Board of Directors
Regular Meeting & Executive Session
October 23, 2025 6:00 p.m.

AGENDA

I. Regular Meeting Open Session Call to Order 6:00 p.m.

1. Agenda - Corrections or Additions ..... (action)
2. Public Input

II. Consent Agenda

1. Meeting Minutes
   a. Regular Meeting-09/25/25 3
   b. Legal Counsel – Robert S. Miller - Invoice #1140 10
2. **Motion to Approve Consent Agenda** ..... (action)

III. New Business

1. Facility Expansion Proposal ..... (action) 11
2. Appointment of Qualified Infection Preventionist ..... (action) 16

IV. Old Business

None.

V. Staff Reports-Discussion

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2. CMO Report 21
3. Retail Pharmacy Report 23
4. CNO Report 25
5. CFO Report 28
6. CIO Report 29
7. Multi-Specialty Clinic Report 33
8. HR Report 35
9. SCHD Foundation Report 37
10. Strategic Plan Update ..... (under separate cover)

VI. Financial Review

1. Month-End Report & Statements for Period Ending September 30, 2025 38
2. September Revenue Cycle Dashboard 56
3. Quarterly Budget Mitigation Dashboard 69

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 from disclosure by law, including written advice from legal counsel.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-09-25-25 ..... (action)
2. Motion to Approve Reports from Executive Session: ..... (action)
   a. Quality & Patient Safety, Risk & Compliance
   b. Medical Staff Credentialing Report

X. Adjournment

Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
September 25, 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, Director. **Administration:** Raymond Hino, CEO; Cameron Marlowe, Interim CFO; Alden Forrester, CMO; Cori Valet, CNO; David Serle, Clinic Director; Philip J. Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, Counsel; Colene Hickman, Revenue Cycle Director; Kim Russell, Executive Assistant. **Via Remote Link:** Scott McEachern, CIO; Stacy Nelson, HR Director; Amanda Bemetz, Quality/Risk/Compliance Director. **Absent:** Alix McGinley, SCH Foundation Executive Director. **Press:** None.

1. Agenda - Corrections or Additions

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

2. **Public Input –** None. Mr. Bedell reminded those who may view the recorded meeting that in-person attendance is open at the hospital, and a link to attend the meeting on-line is available by request, with instructions provided in the public notice.

II. Consent Agenda

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

a. Regular Meeting-08/28/2025

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

III. New Business

1. Medical Staff Bylaws Rvision to Sections 5.1 and 5.2

Dr. Forrester, Chief Medical Officer, referred members to the redline copy provided in the printed materials, noting the edits regarding Licensed Independent Practitioners and Professional Assistants include edits made to clarify that these practitioners can practice independently or under the supervision of a physician member of the medical staff and the provisions for achieving each status.

Bob Pickle **moved to approve** the resolution as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion carried.**

IV. Old Business

None.

V. Staff Reports

1. CEO Report

Ray Hino provided a summary of his written report, opening with staffing updates. Felisha Miller, FNP, has joined the primary care clinic, General Surgeon Brett Schulte will be joining Southern Coos to provide endoscopy procedures and more and will begin next month. Mr. Hino introduced Cameron (Cam) Marlowe, interim Chief Financial Officer. Cam's professional background includes experience as a CEO and CFO of critical access hospitals in Oregon. **DNV Accreditation**: In September, Southern Coos completed the DNV Accreditation Survey from which we were very pleased to receive positive feedback and opportunities to address a handful of corrective action items as well as receiving ISO 9001 certification. Southern Coos received recognition for structure and effectiveness and for the internal audit program. No critical deficiencies were identified. We will submit corrective action plans on October 4 and once those are accepted will receive written confirmation. Current DNV accreditation is valid through October 15. **Accountable Care Organization:** The board will recall that in 2023 Southern Coos entered into a shared savings participation agreement as a member of an Accountable Care Organization (ACO). An ACO uses analytics and technology to power value-based payment programs, aiming to improve patient outcomes and coordinate care. Our ACO group that includes 20 additional hospitals has received confirmation of a shared savings by our group of over $30M for CMS in 2024, with our share of return to be received in September or October. **Discussion:** Members inquired about potential costs associated with one of the corrective action items, to be corrected in 60 days, requiring HVAC damper replacement; installation estimated to be roughly $3,000. The former business office has been vacated with remodel in progress for added clinical space. Mr. Bedell reminded the group that the budgetary contingency plan dashboard will be reviewed quarterly beginning in October, but noted that percentage of "deductions from revenue" are still a concern at 44%. It was also noted that CCHC will be closed all of the next week of September 29 for their transition to Adapt, LLC.

2. CMO Report

Dr. Alden Forrester, Chief Medical Officer offered to answer any questions from his written report, noting that the revision to Medical Staff Bylaws was included under New Business. There were no questions.

3. SCHHC Retail Pharmacy Report

Dr. Forrester continued to the Retail Pharmacy Report, offering to combine with the CMO Report in the future, with board request to keep the topics separate for now. The SCHHC Retail Pharmacy filled 1,500 prescriptions in the month of August. We

are still awaiting 340B approval for retail, already in place for the hospital drug room. While we continue to work on additional insurance payer contracts, our primary focus is on 340B and Regence Blue Cross Blue Shield at this time. **Discussion:** 340B discounts help rural hospitals to maintain or expand patient care and help support uncompensated care, with some savings passed on to patients. Positive feedback about the SCHHC Retail Pharmacy was shared from NBMC and other practices in Bandon and Coos Bay.

4. CNO Report

Cori Valet, CNO, opened her report with an update on equipment downtime that has impacted Respiratory services; thanks to Cam Marlowe, Interim CFO, we were able to expedite parts and service for the PFT (Pulmonary Function Testing) unit now scheduled to be repaired September 26. This unit is at end of life with cost of a new replacement included in budget at $70,000 to $80,000. **Staffing:** Ms. Valet noted that staffing of FTEs (full-time employees) is over budget, but this is positive, due to onboarding of new RNs. The Lab is over budget with the Siemans Dimension chemistry analyzer which has required time and attention and the Epic conversion requiring additional staff as we work to optimize workflows. Three Medical Imaging Tech traveler contracts will end in October. **ED Transfers:** Emergency Department (ED) patient transfers were up in August at 46, with 4 due to no bed availability due to (1) Covid, and (3) due to RN staffing. There have been zero ED transfers due to staffing so far in September. A voluntary on-call list, or call rotation, is being implemented. **Discussion:** Board members commented on the potential fiscal impact of patient transfers due to staffing metrics and expressed interest in seeing that information if available. A recent local pedestrian-vehicle injury was transferred to Bay Area Hospital; it was noted that BAH is a trauma center. Southern Coos is preparing for Trauma Center certification and had our first trauma committee meeting this week, noting that this goal is in the Strategic Plan with projected completion date of December 31, 2026.

5. CFO Report

Ray Hino, CEO, introduced Cameron Marlowe, Interim Chief Financial Officer. **Finance:** In August and September the finance department focused on the Audit and Cost Report as well as daily activities. We are confident in the process and that it will continue to go well. Some improvements to our workflows can be made. The Pharmacy software system, Liberty, transfers data to our Electronic Medical Record (EMR). A committee has been formed to determine why our write-offs have been increasing. **Engineering:** The parking lot resurfacing will be completed this weekend. Mr. Marlowe and our Engineering/Plant Manager Jason Cook have been meeting weekly to discuss a number of items including but not limited to compliance, timely ticket response, and aesthetics. **Materials Management (Purchasing):** Mr. Marlowe is meeting bi-weekly with Materials Management to review opportunities for saving money. **Revenue Cycle:** Mr. Marlowe is currently meeting daily with the team; to eventually move to weekly meetings. At today's "CMS Roadshow," Mr. Marlowe met a number of community stakeholders in Coos and Curry Counties and will work with them to reach out to beneficiaries to help them through upcoming Medicare open enrollment. We are very pleased to have two certified SHIBA

(Senior Insurance Benefit Assistant) counselors on staff at Southern Coos to offer unbiased assistance to our patients and members of the community with Medicare Open Enrollment coming up on October 15.

6. CIO Report

Scott McEachern, Chief Information Officer, provided a review of numerous department activities for prior month, which include the Surgical Services build in preparation to resume this service line, move of non-clinical staff to alternate location on 2nd Street to perform the business office conversion to clinical space and addition of new behavioral health platform, clinic provider work flow optimization, the new reading room for our Radiologist, Dr. Keizer, and focus on Revenue Cycle Optimization. Collections have improved by over $2 million per month since our conversion to Epic. Board members requested that Mr. McEachern continue to provide the Revenue Cycle stabilization comparison graphs, previously included. Rev Cycle is analyzed daily and we are looking into coding issues. Analytics indicate a 98% correct charge rate with a net collection rate of 97.4% with additional opportunities to optimize. It was also noted that Southern Coos experienced a temporary primary firewall equipment failure during which staff performed very well with downtime procedures and we identified opportunities for improvement.

7. Clinic Report

David Serle, Clinic Director, provided a summary of Clinic activities from prior month. The August clinic census increased from July in spite of several scheduled provider vacations. Projected patient visits in September include 77 for our newest provider, Felisa Miller, FNP. Physician interviews are scheduled in October to support goal of staffing 4 core clinic providers. Mr. Serle shared a number of positive patient satisfaction comments, with a board member sharing additional positive feedback.

8. Human Resources Report

Stacy Nelson, Director of Human Resources, attending via remote link, provided a review of Human Resource operations for the month of August. **Compensation Survey:** The annual compensation survey is almost complete; this survey helps Southern Coos ensure our competitiveness in the employment market. **Turnover Report:** Turnover statistics by fiscal year were compared for FY24 and FY25 with a reduction of 2.9%. New hires in September included several who will replace contract staff. **Staffing:** Essential positions that become open are being filled while there is a pause on any new positions at this time. **Employee Benefits:** Southern Coos will be making a change in employee benefit plan administrator from Gallagher Group to The Partners Group, which we feel will better serve our employees.

9. SCHD Foundation Report

Raymond Hino, CEO, presented on behalf of Alix McGinley, Health Foundation Executive Director, noting the gross earnings from the annual Golf for Health

Classic fundraiser in September is now at $127,000 following closure of the on-line auction with hopes of reaching as much as $135,000. Thank you to the sponsors, players, and volunteers who help make it possible. One of the next community Meet and Greet presentations will feature Senior Life Solutions to introduce the geriatric psychiatric service. Included in the end of year campaign will be a new employee giving program. We are excited to have received the JAMF (local Judith Ann Morgan Foundation) grant award of $25,000 to go toward the school nurse program. **Discussion:** A final Golf for Health accounting will likely be available in October.

10. Strategic Plan

Raymond Hino, CEO, noted that with the focus on the DNV Survey last month there were few updates to the Strategic Plan. In the first 14 months since the current Strategic Plan was created, 8 goals out of 41 have been completed (at 100% each) at 69.35% overall completion. This represents no change from the prior month; these are: 1) Develop a Tele Medicine Strategy; 2) Develop and Implement an organization wide Risk Management Strategy; 3) ERP Implementation; 4) Upgrade Sterile Processing Department; 5) Improve Service Offerings; 6) Increase awareness about Health Equity and Social Drivers of Health; 7) Build Infrastructure to Support Health Equity; and 8) Restructure Southern Coos Foundation and Fundraising.

VI. Monthly Financial Statements Review & Discussion

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

Cameron Marlowe, Interim Chief Financial Officer presented a high-level overview of the financial statements, noting A/R (Accounts Receivable) is up 24% overall, with gross patient revenue up 16%. A/R days improved, strengthening cash flow. The year-to-date gain of $322K is moderately above expectation. **Discussion:** It's important to note that the budget included surgery revenue which has been delayed. Deduction from revenue is still high. Three pay periods rather than 2 in the month will have an impact on the expense side, and the cash collection rate is down from last year. Overall, however, Southern Coos maintains strong liquidity, manageable debt, and is making efforts to optimize revenue cycle performance.

VII. Executive Session

At 7:42 p.m. the board moved into Executive Session Under 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations. No decision will be made in Executive Session.

Others 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; Amanda Bemetz, Director Quality Risk & Compliance; and P.J. Keizer, Medical Staff Chief of Staff. **Others in attendance:** Robert S. Miller, Legal Counsel; Kim Russell, Executive Assistant. **Press:** None.

VIII. Return to Open Session

At 7:57 p.m. the meeting returned to Open Session.

1. Consideration of Executive Session Minutes 9-25-25

Mary Schamehorn **moved** to accept Executive Session Minutes as presented. 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
Brett Schulte, MD – General Surgery
Ahmad Namous, DPM - Podiatry

2-Year Privileges – Reappointments
Tami Marriott- Emergency Med/Hospitalist

Telemedicine Appointments & Reappointments

Direct Radiology:
Michael Breven, MD – Appointment (Telemedicine)
Qazi Uddin, MD – Appointment (Telemedicine)
David Bass, MD – Reappointment (Telemedicine)
Dennis Burton, DO – Reappointment (Telemedicine)
Elizabeth Dubovsky, MD – Reappointment (Telemedicine)
Laura Hotchkiss, MD – Reappointment (Telemedicine)
Teppe Popovich, MD – Reappointment (Telemedicine)
Dishant Shah, MD - Resignation

OHSU Telemedicine:
Nadine Straka, MBBCH – Pediatrics (Telemedicine)

Medical Staff Status Change
Brett Johnson, MD – Emergency Med – Privileges Lapse 09.30.25
Vicki Mazzorana, MD – Emergency Med – Privileges Lapse 09.30.25
Sharon Monsivais, MD – Hand Surgery - Resigned Privileges 08.29.25
Bonnie Wong, DO – Family Med – Resigning Privileges 09.30.25

Veronica Simmonds, DO, FACOG – Gynecology- Resigned Privileges 09.02.25
Noel Pense, DO – Hospitalist - Active to Courtesy Status

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

IX. Open Discussion

Ms. Hardin inquired about surgery services and potential for podiatric surgery. Mr. Hino confirmed that the credentialing report includes privileges for a new podiatrist in Bandon who has expressed interest in performing surgical procedures at Southern Coos Hospital. Mr. Hino shared that the USGA Amateur golf event at Bandon Dunes in August was a breakeven income/expense endeavor that provided excellent public exposure for SCHHC, with thanks to Dr. Forrester for his leadership and coordination of SCHHC medical support services for the event. Mary Schamehorn took a moment to recognize Brian Vick, who served on the SCHHC Board of Directors for 10 years, 2009-2019, and who passed away recently. Mr. Bedell, who served with Mr. Vick, added that he was a great asset and will be missed.

X. Adjournment

The meeting adjourned at 7:58 p.m. The next regular meeting will be held on October 23, 2025 at 6:00 p.m. at the Southern Coos Hospital & Health Center main conference room.

_____ _____

Thomas Bedell, Chairman 10-23-2025 Mary Schamehorn, Secretary 10-23-25

INVOICE

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Bill to
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Bandon, OR 97411 USA

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

Invoice details
Invoice no.: 1140
Terms: Net 60
Invoice date: 10/02/2025
Due date: 12/01/2025

#	Product or service	Description	Qty	Rate	Amount
1.	**Attorney ($300/hr)**	Board Meeting & Executive Session, September 25, 2025	2.5	$300.00	$750.00

Total **$750.00**

Ways to pay

View and pay

DATE: October 17, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Facility Expansion Proposal

Recommended Action

It is recommended that the Board of Directors give final approval to the Hospital CEO to (1) execute a lease for a 2,000 square foot vacant office space in the Ray's Grocery Store Shopping Center at a cost of $2.00/square foot or $2,000 per month; (2) purchase and install necessary IS infrastructure and purchase modular partitions to equip the space for usage for up to 17 employees; (3) purchase modular walls and remodel the space in the current Southern Coos Hospital (currently occupied by IS, HIM, Dr. Forrester and Scott McEachern) for office space for HR, Quality, HIM, Clinical Informatics, Dr. Keizer and Dr. Forrester, and (4) relocate our IS department to the current Shop Building. The total budget for all the physical improvements is $105,247.

Background

At the September SCHHC Board of Directors meeting, the Hospital Board upon the recommendation of management approved a remodel of the current Business Office building to be converted to clinical space for General Surgery, Pain Management and Geriatric Psychiatry. It was brought up at that meeting that this would mean a necessary move for all personnel that previously occupied office space in the building. Moves had already taken place for Finance staff and Revenue Cycle staff. It was unknown at last month's meeting on where HR and Quality would move to.

A strong recommendation was made by the Hospital Board that HR and Quality should remain on the current SCHHC campus. Either in a portable building or in space in the hospital.

This plan brought to the Hospital Board by management tonight, accomplishes the goal of finding a home for HR and Quality in our current hospital building.

Proposal

1. SCHHC will lease 2,000 square feet of office space in the Ray's Grocery Store Shopping Center. The space is located in between Ray's Grocery Store and Dollar Tree. This will be the new home of the Colene Hickman and the entire Revenue Cycle team. We are also proposing to provide space for Amy Moss Strong and Michele Winchell in this new office.

2. The 2nd Street building will continue to be occupied by the Finance department. There will also be offices for Cam Marlowe, CFO and Scott McEachern, CIO in the building. This also opens space for the Foundation to have an office in this building.

3. The current IS Office space in the Southern Coos Hospital will be remodeled and set up as space for the Quality Department and the Human Resources department to be relocated into the hospital and remain on campus. Shawn March and Anna Peters, the Clinical Informatics team will remain in this space. Dr. Forrester will remain and we will provide a reading room for Dr. Keizer in the space.

4. The IS team will relocate to a separate building on the SCHHC campus, referred to as the Shop building.

Estimated Budget

	Amount	Notes
New Space:	$88,516	Includes firewall, 48 pin port, partitions for desks and meeting room, etc., and contingency.
IS Space Remodel:	$14,230	Includes floor-to-ceiling modular walls; Reese Electric; and contingency
Shop Office Remodel	$2,500	Includes minor expenses for power/data and materials.
Total:	$105,246.25	

Note: Monthly Lease and Utilities costs will be ~$2,100/month.

Detailed Project Plan

1. November 1, 2025: Sign Lease with Landlord
2. November 1, 2025 – November 30, 2025: Landlord Improvements, including replacing east wall with drywall, replacing discolored ceiling tiles, replacing rusted sprinkler heads
3. November 17 – November 30th, 2025: SCH begins Tenant Improvements:
    - Re-activate Internet with DFN
    - Build partitions for desks
    - Install Data/Power where needed
    - Install Switch, Firewall and test connectivity
    - Reactivate Water, Electricity
4. December 1 – 5, 2025:
    - Move Revenue Cycle, Prior Authorizations, Referrals, Financial Counseling, Marketing, from 2nd Street to New Space
5. December 8, 2025: Move Clinical Informatics and HIM to Hospital Conference Room as IS room is remodeled
6. December 8 – 19, 2025: Put up walls in former IS space; finalize SCH Shop office space

7. December 22: HR & Quality Move to former IS space; CIO moves to Dr. Keizer's reading room; CMO moves to CIO's office; HIM moves into former IS space; Clinical Informatics Manager moves into CMO's vacated office.

