



**Board of Directors
Regular Meeting & Executive Session
November 20, 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-10/23/253
 - b. Legal Counsel – Robert S. Miller - Invoice #115610
 - 2. **Motion to Approve Consent Agenda**.....(action)
- III. New Business**
- 1. Consideration of 2025 Employee Holiday Bonus.....(action) 11
 - 2. Employee Health Insurance Renewal.....(action) 12
- IV. Old Business**
- 1. AHRQ (Agency for Healthcare Research and Quality) Patient Safety Culture Employee Survey.....12
 - 2. Master Facility Plan Financial Analysis.....29
- V. Staff Reports-Discussion**
- 1. CEO Report.....30
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 - 7. Multi-Specialty Clinic Report46
 - 8. HR Report49
 - 9. SCHD Foundation Report51
 - 10. Strategic Plan Update.....(under separate cover)
- VI. Financial Review**
- 1. Month-End Report & Statements for Period Ending October 31, 202554
 - 2. October Revenue Cycle Dashboard.....72
 - 3. October Contingency Dashboard.....81
- 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. No decisions are made in Executive Session.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-10-21-25.....(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
October 23, 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, MD, CMO; Cori Valet, CNO; Scott McEachern, CIO; David Serle, Clinic Director; Stacy Nelson, HR Director; Amanda Bemetz, RN, Quality, Risk & Compliance Director; Philip J. Keizer, MD, Chief of Staff. **Others present:** Robert S. Miller, Counsel; Jeremy Brown, Pharmacy Director; Brenda Sund, Controller; Colene Hickman, Revenue Cycle Director; Kim Russell, Executive Assistant. **Via Remote Link:** Alix McGinley, SCH Foundation Executive Director. **Press:** None.

1. Agenda - Corrections or Additions

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

2. Public Input – None.

II. Consent Agenda

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

- a. Regular Meeting-09/25/2025
- b. Invoice for Legal Services #1140

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

III. New Business

1. Facility Expansion Proposal

Raymond Hino, CEO, shared a proposal to enter into a lease agreement for additional office space of 2,000 square feet, available at a reasonable cost of \$1.00 per square foot, corrected from \$2.00 per square foot in the written presentation, to accommodate up to 17 employees with modular office space setup for the purpose of improved access for patients and their financial services needs with increased parking, at a projected cost of \$105,247. This option allows for Human Resources and the Quality Department to remain on campus. An improved radiology reading room will be added to the existing Information Systems and HIM (Health Information Management) office space. Information Systems will move to an existing shop building also on campus. The 2nd Street building will continue to be occupied by the Finance department. Ms. Hardin requested a tour of the existing Information

Technology office area with concerns that current space be fully evaluated.

Bob Pickle **moved to approve** the proposed lease agreement. Mary Schamehorn **seconded** the motion. **4 in favor. 1 opposed. Motion carried.**

2. Appointment of Qualified Infection Preventionist

We are pleased to share the resume of our new Infection Prevention RN, Amy Walter. We request formal Board approval as required by both CMS and our accrediting agency, DNV.

Mary Schamehorn **moved** to approve the appointment of Amy Walter as Infection Prevention RN for Southern Coos Hospital & Health Center. Pam Hansen **seconded** the motion. **All in favor. Unanimous decision.**

IV. Old Business

None.

V. Staff Reports

1. CEO Report

Ray Hino provided a summary of his written report, opening with staffing updates, noting that we are pleased to welcome Dr. Brett Schulte, general surgeon, who will join Southern Coos approximately 1 week per month to perform a variety of surgical procedures. We are also pleased to welcome Ahmad Namous, DPM (Podiatry) to the area, who may provide podiatry-related surgical services at Southern Coos. Southern Coos Hospital & Health Center successfully renewed our 3-year accreditation including ISO 9001 Stage 2 certification. The Master Facility Planning committee continues to meet weekly. The annual community drive-through flu and Covid vaccine clinic went well with new traffic configuration at City Park which improved our efficiency, thanks also to the 30 volunteers including registration staff, and a beautiful morning, supported the distribution of almost 500 total vaccines in record time. Donations received at the event totaled \$1,600. Marketing: Our new local billboard currently features the Retail Pharmacy.

2. CMO Report

Dr. Alden Forrester, Chief Medical Officer, opened with the news that the new OHSU Neurology and Pediatric robotic telemed service is scheduled to go live on Monday, October 27, with equipment purchased with USDA grant funding received last year. Dr. Forrester described the service, noting that there are no additional associated fees and the encounters are charted as official consultation. We are pleased to soon welcome the addition of the Senior Life Solutions service for our community, with psychiatric credentialing in process. Discussions with Bandon Dunes have determined that they may not be ready to consider occupational medicine but there is interest in other healthcare support services; another meeting is scheduled in November.

3. SCHHC Retail Pharmacy Report

Dr. Forrester summarized the Retail Pharmacy Report, noting that the filled prescription volume continues to increase. Government 340B pricing was approved October 13. Related 340B savings in October was \$9,874. Beneficial 340B pricing equals a reduction in the cost of goods sold, but current limitations in pharmacy software continue to impact retail pricing.

4. CNO Report

Cori Valet, CNO, summarized her report, opening with the staffing update. **Staffing:** Cindy Kessler, Laboratory Manager will be retiring, with her last day in office October 31. Cindy will be available per diem to provide support during the transition. The position has been posted, with two great interviews completed today. MLT recruitment has been cancelled as we are pleased to share that employee will be returning to Southern Coos. One new vacancy has been added in the ED with resignation of a night shift RN. **Discussion:** Board member Kay Hardin suggested offering new hire and/or referral incentives. **Community Flu & Covid Vaccine Events:** Staff administered a total of 515 vaccinations at the annual drive through vaccine clinic held on October 15 at Bandon City Park. A second event at Bandon Dunes Golf Resort provided 64 flu and 24 Covid vaccinations. **ED Transfers:** There were 33 Emergency Department (ED) patient transfers last month, all due to requiring a higher level of care, such as cardiac, ICU, or surgical services.

5. CFO Report

Cam Marlowe offered to answer any questions regarding the summary of department activities for the month in his written report, covering the following areas: Finance and Accounting, Engineering and Environmental Services, Materials Management/Supply Chain, and Revenue Cycle. There were no questions.

6. CIO Report

Scott McEachern, Chief Information Officer, offered to answer any questions regarding his report including department activities for the prior month. Mr. McEachern provided an update on various strategic initiatives in progress. Preparations for the Senior Life Solutions service line are going well. Clinical space conversion is complete and approval has been received from the Oregon Health Authority to add clinical space to our existing license. Revenue Cycle collaboration has resulted in decrease of CFB (candidate for billing) to 5.2 days and reduced dollar amount of HIM/documentation deficiencies by over 200%. **Discussion:** Bob Pickel noted that the Southern Coos website appears to require an update. The information will be forwarded to appropriate contacts.

7. Clinic Report

David Serle, Clinic Director, provided a summary of Clinic activities from prior month, opening with provider onboarding. **Provider Onboarding:** Brett Schulte, MD, will join us in October as a general surgeon with his first day to see patients on

October 24. Another full-time physician has been interviewed, with the goal to have 4 full time providers; with 3 MD/DOs and 1 FNP in clinic. **Clinic Volume:** Clinic volume is increased by 1.9% from prior month. The two FNP's stats are projected to increase in October. **Discussion:** Regarding provider productivity, 2 providers appear to have plateaued at 11 patients per day. The Medical Director role has additional duties that can interfere with adding patient visits. **Discussion:** Board members requested to receive the monthly clinic provider productivity report with bottom line for the clinic as provided with previous EMR (Electronic Health Record).

8. Human Resources Report

Stacy Nelson, Director of Human Resources, attending via remote link, provided a review of Human Resource operations for prior month. **Compensation Survey:** The Milliman Salary survey was completed in October. Mr. Nelson thanked Cam Marlowe and Ray Hino for their collaboration. **Employee Benefits:** Southern Coos is working with a new broker for employee benefits, having selected a regionally local broker, The Partners Group. Open enrollment for benefits is in November with an annual start date of January 1. Our goal is to avoid significant increases for our staff. We are pleased to be one of the few employers who currently pay 100% for single employee health insurance coverage. A Social Security and Retirement webinar was provided for all staff on October 7.

9. SCHD Foundation Report

Alix McGinley, Health Foundation Executive Director, attending via remote link, shared a summary of Foundation operations for prior month. As of this morning, the final gross receipts from the annual Golf for Health Classic fundraising event total \$133,181, \$8,000 above our goal of \$125,000! Net proceeds will be available next month. The next community Meet and Greet forum at the Bandon Fisheries Warehouse will be November 11 at 12 noon with Kristin Crusoe our new Director of Senior Life Solutions. We would also like to be supportive of the Gravel Point development team, one of our Golf for Health sponsors, with their Meet and Greet before year-end. Ms. McGinley reviewed additional fundraising activities through the end of the year including the new Employee Giving program rollout in conjunction with Giving Tuesday on December 2. Capital Campaign initiatives will follow in 2026. Ms. McGinley was pleased to share that the Foundation was the recipient of a \$20,000 grant award from the JAMF (Judith Ann Morgan Foundation of Coos Bay). This award will help support the Bandon School Nurse Program. Additional grants are still in review.

10. Strategic Plan

Raymond Hino, CEO, provided highlights from the updated Strategic Plan outline of 41 strategic initiatives. One of our as-yet outstanding initiatives is to combat elderly loneliness which we look forward to addressing with the introduction of the Senior Life Solutions service to our community, to open in December. Also of note is the 100% completion of the Bay Area Hospital Collaboration initiative with recent recognition from Bay Area Hospital for timely STEMI transfers from Southern Coos and changes in contracting for Registered Dietician. The proposed Telemedicine

Service initiative is now at 100% completion with “go live” on October 27. The Quality and Patient Safety Program initiative is now at 96.67% completion due to the successful submission of the AHRQ (Agency for Healthcare Research and Quality) Culture of Safety survey where we outperformed national averages in nearly every category. Our goal to achieve Top 100 Critical Access Hospital Designation completion date has been updated to a realistic date of January 2028. Goals for the next month include focusing on profitability improvement plans. **Discussion:** Board members requested that the Master Facilities Plan action steps be added to the Strategic Plan. Regarding expanded hours, it was noted that Dr. Preslar is now seeing patients beginning at 7:00am and Dr. Marriott is scheduled for acute or “walk-in” patients on Fridays. Mr. Bedell expressed support for the end of month/year profitability improvement plans.

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, provided a review of the financial statements noting a loss above that which was budgeted for the month of September of \$281K. Contractual allowances are high, but cash collections are very good. Accounts Receivables are down with Expenses above budget due to temporary labor. Benchmarks do not fluctuate by much. Focus remains to hire FTE (full time employees) as opposed to travelers wherever possible, but that can be challenging for certain clinical specialties. Month to month utilization was reviewed, noting fluctuations.

2. September Revenue Cycle Dashboard

Colene Hickman, Revenue Cycle Manager, reviewed key highlights from the dashboard report. Providence provides comparison tools that will help us see where we are trending in comparison to similar Providence Epic clients. The Revenue Cycle team meets daily to review DNFB (discharged, not final billed) accounts. Prepayment collections have doubled. Ms. Hickman reviewed the stabilization dashboard page noting resolution of a specific Medicare issue. Days in Accounts Receivable are trending better than the top 25% comparative facilities. CFB (candidate for billing) and Coding are also reviewed daily. Net Collection Ratio is currently at 97.7% of what we should collect. A/R Reduction Plan reviewed, in summary, \$680K is eligible to go to collections which will help reduce balance over 120 days.

3. Quarterly Budget Mitigation Dashboard

Mr. Hino presented a review of the mitigation plan dashboard. FY25 marked significant investments in the required surgical processing department remodel, implementation of the new electronic health record and enterprise resource platforms (Epic & Sage Intacct), and the opening of the new SCHHC Retail Pharmacy. The plan, approved by the Board in July, includes five tiers of operating gain/loss triggers to review quarterly. This first quarter reflects a loss of (\$9,239),

noting that we are still ramping up in retail pharmacy, and both the surgical services program and the Senior Life Solutions geriatric mental health counseling program will soon begin and will contribute once implemented. Management recommendation at this time is to continue the hiring freeze while maintaining a critical eye on and continuing to seek expense savings across the organization. Clinical areas for efficiency identified include ED provider efficiencies in claim acceptance and non-productive time tracking; 340B pharmacy program optimization, and tools identified that may help to increase clinic provider productivity. Revenue Cycle optimization areas were reviewed. It was also noted that we recently reduced an organizational cybersecurity contract expense by \$32,000. **Discussion:** Mr. Bedell thanked Mr. Hino for the review, commenting that the dashboard is working as intended. Mr. Hino added that he attended the Oregon Rural Health and Hospital Association of Oregon meetings in October, with much attention focused on recognizing and addressing national and statewide issues and their potential impact on rural Oregon hospitals.

VII. Executive Session

At 8:05 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, and under ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law, including written advice from Legal counsel. No decision 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 9:25 p.m. the meeting returned to Open Session.

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

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

2. Reports from Executive Session

- a. Quality and Patient Safety Committee Report**
- b. Medical Staff Credentialing Report**

2-Year Privileges – New

None

2-Year Privileges – Reappointments

Robert Evans, MD (Emergency Med)

Telemedicine Appointments & Reappointments

Direct Radiology Providers:

Matthew Allen, MD – Reappointment

Michael Berven, MD – New Appointment

Medical Staff Status Change

John Adam Bonk, MD (Emergency) – Resigning Privileges 10.31.25

Ryan Garrett, MD (Emergency) – Privileges Lapse 10.31.25

Matthew Rode, MD (Emergency) – Privileges Lapse 10.31.25

Judith Fitzgibbons, NP (Family Medicine) – Privileges ended 09.30.25

Courtney Feral, NP (Family Medicine) – Privileges ended 09.30.25

Fred Barton, NP (Emergency) – Resigning privileges 10.31.25

Ahmad Namous, DPM (Podiatry) – Addition of Fluoroscopy Privileges

Alden Forrester, MD (Hospitalist) – Provisional to Active

Aaron Stutz, MD (Emergency) – Provisional to Courtesy

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

IX. Open Discussion

None.

X. Adjournment

The meeting adjourned at 9:30 p.m. The next regular meeting will be held on November 20 at 6:00 p.m. at the Southern Coos Hospital & Health Center main conference room. Please note this is one week earlier than usual due to the Thanksgiving holiday on the fourth Thursday, November 27.

Thomas Bedell, Chairman 11-20-2025

Mary Schamehorn, Secretary 11-20-25

INVOICE

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

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

Invoice details
Invoice no.: 1156
Terms: Net 60
Invoice date: 10/24/2025
Due date: 12/23/2025

#	Product or service	Description	Qty	Rate	Amount
1.	Attorney (\$300/hr)	General Meeting & Executive Sessions, Thursday October 23, 2025	4	\$300.00	\$1,200.00

Total

\$1,200.00

Ways to pay



View and pay



DATE: November 14, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: **Employee Holiday Bonus Request**

Recommended Action

That the Southern Coos Health District (SCHD) Board of Directors approve a payment to each regular full time and part time District employee for a holiday bonus in the amount of \$200 (plus a gross up, estimated to be 20%) during the month of December 2025. 175 full-time employees and 5 part-time employees will qualify for the holiday bonus payments this year. The total cost of the bonus payments is estimated to be \$40,680.

Background

For at least the past 12 years, the SCHD Board of Directors has granted a holiday bonus payment for eligible employees. Prior to 2022, the bonus payment was for a net payment per employee of \$100.00 each. In 2022 the District Board decided to increase the bonus payments from \$100 up to \$200 (plus gross up). It is the recommendation of the SCHD Executive Team that the District continue this tradition for the month of December 2025.

The bonus payments are proposed to be paid directly to employees in the same manner as their regular paychecks (either as a paper check or electronic deposit). Our proposal is that the bonus payments be made on December 12, 2025.

If approved, we will provide each bonus eligible employee with a letter signed by each member of the Board of Directors (tonight), expressing gratitude to each of our employees for working together for our success in the past year, and notifying each employee that they will receive their holiday bonus payment on December 12.

Thank you for your consideration.



DATE: November 17, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Financial Analysis for Master Facility Plan

Recommended Action

No action is recommended for this month's Board meeting. This is an information item only.

Current Status

Southern Coos Hospital & Health Center (SCHHC) has received 3 bids for a financial analysis package to support our Master Facility Plan. Each bid proposes completing the following deliverables:

- Review SCHHC's existing financial position and estimate financial affordability for a major building project.
- Complete an analysis of the current financial status of SCHHC and its capacity to fund a hospital expansion project, either through reserve funds, borrowing, or a combination of sources.
- Complete an analysis of statutory bonding capacity, voter authorization, and debt thresholds for SCHHC.
- Complete an analysis of charitable giving opportunities for SCHHC.

The next steps will be to conduct a thorough vetting of the finalist candidates to ensure that the final cost is appropriate for the scope of work. This vetting process will take 2-3 weeks. The current plan is to make a recommendation to the Board of Directors for the December 18, 2025, Board of Directors meeting. I had originally thought that we would be ready to make a final recommendation for the November 20, 2025, Board of Directors meeting. But due to the final vetting process, we will not be ready in time for the November Board meeting.

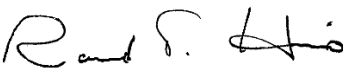
Background

At the December 19, 2024, meeting of the Southern Coos Hospital & Health Center (SCHHC) Board of Directors Meeting, the Board gave approval to management for engaging the services of The Healthcare Collaborative Group to create a Master Facility Plan for SCHHC for a cost not to exceed \$171,000, unless additional Board approval is given for additional costs. And through the generosity of the Bandon Dunes Charitable Foundation, a grant was awarded to SCHHC for the full amount of \$171,000.

The selection of an architecture firm to support our project went out to competitive bidding in April of 2025. The successful bidder was Davis Partnership. However, the cost of the project went up to \$194,000. Management requested an increase in the budget for the \$23,000 difference between \$171,000 and \$194,000. At the June 26, 2025 Board of Directors meeting, the increase was approved and the new budget for the project was set to be \$194,000.

Unfortunately, there is going to be an additional cost for the Financial Analysis. The SCHHC Executive Team have applied to the Bandon Dunes Charitable Foundation for a Phase II grant to support the next steps for the completion of the Master Facility Plan. We should know in time for the December Board meeting if our grant application has been awarded.



DATE: November 14, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: **2025 AHRQ Surveys on Patient Safety Culture**

Recommended Action

The Staff recommendation is that the Board of Directors review the attached 15-page 2025 Agency for Healthcare Research & Quality (AHRQ) Surveys on Patient Safety (SOPS) findings, and come to the November Board meeting prepared with questions for the SCHHC Executive Team. This is not an action item. This is a National Voluntary Survey process that Southern Coos Hospital participated in this year in order to assess staff attitudes and opinions on our Hospital Safety Culture.

Executive Summary

The Agency for Healthcare Research & Quality (AHRQ) was established in 1999 during the Clinton administration. According to the AHRQ website, “since its creation, AHRQ has been a home for health services research, the field of study that examines healthcare as it is delivered to patients. It is also the Nation’s lead Federal agency supporting patient safety research and supports state-of-the-art data analytics tools to analyze and improve the U.S. health system.” The AHRQ Surveys on Patient Safety Culture (SOPS) began in 2001. The survey process is voluntary, not mandatory. Hospitals that participate, usually do so because they want to assess the current culture of patient safety and to raise staff awareness about patient safety culture.

In 2024, the most recent year in which National data is available, 445 hospitals participated in the SOPS survey. There are over 6,000 hospitals in the United States. So less than 10% of hospitals in the United States participated in the last year for which full data is available. The average response rate for participating hospitals was 52%. By comparison, in 2025, Southern Coos Hospital reported a 27% response rate on 77 surveys completed out of 288 administered. A closer look however, shows that 77 surveys completed is a good response rate for SCHHC. The 288 surveys administered included medical staff members that are not employees and the vast majority that rarely, if ever, work at SCHHC. SCHHC has 220 employees. However, if you look closer at our full-time (175) and part-time (5) employees, then 77 is 43% of our regular staff that work here. We have many per diem employees that also rarely work here.

We have not attempted to conduct a SOPS survey for the past 3 years, and we have built a strong Quality team in the past 12 months. This is the first time for our current quality team to conduct a SOPS survey. A greater than 40% response rate of our regular employee staff is not too bad.

Additionally, the overall composite 74% positive response is better than the National average of 71%, indicating that overall the perception of our safety culture is higher than the National average.

It is notable that Hospital Management support is 1 of only 3 categories where SCHHC performed lower than the National average, and certainly we have opportunity for improvement. I would note, however, that hospital management support is an area that is difficult for the majority of hospitals in the survey.

Nationwide, hospitals score only 65% positive in this area, and it is the lowest score for hospitals nationally. That seems to indicate that staff in hospitals, nationwide, view management as an area for improvement. And SCHHC is no different.

I am looking forward to the discussion on Thursday night.



Surveys on Patient Safety Culture*



2025 Southern Coos Hospital & Health Center Findings

What is the SOPS Survey? A tool developed by the Agency for Healthcare Research and Quality to help healthcare organizations measure and improve their patient safety culture.

- **Assess Patient Safety Culture:** Provide a snapshot of how well an organization's culture supports patient safety.
- **Identify Areas for Improvement:** Highlight specific areas where patient safety culture needs attention.
- **Raise Awareness:** Increase staff awareness of patient safety issues.
- **Evaluate Initiatives:** Use the results to gauge the impact of their patient safety programs.

2025 SCHHC Participation

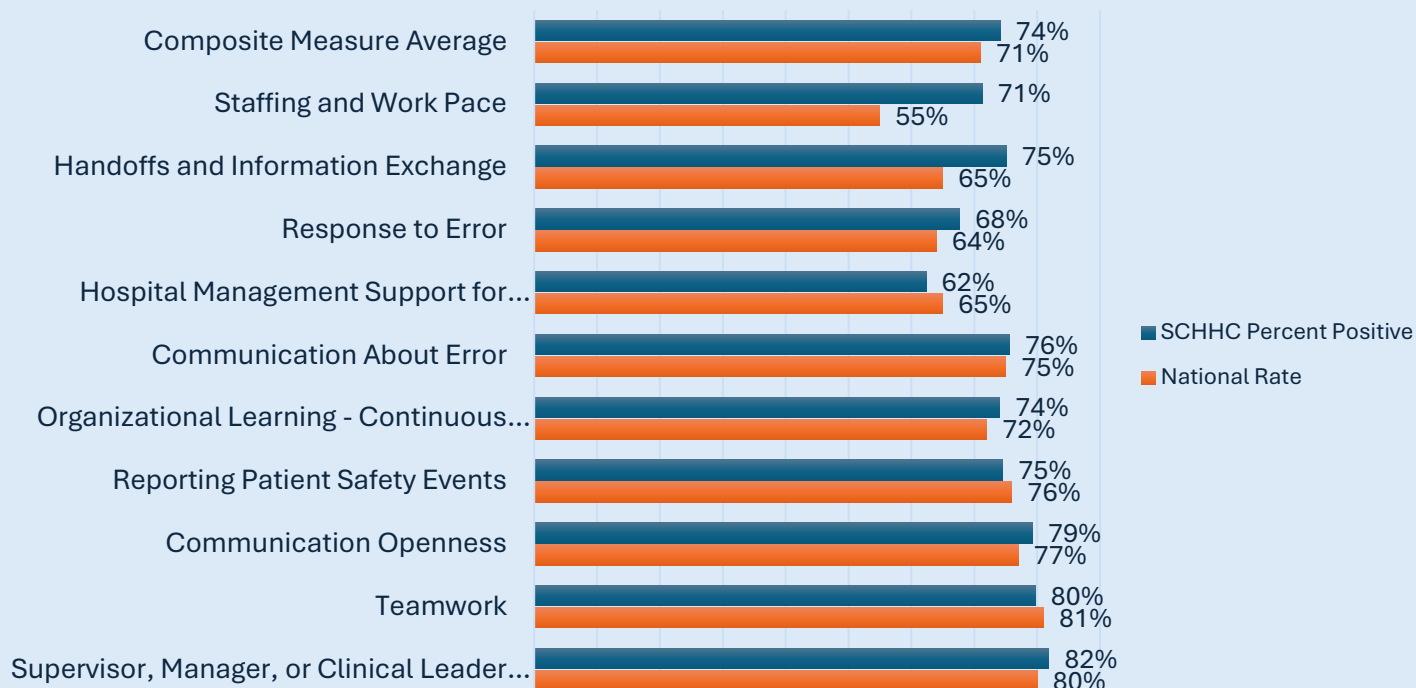
of Surveys Administered: 288
of Respondents: 77
Response Rate: 27%



2024 National Survey Participation

of Participating Hospitals: 445
of Respondents: 284,036
Average Response Rate: 52%

Overall Positive Response Rates



PATIENT SAFETY WINS:

- During shift changes, there is adequate time to exchange all key patient care information. 97%+
- In this unit, staff speak up if they see something that may negatively affect patient care. 90%+

TOP IMPROVEMENT FOCUS AREAS:

- Hospital Management seems interested in patient safety only after an adverse event happens. 44%+
- When transferring patients from one unit to another, important information is often left out. 52%+



Participants by Position

Nursing (RN, CNA)	19	24%
Providers	0	0%
Clinical (Pharmacist, RT, Techs)	18	23%
Managers, Senior Leaders	15	19%
Support (Facilities, Food Service, ES, HIM, Office Staff)	20	26%
Other (MAs, Quality, other)	6	8%

