Board of Directors
Regular Meeting & Executive Session
July 23, 2026 6:00 p.m.

AGENDA

VIII. Executive Session

The meeting will conclude with an Executive Session under ORS192.660(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 192.660 (2)(e) to conduct deliberations with persons you have designated to negotiate real property transactions. No decision will be made in Executive Session.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-06/25/26 (action)
2. Motion to Approve Reports from Executive Session: (action)
   a. Quality & Patient Safety, Risk & Compliance
   b. Medical Staff Report
3. Real Property Negotiations Update

X. Adjournment

Southern Coos Health District
Board of Directors Budget Hearing & Regular Meeting
Open Session Minutes
June 25, 2026

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

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director. **Administration:** Cam Marlowe, Interim CFO; Cori Valet, CNO; Amanda Bemetz, Director Quality Risk & Compliance; Alden Forreser, MD, CMO; Scott McEachern, CIO; David Serle, Clinic Director; Colene Hickman, Revenue Cycle Director; P.J. Keizer, MD, Medical Staff Chief of Staff. **Via Remote Link:** Raymond Hino, CEO; Stacy Nelson, HR Director; Alix McGinley, SCHF Executive Director; **Others in attendance:** Kim Russell, Executive Assistant. **Absent:** Pamela Hansen, Treasurer/Foundation Liaison. **Press:** None.

1. Agenda - Corrections or Additions.

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

2. Public Input – None.

II. Consent Agenda

1. **Regular Meeting Open Session Minutes** – 05/28/26
2. **Invoice for Legal Services** – None.

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

III. Open Budget Hearing

1. Form LB-1 Notice of Budget Hearing

Provided for reference, this notice was published in the June 16 World Newspaper and available on the Southern Coos Hospital & Health Center website, www.southerncoos.org

2. FY27 Consolidated Budget

Cam Marlowe, Interim CFO, reviewed the consolidated budget that was approved by the Budget Committee on June 1, noting minor adjustments. Budget appropriations total $47,559,384 with detail provided on the Form LB-1, posted publicly online and in the World Newspaper June 16 edition. **Discussion:** The Form LB-1 is a template provided by the County. Members asked where they would see the $1M in savings from the new health plan under “Benefits.” While the new plan will provide savings, benefits will only reduce by 3% due to other increased costs.

3. FY27 Proposed Budget Resolution 2026-01 Adoption of Budget

Mary Schamehorn **moved** to approve Resolution 2-26-01 Adoption of Budget as presented. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

Budget Hearing Closed

IV. New Business

1. Medical Staff Bylaws Amendment

Alden Forrester, MD, Chief Medical Officer, had included the amendment in his monthly report, recapping at this time the recent approval by the Medical Staff to add a reapplication fee which has become standard in hospital credentialing. Amendments to the Medical Staff Bylaws must be approved by the Health District Board of Directors.

Bob Pickel **moved** to approve the amendment to the Medical Staff Bylaws as presented. Mary Schamehorn **seconded** the motion. **All in favor. Unanimous.**

V. Old Business

None.

VI. Staff Reports

1. CEO Report

Raymond Hino, CEO, opened with an update regarding management changes, noting that recruitment has begun for the placement of a permanent Chief Financial Officer/Chief Operations Officer, with several excellent candidates scheduled for interviews. Board members and Finance Committee members are invited to attend an in person candidate “meet and greet” on June 26. The goal is to fill the position by mid-August for a smooth transition. Stacy Nelson, HR Director for the last 2 years, has resigned due to family concerns, with his last day to be July 2. Kelley Frengle, who has served as our interim HR Director previously, will return providing 16 hours a week, 9:00am to 1:00pm, Monday-Thursday to start. Other updates included the master facility planning project next steps, to include acquisition of real property, to be updated in Executive Session. A preferred vendor has been identified for a capital campaign, The Lund Group, as a consultation partner regarding the evaluation of a future tax measure. Additionally, Ray has made contact with the Washington State Critical Access Hospital Association president and a Special Districts of Oregon (SDAO) financing contact who worked with Curry General. Monthly updates will be provided to the Board of Directors. No news has been received yet regarding the Rural Health Transformation Funds. The Cibbolo Group Clinically Integrated Network (CIN), introduced at the May meeting, includes 9 other independent Critical Access Hospitals geographically located in eastern or western Oregon. Mr. Hino has been nominated to represent the western region as Vice Chairman.