Diagram of IS Space Remodel to HR & Quality Space

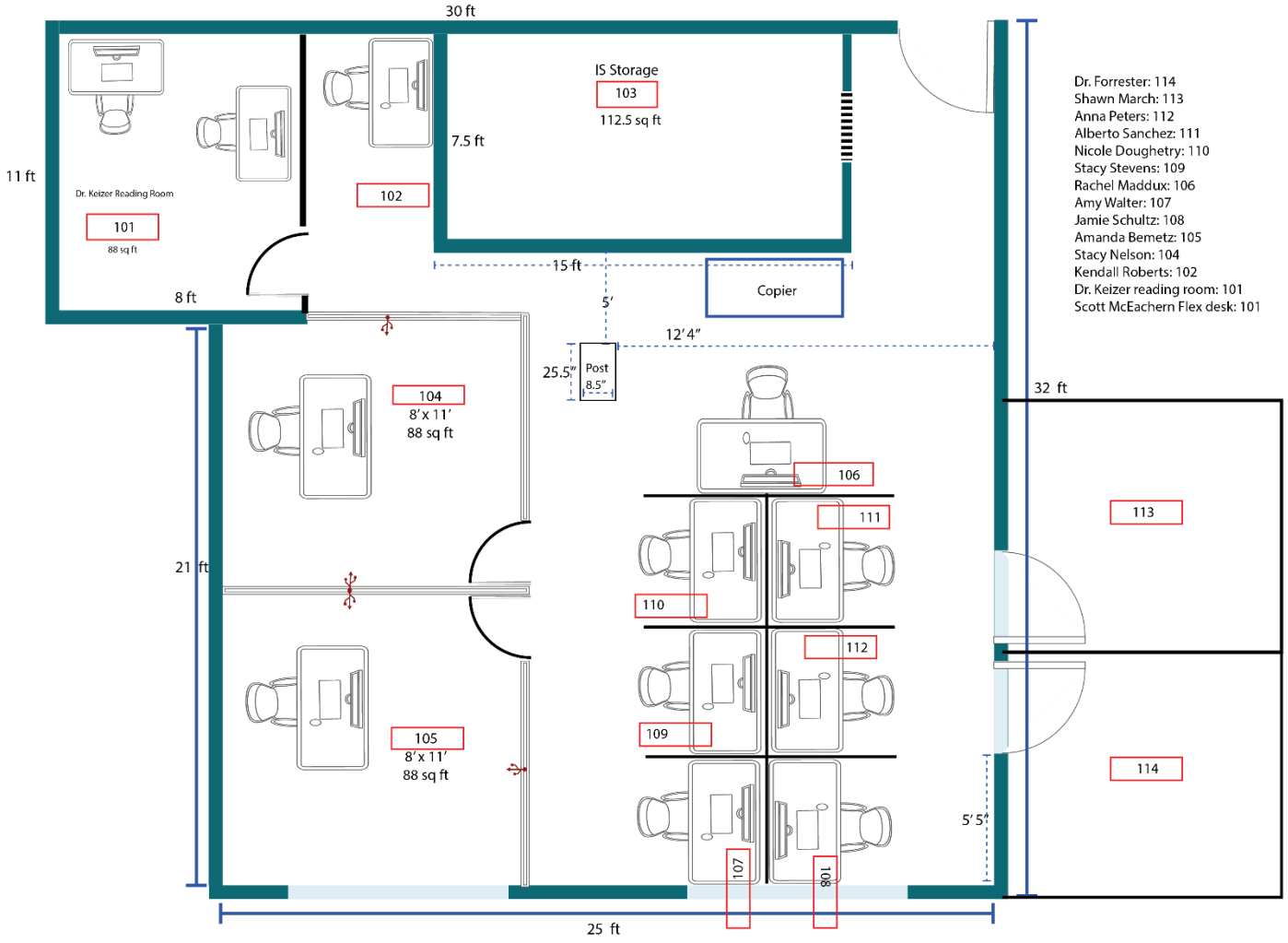


Diagram of New Space by Ray's Grocery

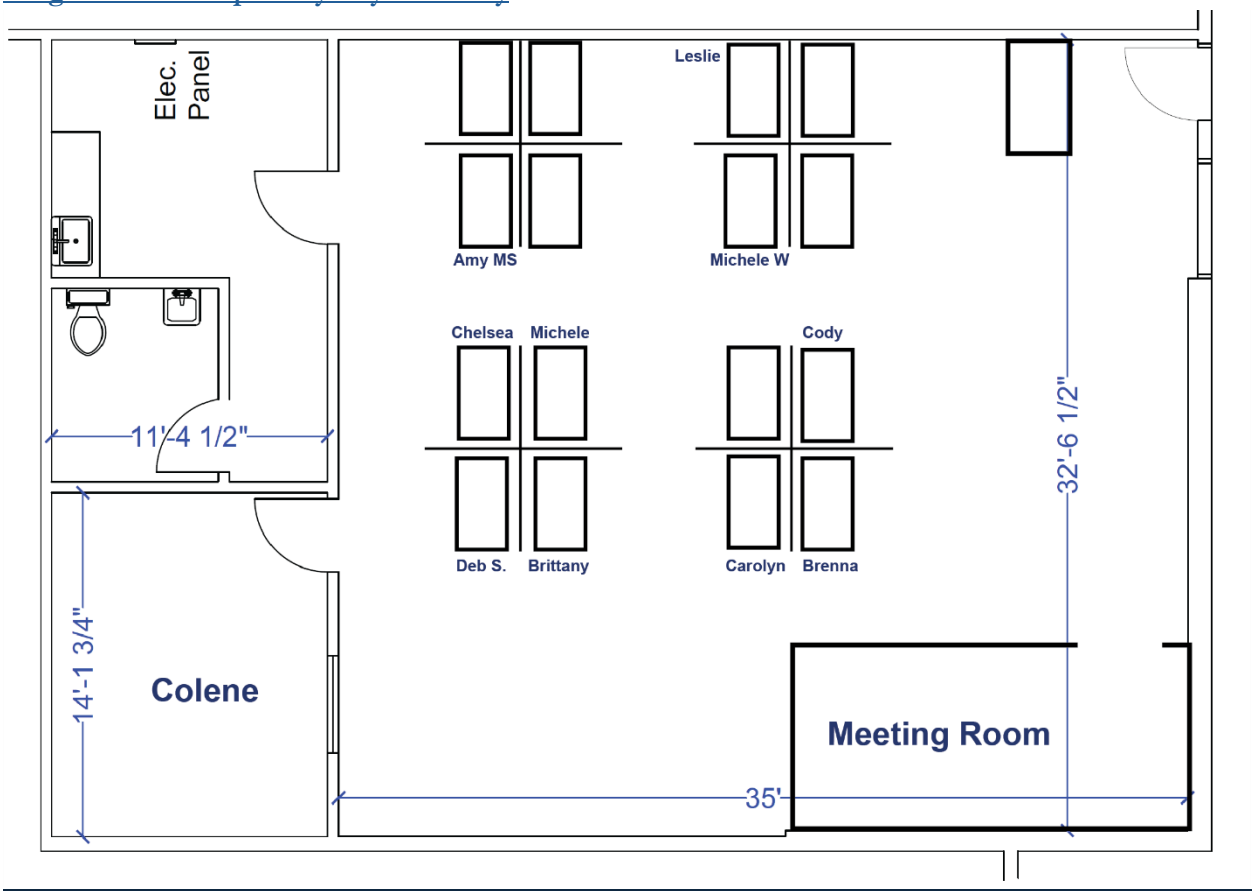
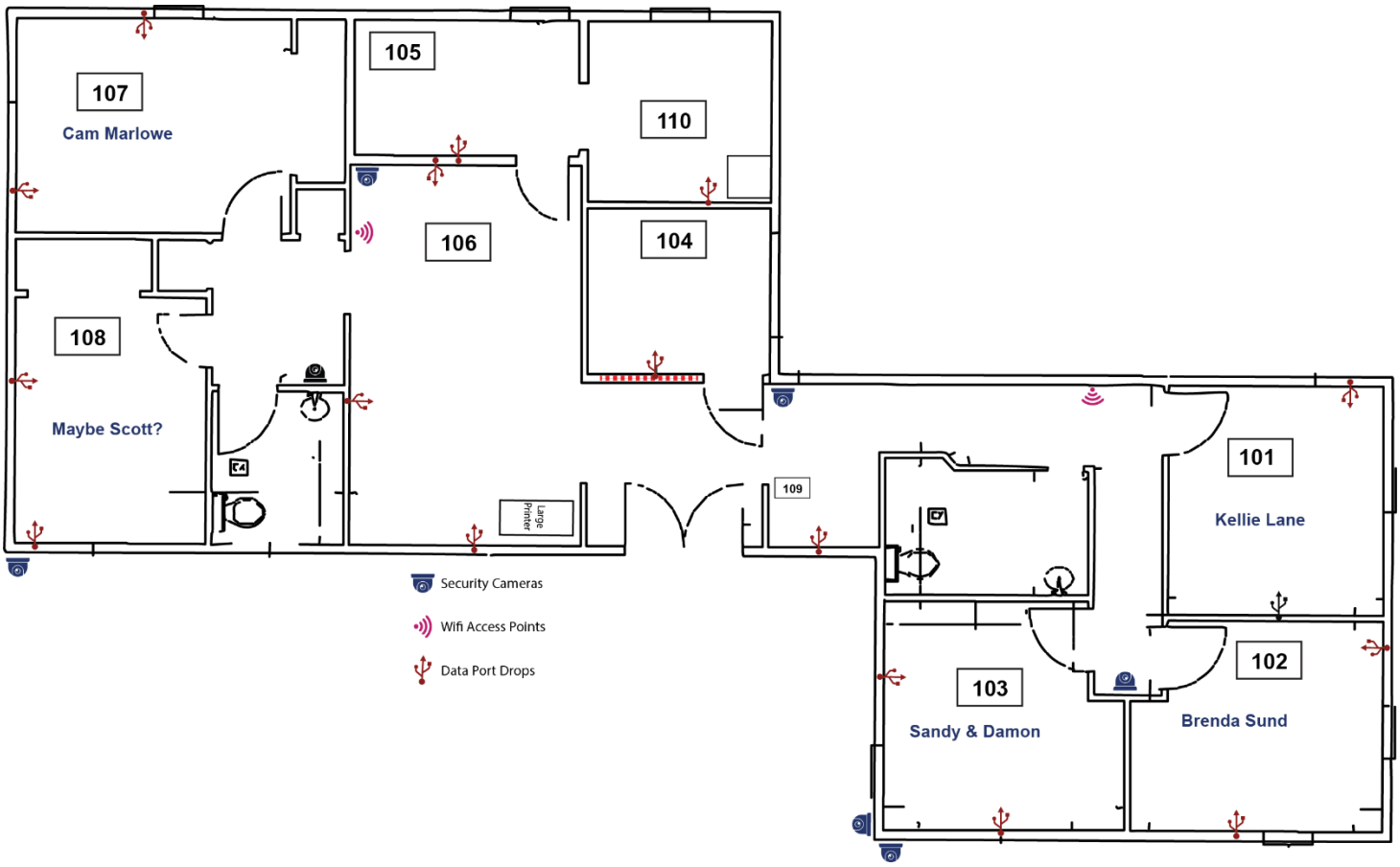


Diagram of 2nd Street Space



DATE: October 17, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Appointment of Amy Walter, RN, MSN as Qualified Infection Preventionist

Recommended Action

Management is seeking Board approval to appoint Amy Walter, RN, MSN as our Qualified Infection Preventionist, effective immediately. Ms. Walter is qualified for this position, due to her background, expertise in infection prevention and her experience in similar roles in health care organizations, that are mandated to comply with CMS Conditions of Participation. A copy of Ms. Walter's CV is attached to this written recommendation.

Background

CMS Conditions of Participation §485.640(a) Standard: Infection Prevention and Control Program Organization and Policies, requires the Critical Access Hospital Governing Board appoint an individual or individual(s) who is qualified through education, training, experience or certification in infection prevention and control. The appointment of this individual must be based on recommendations of medical staff leadership and nursing leadership.

Amy Walter's education, qualifications and experience have been examined by Medical Staff leadership (represented by Alden Forrester, MD, Chief Medical Officer) and Nursing leadership (represented by Cori Valet, RN, Chief Nursing Officer), and both recommend Ms. Walter for approval and appointment by the Board of Directors.

The management and clinical leadership of Southern Coos Hospital are presenting Amy Walter, RN, MSN, for approval and appointment as the Infection Preventionist for SCHHC due to the fact that she meets all requirements.

Amy Walter, Registered Nurse

69149 Beaver Loop RD, North Bend, United States, (541) 297-5735, joeymac90.94@outlook.com

PROFILE

Compassionate and dedicated Registered Nurse with twenty plus years of experience in healthcare. Solutions oriented and highly skilled in patient care management and collaboration.

EMPLOYMENT HISTORY

Sep 2024 — Present

Nurse Educator/ Infection Preventionist, Ko'Kwel Wellness Center

Coos Bay

- Developed and implemented comprehensive infection prevention programs aligned with AAAHC accreditation standards.
- Conducted training sessions on hand hygiene, PPE usage, and infection control protocols for staff.
- Monitored compliance metrics and facilitated quality improvement initiatives to enhance patient safety.
- Collaborated with multidisciplinary teams to assess and revise infection control policies.

Sep 2023 — Present

Registered Nurse, Bay Area Hospital

Coos Bay

Medical Care Unit

- Administered medications, treatments, and therapies to patients in accordance with established protocols and standards of care
- Educated patients and family members on disease prevention and health promotion
- Collaborated with interdisciplinary teams to ensure continuity of care
- Provided emotional support to patients and family members during times of distress

May 2022 — Sep 2023

Clinical Nurse Manager, Bay Area Hospital

Coos Bay

- Oversaw operations of five departments: Sleep Lab, Respiratory Therapy, Outpatient Infusion, Wound Care, and Rehab Therapy.
- Directed scheduling, budgets, hiring, and performance evaluations across all units.
- Facilitated prior authorizations and insurance inquiries for Outpatient Infusion.
- Implemented quality improvement initiatives to enhance patient care and departmental efficiency.

Jan 2017 — Mar 2020

Infection Preventionist, Southern Coos Hospital

Bandon

- Updated and implement new exposure control plans
- Developed and implemented infection control protocols to reduce the spread of infection in the facility
- Completed daily infection control procedures to ensure a safe and clean environment
- Implemented infection control protocols to ensure a safe and sanitary environment for patients and staff

Jan 2017 — Nov 2019

Infection Preventionist-CIC, Coquille Valley Hospital, Southern Coos Hospital, Lower Umpqua Hospital

- Managed and streamlined Infection Prevention programs across three facilities, enhancing compliance and safety.
- Implemented infection control protocols, significantly reducing infection transmission rates.
- Conducted staff training on adherence to infection control measures to foster a culture of safety.
- Performed regular audits of infection prevention practices to identify areas for improvement.
- Collaborated with multidisciplinary teams to develop strategies addressing infection prevention challenges.

Apr 2008 — Dec 2016

Registered Nurse, Bay Area Hospital

Coos Bay

- Delivered comprehensive patient assessments and developed individualized care plans to meet diverse healthcare needs.
- Administered medications and treatments, ensuring adherence to safety protocols and best practices.
- Collaborated with interdisciplinary teams to optimize patient outcomes and enhance care delivery.
- Educated patients and families on health management, disease prevention, and treatment options.
- Implemented infection control measures and participated in quality improvement initiatives to enhance clinical practices.

Sep 2018 — Sep 2023 | Infection Preventionist, Curry General | Gold Beach

- Developed and implemented comprehensive Infection Control Program, enhancing patient safety and compliance.
- Collaborated with medical staff to ensure adherence to infection prevention protocols for DNV inspections.
- Trained and mentored new infection preventionists, fostering a knowledgeable team.
- Conducted surveillance and compiled data for NHSN reporting, improving organizational metrics.
- Led initiatives to optimize infection control practices, contributing to a culture of safety.

Sep 1995 — Nov 2012 | HT, Hospital Corpsman, Lieutenant , United States Navy | Eugene

- Cross-rated to Hospital Corpsman to align with civilian healthcare career.
- Certified 8404 HM after completing Field Med School.
- Participated in advanced combat trauma training, enhancing emergency response capabilities.
- Managed nursing operations as an officer in the Nurse Corps, achieving rank of Lieutenant (O3).
- Retired with commendations after 22 years, recognized by Secretary of Defense.

Mar 1990 — Mar 1994 | Hull Maintenance Technician (HT), United States Navy | Norfolk

- Advanced to second class petty officer, demonstrating leadership and team management.
- Executed grade III and IV brazing techniques to ensure structural integrity in repairs.
- Conducted extensive piping repairs on submarines, enhancing operational readiness.
- Led fire team operations, ensuring safety and protocol adherence during emergencies.
- Trained junior personnel in maintenance procedures, fostering skill development and efficiency.
- Honorable Discharge

EDUCATION

Sep 2007 — Jun 2009 | Master of Science, University of Phoenix | Phoenix

Sep 2002 — Jun 2005 | BSN, Linfield University | McMinnville

Sep 2000 — Jun 2002 | ADN, Southwestern Oregon Community College | Coos Bay

SKILLS

Computer Skills	Expert	Scheduling	Expert
Ability to Multitask	Expert	Infusions	Expert
Effective Time Management	Expert	Trauma	Expert
Ability to Work Under Pressure	Expert	Biotherapy	Expert
Ability to Work in a Team	Expert	Streamlining	Expert
Leadership	Expert	Infection Control	Expert
Adaptability	Expert	Revisions	Expert
Fast Learner	Expert	Chemotherapy	Expert
Project Management	Expert	Advanced Cardiovascular Life Support (ACLS)	Expert
Excellent Communication Skills	Expert	Oncology	Experienced
Customer Service	Expert	Lean Six Sigma	Experienced
Microsoft Office	Expert		

LANGUAGES

English

REFERENCES

References available upon request

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, October 23, 2025

Providers:

- Last month I reported that we have contracted with an experienced General Surgeon for 1 week per month of surgical service coverage. His name is Brett Schulte, MD. Dr. Schulte is beginning on October 20 at SCHHC. So he will be working at our hospital the same week as our October Board meeting. As of today's date, we have 14 referrals for him and at least 2 surgical procedures scheduled for his first week.

- Last month our Medical Staff and Board of Directors also approved Dr. Ahmad Namous, DPM, a new Podiatrist in the community. Dr. Namous met with Dr. Forrester and I last month. Dr. Namous is interested in scheduling podiatric surgeries in our hospital. He will not be employed by SCHHC and will be operating as an independent provider. We are happy to have him and we welcome him as a surgical provider at SCHHC.

Other Additions:

- We have been reporting on the new Geriatric Psychiatry program that will be starting at SCHHC in November. A Program Director has been hired to lead the new program. She is local from Charleston and currently works at Bay Area Hospital. Her name is Kristen Crusoe, Ed.D, MN, RN. She is very experienced as a Behavioral Health Nurse, and as an educator, having previously been on the faculty of both OHSU and SWOOC on the Nursing School Faculty. We feel truly fortunate to have her on our team as our Program Director. Kris will start with Senior Life Solutions on November 4.

DNV Survey:

- Last month I reported that we had undergone our Annual DNV Accreditation Survey, and this year's survey was a full accreditation survey to determine if we are approved for 3-year accreditation. On October 9, we received notification from DNV that we have been approved for full (3-year) accreditation and ISO 9001 Stage 2 Certification. This is a tremendous accomplishment for our staff and our facility. I greatly appreciate the efforts of our Quality team for leading our accreditation preparation and survey response efforts. In the end, this was a team victory for our entire facility.

Coast Community Health Center:

- As previously reported, the merger between Coast Community Health Center (FQHC) and Adapt Integrated Health (FQHC) became effective on October 1, 2025. You may have noticed that the signage on the CCHC building has all been changed to Adapt Integrated Health. I continue to meet weekly with Kendra Newbold, who is staying on with Adapt in the new role of Associate COO –

Coastal Region, with responsibility over all of the Adapt facilities in Coos and Curry Counties. At this week's meeting, Kendra said that one of the most difficult parts of the transaction has been the integration of the Epic electronic health record systems for both organizations. It has been difficult, even though both organizations are on the OCHIN Epic system. The reason is that 2 OCHIN Epic systems have never been merged together before.

Master Facility Planning Process

- We continue to hold weekly meetings with our Project Manager and architects for the Master Facility Planning process. In recent weeks, we have received the engineering consultants report, which shows that much of the infrastructure systems in our current facility are nearing end of life or do not meet current building standards and codes. We now have a comprehensive list of building improvements that will need to be made if we continue to utilize the current structure as a hospital in the future. We also received a report from structural engineers which indicates that our current hospital building is located near an earthquake fault line in Bandon. As a result, there will need to be some additional structural stabilization included in the plans. Joseph Bain reported at the meeting that all of the schools in Bandon have already been retrofitted for additional structural safety.

- The next step in the process will be to examine the financial feasibility of paying for new construction and improvements. This will be similar to the work that CLA did for us 2 years ago on the financial impact of purchasing the Epic electronic health record. In order to get the best price for this work, we have created an RFP process to solicit bids from several financial accounting & consulting firms, including CLA. The proposals are due by October 31.

Annual Flu & Covid Vaccine Drive Through Clinic

- Our annual Flu & Covid Vaccine Drive Through Clinic was held on October 15 in the Bandon City Park. Although the clinic began at 7:00 am, cars started to line up at 6:00 am. I volunteered for the clinic, once again this year. There were 3 things that I noticed this year. (1) This was the most cars that I had seen come through the Drive Through Clinic at the onset; (2) this year's clinic was the best organized that I have seen, with a traffic flow of 3 lanes in a serpentine pattern that reached to 11th Street; and (3) this was the most helpers that I have seen. We had enough nurses to run 3 lanes of cars, and enough volunteers to get the paperwork started, so that cars would almost immediately be greeted by a volunteer as soon as they entered the park. Because of the organization, a huge influx of cars was handled very efficiently. We did run out of Covid vaccine early, due to demand. But we did not run out of Flu vaccine this year in either the low dose or high dose vaccines. Credit is due to Nick Lucas, Cori Valet, and Jason Cook, in particular for the great organization. Also, credit to all of our helpers.

Marketing

- We have a new billboard advertisement on the Harlem street billboard sign (northbound traffic). The new billboard is a promotion for our new Retail Pharmacy.

- You may also recognize a new voice on our radio advertising. We have recorded a new radio advertisement with the voice of Dr. Alden Forrester, who is encouraging medical professionals in our area to "come join him on the clinical services team at Southern Coos Hospital."

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, October 2025

Surgical Services Provider Update:

Dr. Schulte officially started October 20 and as mentioned in prior reports will provide general surgery services here 1 week per month.

Dr. Ahmad Namous, a podiatrist, underwent onboarding yesterday and I expect he will be available to start performing consultations and perhaps even procedures in November.

OHSU Pediatric and Neurology Telemedicine Collaboration Update:

EVENT	STATUS
Signing of contracts	Complete
Credentialling of providers	Complete
Delivery of equipment	Complete
Setup of equipment	Begun
Training of staff	Begun
Program start	10/27/2025 (estimated)

Geriatric Psychiatry Update:

Psychiatrist credentialling is in progress and expected for November Board approval. Hiring for other positions is ongoing. Renovations of the business office are in progress.

Clinic Recruitment Efforts:

A family medicine physician was interviewed last week for a position in our clinic. If hired, this provider would complete our primary care clinic provider staff as currently planned and then discussion would turn to whether to recruit additional providers to staff a new walk-in and/or urgent care clinic. We still plan to maintain contacts with Cascades East Residency to attract Family Medicine residents to our clinic to facilitate any future recruiting plans as well as applying for National Health Service Corps loan repayment designation for our clinic for the same reason.

Bandon Dunes Collaborations:

In a meeting with Bandon Dunes representatives earlier this month we were informed that BDGR does not wish to proceed with an occupational medicine program at this time. However, they are very interested in working more closely with us on meeting the general health needs of their team members through increased access to our clinics. We are currently working with our clinical team to provide a proposal to BDGR regarding meeting this need. Follow up meeting with Bandon Dunes is scheduled for early November.

Retail Pharmacy Report

To: Southern Coos Health District Board of Directors
From: Alden Forrester, MD, Executive for Pharmacy Services
Re: Retail Pharmacy Report for SCHD Board of Directors, October 2025

Retail Pharmacy Volume

1585prescriptions were filled by our retail pharmacy in the month of September. This is an increase from just under 1500 fills in August. Promotional efforts are under way including a new billboard on highway 101 in Bandon and radio spots.