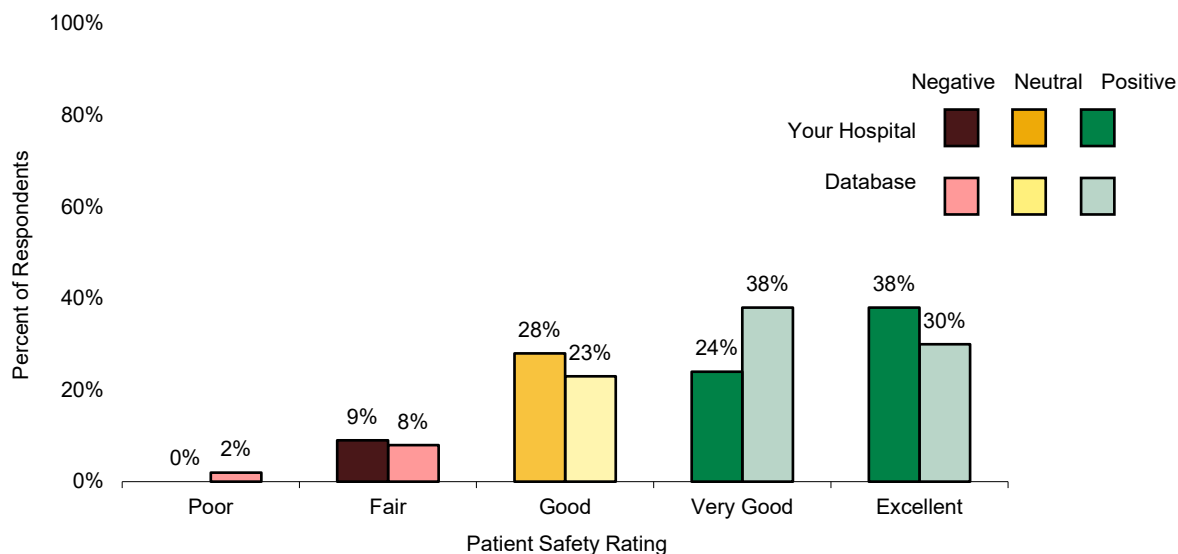
Participants by Unit/Work Area

Administration/Management/Sr. Leadership	8	10%
Admitting/Registration	5	7%
Clinic	5	7%
Finance/Billing	8	10%
Health Info. Mgmt/IT/Clinical Informatics	5	7%
Support (Facilities, Food Service, Envir. Services, Materials, Purchasing)	5	7%
Lab	4	5%
Med-Surg/ED	14	18%
Pharmacy	6	8%
Quality	3	4%
Radiology/Imaging	4	5%
Respiratory Therapy	5	7%
Surgical Services	5	7%

Direct Patient Care or No Direct Patient Care

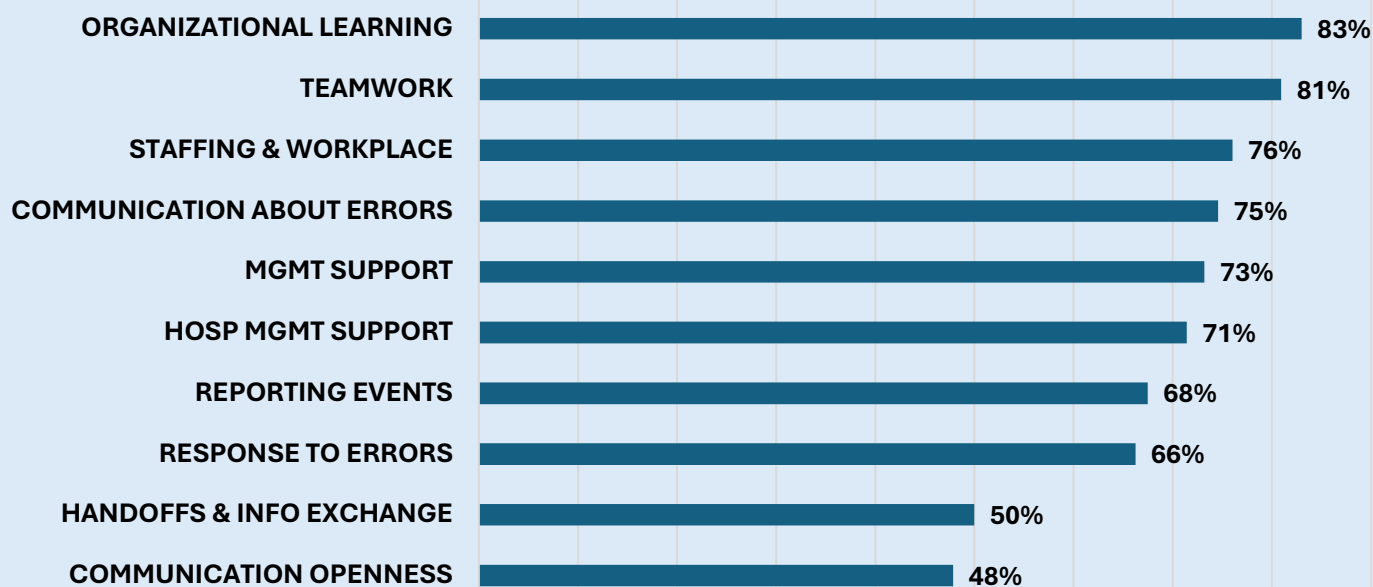
Direct Patient Care	47	60%
Non-direct Patient Care	31	40%

Patient Safety Rating Comparative Results for
Southern Coos Hospital & Health Center
How would you rate your unit/work area on patient safety?





POSITIVE RESPONSE RATES FOR ADMINISTRATION/MANAGEMENT/SR. LEADERSHIP (8 RESPONSES)



PATIENT SAFETY STRENGTH:

- ORGANIZATIONAL LEARNING- CONTINUOUS IMPROVEMENT: 83%+

IMPROVEMENT AREAS:

- COMMUNICATION OPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right.* 14%+
- COMMUNICATION OPENNESS: *When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.* 20%+

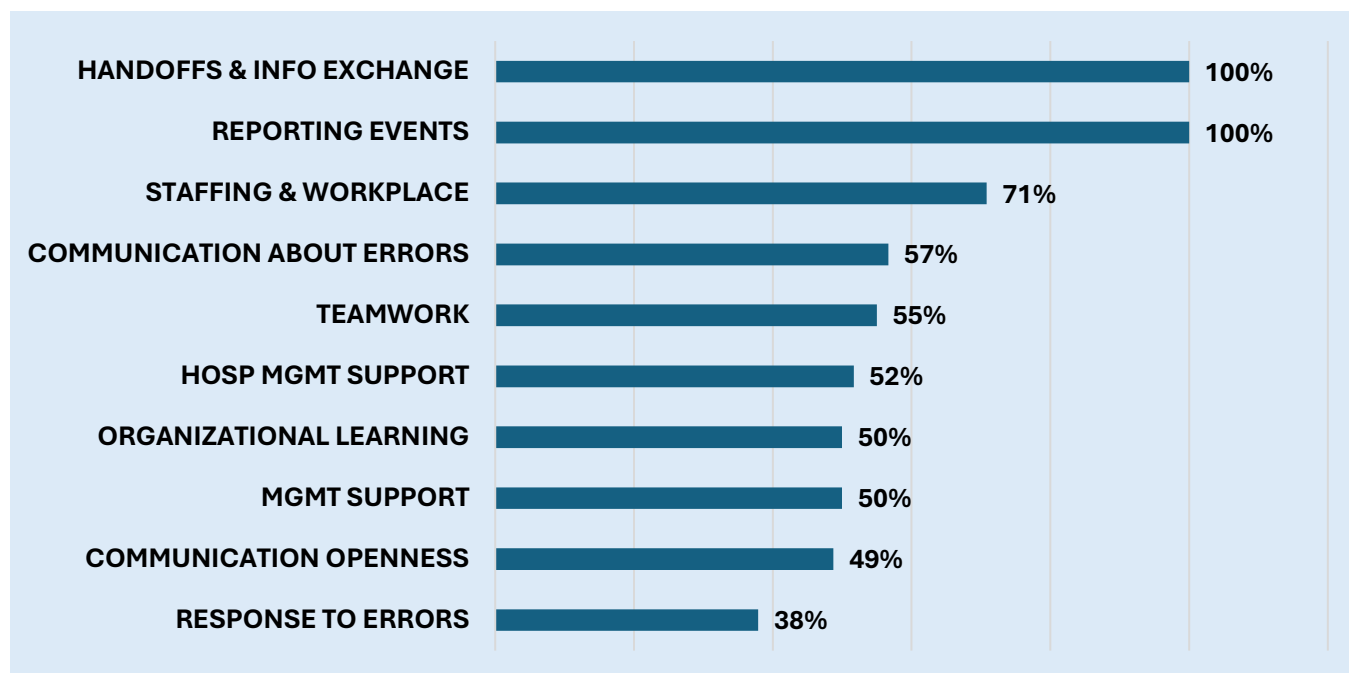
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [PATIENT SAFETY INITIATIVE: HOSPITAL EXECUTIVE & PHYSICIAN LEADERSHIP STRATEGIES](#)
- [LEADERSHIP ROLE IN IMPROVING SAFETY](#)



POSITIVE RESPONSE RATES FOR ADMITTING/REGISTRATION (5 RESPONSES)



PATIENT SAFETY STRENGTHS:

100%+

- HANDOFFS & INFO EXCHANGE
- REPORTING EVENTS

IMPROVEMENT AREAS:

- COMMUNICATION OPPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right.* 20%+
- HOSPITAL MANAGEMENT SUPPORT: *Hospital management seems interested in patient safety only after an adverse event happens.* 20%+

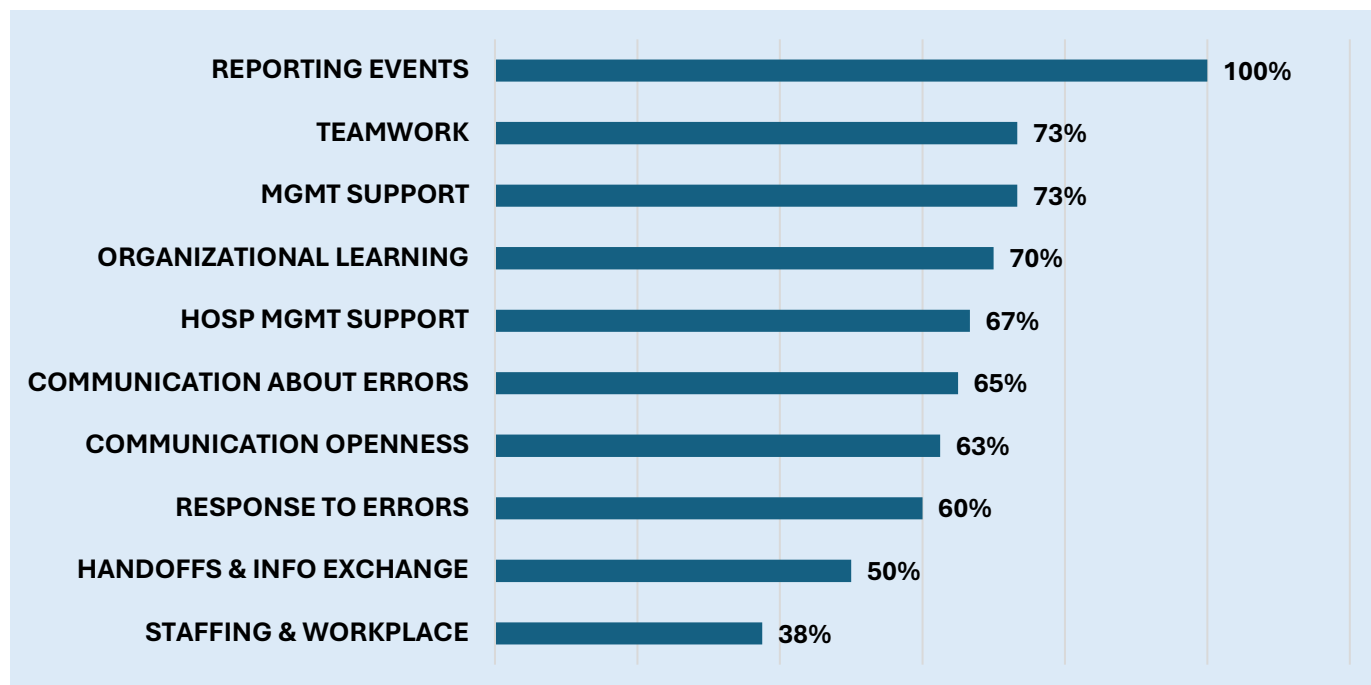
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [SPEAK UP FOR SAFETY](#)
- [SAFETY HUDDLE QUICK START GUIDE](#)



POSITIVE RESPONSE RATES FOR CLINIC (5 RESPONSES)



PATIENT SAFETY STRENGTH:

- REPORTING EVENTS: 100%+

IMPROVEMENT AREAS:

- STAFFING & WORKPLACE:
 - *In this unit, we have enough staff to handle the workload. 20%+*
 - *Staff in this unit work longer hours than is best for patient care. 20%+*
- ORGANIZATIONAL LEARNING- CONTINUOUS IMPROVEMENT: *This unit lets the same patient safety problems keep happening. 50%+*

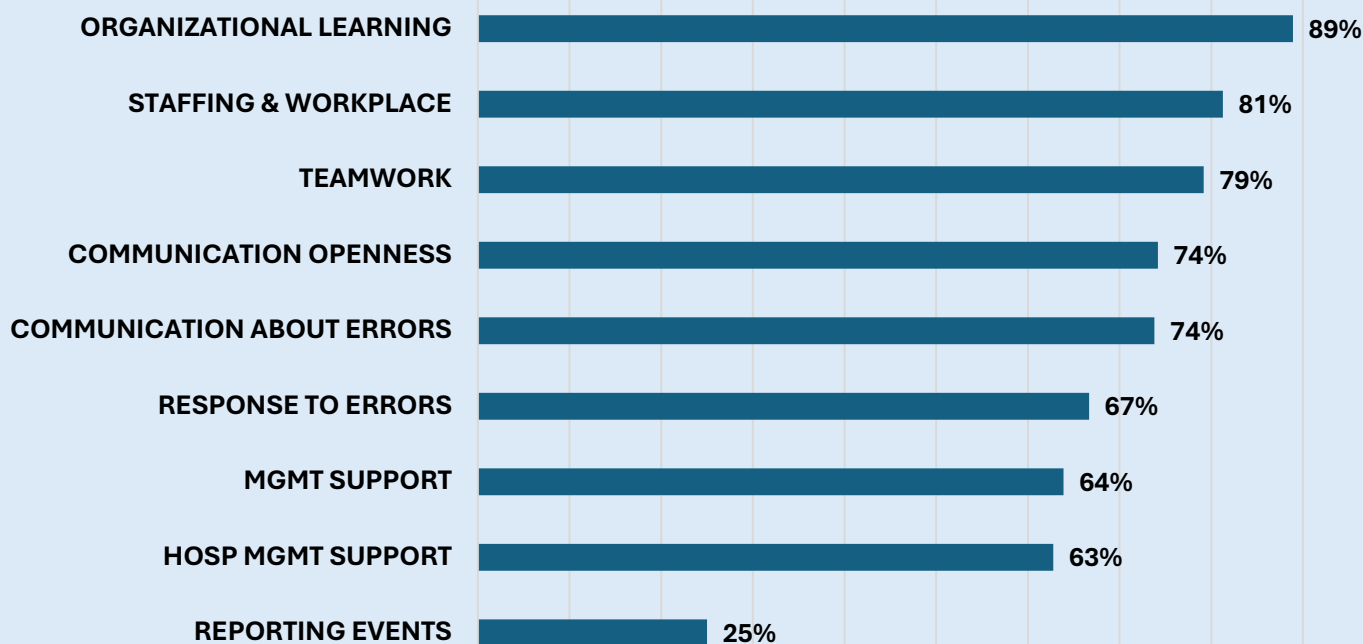
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- A FRAMEWORK FOR SAFE, RELIABLE, AND EFFECTIVE CARE
- COMMON CAUSE ANALYSIS: FOCUS ON INSTITUTIONAL CHANGE



POSITIVE RESPONSE RATES FOR FINANCE & BILLING (8 RESPONSES)



PATIENT SAFETY STRENGTH:

- ORGANIZATIONAL LEARNING- CONTINUOUS IMPROVEMENT: 89%+

IMPROVEMENT AREAS:

- REPORTING EVENTS d2: *When a mistake is caught and corrected before reaching the patient, how often is this reported?*. 50%+
- HOSPITAL MANAGEMENT SUPPORT: *Hospital management seems interested in patient safety only after an adverse event happens.* 33%+

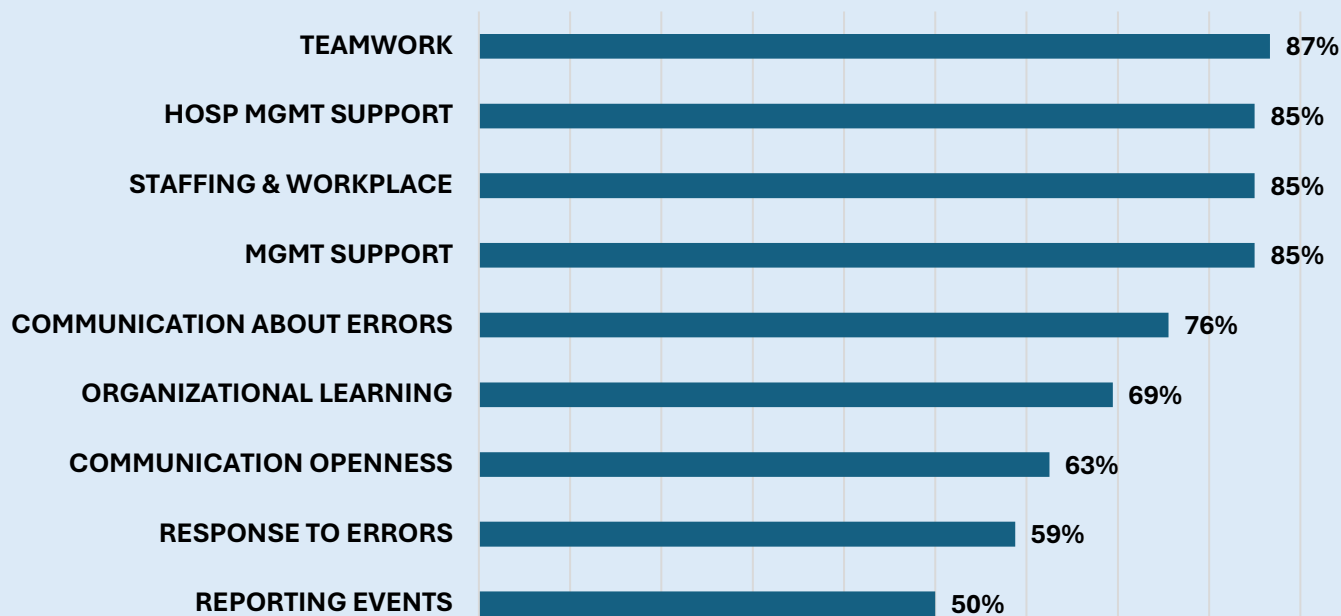
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [GOOD CATCH/NEAR MISS CAMPAIGN TOOLKIT](#)
- [LEADERSHIP ROLE IN IMPROVING SAFETY](#)



POSITIVE RESPONSE RATES FOR SUPPORT: FOOD SERVICE/ENVIRONMENTAL SERVICES/FACILITIES/MATERIALS/PURCHASING(5 RESPONSES)



PATIENT SAFETY STRENGTH:

- TEAMWORK: 87%+

IMPROVEMENT AREAS:

- RESPONSE TO ERRORS: *When an event is reported in this unit, it feels like the person is being written up, not the problem.* 25%+
- COMMUNICATION OPENNESS: *When staff in this unit speak up, those with more authority are open to their patient safety concerns.* 33%+

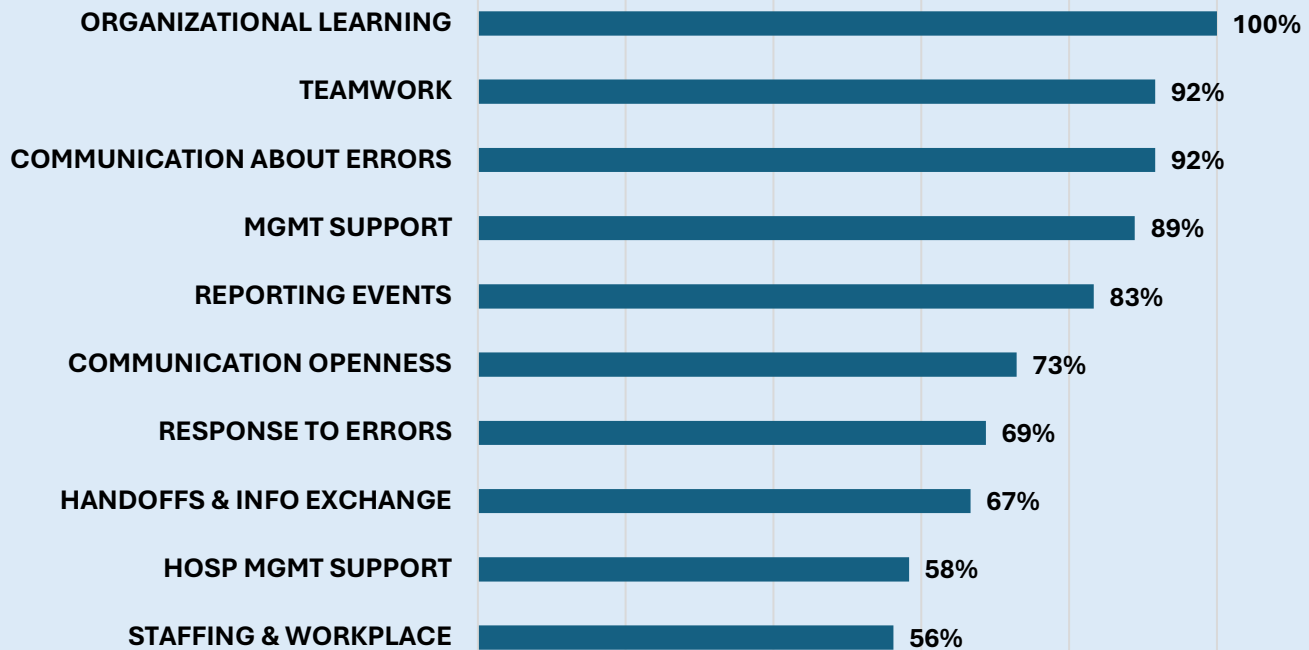
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [THE INCIDENT DECISION TREE: GUIDELINES FOR ACTION FOLLOWING INCIDENTS](#)
- [JUST CULTURE TOOLKIT](#)



POSITIVE RESPONSE RATES FOR LAB (5 RESPONSES)



PATIENT SAFETY STRENGTH:

- ORGANIZATIONAL LEARNING-CONTINUOUS IMPROVEMENT: 100%+

IMPROVEMENT AREAS:

- COMMUNICATION OPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right.* 25%+
- RESPONSE TO ERRORS: *When an event is reported in this unit, it feels like the person is being written up, not the problem.* 33%+

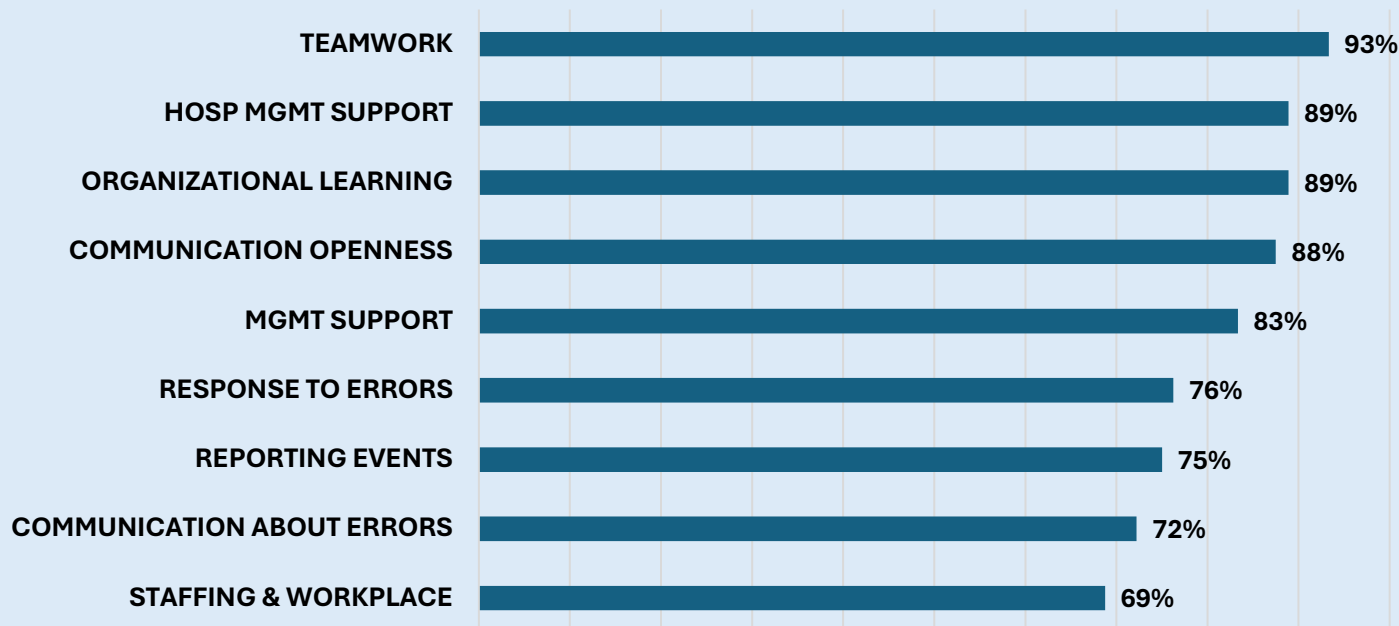
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [SPEAK UP FOR SAFETY](#)
- [COMMUNICATION & OPTIMAL RESOLUTION \(CANDOR\) TOOLKIT](#)