2. CMO Report

Dr. Forrester, Chief Medical Officer, thanked the Board for their acceptance of the amendment to the Medical Staff Bylaws approved earlier in the meeting under New Business. Additionally, Dr. Forrester provided an update on the Southern Coos Hospital & Health Center application with the National Health Service Corps (NHSC). The NHSC supports more than 18,500 primary care medical, dental, and behavioral health providers through scholarships and loan repayment programs. Our application previously did not include the hospital due to a mis-categorization of the hospital in government records that has since been corrected. The NHSC designation will allow access to additional tools to recruit and retain clinicians. Southern Coos has 30 days to submit additional data, to include a minor change in our Financial Assistance policy, and to provide a photo of facility signage.

3. Retail Pharmacy Report

Dr. Forrester continued with the Retail Pharmacy Report, noting the financial net change in position of -$30,000. A consultant has been secured to review business operations. Recruitment has begun for the new Director of Pharmacy with two external and one internal candidate. Not included in the written report; the Pharmacy team will be bringing on-line a medication savings tool. More information to be provided as it is available.

4. CNO Report

Cori Valet, CNO, provided highlights from her written report with a correction under Emergency Room staffing. Cori, Colene Hickman, and Scott McEachern recently attended an Epic user conference. The Epic conference was beneficial for networking with other Community Connect sites and hosts, with positive feedback regarding our platform host, Providence. Excellent presentations were provided on new software such as voice activated and/or AI tools for nursing. In response to an inquiry regarding contract labor in Radiology, these are for specific modalities of Echo Cardiology, CT X-Ray, and Ultrasound, covering for staff on FMLA (family leave).

5. Quality Key Performance Indicators Dashboard

Amanda Bemetz, Director of Quality Risk and Compliance, shared key Quality performance indicators from prior month, including areas of Clinic, Surgical Complication Rate, Emergency Department, Hospital and Patient Experience dashboard with performance and target numbers as well as 12-month trend graphs for each area, noting Clinic Accountable Care Organization (ACO) and PCPCH tracked categories. Highlights included a clinic “lunch and learn” for staff. An error has been identified that some Epic information is not translating to the Accountable Care Organization (ACO). A footnote will be added to future reports noting that this is a reporting issue, not a performance issue.

7. CIO Report

Scott McEachern opened with an update regarding the critical infrastructure equipment failure last week, acknowledging Jeff Weymouth and Chris Cox for their support and efforts, and Chris Amaral for expedient order of replacement parts. We have since introduced a second redundancy with everything backed up to the "cloud." Cybersecurity primary vectors are third party software. All third party contracts and business associate agreements are in review. In response to the Board request to continue to report on current projects, current projects include 1) Multi-Specialty Clinic Space to be complete and ready for occupancy by end of July, noting that expenditures are at $91,614 as of May 31, remaining under budget; 2) Radiology Data Conversion to connect radiology reports from studies conducted prior to the Southern Coos Epic go-live in 2024. This project will link the prior studies to the patient chart in Epic.

8. Multi-Specialty Clinic Report

David Serle touched on highlights of Clinic operations in the month of May. As has been reported, we are looking forward to our two new surgeons to start at the end of August; Dr. Monte Stewart and Dr. Matthew Heisterman, to alternate on site 1 week per month at this time with no surgeries on Fridays. Both surgeons are happy to work with staff with Nurse Practitioner involvement in pre-op and post-op care and as possible first-assist. Dr. Schulte has been a great surgeon to help us restart our surgical program, working well with staff and well-liked by patients, however, his contract was temporary for that purpose. He will be missed. Clinic volume has dropped which is not unusual in summer months.

9. Human Resources Report

Stacy Nelson, HR Director, provided highlights from his report noting that Southern Coos continues to work to reduce the use of contract labor and is cautiously optimistic that we may have successfully recruited one of our Radiology travelers. The AwardCo recognition program in use for several years has been updated to include a phone application to further support positive recognition. Mr. Nelson thanked Administration and expressed his appreciation for the opportunity to work with the team at Southern Coos these past two years.

10. SCHD Foundation Report

Raymond Hino reported on behalf of Alix McGinley, Southern Coos Health Foundation Executive Director, who is out of office today. The goal of the Foundation is for the School Nurse Program to be self-sustaining with potential funds from the Rural Health Transformation Fund. We are excited with the "reboot" of the Southern Coos volunteer program to include a telecare program (making calls to home bound patients), visiting with inpatients, and assisting with non-clinical activities. Sponsorships for the annual Golf for Health Classic in September have now reached $50,000.

11. Strategic Plan Update

Mr. Hino continued with a high-level overview of the Strategic Plan, noting that of the total 42 goals we are now at 23 complete. The two most recent to be completed were relating to food insecurity. Mr. Hino acknowledged work by Amy Moss Strong in the community, specifically with the Food and Flourish program and Good Neighbor's Food Pantry. Full details are in the report, now at 87.27% completion on the master facility plan, a 4.4% increase from the previous month.

