody Corona, Consultant/Health Facilities Planning & Development. **Press:** None.

Due to having a quorum of board members present, this meeting was publicly noticed as a Special Meeting in compliance with Oregon Public Meeting Law. There is no agenda and no decisions were made during this meeting.

II. Workshop Presentation: Data and Underlying Assumptions

1. Joe Kunkel, from The Healthcare Collaborative, introduced Jody Corona, of Health Facilities Planning and Development, who provided a review of research and data from the prepared Powerpoint presentation, as a component of the Master Facility Planning project.

In early 2025, Southern Coos Hospital & Health Center retained Health Facilities Planning & Development (HFPD) to help inform and facilitate its master planning related to a hospital replacement project. HFPD provided a menu of services, and the following were selected: 1) Service Area Demographics and Inpatient and Outpatient Use Patterns; 2) Project Future Volumes and Space-Driving Needs (ED, surgery, inpatient beds, imaging, etc.); 3) Provider Need Estimates; and 4) to Engage the Community, Providers and Staff in Voicing their Health Care Expectations and Perceptions. Key findings and demographics of the Primary and Secondary Patient Service Areas were reviewed. It was noted that today, the PSA is about 18,000 with 37% over the age of 65. Additional stats for school enrollment, housing demand, labor trends were included. Community survey results were reviewed, with 219 total responses, of which 24% were SCH&HC employees. Survey data included use of specialists in the last 2 years, primary care, and barriers to access. Inpatient and Outpatient statistics were reviewed with expected growth projections. In conclusion, Sensitivity Testing results detailed how space needs would be impacted by population growth over and above current estimates for the next 10-15 years.

- III. Adjournment.** The Special Meeting adjourned at approximately 4:30 p.m. There was no agenda and no decisions were considered at this public meeting to hear the consultant presentation.

Thomas Bedell, Chairman 08-28-2025

Mary Schamehorn, Secretary 08-28-25

**Southern Coos Health District
Board of Directors
Special Meeting Minutes
August 21, 2025**

I. Attendance

Thomas Bedell, Chairman; Pam Hansen, Treasurer. **Absent:** Mary Schamehorn, Secretary; Kay Hardin, Quality Liaison; Bob Pickel, Director. **Administration:** Raymond Hino, CEO; Scott McEachern, CIO; David Serle, Clinic Director. **Via Remote Link:** Antone Eek, CFO; Scott McEachern, CIO; Joe Kunkel, Consultant/Healthcare Collaborative. **Press:** None.

Due to the potential to have a quorum of board members present, this meeting was publicly noticed as a Special Meeting in compliance with Oregon Public Meeting Law. There is no agenda and no decisions were made during this meeting.

II. Recurring Meeting

Mr. Kunkel led the group in the primary goal for today's meeting, the Guiding Principle Exercise. The group was tasked with assessing and identifying key guiding principles under the areas of Patient, Family, Clinician, Leader, Employee, Community and Other. The purpose of this exercise was to identify fundamental beliefs, values, or truths to provide the framework for decisions to help guide actions toward goals in personal, professional, and organizational contexts. These are actionable guidelines used to help ensure that this project remains consistent, encouraging innovation and ensuring patient and staff satisfaction. Unlike abstract core values, guiding principles provide concrete ideas and standards for expected behavior and decision-making.

III. Adjournment. The Special Meeting adjourned at approximately 3:55 p.m. There was no agenda and no decisions were considered at this public meeting.

Thomas Bedell, Chairman 08-28-2025

Mary Schamehorn, Secretary 08-28-25

INVOICE

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Bill to
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Ship to
Southern Coos Hospital & Health Center
900 11th Street SE
Bandon, OR 97411 USA

Invoice details
Invoice no.: 1100
Terms: Net 60
Invoice date: 07/30/2025
Due date: 09/28/2025

#	Product or service	Description	Qty	Rate	Amount
1.	Attorney (\$300/hr)	Thursday, July 24, 2025: Board Meeting & Executive Sessions.	3.5	\$300.00	\$1,050.00

Total **\$1,050.00**

Ways to pay



View and pay

**Southern Coos Health District
Resolution 2025-02
Banking Signature Authority**

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby officially requests removal of Antone Eek, Chief Financial Officer, effective September 1, 2025, from all banking accounts and all banking services including credit card and online banking. Raymond Hino, CEO and Thomas Bedell, SCHD Board Chairman, and Pam Hansen, SCHD Board Treasurer, are to remain signers.

The above resolution is approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 28th day of August 2025.


AYES _____ NAYS _____

ATTEST:

Thomas Bedell, Chairman

Mary Schamehorn, Secretary



DATE: August 26, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Business Office Conversion Project Plan & Impact Analysis

Recommended Action

It is recommended that the Board of Directors give final approval to the Hospital CEO to execute contracts with subcontractors for general construction, demolition, plumbing, electrical/data, access points/cameras, airflow and wall installation for a total amount, not to exceed \$150,000. The purpose of these subcontracts is to convert the existing Business Office Building into a second clinic building on the main campus of Southern Coos Hospital & Health Center.

Background and History of the Project

The 2025-2026 Operating and Capital Budget for Southern Coos Hospital includes a proposal to “repurpose” the current Business Office/HR/Quality Building for use as a second clinic building on our hospital main campus. Three clinical/patient care services are planned to be relocated into the building. The three services are: Pain Management, General Surgery Clinic and Senior Life Solutions (a Geriatric Psychiatry Outpatient Service). All three services are Medicare approved services, eligible for Medicare cost reimbursement. In the case of Senior Life Solutions, it will be a 100% Medicare utilization service and eligible for 100% Medicare cost reimbursement. General Surgery and Pain Management will be Medicare reimbursed at the percentage of Medicare utilization for the services.

The 2025-2026 approved Operations Budget for SCHHC, included the following:

Senior Life Solutions (Geriatric Psych)	\$83,095.00 Positive Net Income
Surgical Volumes	\$99,120.00 Positive Net Income
Pain Management	\$ 8,686.00 Positive Net Income
Total for 3 Services	\$190,901.00 Positive Net Income

Additionally, the actual (unaudited) positive net income for Pain Management for Fiscal Year 2024-2025, completed in June 2025, was a positive \$142,501.

In order for the 3 clinical/patient care services to be moved into the Business Office building, the building will need to be approved by the Oregon Health Authority (OHA) as Hospital Clinical Space.

The SCHHC Executive Team have been working with our architectural firm of Anderson Dabrowski, to submit plans for approval to the Oregon Health Authority for conversion of the current Business Office building to a clinic building. Plans have been drawn up and submitted to the OHA (see pages 3 and 4). The Oregon Health Authority confirmed receipt of the plans last week, and comments were received back by Friday, August 22.

Based upon the plans drawn by the architects at Anderson Dabrowski, local subcontractors have been contacted and requests for proposals have been sent out. We currently have subcontractor proposals, in hand, that will keep the budget for this project under \$150,000. For purposes of this analysis, we are proposing a budget of \$145,000 to complete this project.

This is a substantial decrease in cost to complete this project, from the original projections. We requested \$600,000 in the 2025-2026 Capital Budget to complete this project, and that amount was approved. We now have data, in hand, to support the total cost of this project for \$145,000.

External Financial Impact Summary

In addition to the work performed by our own Finance team, we also engaged with our Cost Report preparers at Clifton Larson Allen (CLA) to develop a model to project the return on investment (ROI) of the impact of the investment of \$145,000 on the facility. We looked at three levels of sensitivity: conservative, realistic, and aggressive.

For each level of sensitivity, we estimated Annual Patient Days, Number of Years for Ramp-up*, Percent Margin, and Revenue/Visit.

- **Conservative:** defined as a three-year ramp-up to a below-average number of patient days, a lower-than-expected revenue per day or visit; and a lower-than-expected margin.
- **Realistic** is defined as a one and a half-year ramp up to an average volume of patient days; an average expected revenue per day/visit; and the standard margin expected from each service.
- **Aggressive** is defined as a one-year ramp-up to an above-average volume of patient visits; an above-average revenue per day/visit; and a higher-than-average margin.

Key
Point!

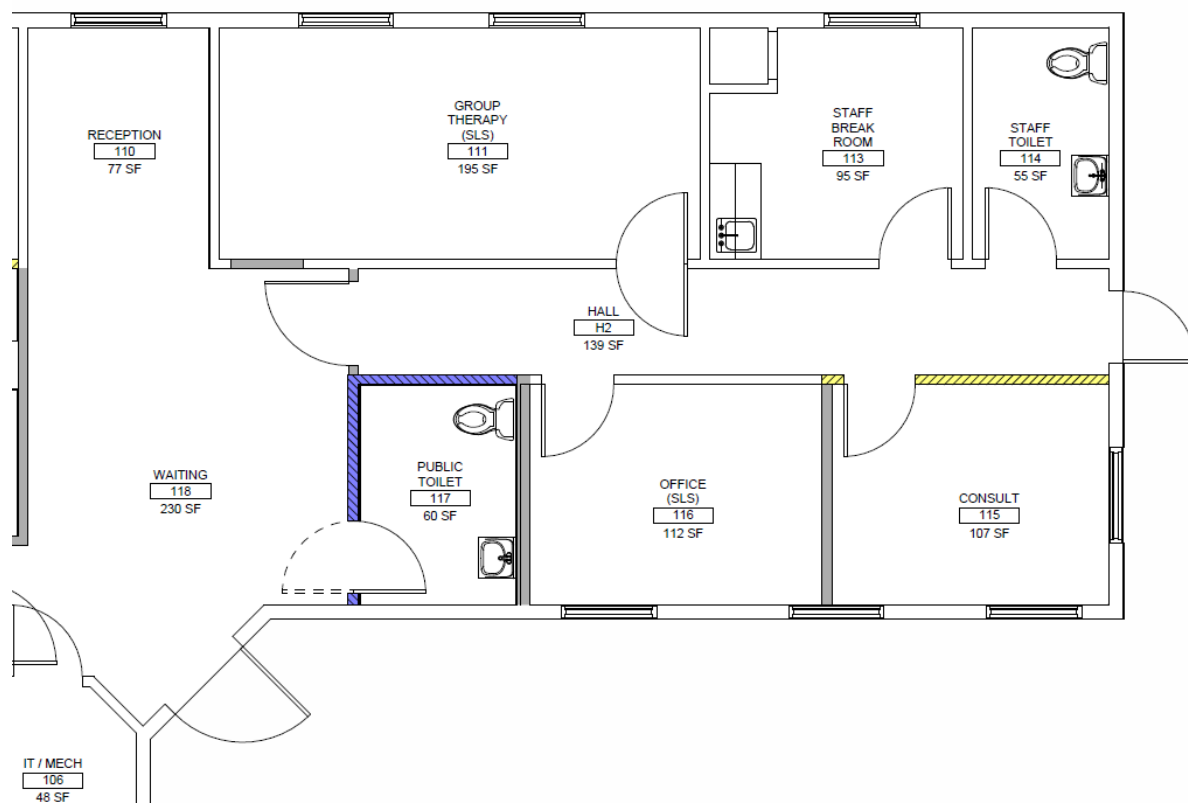
The bottom line is that if SCHHC invests \$145,000 cash in the Business Office Conversion Project, creating new clinical space and thereby giving SCHHC the room to establish or relocate three service lines, SCHHC will recoup the initial investment in one (1) year, assuming realistic growth for the three service lines.

A detailed 5-year projection of Operating Margin, Operating Earnings Before Taxes, Interest, Depreciation and Amortization (EBITDA), Days Cash on Hand, Unrestricted Cash and Investments, and Debt Service Coverage was created for all 3 services (Senior Life Solutions, Surgery, Pain Management). That detailed analysis is available to the Board of Directors if you would like to see all of the financial analysis.

Project Plan Logistics

To keep our project costs manageable, we are not using a general contractor. Jason Cook, our plant manager, will serve as the general contractor. We plan on using local sub-contractors for plumbing, electrical/data, insulation, access points/cameras, and airflow. We made this decision after the first conversion plan budget was too high. We scaled back the cost by reducing the amount of demolition and construction to the bare minimum needed to create a waiting area and divide the building into a behavioral health wing and a pain management/surgical services clinic wing.

Figure 1 (below) shows the configuration of the behavioral health wing of the building. SCHHC Senior Life Solutions will inhabit rooms 111 and 116. Shane Matsui, our current LCSW, will occupy room 115. Matsui will continue to operate as an employee of SCHHC and won't have any official affiliation with SCHHC Senior Life Solutions; however, he will work closely with the program to refer eligible patients.



*Proposed Configuration of SCHHC Senior Life Solutions Wing
Note: SCH LCSW will occupy Room 115*

Figure 1:

Figure 2 (next page) shows the Pain Management and Surgical Services wing. Pain Management will have two exam rooms, 109 and 108, with a shared office in Room 100. Surgical Services will have two exam rooms, 107, and 105, and will have an office in room 101. See full building drawing at end of this document.

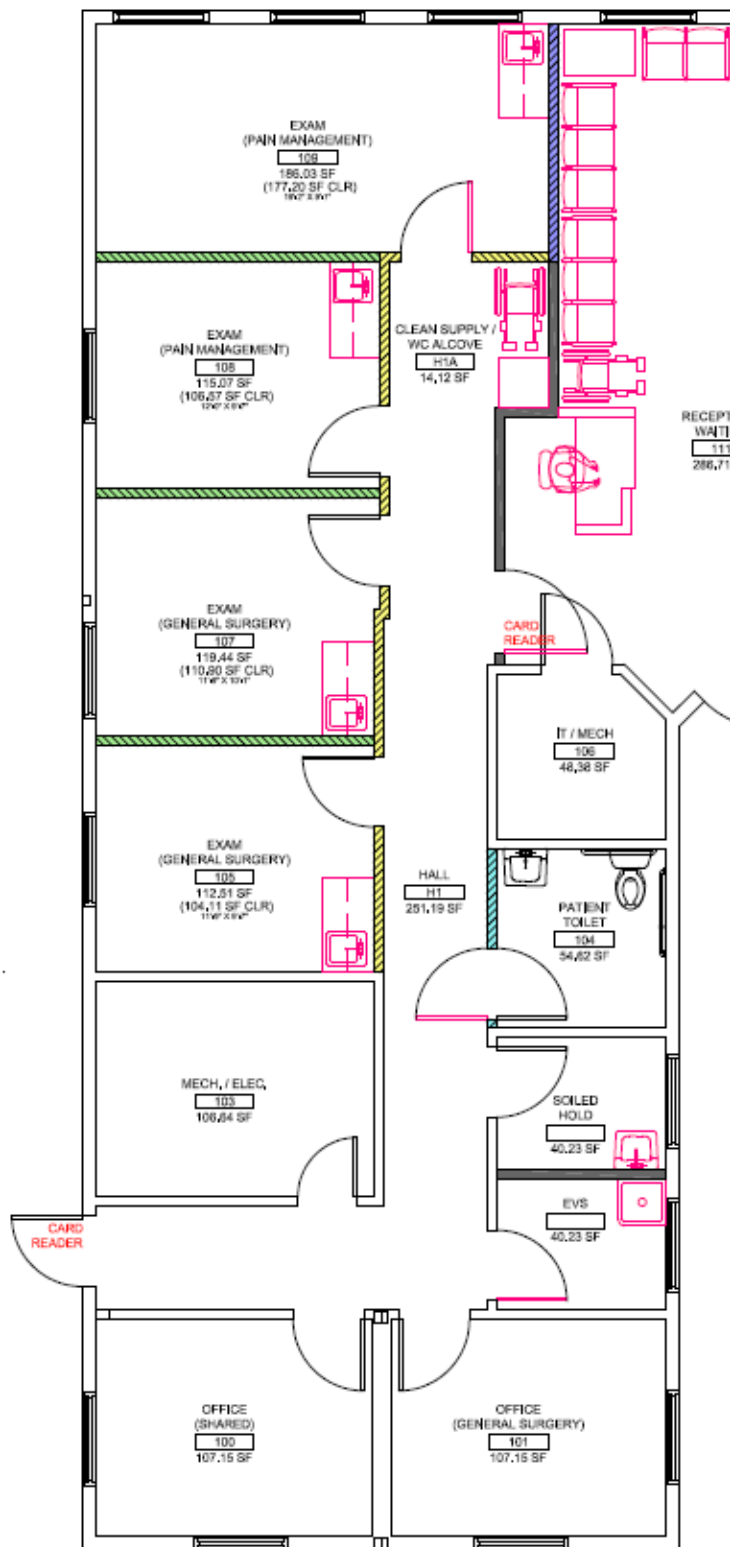


Figure 2: Pain Management, Surgical Services Wing

Timelines and Proposed Staff Moves

As for a brief timeline, we plan to inhabit the building by October 31, 2025. We selected this date because we need dedicated space for the new SCHHC Senior Life Solutions geriatric psychology service line.

Project Timeline

- **August 27:** Building Project Approval by SCHD Board of Directors
- **September 15:** Final Approval Expected by Oregon Health Authority
- **September 16:** Demolition Begins
- **September 22:** Plumbing installed, ADA and badge readers installed
- **September 29:** Installation of Walls
- **October 1-10th:** Electrical/Data, Insulation Installed
- **October 15th:** Final OHA Walkthrough
- **October 20-31:** Move Pain Management, Shane Matsui, SCHHC LCSW and Senior Life Solutions into New Clinical Space
- **November 3rd:** Pain Management, LCSW, and Senior Life Solutions will begin operations in New Clinical Space

Plan for Current Occupants of Business Office Building During Construction

- **Human Resources:** Will work remotely; New Employee Orientation will held in Hospital Conference Room
- **Quality & Infection Control:** Will work remotely; Amy Walter may use an office in the building for any onsite vaccinations, etc.
- **Front Desk:** Belle will move to Second Street Building
- **Billers:** Will work remotely (moving week of August 25th)
- **Financial Assistance:** Carolyn Randolph to move to Second Street Building; Brenna Watkins will work at the front desk in hospital

Summary

The conversion of the current Business Office Building, which also houses Human Resources and the Quality & Infection Control departments, makes sense from the standpoint of revenue optimization for Southern Coos Hospital in Fiscal Year 2025 – 2026. Financial analyses performed, both by our internal Finance Department and our Cost Report preparers demonstrate that this investment in our facilities will pay for itself in the first year of operations and will contribute substantially to future years of growth and expansion of our clinic services.

We have been talking about this Business Office conversion project for at least 6 months. We are now ready to begin the project.

Appendix 1: Impact of the Business Office Conversion Investment on the Medicare Cost Report

We have been asked by the Board to explain how the creation of the Senior Life Solutions/ Geriatric Psychiatry Service will impact the Medicare Cost Report for SCHHC. And more specifically, will the effect be positive.

Not a Direct Impact on the Cost Report

The short answer is that an investment of \$145,000 to convert the business office to clinical space is not directly captured on the Medicare Cost Report. Nor is the \$145,000 investment reimbursed by Medicare, because the investment is not a charge for services SCHHC provided to Medicare patients.

Annual Depreciation of the \$145,000 capital investment (and any capital interest/leases, if financed) will be recorded in the Medicare Cost Report under “Capital-Related Costs: Building & Fixtures.”

The annual depreciation figure is dependent on how long of a useful life we assign (per internal practice) to the capital investment of \$145,000. For example, if we assign a 20-year useful life, annual depreciation = \$7,250. This amount is then allocated to the clinic’s cost centers recorded in the Medicare Cost Report, so each cost center absorbs its share.

Square Footage Impact on Cost Report

A significant impact on the Medicare Cost Report is the addition of additional square footage of clinical space, dedicated to the provision of cost reimbursed services to Medicare patients. In essence, we are converting square footage, which is currently reimbursed at a very low rate, to an extremely high rate for Medicare Direct Patient Care.

Minor Impact on Income Statement, But Direct Impact on Balance Sheet

On the other hand, the capital investment of \$145,000 (and any capital investment) will have an impact on SCHHC’s financials presented in our monthly financial report to the board. The \$145,000 cash investment of the conversion project will not be recorded as an expense in the income statement at the time of the spend.

Because this is a capital investment, the expenditure will be capitalized. Therefore, we record in Property, Plant, & Equipment (PP&E) in the Total Assets section. Here is a snippet of SCHHC’s July Balance Sheet (for the purpose of example; does not include \$145,000 investment):

Total Current Assets		10,010,000
Net PP&E		8,615,271
Total Assets		25,294,200

July’s Total Net PP&E of \$8,615,271 will be increased by \$145,000 sometime in the next 3-4 months.

During construction, the investment is held in an account on the Balance Sheet called “Construction in Progress” or CIP. When the construction is finished and the building is being used, then finance/accounting team reclassifies the investment to Buildings & Improvements. As the capital investment depreciates, Net PP&E will decline by the amount of the yearly depreciation.

Once the building is put in service and begins accruing depreciation, then the finance/accounting team records the depreciation amount (in the example above, \$7,250/year) on the income statement under Operating Expenses as Depreciation & Amortization. Here is the line item straight from SCHHC’s July Income Statement:

Depreciation & Amortization	160,933
Total Operating Expenses	3,415,808
Operating Income / (Loss)	(26,443)

In summary, the impact of the \$145,000 remodel investment will be realized more on the income statement (than on the Medicare Cost Report) in the form of establishing two new revenue centers, geriatric psychology and ambulatory surgical clinic, and, concurrently, relocating and expanding one existing revenue center, pain management. Each of these services is expected to contribute through Net Operating Margin for many years to come.

(For a more detailed primer on the Medicare Cost Report, please see the documents: “Medicare Charge Reimbursement V. Medicare Cost Report Settlement,” developed by Scott McEachern, CIO, and the slide deck “SCHHC Board Education - Reimbursement” provided by CLA.)



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, August 2025

Antone Eek's Resignation:

- Our CFO for the past 18 months, Antone Eek, announced his resignation as SCHHC CFO on August 12. His last day of work for SCHHC will be September 1. I want to take this opportunity to thank Antone for all that he has done for SCHHC during his tenure as our CFO. He was a key leader in our Epic and Sage implementations during the past year, as a Co-Executive Sponsor with Scott McEachern. His previous experience with the Epic software system was extremely valuable. Perhaps his most important contribution was as the Executive Team Project Leader for the Retail Pharmacy implementation in June of this year. Antone's previous experience in hospital pharmacy operations was critical during this project, and we are all very grateful to him.
- With Antone's announcement, I have been successful in identifying an Interim CFO replacement for him. Our Interim CFO is Cameron Marlowe, a former critical access hospital CFO at Curry General Hospital in Gold Beach, OR and former critical access hospital CFO at Blue Mountain Hospital in John Day, OR. Cam also has previous CAH CEO experience as CEO at Blue Mountain Hospital in John Day, OR. He retired as Hospital CEO at Blue Mountain Hospital in December of 2024 and has been working as an independent consultant and Interim CFO since that time. He is available to start at SCHHC next month in September. He only wants an Interim CFO position and is not interested in the full-time CFO position here, since he has now established his permanent residence in Idaho. With Cam's previous CAH CFO (and CEO) experience, as well as his skill and experience in Finance Analytics, he will be a great help for us at SCHHC as we plan for a new CFO in the future. He has committed to being on-site at SCHHC 4 days per week.

Pharmacy:

- With Antone's departure, I have named our Chief Medical Officer (CMO) Alden Forrester, as the Executive Team Oversight for our Pharmacy and our Pharmacy Director, Jeremy Brown. Dr. Forrester's Medical background puts him in a great position to provide medical oversight, in addition to clinical oversight over the pharmacy. He is excited about the opportunity, and I believe that he and Jeremy will make a great team.
- Our Retail Pharmacy is getting busier. We are up to 75 prescriptions filled per day, on average for the full 7-day weeks.
- We had a 2-day "mock" 340B audit on August 6-7 earlier this month. It is a requirement for 340B certification that we engage with independent auditors to evaluate our 340B program regularly. The results were very good. The reviewer complimented our pharmacy by stating that our current 340B

program is improved from the last mock audit, which was 2-3 years ago. Much of this credit goes to our 340B Pharmacy Technician on staff, Christina Harner.

- In order to continue to boost our pharmacy utilization, we are planning to begin actively marketing our retail pharmacy, including replacing the current billboard sign near the intersection of 2nd Street and Harlem (currently advertises our Epic My Chart application) with a new billboard sign that announces that the SCHHC Pharmacy is now open 7 days per week.

DNV Survey:

- It gives me great pleasure to inform the Board that I have been notified that our Director of Quality, Risk & Compliance, Amanda Bemetz, has been notified that she has officially earned her certification credentials as a Certified Professional in Healthcare Quality (CPHQ). The CPHQ is the only accredited certification in healthcare quality, and it demonstrates competency across the continuum of healthcare quality, including patient safety, performance improvement, risk management, data analysis and regulatory compliance. We are extremely fortunate to have Amanda Bemetz as our Director of Quality, Risk & Compliance. We are all very proud of her on this tremendous accomplishment.
- Our Quality team is continuing to make great progress in working with each of our managers to be prepared for our impending 2025 DNV survey. The internal audits are going well, and our staff are extremely engaged in the process, which is wonderful to see.
- I am doing a report at our August Quality & Patient Safety Committee meeting on the new Cobblestone contract management system. All of our contracts have now been loaded into the new system.

Coast Community Health Center:

- The agreed upon implementation date for the merger between Adapt Integrated Health of Roseburg, OR and Coast Community Health Center is October 1, 2025.

Bay Area Hospital:

- Kelly Morgan, former CEO at CHI Mercy Medical Center in Roseburg, OR officially became the new Interim CEO at Bay Area Hospital on August 4, 2025. He replaced Brian Moore, who resigned as CEO for BAH on July 17. I have known Kelly for over 20 years, due to the fact that we first met when we were both Hospital CEOs in the Central Valley region of California in the early 2000s. I was at Tehachapi Hospital in Tehachapi, CA and Kelly was CEO at Sierra View Medical Center in Porterville, CA. Kelly is an excellent Hospital CEO and did a phenomenal job at CHI Mercy Medical Center for 15 years before retiring in 2023. He is coming out of retirement to be Interim CEO at BAH. Since his hire, I have had 2 meetings with Kelly. The first was at my office at SCHHC and the 2nd meeting was a group meeting of hospitals and clinics in Coos Bay on Monday, August 15. I am looking forward to working with Kelly and helping to create collaborative opportunities for our hospitals to work together to strengthen both facilities and to continue to improve health care in our region.
- On a side note, Kelly Morgan was born at the old hospital in Myrtle Point, OR and grew up in Coquille and the Coquille school system. Some long-time residents of our area remember growing up with Kelly Morgan as a child, including Kim Russell's husband, Troy Russell. Kelly is definitely a local product who has done extremely well for himself.