POSITIVE RESPONSE RATES FOR HEALTH INFORMATION MGMT/ IT/ CLINICAL INFORMATICS (5 RESPONSES)



PATIENT SAFETY STRENGTH:

- TEAMWORK: 93%+

IMPROVEMENT AREAS:

- REPORTING EVENTS: *When a mistake is **caught and corrected** before reaching the patient, how often is this reported?* 50%+
- COMMUNICATION ABOUT ERRORS: *In this unit, we are informed about changes that are made based on event reports.* 67%+

AHRQ IMPROVEMENT RESOURCES

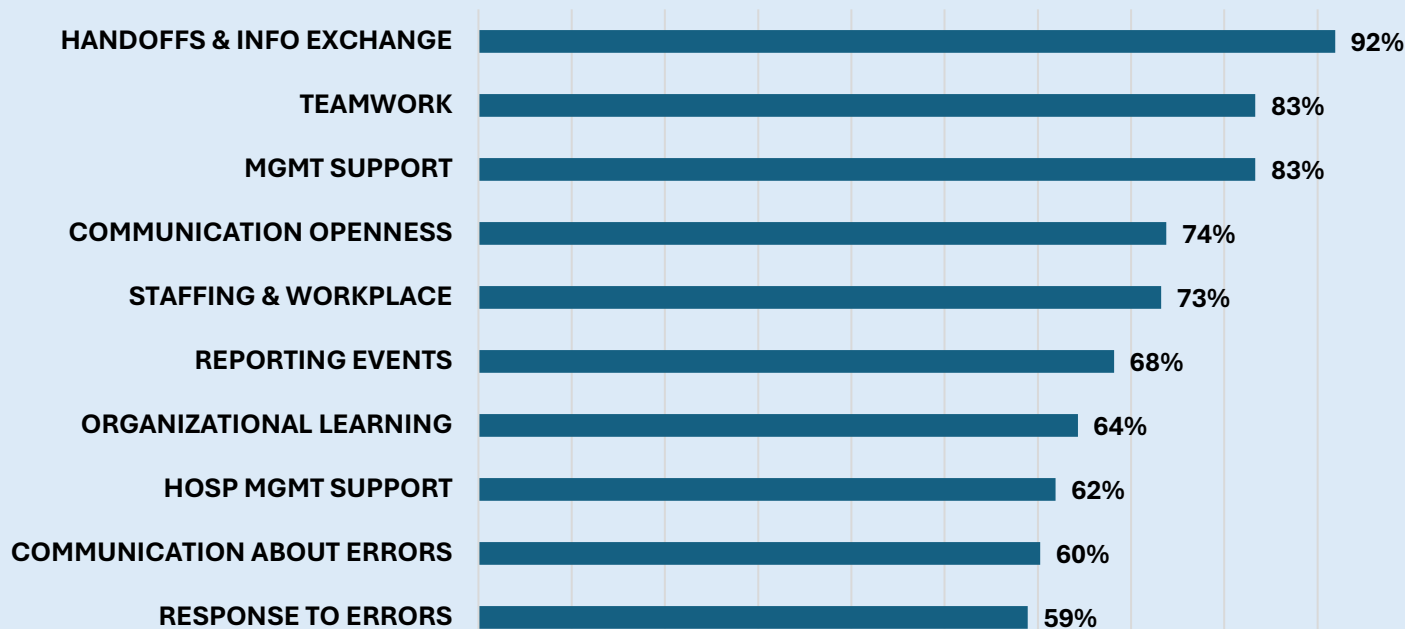
RECOMMENDED BASED ON YOUR RESULTS:

- [GOOD CATCH/NEAR MISS CAMPAIGN TOOLKIT](#)
- [COMMUNICATION & OPTIMAL RESOLUTION \(CANDOR\) TOOLKIT](#)



POSITIVE RESPONSE RATES FOR MED-SURG & ED* (14 RESPONSES)

* with only two responses from the ED, there was not enough data to report individually



PATIENT SAFETY STRENGTH:

- HANDOFFS & INFORMATION EXCHANGE: 92%+

IMPROVEMENT AREAS:

- RESPONSE TO ERRORS: *When an event is reported in this unit, it feels like the person is being written up, not the problem.* 43%+
- COMMUNICATION ABOUT ERRORS: *When errors happen in this unit, we discuss ways to prevent them from happening again.* 50%+

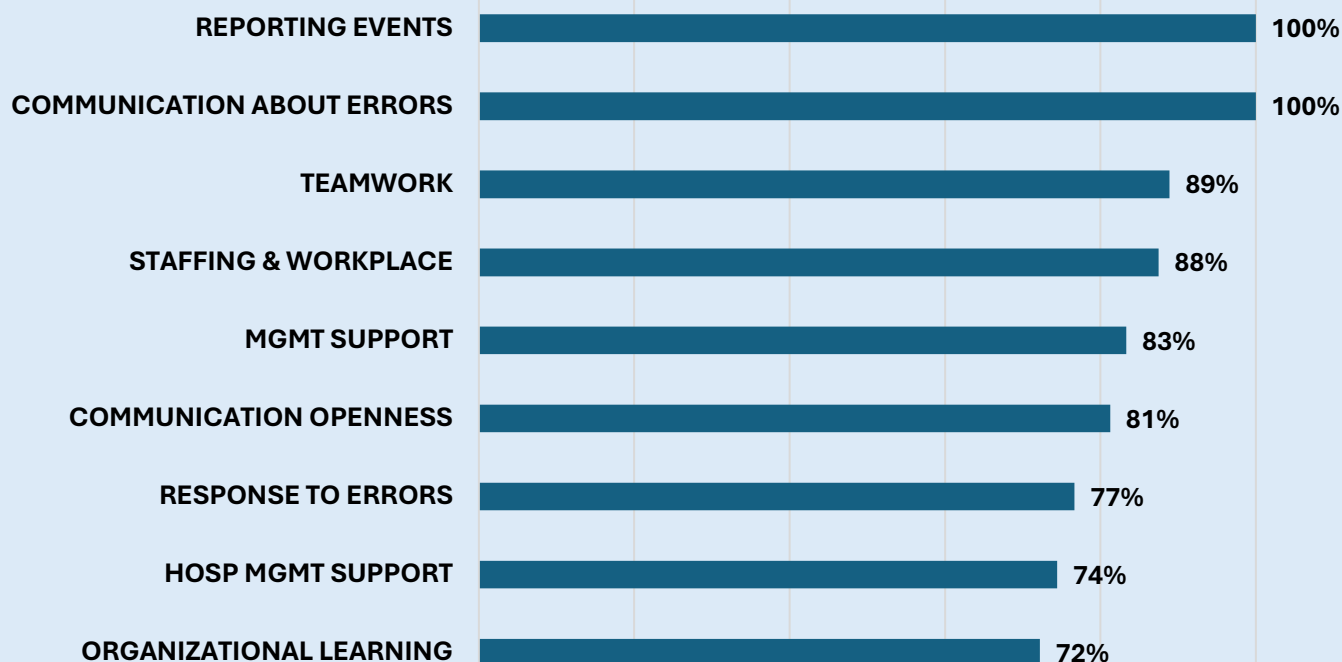
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [JUST CULTURE TOOLKIT](#)
- [SHINING A LIGHT: SAFER HEALTH THROUGH TRANSPARENCY](#)



POSITIVE RESPONSE RATES FOR PHARMACY (6 RESPONSES)



PATIENT SAFETY STRENGTHS:

100%+

- REPORTING EVENTS
- COMMUNICATION ABOUT ERRORS

IMPROVEMENT AREAS:

- COMMUNICATION OPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right.* 25%+
- HOSPITAL MANAGEMENT SUPPORT: *Hospital management seems interested in patient safety only after an adverse event happens.* 40%+

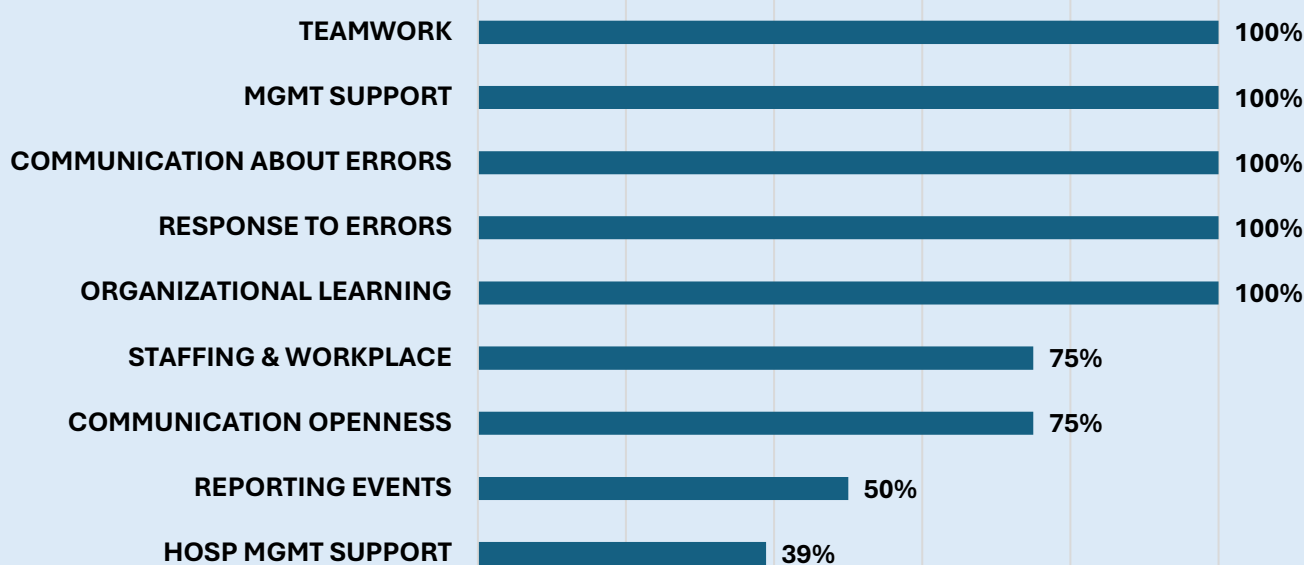
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [JUST CULTURE TOOLKIT](#)
- [AHRQ COMPREHENSIVE UNIT BASED SAFETY PROGRAM \(CUSP\)](#)



POSITIVE RESPONSE RATES FOR QUALITY (3 RESPONSES)



PATIENT SAFETY STRENGTHS:

100%

- TEAMWORK
- MANAGEMENT SUPPORT
- COMMUNICATION ABOUT ERRORS
- RESPONSE TO ERRORS
- ORGANIZATIONAL LEARNING- CONTINUOUS IMPROVEMENT

IMPROVEMENT AREAS:

- COMMUNICATION OPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right.* 33%+
- HOSPITAL MANAGEMENT SUPPORT: 33%+
 - *The actions of hospital management show that patient safety is a top priority.*
 - *Hospital management provides adequate resources to improve patient safety*

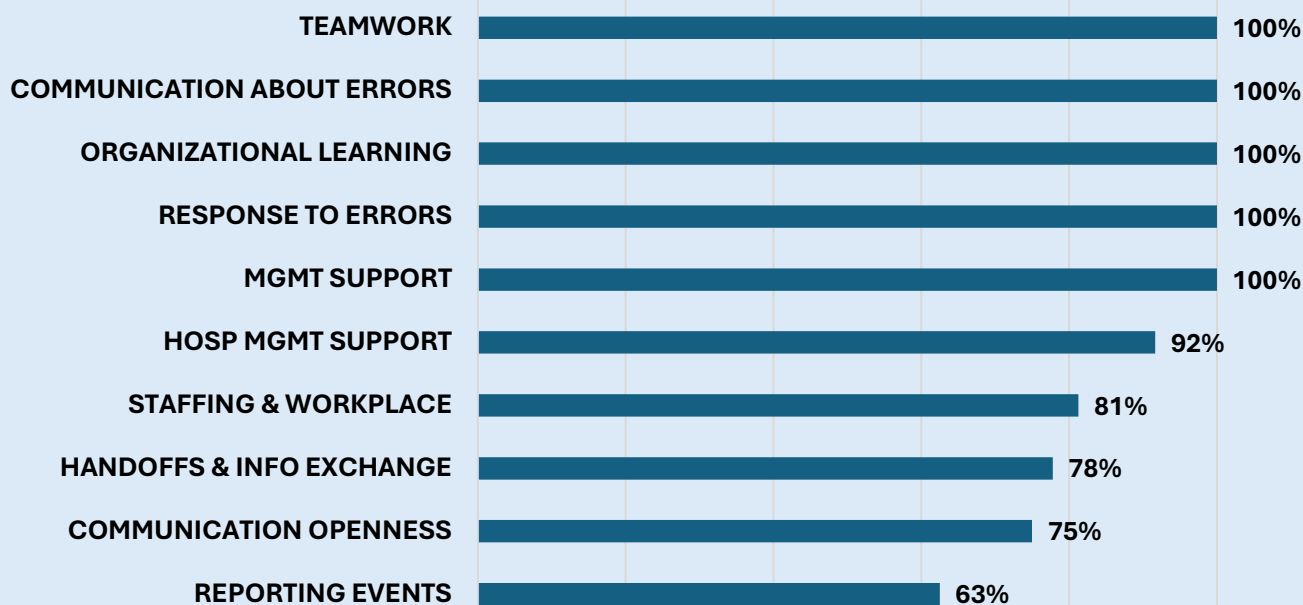
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [JUST CULTURE TOOLKIT](#)
- [PATIENT SAFETY INITIATIVE \(PARTNERSHIP FOR PATIENTS\)](#)
- [ACTION PLANNING TOOLKIT](#)



POSITIVE RESPONSE RATES FOR RADIOLOGY/IMAGING (4 RESPONSES)



PATIENT SAFETY STRENGTHS:

100%

- TEAMWORK
- COMMUNICATION ABOUT ERRORS
- RESPONSE TO ERRORS
- ORGANIZATIONAL LEARNING- CONTINUOUS IMPROVEMENT
- MANAGEMENT SUPPORT

IMPROVEMENT AREAS:

- HANDOFFS & INFORMATION EXCHANGE: *When transferring patients from one unit to another, important information is often left out. 33%+*
- COMMUNICATION OPENNESS: *In this unit, staff are afraid to ask questions when something does not seem right. 50%+*

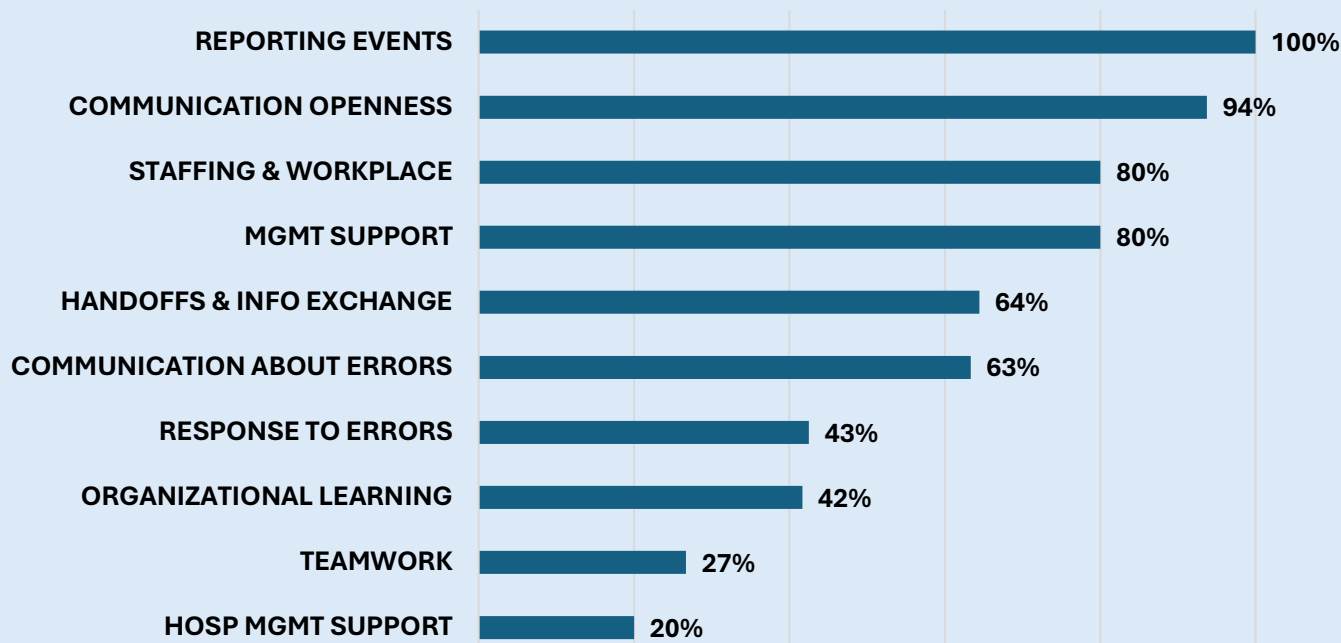
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [10 PATIENT HANDOFF COMMUNICATION TOOLS](#)
- [JUST CULTURE TOOLKIT](#)



POSITIVE RESPONSE RATES FOR RESPIRATORY THERAPY (5 RESPONSES)



PATIENT SAFETY STRENGTHS:

- REPORTING EVENTS : 100%+

IMPROVEMENT AREAS:

- TEAMWORK: *During busy times, staff in this unit help each other.* 0%+
- HOSPITAL MANAGEMENT SUPPORT:
 - *Hospital management seems interested in patient safety only after an adverse event happens.* 0%+
 - *The actions of hospital management show that patient safety is a top priority.* 20%+

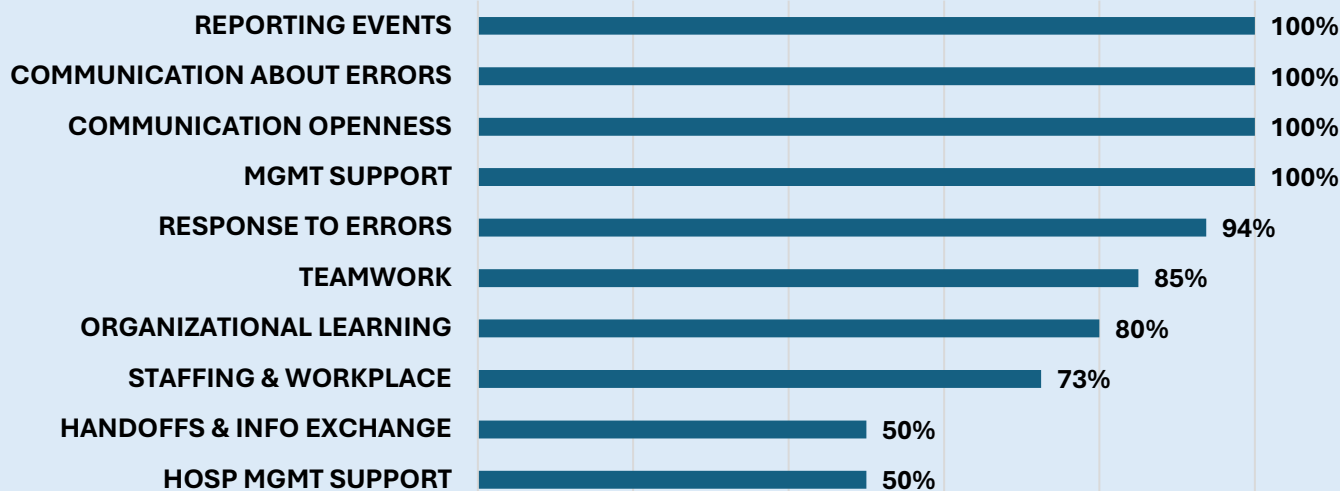
AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [AHRQ COMPREHENSIVE UNIT-BASED SAFETY PROGRAM](#)
- [SHINING A LIGHT: SAFER HEALTH THROUGH TRANSPARENCY](#)



POSITIVE RESPONSE RATES FOR SURGICAL SERVICES (5 RESPONSES)



PATIENT SAFETY STRENGTHS:

100%

- REPORTING EVENTS
- COMMUNICATION ABOUT ERRORS
- COMMUNICATION OPENNESS
- MANAGEMENT SUPPORT

IMPROVEMENT AREAS:

- HOSPITAL MANAGEMENT SUPPORT: *Hospital management seems interested in patient safety only after an adverse event happens.* 0%+
- HANDOFFS & INFORMATION EXCHANGE: 50%+
 - *When transferring patients from one unit to another, important information is often left out.*
 - *During shift changes, important patient care information is often left out.*
 - *During shift changes, there is adequate time to exchange all key patient care information.*

AHRQ IMPROVEMENT RESOURCES

RECOMMENDED BASED ON YOUR RESULTS:

- [10 PATIENT HANDOFF COMMUNICATION TOOLS](#)
- [SAFETY HUDDLE QUICK START GUIDE](#)



DATE: November 17, 2025
TO: Board of Directors
FROM: Raymond T. Hino, CEO 
SUBJECT: Financial Analysis for Master Facility Plan

Recommended Action

No action is recommended for this month's Board meeting. This is an information item only.

Current Status

Southern Coos Hospital & Health Center (SCHHC) has received 3 bids for a financial analysis package to support our Master Facility Plan. Each bid proposes completing the following deliverables:

- Review SCHHC's existing financial position and estimate financial affordability for a major building project.
- Complete an analysis of the current financial status of SCHHC and its capacity to fund a hospital expansion project, either through reserve funds, borrowing, or a combination of sources.
- Complete an analysis of statutory bonding capacity, voter authorization, and debt thresholds for SCHHC.
- Complete an analysis of charitable giving opportunities for SCHHC.

The next steps will be to conduct a thorough vetting of the finalist candidates to ensure that the final cost is appropriate for the scope of work. This vetting process will take 2-3 weeks. The current plan is to make a recommendation to the Board of Directors for the December 18, 2025, Board of Directors meeting. I had originally thought that we would be ready to make a final recommendation for the November 20, 2025, Board of Directors meeting. But due to the final vetting process, we will not be ready in time for the November Board meeting.

Background

At the December 19, 2024, meeting of the Southern Coos Hospital & Health Center (SCHHC) Board of Directors Meeting, the Board gave approval to management for engaging the services of The Healthcare Collaborative Group to create a Master Facility Plan for SCHHC for a cost not to exceed \$171,000, unless additional Board approval is given for additional costs. And through the generosity of the Bandon Dunes Charitable Foundation, a grant was awarded to SCHHC for the full amount of \$171,000.

The selection of an architecture firm to support our project went out to competitive bidding in April of 2025. The successful bidder was Davis Partnership. However, the cost of the project went up to \$194,000. Management requested an increase in the budget for the \$23,000 difference between \$171,000 and \$194,000. At the June 26, 2025 Board of Directors meeting, the increase was approved and the new budget for the project was set to be \$194,000.

Unfortunately, there is going to be an additional cost for the Financial Analysis. The SCHHC Executive Team have applied to the Bandon Dunes Charitable Foundation for a Phase II grant to support the next steps for the completion of the Master Facility Plan. We should know in time for the December Board meeting if our grant application has been awarded.



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, November 20, 2025

Providers:

- We have hired a new Family Practice Physician for our clinic. Her name is Natalie Speck, M.D. She and her husband are moving to Bandon from Hood River. Dr. Speck is a graduate of the Cascades East Family Medicine Residency Program in Klamath Falls, OR in 2011. She has been working at a Federally Qualified Health Center (FQHC) in Hood River for the past 14 years. She and her husband love Marine Biology and coming to the Oregon coast. She will replace Temporary Nurse Practitioner, Kim Bagby. Dr. Speck will start on February 17, 2026. Her husband has been offered a teaching position at Bandon High School.

DNV Survey:

- The next step in our DNV Accreditation Survey process is for SCHHC to provide objective evidence for corrective action steps to bring our six (6) NC-1 non-conformity findings into full DNV compliance. Rachel Maddux reported earlier this week that she is getting great cooperation from our department managers and particularly Jason Cook. The NC-1 Life Safety Code deficiency for fire damper replacement in the hospital has already been corrected at a much lower cost than was originally anticipated. We are not anticipating any difficulties with providing the objective evidence report no later than January 8, 2026.