VI. Financial Review

1. Month-End Report & Statements for Period Ending May 31, 2026

Cam Marlowe, Interim Chief Financial Officer, presented the financial report for the period ending May 31, noting a 11.6% loss in gross revenue from the previous month. Total patient revenue Fiscal Year to-date is $62.5M with a record in cash receipts of almost $4M, thanks to our Revenue Cycle and Patient Access teams. Mr. Bedell requested reporting of the components of the revenue deduction to track how it changes from month to month. The Balance Sheet shows an increase in Cash and Cash Equivalents in May from $11.2M to $11.8M. There was an unanticipated expense of a $50,000 payment to IRS for some penalties from four years ago that were appealed but we had reached the deadline, requiring payment. Swing bed activity was reviewed, noting that that revenue is cost reimbursed primarily from Medicare, with mostly fixed costs. When Swing days go down, the cost per day goes up, then we will eventually get paid an interim rate for every Swing day that we have in the facility. Swing bed activity has significant impact on revenue deductions each month. The number of Clinic visits budgeted was discussed, noting that the budgeted visits in the current budget should be more realistic. Payer challenges were discussed, noting that the OHA has now gotten involved in issues with a Medicare Advantage Plan that does not serve our area, but Southern Coos has seen patients who are in that plan who visited our area, and while our outstanding reimbursement is small at $100,000, facilities in the Portland area are owed in the millions; we have escalated these to provider relations. Discharge, not final bill, (DNFB) is a common metric that we monitor closely; slightly off from the top 25% at 13 days. Regarding the Oregon Health Plan, we anticipate the impact of the federal house resolution and related Medicaid cuts to start to impact our community this fall and are facilitating some education with the Oregon Health Plan. It may impact our primary health care clinic serving patients who may go without insurance for a month or two until they meet their requirements again. Our hope is to learn more about that and how we navigate that as an organization to support our community.

2. May Revenue Cycle Report

Colene Hickman, Revenue Cycle Director, summarized the report for the month of May. Accounts Receivable (AR) Days, are now at 47.3, below benchmark, noting this is due in part to providers meeting charting goals. As Mr. Marlowe noted earlier, currently we have approximately $100,000 in pending payments from Medicare Advantage for Emergency Room patient visits, to be escalated to provider relations for action. Cash collections closed at $3.9M in May, and we are pleased to be working

on a new pre-service collections tool for the Patient Access team to continue to support this effort. The Revenue Cycle team is also working with the Oregon Health Plan (OHP) in preparation for the impact of federal funding changes that we anticipate to impact our community this fall.

VII. Open Discussion

None.

VIII. Executive Session

At 7:52 p.m. the Board moved to Executive Session Under Executive Session Under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations, under ORS192.660(7) to consider employment of an officer, employee, staff member, or agent, and under ORS192.660(2)(e) to conduct deliberations with persons designated to negotiate real property transactions. No decisions will be made in Executive Session.

Others were excused at this time. **Remaining in attendance:** Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director. **Administration:** Amanda Bemetz, Director Quality Risk & Compliance; Alden Forreser, MD, CMO; P.J. Keizer, MD, Medical Staff Chief of Staff. **Via Remote Link:** Raymond Hino, CEO; **Absent:** Pamela Hansen, Treasurer/Foundation Liaison. **Others in attendance:** Kim Russell, Executive Assistant. **Press:** None.

IX. Return to Open Session

At 8:09 p.m. the meeting returned to Open Session.

. **1. Consideration of Executive Session Minutes from 05/28/26**

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

2. Consideration of Reports from Executive Session
   a. Quality, Risk & Compliance Report
   b. Medical Staff Report

Bob Pickel **moved** to accept the Quality, Risk and Compliance Report and the Medical Staff Credentialing Report as presented in Executive Session. Mary Schamehorn **seconded. All in favor. Motion passed.**

3. Consideration of Real Property Negotiations

Mary Schamehorn **moved** to proceed with real estate negotiations and pursuit of financing options as reviewed in Executive Session. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

X. Adjournment

The meeting adjourned at 8:10 p.m. The next regular meeting will be held on July 23 at 6:00 p.m. at Southern Coos Hospital & Health Center.

Thomas Bedell, Chairman 7-23-2026

Mary Schamehorn, Secretary 7-23-2026

Southern Coos Health District
Board of Directors Emergency Meeting
Open Session Minutes
July 8, 2026

I. Open Session Call to Order at 5:00 p.m.

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pam Hansen, Treasurer (joining after call to order); Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director. **Administration:** Raymond Hino, CEO. **Via Remote Link**: Kelley Frengle, Interim HR Director. **Others in attendance:** Robert S. Miller, III, Legal Counsel. **Press:** None.