Master Facility Plan Update:

- In the past 30 days we have made some major strides on our Master Facility Planning (MFP) project. This started with a 2.5-day on-site review by the Davis Partnership architectural team on July 21 – 23. During the 3 days that the Davis team was here, they met with department managers, medical staff, executive team members, community representatives and Board members. Following the 3 days with the architects, we also had a 1-day visit from a team of engineers, as well. The result was that the architects and engineers will be able to start creating conceptual plans for future usage of our existing facilities, as well as our space needs for the present and the future. The team shared with us some potential concepts that would add to our current building to give us more space, and also to add new buildings on our campus, with the acreage that we currently have.
- Also, during the month, we received a report from our data consultants at Healthcare Facilities & Planning Development. The results of the data review were quite enlightening, showing slower than anticipated population growth in the coming years, but a major shift if the aging of our population as the Medicare population in our area is growing at a faster rate than the non-Medicare aged population. The report does indicate underserved medical specialties in our area are opportunities for SCHHC as it continues to grow and add services.

Contingency Plan Initiatives Update:

- I am going to begin this month, reporting on our Financial Contingency Plan Improvements on a monthly basis in my monthly CEO Report. At the end of each quarter, we will have a separate agenda item to provide a Quarterly Review of the Contingency Plan, as promised to the Board of Directors last month.
- The Financial Contingency Plan Updates will include the following services: (a) Retail Pharmacy, (b) Surgery, (c) Geriatric Psychiatric Services, (d) Clinic Provider Productivity and (e) Outpatient Ancillary Services.
- Here is the first update:

Geriatric Psychiatric (Senior Life Solutions)

- We had a successful onsite kick-off meeting with Senior Life Solutions (SLS) on August 20, 2025.
- The project team is mapping out a series of meetings in the next few weeks to tackle:
 - Billing and Revenue Cycle
 - Data exchange between their EHR and Epic
 - Credentialling
 - Recruiting – our HR team is working closely with SLS to post positions locally.

General Surgery & Endoscopy (Colonoscopy and Upper GI) Procedures

- Signed contract with Dr. Brett Schulte
- Clinical Informatics, Revenue Cycle and Surgical Services are working with Providence Health to build new department for ambulatory surgical services.
- Dr. Schulte is already scheduled to be in Bandon and provide surgical services for 1 week per month for the months of October, November, and December 2024.
- His first workday will be October 20, 2025.

Clinic Provider Productivity

- Temporary Family Nurse Practitioner, Kim Bagby, is already up to averaging 10 patients per day.
- New Full Time Nurse Practitioner, Felisha Miller, will begin seeing patients on September 8, 2025.
- Dr. Preslar continues to ramp up his practice.

Outpatient Ancillary Services (Laboratory, Medical Imaging)

- CIO is working with Providence to scope an order and results interface between CCHC and SCHHC; project will include interfaces between SCHHC and BAH, CVH, and North Bend Medical Center

For the Recommended Immediate Cost Cutting Measures:

- Hiring Freeze: in effect
- We will start monthly meetings with every department to review charge capture initiatives in September.
- We have limited employee conference/travel.
- Reduced the number of billboards from 3 to 2.
- All legal requests now go through the CEO office.
- We have decommissioned several pieces of software, including Axiom, Dialog Health, Seven Medical – just between these three, we have saved \$60,000 annually.

Initiatives in the Win-Wins and Wins Categories

- Working with our vendor VersaBadge to improve ED provider time tracking
- We held a mock 340b audit and the results were positive.
- Clinical Informatics, CIO, and the Director of Revenue Cycle are working closely with our coding team and departments to improve service charge throughput.
 - We have seen significant improvements in coding turnaround time, a drop in time charts spend in work queues, and shorter time for claims to be submitted.
- We are taking co-pays at the time of service.



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, August 2025

OHSU Telemedicine Collaboration Update:

Because OHSU clinicians involved in this program will provide care directly to patients in our hospital via secure video conference link, they will need to be credentialed members of our medical staff. You will note the names of some of these clinicians in the credentialing report. We continue to target September or October for the start of this service.

125th US Women's Amateur Championship:

My sincere thanks and gratitude to the volunteer clinicians and the staff of multiple departments including Materials, Plant Operations, ED, Nursing, Pharmacy, Finance, Marketing, and IT for making our presence at the golf tournament a success. Fortunately, most injuries we saw were minor.

It was a great opportunity to showcase our quality care and feedback I have received so far is universally positive. Our team was even (very briefly) on the Golf Channel while tending to one of the competitors on the course.

Surgery:

Limited general surgery coverage is expected to start on or around October 20. Dr. Brett Shulte is an experienced general surgeon with both recent experience in rural hospitals (Burns, Oregon) and experience starting new general surgery programs. This combination of skills and experience makes him an ideal choice to re-ignite our general surgery program.

Dr. Schulte will be available to us 5 days per month. He will be able to help us work out the inevitable kinks inherent with starting a new surgery program in anticipation of expanding general surgery services in 2026. He will primarily perform elective procedures such as endoscopies, hernia repairs and other non-emergent abdominal surgical procedures.

On a related note, I am sad to confirm that Dr. Veronica Simmonds has now left Southern Coos.

Geriatric Psychiatry:

Our "Kick Off" meeting for this program occurred on August 20. Many departments are coordinating efforts to enable us to provide this new service. In addition to clinical departments and our informatics team, we are coordinating with our facilities engineering team to convert current administrative space in the Business Office to clinical space, which is a requirement for the establishment of this program as we have no other space available that will meet the program's needs.

Occupational Medicine:

The possibility of developing occupational medicine as a service line is intriguing on several levels. First, it is a service local employers need that is not readily available locally. Second, it has the potential to provide a revenue stream independent from Medicare and Medicaid, thus providing some protection against anticipated cuts in funding for those services.

We are currently receiving interest from both a nurse practitioner desiring an employment opportunity with us for occupational medicine and a board-certified occupational medicine physician looking to contract with us for services. With both these providers, we would have a strong team enabling us to provide a wide range of occupational medicine services to employers on the southern Oregon coast.

I am in the process of gauging interest from local employers. I have found it challenging to develop engagement from employers in a program that may exist in the future compared to presenting them with one that already exists. Because of this, I cannot guarantee the program will be initially financially self-sustaining, although I am working on ways to mitigate that based on how we contract with the providers.

The open question is whether to risk investing capital in this program to achieve the aims of serving our community and achieving revenue streams independent of Medicare and Medicaid funding constraints. Compounding this is that the window to hire the currently interested providers is not infinite and when that window closes it will be exponentially more difficult to start a program if we must recruit the providers cold. Time is of the essence.



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 – August 28, 2025

Service Limitations –

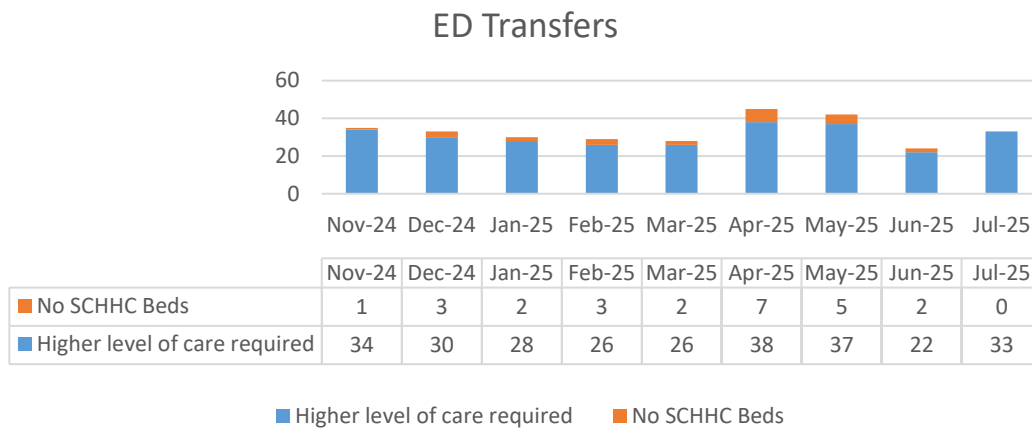
- Magnetic resonance imaging (MRI) – The MRI unit suffered a system failure 08/07/2025 resulting in down-time through 8/18/2025. The failure was related to the disk drives that store the protocols for each MRI procedure. The MRI protocols were unable to be retrieved and required new upload of the basic protocols supplied by Heritage Imaging. Each protocol will be reviewed and updated with our radiologist preferences (5mm slice change to 3mm slice).
- Pulmonary Function Test (PFT) machine – An oxygen sensor failed 8/21/2025 that was discovered upon routine equipment calibration prior to patient appointment. Three (3) PFTs appointments were rescheduled. Equipment is under service contract. Resolution update will be provided at the board meeting.

Clinical Department Staffing –

- Medical-Surgical department – Three (3) Full time RNs have been recruited between July and August to date. Four (4) Full time nurse positions remain vacant. One (1) CNA recruited in July. Three (3) Full time CNA positions remain vacant. Currently utilizing five (5) contract nurses.
 - Department shows -5.8 FTEs in chart below. 2.22 tele tech remains vacant as we will not require this additional staffing until we become Trauma rated. Nurse variance was due to lower census on the unit and staffing was flexed down to accommodate.
- Emergency department – One (1) full time Float RN and one (1) Float LPN positions remain vacant, creating the deficiency seen in the FTE table.
- Laboratory department – Exceeding budgeted FTEs due to staff orientation periods and additional manual and administrative processes related to new EPIC workflows.
- Surgical department – FTEs below expectations due to limited surgical volumes.
- Medical Imaging – Exceeding budgeted FTEs due to staff training, specifically MRI training.
- Respiratory therapy – FTEs below expectations due to both scheduled time off and short notice vacancies.
- Case management – FTEs below budgeted expectations due to one (1) Full time vacancy.

	July 2025 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	21.9	4.25	26.15	31.95	-5.8
Manager	1	0	1	1	0
CH RN	3.86	0	3.86	3.85	0.01
RN	5.8	4.25	10.05	12	-1.95
LPN	1.52	0	1.52	2.45	-0.93
CNA	7.94	0	7.94	8.65	-0.71
TeleTech	1.78	0	1.78	4	-2.22
Emergency Dept	13.36	0.69	14.05	15.18	-1.13
Manager	1	0	1	1	0
RN	8.1	0.69	8.79	8.78	0.01
LPN	3.43	0	3.43	3.6	-0.17
CNA/US	0.83	0	0.83	1.8	-0.97
Laboratory	11.13	2.26	13.39	9.41	3.98
Manager	1	0	1	1	0
MLS	1.03	0	1.03	0.37	0.66
MLT	3.84	2.26	6.1	3.12	2.98
Lab Assist I	3.16	0	3.16	2.38	0.78
Lab Assist II	1.05	0	1.05	1.47	-0.42
Lab Assist III	1.05	0	1.05	1.07	-0.02
Surgical Dept	5.12	0	5.12	7.8	-2.68
Manager	1	0	1	1	0
Surgical RN	1.72	0	1.72	3	-1.28
Sterile processor	0.78	0	0.78	1	-0.22
Surgical Tech	1.62	0	1.62	2	-0.38
Housekeeper	0	0	0	0.8	-0.8
Medical Imaging	11.16	3.85	15.01	14.39	0.62
Manager	1	0	1	1	0
Radiology Tech	5.98	3.85	9.83	8.03	1.8
Rad Tech I	0.86	0	0.86	0.7	0.16
Ultrasound	1.67	0	1.67	2.66	-0.99
MI Coordinator	0.84	0	0.84	1	-0.16
MI Admin Assist	0.81	0	0.81	1	-0.19
Respiratory Therapy	5.15	0.91	6.06	7.31	-1.25
Manager	1	0	1	1	0
RT	4.15	0.91	5.06	6.31	-1.25
Swing Bed	0.7	0	0.7	1.65	-0.95
Case manager	0.7	0	0.7	1.65	-0.95

Transfer Statistics –



- July 2025 Transfers – Total Transfers = 33.
 - All Thirty-three (33) transfers required higher levels of care and/or services not offered at SCHHC.
 - Neurology – 1
 - Cardiology – 7
 - Surgical – 9
 - Obstetrical – 0
 - Intensive care – 10
 - Urology – 2
 - Pediatric – 1
 - Orthopedics - 1
 - Hematology/Platelets - 1
 - MRI – 1 Emergent MRI (per ED provider) for sudden onset urinary incontinence and back pain
 - Nurse Staffing on the Med-Surg unit has been changed to nurse to reflect the nurse to patient ratios required by the state of Oregon. Previously a patient acuity and intensity tool was utilized to determine how many nurses were required to care for the patients. The acuity and intensity tool was determined to be too subjective and showed variance depending on which nurse was completing the form. The new staffing ratios are simple:
 - Intensive care 1:2
 - Intermediate care 1:3
 - Cardiac-telemetry care 1:4
 - Medical-Surgical care 1:5
 - SWING 1:7

This change has increased the nurse to patient ratios, allowing more patients to be admitted with existing staffing levels.



Chief Financial Officer Report

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

July 2025 Department Achievements/Activities

Accounting and Finance Update:

- Annual Audit
- Cost Report Prep

Engineering / EVS Update:

- Business Office Conversion – Subcontractor meetings
- Air Handler Main Hospital
- BAS - Automated System
- Siding - 2nd Street
- Cleaning Gutters (Bid for Outside Company)
- Mini Split in Surgery

Materials Management / Supply Chain Update: No reported items this month from Department Head

Revenue Cycle Update:

1. Please see Revenue Cycle Board Report
 - a. A/R: One of the major reasons that A/R continues to grow and is “aging out” is that we currently do not have a bad debt vendor in place to transfer bad debit to. We are working through contract language and will have a signed agreement with a goal date of: 8/29/25
 - b. A/R: Workflow and System configuration between CIO, Director of Revenue Cycle and Coding underway. – Daily Meetings
2. A/R Reduction Plan – Overview
 - a. Colene has highlighted areas of focus and will be working on an action plan with goals / dates in the coming weeks.

Other Items:

- Retail Pharmacy Update








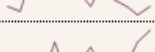



See Pro-Forma and Initiatives section



REVENUE CYCLE BOARD REPORT ~ JULY 2025

KEY HIGHLIGHTS

- **Increase in AR Days** - AR Days increased to 52.1 in July, up from 50.1 in June.
- **Discharged Not Final Billed (DNFB):** DNFB inched up slightly to 10.9 days, compared to 10.7 in June.
- **Coding Efficiency Challenges:** Coding Days rose again to 3.56, higher than June's 3.31. This continues to highlight bottlenecks in coding turnaround.
- **Payments:** Payments decreased to \$2,804,008 in July, down from \$3,576,611 in June. Importantly, approximately \$500k in payments were delayed in posting due to payor remittance delays.
- **Preventable Denials:** The primary denial rate improved modestly, dropping to 15.5% in July from 18.4% in June, though still above the benchmark.
- **Net Collection Ratio:** July's Net Collection Ratio held at 97.7%, consistent with June, and remains well above the benchmark of 93.5%, reflecting continued strong collections despite operational challenges.

HB KEY METRICS										
Metric	Status	As of 8/1		As of 7/25		13wk	Baseline	Top	Median	Bottom
Total AR	■	58.1 Days*	\$9.6M	56.4 Days*	\$9.2M		50 Days*	49.3 Days*	54.3 Days*	59.6 Days*
Epic AR	●	53.6 Days*	\$8.9M	51.9 Days*	\$8.5M			44.6 Days*	49.7 Days*	53.4 Days*
Legacy AR	◆	4.5 Days*	\$743K	4.6 Days*	\$744K			4.1 Days*	5.5 Days*	8.3 Days*
Cumulative Charge Variance	◆	114.1%	\$4.8M	113.7%	\$4.5M		\$1M/wk	\$2.5M	\$1.3M	\$397.1K
Cumulative Payment Variance	◆	3.5 Weeks	\$2.2M	3.6 Weeks	\$2.2M		\$620.2K/wk	\$765.4K	\$31.8K	-\$250.5K
CFB	●	10.5 Days	\$1.7M	9.8 Days	\$1.6M			5.2 Days	6.2 Days	7.2 Days
Claim Edit	■	1.8 Days	\$291.6K	1.1 Days	\$178.2K			0.9 Days	1.3 Days	2.1 Days
Uncoded CFB	●	4.2 Days	\$689.6K	3.6 Days	\$581.3K			0.8 Days	1.3 Days	2 Days
Open Denial	◆	1.8 Days	\$302.1K	1.5 Days	\$239K			2.3 Days	3.2 Days	4.8 Days
Epic Payment Average	✱	92.5%	\$573.8K	119%	\$737.8K			109.2%	102.4%	97.9%
Primary Denial Rate	■	16.7%	22.1% (Curr)	13.8%	19.3% (Curr)			10.3%	13.4%	16.8%

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

Status Key:		Top	
◆ Performing well/on track	■ Area to watch	Median	Threshold for the 75th percentile for the metric at week 34
● Off track	✱ Significant concern	Bottom	Threshold for the 25th percentile for the metric at week 34

<u>KPI</u>	<u>Week 36 Value</u>	<u>Status</u>	<u>What It Means</u>	<u>Actions Underway</u>
Total AR Days	58.1 days (\$9.6M)	Watch	Slightly above baseline (~50 days typical), common mid-post-Go Live.	
Epic AR Days	53.6 days (\$8.7M)	Watch	In line with Total AR; slightly higher than Epic peer median (~50 days), but reasonable.	Continue to refine documentation to coding to billing to submitted claim workflow
Cumulative Charge Variance	114.1% (\$4.8M)	On Track	Posting 16% more charges than expected, indicating strong charge capture.	n/a
Cumulative Payment Variance	3.9 Weeks (\$2.2M)	On Track	Collections are performing above baseline, ahead of typical expectations for week 36. Strong cash flow performance.	n/a
CFB Days	10.5 Days (\$1.7M)	Off Track	Billing queue is significantly above best-practice benchmarks.	Investigating staff workflow optimization, staffing levels, and work queue prioritization.

<u>KPI</u>	<u>Week 36 Value</u>	<u>Status</u>	<u>What It Means</u>	<u>Remediation/Actions Underway</u>
Claim Edit Days	1.8 Days (\$291.2K)	Watch	Slightly above the Epic median; claim edits are minimal, indicating a generally clean claim submission process.	Continuing to monitor for minor improvements.
Uncoded CFB	4.2 Days (\$689.6K)	Off Track	Elevated above benchmark; indicates a coding backlog	CIO, Director of Revenue Cycle, and the coding team are meeting daily to monitor Epic work ques; goal is to reduce delays in claim release.
Open Denial Days	1.8 Days (\$302.1K)	Watch	Slightly above the Epic median; denial management is generally effective	Monitoring to maintain optimal performance.
Epic Payment Average	92.5% (\$573.8K)	Off Track	Cash collection is lagging after several months of strong performance	Revenue Cycle, Coding, Clinical Informatics working to decrease time from encounter to claim submittal
Primary Denial Rate	16.7% (22.1% current)	Watch	Elevated	Assessing payer-specific trends; addressing common denial reasons (documentation, mis-coded services, etc) and pushing education to caregivers