Adapt Integrated Health Care FQHC (formerly Coast Community Health Center):

- As previously reported, the completion of the merger between Coast Community Health Center FQHC and Adapt Integrated Health Care FQHC became effective on October 1, 2025. I continue to meet weekly with Kendra Newbold, who remains on staff at the Associate Chief Operations Officer for the Coastal Region of Adapt. I have been keeping Kendra informed about the new providers that are now working at SCHHC, including most recently, our general surgeon, Dr. Brett Schulte.
- Earlier this month, I notified Kendra that an organization called Cascadia Coastal Coalition, which is devoted to providing education and resources for emergency preparedness events on the coast (earthquake, tsunami, etc.) has recently received a grant for emergency communications (emergency radio/satellite internet) equipment for Bandon and for Port Orford. We are coordinating the acceptance and installation of the new equipment, which will include 2 ham radios, 2 Starlink mobile units, carrying cases and accessories (1 set each for Bandon and Port Orford).

Master Facility Planning Process:

- Our architecture firm team (Davis Partnership) that have been retained for the site and building planning work are continuing to work on potential architectural solutions for expansion of hospital and clinical facilities in the future.
- As I reported last month, the next step in the process will be to examine the financial feasibility of paying for new construction and improvements, and also examining the feasibility of different funding sources. Last month we reported that we created a Request for Proposals (RFP) process for solicitation of quotes for performing this financial analysis. I had originally reported to the Board that this financial analysis would be included in the original Master Facility Planning budget of \$171,000. Last month I learned that it was not included and that is one of the reasons that we decided to put this work out to competitive bid. I will be prepared to report at the November Board meeting how much it is going to cost to complete this financial analysis and how we propose to obtain the funds to complete it.

Accountable Care Organization:

- It was not included in my written report, but last month I reported at the Board meeting that on October 22 we received our first Accountable Care Organization (ACO) Medicare Shared Savings Distribution payment for \$14,993.16. This payment was for our participation in calendar year 2024. We are now less than 2 months away from completing our 2nd year of ACO participation. I am anticipating that next year when we receive our 2025 distribution payment in October of 2026, that we will do better than this year. With the addition of Dr. Jennifer Webster and David Serle for 2025, there has been much more emphasis placed on meeting our quality metrics. Earlier this week, I heard that Cassandra Keller is doing a great job of getting Annual Wellness visits scheduled for Medicare patients, and as a result our Annual Wellness visit rate is much higher than last year. This is one example of how we are doing better this year than last year.

Federal/State Funding – Rural Health Transformation Program Funds:

- With the passage of HR 1, the Federal Budget Reconciliation Act, that passed congress and was signed into law on July 4, 2025, there are many concerns for healthcare funding in the upcoming years, particularly for the Medicaid program, which has been impacted by a reduction in the Provider Tax program for the next 5 years and by more stringent regulations for Medicaid recipients to qualify for Medicaid and to remain on the Medicaid program.
- One positive aspect of HR 1 was the creation of the Rural Health Transformation Program, which will allocate \$50 Billion in new Federal dollars to States to support rural health care for the next 5 years. The State of Oregon applied for its full allotment of \$200 million for the first year, 2026, on November 5. In the coming months, SCHHC will have an opportunity to apply for these funds through the State of Oregon. Funding will be available for: regional partnerships, healthy communities & prevention, workforce capacity, technology/data modernization, and a tribal initiative. I am currently working with a group of Oregon hospitals that plan to apply for funding under the regional partnership opportunities, and I am remaining active through the Hospital Association of Oregon (HAO) and the Oregon Office of Rural Health for the latest information on these funds.



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, November 2025

Surgical Services Update:

At least one general surgery procedure is scheduled for this week. This is a momentous milestone in re-establishing general surgery services in Bandon. We have retained Dr. Schulte's services through July 2026 while we continue to evaluate whether it makes sense to expand general surgery availability beyond one week per month.

Dr. Namous (whose privileges were approved at last month's Board meeting) has not yet performed a podiatry procedure here at Southern Coos as we continue to coordinate his schedule with anesthesia and finalize OR preparations for his procedures. He is, however, already performing consultations for our patients.

OHSU Pediatric and Neurology Telemedicine Collaboration Update:

EVENT	STATUS
Signing of contracts	Complete
Credentialling of providers	Complete
Delivery of equipment	Complete
Setup of equipment	Complete
Training of staff	Complete
Program start	Program Launched as Scheduled on 10/27/2025

Geriatric Psychiatry Update:

Credentialling of Dr. Stumpf, the psychiatrist in charge of the clinical aspects of the program, is part of this month's Board packet. The overall director of the program, Kristen Crusoe, was hired and is already at work. We are excited to have Ms. Crusoe on board given her wealth of experience and local (Charleston) roots.

Hiring for other positions is ongoing. Renovations of the business office are progressing well. A mid-December opening date is planned.

Clinic Recruitment Efforts:

Dr. Natalie Speck, currently practicing in Hood River, has signed a 3-year contract to work as an employed primary care provider in our clinic. Her anticipated start date is mid-February 2026. This is another exciting milestone for our clinical team as we will then have a complete complement of

primary care providers on long-term contracts to provide stability for our clinic patients (Dr. Webster, Dr. Preslar, Dr. Speck, and Nurse Practitioner Felisha Miller). Drs. Marriott and Holmes will continue to work part time in the clinic seeing same-day appointments and hospital follow up patients.

Nurse Practitioner Kim Bagby will continue into February as a bridge to Dr. Speck, but she has made it clear that her heart is back East and this was always going to be a temporary assignment for her. We greatly appreciate her work and how well she integrated into our clinic team

Bandon Dunes Collaborations:

Our meeting with Bandon Dunes executives in November went well. They are very interested in finding primary care homes for their team members without a primary care provider. We, of course, are very interested in providing primary care for our community and so the goals of both our organizations align perfectly.

With the upcoming arrival of Dr. Speck, we will have sufficient capacity in our clinic to accommodate more primary care patients and will work with Bandon Dunes and any other interested parties to improve primary care access.

Other opportunities to collaborate with Bandon Dunes to improve the health of the community are being explored. More details will be provided to the Board as projects are fleshed out, and more details are available to report.



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, November 2025

Retail Pharmacy Volume

1955 prescriptions were filled by our retail pharmacy in the month of October. This is an increase from 1585 fills in September. Promotional efforts continue in an effort to increase our monthly fill numbers.

340b and Operations Optimization

We are evaluating several vendors to help us with complicated issues around expanding 340b-related revenue streams for our retail pharmacy as well as helping us negotiate more favorable contracts with payors to improve our retail pharmacy revenue. Once the evaluations are complete, one vendor will be selected as the candidate to fill this role.

Financial Statement for September:

I wish to point out several important items. First is the Net Change in Position of negative \$50,246 for this month compared to negative \$23,617 for last month despite a significant increase in revenue compared to September. This largely reflects expected increased labor costs due to the hiring of additional staff although non-labor non-medication related costs also increased about \$6,000 from September to October. Cost control will be an ongoing priority.

Another important factor is 340b savings. In October we saved \$18,190.87 on medication acquisition costs due to our 340b program. This savings is NOT reflected in the October financial statement because we are working with our finance team on the best methodology for tracking and attributing these savings, but if one attributed all that savings to the October financial statement, our Change in Net Position for the month would “only” be negative \$32,056.13.

The path to financial sustainability involves achieving the following goals:

- 1) Increase the volume of prescriptions filled
- 2) Increase our margin on each prescription filled by maximizing our 340b savings and (hopefully) negotiating better contract rates with payors
- 3) Controlling costs
- 4) Adding additional revenue streams such as 340b Contract Pharmacy agreements

A few words on deductions. This month’s financial statement contains \$342,494 worth of deductions from revenue. The point I wish to emphasize is that this is NOT lost expected revenue. This is the difference between what our standard charges are (represented by the \$494,629 Other Operating Revenue number) and what our contracts with payors allow us to collect (the \$152,135 Total Operating Revenue number). The only ways to reduce these deductions from revenue are to decrease

our standard charges (I do not recommend this) or increase the amount that payors pay us (which will require renegotiation of contracts).

Please see Profit and Loss statement in Appendix A below for additional information (Thank you again to Jenny Pearcy for providing this data).

Appendix A

Southern Coos Health District
PHARMACY-RETAIL (OP)

Southern Coos Hospital & Health Center Profit & Loss Statement As of October 31, 2025

	Month To Date 10/31/2025				07/01/2025 Through 10/31/2025			
	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	-	40,631	(40,631)	(100.0) %	-	103,835	(103,835)	(100.00)
Outpatient Revenue	-	40,631	(40,631)	(100.0) %	-	103,835	(103,835)	(100.00)
Total Patient Revenue	-	40,631	(40,631)	(100.0) %	-	103,835	(103,835)	(100.00)
Total Deductions	342,494	-	342,494	100.0 %	1,110,288	-	1,110,288	100.00
Net Patient Revenue	(342,494)	40,631	(383,125)	(942.9) %	(1,110,288)	103,835	(1,214,123)	(1,169.28)
Other Operating Revenue	494,629	-	494,629	100.0 %	1,541,047	-	1,541,047	100.00
Total Operating Revenue	152,135	40,631	111,504	274.4 %	430,759	103,835	326,924	314.85
Total Operating Expenses								
Total Labor Expenses								
Salaries & Wages	46,239	41,794	4,444	10.6 %	119,484	158,808	(39,324)	(24.76)
Benefits	7,018	8,240	(1,221)	(14.8) %	18,083	32,692	(14,609)	(44.68)
Total Labor Expenses	53,257	50,034	3,223	6.4 %	137,567	191,500	(53,933)	(28.16)
Purchased Services								
4500 - PURCHASED SERVICES	4,140	-	4,140	100.0 %	11,827	-	11,827	100.00
Purchased Services	4,140	-	4,140	100.0 %	11,827	-	11,827	100.00
Drugs & Pharmaceuticals								
4204 - DRUGS	138,258	27,618	110,639	400.6 %	380,568	110,474	270,094	244.48
Drugs & Pharmaceuticals	138,258	27,618	110,639	400.6 %	380,568	110,474	270,094	244.48
Medical Supplies								
4202 - NONBILLABLE SUPPLIES - MEDICAL	971	-	972	100.0 %	2,146	-	2,146	100.00
Medical Supplies	971	-	972	100.0 %	2,146	-	2,146	100.00
Other Supplies								
4301 - OFFICE SUPPLIES	1,089	-	1,089	100.0 %	2,770	-	2,770	100.00
4398 - MINOR EQUIPMENT	(110)	-	(110)	100.0 %	2,145	-	2,145	100.00
Other Supplies	979	-	979	100.0 %	4,915	-	4,915	100.00
Other Expenses								
4302 - POSTAGE & FREIGHT	208	-	208	100.0 %	836	-	836	100.00
4501 - MARKETING - ALLOWABLE (MCR)	-	1,667	(1,667)	(100.0) %	-	6,667	(6,667)	(100.00)
4502 - MARKETING - NON ALLOWABLE	880	-	880	100.0 %	880	-	880	100.00
4504 - PRINTING & COPYING	41	-	41	100.0 %	218	-	218	100.00
4702 - LICENSING & GOVERNMENT FEES	-	840	(840)	(100.0) %	50	3,360	(3,310)	(98.51)
4703 - DUES & SUBSCRIPTIONS	1,335	-	1,335	100.0 %	4,424	-	4,424	100.00
4798 - BANK & COLLECTION FEES	577	-	577	100.0 %	1,763	-	1,763	100.00
Other Expenses	3,041	2,507	534	21.3 %	8,171	10,027	(1,856)	(18.50)
Utilities								
4404 - ELECTRICITY	-	3,773	(3,773)	(100.0) %	-	15,092	(15,092)	(100.00)
Utilities	-	3,773	(3,773)	(100.0) %	-	15,092	(15,092)	(100.00)
Depreciation & Amortization								
6162 - DEPRECIATION - MAJOR MOVABLE EQUIPMENT	410	-	410	100.0 %	1,639	-	1,640	100.00
6152 - DEPRECIATION - BUILDING - CLINIC	1,326	-	1,326	100.0 %	5,304	-	5,303	100.00
Depreciation & Amortization	1,736	-	1,736	100.0 %	6,943	-	6,943	100.00
Total Operating Expenses	202,382	83,932	118,450	141.1 %	552,137	327,093	225,044	68.80
Operating Income / (Loss)	(50,246)	(43,301)	(6,946)	16.0 %	(121,378)	(223,258)	101,880	(45.63)
Change In Net Position	(50,246)	(43,301)	(6,946)	16.0 %	(121,378)	(223,258)	101,880	(45.63)



Chief Nursing Officer Report

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

From: Cori Valet, RN, BSN, Chief Nursing Officer

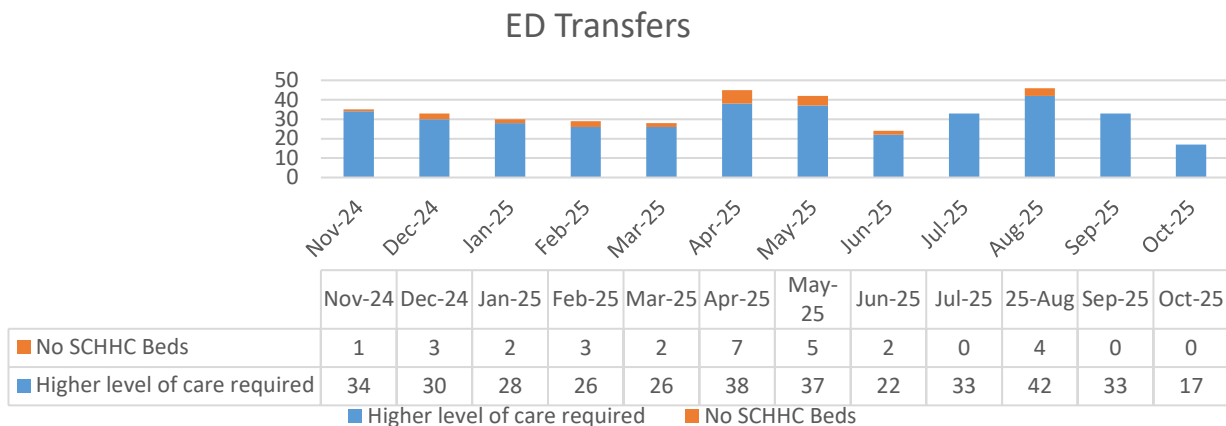
Re: CNO Report for SCHD Board of Directors Meeting – November 20, 2025

Clinical Department Staffing –

- Medical-Surgical department – Five (5) full time nurse positions remain vacant. Two (2) full time CNA positions remain vacant. Two (2) full time nurses orienting to the unit. Two (2) full-time nurse out due to medical reasons. Vacancies filled with per diem nurses and four (4) full time contract nurses.
 - Deficiency seen in the FTE table due to low census on the inpatient unit and resulting reduced need for nurses on the unit.
- Emergency department – Two (2) full time registered nurse (RN) positions vacant. One (1) float LPN positions remain vacant.
 - Deficiency seen in the FTE table seed due to vacant float nurse shifts, unable to fill and RNs utilized to cover LPN or CNA roles due to vacancies.
- Laboratory department – Lab manager officially retired, and recruitment efforts initiated. Recruitment efforts underway with one promising candidate scheduled for an on-site tour November 20 & 21, 2025. One (1) full time Medical Lab Scientist position vacant. One (1) Medical Lab Technologist (MLT) returned to full time employment. Three (3) contract MLS/MLTs utilized to fill vacancies.
 - FTE variance due to ongoing staffing contract periods. One concluding prior to end of year. This variance is welcomed as we are orienting staff to temporary work assignments as a result of the manager's retirement and expected gap in management for the department.
- 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.
 - FTEs below expectations due to limited surgical volumes.
- Medical Imaging – One (1) full time CT/XR technologist positions remain open. Two (2) technologist contracts utilized in October. Only one (1) will be continued in November.
 - Deficiency seen in FTE table was due to limited ultrasound technologist availability in October.
- Respiratory therapy – One (1) full time respiratory therapist (RT) position vacant. One (1) contract RT utilized to fill the need.
 - FTEs below expectations due to leaves of absence.
- Case management – Zero (0) position vacancies in case management.

	October 2025 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	24.94	4.33	29.27	31.95	-2.68
Manager	1	0	1	1	0
CH RN	2.76	0	2.76	3.85	-1.09
RN	11.72	4.33	16.05	12	4.05
LPN	0.72	0	0.72	2.45	-1.73
CNA	7.44	0	7.44	8.65	-1.21
TeleTech	1.3	0	1.3	4	-2.7
Emergency Dept	13.81	0.42	14.23	15.18	-0.95
Manager	1	0	1	1	0
RN	9.26	0.42	9.68	8.78	0.9
LPN	2.66	0	2.66	3.6	-0.94
CNA/US	0.89	0	0.89	1.8	-0.91
Laboratory	10.23	2.42	12.65	9.41	3.24
Manager	1	0	1	1	0
MLS	1.65	0	1.65	0.37	1.28
MLT	2.06	2.42	4.48	3.12	1.36
Lab Assist I	3.35	0	3.35	2.38	0.97
Lab Assist II	1.14	0	1.14	1.47	-0.33
Lab Assist III	1.03	0	1.03	1.07	-0.04
Surgical Dept	5.62	0	5.62	7.8	-2.18
Manager	1	0	1	1	0
Surgical RN	1.7	0	1.7	3	-1.3
Sterile processor	0.82	0	0.82	1	-0.18
Surgical Tech	1.09	0	1.09	2	-0.91
Housekeeper	1.01	0	1.01	0.8	0.21
Medical Imaging	11.55	2.04	13.59	14.39	-0.8
Manager	1	0	1	1	0
Radiology Tech	3.46	2.04	5.5	8.03	-2.53
Rad Tech I	3.47	0	3.47	0.7	2.77
Ultrasound	1.78	0	1.78	2.66	-0.88
MI Coordinator	1.11	0	1.11	1	0.11
MI Admin Assist	0.73	0	0.73	1	-0.27
Respiratory Therapy	5.39	0.88	6.27	7.31	-1.04
Manager	1	0	1	1	0
RT	4.39	0.88	5.27	6.31	-1.04
Swing Bed	1.85	0	1.85	1.65	0.2
Case manager	1.85	0	1.85	1.65	0.2
Totals	73.39	10.09	83.48	87.69	-4.21
% of FTE	88%	12%			

ED Transfer Statistics –



- October 2025 Transfers – Total Transfers = 17. All transfers required higher level of care and/or services not offered at SCHHC.

- | | |
|------------------------------|--------------------------------|
| ▪ Neurology – 1 | ▪ Dialysis - 0 |
| ▪ Cardiology – 3 | ▪ Pediatric – 0 |
| ▪ Pulmonology - 0 | ▪ Orthopedics - 3 |
| ▪ General Surgery – 6 | ▪ Hematology/Platelets – 0 |
| ▪ Obstetrical – 0 | ▪ MRI – 0 |
| ▪ Intensive care – 3 | ▪ Ultrasound – 0 |
| ▪ Urology – 1 | ▪ Interventional Radiology - 0 |
| ▪ Psychiatric evaluation - 0 | |

Hospital Skills Day – December 9 & 11 –

Historically, the skills days at SCHHC have been focused on nursing staff member skill development and competency verification. There has been interest in expanding the learning event to include all departments across the organization with an opportunity to learn applicable subjects or share information to those who could benefit. This learning opportunity is a great opportunity to cover training needs that are important for all employees, such as: Trauma informed care, Advanced directives, infection control practices, Clarity incident reporting, time clock use and troubleshooting.... Truly any subject that may be required by regulatory requirements to those identified by a department leader as a need for additional or repeat training.

October DAISY Award Nominees –

The following nurses have been nominated for the DAISY award for their extraordinary clinical skill and compassionate patient care. These nominations reflect the great work that our nursing teams are performing across the SCHHC campus from outpatient nursing services, emergency services and inpatient medical-surgical services.

Please help us to recognize the exception work of:

Kristina Campina, RN Emergency Department
Jessica Legutke, RN Outpatient Nursing Supervisor
Diana Guy, Contracted RN Med-Surg Department
Daniel Gaudette, Contracted RN Med-Surg Department

Surgical Services –

General Surgery - The excitement is growing within surgical services as the nursing team was able to meet with and orient Dr. Brett Schulte, M.d., F.A.C.S., to the surgical department. The surgical team was able to have dedicated time with Dr. Schulte to review and discuss inventory, urgent equipment needs, and anticipated workflows. The surgical team has initiated refresher trainings within the department to include endoscope processing as that procedure is anticipated to be highly utilized.

Podiatry - Preparations are also in process to be able to serve podiatry specialist Dr. Ahmad Namous, DPM. Equipment needs, preference cards and electronic medical record build are active projects in the works to ensure we are able to accommodate common podiatry procedures as identified by Dr. Namous.



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 – November 20, 2025

November 2025 Department Achievements/Activities

Finance & Accounting Update:

- I wanted to remind the board that Sandie, who works in payroll and has for many, many years (she has been the staple of the accounting department over the years), turned in her resignation about a month ago. We will miss her and the knowledge she has accumulated and shared with the accounting departments and other departments over the years. Fortunately, Damon has been working with Sandie for about 4 or 5 months in anticipation of Sandie's departure and has been learning the ropes from the best. Damon brings with him, I believe, around 20 years' payroll experience, maybe more. I have been fortunate to be able to work with the two of them and the HR department during this transition period to facilitate any kind of updates we can make between the two departments to ensure as smooth of a transition as possible.

Engineering / EVS Update:

- I spoke with Jason a couple days ago and, while we have beautiful grounds at the hospital, we identified some areas we could focus on to make the place a little safer and more aesthetically pleasing. Over the next few months we will be focusing on the island that is at the south end of the one-way traffic area of the main parking lot. There will be some things we can do to definitely beautify that high-traffic area while also making it a little safer. The goal at this time is to beautify and increase safety in our landscaping WITHOUT spending a lot of money since we are currently going through a facilities master plan and may have significant improvements/alterations made to our current landscaping, parking lots, etc... in the next few years.
- We just purchased a couple additional "Limble" licenses. Limble is the company/software that we use to track our compliance efforts pertaining to facilities management. It also tracks maintenance requests. The additional licenses and training that go with them (which are scheduled to occur next week) will allow our maintenance AND compliance department to track our compliance with various regulations we need to follow. It will also allow more individuals to pull reports. The bottom line is that this decision will help us improve our inter-department communications when it comes to compliance and safety and it will help improve our maintenance department's ability to assign and track maintenance requests.

Materials Management / Supply Chain Update:

- No updates at this time. I would like to say that I appreciate all that Chris Amaral, Department Manager, Andrew and Hailey do in that department to ensure we buy the right products, at the right time, at the right price, for the right people/departments.

Revenue Cycle Update:

- Revenue Cycle continues to perform well. A/R days are decreasing and cash receipts are increasing – that is a good combination. I want to thank Colene and her crew for their efforts day in and day out.
- I am looking pretty heavily into the services that one of our outsourced vendors is providing our revenue cycle department. Right now I am pulling productivity information to determine if there are fluctuations amongst contractors and once that is complete, I am confident we will be able to determine ways to reduce our overall costs while meeting or exceeding our current productivity.

Other Items:

- None at this time.



Chief Information Officer Report

To: Board of Directors and Southern Coos Management

From: Scott McEachern, CIO

Re: CIO Report for Board of Directors Meeting – November 20, 2025

I had the pleasure of attending the College for Healthcare Information Management Executives (CHIME) annual Fall Forum conference November 11-14th. As part of the conference, I spoke at two events. First, I am working with two other CIOs working at rural facilities in Tennessee and Ohio, to stand up a community within CHIME dedicated to rural health. The Rural Health Digital Community will focus on providing rural health providers with actionable information, low-cost tools, and advocacy at the state and federal levels.

I also spoke at a panel discussion entitled “Chaos to Clarity: Shaping the Future of Interoperable Intelligence.” I am deeply invested in driving toward a future where data may flow seamlessly and compliantly between organizations and facilities to better serve our patients. This panel discussed various barriers to this future and offered practical solutions to overcoming these barriers.

On a side note, during many of the informal discussions during my time there, my colleagues and peers were concerned about the Rural Transformation Fund and looming Medicaid cuts. I am pleased to report that in comparison to many other rural hospitals and facilities, SCHHC is well-positioned to be at the table of accessing funds via the RTF. Please see Raymond T. Hino’s CEO Report for more information about his efforts on behalf of SCHHC.

Projects Report

Business Office Conversion to Clinic Space

SCHHC has signed a liMove remaining users and clear out technology for remodeling. Install wall mounted computers for new exam rooms.

Estimated date for occupancy: December 5, 2025

Bandon Shopping Center office space

SCH has signed a lease with the landlord. The lease is for 5 years and guarantees no rent increase over the lease period. The landlord started improvements. SCH will begin staging equipment in the space in the next week. IS has designed the network infrastructure and configured hardware for internet access and connectivity to the hospital network.

Estimated occupancy date: week of December 8, 2025

IS Remodel

SCHHC will receive the new modular walls for the IS space remodel by November 21. Engineering will install the walls the week of Thanksgiving. While the construction occurs, staff will work remotely or move to the hospital conference room.

Estimated completion date: November 30, 2025

Interface EKGs with Epic

SCH is working with Providence to connect EKGs with Epic through a software called MUSE. This software is a GE product that is used by Providence to integrate EKGs and other biomedical devices with Epic.

Estimated completion date: TBD

Interfacing Glucose Monitors with Epic:

The IS and CI teams are working with Nova Biomedical, Providence, and a company named Telcor, to install server for interfacing glucose monitors with Epic. SCH will purchase new glucose monitors through Nova Biomedical for the clinic and the inpatient floor. Telcor provides a “middleware” that connects the devices with Epic. Once activated, the interface will carry results from the device directly into the patient’s chart in Epic, eliminating manual work.