II. Executive Session

At 5:02pm Mr. Bedell moved the meeting to Executive Session under ORS 192.660(2)(b) to consider dismissal, or discipline of, or to hear charges or complaints against an officer, employee, or staff member, or agent if the individual does not request an open meeting. No decisions will be made in Executive Session. Pam Hansen, Treasurer joined the meeting.

III. Return to Open Session

At 6:04pm the board reconvened in open session. Chairman Bedell stated for the public record that the Board of Directors and Administration had a good discussion regarding personnel issues that had been brought forward to the Board. The Board reinforces that it has full confidence in the CEO to move forward with processes discussed in Executive Session. The CEO will report back to the Board on actions accomplished as a result of tonight's meeting and the Board will make any necessary decisions at that time.

IV. Adjournment

The meeting adjourned at 6:07 p.m. The next regular meeting will be held on July 23 at 6:00 p.m. at Southern Coos Hospital & Health Center.

Thomas Bedell, Chairman 7-23-2026

Mary Schamehorn, Secretary 7-23-2026

Southern Coos Health District

Board Calendar
FY 2026-2027

2026

July
6:00 Board Meeting 7/23

August
6:00 Board Meeting 8/27

September
6:00 Board Meeting 9/24

October
4:30pm Finance Committee 10/22
6:00 Board Meeting 10/22

November
6:00 Board Meeting 11/19*
***Holiday Thursday 11/26**

December
6:00 Board Meeting 12/17*
***Holiday Thursday 12/24**

** Regular meetings are held the 4th Thursday of each month except November and December when rescheduled due to winter holidays.*

2027

January
4:30 Finance Committee 1/28
6:00 Board Meeting 1/28

February
6:00 Board Meeting 2/25

March
6:00 Board Meeting 3/25

April
4:30 Finance Committee 4/22
6:00 Board Meeting 4/22

May
Budget Committee TBA
6:00 Board Meeting 5/27

June
6:00 Board Meeting & Budget Hearing 6/24

Southern Coos Health District Bylaws
Amended March 27, 2025

Article I Scope and Purpose

1. **Nature of District**
   Southern Coos Health District is a municipal corporation of the State of Oregon which is organized, existing and exercising the powers and functions of a health district under Oregon laws relating to municipal corporations, special districts and health districts as approved by public vote in 1955. These bylaws are subject to applicable provisions of Oregon Revised Statutes relating to units of local government and health care facilities, including government ethics, public records and meetings, local budgets, public purchasing and contracting, and district elections, as they now exist or may hereafter be amended. In any cases of conflict, Oregon law supersedes these bylaws.
   a. Amendment and Repeal. The Bylaws may be changed by a majority vote of the Board at any meeting of the Board of Directors.
   b. Suspension. Any provision of these Bylaws may be suspended by the unanimous consent of the Board Members at any duly constituted meeting of the Board of Directors.

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

Article II District Board

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

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

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

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

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

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

Article III Meetings of the Board

1. All meetings of the Board shall be conducted in accordance with the requirements of Oregon law.

2. District Boards must have a quorum in order to have an official meeting. A quorum shall consist of three (3) members which shall be sufficient to transact business. In Oregon, it takes a majority of the entire membership of the board to adopt a motion, resolution or ordinance or take any other action. A majority of a quorum is insufficient. This means that three affirmative votes on a five person board are required to pass a motion. All official business of the board shall be conducted only during said regular or special meetings at which a quorum is present and all said meetings shall be open to the public, except for executive sessions.

3. The agenda for Board meetings shall be developed by the Chair of the Board. Any Director may request a matter be added to the next regular meeting of the Board for which there is sufficient time to fully comply with all notice and agenda posting requirements. Board

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

4. **Regular Meetings:** The District Board shall hold at least one regular meeting each month at the Hospital or at such other location as determined by the Board. Notice of time and place designated for all regular meetings shall be posted in a public place and public notice provided at least 48 hours before the meeting by whatever means is considered most efficient and effective. Notice of changes of date or time or place of regular meetings shall be posted as above providing at least three (3) days prior to such meeting if possible.

5. **Special Meetings:** Special meetings of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place. The notice will include the principle subjects to be discussed.

6. **Executive Sessions:** Executive sessions of the Board may be called by the Chair, or the CEO or upon the written request of any two members of the Board. Executive sessions must conform to Oregon law, which limits the purposes for which such sessions may be called. Sufficient notice of any special meeting shall be made by email or phone to each Board member at least two (2) days before the date of such meeting. In addition, notice must be posted in a public place and public notice provided by whatever means is considered most efficient and effective at least 24 hours in advance of the meeting date, time and place. The Oregon Ethics Commission may investigate claims of violations of Executive Session laws on its own without necessarily receiving a complaint.