Some Basics About 340b

In its simplest form, 340b programs allow qualifying organizations (such as Southern Coos) to replenish stocks of medicines prescribed to qualifying patients at significantly below usual wholesale pricing. These savings will support the ongoing financial viability of our pharmacy services. We are officially approved for 340b status for our retail pharmacy as of October 13th with medication cost savings so far of roughly $2,500.

The 340b program is, of course, much more complicated than the brief description above. In addition to subsidizing medications provided by our pharmacies both hospital and retail, there are opportunities to partner with other pharmacies to share the benefits of our 340b program status and generate revenue and also opportunities to generate savings through partnerships with some specialty physicians. We are exploring these opportunities.

Because of the structure of our contracts with many insurance plans, it is difficult to pass on the 340b savings directly to customers. Any attempt to do so would have to be carefully constructed so as to not cause contract breaches or significant decrease in revenue from these insurance plans.

I have asked our Pharmacy Director Jeremy Brown, PharmD to sit in at this month's Board meeting to field any additional questions members of the board have regarding 340b.

Contracting

Review of existing and prospective pharmacy contracts is ongoing. Currently we are investigating proposed agreements with CVS/Caremark to accept payment for medications provided to their covered members and with Kroger Inc regarding a 340b contract pharmacy agreement.

Financial Statement for September:

See Appendix A (Thank you again to Jenny Pearcy for providing this information).

Appendix A

Southern Coos Health District
PHARMACY-RETAIL (OP)

Southern Coos Hospital & Health Center
Profit & Loss Statement
As of September 30, 2025

	Month Ending 09/30/2025				Year To Date 09/30/2025			
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Operating Budget	Actual minus budget	Budget variance
Total Patient Revenue								
Outpatient Revenue								
3009 - OTHER PATIENT REVENUE	-	31,602	(31,602)	(100.0) %	-	63,203	(63,203)	(100.00)
Outpatient Revenue	-	31,602	(31,602)	(100.0) %	-	63,203	(63,203)	(100.00)
Total Patient Revenue	-	31,602	(31,602)	(100.0) %	-	63,203	(63,203)	(100.00)
Total Deductions	267,635	-	267,635	100.0 %	767,794	-	767,794	100.00
Net Patient Revenue	(267,635)	31,602	(299,238)	(946.9) %	(767,794)	63,203	(830,998)	(1,314.79)
Other Operating Revenue	368,618	-	368,618	100.0 %	1,046,418	-	1,046,418	100.00
Total Operating Revenue	100,983	31,602	69,380	219.5 %	278,623	63,203	215,420	340.83
Total Operating Expenses								
Total Labor Expenses								
Salaries & Wages	24,570	38,157	(13,587)	(35.6) %	73,245	117,013	(43,768)	(37.40)
Benefits	3,998	7,973	(3,976)	(49.9) %	11,066	24,453	(13,388)	(54.74)
Total Labor Expenses	28,568	46,130	(17,563)	(38.1) %	84,311	141,466	(57,156)	(40.40)
Purchased Services								
4500 - PURCHASED SERVICES	-	-	-	-	7,687	-	7,687	100.00
Purchased Services	-	-	-	-	7,687	-	7,687	100.00
Drugs & Pharmaceuticals								
4204 - DRUGS	91,837	27,619	64,219	232.5 %	242,310	82,856	159,455	192.44
Drugs & Pharmaceuticals	91,837	27,619	64,219	232.5 %	242,310	82,856	159,455	192.44
Medical Supplies								
4202 - NONBILLABLE SUPPLIES - MEDICAL	329	-	330	100.0 %	1,174	-	1,174	100.00
Medical Supplies	329	-	330	100.0 %	1,174	-	1,174	100.00
Other Supplies								
4301 - OFFICE SUPPLIES	678	-	677	100.0 %	1,681	-	1,681	100.00
4398 - MINOR EQUIPMENT	-	-	-	-	2,255	-	2,255	100.00
Other Supplies	678	-	677	100.0 %	3,936	-	3,936	100.00
Other Expenses								
4302 - POSTAGE & FREIGHT	181	-	181	100.0 %	628	-	628	100.00
4501 - MARKETING - ALLOWABLE (MCR)	-	1,667	(1,666)	(100.0) %	-	5,000	(5,000)	(100.00)
4502 - MARKETING - NON ALLOWABLE	(470)	-	(470)	100.0 %	-	-	-	-
4504 - PRINTING & COPYING	116	-	116	100.0 %	177	-	177	100.00
4702 - LICENSING & GOVERNMENT FEES	50	840	(790)	(94.0) %	50	2,520	(2,470)	(98.01)
4703 - DUES & SUBSCRIPTIONS	1,020	-	1,020	100.0 %	3,089	-	3,089	100.00
4798 - BANK & COLLECTION FEES	555	-	555	100.0 %	1,186	-	1,186	100.00

Southern Coos Health District
PHARMACY-RETAIL (OP)

Southern Coos Hospital & Health Center
Profit & Loss Statement
As of September 30, 2025

	Month Ending 09/30/2025				Year To Date 09/30/2025			
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Operating Budget	Actual minus budget	Budget variance
Other Expenses	1,452	2,507	(1,054)	(42.1) %	5,130	7,520	(2,390)	(31.78)
Utilities								
4404 - ELECTRICITY	-	3,773	(3,773)	(100.0) %	-	11,319	(11,319)	(100.00)
Utilities	-	3,773	(3,773)	(100.0) %	-	11,319	(11,319)	(100.00)
Depreciation & Amortization								
6162 - DEPRECIATION - MAJOR MOVABLE EQUIPMENT	410	-	410	100.0 %	1,230	-	1,230	100.00
6152 - DEPRECIATION - BUILDING - CLINIC	1,326	-	1,325	100.0 %	3,977	-	3,977	100.00
Depreciation & Amortization	1,736	-	1,735	100.0 %	5,207	-	5,207	100.00
Total Operating Expenses	124,600	80,029	44,571	55.7 %	349,755	243,161	106,594	43.83
Operating Income / (Loss)	(23,617)	(48,426)	24,809	(51.2) %	(71,132)	(179,957)	108,825	(60.47)
Change In Net Position	(23,617)	(48,426)	24,809	(51.2) %	(71,132)	(179,957)	108,825	(60.47)

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 – October 23, 2025

Clinical Department Staffing –

- Medical-Surgical department – No changes. Four (4) Full time nurse positions remain vacant. Three (3) Full time CNA positions remain vacant. Four (4) contract nurses utilized to fill vacancies.
  - FTE variance due to new employee orientation to the unit, fewer LPNs utilized leading to more RNs required, CNAs covering unit coordinator/tele-tech position for leaves of absence.
- Emergency department – One (1) full time Float RN and one (1) Float LPN positions remain vacant in September. One (1) full time night shift RN has submitted resignation which creates a new vacancy for October.
  - Deficiency seen in the FTE table due.
- Laboratory department – No vacancies for September. Recruitment efforts are in place to replace the Medical Lab Technologist whose last day is mid-October. Laboratory manager has indicated her wish to retire prior to end of the 2025 year. Recruitment efforts have been initiated, and interviews have been scheduled. Currently utilizing two contracted MLTs.
  - FTE variance anticipated as a result of EPIC implementation. Expectation is that this will resolve after EPIC workflow optimization has been completed.
- Surgical department – One (1) circulating registered nurse position remains vacant. Recruitment efforts will be extended when surgical volumes indicate need. Current department manager is able to serve as circulating nurse at this time. In addition to the current department manager, a Med-Surg nurse with experience as a circulating nurse, is orienting to the surgical department so in he can float to that department when needed.
  - FTEs below expectations due to limited surgical volumes.
- Medical Imaging – One (1) Radiology technologist positions remain open. Utilized four (4) contracted technologists in September, however three (3) of the contracts have ended in October and will not be renewed, as new employee technologists have completed their orientation.
  - FTE variance is related to on-going orientation/training of one (1) new technologist.
- Respiratory therapy – One (1) Full time respiratory therapist position vacant. One (1) contract RT utilized to fill the need.
  - FTEs below expectations due to leaves of absence and PFT machine downtime.
- Case management – Zero (0) position vacancies in case management,
  - FTEs below expectations as one case manager out on medical leave.

	August 2025 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	**27.99**	**3.79**	**31.78**	**31.95**	**-0.17**
Manager	1	0	1	1	0
CH RN	3.04	0	3.04	3.85	-0.81
RN	12.24	3.79	16.03	12	4.03
LPN	1.18	0	1.18	2.45	-1.27
CNA	9.5	0	9.5	8.65	0.85
TeleTech	1.03	0	1.03	4	-2.97
Emergency Dept	**11.88**	**0.76**	**12.64**	**15.18**	**-2.54**
Manager	1	0	1	1	0
RN	6.92	0.76	7.68	8.78	-1.1
LPN	2.99	0	2.99	3.6	-0.61
CNA/US	0.97	0	0.97	1.8	-0.83
Laboratory	**9.84**	**1.71**	**11.55**	**9.41**	**2.14**
Manager	1	0	1	1	0
MLS	1.22	0	1.22	0.37	0.85
MLT	3.07	1.71	4.78	3.12	1.66
Lab Assist I	2.83	0	2.83	2.38	0.45
Lab Assist II	0.75	0	0.75	1.47	-0.72
Lab Assist III	0.97	0	0.97	1.07	-0.1
Surgical Dept	**5.53**	**0**	**5.53**	**7.8**	**-2.27**
Manager	1	0	1	1	0
Surgical RN	1.54	0	1.54	3	-1.46
Sterile processor	0.64	0	0.64	1	-0.36
Surgical Tech	1.34	0	1.34	2	-0.66
Housekeeper	1.01	0	1.01	0.8	0.21
Medical Imaging	**10.89**	**3.85**	**14.74**	**14.39**	**0.35**
Manager	1	3.29	4.29	1	3.29
Radiology Tech	6.87	3.85	10.72	8.03	2.69
Rad Tech I	0	0	0	0.7	-0.7
Ultrasound	1.55	0	1.55	2.66	-1.11
MI Coordinator	0.82	0	0.82	1	-0.18
MI Admin Assist	0.65	0	0.65	1	-0.35
Respiratory Ther	**4.16**	**0.89**	**5.05**	**7.31**	**-2.26**
Manager	1	0	1	**1**	**0**
RT	3.16	0.89	4.05	6.31	-2.26
Swing Bed	**1.03**	0	**1.03**	**1.65**	**-0.62**
Case manager	1.03	0	1.03	1.65	-0.62
Totals	**71.32**	**11**	**82.32**	**87.69**	**-5.37**
% of FTE	87%	13%			

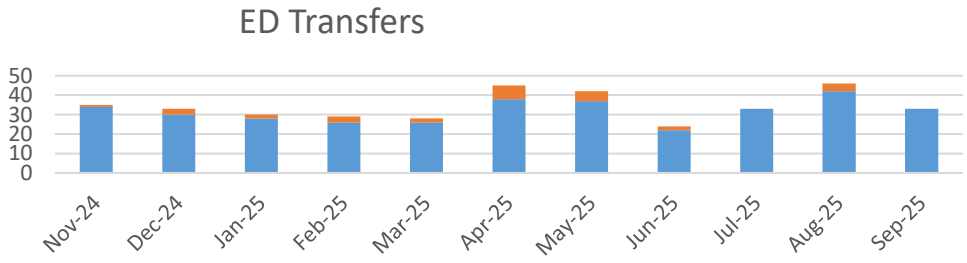
Service Limitations –

- Pulmonary Function Test (PFT) machine returned to service on September 26, 2025. This was an extended down-time that lasted over a month. Negotiations have been initiated to receive reimbursement for lost revenue and labor costs associated with the extended downtime.

Community Flu and Covid Vaccine Events –

- Annual drive-through flu and covid vaccine event – Occurred Wednesday, October 15, 2025 at the Bandon City Park. Preliminary count of vaccines administered: 233 High dose flu, 76 Regular dose flu, 166 Covid vaccines (total of 475 vaccines administered). These volumes are consistent with the 2024 vaccine clinic of 230 High dose flu, 83 Regular dose flu, 185 Covid (total of 498 vaccines administered). Redesigned traffic flow and additional volunteers helped to serve a greater volume of vaccine recipients in a shorter time frame. This ensured a shorter wait time and reduced traffic congestion on the city street.
- Bandon Dunes flu and covid vaccine event – Occurred Thursday, October 16, 2025 at the Bandon Dunes Golf Resort. Update to be provided.

Transfer Statistics –



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	25-Aug	Sep-25
No SCHHC Beds	1	3	2	3	2	7	5	2	0	4	0
Higher level of care required	34	30	28	26	26	38	37	22	33	42	33

- September 2025 Transfers – Total Transfers = 33. All thirty-three (33) transfers required higher level of care and/or services not offered at SCHHC.

  - Neurology – 5
  - Cardiology – 6
  - Pulmonology - 0
  - Surgical – 12
  - Obstetrical – 0
  - Intensive care – 6
  - Urology – 1
  - Psychiatric evaluation - 1
  - Dialysis - 0
  - Pediatric – 0
  - Orthopedics - 0
  - Hematology/Platelets – 0
  - MRI – 1 Emergent MRI (per ED provider) for Vertigo and complicating A.fib RVR.
  - Ultrasound – 0
  - Interventional Radiology – 1

Chief Financial Officer Report

To: **Board of Directors and Southern Coos Management**
From: **Cameron Marlowe, Interim CFO**
Re: **CFO Report for Board of Directors Meeting – October 2025**

September 2025 Department Achievements/Activities

Finance & Accounting Update:

- Brenda, Jenny, CLA and others have been working diligently on the year end audit and the cost report.
- Being my first month at SCHHC, I have been getting to know staff within the departments I oversee as at least meeting if not getting to know and working with the management team, most providers, some local stakeholders, board members, etc…
- I have compiled vendor spend data that I will use to prioritize and track cost-saving initiatives per the boards' and administrations' directive.

Engineering / EVS Update:

- Some pretty big changes to workstations at the 2nd Street facility late in the month (maybe very early in September?) took place where we were able to find four additional spaces to house revenue cycle employees to make room for the new services that will be provided in the old business office building.
- I coordinated with Amanda Bemetz and Jason Cook to meet regarding DNV survey results and to go over other compliance topics as well. Due to scheduling conflicts, we were not able to meet in September but will do so in October. My goals for this meeting are to learn more about our compliance software as it pertains to EVS/Maintenance and determine if we are optimizing the use of it to ensure future compliance. I also want to get a feel from the Maintenance departments if there are other areas we can focus on that would ensure high compliance in the future. Finally, I would like to get their opinion on what we could do to streamline processes.
- I spoke briefly with our Maintenance employee, James, that works on our landscaping and will want to meet with Jason and James in the near future regarding ways we can continue to beautify our exterior areas.

Materials Management / Supply Chain Update:

- I have had initial discussions with Chris Amaral, manager of materials management (supply chain) regarding the potential opportunity to find "non-labor savings" by reviewing our:
    - Group Purchasing Organization (GPO) spend vs. non-GPO spend.
    - GPO contract tier optimization.
    - Local contracts/agreements.

  These efforts will take many months to complete but should result in supply savings.

Revenue Cycle Update:

- Revenue Cycle continues to reduce their accounts receivable days.

Chief Information Officer Report

DATE: October 23rd, 2025
TO: SCHD Board of Directors
FROM: Scott McEachern, CHCIO
SUBJECT: CIO Report – October 23, 2025

CIO Report

I have been working on several projects and initiatives over the past month. Many of these projects are continuations of previous months. We remain highly focused on the FY26 Initiatives, elements of the FY26 Contingency Plan, and additional mission-critical initiatives.

New FY26 Initiatives

Volume Metrics - FY26 Improvement Initiatives						
		Status (3-Month Average)	As of July 30, 2025 (FY26)	As of August 31, 2025	As of September 30, 2025	3 Month Trendline
Existing Initiatives						
Clinic Provider Productivity			833	864	662	
Outpatient Ancillaries						
Lab			4178	4131	3342	
Radiology			927	970	874	
RT			240	211	163	
New Initiatives for FY26						
Retail Pharmacy			1196	1536	1604	
Surgical Services			18	0	18	
SCHHC Senior Life Solutions		n/a	0	0	0	

Surgical Services Growth

In the graph above, the volume numbers represent pain management procedures. Dr. Brett Schulte started on October 20th, 2025. The goal is for him to see clinic patients (pre-surgical consults based on referrals) on Friday, October 24th. Dr. Webster and the clinic providers are making referrals; we are also receiving referrals from outside providers.

Total Number of Referrals, as of Friday, October 17th, 2025: thirteen (13)

Retail Pharmacy

Referring to the graph above, retail pharmacy prescriptions are increasing month-by-month by an average of 12%. Please refer to Dr. Forrester's report on the retail pharmacy for more details and for more information on upcoming retail pharmacy initiatives.

SLS solutions
As the SLS geriatric psychiatry program is not seeing patients yet, we are not seeing volume. That said, we have been very busy over the past month implementing the program. I am co-project managing the implementation of the program with the SLS project manager, Bobby Powers.

We have made significant strides over the past month:
- Hired a Program Director
- Built out the department in finance and Epic
- Prepared

Grow Ancillaries by 10%
Lab, Radiology, and Respiratory Therapy volumes dipped in September. Dr. Webster was OOO for two weeks in September.

Grow Provider Productivity in the Clinic
Dipped in September; Dr. Webster was OOO for two weeks; Dr. Simmonds transitioned out and we onboarded Felisha Miller. Please see David Serle's Clinic Report for additional information.

Update on Mitigation Plan Initiatives – See Mitigation Plan Quarterly Review for additional information

- 🕓 CIO, CFO, Revenue Cycle Director, and Clinical Informatics plan to begin monthly meetings with every department to review charge capture initiatives and determine ways to reduce spend by 5% (page 2 of Mitigation Plan)
- 🕓 CIO, CFO working on reviewing all software and digital products to eliminate duplicates
- 🕓 Revisiting ADP Functionality: IS and HR
  - Making improvements to the timeclock so employees may use their badge for clocking in
  - Using ADP module to update our on- and offboarding procedures
- ✓ Limited Employee Conference/Travel Attendance
- ✓ Reduced number of billboards from 3 to 2
- ✓ All legal requests now routed through CEO for approval

Mission-Critical FY26 Initiatives

Business Office Conversion to Clinical Space: Multiple Departments

- We have adjusted the completion date to November 21, 2025
- Supply chain issues with the modular walls pushed the originally projected date back about 2 ½ weeks
- We are still on track to meet the board-approved budget of $150,000.

Clinical Informatics and Revenue Cycle Collaboration

- Decreased Candidate for Billing (CFB) to 5.2 days
- Decreased volume and dollar amount of documentation deficiencies by over 200%

Status Update on Implemented Programs

EHR Optimization

- Still working on importing data to stand up the medical record archive
- CPSI/Trubridge now in legacy mode

SAGE Optimization

- Completed optimization engagement with Clifton Larson Allen (CLA)
- Begin Rolling out Manager Dashboards

Automated Phone Agent

- Number of calls in September:
- Number of successful redirects:
- Next steps: implement phone agent in clinic

Information Systems Report

		Jul 2025	Aug 2025	Sep 2025	Count
Information Systems	Canceled	0	1	2	3
	Closed	68	120	157	345
	On Hold	1	2	0	3
	Open	7	17	13	37
Count		76	140	172	388

High Priority Projects:

- Phone System Reporting: Install a call tracking server to monitor call times.
- Business office conversion: Move remaining users and clear out technology for remodeling.
- Dollar Tree office space: Plan for potential relocation to the space next to dollar tree.

IS Report:

- IS upgraded the main firewall and it did fix the problem we experienced last month when the old firewall crashed. We now need to purchase another firewall to replace the outdated backup device that is now at end of life.
- We finished installing the phone system reporting software. We now have to let it run in data collection mode for a couple weeks or so. Then we can schedule training and configuration from the vendor.
- HIPAA Risk Assessment: the government shutdown has had impacts on government health IT and HIPAA resources. Both HealthIT.gov and the HHS websites have been down since the shutdown started. We are still on track to finish our annual HIPAA Risk Assessment by 12/31/2025.

Clinical Informatics Report

High Priority Projects

- Epic Build for Surgery Dept:
  - Customizing Epic workflows, Provider setup, and tools to support the clinical and operational needs of the Surgery Department.
- HIM Deficiency WQ/Workflow:
  - Reviewing the Health Information Management deficiency workqueue and associated workflows to identify opportunities for optimization.
- Deficiency Query Process:
  - Evaluating the current provider query process to streamline communication and resolution of documentation deficiencies.
- Immunization Medication Setup:
  - Reviewing immunization and medication setup to ensure accurate documentation, administration, and billing.
- Authorization and Referral Workqueue Routing:
  - Providing education, setup, and monitoring to improve routing accuracy for authorization and referral workqueues.
- Departmental Charge Capture Process:
  - Analyzing departmental charge capture workflows to standardize processes and improve charge entry efficiency.