Summary – Epic Post-Go Live Week 36

Areas On Track and Performing Strong

Cumulative Charge

Payment Variances

Areas to Watch for Variances

Total/Epic AR Days

Claim Edit Days

Open Denial Days

Primary Denial Rate

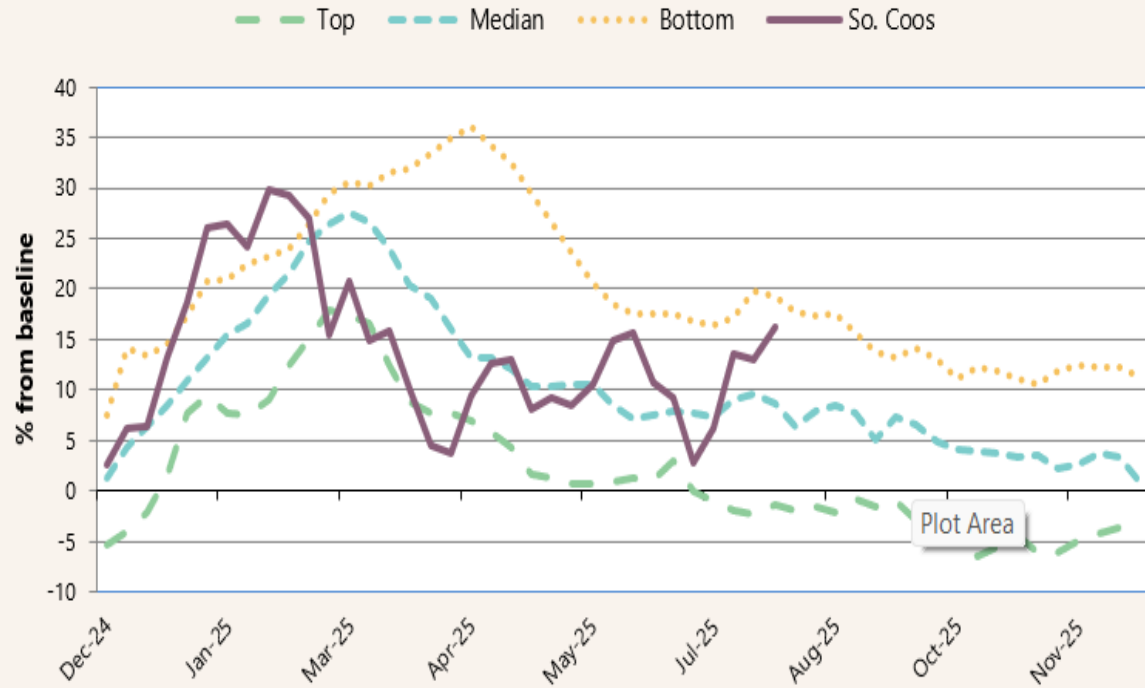
Areas Off Track

CFB (Candidate for Billing) Days

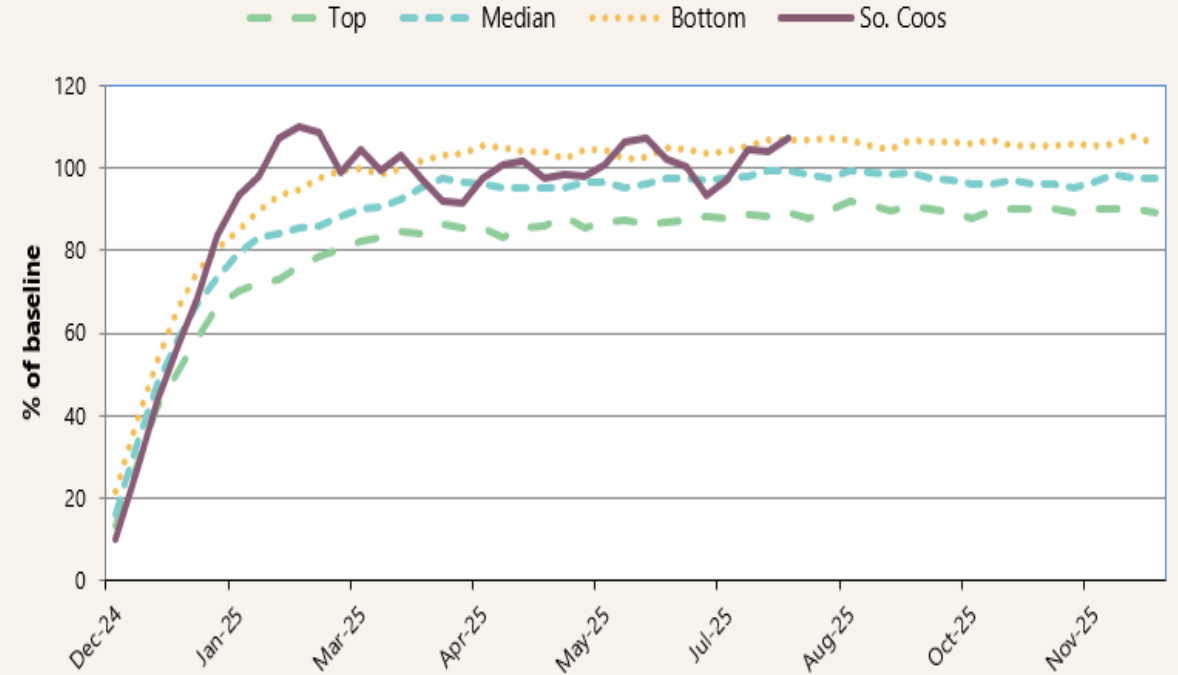
Uncoded CFB Days

Epic Payment Average

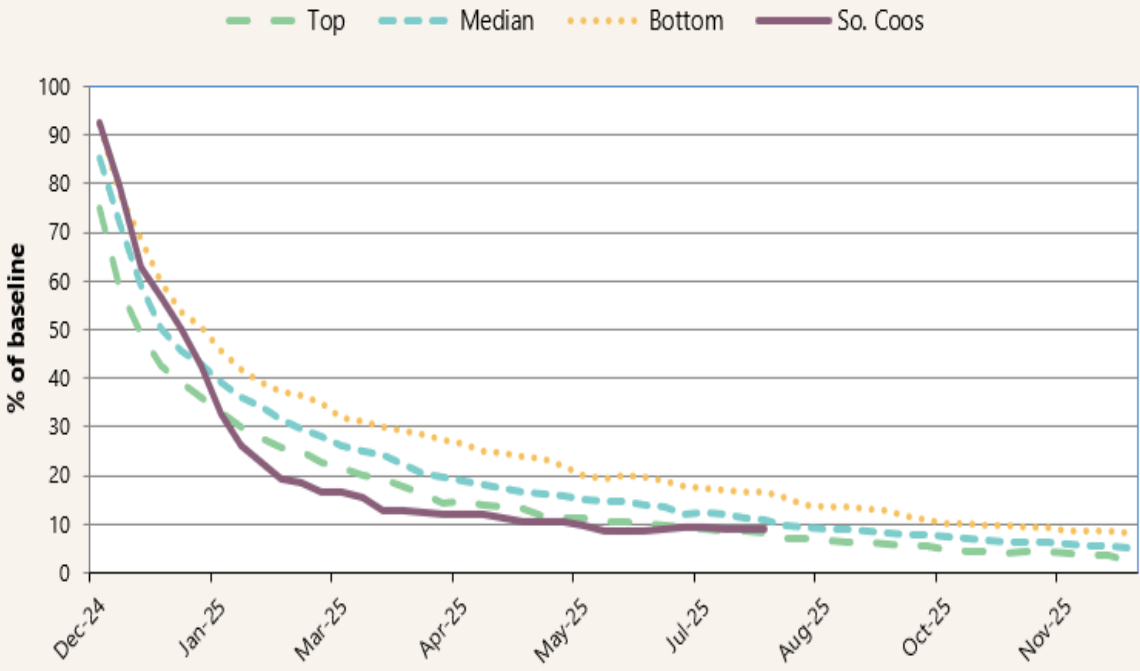
Total AR Days %



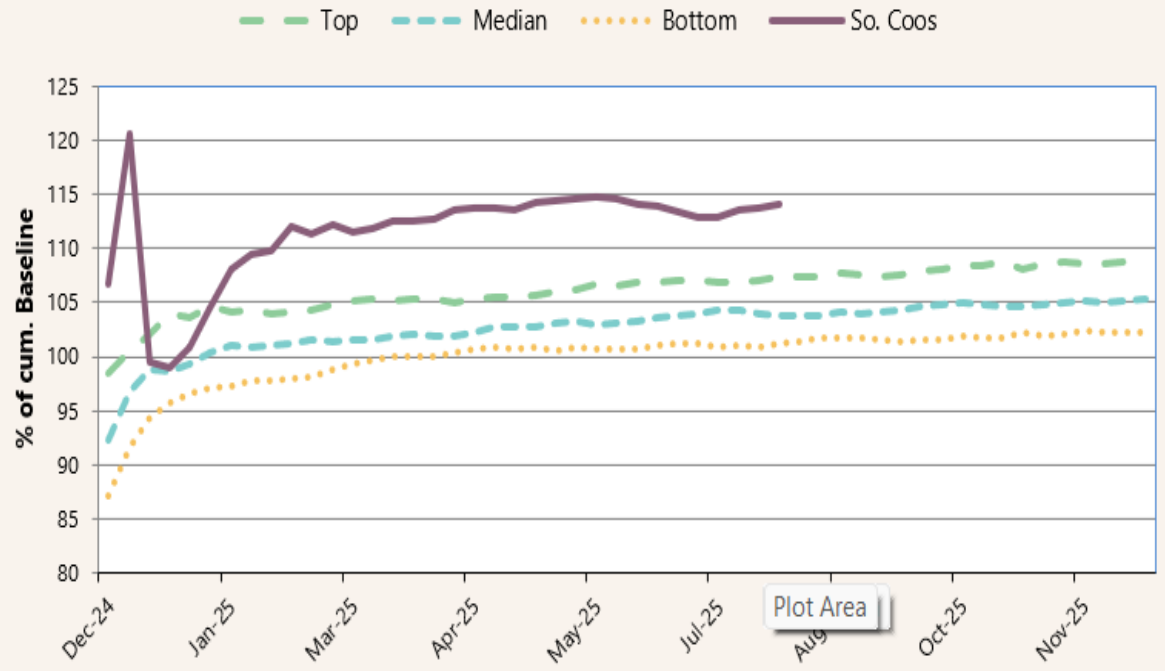
Epic AR Days %



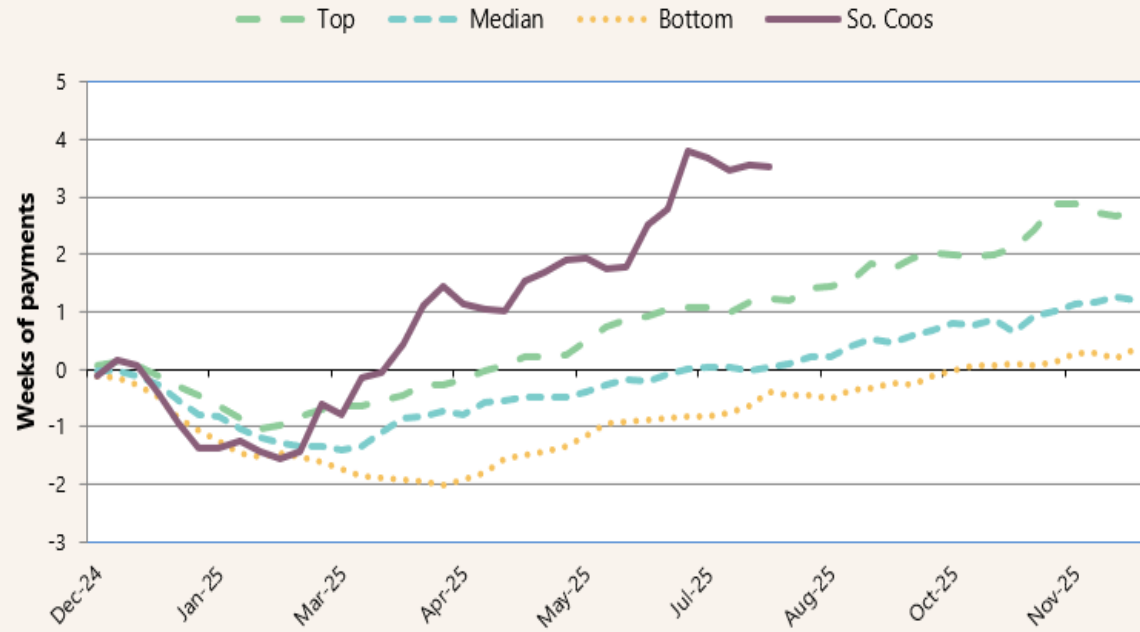
Legacy AR Days %



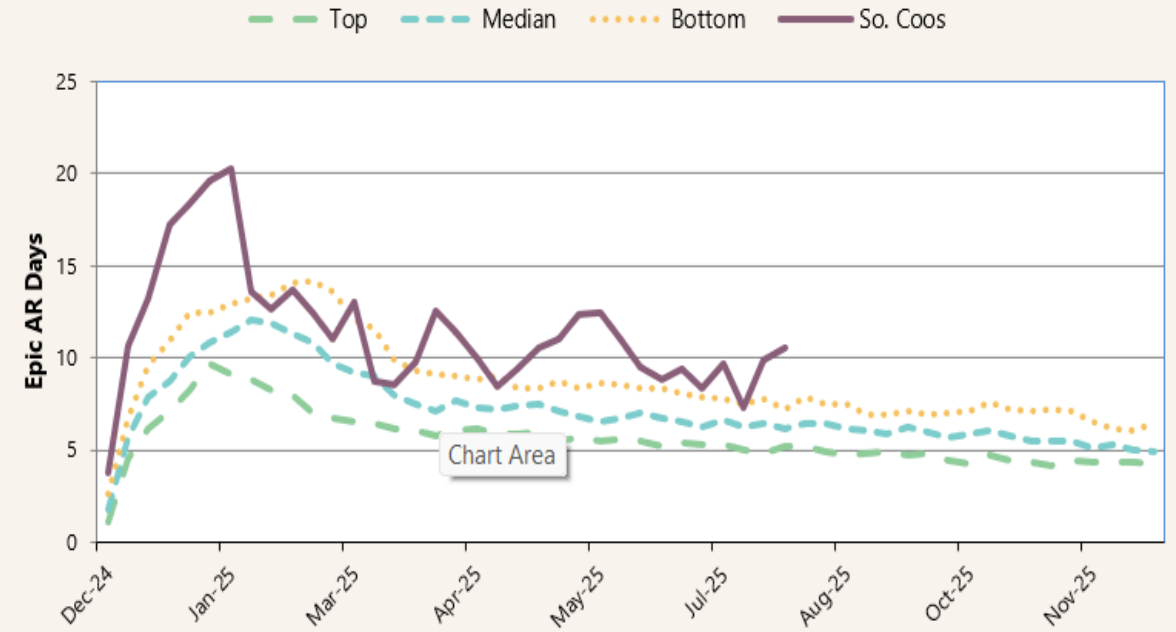
Total Cumulative Charges %



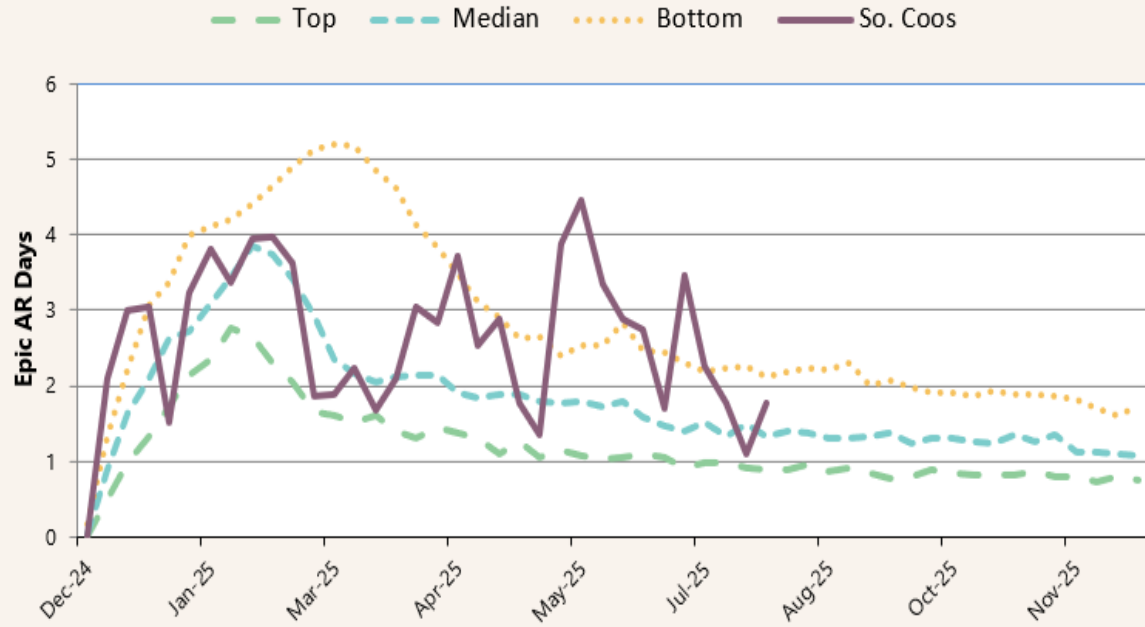
Cumulative Payments Variance



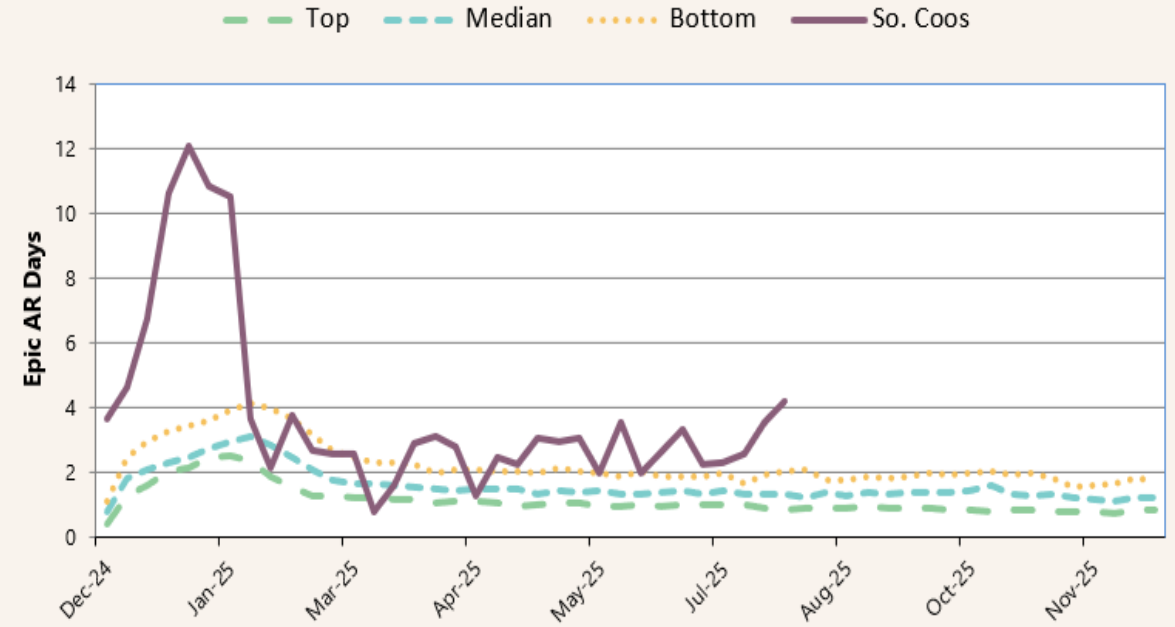
CFB Days



Claim Edit Days



Coding Days



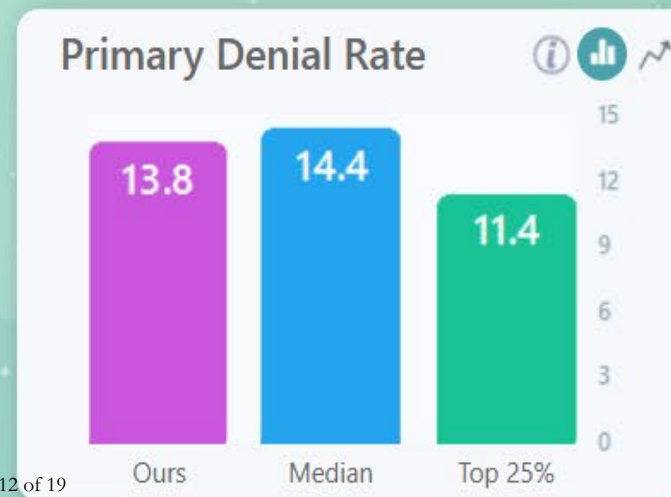
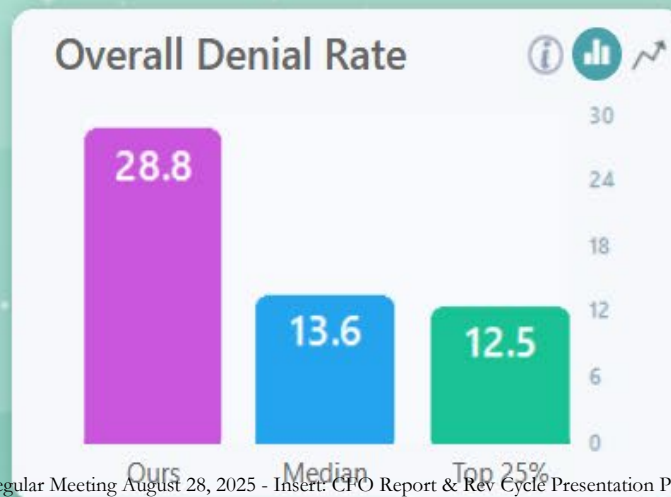


Like Me

All Epic

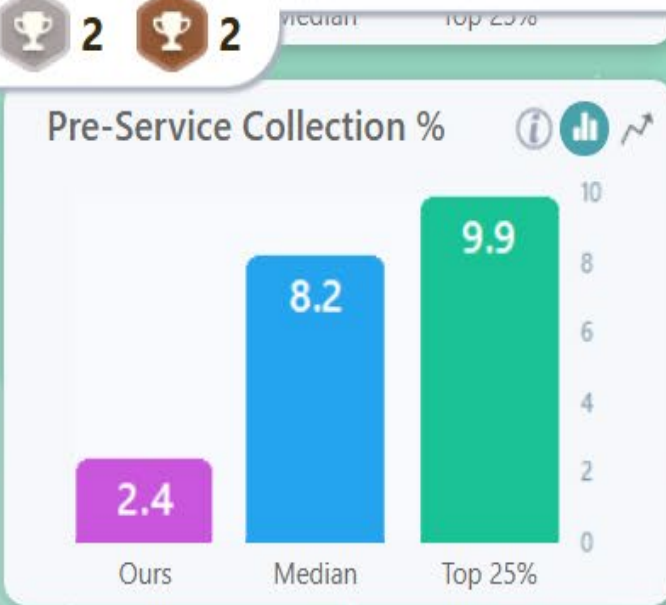
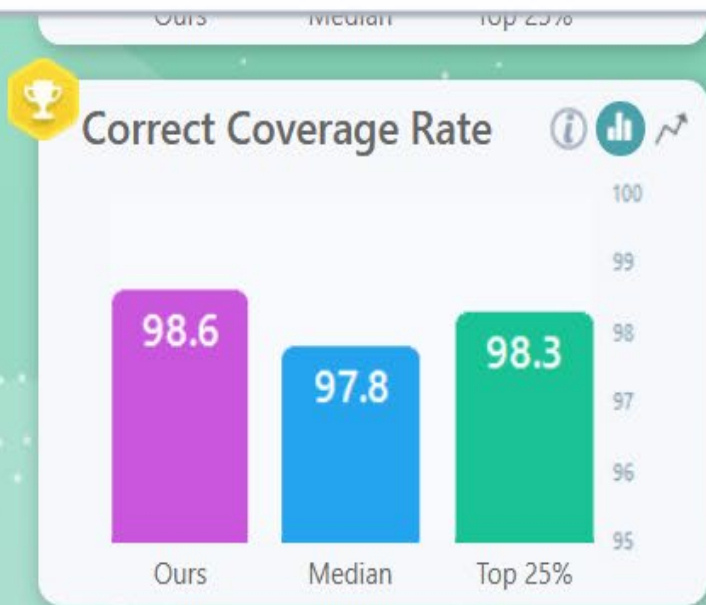
Comparing to: **Critical Access, Small, West** (Oregon) ⓘ
(13 service areas from 6 organizations)

7/26/25



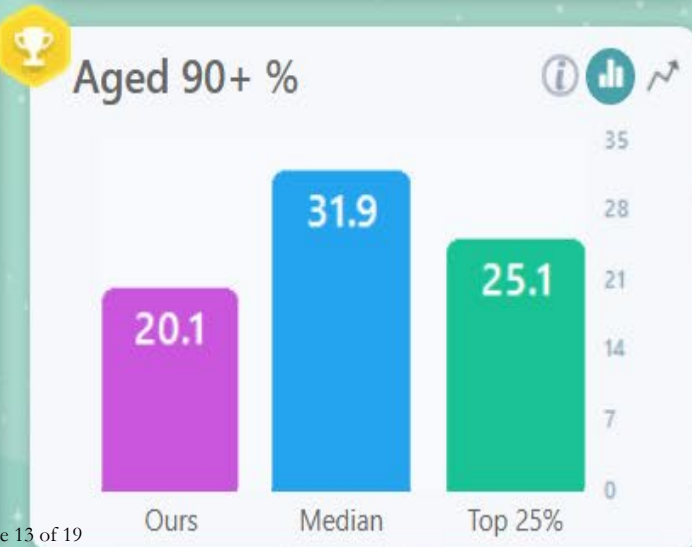
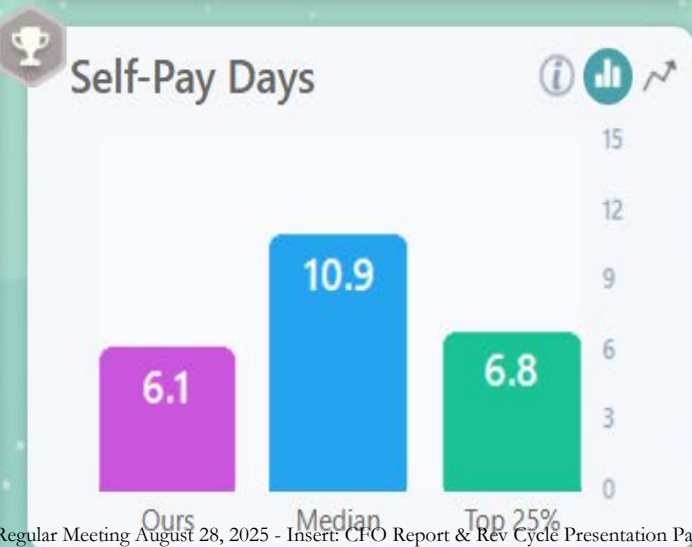
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Service Area



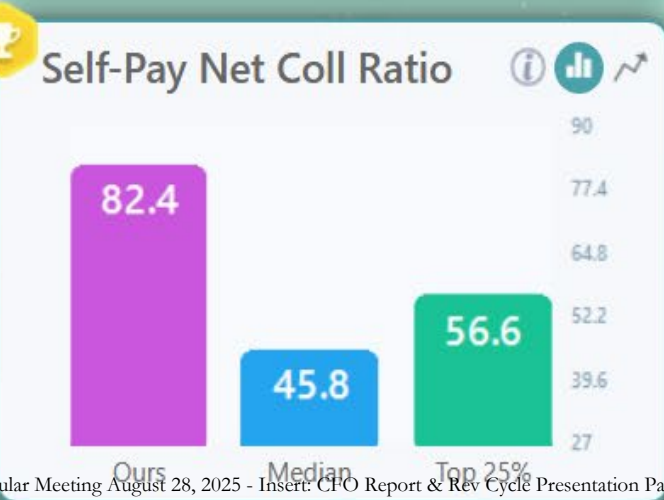
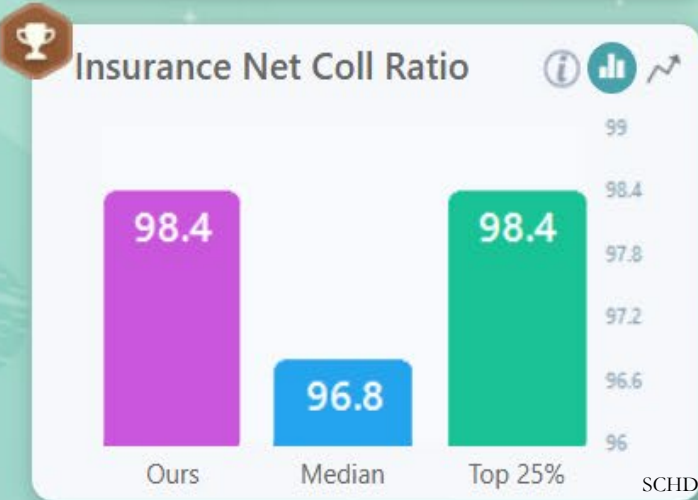
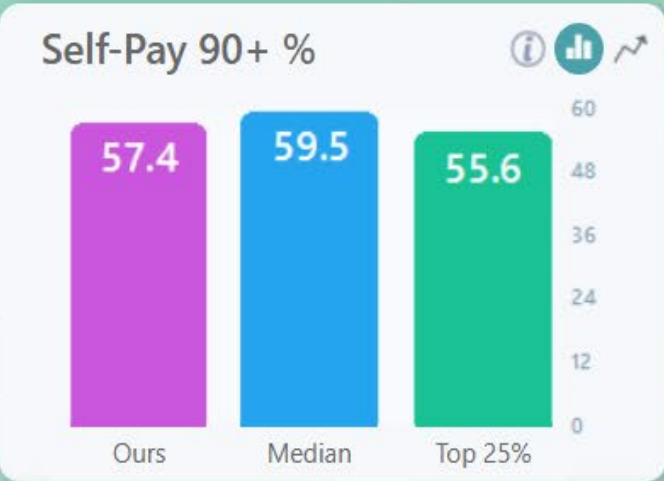
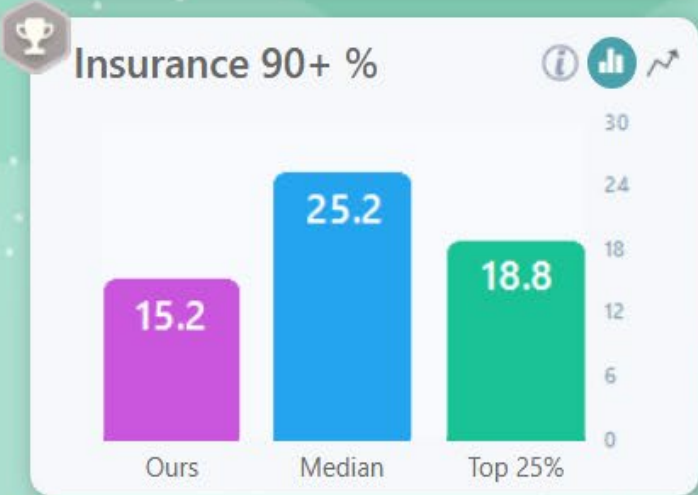
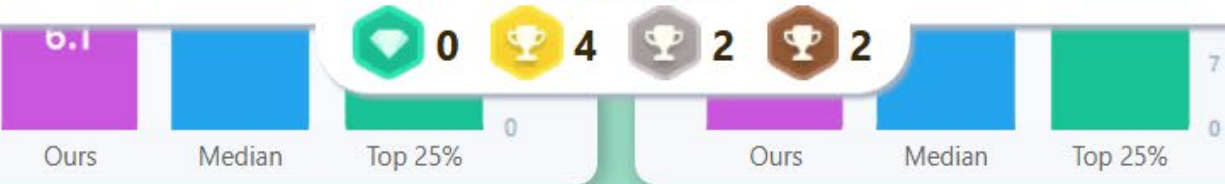
Estimate Accuracy %

The sample size is too small for accurate benchmarking.