7. **Emergency Meetings:** An emergency meeting may be called and held in the same manner as a special meeting, except that the notice may be given less than 24 hours prior to the meeting and the Board shall place in the minutes the reason for the emergency.

8. Any member of the Board, or any committee established by the Board, may participate in the meeting gathering in a physical location, using electronic, video or telephonic technology, in order to communicate among participants.

9. A quorum of the members of the Board shall not, outside of a meeting conducted in compliance with Oregon Public Meetings Law, use a series of communications of any kind, directly or through intermediaries, for the purpose of deliberating toward a decision. This includes the following types of communications: in-person, telephone calls, videos, video-conferencing, written communications (including electronic written communications), use of intermediaries.

Article IV Board of Directors

1. **Authority**

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

2. **Duties and Fiduciary Responsibilities**

a. The Board of Directors shall have responsibility for the oversight of operations, affairs of the District, and its facilities according to the best interests of the District.
   1) Duty of Care. Directors shall exercise proper diligence in their decision-making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.
   2) Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.
   3) Duty of Obedience. Directors shall be faithful to the underlying purposes and mission of the District.
   4) Fiduciary duty. Directors act in the best interests of the District.
   5) If it is determined, by majority vote of the Board of Directors in office at that time, that a Director has violated any of their duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article IV Section 6.

b. Upon the recommendation of the medical staff executive committee and the CEO the Board of Directors shall approve membership of the Medical Staff as well as the bylaws for the governance of the Medical Staff as provided in Article 7 of the District Bylaws. The Board of Directors may delegate certain powers to the Medical Staff and other adjunct organizations in accordance with the Medical Staff Bylaws.

c. Review and approve the Hospital's and clinic's Quality Assurance Program. Responsible for the quality of care rendered to patients by both the medical and professional staff.

d. Responsible for the financial soundness and success of the organization, and for strategically planning its future. It shall, upon recommendations of the Budget and Finance Committees review the annual operating budget and capital expenditures, and evaluate and approve financial statements for all financial matters of the District.

e. Hire the Chief Executive Officer (CEO) and approve the plans and budgets by which the CEO will accomplish the quality, financial and strategic goals of the Board.

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

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

3. **Officers**

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

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

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

4. **Resignations**

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

5. **Vacancy**

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

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

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

Article V Committees

1. **Committees and Powers**

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

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

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

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

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

f. Qualifications for committee members will be as follows:

1) Committee members need not be residents of the district.

2) Neither district employees nor persons having a contractual relationship with the district may serve on district committees as public members.

g. Board members may suggest persons for committee membership.

h. The district will give public notice of committee vacancies.

i. The board may, by majority vote, remove a member of the public from a district committee prior to the expiration of the term of office.

j. Committees and their members have no authority to represent the district's official position on any matter except by express and explicit approval of the board for such.

2. **Standing Budget Committee**

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

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

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

a. The Committee meets monthly to consider all matters concerning the clinical and safety operations of the facilities, the Medical Staff Bylaws, credentialing and privileges of medical staff, and other matters concerning professional practice.

b. The Committee ensures the quality of care rendered in the District's facilities is at the highest level when compared to national standards and that actions are taken on behalf of the Board to ensure the safety and well-being of the citizens served. The duties of the Committee shall include but are not limited to:

1) Regularly review and approve the systems annual and long-term quality assurance plans to ensure the identification, assessment, and resolution of patient care issues.

2) Review, assess and establish that the system is meeting regulatory and governmental requirements and standards pertaining to the delivery of quality medical care in all its facilities and programs.

3) Monitor institutional liability/risk experience and ensure proper systems are put in place to reduce exposure to loss.

4) Review, assess and establish that credentials of Medical and Allied Health Staff are reviewed and privileges granted are renewed based on demonstrated professional competence and adherence to the bylaws and code of conduct set forth by the Medical Executive Committee.

5) Provide oversight to the development and management of educational endeavors to improve staff performance and skills in the completion of their clinical care responsibilities.

6) Regularly review and assess quality care reports, statistics and programs from Medical Staff and system departments to identify trends or clinical care issues and to recommend stewardship where appropriate.
7) Perform such other duties as assigned by the Board.

c. The Committee also serves as a formal means of liaison to assure effective communication between the Board of Directors and the Medical Staff.
d. The Quality and Patient Safety Committee shall report its findings and recommendations with respect to these issues at ~~to~~ the monthly District Board Meeting.

4. **Standing Finance Committee**

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

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

5. **Additional Standing Committees**

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

6. **Ad Hoc Advisory Committees**

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

Article VI – Administrator

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

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

2. Develop a plan of organization for the personnel involved in the operation of the District facilities and programs, have responsibility for the selection, employment, control, and discharge of employees and the development and maintenance of personnel policies and practices, shall establish means for accountability on the part of subordinates and shall provide for lines of authority and communication within and between District facilities, medical staff, auxiliary, and other personnel.