Clinical Informatics Ongoing Projects

- Ticketing System – Clinical Informatics Ticket Revisions – Monitoring
- 🔄 HealthStream Training Assignments/Downtime Procedures – In Progress
- ✅ Provider EPIC Onboarding 9/21 – Complete
- ✅ Internal and External Imaging Order Entry Process – Complete
- ✅ Sports Physical Clinic Visits – Complete
- 🔄 HIM Deficiency & Query WQ/Workflow – In Progress
- ✅ Internal and External Therapy Plan Workflow – Complete
- Blood Transfusion Type and Screen OP Nursing Workflow – Monitoring
- 🔄 Medication Waste Documentation/Settings – In Progress
- ✅ Medici AUR reporting – Complete
- 🔄 Quality Measures Clinical Documentation – In Progress
- 🔄 Promoting Interoperability -In Progress
- Internal Imaging Ordering Process – Monitoring
- 🔄 Pathology Ordering Workflow – In Progress
- ✅ Internal Order Routing to Workqueue for RT Orders – Complete
- 🔄 PFT Order modification – In Progress
- 🔍 Respiratory Orders dropped at Registration - Reviewing

Multi-Specialty Clinic Report
September 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 – October 23, 2025

Provider Recruiting/Onboarding: As of 10/17/25

Hiring/Onboarding Status: Providers

- Dr. Brett Schulte
  - Orientation October 20th
  - October 20 to October 24 (1st Week)
  - First day seeing patients Friday, October 24
- Full Time Physician
  - Interviewed - Natalie Speck, MD, From Hood River Oregon
  - Status: Under Discussion

Year: 2025 Month: September Provider	Clinic Days	PT's Sched	Cancel	No Show	Total Seen	AVG Seen	No Show Rate	Cancel Rate	Tele HLTH	New PT's	May	June	July	August	September	Projected Ocober
Bonnie Wong, DO											127	102				
Paul Preslar, DO	11	145	8	5	133	12.1	3%	6%	0	11	115	134	141	111	133	128
Shane Matsui, LCSW	20	97	13	0	84	4.2	0%	13%	7	3	84	78	56	78	84	94
Victoria Schmelzer, CRNA	10	68	4	1	63	6.3	1%	6%	0	3	60	75	65	29	63	38
Tami Marriott, MD	6	55	9	2	44	7.3	4%	16%	1	0	57	87	68	85	44	33
Jennifer Webster, MD	10.5	147	15	5	127	12.1	3%	10%	4	16	147	180	101	162	127	154
Henry Holmes	6	64	8	0	56	9.3	0%	13%	0	0	51	0	48	43	56	18
Veronica Simmonds, MD											71	75	52	24		
Kim Bagby, FNP	10	98	7	5	86	8.6	5%	7%	1	13			91	138	86	114
Felisha Miller, FNP	13	80	8	3	69	5.3	4%	10%	0	21					69	106
Outpatient Services	21	240	18	4	218	10.4	2%	8%	0	0	189	206	211	194	218	246
Totals	**108**	**994**	**90**	**25**	**880**	**0.1**	**3%**	**9%**	**13**	**67**	**901**	**937**	**833**	**864**	**880**	**931**
Total Visits Minus OP	87	754	72	21	662	0.1	3%	10%	13	67	712	731	622	670	662	685

Clinic Visits:

- **Total clinic visits are up 1.9% from the previous month (+16)**
- **Provider visits minus OP services are down 1.0% from the previous month (-8)**
- **Total clinic visits for October are projected to go up 5.8% compared to current month (+51)**
- **Provider visits, minus OP services, are projected to go up by 3.4% compared to current month (+23)**
- **Kim Bagby FNP:**
  - **86 visits for September**
  - **114 projected visits for October**

Clinic Visits Continued:

- **Felisha Miller FNP:**
  - **69 visits for September**
  - **106 projected visits for October**

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, October 2025

Metrics

Compensation Surveys:

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

Recruitment

New Hires - September 2025

- Traylyn Arana, Medical Lab Assistant, Laboratory, Full-Time
- Felisha Miller, Nurse Practitioner, Clinic, Full-Time
- Nicolette Cline, Patient Access Services, Full-Time
- Emily Shoemaker, Pharmacist, Retail Pharmacy, Full-Time
- Jack Martin, Certified Nursing Assistant, Clinic, Full Time
- Marsha Wagner, Certified Nursing Assistant, Med/Surg, Full-Time
- Jason Padgett, Registered Nurse, Med/Surg, Per-Diem
- Kyleigh Fradelis, Certified Nursing Assistant, Med/Surg, Per-Diem

Positions Frozen - September 2025

- 1.0 FTE - HIM Specialist II – ROI
- 1.0 FTE - HIM Specialist II – ROI
- 1.0 FTE - Manager of Budgeting & Financial Analysis
- 1.0 FTE - IT Clinical Informatics Specialist

Regulatory

- DNV Visit - September 9-10, 2025 - Successfully Closed Out All HR Deficiencies

Activities/Events

- Performance Evaluations:
  - September 1 - October 17, 2025

- Employee Benefits
  - 2026 - The Partners Group

- Employee Food Truck
  - TBD

People

Employee Financial Wellness: October - December 2025
  - 10/7/25 - 12:00 - 1:00 - *Social Security and Retirement.* - Kendra Plueard

Quote of the Month:

I have been treated so very well here, both in the Emergency and Clinic Departments, that I drive from North Bend and will continue to do so because the staff here really care about their patients. They have gone above and beyond for me several times. - SCHHC Patient

Employees of the Month – September 2025:

- Clinical - Ashley Stadden - RN Emergency Department

I LOVE working with this employee. If I walk into the building and see their smiling face, I know it will be a good day. They are always available to help out each and every employee, from CNAs, RNs, housekeeping, and medical imaging. If you need help, they are there. They go above and beyond when they help patients. Instead of just bringing/ helping a patient to the commode, I've seen this employee expertly perform a full bed bath, hair wash, oral care, and clothes change in under 10 minutes. This person knows what they're doing. You need someone to pass your meds while you sort out a tricky situation? They are there. You need someone to help you sort out a tricky situation? They are there. You need someone to give you advice? They are there. You don't even have to ask; they are just there, always lending a helping hand, always happy to be there for you. I wish I could work with this employee every shift. I wish everyone could experience the force that is this employee. (**Nominated by Clarissa Jeffries)**

- Non Clinical - Rachel Maddux - RN Quality & Risk Department

I would like to nominate this person for Employee of the Month. They consistently go above and beyond in their role and demonstrate an exceptional commitment to patient care, safety, and staff support. This employee is a true team player—always willing to step in, collaborate, and share their expertise to help colleagues succeed. Their proactive approach, problem-solving skills, and dedication to maintaining high standards make a significant difference in our daily operations. They lead by example, ensuring that quality initiatives are not just met but exceeded, and they do so with professionalism, positivity, and grace. Their contributions not only improve outcomes but also strengthen our team culture. For these reasons, I believe this employee exemplifies the values of our organization and is highly deserving of recognition as Employee of the Month. (**Nominated by Amanda Bemetz**)

Southern Coos Health Foundation Report

To: Southern Coos Health District Board of Directors and Southern Coos Health Foundation
From: Alix McGinley, Executive Director, SCHF
Re: SCH Foundation Report for SCHD/SCHF Board of Directors, October 2025

Golf for Health Classic (GFHC)
The 18th anniversary 2025 Golf for Health Classic was the best yet! Our goal for this year's signature event was $125,000 and we beat it raising **$133,181**! Kicking off the weekend was our Bandon Dunes reception as promised the hottest ticket in town. We had 88 guests in the MacDonald Hall our new reception spot was beautiful! The food, drinks and merriment were palpable. Saturday kicked off the golf tournament with the AM Putting contest a well-loved event. Overall, the tourney went smoothly, BBQ lunch by *The Hippy and the Cowboy* was wonderful. Our auction raised nearly $9,000 up from $7,319 last year. We were also fortunate to enlist the Bandon Dunes for a mini tournament next year before the reception at Shorty's for 16 twosomes which raised $6,000. All in all, our Sponsors, Auction donors, golfers, staff and volunteers alike had an excellent time and are already asking about next year's event!

Meet & Greet-SCHHC & SCHF Lecture Series
SCHHC/SCHF is slotted in for the second Tuesday of each month Meet & Greet at Bandon Fisheries Warehouse. In August Alix rolled out our new Grateful Patient program called Heartfelt Thanks. This program is to recognize our healthcare heroes from patients' perspective and share their stories. We began putting these brochures in our discharge paperwork for hospital patients this month. We took October off and moved our next presentation to November 11th to introduce Senior Life Solutions to our community. November Gravel Point will also present.

Quarterly Art Show
Art from our local art community is a value add for our Hospital for patients, families and staff alike. Our next show is this Sunday, October 12th from 2-4 and theme is Magical, Mystical Oregon, featured artist Matt Hanna. The hospital is already alive with beauty. One of our artists, Alan Morris donated a beautiful wood inlaid table worth $1,200 before the show even began.

Gift Shop
Tina is doing an excellent job with the volunteers and gift shop oversite, all while working on her first GFHC. Sales are looking good and will continue to increase as Tina spends more time behind the scenes ordering merch and updating pricing.

New/continuation of fundraising programs
4Q will bring the new Employee Giving kicking off with an event on Giving Tuesday December 2nd and our second Annual Giving programs.

Capital Campaign initiatives to follow likely in 2026.

Grant Submissions
Great news came from our JAMF grant submission. We were awarded $20,000 for the Bandon School Nurse program. We may have a donor willing to supplement the program to enable both nurses to become fulltime (currently 1.5 FTE).

Our other two grants for business office to clinic renovation OCF and CHIP (Advanced Health) are still in the review phase. If granted, could be worth up to $50k towards our business office remodel to additional clinic space.

Monthly Financial Report

To: **Board of Directors and Southern Coos Management**
From: **Cameron Marlowe, Interim CFO**
RE: **September 2025 Month End Financial Results**

Revenue Performance:

- **Gross Revenue:** $5.0M for September, exceeding the $4.8M budget, but falling short by $500k compared to August gross revenue. Outpatient volumes drove a $327K positive variance, while swing bed revenue fell $134k below budget.

Revenue Deductions:

- **Total Deductions:** $2.3M (46.2% of gross), up slightly from 45.5% in August.
- **A/R:** Decreased significantly by $675K to $8.7M, with $2.1M over 120 days. This includes $630K in legacy CPSI balances, all fully reserved.
- **Contractuals:** Actual contractual deductions were 43.6% of revenue (vs. 33.7% in August). Charity care totaled $80K, with $8K recovered from prior bad debts.
- **Discounts:** $102K (2% of gross), mostly non-authorization ($43K), medical necessity ($21K) and other discounts ($23K).
- **Estimated Contractuals:** Increased $87K in September, driven by an estimate of $265K for the retail pharmacy. The estimate for patient AR decreased by $175K.

→ Deductions remain elevated, reflecting pharmacy estimates and payer adjustments, but A/R balances are trending down.

Medicare Cost Report Settlement:

- **FY26:** Estimated payable decreased by $73K to $137K.
    - The shift to a payable is driven by the retail pharmacy, which is non-reimbursable on the cost report. Until the pharmacy generates a sufficient positive profit margin, it will negatively impact the settlement.
- **FY25:** Estimated receivable of $341K, with the cost report to be finalized in November and funds expected by February.

→ Retail pharmacy will remain a drag on settlements near-term, but FY25 provides some positive offset cash.

Operating Revenues:

- **Total Operating Revenues:** September totaled $3,079,000 which was just above budget of $2,987,000 and $673K higher than September last year.

→ Revenue shows healthy year-over-year growth.

Operating Expenses:

- **Labor:** $2.4M – above a budget of $2.2M, primarily from contract staffing in Radiology, Medical-Surgical, and Information Systems.
- **Total Operating Expenses:** $3.5M – over budget by $316K.

→ Higher labor costs and costs of drugs issued were partially offset by expense control elsewhere.

Operating Income/(Loss):

- **September:** Operating loss of ($401K), above the budgeted loss of ($177K).

→ Margins remain tight, with pharmacy revenue helping but contract labor and revenue deductions weighing on results.

Change in Net Position:

- **September:** Loss of ($281K), more than the budgeted loss of ($64K).
- **YTD:** Positive bottom line of $41,000 – below budget expectations of a $233,000 gain.

Financial Health Indicators:

- **Days Cash on Hand:** Increased to 70.7 in September from 67.6 in August, impacted by a strong month of cash collections.
- **A/R Days Outstanding:** Improved to 49.6 from 55.4, reflecting ongoing progress in collections.

→ Liquidity remains solid, and A/R performance is trending positively.

Financial Ratio Benchmark Chart (as of September 2025)
For Organization Type: Critical Access Hospital / Public Healthcare District

Metric	Value	Target Range / Benchmark	What It Means
Cash to Debt Ratio	**0.87**	0.20 – 1.00+	SCHHC has **87¢ in cash** for every $1 of debt — strong liquidity for a rural hospital.
Debt Ratio	**0.51**	0.30 – 0.60 (nonprofit healthcare sector)	Roughly **51% of our assets** are financed with liabilities — a balanced use of debt.
Days Cash on Hand	**70 days**	60 – 180 days (CAH benchmark: 75+ recommended)	We can cover **70 days of operations** with cash on hand — a solid buffer for stability and planning.
A/R Days Outstanding	**50 days**	40 – 55 days (typical nonprofit hospital range)	A/R collection efforts brought this down in line with benchmarks.

- **Liquidity:** With 70 days cash on hand and a cash-to-debt ratio of 0.87, SCHHC remains well-positioned to meet short-term obligations and manage reimbursement timing without reliance on borrowing.
- **Debt Management:** Debt ratio of 51% reflects balanced leverage, supporting both operations and capital needs.
- **Revenue Cycle:** A/R days improved to 50, within the target range, marking steady progress toward stronger collections and consistent cash flow.

Overall: SCHHC's financial position remains sound, with stable liquidity, prudent debt levels, and ongoing improvement in revenue cycle performance.

Southern Coos Health District

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses, and Changes in Net Position
As of September 30, 2025

	Month Ending 09/30/2025				Month Ending 09/30/2024	Year To Date 09/30/2025				Prior Year To Date 09/30/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	809,703	794,904	14,799	1.9 %	738,365	2,995,534	2,769,704	225,830	8.2 %	1,991,550
Outpatient Revenue	3,850,184	3,522,784	327,400	9.3 %	3,130,338	12,048,092	11,047,836	1,000,255	9.1 %	10,033,859
Swingbed Revenue	364,719	498,391	(133,673)	(26.8) %	174,885	988,151	1,561,697	(573,545)	(36.7) %	806,596
Total Patient Revenue	**5,024,606**	**4,816,079**	**208,526**	**4.3 %**	**4,043,588**	**16,031,777**	**15,379,237**	**652,540**	**4.2 %**	**12,832,005**
Total Deductions	**2,320,196**	**1,832,371**	**487,825**	**26.6 %**	**1,639,815**	**7,248,238**	**5,851,329**	**1,396,909**	**23.9 %**	**4,793,387**
Revenue Deductions %	**46.2 %**	**38.0 %**	**8.2 %**	**21.5 %**	**40.6 %**	**45.2 %**	**38.0 %**	**7.2 %**	**18.8 %**	**37.4 %**
Net Patient Revenue	**2,704,409**	**2,983,709**	**(279,299)**	**(9.4) %**	**2,403,772**	**8,783,539**	**9,527,908**	**(744,369)**	**(7.8) %**	**8,038,618**
Other Operating Revenue	**374,496**	**3,280**	**371,216**	**11,317.3 %**	**2,538**	**1,064,559**	**9,840**	**1,054,719**	**10,718.4 %**	**19,789**
Total Operating Revenue	**3,078,905**	**2,986,989**	**91,917**	**3.1 %**	**2,406,310**	**9,848,099**	**9,537,748**	**310,350**	**3.3 %**	**8,058,408**
Total Operating Expenses										
Total Labor Operating Expenses	2,371,532	2,159,064	212,468	9.8 %	2,018,125	7,127,021	6,612,007	515,014	7.8 %	6,118,230
Total Other Operating Expenses	1,108,747	1,004,945	103,802	10.3 %	786,628	3,063,916	3,031,433	32,482	1.1 %	2,434,293
Total Operating Expenses	**3,480,279**	**3,164,009**	**316,270**	**10.0 %**	**2,804,753**	**10,190,937**	**9,643,440**	**547,496**	**5.7 %**	**8,552,523**
Operating Income / (Loss)	**(401,374)**	**(177,021)**	**(224,353)**	**126.7 %**	**(398,443)**	**(342,838)**	**(105,692)**	**(237,146)**	**224.4 %**	**(494,115)**
Net Non Operating Revenue	**120,657**	**113,001**	**7,656**	**6.8 %**	**101,543**	**384,259**	**339,003**	**45,256**	**13.3 %**	**402,825**
Change In Net Position	**(280,717)**	**(64,020)**	**(216,697)**	**338.5 %**	**(296,900)**	**41,421**	**233,311**	**(191,890)**	**(82.2) %**	**(91,290)**

- Other Operating Income:
  - $1.065M YTD for Retail Pharmacy
- Revenue Deductions
  - $768k YTD for Retail Pharmacy

Fiscal Year 2026	July	August	September	Average	YTD
Income Statement					
Average Daily Revenues	176,282	178,788	167,487	174,186	174,258
Average Daily Actual Contractuals	55,093	60,284	73,038	62,805	62,694
% of Actual Contractuals of Total Payment	37.40%	36.62%	36.74%	36.92%	36.89%
Revenues	5,464,741	5,542,430	5,024,606	5,343,926	16,031,777
Actual Contractual Adjustments	1,707,877	1,868,812	2,191,142	1,922,610	5,767,831
Actual Discount Adjustments	41,014	113,606	102,102	85,574	256,722
Estimated Contractuals	700,028	261,746	87,283	349,686	1,049,057
Medicare Tool Adjustment	(45,110)	280,069	(60,331)	58,209	174,628
Total Deductions	2,403,809	2,524,233	2,320,196	2,416,079	7,248,238
Actual Contractuals % of Revenues	31.25%	33.72%	43.61%	36.19%	35.98%
Discount Adjustments % of Revenues	0.75%	2.05%	2.03%	1.61%	1.60%
Estimated Contractuals % of Revenues	12.81%	4.72%	1.74%	6.42%	6.54%
Medicare Tool Adjustment % of Revenues	-0.83%	5.05%	-1.20%	1.01%	1.09%
Total Deductions % of Revenues	43.99%	45.54%	46.18%	45.24%	45.21%
Balance Sheet					
CPSI Patient Cash Posted	14,099	25,091	13,726	17,639	52,916
EPIC Patient Cash Posted	2,804,008	3,095,411	3,656,281	3,185,233	9,555,700
Total Cash Posted	2,818,107	3,120,502	3,670,007	3,202,872	9,608,617
Average Daily Cash	90,907	100,661	122,334		
Total Patient AR Over 120 Days	2,083,375	1,925,399	2,133,515	2,047,430	2,133,515
Total Patient AR	9,425,337	9,315,989	8,636,661	9,125,996	8,636,661
AR Allowance for Uncollectables	5,036,189	4,954,420	4,775,504	4,922,038	4,775,504
Net Patient AR	4,389,148	4,361,569	3,861,157	4,203,958	3,861,157
% Allowance for Oustanding AR	53.43%	53.18%	55.29%	53.97%	55.29%
% Change in Allowance from Prior Month	9.96%	-1.62%	-3.61%	1.57%	
Increase of AR Over 120 from Prior Month	160,853	(157,976)	208,116	70,331	
Increase of Total AR from Prior Month	850,701	(109,348)	(679,328)	20,675	

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses & Changes in Net Position
As of September 30, 2025

	Month Ending 09/30/2025				Month Ending 09/30/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue					
Inpatient Revenue	809,703	794,904	14,799	1.9 %	738,365
Outpatient Revenue	3,850,184	3,522,784	327,400	9.3 %	3,130,338
Swingbed Revenue	364,719	498,391	(133,673)	(26.8) %	174,885
Total Patient Revenue	**5,024,606**	**4,816,079**	**208,526**	**4.3 %**	**4,043,588**
Total Deductions	**2,320,196**	**1,832,371**	**487,825**	**26.6 %**	**1,639,815**
Net Patient Revenue	**2,704,409**	**2,983,709**	**(279,299)**	**(9.4) %**	**2,403,772**
Other Operating Revenue	**374,496**	**3,280**	**371,216**	**11,317.3 %**	**2,538**
Total Operating Revenue	**3,078,905**	**2,986,989**	**91,917**	**3.1 %**	**2,406,310**
Total Operating Expenses					
Total Labor Expenses					
Salaries & Wages	1,587,425	1,596,271	(8,846)	(0.6) %	1,345,806
Contract Labor	499,908	378,268	121,640	32.2 %	430,836
Benefits	284,199	184,525	99,674	54.0 %	241,483
Total Labor Expenses	2,371,532	2,159,064	212,468	9.8 %	2,018,125
Purchased Services	261,989	343,045	(81,056)	(23.6) %	294,767
Drugs & Pharmaceuticals	210,050	116,310	93,739	80.6 %	79,020
Medical Supplies	93,161	103,044	(9,881)	(9.6) %	97,634
Other Supplies					
4300 - OTHER NON-MEDICAL SUPPLIES	-	6,519	(6,520)	(100.0) %	7,162
4301 - OFFICE SUPPLIES	4,945	4,291	654	15.2 %	5,600
4304 - LAUNDRY & LINENS / NONFOOD SUPPLIES	14,631	2,616	12,015	459.4 %	1,774
4398 - MINOR EQUIPMENT	12,357	28,992	(16,634)	(57.4) %	10,807
4399 - INVENTORY ADJUSTMENT	(210)	-	(211)	100.0 %	(5,013)
4505 - CATERING & FOOD	9,596	10,761	(1,165)	(10.8) %	8,186
Other Supplies	41,319	53,179	(11,861)	(22.3) %	28,516
Lease & Rental Expense	-	2,387	(2,387)	(100.0) %	6,341
Repairs & Maintenance	25,695	31,186	(5,491)	(17.6) %	23,137
Other Expenses					
4302 - POSTAGE & FREIGHT	7,234	5,350	1,884	35.2 %	3,503
4303 - COMPUTER & IT EQUIPMENT	(8,534)	-	(8,534)	100.0 %	-
4501 - MARKETING - ALLOWABLE (MCR)	14,364	8,564	5,800	67.7 %	6,805
4502 - MARKETING - NON ALLOWABLE	3,255	8,503	(5,248)	(61.7) %	15,977
4504 - PRINTING & COPYING	4,830	-	4,830	100.0 %	-
4700 - OTHER EXPENSES	(115)	(5,065)	4,951	(97.7) %	-
4701 - OREGON PROVIDER TAX	-	-	-	0.0 %	-
4702 - LICENSING & GOVERNMENT FEES	26,254	19,236	7,018	36.5 %	14,557
4703 - DUES & SUBSCRIPTIONS	110,852	64,190	46,661	72.7 %	41,297
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	4,644	7,503	(2,859)	(38.1) %	2,893
4705 - TRAINING / CONFERENCE FEES	-	19,703	(19,703)	(100.0) %	6,117
4706 - TRAVEL & LODGING	16,041	8,186	7,855	96.0 %	9,057
4710 - OCCUPANCY / RENT EXPENSE	-	-	-	0.0 %	-
4711 - EQUIPMENT RENTAL	-	833	(833)	(100.0) %	-
4720 - DONATIONS / GRANTED FUNDS	346	-	346	100.0 %	-
4797 - MISC TAX (A/P)	2	-	2	100.0 %	-
4798 - BANK & COLLECTION FEES	14,631	5,618	9,012	160.4 %	5,859
4799 - MISCELLANEOUS EXPENSE	(1,093)	(13,829)	12,736	(92.1) %	(1,048)
Other Expenses	192,711	128,792	63,918	49.6 %	105,017
Utilities	38,372	31,747	6,627	20.9 %	25,622
Insurance	23,629	20,954	2,674	12.8 %	21,960
Depreciation & Amortization	221,821	174,301	47,520	27.3 %	104,614
Total Operating Expenses	**3,480,279**	**3,164,009**	**316,270**	**10.0 %**	**2,804,753**
Operating Income / (Loss)	**(401,374)**	**(177,021)**	**(224,353)**	**126.7 %**	**(398,443)**
Net Non Operating Revenue					
Property Taxes	96,792	98,219	(1,427)	(1.5) %	93,248
Non-Operating Revenue	35,000	9,422	25,578	271.5 %	5,134
Interest Expense	(36,569)	(33,436)	(3,133)	9.4 %	(26,706)
Investment Income	25,596	38,796	(13,200)	(34.0) %	29,867
Gain / Loss on Asset Disposal	(162)	-	(162)	100.0 %	-
Net Non Operating Revenue	**120,657**	**113,001**	**7,656**	**6.8 %**	**101,543**
Change In Net Position	**(280,717)**	**(64,020)**	**(216,697)**	**338.5 %**	**(296,900)**