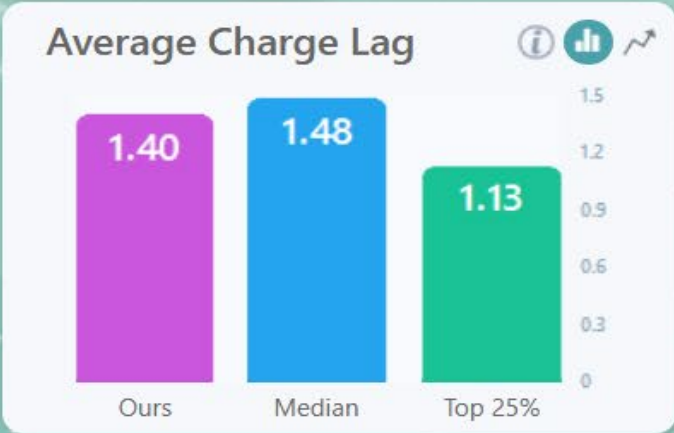
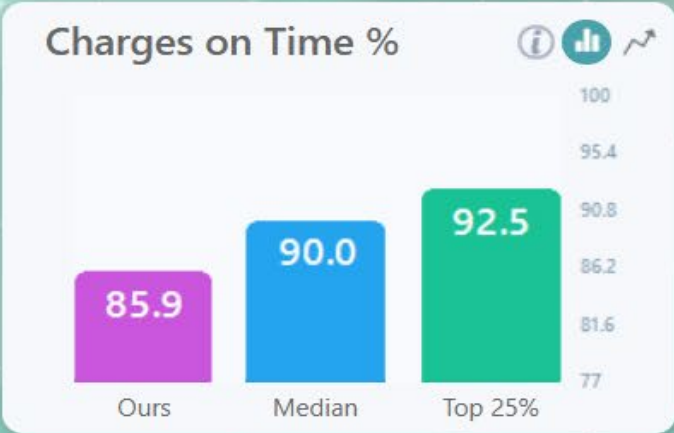
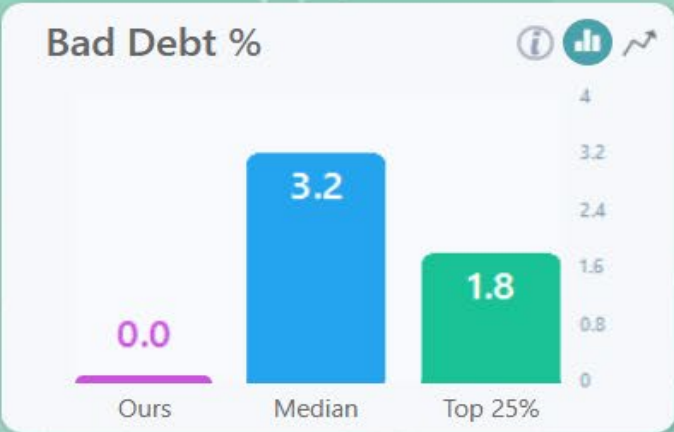
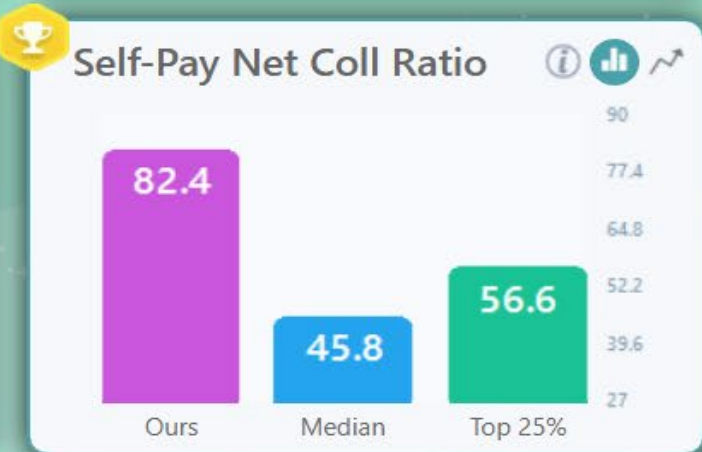
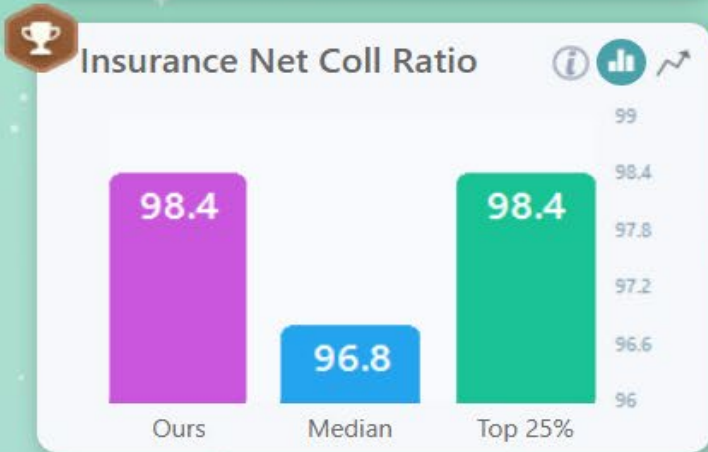
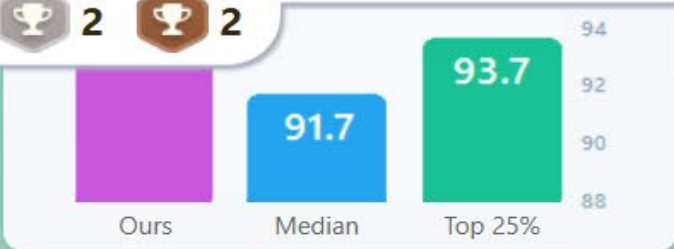
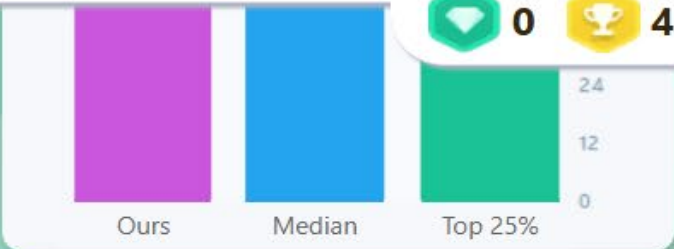
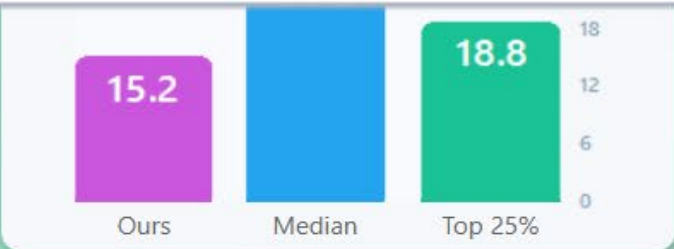
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Service Area



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Service Area





AR REDUCTION PLAN

Total AR between Legacy (CPSI) and Active (EPIC): \$9,322,409.46

Active AR (Current EMR – \$8.52M)

Aging Bucket	Total \$	Breakdown
0–30 days	\$4,247,957 (46%)	
31–60 days	\$1,545,237 (18%)	
61–90 days	\$673,594 (8%)	
91–120 days	\$354,759 (4%)	Insurance ~\$280K, Self-Pay ~\$75K
121–180 days	\$608,093 (7%)	Insurance ~\$323K, Self-Pay ~\$285K
Over 180 days	\$726,737 (9%)	Insurance ~\$531K, Self-Pay ~\$196K
Total Active AR	\$8,522,519	

72% (\$6.47M) of Active AR sits in 0–90 days — a strong indicator of timely billing and cash flow.

Legacy AR (CPSI – \$673K net / \$800K gross)

Bucket	Total \$
Insurance	\$318,144.43 (47%)
Private Pay	\$63,082.28 (9%)
Private Pay After Ins	\$386,938.13 (57%)
PP Payment Plans	\$31,725.62 (5%)
Credit Balance	(\$126,702.23)
Total	\$673,188.23
Total w/o Credit	\$799,890.46

Action Plan & Recommendations

Claim Throughput Optimization

- Reduce time from discharge to first claim
 - Improve charge capture accuracy, CDM maintenance, and documentation lags
- Improve coding turn-around times

Payer & Contract Barriers

- Reduce payor lags and underpayments
- Update payor contracts to include services not currently reimbursed

Self Pay & Collections

- Total Self Pay (16%) of total AR needs to be transitioned to Collections/Bad Debt.
- Onboarding new collections Agency

Operational Considerations

- Fill vacant biller position
- Cross-training to reduce delays in processes due to staff being out or only “one” person with training/knowledge/access to complete specific tasks

Legacy AR

- Determine Next Steps with remaining aged legacy AR

EXPECTED OUTCOMES

- Reduction of AR by \$1.05M with Self-Pay/Collections transition (Approximately 6 AR Days)
- Reduction of overall AR by 10 AR Days over the next 90 days (meet goal of at or below 45 AR Days)
- Faster claim submissions (under 7 days) to prevent aging creep
- Improved cash collections and flow



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, August 28, 2025

Information Systems Projects

- ❖ New Help Desk Go-Live August 1
- ❖ Implementing VOIP phones for our remote billing staff
- ❖ Working with Andersen Dabrowski Architects on design for the conversion of the business office to clinical space (see Business Office Conversion Proposal for additional information)
- ❖ Supporting new employee and provider onboarding
- ❖ Implementing Contract Management System


Clinical Informatics Tickets Summary

Month	Open	Waiting	Closed	Total
May 2025	0	0	85	85
June 2025	0	1	138	139
July 2025	2	0	63	65
August 2025	12	2	10	24




Priority Clinical Informatics Projects

- ❖ Epic Build for Surgery Dept – *In Progress*
- ❖ SCHHC Senior Life Solutions/Geriatric Psych – *Reviewing*
- ❖ Medication Waste Documentation/Settings – *In Progress*
- ❖ HIM Deficiency WQ/Workflow – *Reviewing*
- ❖ Deficiency Query Process – *Reviewing*
- ❖ Immunization Medication Configuration – *Reviewing*
- ❖ Authorization and Referral Workqueue Routing – *Education/Monitoring*
- ❖ Departmental Charge Capture Configuration - *Reviewing*
- ❖ E/M Charging Configuration – *Reviewing*

Clinical Informatics Projects by Department

- EMR Workflow Videos – *In Progress*
- Data Extraction – Archive Setup/Validation – *In Progress*
-  Ticketing System – Clinical Informatics Ticket Revisions – *Monitoring*

Emergency Department

-  ASAP Workflow/Charge Capture – *Reviewing*
-  ASAP Documentation - *Reviewing*
-  Provider EPIC Onboarding 8/17 - *Complete*



Key:

 *Complete*











In Progress

 *Education/Monitoring*



 *Reviewing*

-  Provider EPIC Onboarding 9/21 – *Reviewing*
-  Provider EPIC Onboarding x2 Mid-Sept - *Reviewing*




HC Primary Care

-  Provider Onboarding Support – 8/27 – *Reviewing*
-  Immunization Workflow Assessment - *Reviewing*
-  Result Scanning Workflow for External Results – *Monitoring*
-  Ambulatory EKG Workflow for Interpretation Documentation – *In Progress*
-  Internal and External Referral Order Entry Process – *Education/Monitoring*
-  Internal and External Imaging Order Entry Process - *Reviewing*
-  Telehealth Video Visit Workflow – *Education/Monitoring*
-  Care Gaps Documentation – *In Progress*
-  DME ordering and referral workflow (Interface pending) – *Reviewing*
-  Sports Physical Clinic Visits - *Reviewing*






Pain Management

-  Medication Administration Workflow – *Education/Monitoring*
-  Ketamine Flowsheet Documentation – *Complete*




Laboratory / Ambulatory Clinic

-  Ambulatory Preappointment Lab Testing Scheduling – *Reviewing*
-  Lab Pathology Ordering – *Reviewing*
-  Lab MISC Lab Ordering – *Reviewing*






Med Surg

-  Patient Status Transition Process (IP to Swing, DCRA One Way) – *Monitoring*
-  Order Set Customization – *Reviewing*
-  ADT label Printing - *Reviewing*
-  New Provider Onboarding Epic Onboarding 8/28 – *Reviewing*
-  New Provider Onboarding Epic Onboarding 9/24 – *Reviewing*


OP Nursing

-  Internal and External Therapy Plan Workflow – *Monitoring*
-  Wound Care Acute/Ambulatory Workflow – *Complete*
-  Blood Transfusion Type and Screen OP Nursing Workflow – *Education/Monitoring*



Quality

-  Clinical Documentation – *Education/Monitoring*
-  ACO Documentation/eCQM measures – *In Progress*
-  Medici AUR reporting – *In Progress*
-  Quality Measures Clinical Documentation – *In Progress*
-  Promoting Interoperability - *Reviewing*




Radiology

-  Internal Imaging Ordering Process – *Education/Monitoring*

Respiratory Therapy

-  Internal Order Routing to Workqueue for RT Orders – *In Progress*
-  Respiratory Orders dropped at Registration - *Reviewing*

Surgical Services

-  Anesthesia Workflow Review – Personalization Setup – *In Progress*
-  Surgical Case Referral/Scheduling Workflow – *In Progress*
-  Surgeon Perioperative Workflow - *Reviewing*



Multi-Specialty Clinic Report July 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 – August 29, 2025

Provider Recruiting/Onboarding: As of 8/22/25

Hiring/Onboarding Status: Providers

- Felisha Miller, FNP
 - Orientation August 27th
 - First day seeing patients Monday, September 8th
- Full time Physician.
 - Recruiting is ongoing

Year: 2025												Mar	Apr	May	June	July	Aug Proj
Month: July	Clinic	PT's		No	Total	AVG	No	Cancel	Tele	New							
Provider	Days	Sched	Cancel	Show	Seen	Seen	Rate	Rate	HLTH	PT's							
Bonnie Wong, DO												109	48	127	102		
Paul Preslar, DO	12	151	7	3	141	11.8	2%	5%	0	8		133	129	115	134	141	108
Shane Matsui, LCSW	17	63	6	1	56	3.3	2%	10%	4	3		40	85	84	78	56	64
Victoria Schmelzer, CRNA	8	73	8	0	65	8.1	0%	11%	0	1		60	60	60	74	65	30
Tami Marriott, MD	7	75	6	1	68	9.7	1%	8%	0	0		35	23	57	87	68	74
Jennifer Webster, MD	8.5	112	6	5	101	11.9	4%	5%	2	24		133	149	147	180	101	156
Henry Holmes, MD	6	51	1	2	48	8.0	4%	2%	1	0		60	85	51	0	48	47
Veronica Simmonds, MD	9	68	14	2	52	5.8	3%	21%	0	34		0	34	71	75	52	22
Kim Bagby FNP	12	97	5	1	91	7.6	1%	5%	1	13						91	103
Outpatient Services	22	230	16	3	211	9.6	1%	7%	0	0		201	243	189	206	211	210
Totals	101.5	920	69	18	833	8.2	2.0%	7.5%	8	83		771	856	901	936	833	814
Totals Visits Minus OP	79.5	690	53	15	622	7.8	2.2%	7.7%	8	83		570	613	712	730	622	604

Clinic Visits:

- Total clinic visits are down 12% from the previous month (-103)
- Provider visits minus OP services are down 17% (-108)
- Total clinic visits for August are projected to drop 2% compared to current month (-19)
- Provider visits minus OP services, are projected to drop by 3% compared to current month (-18)
- **Kim Bagby FNP:**
 - 91 visits for July
 - 103 projected visits for August
- **Sports Physicals Bandon Highschool:**
 - 96 were performed (Dr. Preslar, & Dr. Holmes)



Human Resources Report

To: Southern Coos Health District Board of Directors
From: Stacy Nelson II, Director, Human Resources
Re: Report for SCHD Board of Directors, August 2025

Metrics

Compensation Surveys:

- Critical Access Hospitals - Completed July 2025
- Milliman/Salary.com - September 2025

Turnover:

- FY 2024 = 12.21% (20.01% less PD Staff and Involuntary Terminations)
- FY 2025 = 9.31% (13.59% less PD Staff and Involuntary Terminations)
- FY 2026 = TBD
- FY 2026 New Employee Turnover = TBD

Employee New Hires - August 2025:

- Donald Clancy, Registered Nurse, Med/Surg Department, Full-Time
- Tina Tyree, Registered Nurse, Med-Surg Department, Full-Time
- Amie Sacrenty, Certified Nurse Assistant, Med/Surg Department, Per-Diem
- Randi Vance, Registered Nurse, Emergency Department, Per Diem
- Colby Gillett, Registered Nurse, Med-Surg Department, Per-Diem
- Jan Carlo Lacson, Registered Nurse, Med-Surg Department, Per-Diem
- Hollie Jurkowski, Registered Nurse, Med-Surge Department, Per-Diem

Regulatory

- DNV Compliance Readiness - August 2025
- SCHHC Employee Handbook Update - September 2025
- Wage & Hour Laws - Meal & Rest Attestations - October 2025

Events

- Celebration of Life Service - Jim Morgan - 8/9/2025
 - 30+ SCHHC Employees Attended
- Employee Picnic - Dr. Crane's Home - 8/16/2025
 - 50+ Employees and Children Attended

- Performance Evaluations:
 - September 1-30, 2025
- ADP Operations Review
 - September 2025
- Employee Food Truck - TBD
 - October 2025

Training & Development

- Legal 101 for Leaders - September 2025
- Recruitment & Retention 101 - October 2025

People:

Employee Wellness Initiative:

- Financial Wellness: October - December 2025
 - 10/7/25 - 12:00 - 1:00 - *How Social Security Works with Retirement.* - Kendra Plueard
- Physical Wellness: January - March 2026
 - TBD
- Mental/Emotional Wellness: April - June 2026
 - TBD
- Spiritual Wellness: July - September 2026
 - TBD

Quote of the Month:

I was in your ED a few weeks ago, and your staff was tremendous. They were friendly, knowledgeable, and took the time to answer my questions. I'm so grateful for Southern Coos Hospital.

- Patient from the Bandon Community to Stacy Nelson II

Employees of the Month - July 2025:

- Clinical – Alison Becher

I believe this employee deserves Employee of the Month in recognition of their exceptional dedication and flexibility to both their team and their patients. They consistently go above and beyond by stepping in wherever they are needed, whether that's on days or a night shift. Their adaptability and willingness to help fill in gaps in staffing have been invaluable. Most notably, they recently stayed an additional 6 hours into the day shift to ensure patient care was not disrupted, which is an extraordinary display of teamwork. They are not only dependable and hardworking, but also a true team player. They bring a positive attitude to every shift and advocate strongly for patients, ensuring they receive the best care possible. This employees' actions consistently reflect the values and missions of our hospital. They are an asset to our team, and I believe they truly deserve to be recognized as employee of the month.

- Non-Clinical – Andrew Okey

This individual always seems to be everywhere at all times. If you need it, they have it. If they don't, they will do whatever it takes to get it for you. They are always smiling, they always have funny jokes, and they always light up the entire room upon entry. I constantly ask them to go above and beyond to get supplies for the lab, and they deliver EVERY SINGLE TIME. The lab loves this employee! -AND- This employee is the best because they got us a very needed coupler and tubing for one of our pieces of equipment. It's made my job so much easier, I'm ecstatic. We couldn't do our jobs without this employee and all the crew in their department.



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: SCHF Foundation Report for SCHD/SCHF Board of Directors, Aug 14, 2025

Golf for Health Classic (GFHC) - The 18th anniversary 2025 Golf for Health Classic is September 19th and 20th. Our goal for this year's signature event is \$125,000.00. To date we have received or have promises for \$96,200 for this year's tournament, under \$30k to go! We have a host of new sponsors and the majority of returning Sponsors are upping their game. Our Bandon Dunes reception is going to be the best yet and is ramping up to be the hottest ticket in town. This year golfers, non-golfers, businesses and individuals want to attend.

This is the final push for sponsors and donations. If you have a personal connection with any community partners, please encourage them to support our biggest fundraiser of the year. This event helps fund most of the SCHF expenses throughout the year.

Meet & Greet-SCHHC & SCHF Lecture Series - SCHHC/SCHF is slotted in for the second Tuesday of each month Meet & Greet at Bandon Fisheries Warehouse. Our July presenter was our very own CEO Ray Hino who presentation was an overview of FY25, what is to come and the Federal Budget Reconciliation Bill. We also had a second session in July for our MFP community engagement session. August's presentation was Medicare and presented by Colene Hickman who subbed in for Brenna Watkins.

Quarterly Art Show - Art from our local art community is a value add for our Hospital for patients, families and staff alike. Our show on Sunday, July 13th entitled Goodies from the Garden was very well attended and our Hospital looks alive with garden views.

Gift Shop - Training continues with Development Coordinator Tina Gulseth, but she has taken on all of the Gift Shop functions and volunteer oversite. We withheld ordering in June due to end of the year inventory which effected our sales in July. We are now back in business and focusing on bring in more sales. Karen and Tina would like to give patients from our Clinic and Pharmacy 10% off coupons to drive traffic over to the Gift Shop. More to come.

New/continuation of fundraising programs - Our Heartfelt Thanks Campaign (Grateful Patient-GP) is nearly ready. Our first GP Sally Powers will join Alix for the Meet & Greet rollout on Tuesday, September 9th at the Bandon Fisheries Warehouse.

4Q will bring the new Employee Giving, 2nd Annual Giving programs.
Capital Campaign initiatives to follow likely in 2026.

Grant Submissions - Our grant submission to JAMF for Bandon School Nursing program is moving on to the next phase, site visit on July 26th. Two additional grants were submitted to OCF and CHIP (Advanced Health). If granted, could be worth up to \$50k towards our business office remodel to additional clinic space.



DATE: August 25, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: SCHHC Strategic Plan Updates

A handwritten signature in black ink, appearing to read "Raymond T. Hino", is written over the printed name in the "FROM:" line of the header.

Executive Summary

The current SCHHC Strategic Plan was drafted in a public meeting of SCHHC Board of Directors, staff and members of the community on June 13, 2024 and presented to the SCHHC Board for approval on August 22, 2024. The plan included 41 goals in 10 categories, as follows:

- People
- Service
- Quality
- Growth
- Finance
- Accreditation
- General Projects
- Community Health Needs Assessment
- Health Equity & Social Drivers of Health
- Foundation

In the first 13 months since the new Strategic Plan was created, we have completed 8 goals (at 100% each). That is an increase in 3 completed goals since last month's Strategic Plan report. The 8 goals completed are:

- Develop a Tele Medicine Strategy
- Develop and Implement an organization wide Risk Management Strategy
- ERP Implementation
- Upgrade Sterile Processing Department
- Improve Service Offerings to SCHHC Patients
- Increase awareness about Health Equity and Social Drivers of Health
- Build Infrastructure to Support Health Equity
- Restructure Southern Coos Foundation and Fundraising

For all 41 goals, we are currently standing at 69.35% completed for the 40 goals that have been activated so far in the plan. This is an increase from the previous month, when we stood at 65.20% completion on 39 goals activated in the plan. The last remaining goal that has not yet been activated is an initiative on Elderly Loneliness, which is not planned to be completed until December of 2027.

Movement in Past 30 Days

People

- 1.2 As expected, significant progress has been made on the competitive compensation plan goal, with progress being made this month on the health insurance benefits plan for next year.
- 1.4 Dr. Forrester has taken over as the Executive Team Leader on the goal for SCHHC to become a National Health Service Corps (NHSC) Site for eligibility for Student Loan Repayment for providers. He is currently researching all of the criteria for SCHHC to apply for the designation.

Service

- 2.1.4.3 The USGA Women's Amateur Golf Championship Medical Station Initiative was completed on 8-10-2025, and has been upgraded to 100% completion. This was a great event for positive exposure for SCHHC. Bandon Dunes is very happy with SCHHC's participation and has indicated that they will have us back for the next big tournament, which should occur in April of 2026.
- 2.2.5.1 The Geriatric Psych Program was upgraded from 25% completion up to 50% completion this month, with an On-Site Kick-off on 8-20-2025, and recruitment underway for key positions. We are bringing a proposal to the Board of Directors this month for the space that will be allocated to the new program, which will be 100% Medicare reimbursed.
- 2.4.1.1 I had anticipated closing out the goal for building a proactive case management system this month, because we have now onboarded a 2nd full time Case Manager. However, due to an unexpected leave of absence, we are still going to have only 1 Case Manager for the foreseeable future. We will continue to monitor this situation.
- 2.5 Level IV Trauma Designation did not move this month, but is expected to move significantly in the upcoming months Dr. Jenny Hall, one of our Emergency Dept physicians, has accepted the role of Trauma Medical Director for SCHHC and will be attending an Advanced Trauma Life Support (ATLS) course in Portland in October, which is one of the requirements for our program.
- 2.6.3 Endoscopy service remains at 100%, due to the fact that we have contracted with Dr. Brett Schulte, General Surgeon, being contracted for, with an anticipated start date of 10-20-2025.
- 2.7 Develop Tele Medicine Strategy has been upgraded from 90% to 100%, due to the fact that the contract with OHSU has now been finalized, and we are in the process of credentialing physicians to begin providing Tele Medicine services at SCHHC. We have also ordered the Tele Medicine Computer systems that are being paid for with the USDA grant that SCHHC received in 2024.

Quality

- 3.1 EHR Optimization has been upgraded from 72.66% up to 99.66% this month. This is due to the fact that the Final Data Extract from the TruBridge EHR has been upgraded to 100% complete this month. Also the TruBridge EHR was decommissioned during the past 30 days.
- 3.4 Develop a Clinical Informatics Roadmap has been upgraded to 75% complete this month.
- 3.5 Develop a SCH Data Governance Model was also upgraded to 75% this month. Included in this goal was the subgoals for promoting health and wellness in SCH's Community through the use of technology and optimizing the public's use of MyChart. Both are now upgraded to 75% completion.
- 3.6 Develop an organizational clinical quality & patient safety program was upgraded from 81.66% last month up to 91.66% this month. This was largely due to the successful launch of a Patient Safety Culture Survey in the past 30 days.

Growth

- 4.3 Create a Project Management Infrastructure at SCHHC has been upgraded from 50% last month up to 87.5%. That is due to the implementation of a SCHHC Project Tracker and the implementation of quarterly governance meetings and quarterly project reviews.
- 4.5 Expand and optimize Pharmacy Services at SCHHC has been upgraded from 77.62% last month up to 99.64% this month. This is due to a change that now focuses solely on our outpatient retail pharmacy goals, and also an upgrade in 340B program completion from 82.85% up to 98.57%.

Finance – Self Sustainable

- 5.2.4 The subgoal titled “Lines of business (Revenue Streams) identified in the strategic plan to help with profitability and long term organizational stability/patient care” have been greatly expanded to include all of the Profitability Initiatives in this year's 2026 Budget. This includes: (a) Retail Pharmacy, (b) OP Clinic – General Surgery, and (c) Geriatric Psych. This month General Surgery was upgraded from 25% to 35% and Geriatric Psych was upgraded from 15% to 55%.

Goals for the upcoming month

The major goal for the next several months will be to focus on the profitability improvement plans, included in the Finance and Self-Sustainability section of the Strategic Plan. We will continue to report out to the Board on the Board agenda and in the Strategic Plan as we improve profitability this year.