Estimated completion of interface: January 31, 2025

Radiology Data Conversion

SCH is working with Providence to connect radiology reports from studies conducted prior to the December 7, 2024 go-live with Epic. Any studies conducted after our go-live with Epic are automatically linked from the patient chart to our imaging database. Studies conducted prior to December 7, 2024 are not currently linked to the imaging database. This project will link the prior studies to the patient chart in Epic, eliminating the need for providers to check two systems for past patient information.

Estimated completion date: TBD, we are in the discovery phase and still assessing the scope of the project.

Epic Video Client Roll-out

Providence is rolling out a new video client that is native to Epic. All Community Connect sites such as SCHHC have been using the third-party video-conferencing service Zoom for virtual encounters. This adds cost and complexity to what should be a seamless standard patient encounter. The new video system will be embedded in the Epic software program.

Estimated completion date: February 2026

Interface with Motion MD

This interface will allow SCHHC nursing staff to order durable medical equipment within the patient chart or through Epic. The current workflow is manual.

Estimated completion date: TBD, we are waiting on Providence to assign resources.

Americollect Implementation

SCHHC is switching debt collection services to AmeriCollect. Our former agency proved difficult to work with and had long lapses in communication.

Estimated Completion Date: February 2026

Credit Card Framework

This project is meant to implement a Providence-based point of sale solution. The new point of sale solution will integrate with Epic and eliminate the need for third-party point of sale software. The current state is that SCHHC operates two clinical point of sale systems, including one for the retail pharmacy. By consolidating into a single POS system, we will reduce errors in manual entry and streamline bank reconciliation efforts. Instituting the Providence credit card point of sale system is a first step to converting our retail pharmacy from a third-party software system to one that is integrated into the Providence Epic Ecosystem.

Estimated completion date: TBD

Echo Interface with NovaPacs

During SCHHC's Epic implementation, we did not interface our Echocardiogram modality to Epic because at the time, we had a separate third-party software solution. In an effort to streamline the Echo results directly into the patient chart in Epic, we are working with Providence to build an interface between the Echo modality and Epic.

Estimated completion date: 5/2/2026

IS Report:

This month we installed a PowerShare server intended to allow us to send and receive Radiology images with Asante Health Systems. In the process, we discovered that it could also be used to send and receive images from all the following facilities:

- Asante Health System
- Cascade Medical Imaging
- Fairchild Medical Center
- Kaiser Permanente Northern California
- Sutter Health
- Adventist Health System West
- Fairbanks Memorial Hospital
- Multicare Health System
- Peacehealth Enterprise
- Salem Health
- St Lukes Health System – Idaho
- The Oregon Clinic
- The Polyclinic, and:
- Virginia Mason Franciscan Health

This will vastly improve continuity of care with facilities in the western states.

Clinical Informatics Report

CI Tickets Summary

Project Status

2025	August	September	October	November	Count
Closed	32	40	29	23	124
On Hold	3	0	5	7	15
Open	0	1	1	10	12
Count	35	41	35	40	151

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.
- ❖ Deficiency Query Process:
 - Evaluating the current provider query process to streamline communication and resolution of documentation deficiencies.
- ❖ Departmental Charge Capture Process:
 - Analyzing departmental charge capture workflows to standardize processes and improve charge entry efficiency.
- ❖ Anesthesia Workflow/Charging:
 - Reviewing and personalizing anesthesia workflows to optimize perioperative efficiency, accuracy, and patient safety.



Multi-Specialty Clinic Report October 2025

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

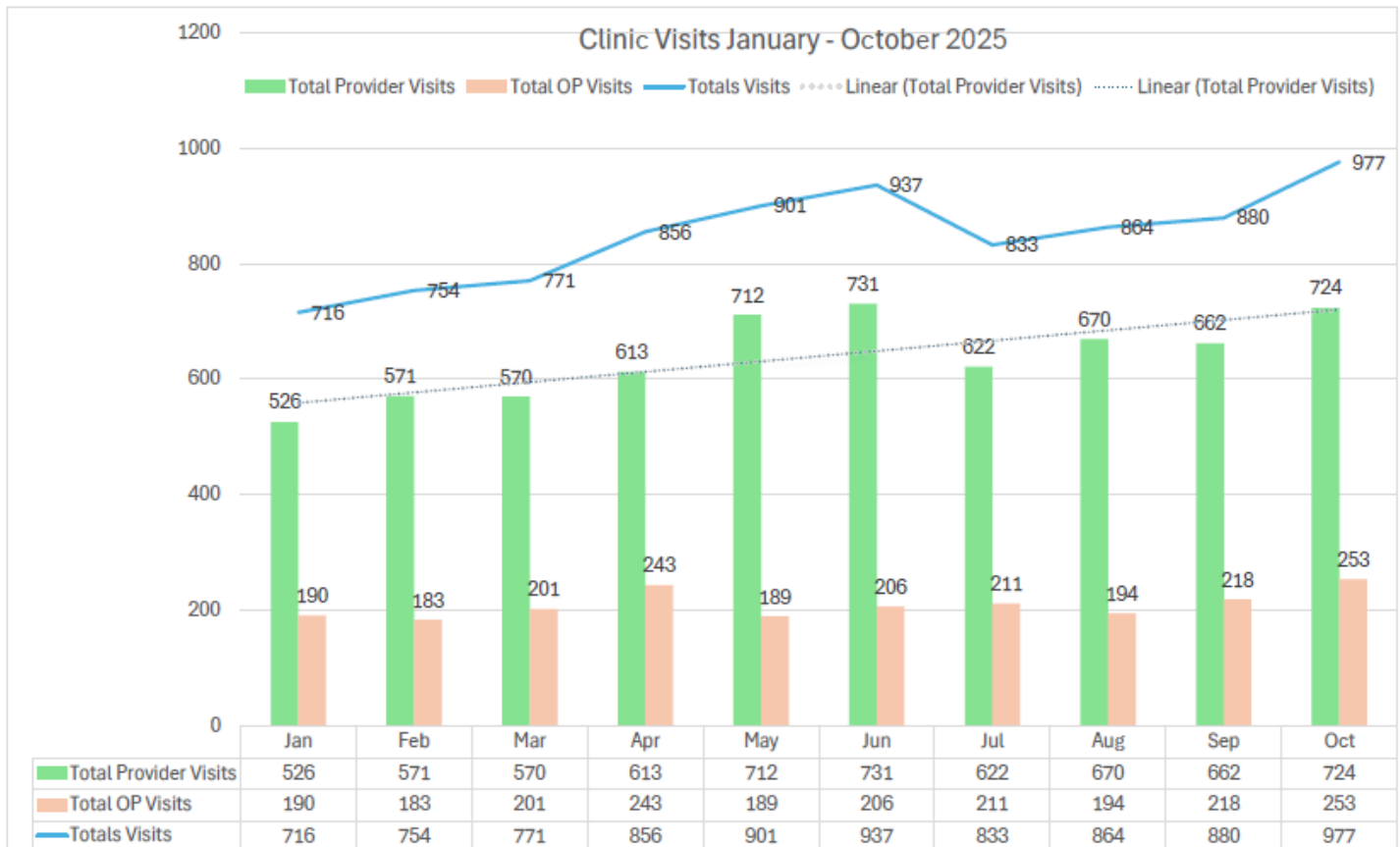
From: David M Serle – Director Medical Group Operations

Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – November 20, 2025

Provider Recruiting/Onboarding: As of 11/14/25

- New Hire: Natalie Speck, MD, From Hood River Oregon
 - 3-year contract (working 3 days/wk.)
 - Start Date – Mid February 2026
- Dr. Brett Schulte (1 week/month)
 - November 20th – 26th (14 Consults Scheduled)
 - December 8th – 12th
 - First surgery scheduled for November 20th (hernia repair)

Clinic Volume YTD 2025



Clinic Visits By Provider

												Previous Months					Projected
Year: 2025	Clinic	PT's		No	Total	AVG	No	Cancel	Tele	New		June	July	August	September	October	November
Month: October							Show										
Provider	Days	Sched	Cancel	Show	Seen	Seen	Rate	Rate	HLTH	PT's							
Bonnie Wong, DO												102					
Paul Preslar, DO	11	150	11	7	132	12.0	5%	7%	0	3		134	141	111	133	132	113
Shane Matsui, LCSW	21	100	10	3	87	4.1	3%	10%	10	3		78	56	78	84	87	79
Victoria Schmelzer, CRNA	6	40	3	1	36	6.0	3%	8%	0	0		75	65	29	63	36	61
Tami Marriott, MD	6	39	6	0	33	5.5	0%	15%	0	0		87	68	85	44	33	42
Jennifer Webster, MD	13	172	12	1	159	12.2	1%	7%	2	10		180	101	162	127	159	117
Henry Holmes	4	41	4	0	37	9.3	0%	10%	0	0		0	48	43	56	37	48
Veronica Simmonds, MD												75	52	24			
Kim Bagby, FNP	18	143	11	2	130	7.2	1%	8%	2	15			91	138	86	130	144
Felisha Miller, FNP	18	116	7	2	107	5.9	2%	6%	2	38				69		107	98
Brett Schulte	1	3	0	0	3	3.0	0%	0%	0	3						3	14
Total Provider Visits	98	804	64	16	724	7.4	2%	8%	16	72		731	622	670	662	724	716
Total Outpatient Services	23	288	33	2	253	11.0	0.7%	11%	0	0		206	211	194	218	253	162
Total Visits	121	1092	97	18	977	0.1	2%	9%	16	72		937	833	864	880	977	878

Clinic Visit Highlights:

- Total clinic visits are up 11% from the previous month (+97)
- Provider visits are up 9% from the previous month (+62)
- Total clinic visits for November are projected to go down 11% compared to current month (-99)
- Provider visits are projected to go down 1% compared to current month (-8)

Patient Experience Overview

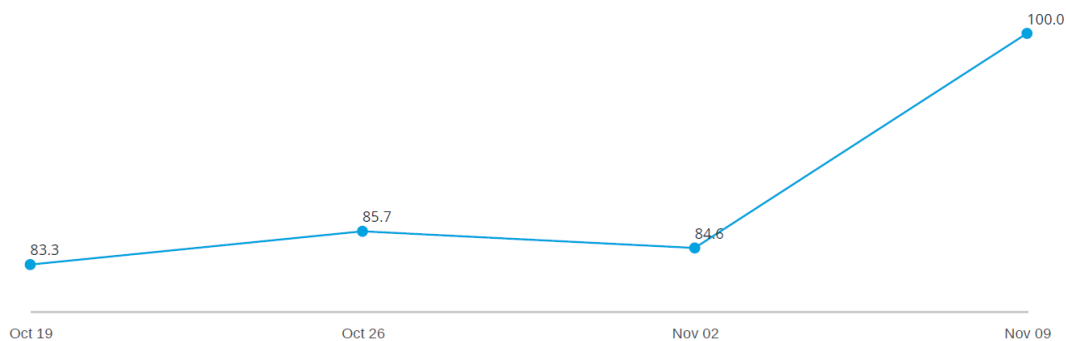


Human understanding

Experience Overview

Net Promoter
Score

85.4 n-size: 48



Multi Specialty Clinic

NPS

85.4

n - size

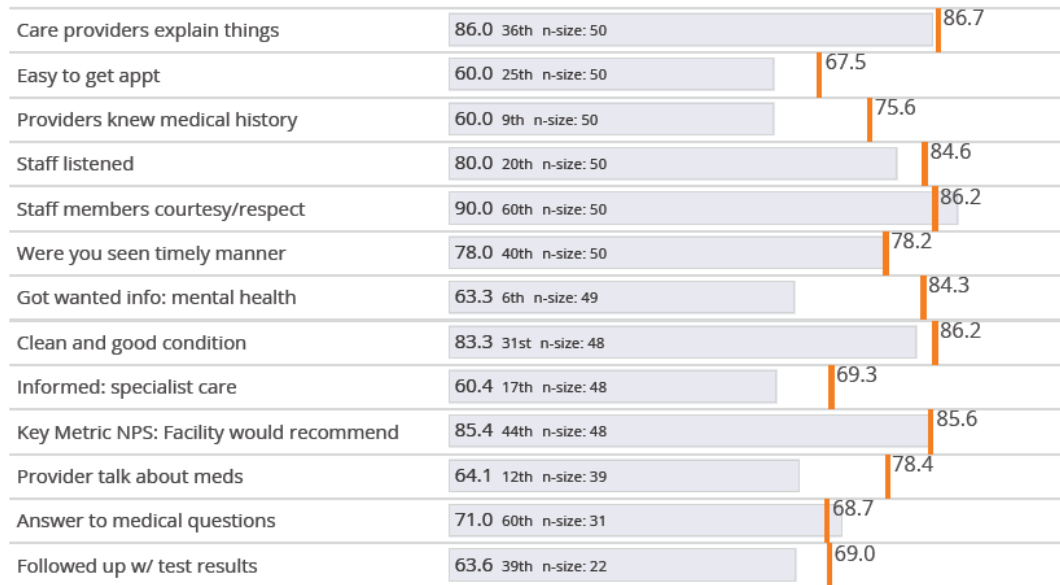
48

Patient Experience By Question



Human understanding

Benchmark | Question





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, November 20, 2025

Metrics

Compensation Surveys:

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

Employee Turnover:

- FY 2024 = 12.21%
- FY 2025 = 9.31%
- FY 2026 = 8.58% (7/1/25 - 9/30/25)
- FY 2026 = New Employee Turnover

Employee Exit Interviews

- September = 3, October = 2

Recruitment

Emotional Onboarding - Quint Studer, Author, Former Healthcare Executive

New Hires - October 2025

- Kiara Wright, Medical Billing Specialist, Patient Financial Services, Full-Time
- Carly Hill, RN, Emergency Department, Per-Diem

Positions Frozen - October 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

- Employee Benefits
 - 2026 - The Partners Group

People

Quote of the Month - October 2025:

“I’ve made a monumental mistake in leaving Southern Coos Hospital and Health Clinic (SCHHC). Can I come back?” - SCHHC Employee on returning to SCHHC after 4 weeks with another local hospital.

Employees of the Month - October 2025

- Clinical - Julie Buck, LPN - Emergency Department

This individual has been with Southern Coos Hospital for quite some time and has shown exceptional dedication to both their professional growth and our organization. They began in a support capacity and worked hard to earn a degree in their field, allowing them to take on a more hands-on role in patient care. They are compassionate, knowledgeable, and always willing to lend a hand in many different ways. This person followed their dreams and achieved their personal goals while maintaining full-time employment — a true example of perseverance and commitment. They demonstrate an admirable work-life balance and handle the demands of a high-stress department with calmness and professionalism. You can always count on them for support. They greet everyone with a smile and bring positive energy to the workplace. I am so proud and grateful to work alongside them. This person truly embodies the mission, vision, and values of SCH and is a shining example of teamwork and dedication. (Julie Buck, nominated by Tina Gulseth)

- Non Clinical - Abby Glenn - Patient Access

This employee is an incredible example of compassion, professionalism, and teamwork. As the first face our patients see when they walk through the door, they set the tone for their entire experience. This employee greets everyone with genuine kindness and patience, creating a welcoming environment even on the busiest of days. They consistently go above and beyond to help both patients and coworkers. Recently, when a patient came in upset and yelling, this employee handled the situation with calm understanding and empathy—quickly turning a difficult moment into a positive one. Their ability to stay composed and caring under pressure shows just how deeply they value the people we serve. The employee is also a true team player, always willing to step in and help wherever they’re needed. Their positive attitude lifts the entire department and reminds us what it means to lead with kindness. They are truly deserving of Employee of the Month. (Abigail “Abby” Glenn, nominated by Dotti Foley)



Southern Coos Health Foundation Report

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

From: Alix McGinley, Executive Director, SCHF

Re: SCHF Executive Report to the Board of Directors November 20, 2025

Golf for Health Classic (GFHC)- The 18th anniversary 2025 Golf for Health Classic was our most successful yet. We have completed the reconciliation thanks to Jenny Percy, total raised for the event \$132,612; we spent \$36,843 bringing our net total profit \$95,769.

Meet & Greet-SCHHC & SCHF Lecture Series

SCHHC/SCHF is slotted in for the second Tuesday of each month Meet & Greet at Bandon Fisheries Warehouse. November 11th presentation from Senior Life Solutions (SLS) was well attended and they even had their first patient sign up because of the Meet & Greet. SLS will be meeting with community and stakeholders including Pacific View Senior Living and Bandon School District beginning in December. In 2026 the facilitation of this program will transfer to SCHHC marketing in the capable hands of Amy Moss Strong.

Quarterly Art Show

Art from our local art community is a value add for our Hospital for patients, families and staff alike. Our reception on Sunday, October 12th was also well attended and the Magical, Mystical Oregon, theme brought in beautiful pieces. Featured artist Matt Hanna spoke to attendees about his wonderful photography.

Gift Shop Our Gift Shop receivables are on the rise again with the kickoff of the holiday season Saturday, November 8th with our 1st Annual Holiday Boutique. This event was the brainchild of Karen Reber and Tina Gulseth. 11 vendors participated at \$35 per table rental, they all each donated an item(s) for our raffle basket (which raised \$355) and some even gave back 10% of their profits. Tons of community members stopped in and the event raised over \$1,700 for SCHF.

Fundraising Programs

The Coffee for a Cure event hosted by Human Bean Bandon benefitting the SCHF raised \$2,675.70. Many thanks to Lisa and Kevin Murry for this annual gift!

Our annual giving campaign has begun-kicked off at our Holiday Boutique with a Tribute Tree (see attached). We will also be sending a 2025 SCHF Holiday Letter for this campaign (attached). Next week we are recording video clips from SCHHC departments with a holiday message that we will use for social media posts. At the end of the year, we will combine all clips into a full video. Finally, Ray's Market is considering a "round-up" to support the SCHF & SCHHC, Alix will also approach McKay's with the same request. More to come.

Employee Giving kicking off event on Giving Tuesday, December 2nd will provide employees with a free lunch and treats. We have a number of gifts for turning in pledge cards, donations of any amount, one hour of pay per month and \$50 a month or more.

Grant Submissions

We submitted our invite only grant to Bandon Dunes Charitable Foundation (BDCF) with an ask for our Master Facilities Plan Phase II (Capital Campaign and Feasibility Study) in the amount of \$150,000.



Southern Coos Health Foundation

2025 Holiday Letter



Dear Family, Friends, and Community Partners,

As we approach the end of another year, the warmth and spirit of the holiday season remind us of the importance of connection, gratitude, and reflection.

2025 has been one of growth and progress for Southern Coos Hospital & Health Center (SCHHC) as we- Opened our SCHHC Community Pharmacy in July and have already filled over 7,000 prescriptions, welcomed many new providers including a new general surgeon and continue to work diligently on our Master Facilities Plan to expand our only local hospital.

Our Southern Coos Health Foundation also experienced a wonderful year as we-

§ Hosted another successful Women's Health Day and raised over \$3,200 for our Bandon School Nurse program (RNs are funded by the SCHHC, SCHF and in part by the Bandon School District)

§ Contributed \$25,000 to support our Mary Richard's Healthcare Scholarship recipients a portion of the funding comes from our lovely Gift Shop located in the Southern Coos Hospital lobby.

§ Co-Hosted our Living & Aging Well program which going forward will be hosted by Coos Health and Wellness OABHI who are expanding the program.

§ Had our 1st Holiday Boutique which brought joy and community spirit.

§ Hosted our biggest fundraising event the 18th annual Golf for Health Classic which raised over \$133,000! Made possible by the generosity of our community partners, golfers, volunteers and donations for our online auction enabling us to continue our vital work. Thank you all!

We hope this season has brought you laughter, new memories, and love shared with those around you. The true spirit of giving shines brightly through the kindness shown to others, and your support for the Southern Coos Health Foundation makes all our accomplishments possible.

As 2025 comes to a close, we invite you to help us prepare for another successful year. Please consider making a gift to Southern Coos Health Foundation—your generosity can make a meaningful difference!

Ways to give-

§ Visit our Tribute Tree in the lobby of Southern Coos Hospital. We will give you a gift for your donation of \$100 or more- a personalized commemorative ornament in honor of your family, friends, or pets.

§ Send your check to-

SCHF

P.O. Box 1933

Bandon, OR 97411



**Southern Coos
Health Foundation**
Promoting Quality Healthcare

Officers & Directors

Joseph Bain | President
Mary Wilson | Vice-President
Sean Suppes | Treasurer
Becky Armistead | Secretary
Dr. Henry Holmes
Pam Hansen | SCHD Board Liaison
Melinda Torres
Steve Reber

§ Visit <https://southerncoos.org/year-end-giving/>

May this holiday season bring peace to every home, comfort to every heart, and renewed hope for the year ahead. Wishing you a holiday filled with light, laughter, and love, and a New Year brimming with promise and possibility.

With warmest wishes,

Alix McGinley

SCHF Executive Director and

Our Southern Coos Health Foundation's Board of Directors

TRIBUTE TREE

**KICKOFF TO OUR SCHF
ANNUAL GIVING CAMPAIGN**

**SUPPORT A
GREAT CAUSE!**

**GIFTS OF \$100 OR MORE QUALIFY FOR
A SPECIAL TRIBUTE ORNAMENT
YOUR FAMILY, FRIENDS OR PETS!**



**Southern Coos
Health Foundation**

Promoting Quality Healthcare

**QUESTIONS? CONTACT ALIX MCGINLEY AT
AMCGINLEY@SOUTHERNCOOS.ORG OR 520) 241-4171**



Month-End Financial Report

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

Revenue Performance:

- **Gross Revenue:** \$5.4M for October, exceeding the \$5.2M budget, also exceeding the same month last year by \$710K. Outpatient volumes drove a \$476K positive variance, while swing bed revenue fell \$265K below budget.

Revenue Deductions:

- **Total Deductions:** \$2.5M (45.7 % of gross), down from 46.2% in September.
- **Patient A/R:** Decreased slightly to \$8.65M, with \$2.09M over 120 days. This includes \$559K in legacy CPSI balances, all fully reserved.
- **Contractuals:** Actual contractual deductions were 34.6% of revenue (vs. 43.6% in September). Charity care totaled \$30K, with \$1K recovered from prior bad debts.
- **Discounts:** \$157K (2.8% of gross), mostly medical necessity (\$56K), and CPSI policy discounts (other discounts) (\$91K).
- **Estimated Contractuals:** Increased \$347K in October, driven by an estimate of \$342K for the retail pharmacy and \$91K for patient AR.

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

Medicare Cost Report Settlement:

- **FY26:** Estimated payable increased by \$4K to \$141K.
 - 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 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:** October totaled \$3.6M which was above budget of \$3.2M and \$606K higher than October last year.

→ Revenue shows healthy year-over-year growth.

Operating Expenses:

- **Labor:** \$2.49M – just below a budget of \$2.51M, due to lower than budgeted wage increases.
- **Total Operating Expenses:** \$3.6M – slightly over budget by \$39K.

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

Operating Income/Loss:

- **October:** Operating loss of (\$22K), below the budgeted loss of (\$315K).

Change in Net Position:

- **October:** Gain of \$172K, better than budgeted loss of (\$202k).
- **YTD:** Gain of \$213K, better than budget expectations of a \$31K gain.

Financial Health Indicators:

- **Days Cash on Hand:** Increased to 72.4 in October from 70.7 in September, impacted by a strong month of cash collections.
- **A/R Days Outstanding:** Improved to 49.8 from 49.6, reflecting ongoing progress in collections.
- **Debt Ratio:** Remains steady at 0.50, roughly 50% of our assets are financed with liabilities – a balanced use of debt.
- **Cash to Debt Ratio:** Increased to 0.90 in October from 0.87 in September, SCHHC has 90-cents in cash for every \$1.00 of debt – strong liquidity for a rural hospital.

Overall: October results reflect effective cost management and improved collections, contributing to stronger-than-expected cash flow and net position. SCHHC continues to demonstrate solid financial performance, with year-to-date results ahead of budget and liquidity indicators trending positively.