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses & Changes in Net Position
As of September 30, 2025

	Year To Date 09/30/2025				Prior Year To Date 09/30/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue					
Inpatient Revenue	2,995,534	2,769,704	225,830	8.2 %	1,991,550
Outpatient Revenue	12,048,092	11,047,836	1,000,255	9.1 %	10,033,859
Swingbed Revenue	988,151	1,561,697	(573,545)	(36.7) %	806,596
Total Patient Revenue	**16,031,777**	**15,379,237**	**652,540**	**4.2 %**	**12,832,005**
Total Deductions	**7,248,238**	**5,851,329**	**1,396,909**	**23.9 %**	**4,793,387**
Net Patient Revenue	**8,783,539**	**9,527,908**	**(744,369)**	**(7.8) %**	**8,038,618**
Other Operating Revenue	**1,064,559**	**9,840**	**1,054,719**	**10,718.7 %**	**19,789**
Total Operating Revenue	**9,848,099**	**9,537,748**	**310,350**	**3.3 %**	**8,058,408**
Total Operating Expenses					
Total Labor Expenses					
Salaries & Wages	4,748,563	4,917,781	(169,218)	(3.4) %	4,060,815
Contract Labor	1,623,001	1,128,897	494,104	43.8 %	1,400,029
Benefits	755,457	565,329	190,128	33.6 %	657,386
Total Labor Expenses	7,127,021	6,612,007	515,014	7.8 %	6,118,230
Purchased Services	685,980	1,029,135	(343,155)	(33.3) %	906,849
Drugs & Pharmaceuticals	650,806	354,843	295,963	83.4 %	276,964
Medical Supplies	293,839	319,816	(25,976)	(8.1) %	315,651
Other Supplies					
4300 - OTHER NON-MEDICAL SUPPLIES	138	19,558	(19,421)	(99.3) %	17,015
4301 - OFFICE SUPPLIES	16,210	12,873	3,338	25.9 %	14,022
4304 - LAUNDRY & LINENS / NONFOOD SUPPLIES	37,677	7,846	29,830	380.2 %	7,693
4398 - MINOR EQUIPMENT	35,366	86,976	(51,610)	(59.3) %	23,180
4399 - INVENTORY ADJUSTMENT	(426)	-	(426)	0.0 %	(17,746)
4505 - CATERING & FOOD	28,063	32,283	(4,220)	(13.1) %	25,903
Other Supplies	117,028	159,536	(42,509)	(26.6) %	70,067
Lease & Rental Expense	1,266	7,161	(5,895)	(82.3) %	7,096
Repairs & Maintenance	60,511	93,560	(33,048)	(35.3) %	67,482
Other Expenses					
4302 - POSTAGE & FREIGHT	21,346	16,050	5,295	33.0 %	13,662
4303 - COMPUTER & IT EQUIPMENT	6,928	-	6,927	0.0 %	-
4501 - MARKETING - ALLOWABLE (MCR)	36,636	25,692	10,944	42.6 %	22,268
4502 - MARKETING - NON ALLOWABLE	7,991	25,507	(17,515)	(68.7) %	31,599
4504 - PRINTING & COPYING	7,685	-	7,685	0.0 %	-
4700 - OTHER EXPENSES	5	(15,195)	15,200	(100.0) %	-
4701 - OREGON PROVIDER TAX	1,044	-	1,044	0.0 %	-
4702 - LICENSING & GOVERNMENT FEES	59,910	57,709	2,201	3.8 %	44,875
4703 - DUES & SUBSCRIPTIONS	348,698	192,569	156,129	81.1 %	115,259
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	10,895	22,510	(11,615)	(51.6) %	10,992
4705 - TRAINING / CONFERENCE FEES	181	59,108	(58,927)	(99.7) %	44,823
4706 - TRAVEL & LODGING	35,604	24,560	11,044	45.0 %	31,360
4710 - OCCUPANCY / RENT EXPENSE	90	-	90	0.0 %	-
4711 - EQUIPMENT RENTAL	-	2,500	(2,500)	(100.0) %	-
4720 - DONATIONS / GRANTED FUNDS	1,386	-	1,386	0.0 %	-
4797 - MISC TAX (A/P)	15	-	16	0.0 %	-
4798 - BANK & COLLECTION FEES	42,466	16,853	25,612	152.0 %	19,022
4799 - MISCELLANEOUS EXPENSE	(1,093)	(41,487)	40,393	(97.4) %	1,666
Other Expenses	579,787	386,376	193,409	50.1 %	335,526
Utilities	92,842	95,239	(2,396)	(2.5) %	75,836
Insurance	71,011	62,862	8,149	13.0 %	64,975
Depreciation & Amortization	510,846	522,905	(12,060)	(2.3) %	313,847
Total Operating Expenses	**10,190,937**	**9,643,440**	**547,496**	**5.7 %**	**8,552,523**
Operating Income / (Loss)	**(342,838)**	**(105,692)**	**(237,146)**	**224.4 %**	**(494,115)**
Net Non Operating Revenue					
Property Taxes	290,375	294,656	(4,282)	(1.5) %	265,408
Non-Operating Revenue	103,828	28,266	75,562	267.3 %	29,924
Interest Expense	(120,587)	(100,306)	(20,280)	20.2 %	(71,102)
Investment Income	112,328	116,387	(4,059)	(3.5) %	178,595
Gain / Loss on Asset Disposal	(1,685)	-	(1,685)	0.0 %	-
Net Non Operating Revenue	**384,259**	**339,003**	**45,256**	**13.3 %**	**402,825**
Change In Net Position	**41,421**	**233,311**	**(191,890)**	**(82.2) %**	**(91,290)**

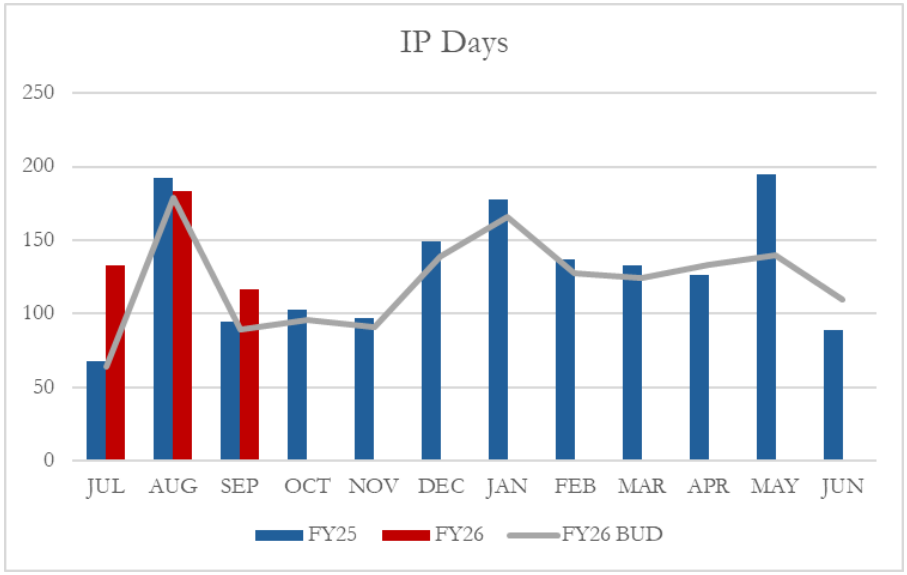
Southern Coos Hospital & Health Center
Balance Sheet Summary

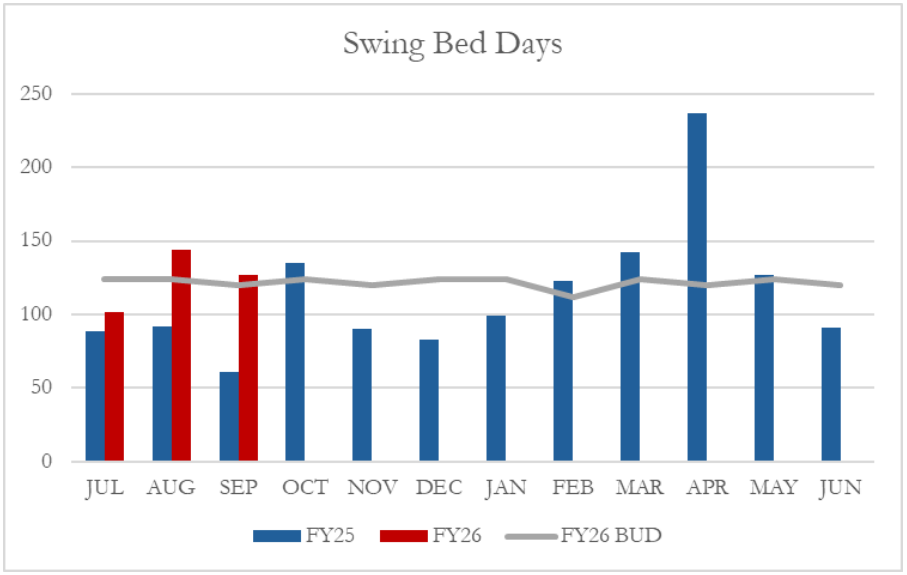
	Year To Date 09/30/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Current vs. Prior	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	10,949,649	11,239,810	(290,161)	11,721,015
Net Patient Accounts Receivable	3,921,150	3,994,422	(73,271)	3,907,633
Other Assets	1,372,351	1,030,033	342,316	798,202
Total Current Assets	16,243,150	16,264,265	(21,116)	16,426,850
Net PP&E	8,577,174	8,708,314	(131,138)	6,423,952
Total Assets	**24,820,324**	**24,972,579**	**(152,254)**	**22,850,802**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	8,226,662	8,391,023	(164,362)	4,490,006
Total Long Term Debt, Net	4,329,624	4,358,938	(29,313)	4,535,131
Total Liabilities	12,556,286	12,749,961	(193,675)	9,025,137
Total Net Assets	12,264,038	12,222,618	41,273	13,825,665
Total Liabilities & Net Assets	**24,820,324**	**24,972,579**	**(152,255)**	**22,850,802**

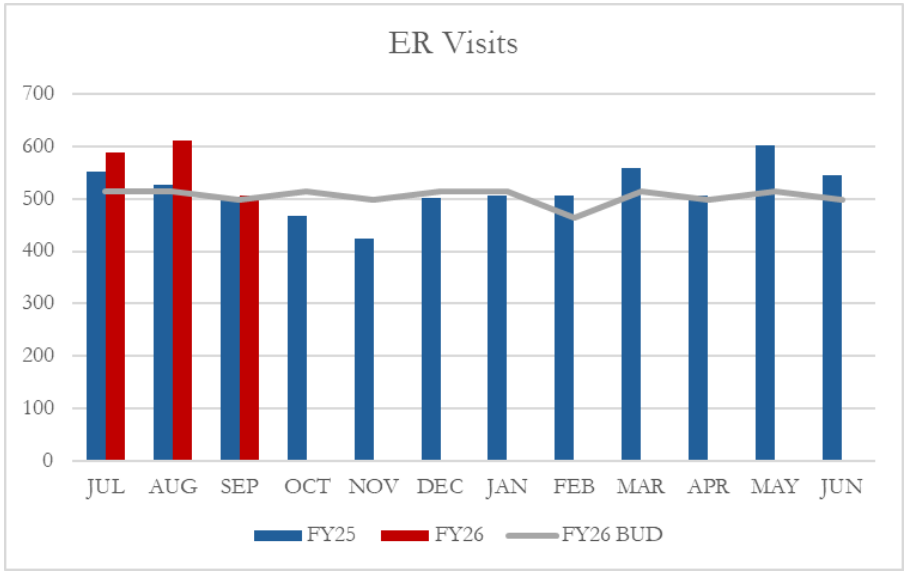
Cash to Debt Ratio	**0.87**	**0.88**	**(0.01)**	**1.30**
Debt Ratio	**0.51**	**0.51**	**0.00**	**0.39**
Current Ratio	**1.97**	**1.94**	**0.03**	**3.66**
Debt to Capitalization Ratio	**0.26**	**0.24**	**0.02**	**0.25**

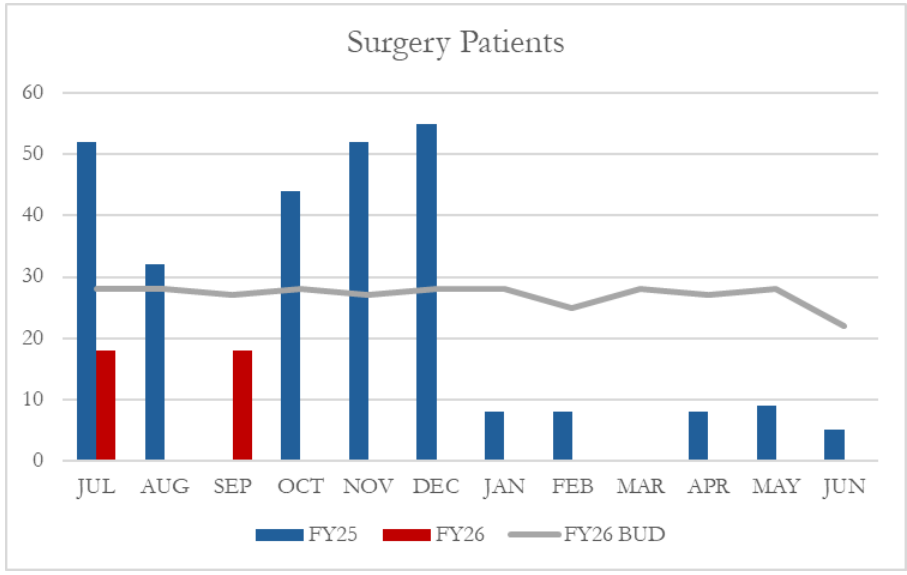
Southern Coos Hospital & Health Center
Balance Sheet

		Year To Date 09/30/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
Total Assets	**Current Year Balance**		**Prior Year**	**Change**	**Actual**
Total Current Assets					
Cash and Cash Equivalents					
Cash Operating		**967,203**	**1,335,553**	**(368,351)**	**1,400,507**
Investments - Unrestricted		**4,062,503**	**3,984,314**	**78,190**	**4,076,428**
Investments - Reserved Certificate of		**3,186,239**	**3,186,238**	**-**	**3,510,375**
Investment - USDA Restricted		**233,704**	**233,705**	**-**	**233,705**
Investment - Board Designated	**Deposit**	**2,500,000**	**2,500,000**	**-**	**2,500,000**
Cash and Cash Equivalents		**10,949,649**	**11,239,810**	**(290,161)**	**11,721,015**
Net Patient Accounts Receivable					
Patient Accounts Receivable					
1101 - A/R PATIENT - EPIC		8,010,575	7,850,956	159,619	-
1102 - A/R PATIENT - CPSI / EVIDENT		626,086	723,680	(97,593)	7,228,690
1103 - A/R - PHARMACY RETAIL OP		59,993	-	59,992	-
2003 - REFUNDS - PATIENT / INSURA		-	-	-	(192)
Patient Accounts Receivable		**8,696,654**	**8,574,636**	**122,018**	**7,228,499**
Allowance for Uncollectibles	NCE				
1121 - ALLOW FOR UNCOLL - EPIC		(4,947,930)	(4,598,461)	(349,469)	-
1122 - ALLOW FOR UNCOLL - CPSI		(626,086)	(723,679)	97,594	(3,840,559)
1130 - WRITE OFF RECOVERY		(755,784)	(723,288)	(32,496)	(554,030)
1132 - BAD DEBT W/O - NON-MEDIC		1,554,296	1,465,214	89,082	1,073,723
Allowance for Uncollectibles		**(4,775,504)**	**(4,580,214)**	**(195,289)**	**(3,320,866)**
Net Patient Accounts Receivable	ARE	**3,921,150**	**3,994,422**	**(73,271)**	**3,907,633**
Other Assets					
Other Receivables		**947**	**29,598**	**(28,652)**	**21,045**
Inventory		**453,963**	**369,514**	**84,449**	**230,930**
Prepaid Expense		**589,483**	**572,290**	**17,192**	**465,262**
Property Tax Receivable		**327,958**	**58,631**	**269,327**	**80,965**
Other Assets		**1,372,351**	**1,030,033**	**342,316**	**798,202**
Total Current Assets		**16,243,150**	**16,264,265**	**(21,116)**	**16,426,850**
Net PP&E					
Land		**461,527**	**461,528**	**-**	**461,527**
Property and Equipment		**24,290,121**	**24,224,122**	**65,999**	**20,435,404**
Accumulated Depreciation		**(16,574,676)**	**(16,235,298)**	**(339,378)**	**(15,194,163)**
Construction In Progress		**400,202**	**257,962**	**142,241**	**721,184**
Net PP&E		**8,577,174**	**8,708,314**	**(131,138)**	**6,423,952**
Total Assets		**24,820,324**	**24,972,579**	**(152,254)**	**22,850,802**
Total Liabilities & Net Assets					
Total Liabilities					
Current Liabilities					
Accounts Payable		**1,575,424**	**1,517,014**	**58,410**	**1,344,652**
Accrued Payroll and Benefits		**1,371,030**	**1,748,456**	**(377,426)**	**1,411,152**
Line of Credit Payable		**3,139,376**	**3,139,376**	**-**	**-**
Interest and Other Payable		**271,462**	**278,968**	**(7,506)**	**100,992**
Estimated Third Party Payor Settleme		**1,275,001**	**1,050,372**	**224,629**	**997,650**
Current Portion of Long Term Debt		**594,369**	**656,837**	**(62,469)**	**635,560**
Current Liabilities	**nts**	**8,226,662**	**8,391,023**	**(164,362)**	**4,490,006**
Total Long Term Debt, Net					
Long Term Debt		**4,329,624**	**4,358,938**	**(29,313)**	**4,535,131**
Total Long Term Debt, Net		**4,329,624**	**4,358,938**	**(29,313)**	**4,535,131**
Total Liabilities		**12,556,286**	**12,749,961**	**(193,675)**	**9,025,137**
Total Net Assets		**12,264,038**	**12,222,618**	**41,420**	**13,825,665**
Total Liabilities & Net Assets		**24,820,324**	**24,972,579**	**(152,255)**	**22,850,802**


IP Days
250
200
150
100
50
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


Swing Bed Days
250
200
150
100
50
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


ER Visits
700
600
500
400
300
200
100
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


Surgery Patients
60
50
40
30
20
10
0
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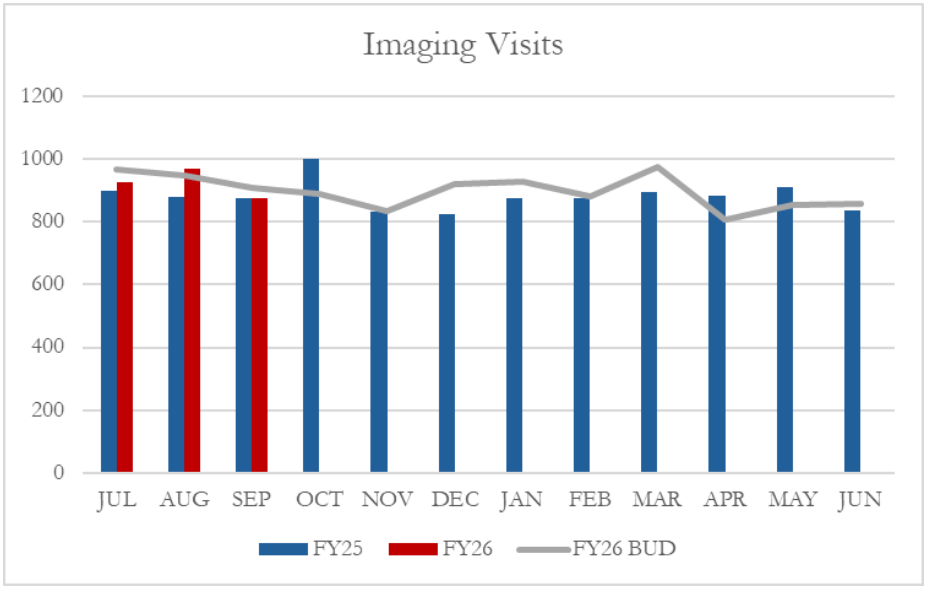
FY25 FY26 FY26 BUD