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%	COMMENTS
	1.0	People: Be the employer of choice and a Chartis top 100 rural hospital					
On Track	1.1	Be the kind of employer that drives top 100 hospital (Employee Engagement Survey)	Stacy Nelson	6/30/2027	Stacy Nelson, Amanda Bemetz	34.72	
On Track	1.1.1	Survey Current Employees about their current Workplace Experience: What's working, What's not working, What do they want in an Employer, Why are they at SCHHC, etc.?	Stacy Nelson	12/31/2025	Stacy Nelson		StacyNelson : Met with Ray on 1/20/25 - Gallup Q12 will be the tool. StacyNelson : Met with Kelli Winkler from Gallup on 2/19/25. RFP this week.
On Track	1.1.2	Identify the type of employee (performance/behavior) we want at SCHHC, and the culture we want to build on.	Stacy Nelson	3/31/2025	Stacy Nelson	100	StacyNelson : Reviewing Mission, Vision, and Values.
On Track	1.1.3	Implement an employee-focused culture (so employees want to come and stay at SCHHC).	Stacy Nelson	6/30/2026	Executive Team		
On Track	1.1.4	Enhance employee engagement strategies	Stacy Nelson	6/30/2027	Executive Team	25	
On Track	1.1.4.1	Utilize an Employee Engagement Survey Tool; Evaluate what we have done. What has worked? What has not worked?	Stacy Nelson	12/31/2025	Stacy Nelson	75	StacyNelson : Met with Ray on 1/20/25. Gallup Q12 will be the tool. Reached out to Gallup for a quote.
On Track	1.1.4.2	Design plan for Employee Engagement, based on feedback from employees.	Stacy Nelson	12/31/2025	Executive Team		StacyNelson : Waiting on survey data from the rollout of the Gallup Employee
On Track	1.1.4.3	Revamp Onboarding Process: The 4 C's: Culture, Compliance, Communication, and Connection.	Stacy Nelson	12/31/2025	Stacy Nelson	75	StacyNelson : Last week, I connected with Joanna at ADP, to purchase a module for
On Track	1.1.4.4	Implement plan for Employee Engagement	Stacy Nelson	6/30/2026	Executive Team		StacyNelson : This is largely dependent upon the completion of an employee
On Track	1.1.4.5	Evaluate plan for Employee Engagement.	Stacy Nelson	9/30/2026	Executive Team		
On Track	1.1.4.6	Get certified as a, "Great Place to Work."	Stacy Nelson	6/30/2027	Executive Team		
On Track	1.1.5	Develop and Implement Wellness Strategies (Physical, Mental/Emotional, Spiritual, Financial).	Stacy Nelson	12/31/2025	Executive Team, HR Team	75	StacyNelson : Wellness Sessions. Working with Kelsey Nordland at Canopy, and
On Track	1.1.5.1	Implement monthly Employee Wellness Program through Employee Assistance Program Partner, Canopy	Stacy Nelson	6/30/2025	Stacy Nelson	75	StacyNelson : Target launch date is 7/1/2025.
On Track	1.1.6	Grow our SCHHC Workforce	Stacy Nelson	6/30/2026	Executive Team	8.33	
On Track	1.1.6.1	Professional development for employees	Stacy Nelson	12/31/2025	Executive Team	25	
	1.1.6.2	Employee Career Paths	Stacy Nelson	6/30/2026	Executive Team		
	1.1.6.3	Succession planning	Raymond Hino	12/31/2026	Executive Team		
On Track	1.2	Provide competitive compensation and robust benefits packages	Antone Eek, Stacy Nelson	6/30/2026	Executive Team, Hospital Board	52.5	
On Track	1.2.1	Compensation	Stacy Nelson, Antone Eek	10/31/2025	Executive Team, Hospital Board	50	AntoneEek : As the CFO, I am recommending that we bring in an outside agency to evaluate compensation for all
On Track	1.2.1.1	Compensation Analysis Company	Antone Eek, Stacy Nelson	10/31/2025	Executive Team, Finance Dept.	50	StacyNelson : Doing 2 compensation surveys this year. First, our annual survey
On Track	1.2.2	Evaluate current benefits package	Stacy Nelson, Antone Eek	12/31/2025	Executive Team	55	
Completed	1.2.2.1	Medical Benefits (Reasonable Cost, Quality Coverage, Excellent Access to Providers, etc.	Stacy Nelson, Antone Eek	11/30/2024	Stacy Nelson, Antone Eek	100	
On Track	1.2.2.2	Retirement Package	Antone Eek, Stacy Nelson	12/31/2025	Stacy Nelson, Antone Eek	25	

On Track	1.2.2.3	Evaluate other value-added benefits (i.e. Pet Insurance, etc.)	Stacy Nelson	12/31/2025	Executive Team, HR Team	40	StacyNelson : Researching other benefits: - Overalls - Life Concierge Services StacyNelson : Ray and I spoke with Chad at
On Track	1.3	Expanding Volunteers and duties	Stacy Nelson	6/30/2026	Executive Team, HR Team	23.33	
On Track	1.3.1	Bring volunteers back	Stacy Nelson, Raymond Hino	6/30/2026	Executive Team, HR Team	23.33	
On Track	1.3.1.1	Identify a pool of volunteers to recruit.	Stacy Nelson, Raymond Hino	12/31/2025	Executive Team, HR Team	25	StacyNelson : This will be toward the end of 2025.
On Track	1.3.1.2	Outreach to High School for volunteers	Stacy Nelson	12/31/2025	Executive Team, HR Team	40	
On Track	1.3.1.3	Develop program for youth to explore health care careers.	Stacy Nelson, Cori Valet, Antone Eek, Raymond Hino	12/31/2025	Executive Team, HR Team	75	StacyNelson : Met with Jamil Wynn from Recruit Hippo. He has several students Bandon High students interested in an
	1.3.1.4	Develop/Design how Volunteers will be used.	Raymond Hino, Cori Valet, Antone Eek, Stacy Nelson	12/31/2025	Executive Team, HR Team		
	1.3.1.5	Training and Development for Volunteers.	Stacy Nelson, Antone Eek, Cori Valet	3/30/2026	Executive Team, HR Team		
	1.3.1.6	Develop an ambassadorship program.	Stacy Nelson, Raymond Hino	9/30/2026	Executive Team, HR Team		
On Track	1.4	Designated as National Health Service Corps (NHSC) Site for eligibility for Loan Repayment Eligibility	David Serle, Stacy Nelson	12/31/2027	Stacy Nelson, David Serle	33.33	RaymondHino : https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program
	1.4.1	Develop required policies and procedures	Stacy Nelson	6/30/2026	Raymond Hino, Stacy Nelson, David Serle		
	1.4.2	Submit attestation to become an NHSC site	Stacy Nelson, Raymond Hino	6/30/2027	David Serle, Stacy Nelson, Raymond Hino		
Completed	1.4.3	Submit attestation to become an Oregon Healthcare Provider Loan Repayment Program	Raymond Hino, David Serle	3/31/2025	Scott McEachern, Colene Hickman	100	
On Track	1.5	Develop workforce housing options and opportunities, in collaboration with other large employers in Bandon.	Raymond Hino, Antone Eek	12/31/2027	Executive Team	71.25	StacyNelson : Housing survey distributed to SCHHC employees.
Completed	1.5.1	Employee Housing Survey to find out needs	Stacy Nelson	10/31/2024	Executive Team	100	StacyNelson : Completed a housing survey with SCHHC Employees.
Completed	1.5.1.1	Survey Sent out to Employees	Stacy Nelson	2/7/2025	Stacy Nelson	100	
Completed	1.5.1.2	Compile Data for next Steps	Antone Eek, Stacy Nelson	4/4/2025	Stacy Nelson, Antone Eek	100	
Completed	1.5.2	Meet with Developers	Raymond Hino	12/31/2024	Executive Team	100	
On Track	1.5.2.1	Perk Development Group	Raymond Hino, Antone Eek	6/1/2025	Executive Team	100	RaymondHino : More comfortable with Perk
Completed	1.5.2.2	L2L	Raymond Hino, Antone Eek	6/1/2025	Executive Team	100	
On Track	1.5.3	Find out what property the district owns for housing development	Antone Eek	10/31/2025	Executive Team, Real Estate Agent	60	
Completed	1.5.3.1	Identify all properties owned by the District	Antone Eek	10/1/2024	Antone Eek	100	
On Track	1.5.3.2	Value Property	Antone Eek	12/31/2025	Antone Eek	50	AntoneEek : 11/22/24: Met with Carly M (Realtor) to value property and review useability AntoneEek :
On Track	1.5.3.3	Property Allocation - Keep vs Sell	Antone Eek	12/31/2025	Antone Eek, Raymond Hino, Board of Directors	30	
On Track	1.5.4	Collaborate with other leaders in the community	Raymond Hino	12/31/2027	Executive Team	25	
	2.0	Service: what are we doing for our customer					
On Track	2.1	Collaborate with the community and other healthcare organizations.	Raymond Hino	12/31/2027	Executive Team	49.16	
On Track	2.1.1	Collaborate with Coast to address challenges related to social determinants of health.	David Serle, Cori Valet	12/31/2025	Raymond Hino, Antone Eek, Alden Forrester Cori Valet, Scott McEachern		RaymondHino : 90% through the master contracting. Still need board approval

On Track	2.1.2	Bay Area Hospital Collaboration	Cori Valet, Amanda Bemetz, Alden Forrester	4/1/2026	Executive Team	55	AmandaBemetz : We have postponed these initiatives at this time due to the absence of clear organizational stability at the receiving organization.
	2.1.2.1	STEMI program	Antone Eek, Alden Forrester, Amanda Bemetz, David Serle	4/1/2026	Executive Team	10	AmandaBemetz : We deferred these endeavors at this time due to lack of receiving organizational instability.
Completed	2.1.2.2	Dietician program	Raymond Hino, Antone Eek	6/30/2025	Raymond Hino, Antone Eek, Rita Hamilton, Alden Forrester, Cori Valet	100	
Completed	2.1.3	Partnership with Coast Community	Raymond Hino	7/1/2025	Antone Eek, Scott McEachern, David Serle	100	
Completed	2.1.3.1	MSA agreement	Raymond Hino	12/31/2024	Antone Eek, Scott McEachern, DWT Law firm	100	
On Track	2.1.4	Partnership with Bandon Dunes	Raymond Hino	12/31/2026	Executive Team	83.33	
Completed	2.1.4.1	Annual Flu and COVID Vaccination Clinics for Bandon Dunes employees	Cori Valet	11/30/2024	Nick Lucas, Denise Ebenal	100	AldenForrester : Plan to fold this in with Occupational Medicine program currently in development.
On Track	2.1.4.2	Develop and Implement Occupational Medicine Plan	Scott McEachern, Raymond Hino, Antone Eek, Alden Forrester	12/31/2025	Raymond Hino, Alden Forrester, Scott McEachern, Antone Eek	50	ScottMcEachern : Proposal submitted to Bandon Dunes by Dr. Forrester April 2025. As of 5.13.25 waiting to hear back. McEachern submitted request to Providence to build oc med department. Held first meeting April 2025 with Providence. Will have additional meetings once we hear back from Bandon Dunes.
Completed	2.1.4.3	USGA Women's Amateur Championship Tournament Medical Services Provider	Alden Forrester	8/30/2025	Executive Team, Emergency Dept Medical Group, SCHHC Clinical Staff	100	ScottMcEachern : Held first organizational meeting 5.8.25. Next internal meeting end of May. Dr. Forrester and McEachern meeting with Dunes representatives June 2. RaymondHino : Contract signed with Bandon Dunes. Implementation Plan is being executed. Everything is in place for a successful Medical Support Unit for the Golf Tournament.
On Track	2.1.5	Partner with CTCLUSI	Raymond Hino	8/31/2025	Executive Team	35	
On Track	2.1.5.1	Electronic Medical Record System Interface	Scott McEachern	9/30/2025	Providence Health	35	ScottMcEachern : Moving this date out from 6/30/25 to 9/30/25 due to ongoing conversations with Providence regarding the use of a third party interface engine. ScottMcEachern : Working with Providence to interface with CTCLUSI, CCHC, and other local medical facilities.
On Track	2.1.6	Partnership with other businesses (Healthcare, transportation, gov, business, Tribes)	Raymond Hino	12/31/2027	Executive Team		
Completed	2.1.7	Develop a patient transportation strategy	Cori Valet	6/30/2026	Executive Team	100	
Completed	2.1.7.1	clinic	David Serle	6/30/2026	Executive Team	100	CoriValet : Current transportation options meeting the needs of the patients at this time.

Completed	2.1.7.2	ED		6/30/2026	Executive Team	100	CoriValet : Awaiting confirmation of account creation to bill SCHHC for patient transfers requiring up front payment and patient unable to pay. CoriValet : Confirmation obtained that BCA has an account to which transportation services will be billed. No up front payment required if SCHHC is paying.
Completed	2.1.7.3	city transport services	Raymond Hino	6/30/2026	Executive Team	100	CoriValet : CAT transportation and Bay Cities Brokerage meeting the needs at this time
On Track	2.1.8	Coos County Family Practice Resident Program Consortium	Raymond Hino	7/1/2027	Alden Forrester, Executive Team.	20	
Completed	2.1.8.1	Preliminary meetings held with Vice Provost, Di Lacey, of Western University of Health Sciences	Raymond Hino	10/1/2024	Alden Forrester, Executive Team	100	
	2.1.8.2	Feasibility Analysis to be completed on SCHHC ability to support being 1 of the host facilities for a Family Medicine Residency Program	Raymond Hino, David Serle, Antone Eek, Alden Forrester	9/1/2025	Executive Team		
	2.1.8.3	Present a Budget for Approval by SCHHC Hospital Board for approval of FM Residency Program	Alden Forrester, David Serle, Raymond Hino, Antone Eek	12/31/2025	Executive Team		
	2.1.8.4	Hire necessary staff and provide for logistical requirements (housing, rotation schedule, faculty contracting, etc).	Antone Eek, Raymond Hino, David Serle, Alden Forrester	1/1/2027	Executive Team		
	2.1.8.5	Participate in Family Medicine Residency Program Match Program	Alden Forrester, Antone Eek, David Serle, Raymond Hino	3/30/2027	Executive Team		
On Track	2.2	Become the hospital of choice identifying, developing and providing the right services to improve community health.	Raymond Hino, Kimberly Russell, Antone Eek, Scott McEachern, Cori Valet	12/31/2025	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	75.2	
Completed	2.2.1	CEO to meet with major employers, elected leaders, medical staff members, Hospital Board and Executive Team to identify an opportunity assessment for current and future hospital services.	Kimberly Russell, Raymond Hino	7/1/2025	Board of Directors, Executive Team, Amy Moss Strong	70	RaymondHino : Slippage reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting
Completed	2.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	Antone Eek	9/30/2022	Cathy Mann, Katelin Wirth	100	
Completed	2.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Antone Eek	12/31/2022	Cathy Mann	100	JeremiahDodrill : All payer contracts reviewed. Moda requires attention - payment rates do not reflect market relative to other payer. Requires renegotiation.
Completed	2.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Antone Eek	12/31/2022	Colene Hickman, Katelin Wirth	100	
Completed	2.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	100	
On Track	2.2.4	Increase commercial payers use of SCHHC services	Raymond Hino	12/31/2025	Cori Valet, Antone Eek	56.25	ScottMcEachern : Executive team re-evaluating the entire goal. Leaving dates out of timeline for now. ScottMcEachern : Entire goal still being re-evaluated by exec team and revenue cycle. 2.7.23

On Track	2.2.4.1	Increase SCHHC utilization of employees at local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, local businesses; etc.	Raymond Hino	12/31/2025	Executive Team	25	RaymondHino : Slippage from 9/30/2022 to 3/31/2023 reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting ScottMcEachern : Establish baseline of % of local companies utilization of SCHHC services by 2/28/23, if data available. Responsible: KW
On Track	2.2.4.2	Create and disseminate marketing collateral to local businesses and civic organizations	Raymond Hino	7/1/2025	Executive Team		ScottMcEachern : Added task to support 4.2.5.2 ScottMcEachern : Build a folder and brochure
Completed	2.2.4.3	Assess local businesses' healthcare needs	Cori Valet	3/31/2023	Antone Eek, Raymond Hino	100	RaymondHino : Slippage from 9/30/2022 to 3/31/2023 reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting RaymondHino : First employee health services contract currently in final states of negotiation with Roseburg Forest Products. Estimated date of completion is 7-31-2023 ScottMcEachern : Refer to CHNA as guide; also development of the occupational medical program reflects observation of need and then implementation of program.
Completed	2.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100	ScottMcEachern : Added task to reflect hiring of Dr. Ivanitsky. Start date TBD.
On Track	2.2.5	Behavioral health (Outpatient)	Antone Eek	7/1/2025	Senior Life Solutions Vendor, Raymond Hino	25	
On Track	2.2.5.1	Geriatric Psych	Alden Forrester, Raymond Hino, Antone Eek	11/3/2025	Raymond Hino, Alden Forrester, Antone Eek	50	RaymondHino : Contract signed on 6-27-2025 RaymondHino : Implementation plan created with goal to be live by 11-1-2025 RaymondHino : Implementation date moved from 9-30-2022 to 11-1-2025
On Track	2.2.5.2	Partner with Coast	Raymond Hino	12/31/2025	Executive Team		RaymondHino : Changing target date from 9-30-2022 to 12-31-2025 due to restructuring of CCHC under new ownership
On Track	2.2.6	Increase Utilization of Surgical Services	Cori Valet, Alden Forrester	7/1/2025	Executive Team	100	
Completed	2.2.6.1	Develop a marketing plan for surgical services	Raymond Hino, Amy Moss Strong, Alden Forrester	3/31/2025	Executive Team	100	AldenForrester : Current plan is word of mouth for Dr. Simmonds given high demand for her services
Completed	2.2.6.2	Develop a surgery growth strategy	Alden Forrester	12/31/2024	Raymond Hino, Alden Forrester, Antone Eek, Katelin Wirth	100	

On Track	2.3	Develop and implement a patient centered engagement model for patient services to improve patient satisfaction.	Raymond Hino	12/31/2027	Executive Team	23.4	RaymondHino : Report slippage from deadline date of 6-30-2023 to new date of 12-31-2023 due to shift in priorities from time that this plan was created in May 2022 to new priorities for profitability, physician recruitment, EMR implementation. ScottMcEachern : Moved due date from 12/31/23 to 13/31/24 due to concerns about staff capacity.
Completed	2.3.1	Create a vision for SCHHC's patient engagement model, from initial contact and intake to point of service, and finally to discharge. The working premise is that the SCHHC patient engagement model should emulate an Apple Store experience.	Raymond Hino	6/17/2022	Executive Team, Leadership Team	100	
On Track	2.3.2	Create project teams focused on. at minimum, the following: (1) Pre-Hospital Experience; (2) Wayfinding and Physical Environment; (3) Intake; (4) Outpatient Services; (5) Inpatient Services; (6) Discharge and Continuation of Engagement.	Raymond Hino	12/31/2026	Executive Team; Project Teams	17	RaymondHino : Report slippage of 9 months from original due date of 7-1-2022 to 3-1-2023. Slippage due to shift in priorities to DNV survey preparedness, completion and compliance. Along with recruitment of new staff, managers and staff and management training. RaymondHino : Report additional slippage of 4 months from new date of 3-1-2023 to 7-1-2023 due to evolving priorities of surgery relaunch, marketing, clinic profitability RaymondHino : First project team met on 4-4-2023, with 8 staff members in attendance, to evaluate Emergency Dept intake experience, including using the buzzer entrance, waiting room, and triage process. A preliminary set of recommendations was made on 4-7-2023. RaymondHino : Report slippage from 7-1-2023 to new date of 3-1-2024 to coincide with new completion date of project. Completion has been postponed until 12-31-2024 due to other higher priorities in 2023
	2.3.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2026	Executive Team, Project Teams; Leadership Team		RaymondHino : Report slippage of 9 months from original due date of 11-17-2022 to 8-17-2023 RaymondHino : Report slippage of completion date from original date of 8-17-2023 to new date of 6-1-2024 to align with new completion date of 2.1 task to 12-31-2024. Task was postponed due to higher priorities in 2023.
	2.3.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2027	Executive Team, Project Teams, Leadership Team		RaymondHino : Change date from 6-30-2023 to 12-31-2024 to match with slippage on dates for other subtasks for Goal 2.1

	2.3.5	Improve the entrance greeting process (Volunteer greeting and navigating)	Antone Eek	7/1/2027			
On Track	2.4	Build a proactive case management program	Cori Valet, David Serle	12/31/2025	Karen Stafford	78	
On Track	2.4.1	Expand case management in the acute setting to 7 days/week	Cori Valet	12/31/2025	Karen Stafford	90	<p>CoriValet : Have developed a training program in order to expand applicants to RNs without prior experience in case management.</p> <p>CoriValet : Date pushed out to 12/31/2025 as orientation and training of a new candidate without experience will extend to 6 months.</p> <p>CoriValet : CoriValet : Orientation and training of new candidate to begin July23, 2025.</p>
Completed	2.4.1.1	Recruit and train 1 RN FTE to case management/UR Swing bed coordination	Cori Valet	3/31/2025	Karen Stafford, Stacy Nelson, Albert	90	<p>CoriValet : Dropped back to 30% as candidate hired and oriented has resigned. New job posting active.</p> <p>CoriValet : CoriValet : New case manager starting 7/23/2025. Once orientation complete, will adjust schedule to cover case management 7 days a week.</p>
Completed	2.4.2	Initiate Chronic care nurse program in the clinic	David Serle	12/31/2024	Stacy Nelson, Albert	100	
Completed	2.4.3	Improve Transition of Care processes	David Serle, Cori Valet	6/30/2025	Karen Stafford	100	
Completed	2.4.4	Develop and maintain central community resource list applicable for all patient care settings	Cori Valet	5/30/2025	Karen Stafford, David Serle	100	CoriValet : Completed 5/21/2025
	2.4.5						
On Track	2.5	Level 4 Trauma designation	Alden Forrester, Cori Valet	12/31/2026	Nick Lucas, Dr. Evans, Raymond Hino, Scott McEachern., Antone Eek., Kim Russel, Stacey Nelson, Chris Amaral, Amanda Bemetz, Kerry Vincent	27.5	
On Track	2.5.1	Recruit/Hire a proportionate FTE Trauma Coordination/Management as required for Level IV Trauma center with less than 250 patients per year.	Cori Valet	5/30/2025	Nick Lucas, Stacy Nelson, Alberto	100	
On Track	2.5.2	Establish a Multidisciplinary Trauma Committee (PIPS) for action, oversight and follow up for Trauma program compliance	Cori Valet, Alden Forrester	11/20/2025	Nick Lucas, Andrea Aldridge, Dr. Hall	65	
On Track	2.5.3	Develop and implement clinical protocols and practice management guidelines	Alden Forrester, Cori Valet	6/30/2026	Nick Lucas, Andrea Aldridge, Dr. Hall		
On Track	2.5.4	Develop and implement an injury prevention program that includes partnerships with community organizations.	Cori Valet, Alden Forrester	7/31/2026	Nick Lucas, Andrea Aldridge, Dr. Hall		
On Track	2.5.5	Provide required training for all applicable staff and medical providers	Alden Forrester, Cori Valet	8/31/2026	Nick Lucas, Anrea Aldridge, Dr. Hall		<p>CoriValet : All ED providers ATLS course. All staff who have registry role must pass the Association of the advancement of Automotive Medicine's (AAAM's) Abbreviated Injury Scale course, trauma registry course, ICD-10 course, and 24 hours of trauma related CEs.</p> <p>CoriValet : Trauma program manager scheduled to take AIS course August 18-21, 2025</p>

	2.5.6	Successfully complete the On-site trauma survey with Oregon Health Authority	Cori Valet, Alden Forrester	11/30/2026	Nick Lucas, Andrea Aldridge, Dr. Hall		
On Track	2.6	Feasibility Study for Appropriate services	Cori Valet, Alden Forrester, Antone Eek	12/31/2026	Katelin Wirth, Applicable department managers	38.33	
	2.6.1	Echo Stress Testing	Cori Valet, Alden Forrester, Antone Eek	12/31/2026	Katelin Wirth, Leah Hyman		
	2.6.1.1	Conduct preliminary analysis to determine if following steps worthy of completion	Antone Eek, Cori Valet	12/31/2025	Executive Team		
	2.6.1.2	Prepare projected income statement	Cori Valet, Antone Eek	3/31/2026	Executive Team		
	2.6.1.3	Conduct Market Survey	Cori Valet, Raymond Hino	3/31/2026	Executive Team		
	2.6.1.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	Antone Eek, Alden Forrester, Cori Valet	6/30/2026	Executive Team		
	2.6.1.5	Review and analyze all data and determine Go/No Go Decision	Cori Valet, Alden Forrester, Antone Eek	9/30/2026	Executive Team		
	2.6.1.6	Present proposal to board of directors for approval if applicable	Raymond Hino, Cori Valet	10/22/2026	Executive Team		
	2.6.2	Mobile Nuclear testing	Alden Forrester, Cori Valet, Antone Eek	12/31/2026	Katelin Wirth, Leah Hyman		
	2.6.2.1	Conduct preliminary analysis to determine if following steps worthy of completion	Antone Eek, Cori Valet	12/31/2025	Leah Hyman, Executive Team		
	2.6.2.2	Prepare projected income statement	Cori Valet	3/31/2026	Leah Hyman, Executive Team		
	2.6.2.3	Conduct Market Survey	Cori Valet	3/31/2026	Leah Hyman, Executive Team		
	2.6.2.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	Cori Valet, Antone Eek, Alden Forrester	6/30/2026	Leah Hyman, Executive Team		
	2.6.2.5	Review and analyze all data and determine Go/No Go Decision	Alden Forrester, Antone Eek, Cori Valet	9/30/2026	Leah Hyman, Executive Team		
	2.6.2.6	Present proposal to board of directors for approval if applicable	Cori Valet, Raymond Hino	10/22/2026	Leah Hyman, Executive Team		
Attention	2.6.3	Endoscopy	Cori Valet, Alden Forrester, Antone Eek	2/28/2025	Katelin Wirth, Danielle Wirt	100	
On Track	2.6.3.1	Conduct preliminary analysis to determine if following steps worthy of completion	Antone Eek, Alden Forrester, Cori Valet	11/30/2024	Katelin Wirth, Danielle Wirt	100	
On Track	2.6.3.2	Prepare projected income statement	Cori Valet, Antone Eek	12/15/2024	Katelin Wirth, Danielle Wirt	100	
On Track	2.6.3.3	Conduct Market Survey	Cori Valet, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	100	
On Track	2.6.3.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	Antone Eek, Cori Valet, Alden Forrester	12/31/2024	Katelin Wirth, Danielle Wirt	100	
On Track	2.6.3.5	Review and analyze all data and determine Go/No Go Decision	Alden Forrester, Cori Valet, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	100	
	2.6.4	Coast Top referrals: Gen Surgery, Dermatology, ENT	Alden Forrester, Cori Valet, Antone Eek		Katelin Wirth, Danielle Wirt		
	2.6.4.1	Conduct preliminary analysis to determine if following steps worthy of completion					
	2.6.4.2	Prepare projected income statement					
	2.6.4.3	Conduct Market Survey					
	2.6.4.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead					
	2.6.4.5	Review and analyze all data and determine Go/No Go Decision					
	2.6.4.6	Present proposal to board of directors for approval if applicable					
	2.6.4.7						
On Track	2.6.5	Expand Pain Program	Cori Valet, Antone Eek, David Serle	9/1/2025	Katelin Wirth, Danielle Wirt, Victoria Schmelzer	91.66	

Completed	2.6.5.1	Conduct preliminary analysis to determine if following steps worthy of completion	David Serle	2/1/2025	Finance Department	100	
Completed	2.6.5.2	Prepare projected income statement	David Serle	2/1/2025	Finance Department	100	
Completed	2.6.5.3	Conduct Market Survey	David Serle	2/1/2025	Executive Team	100	
Completed	2.6.5.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	David Serle	2/1/2025	Executive Team	100	
Completed	2.6.5.5	Review and analyze all data and determine Go/No Go Decision	David Serle	3/1/2025	Executive Team	100	
On Track	2.6.5.6	Hire and Onboard 2nd CRNA Pain Provider	David Serle	9/1/2025	HR Team, Victoria Schmelzer	50	
Completed	2.7	Develop Tele Medicine strategy.	Alden Forrester, Cori Valet	6/30/2025	Antone Eek, Raymond Hino, Exec Team	100	
On Track	2.8	Expand Access to Care at Clinic	David Serle	12/31/2027	Executive Team	98	
Completed	2.8.1	Increase clinic hours	David Serle	8/1/2024		100	
Completed	2.8.2	Recruit a Physician Medical Director and additional FNP	David Serle, Stacy Nelson	12/31/2024	Raymond Hino	100	
Completed	2.8.3	Develop plan to increase clinic space to accommodate additional providers	Antone Eek, David Serle	12/31/2024	Executive Team	100	
Completed	2.8.4	Recruit a Physician and Implement Same Day Service/ Walk In Clinic Service	Antone Eek, David Serle	12/31/2027	Katelin Wirth, Executive Team	100	
On Track	2.8.5	Recruit and Onboard Full Time Advanced Practice Professional (APP)	David Serle, Raymond Hino, Alden Forrester	9/1/2025	Executive Team	90	
	3.0	Quality: Services and internal operations					
On Track	3.1	EHR Optimization	Scott McEachern	12/31/2025	Staff	96.66	
Completed	3.1.1	Epic Go-Live	Scott McEachern	12/7/2024	Staff	100	
Completed	3.1.2	Post-Live Support Begins	Scott McEachern	2/28/2025	Staff	100	
Completed	3.1.3	One Month Post Live: All provider documentation finished in Legacy EHR	Scott McEachern	1/11/2025	Medical Staff, Dr. Forrester	100	
On Track	3.1.4	Elkay (Medical Record Archive) Live	Scott McEachern	4/30/2025	Shawn March	83.33	ScottMcEachern : Moved go live date to reflect contract.
Completed	3.1.4.1	Communication to Providers regarding where data resides	Scott McEachern	1/4/2025	Staff	100	
On Track	3.1.4.2	Final Data Extract from Trubridge EHR		6/30/2025	Shawn March	100	ScottMcEachern : Moving to 6/30/2025. EHI export still running as of 4/15/25.
On Track	3.1.4.3	Communication to Providers describing data archive (post-live archive)		9/30/2025	Shawn March	50	ScottMcEachern : Moving due date to 6/30/2025. Trubridge EHI export still running as of 4/15/2025. ScottMcEachern : Moved to 9/30/2025. EHI export finishing up in August 2025.
On Track	3.1.5	Decommission Trubridge EHR and convert to legacy system	Scott McEachern	6/30/2025	Raymond Hino, Antone Eek	100	ScottMcEachern : Hino, Eek, and McEachern have been in regular communication with counsel regarding Trubridge decommissioning.
On Track	3.2	Achieve top 100 Hospital Status	Raymond Hino, Cori Valet, Antone Eek, Scott McEachern	12/31/2027	Executive Team, Managers, staff, providers, district board	30	RaymondHino : Report slippage from 6-30-2025 to 12-31-2025 to match change in timeline for Top 100 Hospital workplan
Completed	3.2.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100	
On Track	3.2.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	6/1/2025	Executive Team	50	ScottMcEachern : Added 3.6.2 for Ray Hino and Exec team; review with Ray when he returns 2.10.23. This goal needs attention and discussion. ScottMcEachern : Adjusted date from 6/30/23 to 12/29/23 to give additional time for research and planning.