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

	Month Ending 10/31/2025				Month Ending 10/31/2024	Year To Date 10/31/2025				Prior Year To Date 10/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	867,194	845,919	21,274	2.5 %	697,113	3,862,727	3,615,623	247,104	6.8 %	2,688,663
Outpatient Revenue	4,319,262	3,843,573	475,689	12.4 %	3,677,565	16,367,354	14,891,410	1,475,945	9.9 %	13,711,425
Swingbed Revenue	252,197	517,413	(265,215)	(51.3) %	353,821	1,240,349	2,079,109	(838,761)	(40.3) %	1,160,416
Total Patient Revenue	5,438,653	5,206,905	231,748	4.5 %	4,728,499	21,470,430	20,586,142	884,288	4.3 %	17,560,504
Total Deductions	2,487,643	1,981,068	506,575	25.6 %	1,773,793	9,735,881	7,832,397	1,903,484	24.3 %	6,567,180
Revenue Deductions %	45.7 %	38.0 %	7.7 %	20.1 %	37.5 %	45.3 %	38.0 %	7.3 %	19.1 %	37.4 %
Net Patient Revenue	2,951,010	3,225,837	(274,827)	(8.5) %	2,954,705	11,734,549	12,753,745	(1,019,196)	(8.0) %	10,993,324
Other Operating Revenue	611,396	3,280	608,116	18,539.7 %	1,633	1,675,955	13,120	1,662,835	12,673.7 %	21,423
Total Operating Revenue	3,562,406	3,229,117	333,289	10.3 %	2,956,339	13,410,505	12,766,866	643,639	5.0 %	11,014,747
Total Operating Expenses										
Total Labor Operating Expenses	2,494,938	2,510,565	(15,626)	(0.6) %	2,235,805	9,621,959	9,122,571	499,388	5.5 %	8,354,035
Total Other Operating Expenses	1,088,921	1,033,841	55,079	5.3 %	856,857	4,152,837	4,065,275	87,562	2.2 %	3,291,150
Total Operating Expenses	3,583,859	3,544,406	39,453	1.1 %	3,092,662	13,774,796	13,187,846	586,950	4.5 %	11,645,185
Operating Income / (Loss)	(21,453)	(315,289)	293,836	(93.2) %	(136,323)	(364,291)	(420,981)	56,689	(13.5) %	(630,438)
Net Non Operating Revenue	192,932	113,001	79,931	70.7 %	141,649	577,191	452,004	125,188	27.7 %	544,474
Change In Net Position	171,479	(202,288)	373,767	(184.8) %	5,326	212,900	31,023	181,877	586.3 %	(85,964)

- Other Operating Income:
 - \$1.560M YTD for Retail Pharmacy
 - \$95k – CPH
 - \$15k - ACO
- Revenue Deductions
 - \$1.1M YTD for Retail Pharmacy

	July	August	September	October	Average	YTD
Income Statement						
Average Daily Revenues	176,282	178,788	167,487	175,440	174,499	174,556
Average Daily Actual Contractuals	55,093	60,284	73,038	60,661	62,269	62,181
% of Actual Contractuals of Total Payment	37.40%	36.62%	36.74%	34.53%	36.32%	36.28%
Revenues	5,464,741 	5,542,430 	5,024,606 	5,438,653	5,367,608	21,470,430
Actual Contractual Adjustments	1,707,877	1,868,812	2,191,142	1,880,492	1,912,081	7,648,323
Actual Discount Adjustments	41,014	113,606	102,102	157,121	103,461	413,843
Estimated Contractuals Patient AR	454,703	6,912	(180,352)	91,519	93,195	372,781
Estimated Contractuals Retail Pharmacy	245,325	254,834	267,635	342,494	277,572	1,110,288
Medicare Tool Adjustment	(45,110)	280,069	(60,331)	16,017	47,661	190,645
Total Deductions	2,403,809	2,524,233	2,320,196	2,487,643	2,433,970	9,735,881
Actual Contractuals % of Revenues	31.25%	33.72%	43.61%	34.58%	35.79%	35.62%
Discount Adjustments % of Revenues	0.75%	2.05%	2.03%	2.89%	1.93%	1.93%
Estimated Contractuals Patient AR % of Revenues	8.32%	0.12%	-3.59%	1.68% 	1.63%	1.74%
Estimated Contractuals Retail Pharm % of Revenues	4.49%	4.60%	5.33%	6.30% 	5.18%	5.17%
Medicare Tool Adjustment % of Revenues	-0.83%	5.05%	-1.20%	0.29%	0.83%	0.89%
Total Deductions % of Revenues	43.99%	45.54%	46.18%	45.74%	45.36%	45.35%
Balance Sheet						
CPSI Patient Cash Posted	14,099	25,091	13,726	4,445	14,340	57,362
EPIC Patient Cash Posted	2,804,008	3,095,411	3,656,281	3,403,456	3,239,789	12,959,156
Total Cash Posted	2,818,107	3,120,502	3,670,007	3,407,901	3,254,129	13,016,518
Average Daily Cash	90,907	100,661	122,334	109,932		
Total Patient AR Over 120 Days	2,083,375	1,925,399	2,133,515	2,093,660	2,058,987	3,403,456
Total Patient AR	9,425,337	9,315,989	8,636,661	8,656,663	9,008,663	2,093,660
AR Allowance for Uncollectables	5,036,189	4,954,420	4,775,504	4,867,573	4,908,422	8,656,663
Net Patient AR	4,389,148	4,361,569	3,861,157	3,789,090	4,100,241	(6,563,003)
% Allowance for Outstanding AR	53.43%	53.18%	55.29%	56.23%	54.53%	413.47%
% Change in Allowance from Prior Month	9.96%	-1.62%	-3.61%	1.93%	1.66%	
Increase of AR Over 120 from Prior Month	160,853	(157,976)	208,116	(39,856)	42,784	
Increase of Total AR from Prior Month	850,701	(109,348)	(679,328)	20,002	20,507	

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

	Month Ending		Month Ending	
	10/31/2025		10/31/2024	
	Actual	Operating Budget	Actual minus budget	Budget variance
				Actual
Total Patient Revenue				
Inpatient Revenue	867,194	845,919	21,274	2.5 %
Outpatient Revenue	4,319,262	3,843,573	475,689	12.4 %
Swingbed Revenue	252,197	517,413	(265,215)	(51.3) %
Total Patient Revenue	5,438,653	5,206,905	231,748	4.5 %
Total Deductions	2,487,643	1,981,068	506,575	25.6 %
Net Patient Revenue	2,951,010	3,225,837	(274,827)	(8.5) %
Other Operating Revenue	611,396	3,280	608,116	18,539.7 %
Total Operating Revenue	3,562,406	3,229,117	333,289	10.3 %
Total Operating Expenses				
Total Labor Expenses				
Salaries & Wages	1,681,154	1,911,606	(230,452)	(12.1) %
Contract Labor	513,474	407,247	106,228	26.1 %
Benefits	300,310	191,712	108,598	56.6 %
Total Labor Expenses	2,494,938	2,510,565	(15,626)	(0.6) %
Purchased Services	217,928	343,045	(125,118)	(36.5) %
Drugs & Pharmaceuticals	253,227	119,266	133,961	112.3 %
Medical Supplies	99,174	118,483	(19,309)	(16.3) %
Other Supplies				
4300 - OTHER NON-MEDICAL SUPPLIES	(58)	6,520	(6,577)	(100.9) %
4301 - OFFICE SUPPLIES	5,354	4,290	1,063	24.8 %
4304 - LAUNDRY & LINENS / NONFOOD SUPPLIES	11,758	2,616	9,142	349.5 %
4398 - MINOR EQUIPMENT	22,366	28,992	(6,626)	(22.9) %
4399 - INVENTORY ADJUSTMENT	521	-	521	100.0 %
4505 - CATERING & FOOD	10,056	10,761	(705)	(6.6) %
Other Supplies	49,997	53,179	(3,182)	(6.0) %
Lease & Rental Expense	1,266	2,387	(1,121)	(47.0) %
Repairs & Maintenance	48,332	31,186	17,146	55.0 %
Other Expenses				
4302 - POSTAGE & FREIGHT	10,780	5,351	5,430	101.5 %
4303 - COMPUTER & IT EQUIPMENT	242	-	241	100.0 %
4501 - MARKETING - ALLOWABLE (MCR)	8,062	8,564	(502)	(5.9) %
4502 - MARKETING - NON ALLOWABLE	8,493	8,502	(9)	(0.1) %
4504 - PRINTING & COPYING	2,231	-	2,231	100.0 %
4700 - OTHER EXPENSES	3	(398)	401	(100.7) %
4701 - OREGON PROVIDER TAX	-	-	-	0.0 %
4702 - LICENSING & GOVERNMENT FEES	25,357	20,903	4,454	21.3 %
4703 - DUES & SUBSCRIPTIONS	104,111	64,189	39,921	62.2 %
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	1,936	7,504	(5,567)	(74.2) %
4705 - TRAINING / CONFERENCE FEES	1,774	19,703	(17,929)	(91.0) %
4706 - TRAVEL & LODGING	9,557	8,186	1,371	16.8 %
4710 - OCCUPANCY / RENT EXPENSE	-	-	-	0.0 %
4711 - EQUIPMENT RENTAL	-	833	(833)	(100.0) %
4720 - DONATIONS / GRANTED FUNDS	250	-	250	100.0 %
4797 - MISC TAX (A/P)	13	-	12	100.0 %
4798 - BANK & COLLECTION FEES	16,028	5,618	10,410	185.3 %
4799 - MISCELLANEOUS EXPENSE	173	(9,682)	9,836	(101.8) %
Other Expenses	189,010	139,293	49,717	35.7 %
Utilities	19,761	31,746	(11,985)	(37.8) %
Insurance	23,814	20,954	2,860	13.6 %
Depreciation & Amortization	186,412	174,302	12,110	6.9 %
Total Operating Expenses	3,583,859	3,544,406	39,453	1.1 %
Operating Income / (Loss)	(21,453)	(315,289)	293,836	(93.2) %
Net Non Operating Revenue				
Property Taxes	114,333	98,219	16,115	16.4 %
Non-Operating Revenue	53,948	9,422	44,525	472.6 %
Interest Expense	(33,930)	(33,436)	(495)	1.5 %
Investment Income	58,581	38,796	19,786	51.0 %
Gain / Loss on Asset Disposal	-	-	-	0.0 %
Net Non Operating Revenue	192,932	113,001	79,931	70.7 %
Change In Net Position	171,479	(202,288)	373,767	(184.8) %

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

	Year To Date 10/31/2025				Prior Year To Date 10/31/2024
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue					
Inpatient Revenue	3,862,727	3,615,623	247,104	6.8 %	2,688,663
Outpatient Revenue	16,367,354	14,891,410	1,475,945	9.9 %	13,711,425
Swingbed Revenue	1,240,349	2,079,109	(838,761)	(40.3) %	1,160,416
Total Patient Revenue	21,470,430	20,586,142	884,288	4.3 %	17,560,504
Total Deductions	9,735,881	7,832,397	1,903,484	24.3 %	6,567,180
Net Patient Revenue	11,734,549	12,753,745	(1,019,196)	(8.0) %	10,993,324
Other Operating Revenue	1,675,955	13,120	1,662,835	12,674.0 %	21,423
Total Operating Revenue	13,410,505	12,766,866	643,639	5.0 %	11,014,747
Total Operating Expenses					
Total Labor Expenses					
Salaries & Wages	6,429,716	6,829,387	(399,671)	(5.9) %	5,571,305
Contract Labor	2,136,476	1,536,143	600,333	39.1 %	1,862,886
Benefits	1,055,767	757,041	298,726	39.5 %	919,844
Total Labor Expenses	9,621,959	9,122,571	499,388	5.5 %	8,354,035
Purchased Services	903,908	1,372,181	(468,273)	(34.1) %	1,328,860
Drugs & Pharmaceuticals	904,033	474,109	429,923	90.7 %	371,759
Medical Supplies	393,013	438,299	(45,284)	(10.3) %	390,907
Other Supplies					
4300 - OTHER NON-MEDICAL SUPPLIES	80	26,078	(25,998)	(99.7) %	21,036
4301 - OFFICE SUPPLIES	21,565	17,163	4,401	25.6 %	22,462
4304 - LAUNDRY & LINENS / NONFOOD SUPPLIES	49,433	10,462	38,971	372.5 %	9,508
4398 - MINOR EQUIPMENT	57,733	115,968	(58,235)	(50.2) %	28,173
4399 - INVENTORY ADJUSTMENT	94	-	95	#DIV/0!	(34,701)
4505 - CATERING & FOOD	38,120	43,045	(4,925)	(11.4) %	36,523
Other Supplies	167,025	212,716	(45,691)	(21.5) %	83,001
Lease & Rental Expense	2,533	9,547	(7,015)	(73.5) %	(4,445)
Repairs & Maintenance	108,843	124,746	(15,904)	(12.7) %	81,877
Other Expenses					
4302 - POSTAGE & FREIGHT	32,126	21,401	10,726	50.1 %	19,482
4303 - COMPUTER & IT EQUIPMENT	7,168	-	7,168	#DIV/0!	-
4501 - MARKETING - ALLOWABLE (MCR)	44,698	34,256	10,442	30.5 %	28,691
4502 - MARKETING - NON ALLOWABLE	16,484	34,009	(17,524)	(51.5) %	39,817
4504 - PRINTING & COPYING	9,917	-	9,917	#DIV/0!	-
4700 - OTHER EXPENSES	8	(15,593)	15,600	(100.1) %	-
4701 - OREGON PROVIDER TAX	1,044	-	1,044	#DIV/0!	-
4702 - LICENSING & GOVERNMENT FEES	85,267	78,612	6,655	8.5 %	59,654
4703 - DUES & SUBSCRIPTIONS	452,808	256,758	196,050	76.4 %	152,258
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	12,832	30,013	(17,182)	(57.2) %	12,239
4705 - TRAINING / CONFERENCE FEES	1,955	78,812	(76,856)	(97.5) %	53,468
4706 - TRAVEL & LODGING	45,161	32,746	12,416	37.9 %	37,527
4710 - OCCUPANCY / RENT EXPENSE	90	-	90	#DIV/0!	-
4711 - EQUIPMENT RENTAL	-	3,333	(3,334)	(100.0) %	-
4720 - DONATIONS / GRANTED FUNDS	1,636	-	1,636	#DIV/0!	-
4797 - MISC TAX (A/P)	28	-	28	#DIV/0!	-
4798 - BANK & COLLECTION FEES	58,493	22,471	36,022	160.3 %	24,839
4799 - MISCELLANEOUS EXPENSE	(919)	(51,149)	50,230	(98.2) %	1,960
Other Expenses	768,796	525,669	243,128	46.3 %	429,935
Utilities	112,604	126,985	(14,382)	(11.3) %	105,105
Insurance	94,824	83,817	11,009	13.1 %	86,484
Depreciation & Amortization	697,258	697,206	51	0.0 %	417,667
Total Operating Expenses	13,774,796	13,187,846	586,950	4.5 %	11,645,185
Operating Income / (Loss)	(364,291)	(420,981)	56,689	(13.5) %	(630,438)
Net Non Operating Revenue					
Property Taxes	404,708	392,875	11,833	3.0 %	372,832
Non-Operating Revenue	157,775	37,688	120,087	318.6 %	58,161
Interest Expense	(154,516)	(133,742)	(20,774)	15.5 %	(92,904)
Investment Income	170,909	155,183	15,726	10.1 %	206,385
Gain / Loss on Asset Disposal	(1,685)	-	(1,684)	#DIV/0!	-
Net Non Operating Revenue	577,191	452,004	125,188	27.7 %	544,474
Change In Net Position	212,900	31,023	181,877	586.3 %	(85,964)

Southern Coos Hospital & Health Center
Balance Sheet Summary

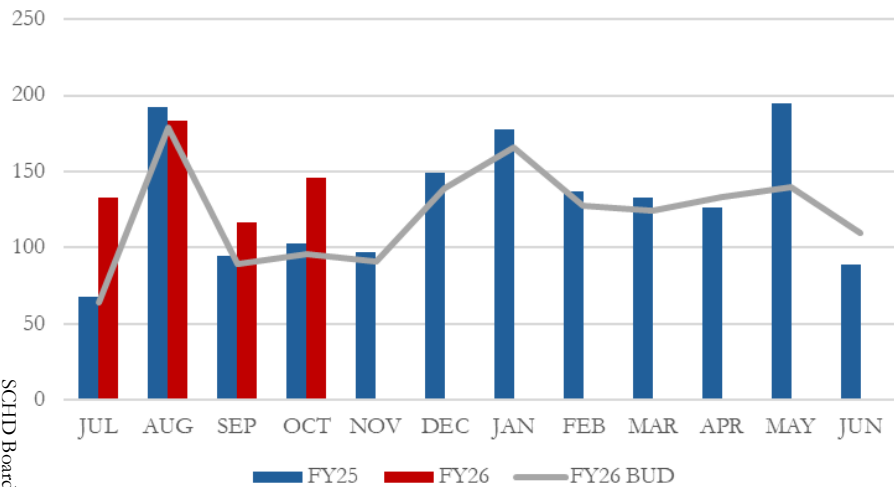
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	Year To Date 10/31/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Current vs. Prior	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	11,219,886	11,239,810	(19,924)	11,721,015
Net Patient Accounts Receivable	3,693,145	3,994,422	(301,277)	3,907,633
Other Assets	1,447,483	1,030,033	417,450	798,202
Total Current Assets	16,360,514	16,264,265	96,249	16,426,850
Net PP&E	8,550,012	8,708,314	(158,301)	6,423,952
Total Assets	24,910,526	24,972,579	(62,052)	22,850,802
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	8,338,847	8,391,023	(52,177)	4,490,006
Total Long Term Debt, Net	4,136,162	4,358,938	(222,775)	4,535,131
Total Liabilities	12,475,009	12,749,961	(274,952)	9,025,137
Total Net Assets	12,435,517	12,222,618	212,753	13,825,665
Total Liabilities & Net Assets	24,910,526	24,972,579	(62,199)	22,850,802
Cash to Debt Ratio	0.90	0.88	0.02	1.30
Debt Ratio	0.50	0.51	(0.01)	0.39
Current Ratio	1.96	1.94	0.02	3.66
Debt to Capitalization Ratio	0.25	0.24	0.01	0.25

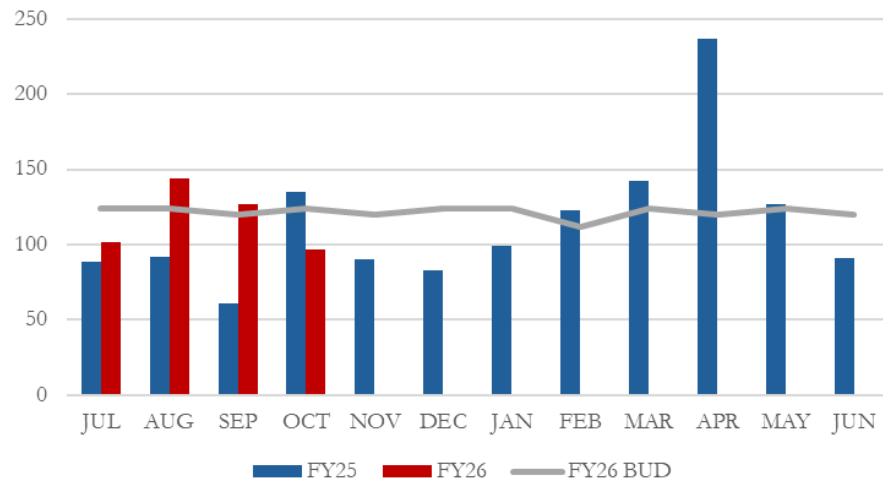
Southern Coos Hospital & Health Center
Balance Sheet

	Year To Date 10/31/2025	Year Ending 06/30/2025		Year Ending 06/30/2024
	Current Year Balance	Prior Year	Change	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents				
Cash Operating	1,211,055	1,335,553	(124,498)	1,400,507
Investments - Unrestricted	4,088,888	3,984,314	104,574	4,076,428
Investments - Reserved Certificate of Deposit	3,186,239	3,186,238	-	3,510,375
Investment - USDA Restricted	233,704	233,705	-	233,705
Investment - Board Designated	2,500,000	2,500,000	-	2,500,000
Cash and Cash Equivalents	11,219,886	11,239,810	(19,924)	11,721,015
Net Patient Accounts Receivable				
Patient Accounts Receivable				
1101 - A/R PATIENT - EPIC	8,087,574	7,850,956	236,618	-
1102 - A/R PATIENT - CPSI / EVIDENT	559,740	723,680	(163,940)	7,228,690
1103 - A/R - PHARMACY RETAIL OP	72,853	-	72,854	-
1109 - A/R - SUSPENSE ACCOUNT - UNAPPLIED CASH (cash-in-transit)	(168,798)	-	(168,799)	-
2003 - REFUNDS - PATIENT / INSURANCE	9,349	-	9,349	(192)
Patient Accounts Receivable	8,560,718	8,574,636	(13,918)	7,228,499
Allowance for Uncollectibles				
1121 - ALLOW FOR UNCOLL - EPIC	(5,105,425)	(4,598,461)	(506,964)	-
1122 - ALLOW FOR UNCOLL - CPSI	(558,976)	(723,679)	164,704	(3,840,559)
1130 - WRITE OFF RECOVERY	(757,468)	(723,288)	(34,181)	(554,030)
1132 - BAD DEBT W/O - NON-MEDICARE	1,554,296	1,465,214	89,082	1,073,723
Allowance for Uncollectibles	(4,867,573)	(4,580,214)	(287,359)	(3,320,866)
Net Patient Accounts Receivable	3,693,145	3,994,422	(301,277)	3,907,633
Other Assets				
Other Receivables	565	29,598	(29,033)	21,045
Inventory	466,198	369,514	96,684	230,930
Prepaid Expense	548,501	572,290	(23,790)	465,262
Property Tax Receivable	432,219	58,631	373,589	80,965
Other Assets	1,447,483	1,030,033	417,450	798,202
Total Current Assets	16,360,514	16,264,265	96,249	16,426,850
Net PP&E				
Land	461,527	461,528	-	461,527
Property and Equipment	24,446,792	24,224,122	222,669	20,435,404
Accumulated Depreciation	(16,761,088)	(16,235,298)	(525,791)	(15,194,163)
Construction In Progress	402,781	257,962	144,821	721,184
Net PP&E	8,550,012	8,708,314	(158,301)	6,423,952
Total Assets	24,910,526	24,972,579	(62,052)	22,850,802
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,544,686	1,517,014	27,671	1,344,652
Accrued Payroll and Benefits	1,616,173	1,748,456	(132,282)	1,411,152
Line of Credit Payable	3,139,376	3,139,376	-	-
Interest and Other Payable	131,182	278,968	(147,786)	100,992
Estimated Third Party Payor Settlements	1,306,985	1,050,372	256,613	997,650
Current Portion of Long Term Debt	600,445	656,837	(56,393)	635,560
Current Liabilities	8,338,847	8,391,023	(52,177)	4,490,006
Total Long Term Debt, Net				
Long Term Debt	4,136,162	4,358,938	(222,775)	4,535,131
Total Long Term Debt, Net	4,136,162	4,358,938	(222,775)	4,535,131
Total Liabilities	12,475,009	12,749,961	(274,952)	9,025,137
Total Net Assets	12,435,517	12,222,618	212,900	13,825,665
Total Liabilities & Net Assets	24,910,526	24,972,579	(62,052)	22,850,802