Imaging Visits
1200
1000
800
600
400
200
0
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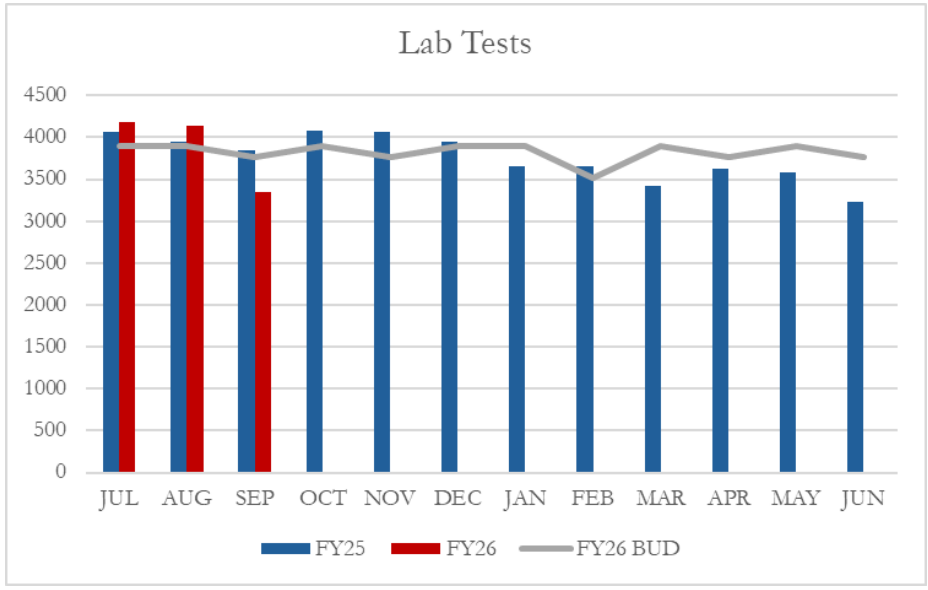
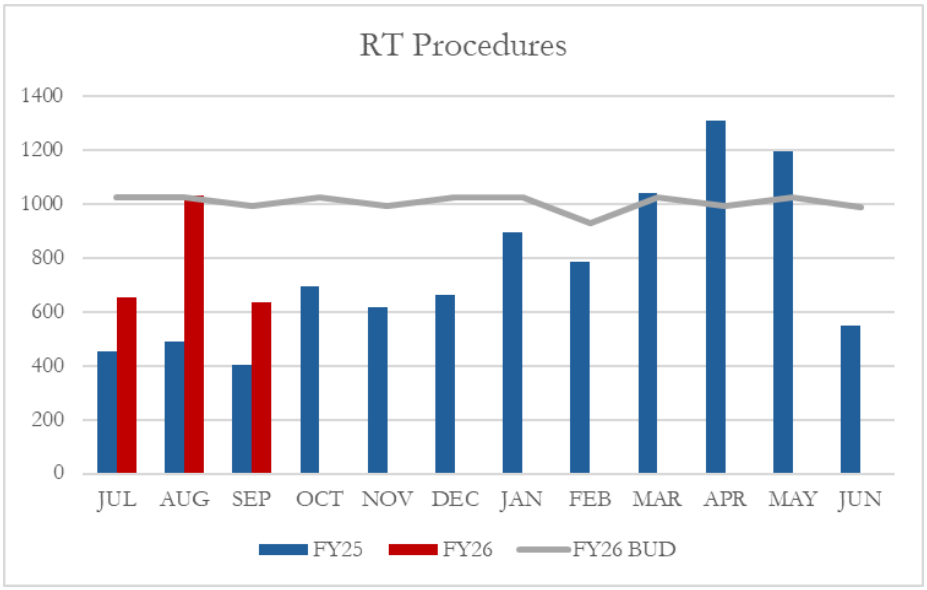
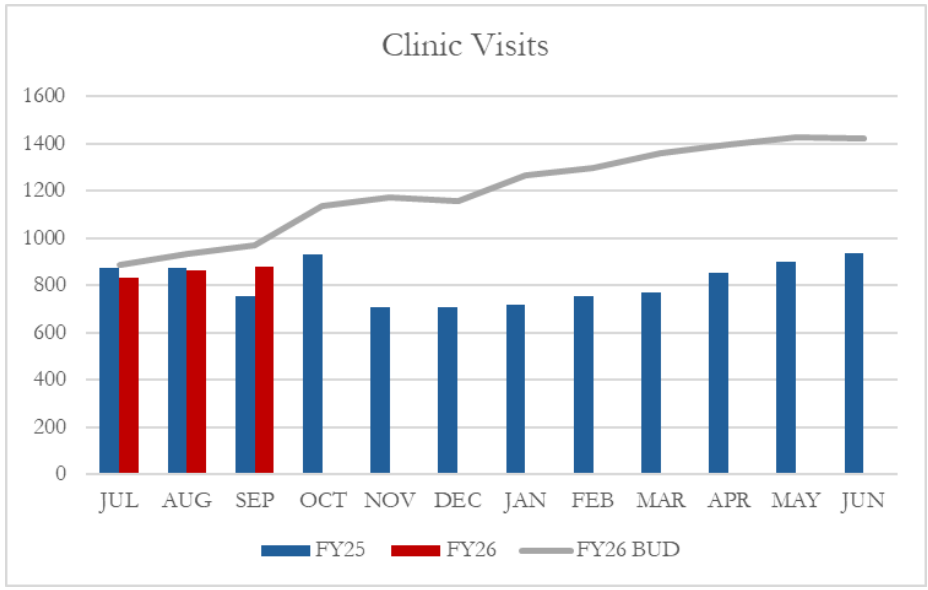
FY25 FY26 FY26 BUD


Lab Tests
4500
4000
3500
3000
2500
2000
1500
1000
500
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


RT Procedures
1400
1200
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


Clinic Visits
1600
1400
1200
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending September 2025

		Month						Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Volume Summary	IP Days	117	89	95	31.8%	23.2%		433	332	355	30.5%	22.0%
	Swing Bed Days	127	180	61	-29.4%	108.2%		373	552	242	-32.4%	54.1%
	Total Inpatient Days	244	269	156	-9.2%	56.4%		806	884	597	-8.8%	35.0%
	Avg Daily Census	8.1	9.0	5.2	-9.2%	56.4%		8.8	9.6	6.5	-8.8%	35.0%
	Avg Length of Stay - IP	4.0	3.0	3.8	34.5%	6.2%		3.5	3.0	4.7	17.3%	-24.6%
	Avg Length of Stay - SWB	12.7	9.0	6.8	41.1%	87.4%		9.8	8.9	10.5	10.2%	-6.7%
	ED Registrations	506	497	503	1.8%	0.6%		1,703	1,525	1,581	11.7%	7.7%
	Clinic Registrations	880	321	512	174.1%	71.9%		2,577	985	1,713	161.6%	50.4%
	Ancillary Registrations	1,521	595	1,015	155.6%	49.9%		3,245	1,825	3,245	77.8%	0.0%
	Total OP Registrations	2,907	1,413	2,030	105.7%	43.2%		7,525	4,335	6,539	73.6%	15.1%
Key Income Statement Ratios	Gross IP Rev/IP Day	6,921	8,952	7,772	-22.7%	-11.0%		6,918	6,918	5,610	0.0%	23.3%
	Gross SWB Rev/SWB Day	2,872	2,769	2,867	3.7%	0.2%		2,649	2,829	3,333	-6.4%	-20.5%
	Gross OP Rev/Total OP Registrations	1,324	2,968	1,542	-55.4%	-14.1%		1,321	3,034	1,534	-56.4%	-13.9%
	Collection Rate	52.4%	62.0%	59.4%	-15.5%	-11.9%		54.3%	62.0%	62.6%	-12.3%	-13.3%
	Compensation Ratio	78.9%	72.3%	83.9%	9.1%	-5.9%		72.9%	69.3%	75.9%	5.2%	-4.0%
	OP EBIDA Margin $	(244,952)	(2,719)	(293,828)	8908.9%	-16.6%		102,607	417,213	(180,268)	-75.4%	-156.9%
	OP EBIDA Margin %	-8.1%	-0.1%	-12.2%	8851.7%	-33.3%		1.0%	4.3%	-2.2%	-75.4%	-146.9%
	Total Margin	-9.1%	-2.1%	-12.3%	324.2%	-26.3%		0.5%	2.4%	-1.1%	-79.6%	-144.1%
Key Liquidity Ratios	Days Cash on Hand	70.7	80.0	79.0	-11.6%	-10.5%						
	AR Days Outstanding	49.6	50.0	59.2	-0.8%	-16.3%						

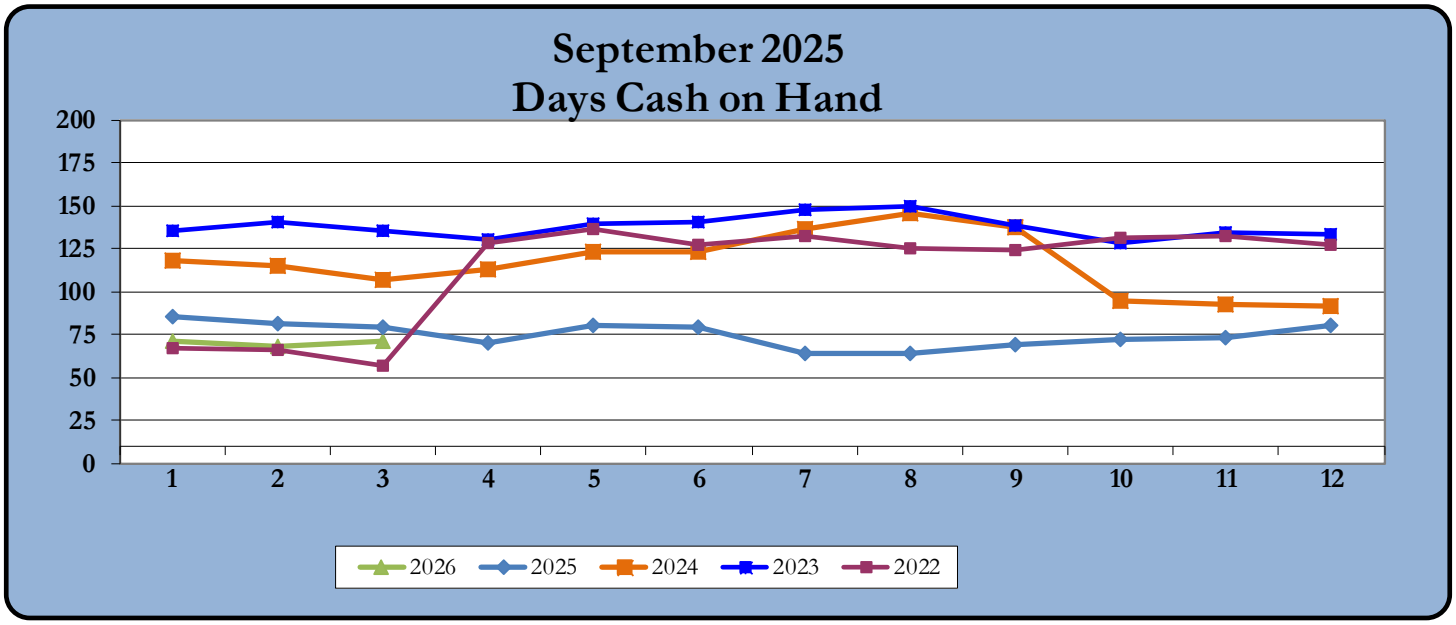
Southern Coos Hospital & Health Center

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



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.

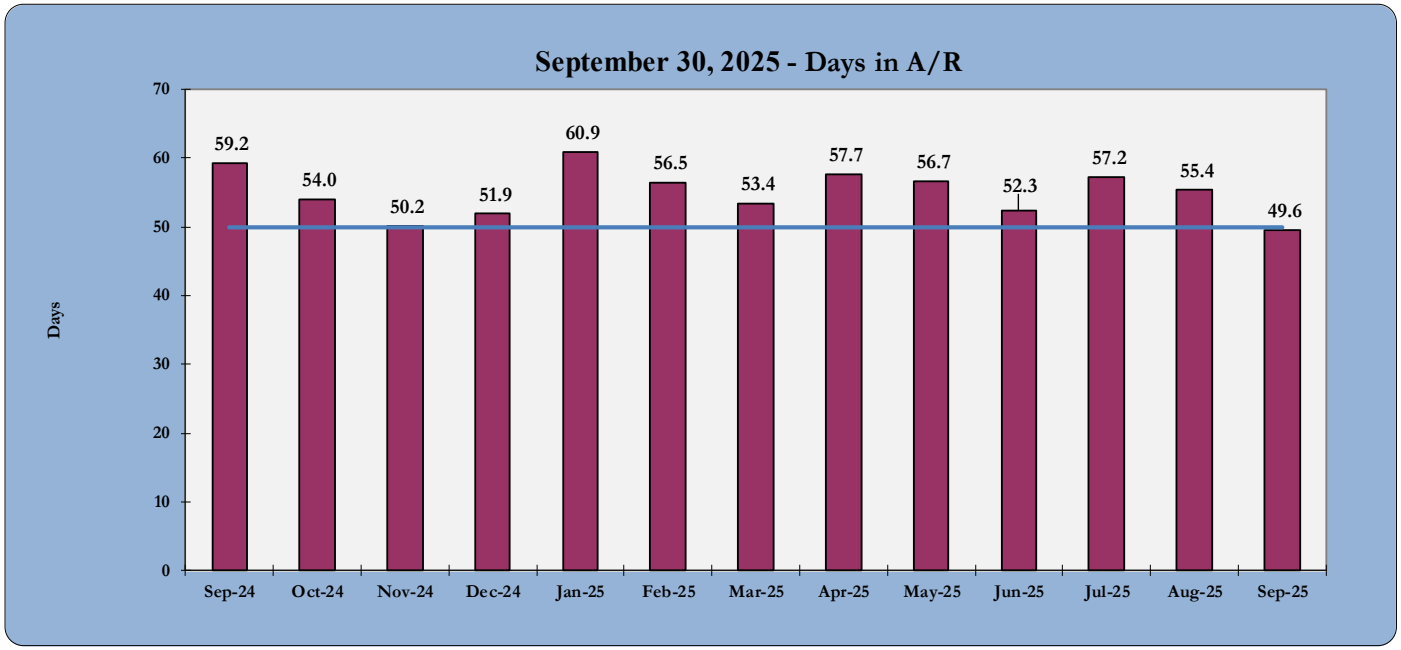
Desired Position: Upward trend, above the median

Year	Average
2026	70.0
2025	74.8
2024	116.3
2023	137.8
2022	113.0

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.

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2026	71.6	67.6	70.7									
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.

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
A/R (Gross)	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	9,315,989	8,636,661
Days in AR	**59.2**	**54.0**	**50.2**	**51.9**	**60.9**	**56.5**	**53.4**	**57.7**	**56.7**	**52.3**	**57.2**	**55.4**	**49.6**

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	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
A/R (Gross)	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	9,315,989	8,636,661
Days in Month	30	31	30	31	31	28	31	30	31	30	31	31	30
Monthly Revenue	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	5,542,430	5,024,606
3 Mo Avg Daily Revenue	139,478	141,976	141,902	149,578	155,993	165,896	163,990	164,835	165,101	163,962	164,732	168,028	174,258
Days in AR	**59.2**	**54.0**	**50.2**	**51.9**	**60.9**	**56.5**	**53.4**	**57.7**	**56.7**	**52.3**	**57.2**	**55.4**	**49.6**

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

Approved Projects:

Budgeted Non-Threshold Capital Purchases (<$15,000)

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status	Notes
Light Source	Surgery	14,000		14,000		
Glucose Monitors Hospital Grade	Lab	13,000		13,000		
Ortho MTS Workstation (Blood Bank)	Lab	8,000		8,000		
Centrifuges (x4)	Lab	8,000		8,000		
Software update for current HT1 ventilator	Respiratory	7,000		7,000		
Blanket Warmer	Clinic	7,000		7,000		
A1C for Clinic	Lab	6,000		6,000		
Exam Tables	Pain Management	6,000		6,000		
ID TipMaster	Lab	5,000		5,000		

Un-Budgeted Non-Threshold Capital Purchases (<$15,000)

Misc Projects		112,000		112,000		
Disaster Trailer	Engineering	-	9,245	(9,245)	Complete	Capitalized 08.31.25

Totals - Non Threshold Projects	**186,000**	**9,245**	**176,755**

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

Approved Projects:

Budgeted Threshold Projects (>$15,000)

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status	Notes
Transport Vehicle	Admin	65,000		65,000		
Heated Chilled Meal Cart	Dietary	20,000		20,000		
Mindray US Machine	ED	70,000	64,625	5,375	In Progress	
ED room 3 safety renovation project	ED	40,000		40,000		
Level 1 rapid infuser fluid warmer	ED	30,000		30,000		
New desk/workspace in ER	ED	15,000		15,000		
Midmark EKGs	EKG	15,000		15,000		
Business Office Remodel	Engineering	600,000	34,016	565,984	In Progress	
MM Expansion	Engineering	600,000		600,000		
Lab Expansion	Engineering	600,000		600,000		
Air Handler repairs and upgrade	Engineering	150,000		150,000		
Building Automation (HVAC)	Engineering	120,000		120,000		
Parking Lot Resurface	Engineering	50,000		50,000		
Floor Replacement for Various Departments	Engineering	36,000		36,000		
Trailers	Engineering	30,000		30,000		
Rain Gutters for Hospital (Commercial Grade)	Engineering	22,000		22,000		
Primary Firewall Replacement	Information Systems	27,000		27,000		
Conference Room Upgrade	Information Systems	20,000		20,000		
DataCenter Battery Backup Replacement	Information Systems	19,000		19,000		
Storage Server Replacement	Information Systems	15,000		15,000		

Biosafety Cabinet Type II Class 2B (Hood)	Lab	25,000		25,000			
Blood Culture Incubator w/ Synapsys (BD FX 40)	Lab	21,000	13,995	7,005	In Progress		
Backup Troponin System	Lab	20,000		20,000			
Louvered panel wall hanging bin storage system.	Materials	20,000		20,000			
Unit Room Remodels	Med Surg	50,000		50,000			
Cardiac Monitors	Med Surg	29,000		29,000			
Ultrasound	Pain Management	55,000		55,000			
Pyxis Anesthesia System	Pharmacy	130,000		130,000			
Hamilton C1 X4 Invasive/NON-invasive/High flow	Respiratory	74,000		74,000			
Vapotherm High Flow X2	Respiratory	27,000		27,000			
ConMed Insuflation (Working on Quote)	Surgery	35,000		35,000			
Avantos RFA machine (Meeting with Rep on 4/7)	Surgery	29,000		29,000			
Sonosite Ultrasound Machine	Surgery	25,000		25,000			
Camera Control Unit	Surgery	15,000		15,000			
Instrumentation/Sets for Simmonds	Surgery	15,000		15,000			

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

Building Improvements 2nd Street	Administration	-	84,245	(84,245)	Complete	Capitalized 07.31.25
IS Equipment 2nd Street	Information Systems	-	13,873	(13,873)	Complete	Capitalized 07.31.25
Bariatric Bed	Med Surg	-	40,714	(40,714)	In Progress	
ER Stretchers (3)	ER	-	42,954	(42,954)	Complete	Capitalized 08.31.25
		-		-		
Totals - Threshold Projects		**3,114,000**	**294,422**	**2,819,578**		
Grand Total		**3,300,000**	**303,667**	**2,996,333**		

REVENUE CYCLE BOARD FINANCE REPORT ~ SEPTEMBER 2025

KEY HIGHLIGHTS

- **Decrease in AR Days –** AR Days in EPIC have decreased from 51.0 in August to 48.7 in September. Overall AR Days (which includes Legacy AR) also decreased from 55.02 in August to 50.9 days in September. An overall reduction of 4.12 days.

- **Discharged Not Final Billed (DNFB):** DNFB increased slightly from 10.1 in August to 11 in September.

- **Coding Efficiency Challenges:** Coding Days rose again to 3.87, higher than August's 3.24. This continues to be an area of focus in the medical records, and coding processes to decrease delays and bottlenecks.

- **Payments:** Increase in payments from $3,597,784.88 in August to $3,656,580.67 in September.

- **Pre-Payment & Point of Service Collections:** Pre-Payment and Point of Service collections have increased with the work our Patient Access team has been doing with increased patient estimates and time of service collections efforts. In August $3,472.08 was collected prior to or at time of service, and in September, $6,584.16.