3. Shall ensure that the established mechanisms relating to the functions of the Medical Staff organization are carried out and to act as the official channel of contact between the District Board and the Medical Staff. The Administrator shall have the following specific powers:
   a. To grant temporary privileges to Medical Staff whenever such action is in the best interest of patient care or safety, or to prevent disruption of its operation.
   b. To summarily suspend all or any portion of the clinical privileges of a member of the medical staff whenever such action must be taken immediately in the best interest of patient care or safety to prevent disruption of District operations.

4. Shall attend meetings of the District Board and shall serve as liaison officer for communications between the District Board, its committees, medical staff, and the Foundation.

5. Shall prepare a proposed strategic plan for approval and adoption of the District Board and shall annually and as needed recommend appropriate modifications to such plan.

6. Shall be responsible for preparation of a proposed annual budget and for carrying out the fiscal policies of the District.

7. Shall pursue a continuing program of education in health care, administrative, and management systems and procedures and may participate in community, state, and national hospital associations and other professional activities.

8. Shall be employed by the District Board and, after receiving and reviewing an annual evaluation, the administrator's compensation shall be determined by the Board.

9. Responsible for continual planning and marketing of District services including program evaluation and development of new services taking into account clearly defined service populations, current technology and financial viability.

Article VII Medical Staff

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

2. **Medical Staff Bylaws**

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

3. **Conflicts with Medical Staff Bylaws**

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

4. **Medical Staff Membership**

a. Membership on the Medical Staff is a privilege which shall be extended only to persons professionally competent in their related fields, licensed to practice in the State of Oregon, and whose education, training, experience, demonstrated competence, references and professional ethics, assures, in the judgement of the District Board, that any patient admitted to or treated in Southern Coos Hospital and Health Clinic will be given high quality professional care. Each applicant and member shall agree to abide by the District Bylaws, Hospital & Clinic Policies and Procedures, Medical Staff Bylaws and Rules and Regulations.
b. The District Board shall review and act upon the advice and recommendations of the Medical Staff, and shall give careful consideration for clinical privileges at our healthcare facilities.
c. Duration. Appointment to the Medical Staff shall be for a maximum term of two (2) years. Medical Staff members shall be reappointed bi-annually in the birth month of the applicant.
d. The Medical Staff will also make recommendations to the District Board concerning appointments, reappointments, alterations of staff status, the granting of clinical appointments, disciplinary actions, other matters relating to professional competency, and such other related matters as may be referred to it by the District Board.

5. **Allied Health Professionals**

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

6. **Accountability**

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

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

Article VIII Indemnification

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

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

Article IX Public Meeting Laws Violation

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

Article X Foundation

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

Amended and adopted March 27, 2025.
Signed:

Thomas Bedell, Chairman

Mary Schamehorn, Secretary

OHSU CONTRACT# 12668

CONTRACT FOR
CASCADE LIFE ALLIANCE
ORGAN PROCUREMENT SERVICES

This is a Contract between Cascade Life Alliance (CLA) and Southern Coos Health dba Southern Coos Hospital & Health Center (ENTITY). Oregon Health & Science University operates the federally designated organ procurement agency known as the Cascade Life Alliance (formerly known as Pacific Northwest Transplant Bank).

WHEREAS, ENTITY represents and warrants to CASCADE LIFE ALLIANCE that (a) ENTITY is non-profit , validly existing and duly authorized to transact business in the State of Oregon, and (b) this Contract shall be a valid and binding obligation of ENTITY enforceable in accordance with its terms; and

WHEREAS, Centers for Medicare and Medicaid Services (hereinafter referred to as CMS) of the U.S. Department of Health and Human Services Conditions of Participation for Hospitals and for Organ Procurement Organizations (OPOs), as well as Joint Commission standards mandate certain activities to promote and support organ donation and transplantation; and

WHEREAS, procurement of deceased donor organs and tissue is critical to meeting the patient demand for transplantation; and

WHEREAS, CMS, has determined the geographical area to be served by CASCADE LIFE ALLIANCE as:

(a) all counties in the State of Oregon; and
(b) the following counties in the State of Washington: Clark, Cowlitz, Skamania and Walla Walla; and
(c) the following counties in the State of Idaho: Ada, Adams, Boise, Canyon, Gem, Payette, Valley and Washington; and

WHEREAS ENTITY falls within the geographic area listed above and agrees to comply with the federal rules listed above;

NOW, THEREFORE, CASCADE LIFE ALLIANCE and ENTITY agree that services under this Agreement shall be maintained in accordance with CMS rules.