	3.2.3	Achieve 50% of Top 100 Hospital metrics	Raymond Hino	12/31/2026	Executive Team		
	3.2.4	Achieve 100% of Top 100 Hospital metrics Nationwide	Raymond Hino	12/31/2027	Executive Team		
	3.2.5	Work with Altius to improve staffing metrics to become a top hospital	Antone Eek	12/31/2025	Executive Team		AntoneEek : Touch base with Altius in June - giving SCHHC 6 months with data in EPIC.
Completed	3.3	Develop and implement an organization-wide Risk Management Strategy	Amanda Bemetz	4/30/2025	Executive Team	100	
On Track	3.4	Develop a Clinical Informatics Roadmap	Scott McEachern	9/30/2025	Shawn March, Executive Team	75	ScottMcEachern : Adjusted due date because CIO didn't have time during Epic/Sage implementation ScottMcEachern : Adjusting data again to allow for time to set benchmarks and complete post-live Epic archive construction. ScottMcEachern :
On Track	3.4.1	Develop a SCH Data Governance Model	Scott McEachern	9/30/2025	Executive Team, Managers	75	ScottMcEachern : Adjusted due date because CIO didn't have time during Epic/Sage implementation ScottMcEachern : Adjusting data again to allow for time to set benchmarks and complete post-live Epic archive construction.
On Track	3.4.1.1	Benchmark Data Accuracy	Scott McEachern	9/30/2025	Staff	75	
On Track	3.5	Develop IS Strategy and roadmap	Scott McEachern	6/30/2025	Trevor Jurgenson, Executive Team	75.71	ScottMcEachern : Adjusted dates of completion of the IS plan and subsequent subtasks to 6/30/2025.
On Track	3.5.1	Promote Health & Wellness in SCH's Community through use of technology	Scott McEachern	6/30/2025	Executive Team	75	
On Track	3.5.1.1	Optimize public's use of MyChart	Scott McEachern	12/31/2025	Staff	75	
On Track	3.5.2	Improve Patient Satisfaction through use of Innovative Workflows and Products	Scott McEachern	6/30/2025	Executive Team	100	
On Track	3.5.2.1	Implement AI Phone Agent	Scott McEachern, Antone Eek	5/30/2025	IS team, Colene Hickman	100	
On Track	3.5.3	Improve Patient Continuity of Care through SCH's participation in Health Information Exchanges, Building Connections with other medical facilities, and maintaining high interoperability standards	Scott McEachern	6/30/2025	Executive Team	100	
Completed	3.5.3.1	HIE participation	Scott McEachern	1/31/2025	Executive Team	100	
On Track	3.5.3.2	Maintain high Interoperability Standards:	Scott McEachern	1/31/2025	Executive Team	100	
On Track	3.5.4	Develop SCH AI Policy & Strategy	Scott McEachern	6/30/2025	Executive Team	78.57	
	3.5.4.1	Secured Third-Party consultant via Microsoft Philanthropies to guide formation of AI Strategic Counsel, set governance model	Scott McEachern	4/15/2025	Scott McEachern, 3rd Party Consultant	100	
	3.5.4.2	Develop Purpose and Guiding Principles Document for AI Governance	Scott McEachern	5/2/2025	Scott McEachern, Consultant	100	
Completed	3.5.4.3	Convene AI Strategic Council: Meeting #1	Scott McEachern	5/8/2025	AI Strategic Council	100	
On Track	3.5.4.4	Approve Guiding Principles	Scott McEachern	5/19/2025	AI Strategic Council	75	
On Track	3.5.4.5	Develop AI Use at SCHHC Policy	Scott McEachern	5/19/2025	AI Strategic Council	75	
On Track	3.5.4.6	Update BAA with language around use of AI in third-party applications	Scott McEachern	9/30/2025	Scott McEachern	25	ScottMcEachern : Moved due date to 9/30/2025 from 5/30/2025
On Track	3.5.4.7	Update vendor evaluation procedure to include analysis of AI in potential third-party applications	Scott McEachern	9/30/2025	Scott McEachern	75	ScottMcEachern : Moved due date to 9/30/2025 from 5/30/2025.
On Track	3.5.5	Improve Cybersecurity Posture	Scott McEachern	6/30/2025	Executive Team	25	
On Track	3.5.5.1	Conduct Three Live All Staff Tabletop Exercises	Scott McEachern	12/31/2025	Executive Team	25	ScottMcEachern : Moving due date from 6/30/35 to 12/31/25.
On Track	3.5.5.2	Coordinate a community-wide cyberattack training episode with medical and civic partners	Scott McEachern	12/31/2025	Executive Team	25	ScottMcEachern : Moving due date from 6/30/25 to 12/31/25.

On Track	3.6	Develop an organizational clinical quality program: Patient Safety	Amanda Bemetz	1/30/2026	Executive Team	91.66	
Completed	3.6.1	Organizational dissemination of measures: Inpatient Quality Indicators (IQI's)	Amanda Bemetz	4/30/2025	Executive Team	100	
Completed	3.6.2	Organizational dissemination of measures: Patient Safety Indicators (PSI's)	Amanda Bemetz	4/30/2025	Executive Team	100	
Completed	3.6.3	Identifying and implementation of applicable quality measures including rural-relevant measures; annual data mapping and disseminate to key stakeholders.	Amanda Bemetz	7/30/2025	Executive Team	100	
On Track	3.6.4	Implement a Patient Safety Culture Survey program; possibly implementing the AHRQ tool Surveys on Patients Safety Culture (SOPS) Hospital Survey, determine frequency, route, dissemination, and result driven focus points. Goal of Spring 2025.	Amanda Bemetz	1/30/2026	Executive Team, HR Director	75	
On Track	3.6.5	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):	Amanda Bemetz	1/30/2026	Executive Team	83.33	
Completed	3.6.5.1	New version/ measures 2025: January 1, 2025, will be known as HCAHPS 2.0; Patient Discharged- pending rulemaking	Amanda Bemetz	4/30/2025	Executive Team	100	
On Track	3.6.5.2	Value-based Purchasing: CMS adjusted payments for performance on the survey, including the quality of their clinical care.	Amanda Bemetz, Antone Eek	4/30/2025	Executive Team	75	
Completed	3.6.5.3	Public Reporting: from CMS, results reported on Hospital Compare: Address critical aspects, evaluate and assess for trends, implement identified	Amanda Bemetz	1/30/2026	Executive Team	75	
	4.0	Growth					
On Track	4.1	Develop and Implement Comprehensive District Marketing Plan for 2025-2026	Raymond Hino	6/30/2025	Amy Moss Strong, Executive Team, Leadership Team	78.57	
Completed	4.1.1	SCH Marketing Strategy 2025: Epic Transition	Scott McEachern	6/30/2025	Executive Team	100	
Completed	4.1.1.1	Increase Patient Portal (My Chart) utilization by 50%	Scott McEachern	1/31/2025		100	
Completed	4.1.1.2	Regular Project Press Releases	Scott McEachern	12/31/2024		100	
Completed	4.1.2	Deploy Short Videos	Raymond Hino	4/30/2025	Raymond Hino, Amy Moss Strong	25	
	4.1.2.1	Implement Who Works Here Wednesdays Videos	Raymond Hino			25	
Completed	4.1.3	Enhance SCHHC Website	Raymond Hino	6/30/2025	Raymond Hino, Amy Moss Strong	100	
On Track	4.1.4	Revisit Rebranding to Bandon Regional Health	Raymond Hino	6/30/2025	Executive Team	25	
On Track	4.1.5	Conduct Regular HIPAA Risk Audits on Marketing Efforts	Scott McEachern	6/30/2025	Scott McEachern	100	
Completed	4.1.6	Increase Investment in Digital Technologies to assist in streamlining the Patient Journey	Scott McEachern	6/30/2025	Scott McEachern	100	
On Track	4.1.6.1	Explore chatbots and virtual assistants	Scott McEachern	6/30/2025		100	
On Track	4.1.7	Increase Patient Access by Connecting all Elements of SCHHC Ecosystem	Raymond Hino	6/30/2025	Executive Team	100	
On Track	4.1.7.1	SCHHC Website, MyChart Patient Portal, Patient Statements, Phone Tree	Scott McEachern	6/30/2025		100	

On Track	4.2	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Antone Eek, Raymond Hino	7/1/2026	Board of Directors, Executive Team, Design architects, Managers	66.6	ScottMcEachern : Timing and scope to be evaluated by Exec Team in context of state funding requested by David Brock Smith. 2.7.23 JeremiahDodrill : Timing updated for all 4.2 activities pending the potential funding from the State of Oregon represented in SB 829 funding requested by David Brock Smith. RaymondHino : Report slippage of completion date from 12-31-2023 to 12-31-2024, due to higher priority EMR project and surgery renovation project
Completed	4.2.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development of TCO	Antone Eek	4/30/2025	Scott McEachern, Jason Cook, Joe Kunkle	100	ScottMcEachern : Subsequent dates will adjust after kickoff with consultant.
Completed	4.2.1.1	RFP / Grant for Facility Master Plan	Scott McEachern	1/1/2025	Raymond Hino, Scott McEachern, Alix McGinley	100	
Completed	4.2.1.2	Start Meetings to review current needs and future needs	Scott McEachern, Antone Eek, Raymond Hino	1/31/2025	Raymond Hino, Antone Eek, Scott McEachern, Alden Forrester, Healthcare Collaborative	100	
Completed	4.2.1.3	Determine Current Building Needs to bridge gap to Master Facility Objective	Raymond Hino, Antone Eek, District Board	10/31/2025	Executive Team, Board of Directors, Healthcare Collaborative	100	AntoneEek : Before FY26 Budget - Need to discuss interim plans for building issues and department expansions to handle patient increased volumes.
Completed	4.2.2	Select Architects and Engineering firms for MFP	Alden Forrester, Raymond Hino, David Serle, Stacy Nelson, Scott McEachern, Antone Eek, Cori Valet	6/30/2025	Executive Team and Joe Kunkel	100	
Completed	4.2.2.1	Release RFP	Raymond Hino, David Serle, Alden Forrester, Antone Eek, Stacy Nelson, Scott McEachern, Cori Valet	4/4/2025	Joe Kunkel	100	
Completed	4.2.2.2	Interview Architects	Cori Valet, Scott McEachern, Stacy Nelson, Antone Eek, Alden Forrester, David Serle, Raymond Hino	6/2/2025	Executive Team and Joe Kunkel	100	
On Track	4.2.2.3	Make final Master Facility Plan presentation to Board of Directors and Receive Acceptance and Approval of the Plan	Cori Valet, Scott McEachern, Stacy Nelson, Antone Eek, Alden Forrester, David Serle, Raymond Hino	4/30/2026	Executive Team and Joe Kunkel		
On Track	4.3	Create Project Management Infrastructure at SCHHC	Scott McEachern	12/31/2025	Executive Team	87.5	
Completed	4.3.1	Inventory current SCHHC projects by 2/28/25	Scott McEachern	2/28/2025	Executive Team	100	
Completed	4.3.2	Set up weekly project meetings	Scott McEachern	6/30/2025	Executive Team	100	
On Track	4.3.3	Set up MS Project SCHHC Project Tracker	Scott McEachern	6/30/2025	Executive Team	100	
On Track	4.3.4	Quarterly Governance Committee Meeting	Scott McEachern	9/30/2025	Executive Team	50	
	4.3.4.1	Quarterly Project Review	Scott McEachern	9/30/2025	Executive Team	50	ScottMcEachern : Developing agenda and meeting structure as of 8.20.2025
On Track	4.4	Epic Community Connect Implementation	Scott McEachern	3/31/2025	Executive Team	96.87	
Completed	4.4.1	Imprivata SSO	Scott McEachern	10/1/2024		100	
Completed	4.4.2	Sage/Intacct Go Live	Scott McEachern	11/1/2024	Antone Eek	100	ScottMcEachern : Adjusted Sage go live date to 11/1/2024
Completed	4.4.3	EHR Technical Dress Rehearsal	Scott McEachern	10/15/2024		100	
Completed	4.4.4	EHR Workflow Dress Rehearsal	Scott McEachern	11/15/2024		100	
Completed	4.4.5	Scheduling/Registration Conversion	Scott McEachern	11/30/2024		100	

On Track	4.4.6	Epic Community Connect Go-Live	Scott McEachern	12/7/2024		100	
Completed	4.4.6.1	Epic Community Connect	Scott McEachern	12/7/2024		100	
On Track	4.4.6.2	Data Conversion to Epic:	Scott McEachern	12/7/2024		100	
Completed	4.4.6.3	Imprivata Go Live	Scott McEachern	12/7/2024		100	
Completed	4.4.7	Data Conversion to Epic Third Extract	Scott McEachern	12/31/2024		100	
On Track	4.4.8	Archive Go-Live	Scott McEachern	3/31/2025		75	
On Track	4.4.8.1	Convert staff to use of Epic data and Archive and d/c use of Trubridge	Scott McEachern	6/30/2025		75	
On Track	4.5	Expand and Optimize Retail Pharmacy Services	Antone Eek	12/31/2025	Scott McEachern, Raymond Hino	99.64	
Completed	4.5.1	Director of Pharmacy Services	Antone Eek	4/30/2025	Antone	100	
Completed	4.5.1.1	JD Posted	Antone Eek			100	
Completed	4.5.1.2	Director of Pharmacy Hired	Antone Eek			100	
Completed	4.5.2	Outpatient Retail Pharmacy	Antone Eek	6/6/2025	Pharmacy Team	100	
Completed	4.5.2.1	Agreement with Cardinal	Antone Eek	8/1/2024	Raymond Hino	100	
Completed	4.5.2.2	Contractor - Pharmacy Build (Project Management & Architect)	Antone Eek	11/30/2024	Jason	100	
Completed	4.5.2.3	Contractor - Pharmacy Build (General Contractor)	Antone Eek	4/30/2025	Jason	100	
Completed	4.5.2.4	Contractor - UniWeb - Shelving	Antone Eek	4/20/2025	Jason	100	
Completed	4.5.2.5	Cardinal - Retail Pharmacy Inventory Account GLS	Antone Eek	3/14/2025		100	
On Track	4.5.2.6	Contractor - Cardinal (Payor Contracts)	Antone Eek	12/31/2025		100	
Completed	4.5.2.7	Contractor - POS System	Antone Eek, Scott McEachern	4/30/2025		100	ScottMcEachern : Options are PioneerRX and LibertyRX AntoneEek :
Completed	4.5.3	Outpatient Pharmacy Licensing	Antone Eek	3/14/2025	Pharmacy Team	100	
Completed	4.5.3.1	NPI	Antone Eek			100	
Completed	4.5.3.2	NCPDP	Antone Eek			100	
Completed	4.5.3.3	Oregon Board of Pharmacy	Antone Eek			100	
On Track	4.5.3.4	DEA	Antone Eek			100	
On Track	4.5.4	Optimize 340B program	Antone Eek	4/30/2026	Pharmacy Team	98.57	
Completed	4.5.4.1	340B Coordinator CPhT - JD and Posted	Antone Eek			100	
Completed	4.5.4.2	340B Coordinator CPhT - Hire	Antone Eek			100	
On Track	4.5.4.3	340B Coordinator CPhT - Trained / Database Cleaned	Antone Eek			90	AntoneEek : Last training module to be completed by end of 09/2025. Both Christina and Jeremy will be completing the 340B training.
Completed	4.5.4.4	Cancel MacroHelix Contract	Antone Eek, Scott McEachern	4/14/2025		100	
Completed	4.5.4.5	Verity Solutions Contract (Replacement for MacroHelix)	Scott McEachern, Antone Eek			100	
On Track	4.5.4.6	Verity Solutions - Go Live	Scott McEachern, Antone Eek	3/24/2025		100	
On Track	4.5.4.7	Verity Solutions - Move Contract Pharmacies from MacroHelix	Antone Eek, Scott McEachern	5/30/2025		100	
	5.0	Finance:Self sustainable					

On Track	5.1	Review and renegotiate and include quality metrics for all payer contracts	Antone Eek	10/31/2025	Raymond Hino, David Serle, Advance Healthcare	37.22	RaymondHino : Meeting with Advance Health scheduled for 12/16/22 RaymondHino : Team needs to follow up with Advanced Health; schedule f/up meeting to review data. Due date expect adjustment. RaymondHino : Jeremiah Dodrill and Dawn Gray met with Advanced Health on 4/7/23. Chris Hogan, CFO of Advanced Health will be putting together a draft to be reviewed mid to late May. Adjusting due date from 3/1/2023 to 6/1/2023. RaymondHino : Dawn Gray and Jeremiah Dodrill met with Chris Hogan with Advanced Health on 5-16-23. No progress from last month's meeting.. Will escalate to CEO Ben Messmer if no new contract terms by 5-31-23. RaymondHino : Escalation to Advanced Health CEO Ben Messmer is required. RaymondHino : Updated target date. Continue to work to engage with Advanced Health to address contracting needs. AntoneEek : 10/1/2024: Contracted with Andy Werking (Healthcare Consulting Services) to start reviewing and re-negotiating our payer contracts.
Completed	5.1.1	Current Payer Contracts - Updated and Loaded into EPIC Billing System	Antone Eek	7/1/2025	Katelin Wirth	100	
Completed	5.1.2	Healthcare Consulting Services - Contracted Services to renegotiate contracts	Antone Eek	1/5/2026	Colene Hickman	10	
On Track	5.1.3	Payer Contracts - Renegotiated	Antone Eek	1/5/2026	Andy Werking, Katelin Wirth	1.66	
On Track	5.1.3.1	Moda	Antone Eek	1/5/2026	Andy Werking	5	
On Track	5.1.3.2	UHC	Antone Eek	1/5/2026	Andy Werking	1	
On Track	5.1.3.3	Regence BCBS	Antone Eek	1/5/2026	Andy Werking	1	
On Track	5.1.3.4	HealthNet	Antone Eek	1/5/2026	Andy Werking	1	
On Track	5.1.3.5	Centine	Antone Eek	1/5/2026	Andy Werking	1	
On Track	5.1.3.6	Advanced Health	Antone Eek	1/5/2026	Andy Werking	1	
On Track	5.2	Profitability plan: Defined plan to increase the bottom line	Antone Eek	5/30/2025	Katelin Wirth	46.45	
Completed	5.2.1	Revenue Cycle Improvements	Antone Eek	12/31/2025	Colene Hickman, Nichole Hunt, Katelin Worth	88.33	
Completed	5.2.1.1	Coding Replacement and Optimization	Antone Eek	6/28/2024		100	AntoneEek : In 2024, SCHHC contracted with an outside company to provide Coding Services. To date, Charge Capture, Coding Accuracy, and total CMI has increased significantly.
Completed	5.2.1.2	CDM Redesign and Cleanup - Phase 1	Antone Eek	8/29/2025		100	AntoneEek : In 2024, prior to EPIC go-live, Phase One: a full CDM review was done that included charge review. Phase Two: 2nd Review and Cleanup based on claim review and price adjustments
On Track	5.2.1.3	CDM Redesign and Cleanup - Phase 2	Antone Eek	10/6/2025	Katelin Wirth	30	

Completed	5.2.1.4	Revenue Integrity and Reporting	Antone Eek	1/30/2026		100	AntoneEek : In 2024, Revenue Integrity oversight was added to the Finance department. Total charge capture and billed charges have increased due to this oversight.
Completed	5.2.1.5	Charge Capture Review and Optimization	Antone Eek	3/31/2025	Katelin Wirth	100	AntoneEek : The Finance Department continues to monitor Charge Capture and make recommendation for review or optimization. In 2024, with the EPIC implementation, this role has become even more important to fine tune the revenue cycle processes an maximize cash collections.
Completed	5.2.1.6	Reporting and Accountability with Billed AR	Antone Eek	3/31/2025	Katelin Wirth	100	
On Track	5.2.2	Revenue Deductions - Optimization and Planning	Antone Eek	12/31/2025	Colene Hickman, Katelin Worth	10	
On Track	5.2.2.1	Payer Contracts - Contractual Adjustments	Antone Eek	12/29/2025	Colene Hickman	20	AntoneEek : In 2024, SCHHC contracted with an outside company to provide payer contract review and re-negotiations. This process will take time to go through the contracts and negotiate payers.
On Track	5.2.2.2	Prior Authorization Adjustments / WO	Antone Eek	8/29/2025	Colene Hickman	10	AntoneEek : In 2024, Revenue Cycle assumed responsibility for referrals and prior authorizations. Since Jan of this year, SCHHC has seen a decrease in PA denials and will continue to monitor them going forward.
On Track	5.2.2.3	Medical Necessity Adjustments / WO	Antone Eek, Alden Forrester	12/29/2025	Case Management		
On Track	5.2.2.4	Outstanding A/R - Reserve Reduction	Antone Eek	12/31/2025	Katelin Wirth		
On Track	5.2.2.5	Colene to present A/R Reduction Plan	Antone Eek	8/28/2025	Colene Hickman	20	
On Track	5.2.3	Identify revenue gap to profitability	Antone Eek	9/30/2025	Katelin Wirth	40	
On Track	5.2.3.1	Revenue Stabilization - EPIC	Antone Eek	9/30/2025	Antone Eek, Katelin Wirth, Colene Hickman	60	AntoneEek : In 2024, SCHHC implemented EPIC as the new EHR. By June, SCHHC will reach 6 months of data to determine if revenue is stable and can start to project revenue assumptions going forward.
On Track	5.2.3.2	Lines of Business - Strategic Initiatives	Cori Valet, Antone Eek, Alden Forrester	9/30/2025	Katelin Wirth	20	
On Track	5.2.4	Lines of business (Revenue Streams) identified in the strategic plan to help with profitability and long term organizational stability / patient care	Antone Eek	7/25/2025	Katelin Wirth	47.5	

Completed	5.2.4.1	Retail Pharmacy - Analysis (Revenue Starts June 2025)	Antone Eek	5/1/2025		100	<p>AntoneEek : Strategic Initiative 2: Retail Pharmacy – New Growth Engine</p> <p>The Revenue Gap to Profitability includes the strategic initiatives. As stated in the proposed and now active FY26 Budget, these initiatives will drive revenue growth, close the gap to profitability (if managed appropriately and Cost Report items are tracked and strategically followed), and support the continued growth of SCHHC.</p> <p>Immediate Impact: As seen in the July 2026 financials, Pharmacy Services was one of the primary factors in SCHHC being profitable in the first month of FY26.</p> <p>Growth & Stability: If expenses continue to be managed for “growth” and operations scale as planned, Retail Pharmacy will remain a consistent revenue engine.</p> <p>Ongoing Contribution: This initiative not only generates direct retail sales but also supports 340B optimization, discharge prescription capture, and strengthens community access.</p>
	5.2.4.2	OP Clinic - Dermatology	Antone Eek	2/28/2025			
On Track	5.2.4.3	OP Clinic - General Surgery	Antone Eek	6/1/2025		35	<p>AntoneEek : Strategic Initiative 1: General Surgery – Outpatient Procedures & Clinic</p> <p>The Revenue Gap to Profitability includes the strategic initiatives. As stated in the proposed and now active FY26 Budget, these initiatives will drive revenue growth, close the gap to profitability (if managed appropriately and Cost Report items are strategically tracked), and support the continued growth of SCHHC.</p> <p>Revenue Growth Driver: General Surgery expands both outpatient procedures and clinic volumes, capturing patients locally and preventing outmigration. This translates into direct surgical revenue as well as downstream utilization of lab, imaging, pharmacy, and inpatient services.</p> <p>Cost Report Advantage: Each incremental encounter strengthens SCHHC’s position as a cost-based reimbursed provider, improving reimbursement allocations tied to surgical activity.</p> <p>Community Stability: Establishing and</p>