SO. COOS HB STABILIZATION – September 2025

Metric	Month-End Summary (Avg / Trend / Status)	9/26	9/19	9/12	9/5	Top	Median	Bottom
Total AR (Adjusted)	54.5 Days / $8.7M – Improving; Below Baseline	50.9	53.9	55.5	57.7	48.2 Days	52.4 Days	56.5 Days
Epic AR	50.2 Days / $8.7M – Strong Downward Trend; Top Performance	46.6	49.6	51.2	53.4	44.6 Days	48.4 Days	53.0 Days
Legacy AR	4.31 Days (Static)	4.31	4.31	4.31	4.31	2.7 Days	4.0 Days	5.3 Days
Cumulative Charge Variance	116.1% / $6.6M – Consistent & On Track	115.9%	116.1%	116.2%	116.0%	$3.4M	$2.0M	$650.7K
Cumulative Payment Variance	4.6–5 Weeks / $3.0M – Slight Lag but Acceptable	5.0	4.7	4.6	4.1	$1.3M	$429.6K	-$66.6K
CFB (Candidate for Billing)	8.3 Days / $1.5M – Backlog Building; Needs Focus	9.1	8.6	7.3	9.9	4.4 Days	5.7 Days	7.0 Days
Claim Edit	1.1 Days / $185K – Consistent, On Target	1.3	1.3	0.8	1.0	0.9 Days	1.3 Days	1.9 Days
Uncoded CFB	2.7 Days / $530K – Fluctuating; Watch Area	3.9	1.9	2.3	4.3	0.9 Days	1.4 Days	1.9 Days
Open Denial	3.9 Days / $690K – Improving Strongly	2.7	3.7	5.4	4.3	2.2 Days	3.3 Days	5.0 Days
Epic Payment Average	118.2% / $730K – Above Benchmark, Stable	115%	123.6%	116%	116%	111.1%	106.5%	101.3%
Primary Denial Rate	~17% → 13.3% – Significant Improvement	13.3%	16.4%	21.6%	25.4%	10.5%	13.1%	16.7%

Stabilization Summary for September 2025

Overall:
Hospital Billing performance continues to stabilize with strong progress in AR management and denial control.

🟩 **On Track (7 Metrics)**
•AR performance improved — Total AR now below baseline and Epic AR at top-performer level (46.6 days).

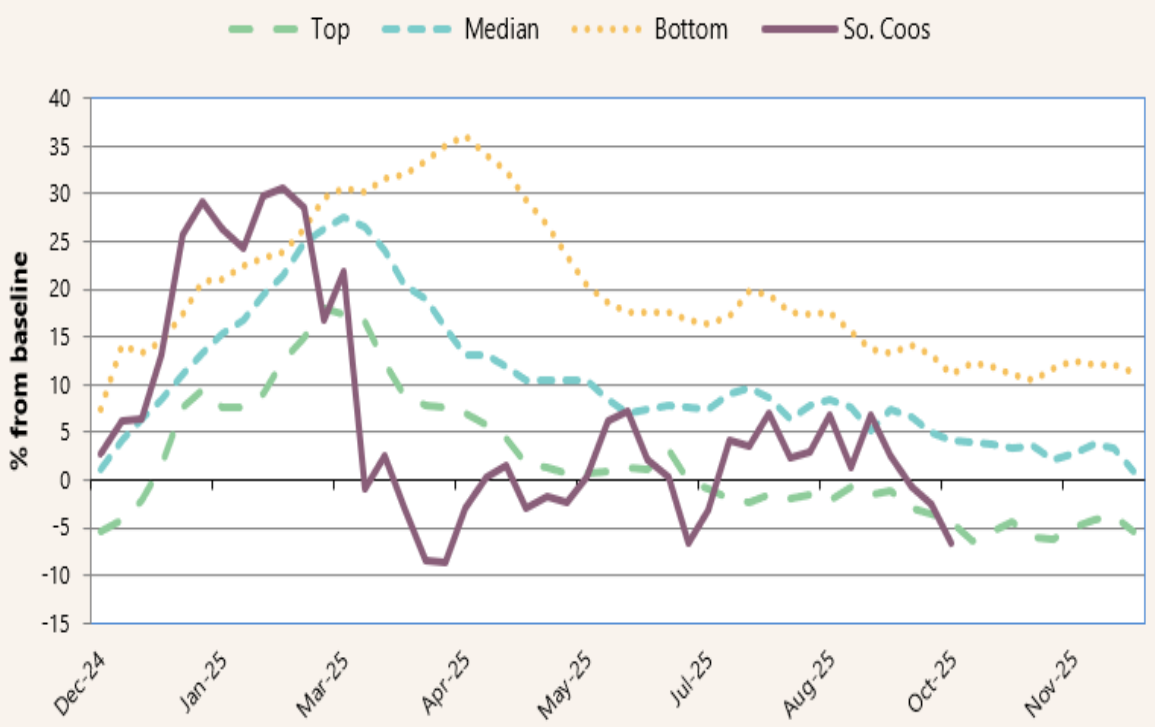
•Charge and Payment Variance, Claim Edits, Open Denials, and Payment Averages remain strong and stable.

🟧 **Areas to Watch (3 Metrics)**
•CFB and Uncoded CFB show workflow delays tied to documentation and coding.
•Primary Denial Rate improved from 25% → 13% after resolving a Medicare processing error.

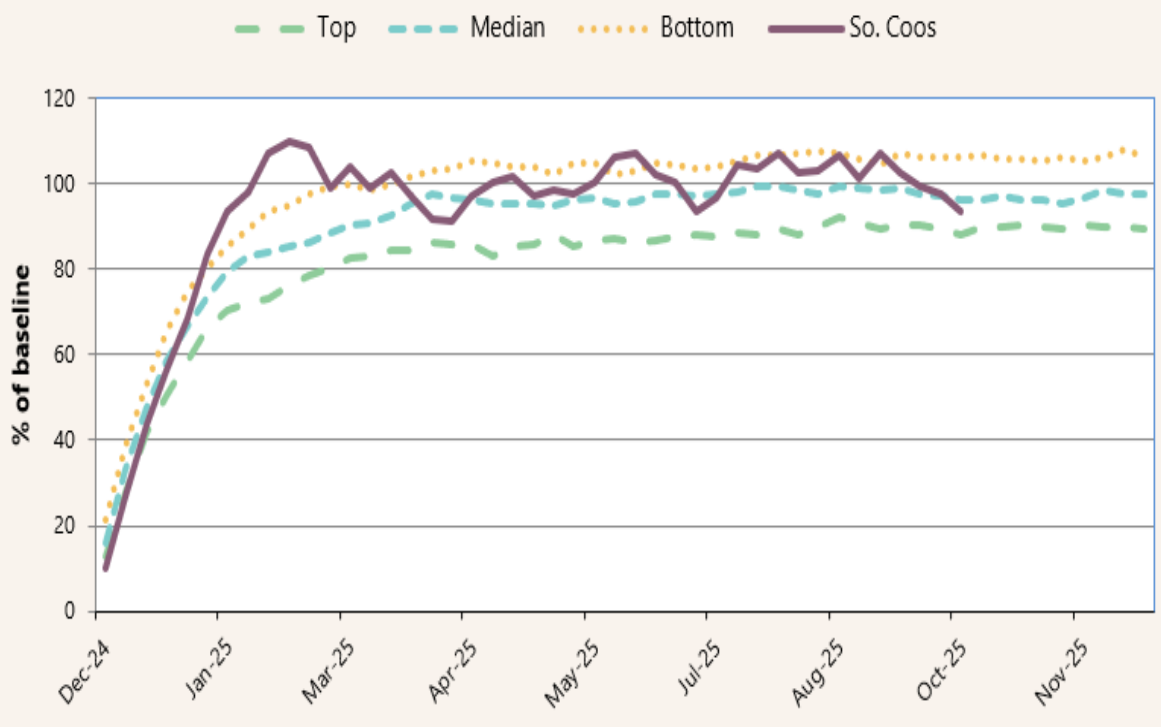
🔴 **Off Track (1 Metric)**
•Legacy AR remains static; ongoing collections and bad debt referrals continue into October.

Outlook:
Overall trends are positive — AR and denial performance are stabilizing.
Focus areas for October include billing readiness, coding turnaround, and legacy account cleanup.

Total AR Days %

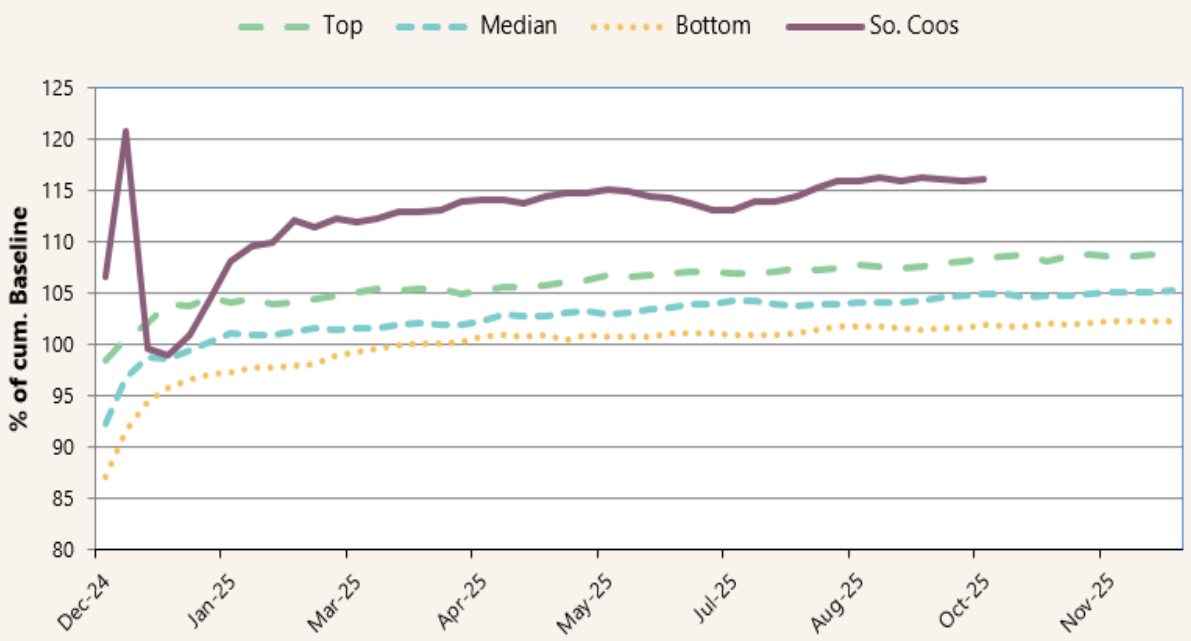


Epic AR Days %

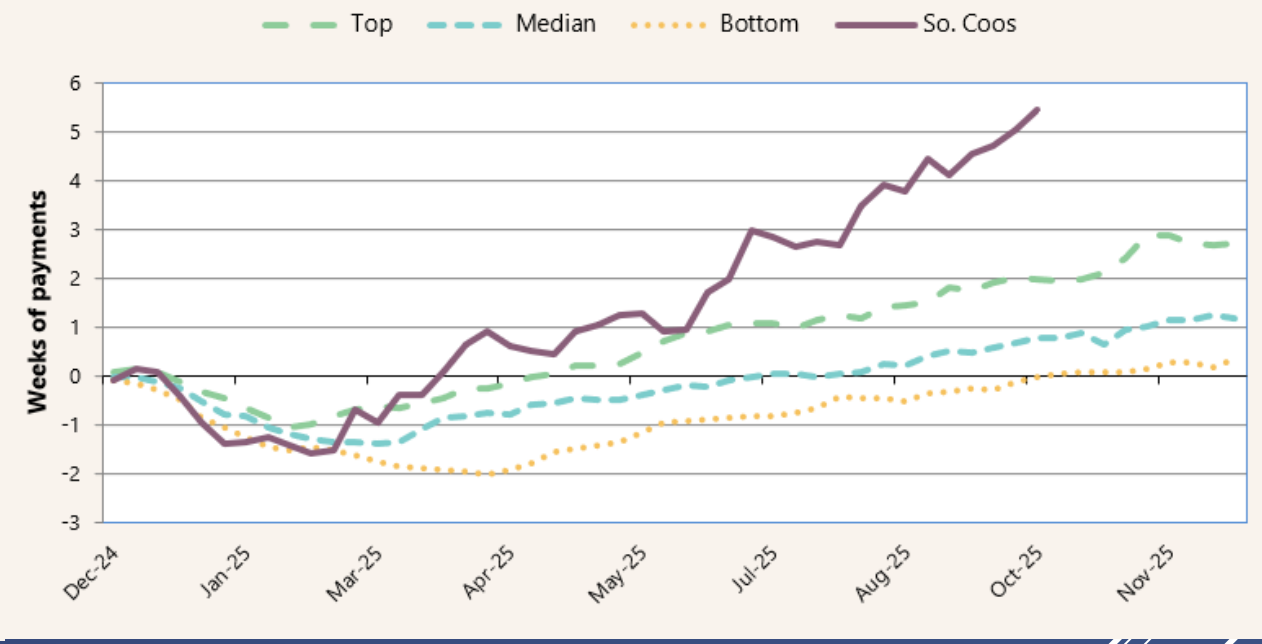


AR (Accounts Receivable) Days are continuing to trend downward and stabilize. We are currently performing at or near the top 25% benchmark, even when factoring in both EPIC and legacy AR balances. This reflects ongoing improvement in revenue cycle efficiency and timely collections.

Total Cumulative Charges %

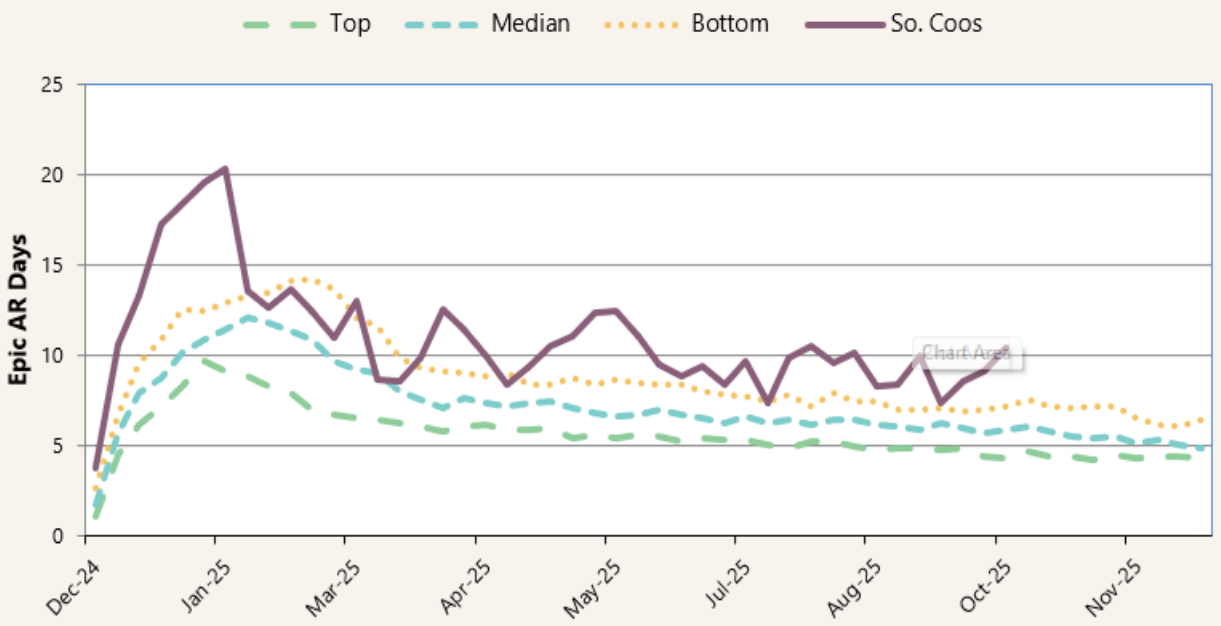


Cumulative Payments Variance

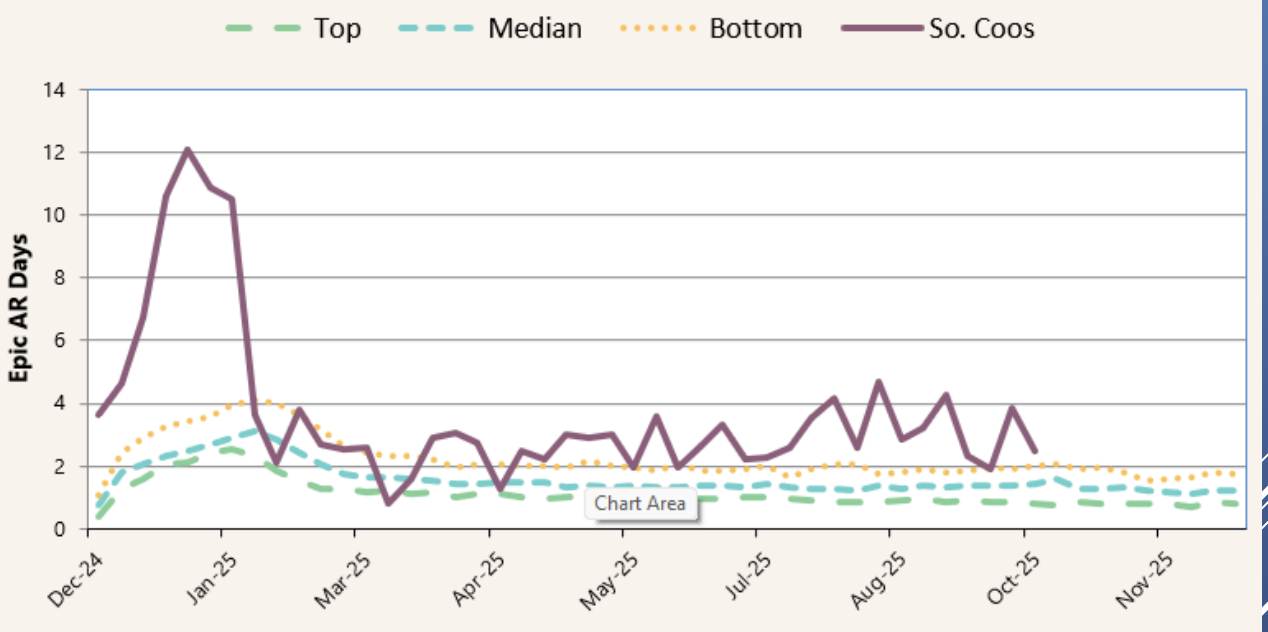


Cumulative charges and payments continue to outperform the top 25% benchmark. This positive trend can be attributed to several factors, including consistently higher patient volumes in the Emergency Department and increased Inpatient/Swing Bed utilization, both of which have contributed to the corresponding rise in payments.