PURPOSE:	OHSU operates the federally designated organ procurement entity known as the Cascade Life Alliance. The purpose of this Contract is to define the rights and obligations of CASCADE LIFE ALLIANCE and of ENTITY, whereby, CASCADE LIFE ALLIANCE and ENTITY each desire to work together for the procurement of deceased donor organs to meet the critical needs of patient demands for organ transplantation.

SCOPE OF WORK:

1. **RESPONSIBILITIES OF CASCADE LIFE ALLIANCE**

a) CASCADE LIFE ALLIANCE shall adhere to the rules and regulations established and amended, from time to time, by the Organ Procurement and Transplantation Network (OPTN), which includes twenty-four (24) hour organ procurement services including evaluation of every potential donor for medical suitability, clinical management of the potential donor to ensure optimal organ viability, coordination of organ recovery processes, organ allocation, and organ recovery.
b) CASCADE LIFE ALLIANCE shall offer ENTITY with periodic education opportunities hospital medical and nursing staff members regarding organ donation.
c) CASCADE LIFE ALLIANCE shall offer Designated Requestor training annually.
d) CASCADE LIFE ALLIANCE shall provide only qualified, trained individuals to perform organ procurements.
e) Upon pronouncement of death and consent for organ donation, CASCADE LIFE ALLIANCE will reimburse ENTITY reasonable costs and customary charges at negotiated OR at discounted rates associated with donor evaluation, maintenance and surgical recovery of donor organs and tissues.
f) CASCADE LIFE ALLIANCE shall provide information to ENTITY staff and the donor family regarding the outcome of donation.
g) CASCADE LIFE ALLIANCE shall provide reports containing referral and donor activity as requested and/or required by ENTITY.
h) CASCADE LIFE ALLIANCE shall collaborate with entity as needed to assist them in the development of organ donation protocols, policies and practices, including Donation after Cardiac Death (DCD), as required by CMS rules.

2. **RESPONSIBILITIES OF ENTITY**
   a) ENTITY shall refer all ventilated patients for which death is imminent to the donor referral line to fulfill the Medicare Conditions of Participation, as articulated in CMS rules. ENTITY must make the referral in a timely manner in order to allow CASCADE LIFE ALLIANCE to adequately evaluate the patient for medical suitability. A timely referral is one that occurs as soon as the patient meets the mutually agreed upon clinical trigger/imminent death criteria and prior to the withdrawal or deceleration of life sustaining therapies, as set forth in more specific detail in ENTITY policy.
   b) ENTITY shall, subject to patient, patient's legal guardian or healthcare representative's choice (as appropriate), and ENTITY's mission and core values, maintain potential organ donors adequately to ensure organ viability until CASCADE LIFE ALLIANCE determines medical suitability.
   c) ENTITY shall work collaboratively with CASCADE LIFE ALLIANCE to ensure families are given time to understand brain death before being offered the option of donation.
   d) ENTITY shall adopt and implement a protocol, policy or practice for DCD to allow for the recovery of organs after the withdrawal of life sustaining therapies. If no written process exists prior to a DCD opportunity, ENTITY healthcare team will meet with CASCADE LIFE ALLIANCE team to develop a plan for the DCD opportunity.
   e) If applicable to the ENTITY's facility, ENTITY shall provide staff and services to assess and maintain organ viability and assist with organ recovery in the operating room on a 24/7 basis.
   f) ENTITY shall, in accordance with all applicable confidentiality laws, provide CASCADE LIFE ALLIANCE paper, electronic and remote access to medical records, including death records, per the federal Medicare Conditions of Participation.
   g) ENTITY shall, maintain books, records, documents and other evidence and accounting procedures and practices sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred during the performance of this Contract. The Federal Government, CASCADE LIFE ALLIANCE and their duly authorized representatives, have access to the books, documents, papers and records of ENTITY that are directly pertinent to this Contract for the purpose of making audit, examination, excerpts and transcripts. Such books and records shall be maintained by ENTITY for three (3) years from the date of Contract expiration unless a shorter period is authorized in writing. ENTITY is responsible for any audit discrepancies involving deviation from the terms of this Contract and for any commitments or expenditures in excess of amounts authorized by CASCADE LIFE ALLIANCE

CONFIDENTIALITY

In order to carry out its organ and tissue donation and transplantation obligations as an OPO, CASCADE LIFE ALLIANCE and its employees, agents, and representatives will have access to individually identifiable health information maintained by the ENTITY, including patient names and other medical information, that may be in electronic, oral, or written form. In carrying out these obligations, CASCADE LIFE ALLIANCE may need to disclose individually identifiable health information obtained from the ENTITY for the purposes of facilitating the donation of organs and/or tissues pursuant to this Agreement. The parties agree that any such information shared between the parties shall be kept confidential in accordance with all laws and regulations and will not be disclosed except as necessary to carry out their duties under this Agreement or as permitted or required by law, regulation, or the policies and bylaws of the Organ Procurement Transplantation Network. The accessing of any such individually identifiable health information by the parties pursuant to this Agreement is permitted under 45 CFR 164.512(h). The ENTITY acknowledges that CASCADE LIFE ALLIANCE is not a "covered entity" or "business associate" as those terms are defined under the Health Insurance Portability and Accountability Act of 1996.