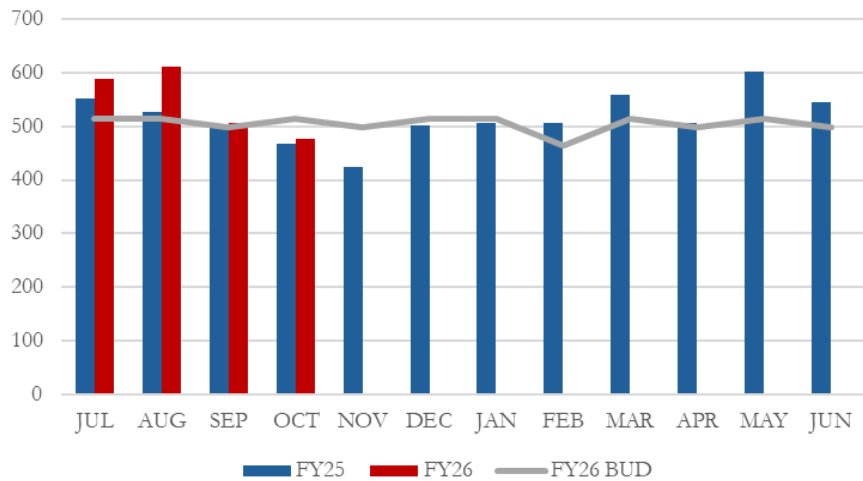
IP Days



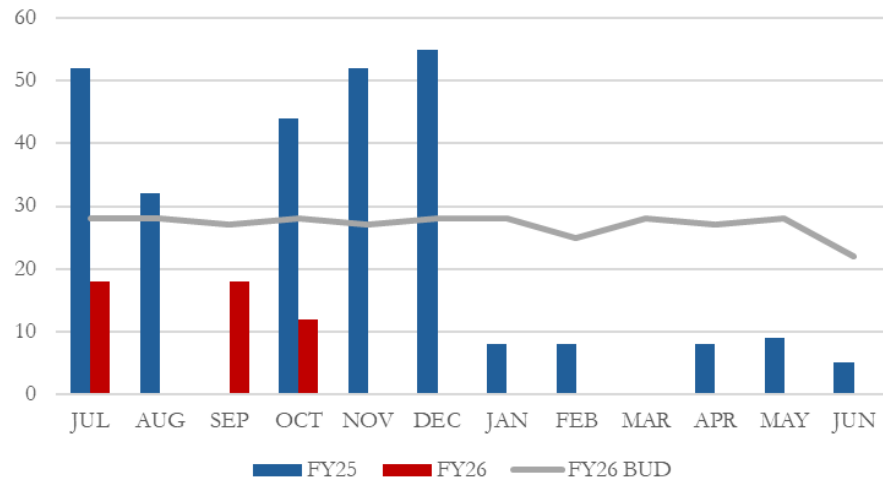
Swing Bed Days



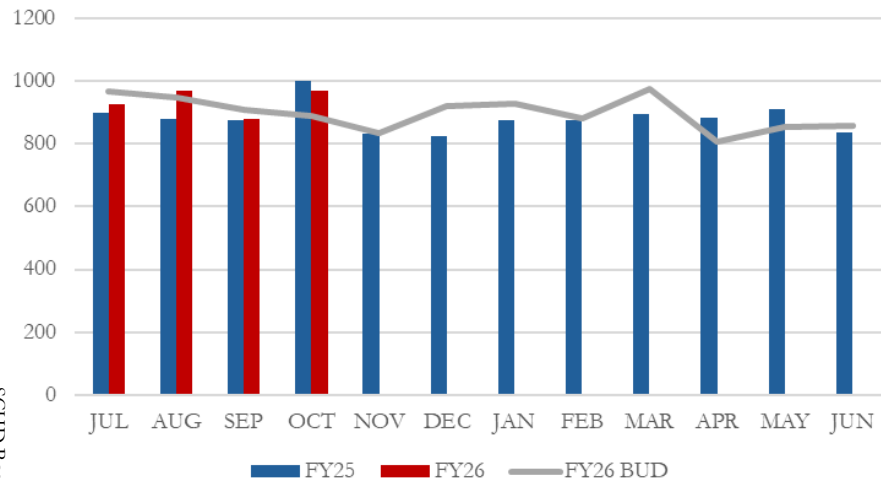
ER Visits



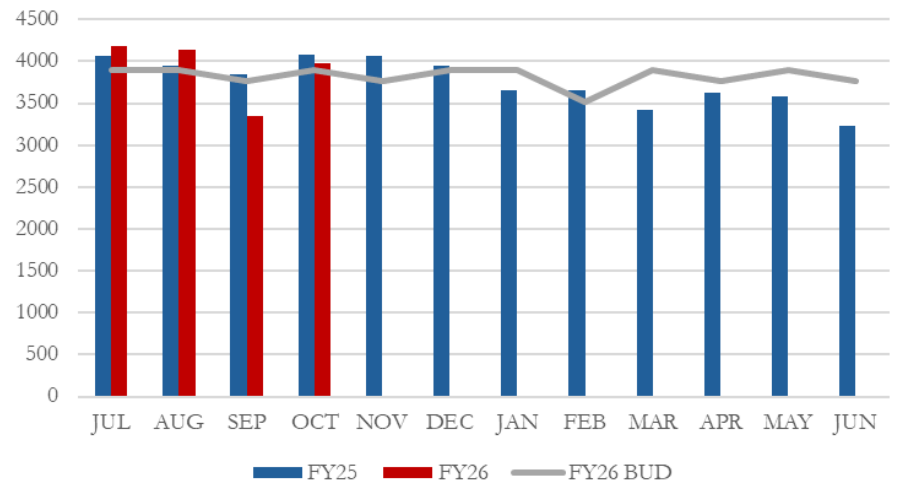
Surgery Patients



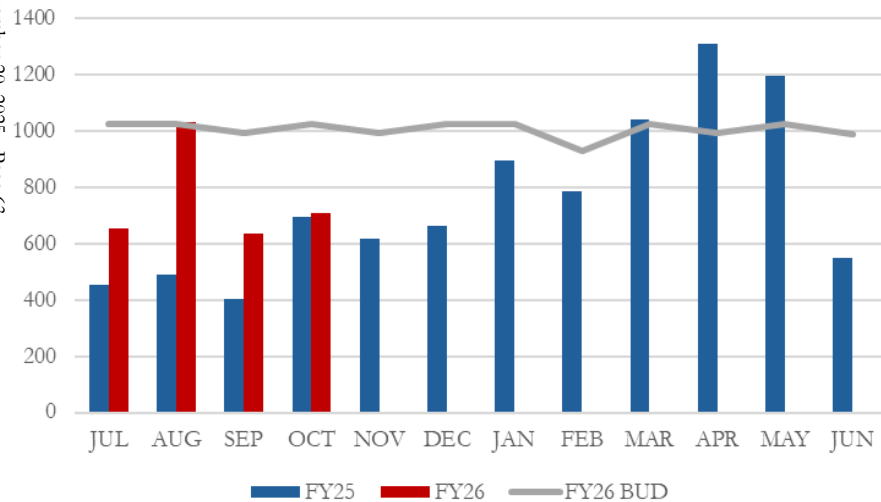
Imaging Visits



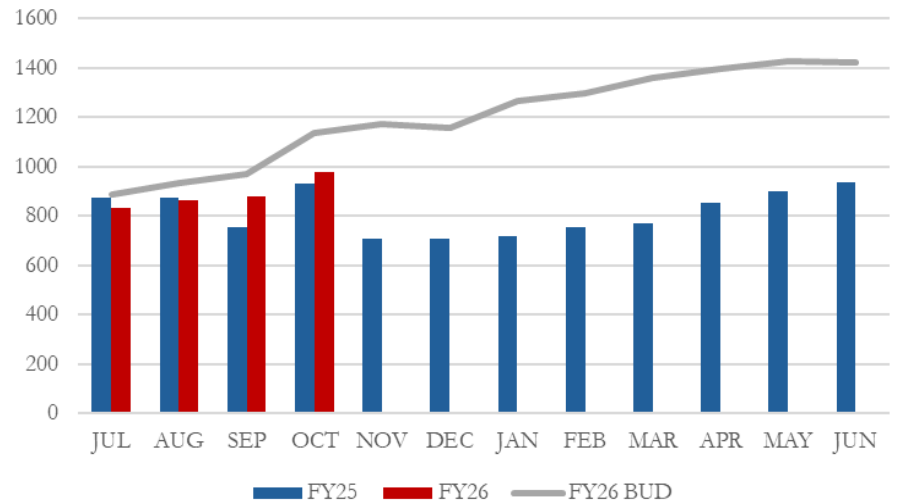
Lab Tests



RT Procedures



Clinic Visits



Southern Coos Hospital & Health Center

Volume and Key Performance Ratios
For The Period Ending October 2025

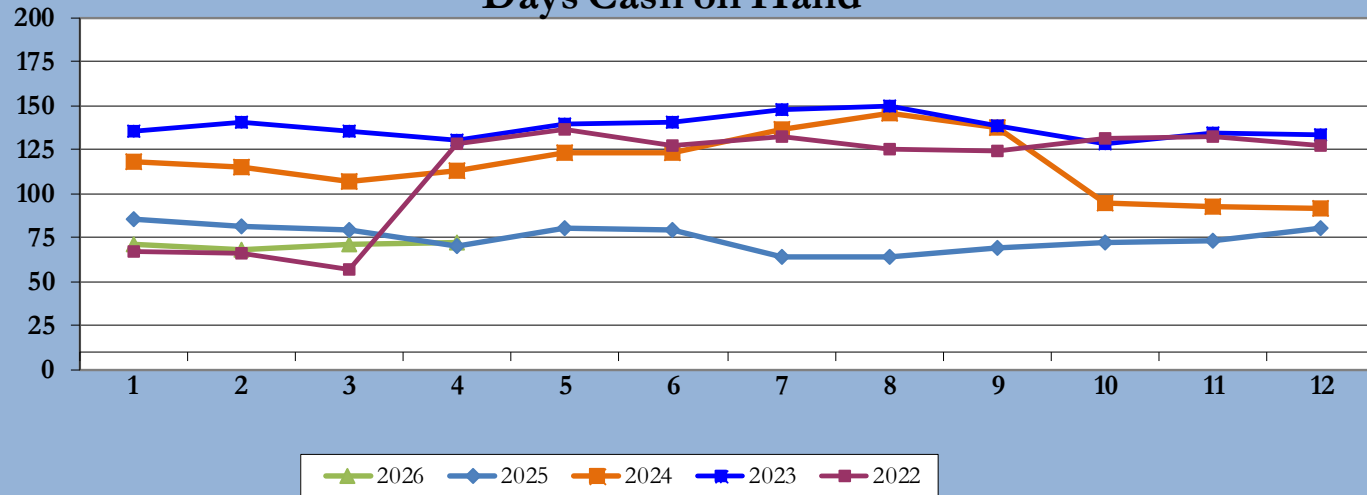
		Month					Year to Date				
		Variance to					Variance to				
		Actual	Budget	Prior Year	Bud	Prior Year	Actual	Budget	Prior Year	Bud	Prior Year
Volume Summary	IP Days	146	96	103	51.7%	41.7%	579	428	458	35.3%	26.4%
	Swing Bed Days	97	186	135	-47.8%	-28.1%	470	738	377	-36.3%	24.7%
	Total Inpatient Days	243	282	238	-13.9%	2.1%	1,049	1,166	835	-10.0%	25.6%
	Avg Daily Census	7.8	9.1	7.7	-13.9%	2.1%	8.5	9.5	6.8	-10.0%	25.6%
	Avg Length of Stay - IP	3.8	3.0	4.7	28.1%	-17.9%	3.6	3.0	4.7	19.9%	-23.0%
	Avg Length of Stay - SWB	10.8	8.9	45.0	21.7%	-76.0%	10.0	8.9	14.5	12.5%	-31.0%
	ED Registrations	477	514	467	-7.2%	2.1%	2,180	2,039	2,048	6.9%	6.4%
	Clinic Registrations	977	332	668	194.3%	46.3%	3,554	1,317	2,381	169.9%	49.3%
	Ancillary Registrations	1,780	615	1,128	189.4%	57.8%	4,373	2,440	4,373	79.2%	0.0%
	Total OP Registrations	3,234	1,461	2,263	121.4%	42.9%	10,107	5,796	8,802	74.4%	14.8%
Key Income Statement Ratios	Gross IP Rev/IP Day	5940	8,787	6,768	-32.4%	-12.2%	6,671	6,671	5,870	0.0%	13.6%
	Gross SWB Rev/SWB Day	2,600	2,782	2,621	-6.5%	-0.8%	2,639	2,817	3,078	-6.3%	-14.3%
	Gross OP Rev/Total OP Registrations	1,336	3,132	1,625	-57.4%	-17.8%	1,325	3,059	1,558	-56.7%	-14.9%
	Collection Rate	54.3%	62.0%	62.5%	-12.4%	-13.2%	54.3%	62.0%	62.6%	-12.3%	-13.2%
	Compensation Ratio	70.0%	77.7%	75.6%	-9.9%	-7.4%	72.1%	71.5%	75.8%	1.0%	-4.9%
	OP EBIDA Margin \$	147,742	(140,987)	(32,503)	-204.8%	-554.6%	250,349	276,226	(212,771)	-9.4%	-217.7%
	OP EBIDA Margin %	4.1%	-4.4%	-1.1%	-195.0%	-477.2%	1.9%	2.1%	-1.9%	-9.4%	-197.2%
	Total Margin	4.3%	-6.3%	0.2%	-169.1%	2303.8%	1.5%	0.2%	-0.8%	526.7%	-295.1%
Key Liquidity Ratios	Days Cash on Hand	72.4	80.0	70.5	-9.5%	2.7%					
	AR Days Outstanding	49.8	50.0	54.0	-0.4%	-7.8%					

Southern Coos Hospital & Health Center

Data Dictionary

Volume Summary	IP Days	Total Inpatient Days Per Midnight Census
	Swing Bed Days	Total Swing Bed Days per Midnight Census
	Total Bed Days	Total Days per Midnight Census
	Avg Daily Census	Total Bed Days / # of Days in period (Mo or YTD)
	Avg Length of Stay - IP	Total Inpatient Days / # of IP Discharges
	Avg Length of Stay - SWB	Total Swing Bed Days / # of SWB Discharges
	ED Registrations	Number of ED patient visits
	Clinic Registrations	Number of Clinic patient visits
	Ancillary Registrations	Total number of all other OP patient visits
Key Income Statement Ratios	Total OP Registrations	Total number of OP patient visits
	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

October 2025 Days Cash on Hand



Calculation:

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

Definition:

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

Desired Position:

Upward trend, above the median

Year	Average
2026	70.6
2025	74.8
2024	116.3
2023	137.8
2022	113.0

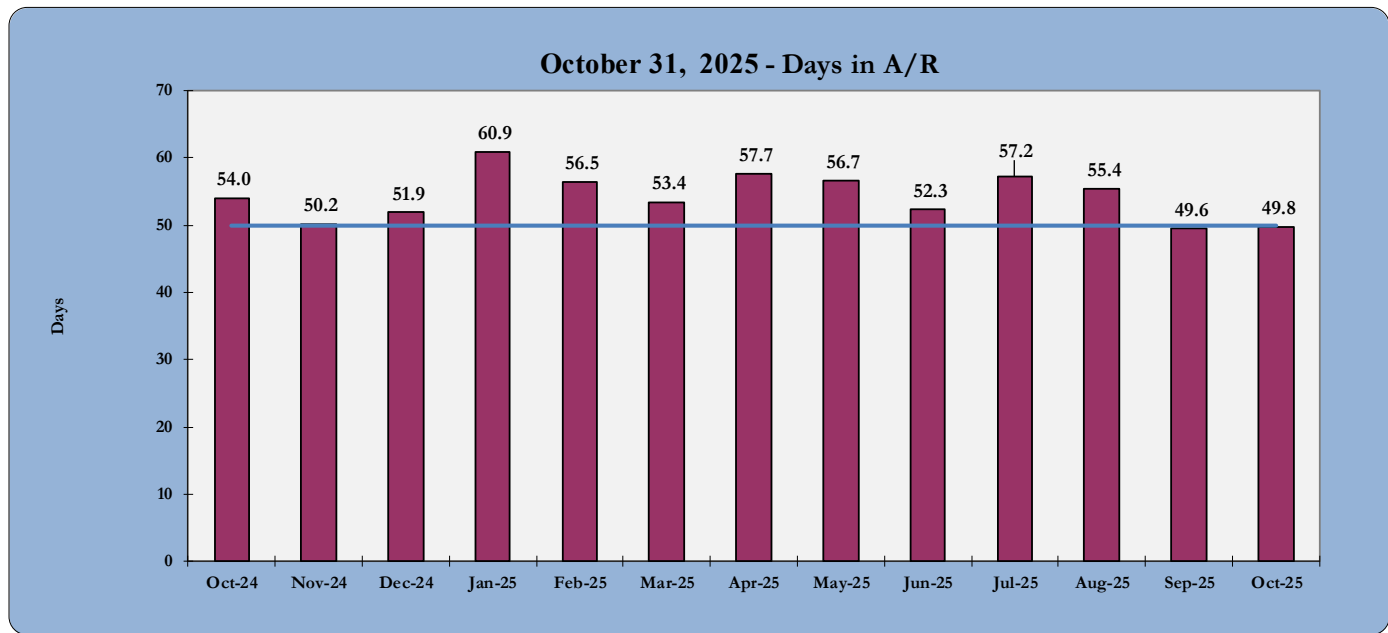
Benchmark

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	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>
2026	71.6	67.6	70.7	72.4								
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: $\frac{\text{Gross Accounts Receivable}}{\text{Average Daily Revenue}}$

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.

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
A/R (Gross)	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	8,656,663
Days in AR	54.0	50.2	51.9	60.9	56.5	53.4	57.7	56.7	52.3	57.2	55.4	49.6	49.8
'''	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
A/R (Gross)	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	8,656,663
Days in Month	31	30	31	31	28	31	30	31	30	31	31	30	31
Monthly Revenue	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	5,438,653
3 Mo Avg Daily Revenue	141,976	141,902	149,578	155,993	165,896	163,990	164,835	165,101	163,962	164,732	168,028	174,258	173,975
Days in AR	54.0	50.2	51.9	60.9	56.5	53.4	57.7	56.7	52.3	57.2	55.4	49.6	49.8

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

Approved Projects:

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

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:

Project Name	Department	Budgeted Amount	Total Spending	Amount Remaining	Status	Notes
Budgeted Threshold Projects (>\$15,000)						
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	Complete	Capitalized 08.31.25
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	28,270	21,730	Complete	Capitalized 10.31.25
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	Complete	Capitalized 08.31.25
Backup Troponin System	Lab	20,000		20,000		
Louvered panel wall hanging bin storage system.	Materials	20,000		20,000		

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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
Teladoc Telehealth Units (3)	ER/ MS / Clinic	-	49,781	(49,781)	Complete	Capitalized 10.31.25 - USDA Grant Matching

Totals - Threshold Projects

3,114,000

372,473

2,741,527

Grand Total

3,300,000

381,718

2,918,282

SCHHC Monthly Review Dashboard							
Metric	Status (based on 3-Month Avg)	3-Month Average	As of August 31, 2025	As of September 30, 2025	As of October 31, 2025	3-Month Trend	Baseline
Contingency Plan Tracking Metric							
Operating Gain/Loss		\$ 20,823	\$ 183,265	\$ (290,425)	\$ 111,009		3 month average, excluding FY26 new initiatives expense
Organizational Rev/Expense Metrics							
Total Patient Revenue		\$ 5,367,608	\$ 5,542,430	\$ 5,024,606	\$ 5,438,653		Budgeted patient revenue
% Deductions from Revenue		45%	45.50%	46.18%	45.74%		Goal: 35% average
Total Operating Revenue		\$ 3,352,626	\$ 3,379,797	\$ 3,078,905	\$ 3,562,406		over 3-month average budget
Operating Revenue - Budgeted	\$ 3,191,716	\$ 3,191,716	\$ 3,492,448	\$ 2,986,989	\$ 3,229,117		n/a
Revenue Actual v Budget Variance		\$ 160,910	\$ (112,651)	\$ 91,916	\$ 333,289		Positive variance
Total Operating Expenses		\$ 3,446,363	\$ 3,294,850	\$ 3,480,279	\$ 3,594,515		Budgeted Operating Expenses
Total Operating Expenses (Budget)	\$ 3,296,962	\$ 3,296,962	\$ 3,267,078	\$ 3,164,009	\$ 3,544,406		n/a
Expenses Actual v Budget Variance		\$ (149,402)	\$ (27,772)	\$ (316,270)	\$ (50,109)		
Operating Gain/Loss		\$ (93,737)	\$ 84,947	\$ (401,374)	\$ (32,108)		Includes all expense, including FY26 new initiative
Change in Net Position		\$ 50,561	\$ 239,194	\$ (280,717)	\$ 160,824		Budgeted Change in Net Position
% Margin		0.03%	6.80%	-9.10%	4.33%		Positive >1.0
Financial Health Metrics							
A/R Days Outstanding		54.13	55.40	49.80	49.80		40-55 days
Days Cash on Hand		69.97	67.60	70.70	72.40		60-180 days
Cash to Debt Ratio		0.86	0.86	0.87	0.90		.20 - 1.00+
Debt Ratio		0.51	0.50	0.51	0.50		.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						



Revenue Cycle Board Finance Report October 2025

Key Highlights



TOTAL AR INCREASED SLIGHTLY FROM SEPTEMBER (\$8.76M) TO OCTOBER (\$8.81M).



LEGACY AR DECREASED SIGNIFICANTLY (\$751K TO \$560K) DUE TO CLEAN-UP ACTIVITIES, COLLECTIONS, AND APPROPRIATE ADJUSTMENTS.



STABILIZATION METRICS REMAIN ON TRACK WITH PERFORMANCE IN MOST AREAS CONSISTENTLY WITHIN THE TOP 25%

ONGOING FOCUS AREAS

- CFB (CANDIDATE FOR BILLING
- UNCODED CFB



CASH COLLECTIONS DIPPED SLIGHTLY FROM SEPTEMBER TO OCTOBER BUT REMAIN SOLID.

SEPTEMBER: \$3.53M

OCTOBER: \$3.16M



SELF-PAY AR IN EPIC REMAINS ELEVATED WHICH REPRESENTS 9% OF OUR OVERALL AR IN EPIC ALL OF WHICH IS AGED OVER 120 DAYS.

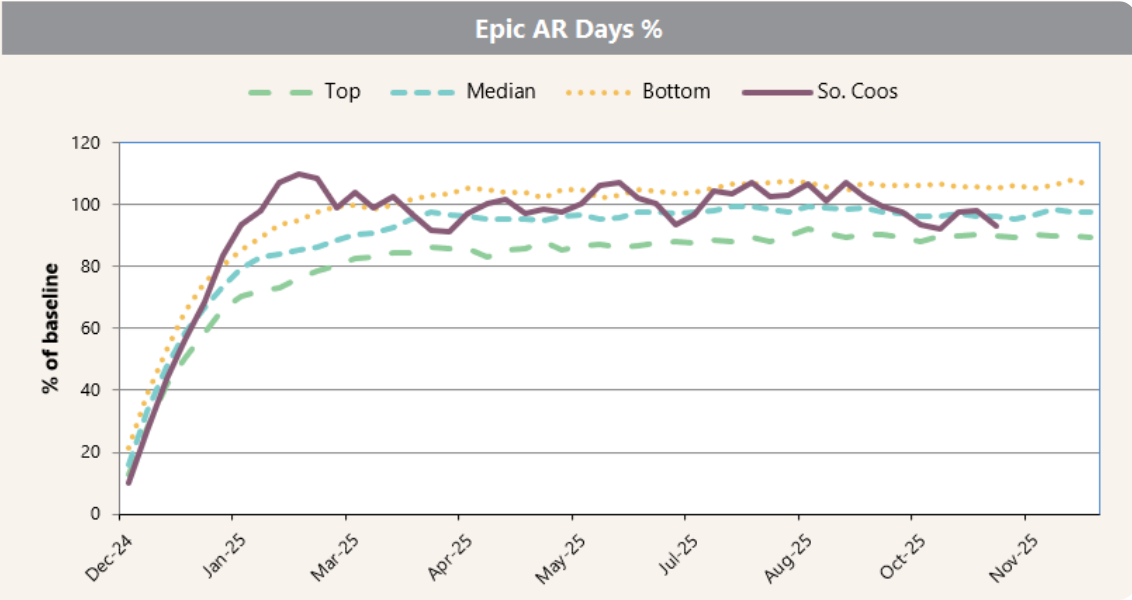
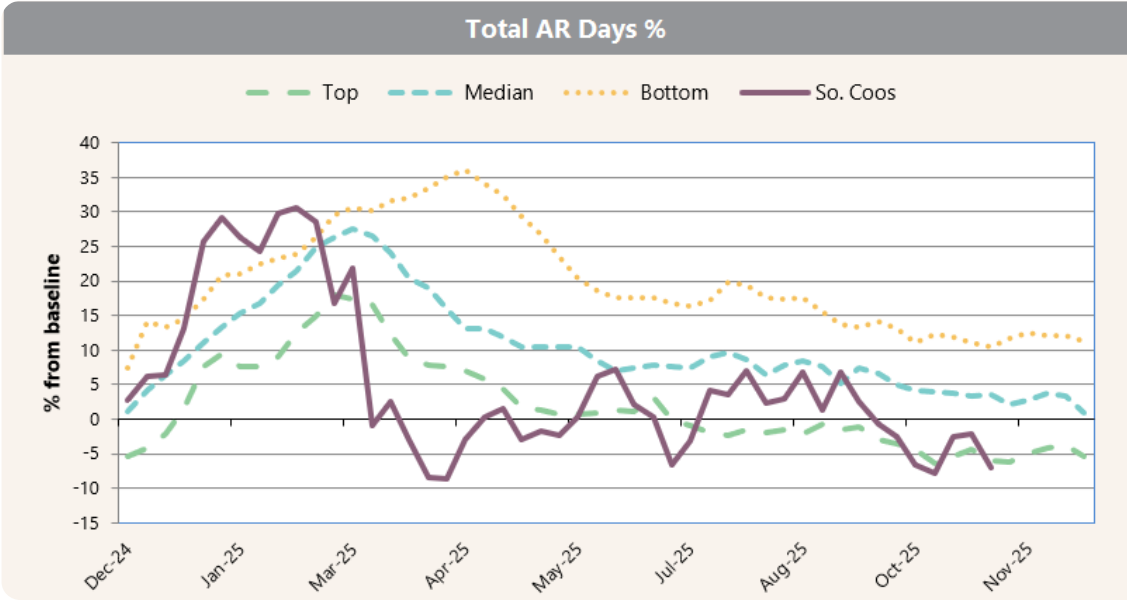
THIS WILL IMPROVE ONCE WE HAVE COMPLETED OUR AMERICOLLECT IMPLEMENTATION WITH A GO-LIVE ESTIMATED IN LATE NOVEMBER/EARLY DECEMBER.