On Track	5.2.4.4	OP Clinic - Geri Pysch (Revenue Starts October/November 2025)	Antone Eek	10/10/2025		55	<p>AntoneEek : Strategic Initiative 3: Geriatric Psychiatry (Geri-Psych)</p> <p>The Revenue Gap to Profitability includes the strategic initiatives. As stated in the proposed and now active FY26 Budget, these initiatives will drive revenue growth, close the gap to profitability (if managed appropriately and Cost Report items are tracked and strategically followed), and support the continued growth of SCHHC.</p> <p>High Revenue Potential: This initiative, as a Medicare-funded program, offers significant and stable reimbursement opportunities if expenses are managed appropriately.</p> <p>Cost Report Leverage: Geri-Psych is fully recognized on the Cost Report, making careful allocation of square footage and expense categories critical to maximizing reimbursement.</p> <p>Community & Market Positioning: This program addresses a growing need in the community while simultaneously</p>
On Track	5.3	Optimize ACO performance	Amanda Bemetz, David Serle, Raymond Hino	12/31/2025	Antone Eek, Amanda Bemetz	60	RaymondHino : In the middle of year 1 with new ACO
On Track	5.3.1	Utilize the ACO's platform to manage and track patient-centered care through Annual Medicare Wellness Visits and monthly check-ins with patients who are high utilizers of the ED.	David Serle, Raymond Hino	12/31/2025	Shawn March, Kelli Cotton David Serle, Kassandra Keller, Dr. Webster	60	
On Track	5.3.2	Benchmark current state of performance metrics and develop plan of improvement to reach ACO's metric goals	David Serle, Amanda Bemetz	12/31/2025	Scott McEachern, Shawn March David Serle, Kassandra Keller	60	<p>AmandaBemetz : Progress has been made in advancing our ACO performance initiatives. The benchmark of our current state performance metrics has been completed, and development of the improvement plan to achieve ACO metric goals is currently in progress.</p> <p>As part of these efforts, a Lunch and Learn session was held last week with excellent staff participation and engagement. This provided an opportunity to share information, gather feedback, and reinforce organizational commitment to performance improvement. Opportunities for improvement identified with documentation continue.</p>
Completed	5.4	ERP implementation	Scott McEachern, Antone Eek	11/1/2024	Scott McEachern, Antone Eek	100	
	6.0	Accreditation and regulatory compliance					

On Track	6.1	DNV Continuous Readiness; DNV Required documents current and readiness	Amanda Bemetz	8/8/2025	Executive Team	87.5	Amanda Bemetz : We remain in progress with DNV Continuous Readiness activities. All required DNV documents are current and maintained in a state of readiness for survey.
On Track	6.1.1	Attain ISO 9001 Certification at 2025 DNV Accreditation Survey	Amanda Bemetz	8/8/2025	Executive Team	75	Amanda Bemetz : Ongoing self-assessments are underway, with follow-up items addressed in preparation for ISO 9001 certification during the 2025 DNV Accreditation Survey.
Completed	6.1.2	2024 DNV Non-Conformities Corrective Action Plan complete	Amanda Bemetz	8/8/2025	Executive Team	100	Amanda Bemetz : The 2024 DNV Corrective Action Plan will be presented to the Quality, Patient Safety, and Compliance (QPSC) Committee in August for formal approval. Upon approval, the CAP will be closed out and transitioned into routine operations under the hospital's internal audit and monitoring program.
	7.0	General SCHHC Projects					
Completed	7.1	Upgrade Sterile processing department	Cori Valet	10/31/2024	Jason Cook, Cori Valet, Joe Kunkel, Denise Ebenal, Danielle Wirt, Chris Amaral	100	
	8.0	Community Health Needs Assessment					
On Track	8.1	Expand Access to care in SCH Clinic	David Serle	7/1/2025	Executive Team	65	
Completed	8.1.1	Implement Triage Line	David Serle	10/1/2023	Executive Team	100	
On Track	8.1.2	Tracking Call Volume and Time	Scott McEachern	7/1/2025	Executive Team, SCHHC IS Department	50	
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	David Serle	7/1/2025	Executive Team	75	
Completed	8.1.4	Extended Hours in the SCH Clinic	David Serle	8/1/2024	Executive Team	100	Scott McEachern : Hinshaw starts at 7am; Preslar begins at 7am W,TH,FR
	8.1.5						
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino	7/1/2025	Executive Team	80	
Completed	8.2.1	Assess top three opportunities	Raymond Hino	8/1/2024	Executive Team	100	
Completed	8.2.1.1	Dermatology	Raymond Hino	11/21/2023	Executive Team	100	Scott McEachern : Dr. Webster covers this in our clinic.
Completed	8.2.1.2	Urology	Raymond Hino			100	
Completed	8.2.1.3	Gynecology	Raymond Hino			100	
Completed	8.2.1.4	Endocrinology	Raymond Hino			100	
Completed	8.2.1.5	Ophthalmology (Cataracts)	Raymond Hino			100	
Completed	8.2.1.6	Podiatry	Raymond Hino			100	
Completed	8.2.1.7	ENT	Raymond Hino			100	
Completed	8.2.1.8	Nephrology	Raymond Hino	11/21/2023		100	Scott McEachern : Currently covered by Dr. Qadir
Completed	8.2.1.9	Pediatric	Raymond Hino			100	
Completed	8.2.1.10	Telemedicine	Raymond Hino			100	
Completed	8.2.1.11	Psychiatric services	Raymond Hino			100	Scott McEachern : Currently researching opportunities to partner with regional healthcare facilities for onsite psychiatric services; for example, Confederated Tribes.
Completed	8.2.1.12	Orthopedics	Raymond Hino	11/21/2023	Jeremiah Dorrill	100	Scott McEachern : Hired Ivanitsky for ortho; hired Monsaivais for plastics.
On Track	8.2.2	Feasibility of top three	Raymond Hino	6/30/2024	Executive Team	60	

Completed	8.2.2.1	Who's in the market	Scott McEachern	10/31/2023	David Sandberg, Antone Eek, Raymond Hino	100	
On Track	8.2.2.2	Wait times	David Serle	7/1/2025	Executive Team		ScottMcEachern : Kassandra Keller to provide wait time data based on referral patterns. ScottMcEachern : Neurology, Urology: up to three months to get appointment
On Track	8.2.2.3	Reputation of local providers	Raymond Hino	7/1/2025	Executive Team	80	
Completed	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino	12/31/2023	Executive Team	100	
On Track	8.4	Increase community awareness about our services	Raymond Hino, David Serle, Alden Forrester	6/30/2025	Executive Team	66.66	ScottMcEachern : Refer to Current Strategic Plan # ScottMcEachern :
Completed	8.4.1	Improve Google Star Ratings	Raymond Hino	6/30/2024	Amy Moss Strong	100	RaymondHino : On 5-21-2024, our Google Star rating = 4.4. In the past 30 days, we have received 19 5-star ratings and 1 4-star rating. The lowest Star ratings are all 2 years old or older.
Completed	8.4.2	Regular Billboard Rotation: every 3 months	Raymond Hino	8/1/2024	Executive Team	100	
On Track	8.4.3	Promote Pulmonary Function Testing capabilities	Alden Forrester, Cori Valet	10/31/2025	Executive Team		
On Track	8.5	Staff Education	Raymond Hino	7/1/2025	Executive Team	16.66	
On Track	8.5.1	Increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services	Raymond Hino	7/1/2025	Executive Team	50	
Completed	8.5.1.1	Outside service resource list.	David Serle	7/1/2025	Executive Team	100	
On Track	8.5.1.2	Availability and promotion of Financial Assistance Policy	Scott McEachern	12/31/2023	Dawn Gray, front desk staff, Cathy Mann, Amy Moss Strong		
On Track	8.5.2	Cultural Competency and trauma-informed care education	Raymond Hino	7/1/2025	Executive Team		
On Track	8.5.3	Expanded HIPAA Privacy Training	Scott McEachern	7/1/2025	Executive Team		
	9.0	Health Equity and Social Drivers of Health					

On Track	9.1	Increase awareness about Health Equity and Social Drivers of Health	Amanda Bemetz	1/30/2025	Executive Team	100	<p>AmandaBemetz : There will be several staff from SCHHC attending the new opportunity for CAHS: 2025 Health Equity Implementation Learning Collaborative series. There were two Relias education modules assigned to the “All Employee Training List” on December 9,2024. All new employees will be assigned these when hired and current employees should have received an email from Relias stating they have new modules due. The current due date for the two new modules (for current employees, not new hires) is February 28, 2025.</p> <p>AmandaBemetz : We have completed initial initiatives and continue to increase awareness regarding Health Equity and Social Drivers of Health, with a focus on the populations we serve. This work is reported quarterly through the Quality, Patient Safety, and Compliance (QPSC) Committee and is also shared with the Utilization Review Committee.</p>
On Track	9.2	Optimize Health Screening and Immunizations to drive Health Equity	Cori Valet, David Serle	8/31/2026	Karen Stafford, Nick Lucas, Amanda Myers, Kerry Vincent, Leah Hyman	78.33	
On Track	9.2.1	Mammography screening promotion	Cori Valet	9/12/2025	Leah Hyman	80	<p>CoriValet : Discussions initiated regarding options for advertisement, social media and informative fliers.</p> <p>CoriValet : Dr. Forrester has been arranged for Dr. Keizer, radiologist, to visit Curry General Hospital to promote mammography services as well as ultrasound guided biopsy services available at SCHHC.</p> <p>CoriValet : Mammography screening promotion arranged with Amy Moss-strong to push out in September 2025, radio, newspaper, fliers, and social media.</p>
On Track	9.2.2	Medicare Annual Wellness Visits	David Serle	6/30/2025	Kelli Cotton		

Completed	9.2.3	PSA screening promotion	David Serle	8/15/2025	Cindy Kessler	100	<p>CoriValet : Discussions initiated regarding possible advertisement.</p> <p>CoriValet :</p> <p>CoriValet : PSA screening promotion arranged with Amy Moss-Strong and scheduled to go out via radio, newspaper, flier, and social media in August 2025.</p> <p>CoriValet : Direction for this goal has changed due to new recommendations for PSA screenings. SCHHC will not be promoting PSA free PSA screening as in previous years. Screenings will be offered at no cost during the month of September 2025 only to individuals who have a PCP who is recommending the screening be performed and has provided an order for the test.</p>
	9.2.3.1	Create and disperse fliers for patient access areas on campus and other local health centers.		8/1/2025	Amy Moss-Strong Cynthia Kessler	100	
	9.2.3.2	Facebook, website, radio advertising		8/15/2025	Amy Moss-Strong Cynthia Kessler	100	
Completed	9.2.4	Expand SCHHC presence at Health Fairs	David Serle, Cori Valet, Stacy Nelson	6/30/2025		100	
Completed	9.2.5	Expand access to Sports Physicals	David Serle	6/30/2025	Liz Deters	100	
On Track	9.2.6	Expand access to Immunizations	David Serle, Cori Valet	9/30/2025	Dr. Webster	90	
Completed	9.2.6.1	Expand flu and covid vaccines to Bandon Dunes Golf Resort employees and members of the confederated tribes.	Cori Valet	12/10/2023	Nick Lucas	100	
On Track	9.2.6.2	Initiate Vaccines for Children in the Primary Care environment	David Serle	9/30/2025	David Serle/Kassandra	80	
On Track	9.3	Partner with the Community to Improve Health Equity	David Serle, Cori Valet	12/31/2026	Case Management	33.33	<p>CoriValet : Flu and COVID vaccine expansion to community complete. Vaccines for Children still in process in the Clinic.</p>
	9.3.1	Partnerships (Coast)	Cori Valet, David Serle		Case Management		<p>CoriValet : This partnership is on hold due to instability of CCHC future status.</p>
Completed	9.3.2	Food Banks	Cori Valet, David Serle		Case Management	100	
Completed	9.3.2.1	Establish connection with regional food banks to determine availability and referral processes.	Cori Valet	6/30/2025	Case Management	100	
	9.3.3	City/County	Raymond Hino, David Serle				
	9.4	Elderly Loneliness	David Serle	12/31/2027			
	9.4.1	Implement a community engagement and support program	David Serle, Raymond Hino	12/31/2027	Executive Team		
	9.4.2	Provide access to mental health professionals who can offer counseling and support	David Serle, Raymond Hino	12/31/2026	Executive Team		
On Track	9.5	Build Infrastructure to Support Health Equity	Amanda Bemetz	4/30/2025	Executive Team	100	
	10.0	Foundation					
Completed	10.1	Restructure the SC foundation and fundraising.	Raymond Hino	12/31/2025	Executive Team, Foundation Board of Directors	100	



To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: July 2025 Month End Financial Results

Revenue Performance:

- Gross Revenue: Achieved \$5,465,000, surpassing the budget of \$4,931,000.
 - OP revenue saw the biggest increase compared to budget of over \$500,000

Revenue Deductions:

- **Deductions from Revenue:**
 - July amounted to \$2,404,000 or 44%
 - Accounts receivable increased by \$851,000 to \$9,425,000 in July, with AR over 120 days coming in at 2,050,000.
 - The remaining AR balance in CPSI of \$735,000 is included in the over 120-day category.
 - Actual Contractual deductions were 31.25% for the month of July. Included in that amount is \$36,000 in Charity Care (0.6% of gross revenue) and a recovery of \$13,000 in bad debt payments.
 - Discounts were \$41,000 or 0.75% of gross revenue. Included in that amount is \$14,000 in Medical Necessity Discounts and \$3,000 in Non-Authorized Discounts.
 - Estimated Contractual deductions were \$700,000 for July.
 - This is primarily driven by open AR over 120 days as expectations of being able to collect on these accounts are low.
- **Medicare Cost Report Settlement:**
 - For FY26 - The current anticipated receivable from Medicare is \$41,000.
 - For FY25 – the current anticipated receivable is \$341,000.
 - We are currently working on the cost report. Totals will be final in November, and any receivable will be paid to us by Medicare in January / February.

Operating Revenues:

- **Total Operating Revenues:** Totaling \$3,389,000 were more than the budget of \$3,058,000 and marked an increase of \$431,000 from the same period last year.

Operating Expenses:

- **Labor Expenses** totaled \$2,396,000, coming in above the budgeted \$2,207,000
 - Increased contract staffing in Radiology, MedSurg and ER drove this variance.
- **Other Operating Expenses** reached \$1,020,000, coming in just above the budget of \$1,005,000.

Operating Income/Loss:

- Operating Loss of (\$26,000) compared to a budgeted loss of (\$154,000).
 - Driven by higher revenue

Change in Net Position:

- A gain of \$83,000 compared to the budgeted loss of (\$41,000)

Financial Health Indicators:

- Days Cash on Hand: July decreased to 71.6 from 80.1 in June.
 - Expense Spending was higher in July and included the settlement payment to Trubridge of \$350,000
- Accounts Receivable (A/R) Days Outstanding: Increased to 57.2 days, up from 52.3 days in June.

Financial Ratio Benchmark Chart (as of July 2025)

For Organization Type: Critical Access Hospital / Public Healthcare District

Metric	Value	Target Range / Benchmark	What It Means
Cash to Debt Ratio	0.85	0.20 – 1.00+	SCHHC has 85¢ in cash for every \$1 of debt — strong liquidity for a small/rural hospital.
Debt Ratio	0.51	0.30 – 0.60 (nonprofit healthcare sector)	About 51% of our assets are financed with liabilities — a balanced use of debt.
Days Cash on Hand	72 days	60 – 180 days (CAH benchmark: 75+ recommended)	We can cover 72 days of operations with cash on hand — a solid buffer for stability and planning.
A/R Days Outstanding	57 days	40 – 55 days (typical nonprofit hospital range)	A/R collection efforts are being strengthened to bring this back in line.

- **Liquidity (Cash to Debt Ratio & Days Cash on Hand):**
SCHHC liquidity profile remains solid. With 72 days cash on hand and a cash-to-debt ratio of 0.85, the hospital is positioned to withstand reimbursement lags or unexpected operating pressures without heavy reliance on credit.
- **Debt Management (Debt Ratio):**
At 51%, SCHHC's debt ratio is in the moderate and stable range, reflecting a balanced use of borrowing to fund operations and capital needs without overleveraging.
- **Revenue Cycle (A/R Days Outstanding):**
A/R performance is at 57 days, slightly above the target range. While collections are functioning, continued attention is needed to bring days closer to benchmark and support stronger cash flow.

SCHHC maintains stable financial health with strong liquidity, balanced debt, and steady revenue cycle performance.

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

	Month Ending 07/31/2025				Month Ending 07/31/2024	Year To Date 07/31/2025				Prior Year To Date 07/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	899,551	664,801	234,750	35.3 %	545,154	899,551	664,801	234,750	35.3 %	545,154
Outpatient Revenue	4,302,825	3,767,000	535,826	14.2 %	3,571,296	4,302,825	3,767,000	535,826	14.2 %	3,571,296
Swingbed Revenue	262,365	499,402	(237,038)	(47.5) %	382,267	262,365	499,402	(237,038)	(47.5) %	382,267
Total Patient Revenue	5,464,741	4,931,203	533,538	10.8 %	4,498,717	5,464,741	4,931,203	533,538	10.8 %	4,498,717
Total Deductions	2,403,809	1,876,172	527,637	28.1 %	1,557,676	2,403,809	1,876,172	527,637	28.1 %	1,557,676
Revenue Deductions %	44.0 %	38.0 %	6.0 %	15.7 %	34.6 %	44.0 %	38.0 %	6.0 %	15.7 %	34.6 %
Net Patient Revenue	3,060,932	3,055,031	5,901	0.2 %	2,941,041	3,060,932	3,055,031	5,901	0.2 %	2,941,041
Other Operating Revenue	328,464	3,280	325,184	9,913.9 %	16,931	328,464	3,280	325,184	9,913.9 %	16,931
Total Operating Revenue	3,389,396	3,058,311	331,085	10.8 %	2,957,972	3,389,396	3,058,311	331,085	10.8 %	2,957,972
Total Operating Expenses										
Total Labor Operating Expenses	2,395,574	2,207,058	188,516	8.5 %	1,882,821	2,395,574	2,207,058	188,516	8.5 %	1,882,821
Total Other Operating Expenses	1,020,234	1,005,295	14,939	1.5 %	784,392	1,020,234	1,005,295	14,939	1.5 %	784,392
Total Operating Expenses	3,415,808	3,212,353	203,455	6.3 %	2,667,213	3,415,808	3,212,353	203,455	6.3 %	2,667,213
Operating Income / (Loss)	(26,412)	(154,042)	127,630	(82.9) %	290,760	(26,412)	(154,042)	127,630	(82.9) %	290,760
Net Non Operating Revenue	109,356	113,001	(3,645)	(3.2) %	145,535	109,356	113,001	(3,645)	(3.2) %	145,535
Change In Net Position	82,944	(41,041)	123,985	(302.1) %	436,294	82,944	(41,041)	123,985	(302.1) %	436,294

* Other Operating Income YTD:
- \$328k – OP Pharmacy Revenue

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

	Month Ending 07/31/2025				Month Ending 07/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue					
Inpatient Revenue	899,551	664,801	234,750	35%	545,154
Outpatient Revenue	4,302,825	3,767,000	535,826	14%	3,571,296
Swingbed Revenue	262,365	499,402	(237,038)	-48%	382,267
Total Patient Revenue	5,464,741	4,931,203	533,538	11%	4,498,717
Total Deductions	2,403,809	1,876,172	527,637	28%	1,557,676
Net Patient Revenue	3,060,932	3,055,031	5,901	0%	2,941,041
Other Operating Revenue	328,464	3,280	325,184	9914%	16,931
Total Operating Revenue	3,389,396	3,058,311	331,085	11%	2,957,972
Total Operating Expenses					
Total Labor Expenses					
Salaries & Wages	1,566,650	1,665,069	(98,419)	-6%	1,173,223
Contract Labor	528,636	351,587	177,049	50%	499,999
Benefits	300,288	190,402	109,886	58%	209,599
Total Labor Expenses	2,395,574	2,207,058	188,516	9%	1,882,821
Purchased Services	211,581	343,046	(131,465)	-38%	293,713
Drugs & Pharmaceuticals	220,544	119,266	101,278	85%	102,854
Medical Supplies	111,902	100,436	11,466	11%	104,043
Other Supplies					
4300 - OTHER NON-MEDICAL SUPPLIES	138	6,520	(6,382)	-98%	2,442
4301 - OFFICE SUPPLIES	7,219	4,291	2,928	68%	5,287
4304 - LAUNDRY & LINENS / NONFOOD SUPPLIES	13,734	2,615	11,119	425%	3,670
4398 - MINOR EQUIPMENT	21,671	28,992	(7,321)	-25%	4,134
4399 - INVENTORY ADJUSTMENT	(82)	-	(82)	100%	(15,533)
4505 - CATERING & FOOD	8,565	10,761	(2,196)	-20%	11,227
Other Supplies	51,245	53,179	(1,934)	-4%	11,227
Lease & Rental Expense	1,267	2,387	(1,121)	-47%	754
Repairs & Maintenance	14,568	31,187	(16,617)	-53%	19,682

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

	Month Ending 07/31/2025				Month Ending 07/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Other Expenses					
4302 - POSTAGE & FREIGHT	5,312	5,350	(38)	-1%	4,024
4303 - COMPUTER & IT EQUIPMENT	15,462	-	15,461	100%	-
4501 - MARKETING - ALLOWABLE (MCR)	6,709	8,564	(1,855)	-22%	5,906
4502 - MARKETING - NON ALLOWABLE	2,853	8,502	(5,649)	-66%	9,392
4504 - PRINTING & COPYING	55	-	55	100%	-
4700 - OTHER EXPENSES	117	(5,065)	5,182	-102%	-
4702 - LICENSING & GOVERNMENT FEES	15,719	19,236	(3,517)	-18%	14,612
4703 - DUES & SUBSCRIPTIONS	117,888	64,190	53,698	84%	31,061
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	2,577	7,503	(4,926)	-66%	593
4705 - TRAINING / CONFERENCE FEES	-	19,703	(19,703)	-100%	12,574
4706 - TRAVEL & LODGING	11,157	8,187	2,971	36%	13,029
4711 - EQUIPMENT RENTAL	-	833	(834)	-100%	-
4720 - DONATIONS / GRANTED FUNDS	500	-	500	100%	-
4797 - MISC TAX (A/P)	5	-	5	100%	-
4798 - BANK & COLLECTION FEES	14,155	5,618	8,537	152%	5,789
4799 - MISCELLANEOUS EXPENSE	-	(13,829)	13,829	-100%	2,247
Other Expenses	192,509	128,792	63,716	50%	99,227
Utilities	32,056	31,746	310	1%	26,869
Insurance	23,629	20,954	2,674	13%	21,508
Depreciation & Amortization	160,933	174,302	(13,368)	-8%	104,515
Total Operating Expenses	3,415,808	3,212,353	203,455	6%	2,667,213
Operating Income / (Loss)	(26,412)	(154,042)	127,630	-83%	290,760
Net Non Operating Revenue					
Property Taxes	96,792	98,219	(1,427)	-2%	78,913
Non-Operating Revenue	4,673	9,422	(4,749)	-50%	14,683
Interest Expense	(50,084)	(33,436)	(16,648)	50%	(22,306)
Investment Income	59,660	38,796	20,864	54%	74,245
Gain / Loss on Asset Disposal	(1,685)	-	(1,685)	100%	-
Net Non Operating Revenue	109,356	113,001	(3,645)	-3%	145,535
Change In Net Position	82,944	(41,041)	123,985	-302%	436,294

Southern Coos Hospital & Health Center
Balance Sheet Summary
Month Ending July 31, 2025

	Year To Date 07/31/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Current vs. Prior	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	11,054,147	11,239,810	(185,662)	11,721,015
Net Patient Accounts Receivable	4,429,256	3,994,422	434,834	3,907,633
Other Assets	1,195,589	1,030,033	165,555	798,202
Total Current Assets	16,678,992	16,264,265	414,727	16,426,850
Net PP&E	8,615,271	8,708,314	(93,043)	6,423,952
Total Assets	25,294,263	24,972,579	321,684	22,850,802
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	8,664,719	8,391,023	273,696	4,490,006
Total Long Term Debt, Net	4,323,981	4,358,938	(34,956)	4,535,131
Total Liabilities	12,988,700	12,749,961	238,740	9,025,137
Total Net Assets	12,305,563	12,222,765	82,797	13,825,665
Total Liabilities & Net Assets	25,294,263	24,972,726	321,537	22,850,802

Cash to Debt Ratio	0.85	0.88	(0.03)	1.30
Debt Ratio	0.51	0.51	0.00	0.39
Current Ratio	1.92	1.94	(0.02)	3.66
Debt to Capitalization Ratio	0.26	0.24	0.02	0.25