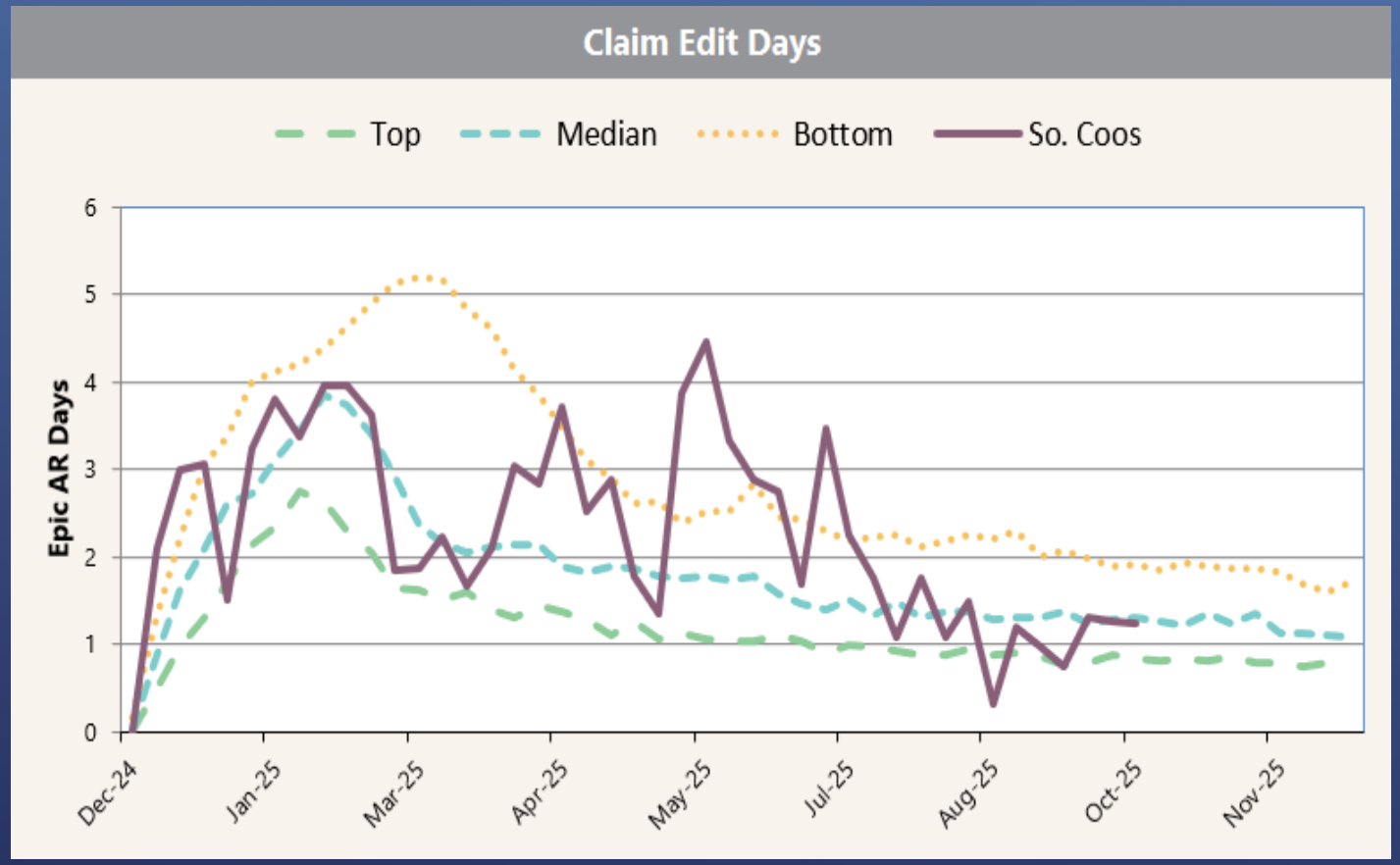
CFB Days



Coding Days



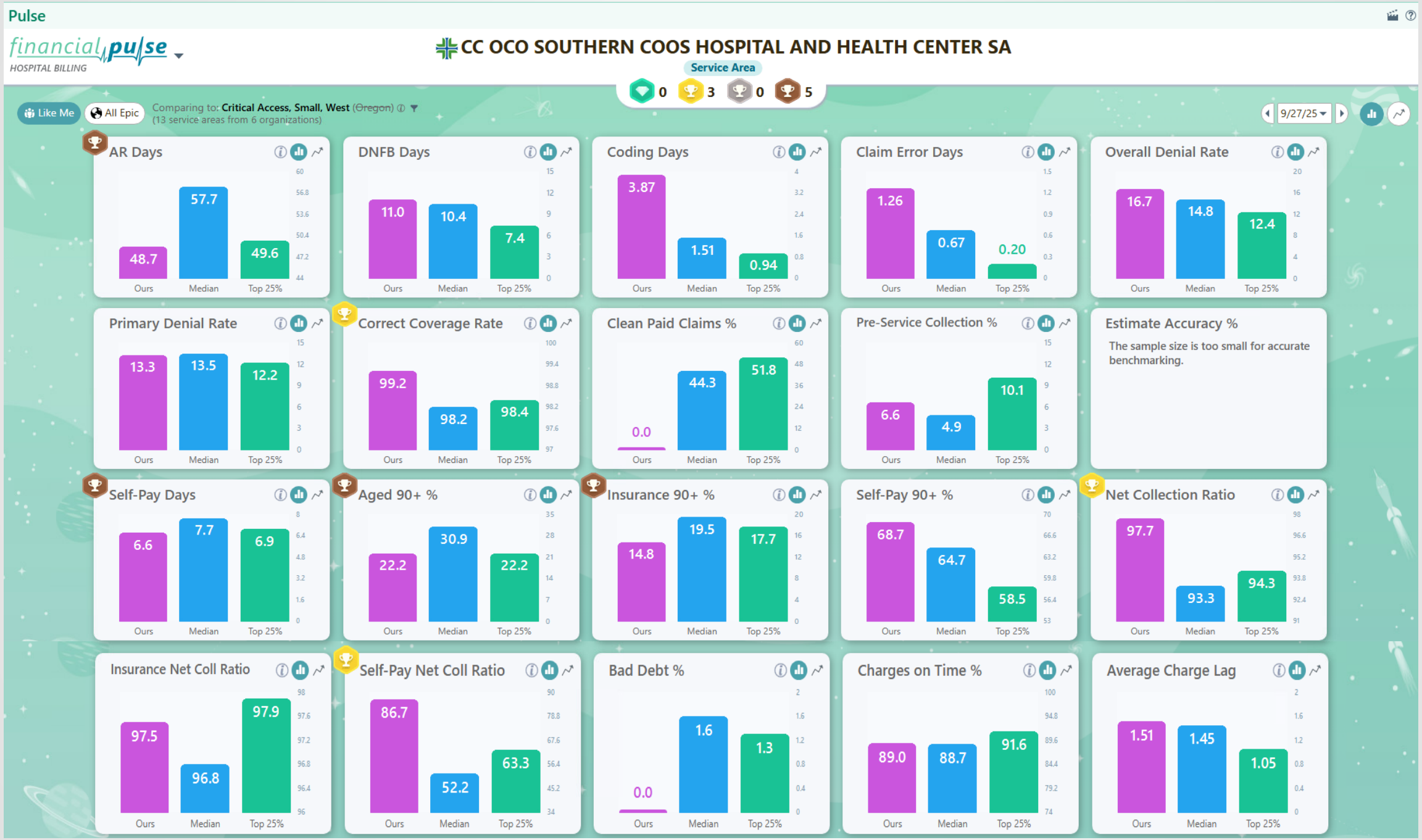
Our CFB (Candidate for Billing) and Coding Days continue to remain above the top 25% benchmark. These metrics are monitored daily through a standing meeting that includes the Revenue Cycle, Medical Records, and Coding Teams. The group reviews outstanding items, identifies opportunities for improvement, and assigns tasks to resolve any delays promptly.

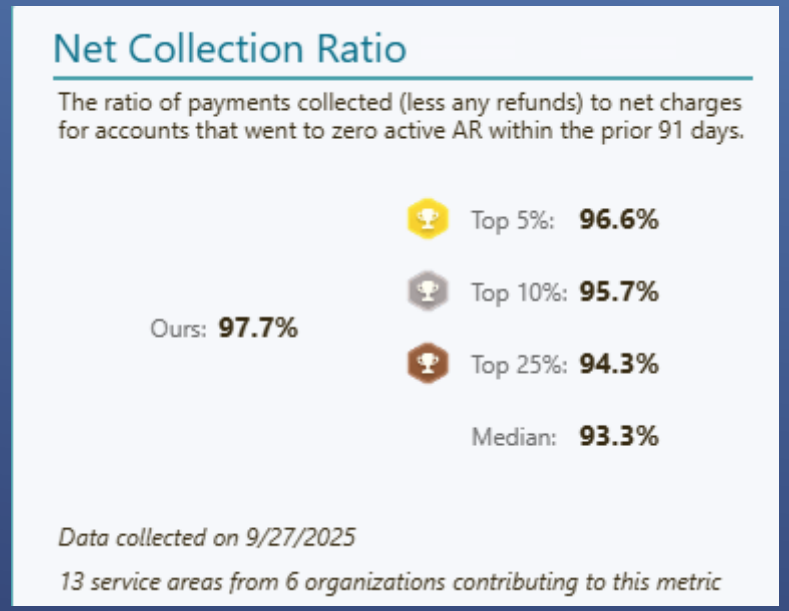


Claims that have been generated for billing to the payor but cannot be transmitted are placed in Claim Edit Days status. These claims are held due to missing charges, the need for coding clarification, or other potential errors that could result in a denial. The EPIC system performs an automated review ("scrubbing") of claims to identify and correct issues prior to submission. This process helps ensure accuracy and reduces the likelihood of technical or other billing denials.

We have made significant progress in this area by identifying trends and bottlenecks upstream, allowing for targeted process improvements and a reduction in recurring claim issues.

Other common holds include ensuring that specific claims are billed in proper sequence, such as sequential services. For example, Swing Bed claims cannot be billed before the related inpatient (qualifying) stay has been billed and paid by Medicare.


Pulse
financial pulse
HOSPITAL BILLING
CC OCO SOUTHERN COOS HOSPITAL AND HEALTH CENTER SA
Service Area
0 3 0 5
Like Me
All Epic
Comparing to: Critical Access, Small, West (Oregon)
(13 service areas from 6 organizations)
9/27/25
AR Days
48.7 57.7 49.6
DNFB Days
11.0 10.4 7.4
Coding Days
3.87 1.51 0.94
Claim Error Days
1.26 0.67 0.20
Overall Denial Rate
16.7 14.8 12.4
Primary Denial Rate
13.3 13.5 12.2
Correct Coverage Rate
99.2 98.2 98.4
Clean Paid Claims %
0.0 44.3 51.8
Pre-Service Collection %
6.6 4.9 10.1
Estimate Accuracy %
The sample size is too small for accurate benchmarking.
Self-Pay Days
6.6 7.7 6.9
Aged 90+ %
22.2 30.9 22.2
Insurance 90+ %
14.8 19.5 17.7
Self-Pay 90+ %
68.7 64.7 58.5
Net Collection Ratio
97.7 93.3 94.3
Insurance Net Coll Ratio
97.5 96.8 97.9
Self-Pay Net Coll Ratio
86.7 52.2 63.3
Bad Debt %
0.0 1.6 1.3
Charges on Time %
89.0 88.7 91.6
Average Charge Lag
1.51 1.45 1.05
Ours
Median
Top 25%



The Net Collection Ratio measures how effectively an organization collects the payments it is entitled to receive for services rendered. It represents the ratio of **payments collected (minus any refunds)** to the **net charges**—that is, charges payable after contractual adjustments—for accounts that reached **zero active accounts receivable (AR)** within the past **91 days**.

Formula:

$$\text{Net } \textit{Collection Ratio} = \frac{\textit{Payments Collected} - \textit{Refunds}}{\textit{Net Charges for Zeroed Accounts}} \times 100$$

Contract Considerations:

This metric inherently **accounts for our payer contracts**. For example, if by contract we are entitled to **83% of allowed charges with Moda**, that contractual adjustment is removed from the total charges before calculating the ratio. This ensures that performance is evaluated based on what the organization *should* collect under its contractual agreements—not on the full, unadjusted billed amount.

Purpose:

This ratio reflects the **efficiency and accuracy of revenue collection** processes. A high ratio indicates that the organization is successfully converting billed amounts into cash after accounting for contractual obligations, while a lower ratio may point to issues in billing, payer denials, or collection workflows.

Key Interpretation Points:

Focuses on **actual cash realization** rather than billed charges.
Helps identify **revenue cycle performance trends** over time.
Benchmarks typically aim for **above 95%**, though acceptable ranges can vary by specialty and payer mix.

AR REDUCTION PLAN UPDATE

Current EMR – EPIC Accounts Receivable

Aging Category (Days)	Total AR	% of Total	Payor AR	Self-Pay AR	Self-Pay % of Category	Performance Indicator
Open	$387,237.13	5%	$384,644.49	$2,592.64	1%	Strong
0–30 Days	$4,049,255.80	51%	$3,963,601.86	$85,653.94	2%	Strong
31–60 Days	$1,233,793.44	15%	$1,090,343.93	$143,449.51	12%	Moderate
61–90 Days	$495,928.35	6%	$358,542.87	$137,385.48	28%	Monitor
91–120 Days	$337,300.47	4%	$224,098.51	$113,201.96	34%	Monitor
121–180 Days	$523,898.60	7%	$295,923.64	$227,974.96	44%	Needs Improvement
Over 180 Days	$983,161.11	12%	$527,232.55	$455,928.56	46%	High Risk
Total	$8,010,574.90	—	$6,844,387.85	$1,166,187.05	15% (overall)	Overall Strong Trend

Legacy Accounts Receivable (Aged Over 180 Days)

Bucket	Insurance AR	Total $	Performance Indicator
Insurance	$314,506.54	$314,506.54	High Risk
Private Pay	$55,665.36	$55,665.36	High Risk
Private Pay After Insurance	$350,286.59	$350,286.59	High Risk
Payment Plans (PP)	$31,050.31	$31,050.31	Positive / Managed
Credit	$(125,053.24)	$(125,053.24)	
Total w/o Credit	—	$626,455.56	
Total	—	$751,508.80	All Over 180 Days

Category	Amount / Value	Performance Indicator
Total AR Ending September (EPIC + Legacy)	$8,762,803.70	🟢 Stable / Improving
Total AR Days ME Sept(Both EPIC & Legacy)	50.29 Days	🟢 Improvement Achieved
August AR Days	55.02 Days	—
Reduction Since August	↓ 4.73 Days	✅ Significant Progress
Total AR Ending August – (AR Reduction Plan Baseline)	$9,322,409.46	📉 Improvement of $559,605.76

AR Reduction Plan Update Summary

•**Total AR** across all systems is **$8.76 million**, down from **$9.32 million in July**, representing a **$559,605.76 reduction** since the **AR Reduction Plan** was presented.

•**AR Days** have improved from **55.02 in August** to **50.29 currently**, showing a **4.73-day reduction** and steady performance gains.

•While **aging over 90 days** has seen a **slight increase**, overall performance remains **at or below top quartile benchmarks**, maintaining a strong position relative to peers.

•A significant contributing factor to balances **over 90 and 120 days** continues to be the **accounts receivable in our legacy system**, which remains the focus of targeted resolution efforts.

•**EPIC AR** continues to perform well, with **51%** of balances in the **0–30 day** range and ongoing process improvements to manage claim edits and denials upstream.

•**Legacy AR**, totaling **$751,508.80**, remains fully aged over 180 days and is being actively worked for closure or transfer to bad debt.

As noted in previous months, we are onboarding a new collections agency, Americollect, with an estimated go-live date of December 1, 2025. Currently, $683,903.52 in EPIC accounts (representing 9% of overall AR and 3.93 AR Days) are eligible for referral. Once Americollect is fully operational, a measurable improvement in AR performance is expected as eligible accounts are transitioned to bad debt.

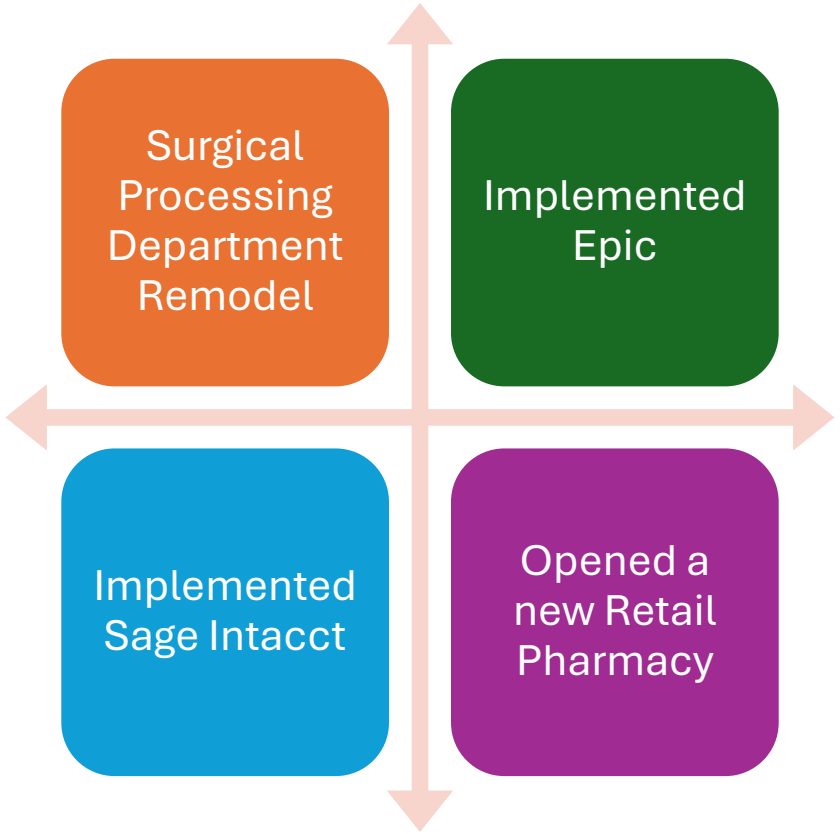
FY26 Mitigation Plan Review

Presented to the Southern Coos Health District Finance Committee and the Board of Directors

October 23rd, 2025

SOUTHERN COOS HOSPITAL & HEALTH CENTER

FY25 Marked Significant Investment



Development of FY26 Mitigation Plan

SCHHC Management Presents first Draft of FY26 Mitigation Plan

June 2025

July 2025

SCHD Board Approves FY26 Mitigation Plan

Conditions of FY26 Mitigation Plan

Quarterly Review (October, January, April, and June)

Data Point selected to monitor: Operating Gain/Loss – removing expenses associated with new FY26 Improvement Initiatives

Retail Pharmacy	Surgical Services Growth	Senior Life Solutions – geriatric psychology

Tiers for Operating Gain/Loss Trigger

01

Tier I

- Operating Profit/Loss 3-month average >= $0:
- End hiring freeze and continue to monitor

02

Tier II

- Operating Profit/Loss 3-month average <= ($25,000 - $50,000)
- Continue the hiring freeze; begin preparations for possibility of more aggressive actions

03

Tier III

- Operating Profit/Loss 3-month average is <= ($50,000 - $100,000)
- Continue hiring freeze; recommend additional contingency initiatives

04

Tier IV

- Operating Profit/Loss 3-month average is <= ($100,000 or more):
- Continue hiring freeze, recommend additional contingency initiatives in the Painful Wins and Drastic Measures category.

05

Tier V

- Operating Profit/Loss 3-month average is <= ($400,000);
- Continue the hiring freeze, enact additional Painful Wins initiatives, and review Initiatives in the Catastrophic Measures category

Quarterly Review Dashboard

SCHHC Monthly Review Dashboard							
Metric	Status (based on 3-Month Avg)	3-Month Average	As of July 31, 2025	As of August 31, 2025	As of September 30, 2025	3-Month Trend	Baseline
Contigency Plan Tracking Metric							
Operating Gain/Loss	🟢	$ 95,299.38	$ 84,567.13	$ 278,081.00	$ (76,750.00)		3 month average actual minus budget, excluding FY26 new intitiatives expense
Organizational Rev/Expense Metrics							
Total Patient Revenue	🟢	$ 5,343,925.67	$ 5,464,741.00	$ 5,542,430.00	$ 5,024,606.00		Budgeted patient revenue
% Deductions from Revenue	⊗	45%	44.00%	45.50%	46.18%		Goal: 35% average
Total Operating Revenue	🟡	$ 3,173,211.33	$ 3,060,932.00	$ 3,379,797.00	$ 3,078,905.00		3 month average calculated on 10% variance over 3-month average budget
Revenue Actual v Budget Variance	🟡	$ (115,306.33)	$ (328,464.00)	$ (109,371.00)	$ 91,916.00		Positive variance
Total Operating Expenses	⊗	$ 3,396,901.33	$ 3,415,808.00	$ 3,294,617.00	$ 3,480,279.00		Budgeted Operating Expenses
Expenses Actual v Budget Variance	🔴	$ (182,421.33)	$ (203,455.00)	$ (27,539.00)	$ (316,270.00)		
Operating Gain/Loss	⊗	$ (114,202.00)	$ (26,412.00)	$ 85,180.00	$ (401,374.00)		Includes all expense, including FY26 new initiatives
Change in Net Position	🟢	$ 13,884.33	$ 82,944.00	$ 239,426.00	$ (280,717.00)		Budgeted Change in Net Position
% Margin	🟡	0.04%	2.40%	6.80%	-9%		Positive >1.0
Financial Health Metrics							
A/R Days Outstanding	🟢	$ 54.07	57.2	55.4	49.6		40-55 days
Days Cash on Hand	🟢	$ 69.97	71.6	67.6	70.7		60-180 days
Cash to Debt Ratio	🟢	$ 0.86	0.85	0.86	0.87		.20 - 1.00+
Debt Ratio	🟢	$ 0.51	0.51	0.50	0.51		.30 - .60

Status Light Key

🟢	(10%) above or below baseline
🟡	between 10.1% and 20% below baseline
🔴	between 20.1% to 30% below baseline
⊗	anything 30% or more below baseline

Management Recommendation

- For the first FY26 Contingency Plan review, SCHHC management reports the average 3-month operating gain/loss from July 1, 2025 through September 30, 2025 is **$95,299.38.**

- SCHHC management recommends ending the hiring freeze while maintaining a critical eye on all new hires and continuing to seek expense savings throughout the enterprise.

Mitigation Playbook Report

- SCHHC Management presented five areas of focus in the FY26 Mitigation Plan.
- Management has been actively pursuing several initiatives within each of these areas.
- The following slides give examples of the metrics we are tracking. We will have metrics available at the November 2025 Board Meeting.

Clinical Efficiency Gains

Revenue Cycle Efficiency

HR Efforts

Materials Management Cost Reduction

Administrative Efficiency

Clinical Efficiency Gains

Improve ED Provider clocking for productive/non-productive time
Increase Shift Percentage (compliance with wearing VersaBadge)
Institute billing pro fees for ED providers
Increase Charge Capture Rate by 5%
Increase Net Collections per wRVU by 10%
Increase Claim First-pass Acceptance Rate by 5%
Optimize 340b pharmacy program - Inpatient & Retail Pharmacy
Increase 340b-eligible Capture Rate by 75%
Increase Net 340b Savings
Compliance Exception Rate
Increase clinic provider productivity
Implement Dax CoPilot note taking pilot in the clinic
Backfill Pre-Epic Imaging Reports into Epic

Revenue Cycle Efficiency

Revenue Cycle Optimization
Candidate for Billing (CFB)
Deficiency Volume (Issues with Provider Documentation)
Deficiency Dollar Amount
AR Reduction Plan (Accounts Receivable left in Legacy System)
AR Days
DNFB
Coding Days
Payments
Review Denials Management Cycle
Maintain Clean Claim Rate at >= 90%
Decrease Primary Denial Rate to ~5-10%
Increase Denial Overturn Rate to ~50%
Automate Elements of Referral & Prior Authorization
Decrease Referral Turnaround Time - Primary Care (referral - appointm
Increase Successful Prior Authorization Rate - Primary Care Clinic
Increase Successful Prior Authorization Rate - Speciality/Surgery
Launch Charge Capture Initiative (AI) to better capture department cha
Increase department charge capture
Capture Patient Collections - Begin to take Copays at point of service
Volume of Patient Collections
Patient Collections $ Amount
Amount collected at point of sale (POS)
Amount collected through MyChart

HR Efforts

Material Management Cost Reduction

Administrative Efficiency

HR Efforts
Employee Recruitment
Employee Retention
Revamp Overtime Policy
Optimize Relias System (our learning management system)
Revise Employee Leave Policy: Leave Management
Improve Employee On- and Off-boarding: ADP Functionality
Materials Management
Re-bid GPO contract and audit off-contract spend
Administrative Efficiency
Eliminate Contracted Service for Payer Contracting
Review all Contracts and Analyze for expense reduction opportunities
Negotiate reduction in Payment Processing Fee