SO. COOS HB STABILIZATION

HB KEY METRICS															
Metric	Status	4-wk Average	As of 10/31		As of 10/24		As of 10/17		As of 10/10		13wk	Baseline	Top	Median	Bottom
Total AR	🟢	47.5 Days	46.5 Days*	\$8.1M	48.9 Days*	\$8.5M	48.7 Days*	\$8.4M	46 Days*	\$8.1M		50 Days*	47 Days*	51.8 Days*	55.2 Days*
Epic AR	🟢	47.5 Days	46.5 Days*	\$8.1M	48.9 Days*	\$8.5M	48.7 Days*	\$8.4M	46 Days*	\$8.1M			44.9 Days*	48.1 Days*	52.7 Days*
Legacy AR	🔴												2.1 Days*	3.2 Days*	4.7 Days*
Cumulative Charge Variance	🟢	116%	116.3%	\$7.7M	116.1%	\$7.5M	115.6%	\$7.1M	115.9%	\$7M		\$1M/wk	\$4.1M	\$2.3M	\$885.3K
Cumulative Payment Variance	🟢	5.9 Weeks	6.4 Weeks	\$4M	5.9 Weeks	\$3.6M	5.5 Weeks	\$3.4M	5.8 Weeks	\$3.6M		\$620.2K/wk	\$1.5M	\$579K	\$43.5K
CFB	🔴	7.9 Days	7.6 Days	\$1.3M	8.8 Days	\$1.5M	7.7 Days	\$1.3M	7.6 Days	\$1.3M			4.2 Days	5.4 Days	7.2 Days
Claim Edit	🟢	0.6 Days	0.1 Days	\$25.6K	0.5 Days	\$84.5K	0.9 Days	\$155K	0.8 Days	\$149.4K			0.9 Days	1.3 Days	1.9 Days
Uncoded CFB	🔴	2.8 Days	3 Days	\$524.6K	3.1 Days	\$540.5K	2.5 Days	\$426.5K	2.4 Days	\$424.5K			0.8 Days	1.3 Days	1.8 Days
Open Denial	🟡	3.3 Days	4 Days	\$695K	3.7 Days	\$646.8K	2.7 Days	\$457.9K	2.7 Days	\$473.4K			2.2 Days	3.3 Days	4.9 Days
Epic Payment Average	🟢	123.8%	125.1%	\$776K	120.3%	\$746.2K	119.5%	\$740.9K	130.1%	\$807K			110.9%	106.7%	101.6%
Primary Denial Rate	🟢	12.3%	12.3%	13.7% (Curr)	11.9%	9.4% (Curr)	12.1%	14.5% (Curr)	12.8%	11.4% (Curr)			10.1%	12.7%	16.3%

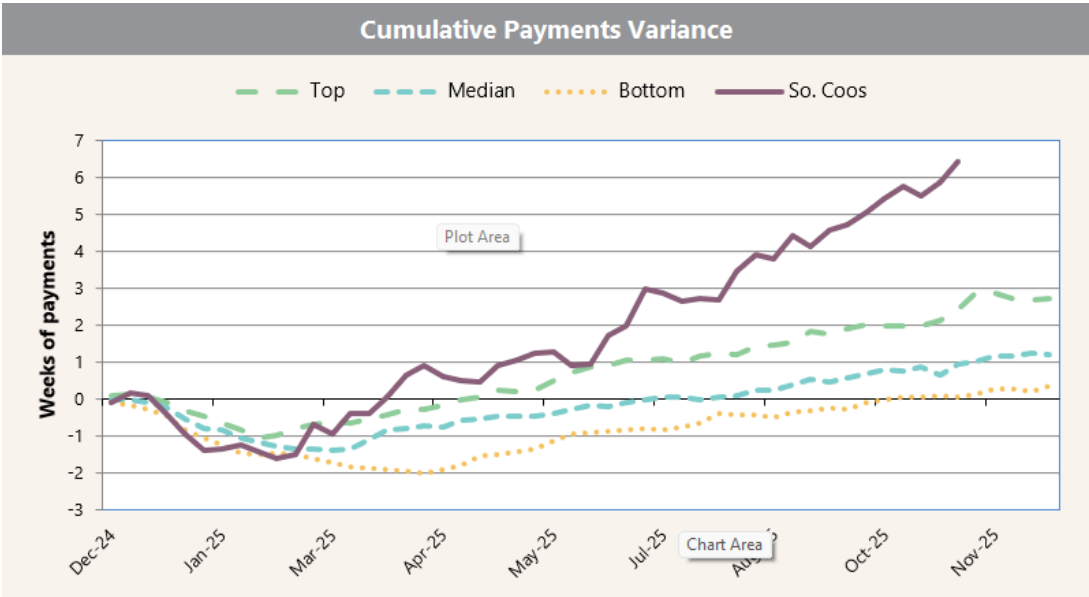
SO. COOS HB Board Meeting - November 20, 2025 - Page 74

- On Track (7 Metrics)
- Areas to Watch (3 Metrics)

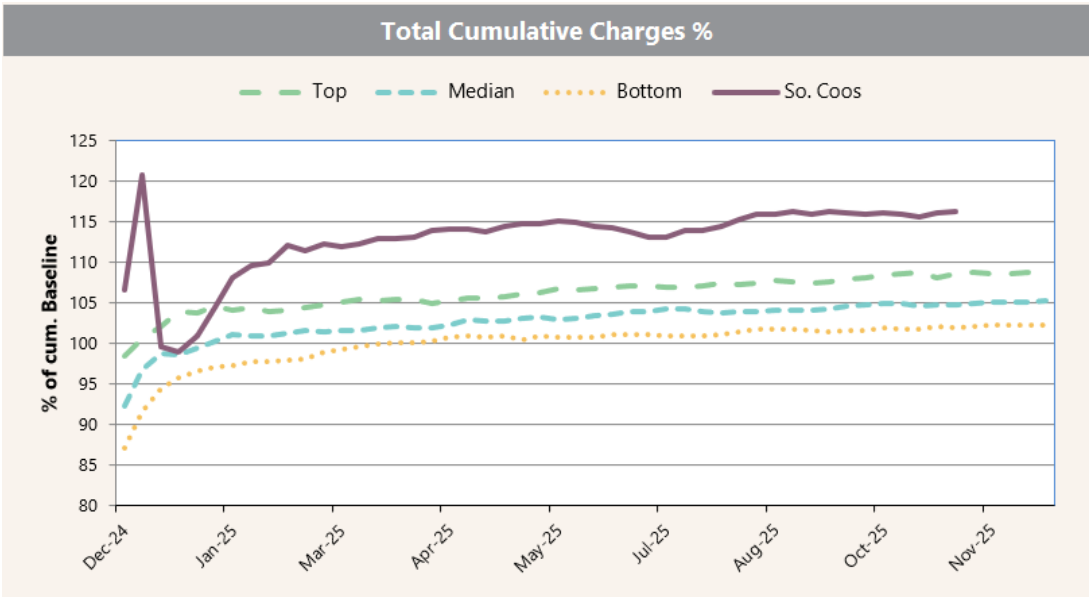


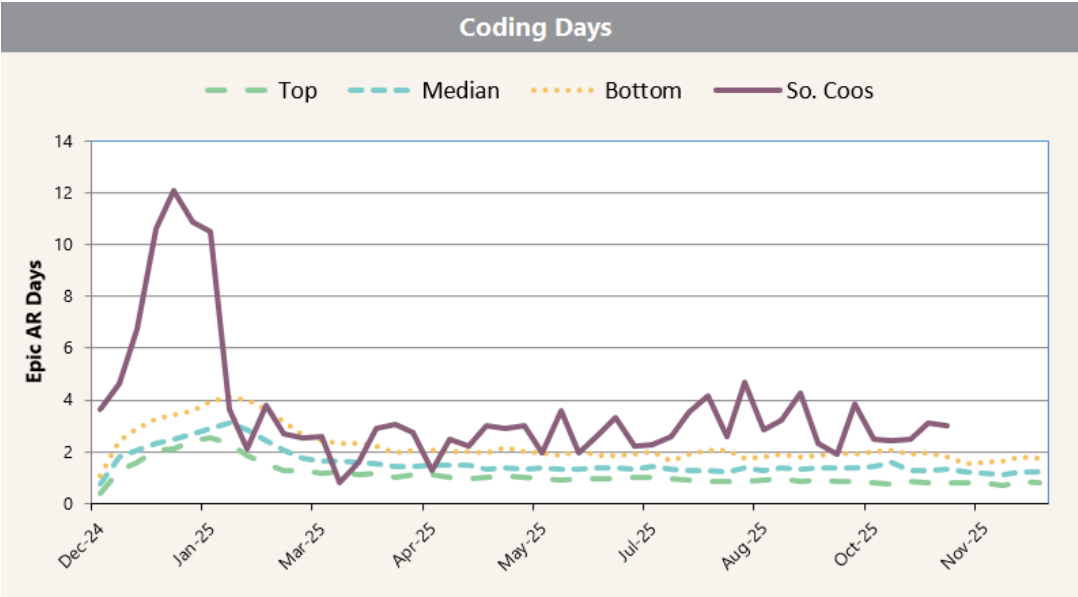
- **AR Days remained stable** from September to October.
- **October revenue increased to \$5,224,766**, compared to **\$5,024,605** in September.
- The higher October revenue effectively **offset any decrease** we might have otherwise seen in AR Days, indicating this is **true, new revenue** rather than a timing shift.
- Overall, our AR performance continues to be **at or above the top 25% benchmark**.

Cumulative payment variance continues to exceed the top 25% benchmark.

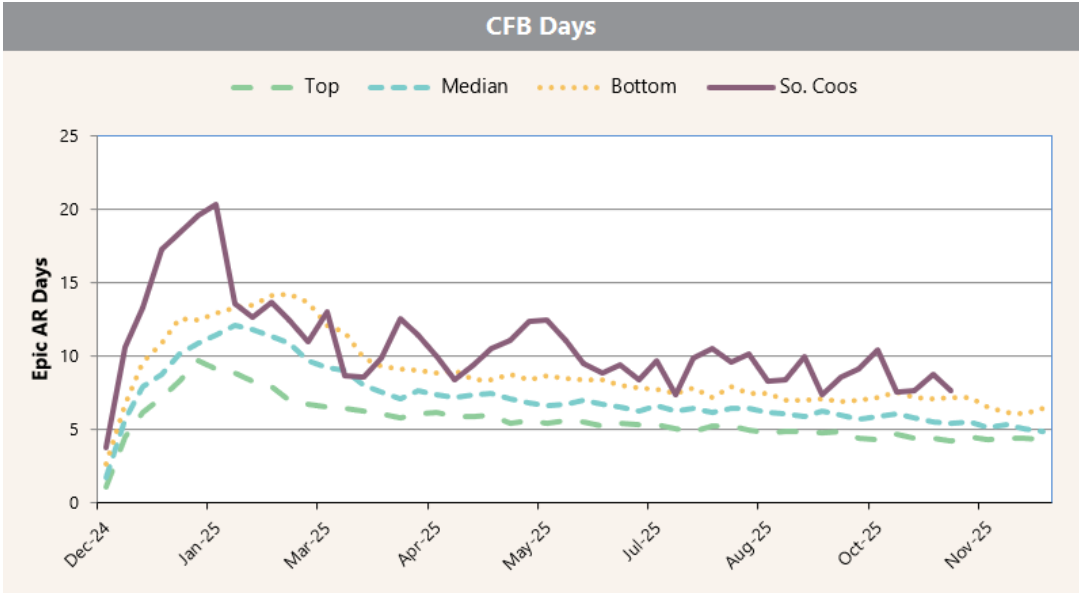


Total cumulative charges also remain above top-quartile performance levels, reflecting sustained strength in revenue cycle outcomes





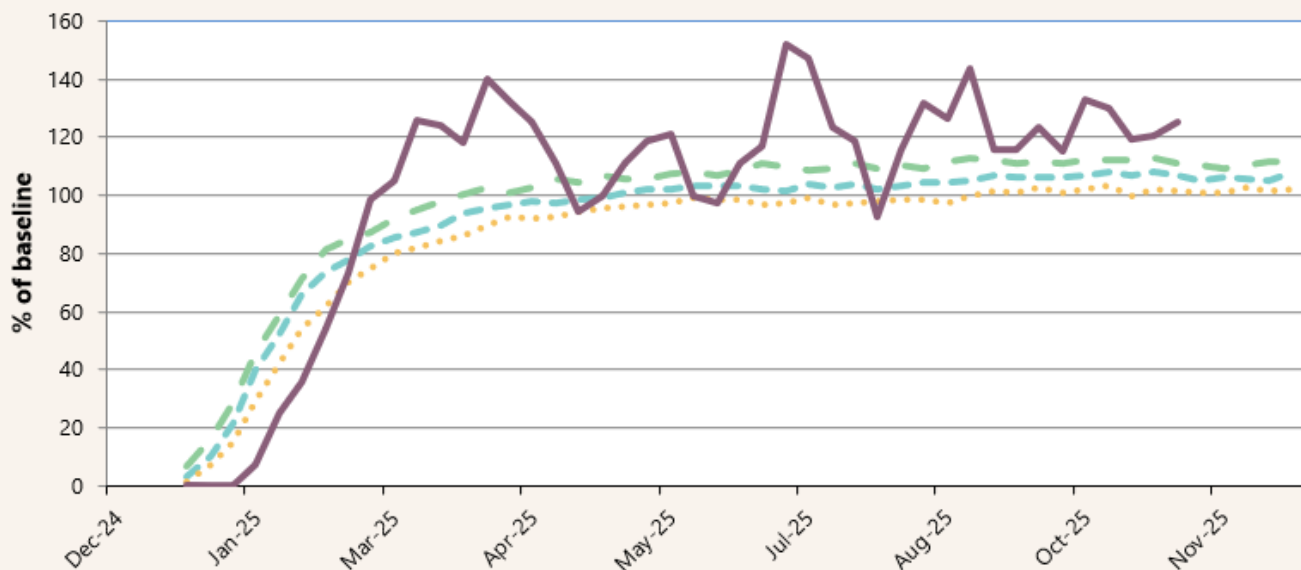
Coding days remain elevated,
and overall performance in this
area continues to lag compared
to benchmarks.



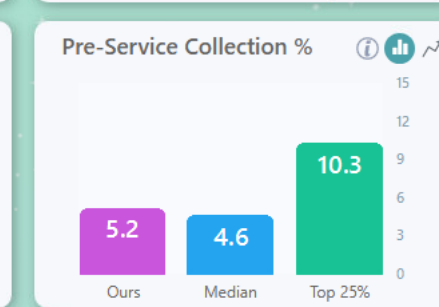
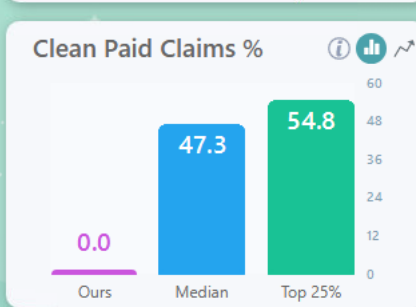
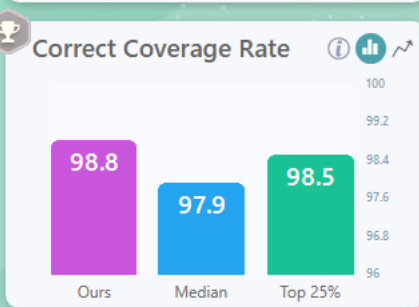
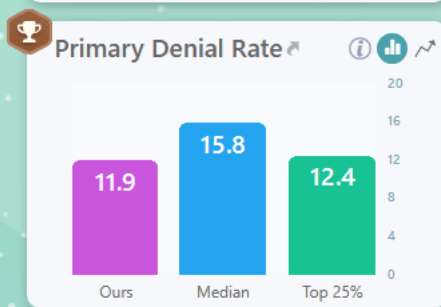
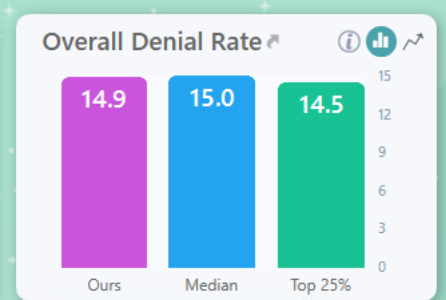
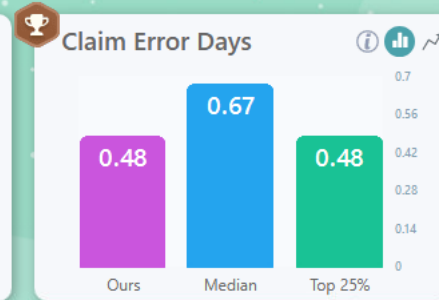
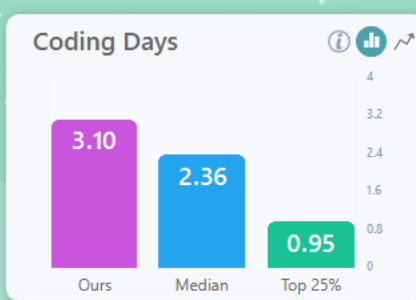
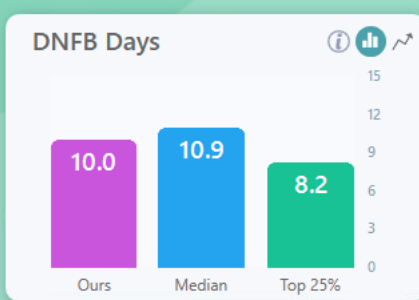
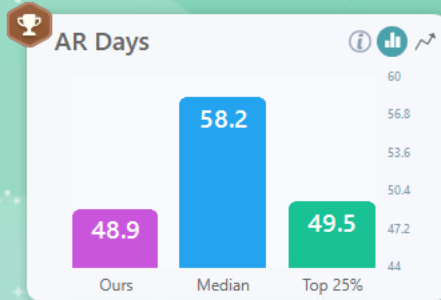
Candidate for Billing (CFB) days
have shown steady improvement
and are now approaching
performance levels seen in the
bottom 25%, indicating meaningful
progress.

Epic Pmt Avg

Top Median Bottom So. Coos

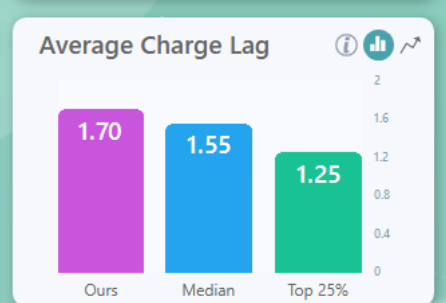
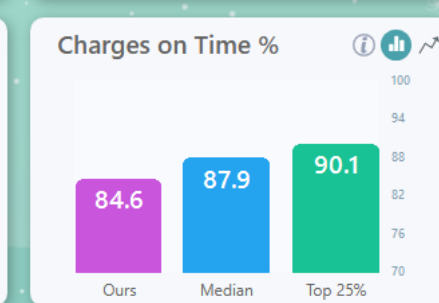
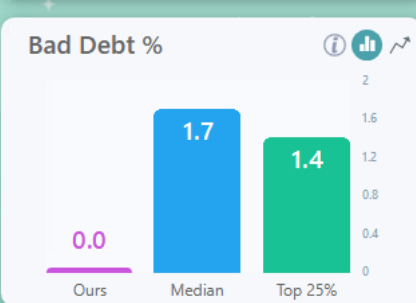
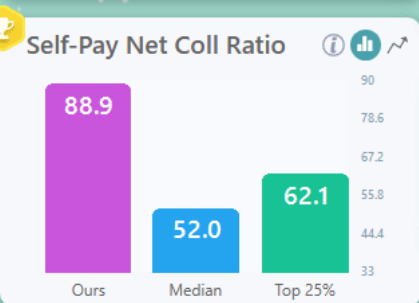
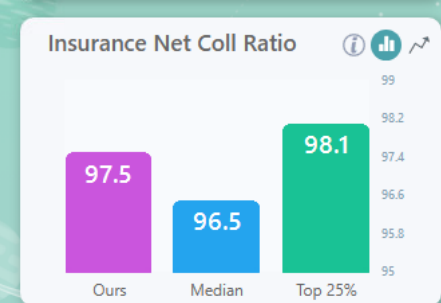
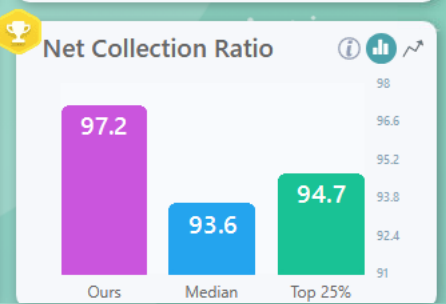
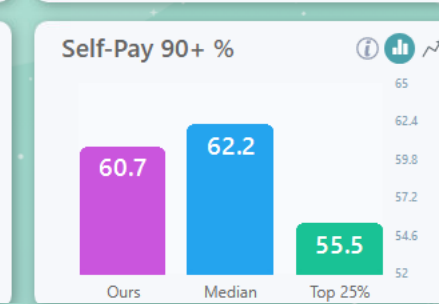
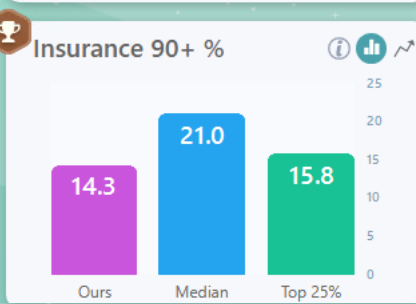
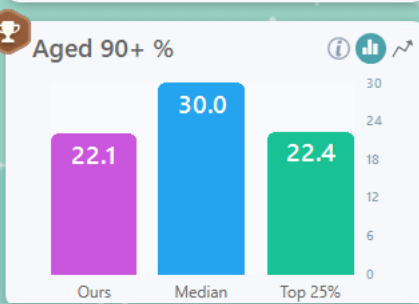
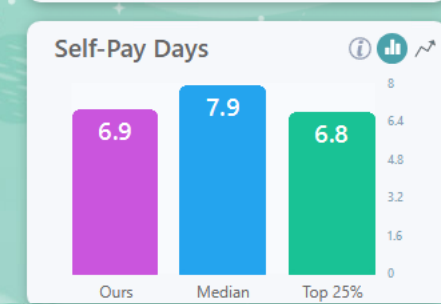


- Average payments continue to exceed the top 25% benchmark, reflecting strong overall performance.
- Cash collections in October were slightly lower than September, though still solid.
 - September collections: \$3,530,390 (combined EPIC + Legacy)
 - **October collections: \$3,164,306 (combined)**
- The month-to-month decrease is modest and not suggestive of a negative trend at this time.



Estimate Accuracy %

The sample size is too small for accurate benchmarking.



Current EMR - EPIC Accounts Receivable

Bucket	Total AR	% of Total	Payor AR	Self-Pay AR	Self-Pay % of Category	Performance Indicator
Open	\$ 724,531.00	9%	\$ 489,770.00	\$ 234,761.00	32%	Strong
0-30 Days	\$ 3,902,913.00	47%	\$ 3,847,035.00	\$ 55,878.00	1%	Strong
31-60 Days	\$ 1,062,573.00	13%	\$ 911,602.00	\$ 150,971.00	14%	Moderate
61-90 Days	\$ 616,172.00	7%	\$ 496,742.00	\$ 119,430.00	19%	Monitor
91-120 Days	\$ 407,420.00	5%	\$ 291,406.00	\$ 116,014.00	28%	Monitor
121-180 Days	\$ 600,796.00	7%	\$ 363,341.00	\$ 237,455.00	40%	Needs Improvement
Over 180 Days	\$ 936,758.00	11%	\$ 417,771.00	\$ 518,987.00	55%	Needs Improvement
Total	\$ 8,251,163.00		\$ 6,817,667.00	\$ 1,433,496.00	17%	

•Total AR (EPIC + Legacy):

- September: **\$8,762,803.70**
- October: **\$8,811,272.26**

•Slight overall increase month over month. Mostly due to the revenue increase as mentioned earlier.

•Legacy AR:

- Decreased from **\$751,508.80 to \$560,109.26**.
- Reduction driven by:
 - Clean-up efforts and targeted collections.
 - Review and adjustment of uncollectible accounts.
 - Corrections for untimely billing and missed contractual adjustments.
 - Adjustments related to denials and non-payment from payors.

•EPIC Self-Pay AR:

- Continues to show higher-than-normal aging.
- 9%** of EPIC AR is currently aged over 120 days.
- Expected improvement with new collections vendor (**AmeriCollect**) going live late November/early December.

Legacy Accounts Receivable (Aged over 180 days)

Class	Total AR by Class	Performance Indicator
Insurance	\$ 313,073.75	High Risk
Private Pay	\$ 54,968.47	High Risk
Private Pay after Insurance	\$ 287,575.09	High Risk
Payment Plans	\$ 29,270.12	Positive/Managed
Credit	\$ (124,778.17)	High Risk
Total w/o Credit	\$ 684,887.43	
Total	\$ 560,109.26	

October 2025 Contingency Dashboard

SCHHC Monthly Review Dashboard							
Metric	Status (based on 3-Month Avg)	3-Month Average	As of August 31, 2025	As of September 30, 2025	As of October 31, 2025	3-Month Trend	Baseline
Contingency Plan Tracking Metric							
Operating Gain/Loss		\$ 20,823	\$ 183,265	\$ (290,425)	\$ 111,009		3 month average, excluding FY26 new initiatives expense
Organizational Rev/Expense Metrics							
Total Patient Revenue		\$ 5,367,608	\$ 5,542,430	\$ 5,024,606	\$ 5,438,653		Budgeted patient revenue
% Deductions from Revenue		45%	45.50%	46.18%	45.74%		Goal: 35% average
Total Operating Revenue		\$ 3,352,626	\$ 3,379,797	\$ 3,078,905	\$ 3,562,406		over 3-month average budget
Operating Revenue - Budgeted	\$ 3,191,716	\$ 3,191,716	\$ 3,492,448	\$ 2,986,989	\$ 3,229,117		n/a
Revenue Actual v Budget Variance		\$ 160,910	\$ (112,651)	\$ 91,916	\$ 333,289		Positive variance
Total Operating Expenses		\$ 3,446,363	\$ 3,294,850	\$ 3,480,279	\$ 3,594,515		Budgeted Operating Expenses
Total Operating Expenses (Budget)	\$ 3,296,962	\$ 3,296,962	\$ 3,267,078	\$ 3,164,009	\$ 3,544,406		n/a
Expenses Actual v Budget Variance		\$ (149,402)	\$ (27,772)	\$ (316,270)	\$ (50,109)		
Operating Gain/Loss		\$ (93,737)	\$ 84,947	\$ (401,374)	\$ (32,108)		Includes all expense, including FY26 new initiative
Change in Net Position		\$ 50,561	\$ 239,194	\$ (280,717)	\$ 160,824		Budgeted Change in Net Position
% Margin		0.03%	6.80%	-9.10%	4.33%		Positive >1.0
Financial Health Metrics							
A/R Days Outstanding		54.13	55.40	49.80	49.80		40-55 days
Days Cash on Hand		69.97	67.60	70.70	72.40		60-180 days
Cash to Debt Ratio		0.86	0.86	0.87	0.90		.20 - 1.00+
Debt Ratio		0.51	0.50	0.51	0.50		.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						