Southern Coos Hospital & Health Center

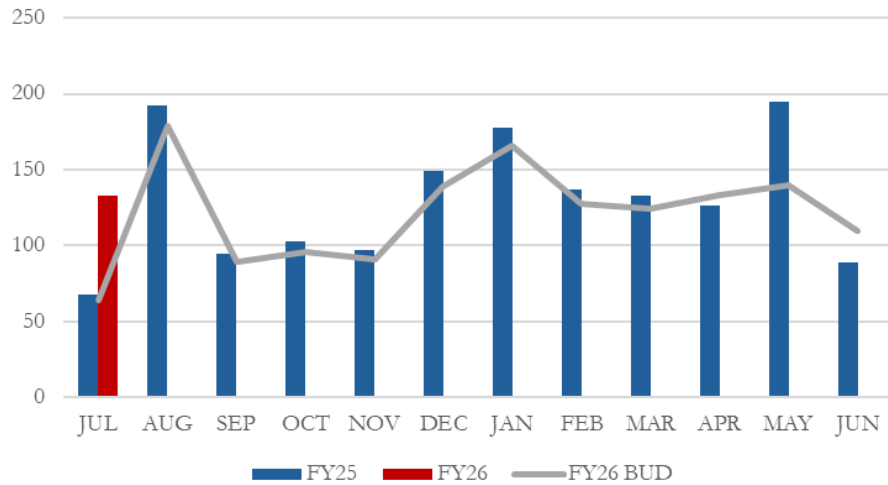
Balance Sheet

	Year To Date 07/31/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Change	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents				
Cash Operating	1,123,645	1,335,553	(211,909)	1,400,507
Investments - Unrestricted	4,010,559	3,984,314	26,247	4,076,428
Investments - Reserved Certificate of Deposit	3,186,239	3,186,238	-	3,510,375
Investment - USDA Restricted	233,704	233,705	-	233,705
Investment - Board Designated	2,500,000	2,500,000	-	2,500,000
Cash and Cash Equivalents	11,054,147	11,239,810	(185,662)	11,721,015
Net Patient Accounts Receivable				
Patient Accounts Receivable				
1101 - A/R PATIENT - EPIC	8,689,765	7,850,956	838,808	-
1102 - A/R PATIENT - CPSI / EVIDENT	735,482	723,680	11,802	7,228,690
1103 - A/R - PHARMACY RETAIL OP	40,108	-	40,109	-
2003 - REFUNDS - PATIENT / INSURANCE	90	-	89	(192)
Patient Accounts Receivable	9,465,445	8,574,636	890,808	7,228,499
Allowance for Uncollectibles				
1121 - ALLOW FOR UNCOLL - EPIC	(5,029,679)	(4,598,461)	(431,219)	-
1122 - ALLOW FOR UNCOLL - CPSI	(735,484)	(723,679)	(11,803)	(3,840,559)
1130 - WRITE OFF RECOVERY	(736,240)	(723,288)	(12,952)	(554,030)
1132 - BAD DEBT W/O - NON-MEDICARE	1,465,214	1,465,214	-	1,073,723
Allowance for Uncollectibles	(5,036,189)	(4,580,214)	(455,974)	(3,320,866)
Net Patient Accounts Receivable	4,429,256	3,994,422	434,834	3,907,633
Other Assets				
Other Receivables	1,200	29,598	(28,398)	21,045
Inventory	360,540	369,514	(8,975)	230,930
Prepaid Expense	693,078	572,290	120,788	465,262
Property Tax Receivable	140,771	58,631	82,140	80,965
Other Assets	1,195,589	1,030,033	165,555	798,202
Total Current Assets	16,678,992	16,264,265	414,727	16,426,850
Net PP&E				
Land	461,528	461,528	-	461,527
Property and Equipment	24,299,708	24,224,122	75,585	20,435,404
Accumulated Depreciation	(16,379,257)	(16,235,298)	(143,959)	(15,194,163)
Construction In Progress	233,292	267,962	(24,669)	721,184
Net PP&E	8,615,271	8,708,314	(93,043)	6,423,952
Total Assets	25,294,263	24,972,579	321,684	22,850,802

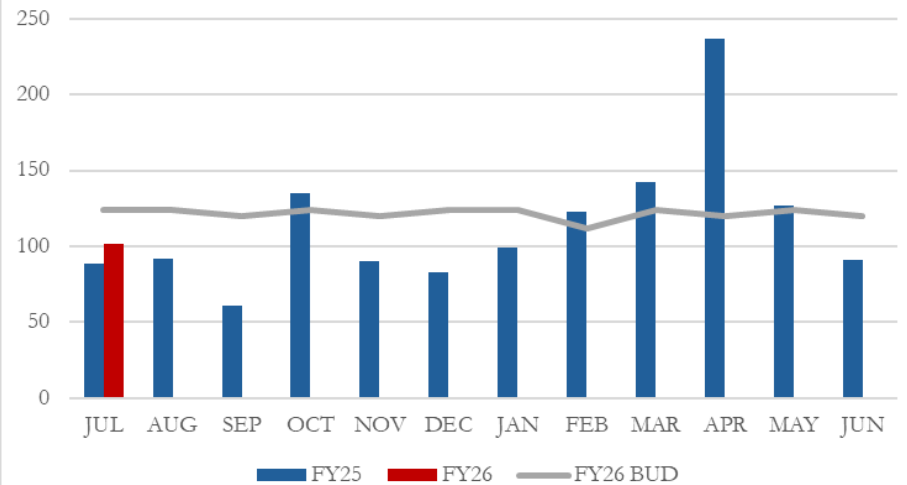
Southern Coos Hospital & Health Center Balance Sheet

	Year To Date 07/31/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Change	Actual
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,664,885	1,517,014	147,871	1,344,652
Accrued Payroll and Benefits	1,923,308	1,748,456	174,853	1,411,152
Line of Credit Payable	3,139,377	3,139,376	-	-
Interest and Other Payable	291,293	278,968	12,325	100,992
Estimated Third Party Payor Settlements	1,021,929	1,050,372	(28,443)	997,650
Current Portion of Long Term Debt	623,927	656,837	(32,910)	635,560
Current Liabilities	8,664,719	8,391,023	273,696	4,490,006
Total Long Term Debt, Net				
Long Term Debt	4,323,981	4,358,938	(34,956)	4,535,131
Total Long Term Debt, Net	4,323,981	4,358,938	(34,956)	4,535,131
Total Liabilities	12,988,700	12,749,961	238,740	9,025,137
Total Net Assets	12,305,563	12,222,618	82,945	13,825,665
Total Liabilities & Net Assets	25,294,263	24,972,579	321,684	22,850,802

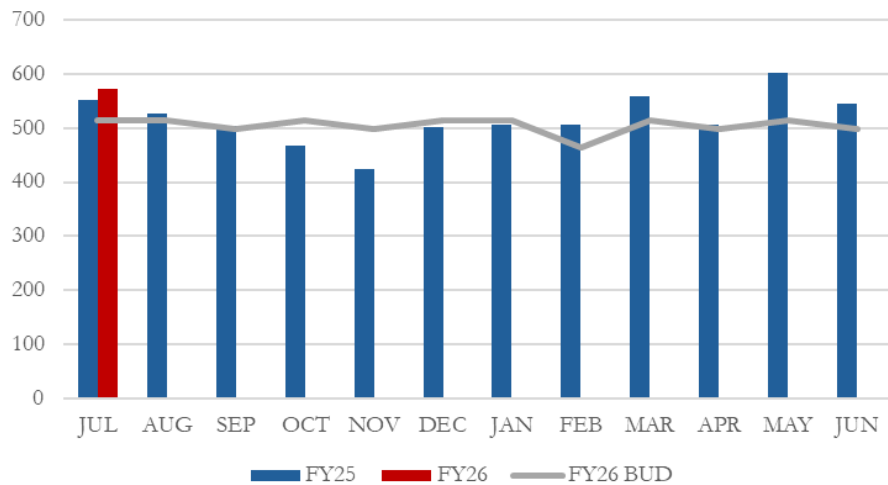
IP Days



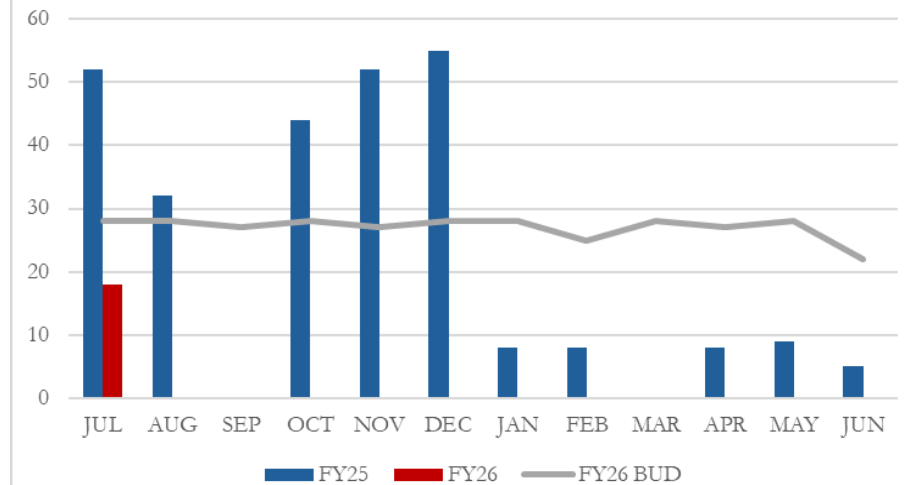
Swing Bed Days



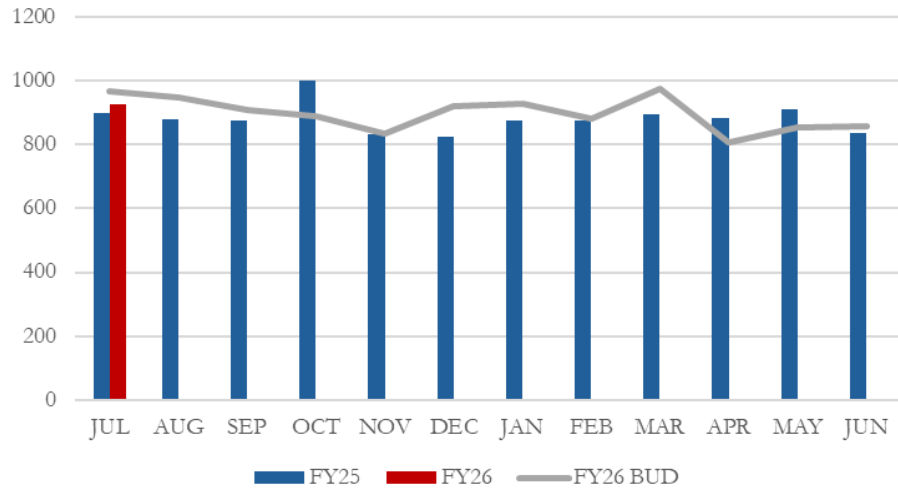
ER Visits



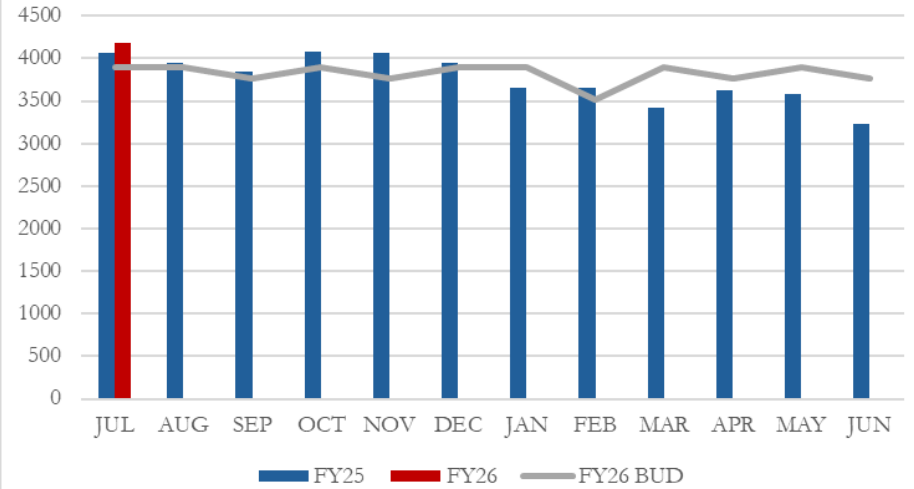
Surgery Patients



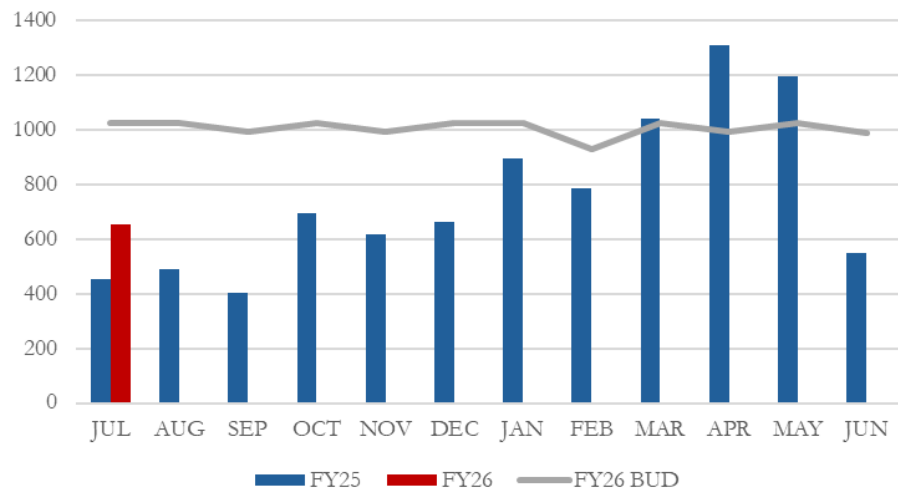
Imaging Visits



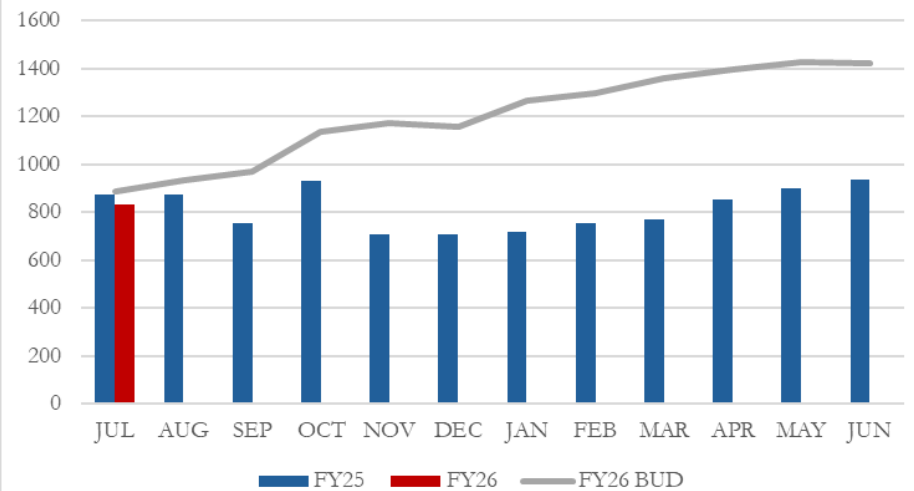
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending July 2025

		Month					Year to Date				
		Variance to					Variance to				
		Actual	Budget	Prior Year	Bud	Prior Year	Actual	Budget	Prior Year	Bud	Prior Year
Volume Summary	IP Days	133	64	68	109.3%	95.6%	133	64	68	109.3%	95.6%
	Swing Bed Days	102	186	89	-45.2%	14.6%	102	186	89	-45.2%	14.6%
	Total Inpatient Days	235	250	157	-5.8%	49.7%	235	250	157	-5.8%	49.7%
	Avg Daily Census	7.6	8.1	5.1	-5.8%	49.7%	7.6	8.1	5.1	-5.8%	49.7%
	Avg Length of Stay - IP	2.5	3.0	3.2	-17.9%	-23.9%	2.5	3.0	3.2	-17.9%	-23.9%
	Avg Length of Stay - SWB	6.8	8.9	12.7	-23.2%	-46.5%	6.8	8.9	12.7	-23.2%	-46.5%
	ED Registrations	587	514	551	14.2%	6.5%	587	514	551	14.2%	6.5%
	Clinic Registrations	833	332	590	150.9%	41.2%	833	332	590	150.9%	41.2%
	Ancillary Registrations	1,601	615	1,143	160.3%	40.1%	1,143	615	1,143	85.9%	0.0%
	Total OP Registrations	3,021	1,461	2,284	106.8%	32.3%	2,563	1,461	2,284	75.4%	12.2%

Key Income Statement Ratios	Gross IP Rev/IP Day	6,764	10,459	8,017	-35.3%	-15.6%	6,764	6,764	8,017	0.0%	-15.6%
	Gross SWB Rev/SWB Day	2,572	2,685	4,295	-4.2%	-40.1%	2,572	2,685	4,295	-4.2%	-40.1%
	Gross OP Rev/Total OP Registrations	1,424	3,070	1,564	-53.6%	-8.9%	1,424	3,070	1,564	-53.6%	-8.9%
	Collection Rate	56.0%	62.0%	65.4%	-9.6%	-14.3%	56.0%	62.0%	65.4%	-9.6%	-14.3%
	Compensation Ratio	70.7%	72.2%	63.7%	-2.1%	11.0%	70.7%	72.2%	63.7%	-2.1%	11.0%
	OP EBIDA Margin \$	134,521	20,260	395,275	564.0%	-66.0%	134,521	20,260	395,275	564.0%	-66.0%
	OP EBIDA Margin %	4.0%	0.7%	13.4%	499.1%	-70.3%	4.0%	0.6%	13.4%	564.0%	-70.3%
	Total Margin	2.4%	-1.3%	14.7%	-282.4%	-83.4%	2.4%	-1.3%	14.7%	-282.4%	-83.4%

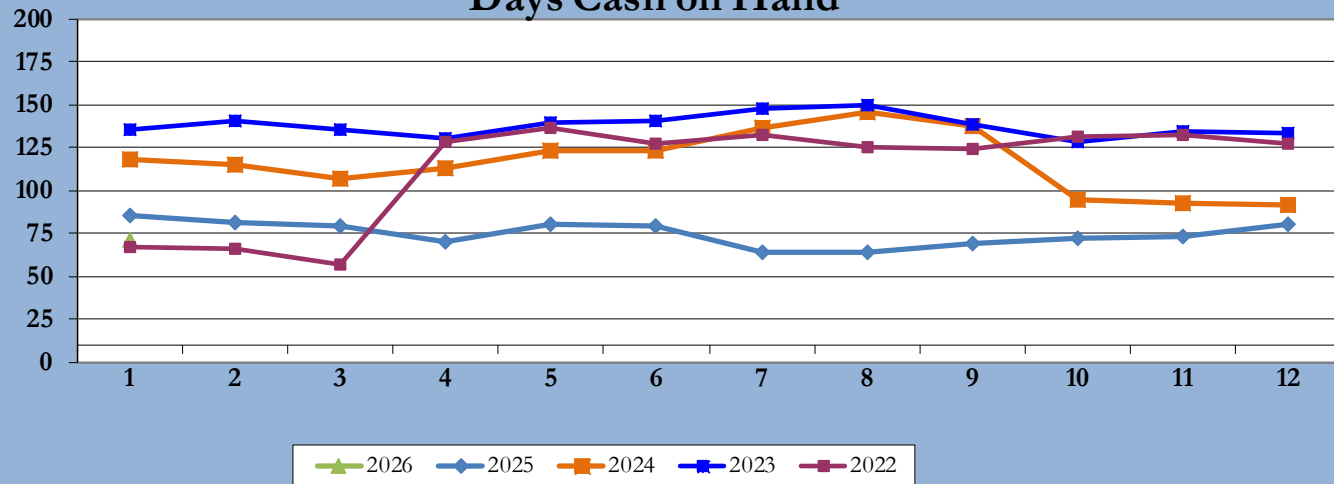
Key Liquidity Ratios	Days Cash on Hand	71.6	80.0	85.4	-10.5%	-16.2%	
	AR Days Outstanding	57.2	50.0	49.8	14.4%	14.8%	

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

July 2025 Days Cash on Hand



Calculation:

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition:

This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

Desired Position:

Upward trend, above the median

Benchmark

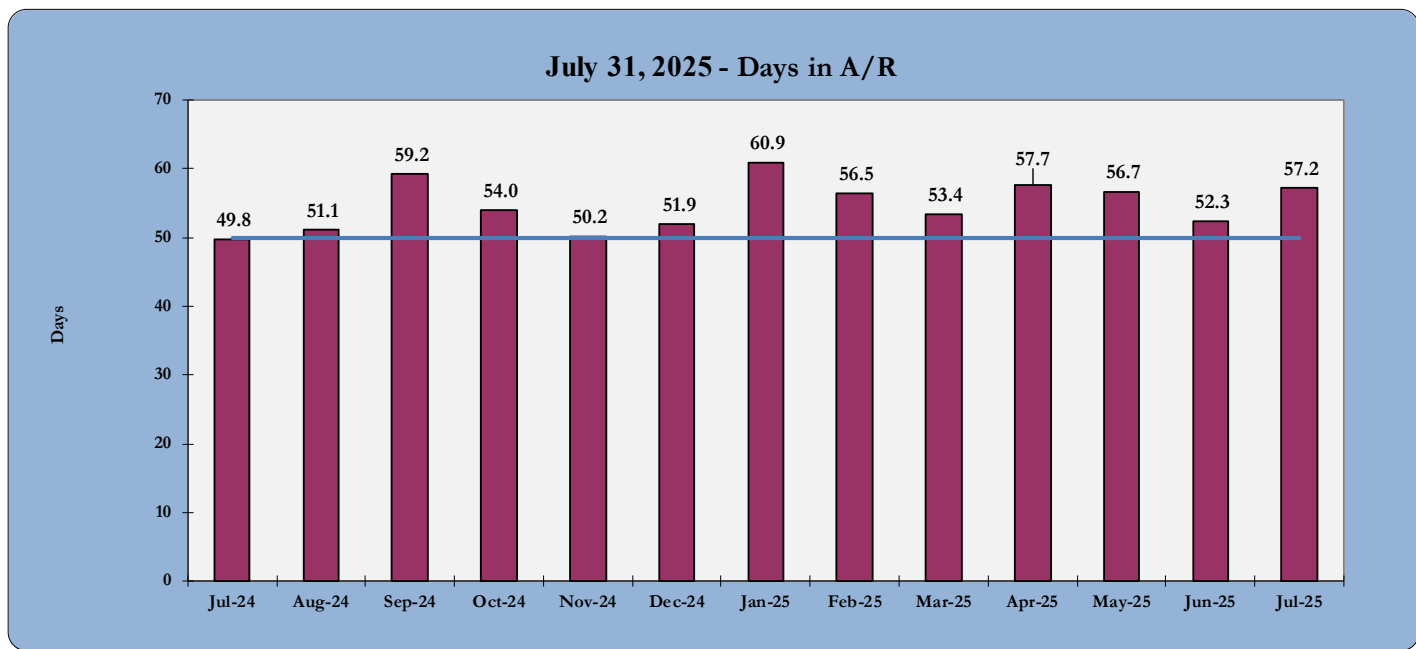
80 Days

How ratio is used:

This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

Year	Average
2026	71.6
2025	74.8
2024	116.3
2023	137.8
2022	113.0

Fiscal	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2026	71.6											
2025	85.4	81.4	79.0	70.5	79.9	79.7	64.2	63.7	68.6	71.9	72.8	80.1
2024	117.7	114.5	106.8	113.1	123.1	123.3	136.1	145.3	137.0	94.5	92.8	91.4
2023	135.9	140.8	135.2	130.5	139.4	140.7	147.8	149.7	138.9	127.8	134.2	133.3
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5



Calculation: Gross Accounts Receivable
Average Daily Revenue

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

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

Benchmark 50

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

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
A/R (Gross)	7,194,350	7,269,865	8,263,819	7,671,394	7,122,984	7,761,771	9,505,725	9,372,293	8,762,600	9,509,727	9,356,665	8,574,636	9,425,337
Days in AR	49.8	51.1	59.2	54.0	50.2	51.9	60.9	56.5	53.4	57.7	56.7	52.3	57.2
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
A/R (Gross)	7,194,350	7,269,865	8,263,819	7,671,394	7,122,984	7,761,771	9,505,725	9,372,293	8,762,600	9,509,727	9,356,665	8,574,636	9,425,337
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	31
Monthly Revenue	4,498,717	4,289,700	4,043,588	4,728,499	4,140,953	4,891,719	5,318,712	4,720,191	4,720,191	5,229,933	5,239,205	4,451,443	5,464,741
3 Mo Avg Daily Revenue	144,429	142,255	139,478	141,976	141,902	149,578	155,993	165,896	163,990	164,835	165,101	163,962	164,732
Days in AR	49.8	51.1	59.2	54.0	50.2	51.9	60.9	56.5	53.4	57.7	56.7	52.3	57.2

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

Approved Projects:							
Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status	Notes	
Budgeted Non-Threshold Capital Purchases (<\$15,000)							
Light Source	Surgery	14,000					
Glucose Monitors Hospital Grade	Lab	13,000					
Ortho MTS Workstation (Blood Bank)	Lab	8,000					
Centrifuges (x4)	Lab	8,000					
Software update for current HT1 ventilator	Respiratory	7,000					
Blanket Warmer	Clinic	7,000					
A1C for Clinic	Lab	6,000					
Exam Tables	Pain Management	6,000					
ID TipMaster	Lab	5,000					
Un-Budgeted Non-Threshold Capital Purchases (<\$15,000)							
Misc Projects		112,000					
Totals - Non Threshold Projects		186,000	-	-			

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

Approved Projects:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status	Notes
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Budgeted Threshold Projects (>\$15,000)

Business Office Remodel	Engineering	600,000				
MM Expansion	Engineering	600,000				
Lab Expansion	Engineering	600,000				
Air Handler repairs and upgrade	Engineering	150,000				
Pyxis Anesthesia System	Pharmacy	130,000				
Building Automation (HVAC)	Engineering	120,000				
Hamilton C1 X4 Invasive/NON-invasive/High flow	Respiratory	74,000				
Mindray US Machine	ED	70,000				
Transport Vehicle	Admin	65,000				
Ultrasound	Pain Management	55,000				
Parking Lot Resurface	Engineering	50,000				
Unit Room Remodels	Med Surg	50,000				
ED room 3 safety renovation project	ED	40,000				
Floor Replacement for Various Departments	Engineering	36,000				
ConMed Insuflation (Working on Quote)	Surgery	35,000				
Trailers	Engineering	30,000				
Level 1 rapid infuser fluid warmer	ED	30,000				
Cardiac Monitors	Med Surg	29,000				
Avantos RFA machine (Meeting with Rep on 4/7)	Surgery	29,000				
Primary Firewall Replacement	Information Systems	27,000				
Vapotherm High Flow X2	Respiratory	27,000				
Biosafety Cabinet Type II Class 2B (Hood)	Lab	25,000				
Sonosite Ultrasound Machine	Surgery	25,000				

Rain Gutters for Hospital (Commercial Grade)	Engineering	22,000				
Blood Culture Incubator w/ Synapsys (BD FX 40)	Lab	21,000				
Heated Chilled Meal Cart	Dietary	20,000				
Louvered panel wall hanging bin storage system.	Materials	20,000				
Backup Troponin System	Lab	20,000				
Conference Room Upgrade	Information Systems	20,000				
DataCenter Battery Backup Replacement	Information Systems	19,000				
Storage Server Replacement	Information Systems	15,000				
New desk/workspace in ER	ED	15,000				
Midmark EKGs	EKG	15,000				
Camera Control Unit	Surgery	15,000				
Instrumentation/Sets for Simmonds	Surgery	15,000				

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

Totals - Threshold Projects

3,114,000	-	-
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Grand Total

3,300,000	-	-
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