TERM OF CONTRACT	This Contract shall be effective upon the date of the last signature ("Effective Date") and shall remain in effect for an initial term of five years. Thereafter, this agreement shall automatically renew for successive one-year periods, or until terminated by ninety (90) days advance written notice and delivered by certified mail or in person to the other party. (Work cannot begin prior to the execution of this contract.) If applicable, this Contract supersedes and replaces the Agreement signed 06/17/2021 OHSU contract number 21-26-57 between the parties.

NOTICES AND REPRESENTATIVES: PLEASE REFERENCE THE OHSU CONTRACT NUMBER ON ALL DOCUMENTS SENT TO OHSU PURSUANT TO THIS CONTRACT.

Any notice or other communication required or permitted to be given by either Party to the other pursuant to this Contract shall be in writing and delivered by personal delivery or sent postage prepaid by registered or certified mail or by overnight courier, addressed to the other Party at the address set forth below or such other address designated hereafter in writing by notice given in accordance with this paragraph.

Notice shall be considered given and effective (i) upon delivery if personally delivered, or (ii) if sent by registered or certified mail or overnight courier as described above, upon the date the return receipt or courier documentation shows the notice or communication was accepted, refused or returned undeliverable.

CONTACT INFORMATION	OHSU DEPARTMENT	CONTRACTING & NOTICES ADDRESS
Name: **Title:** **Mailing address:** **(Include mail code)** **Phone:** **Fax:**	Craig Van De Walker Executive Director Cascade Life Alliance Oregon Health & Science University Hospital 3181 SW Sam Jackson Park Road Portland, OR 97239 503-494-5560 503-494-4725 cc: Sondra Tootell 503.494.2881 tootells@ohsu.edu	Greg Sabatka Contract Coordinator Contracting Services Group, MC104 Oregon Health & Science University 3930 SW Macadam Ave Portland, OR 97239 503-494-4768 503-494-6937 sabatka@ohsu.edu

ENTITY CONTACT INFORMATION	ENTITY CONTRACTING or SIGNATURE AUTHORITY	ENTITY CONTACT (In Addition to Contracting or Signature Authority)
Name: **Title:** **Mailing address:** **Phone:** **Fax:** **Email:**	Raymond T. Hino CEO 900 11th Street SE Bandon, OR 97411 541-347-2426 541-551-1649 rhino@southerncoos.org	Cori Valet Chief Nursing Officer 900 11th Street SE Bandon, Oregon 97411 541-34 7 -2426 541-347-0507 jvalet@southerncoos.org cc: Kim Russell Executive Assistant 541-329-1031 krussell@southerncoos.org
ENTITY TAX IDENTIFICATION NUMBER	936013768	

CONFLICTING PROVISIONS: This Contract, the Terms and Conditions, and all of the exhibits, schedules, and documents attached hereto are intended to be read and construed in harmony with each other, but in the event any provisions in any attachment conflict with the provisions of this Contract, then this Contract shall control, and such conflicting provision shall be deemed removed and replaced with the governing provision herein.

CONTRACT TERMS & CONDITIONS

1. **RELATIONSHIPS.** OHSU and ENTITY intend that their relationship be that of independent contractors at all times and for all purposes under this Contract. Neither Party shall be considered an agent of the other, nor shall either Party be responsible for any act or omission of the other Party. Each Party is solely and entirely responsible for its acts and the acts of its employees, agents, and subcontractors during the performance of this Contract. No employee or agent of either Party is entitled to any of the benefits provided by the other Party to its employees or agents.

2. **INDEMNIFICATION.** ENTITY agrees to save, defend, indemnify, and hold harmless OHSU and its Board of Directors, officers, agents, and employees from all claims, suits, and actions of any nature resulting from or arising out of the activities or omissions of ENTITY or its subcontractors, agents, or employees acting under this Contract.

3. **INSURANCE.** ENTITY shall maintain in force at its own expense Commercial General Liability insurance with a minimum limit of not less than $2,000,000 per occurrence and $4,000,000 annual aggregate for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract. ENTITY shall also maintain in force at its own expense Professional Liability insurance with a combined single limit of not less than $2,000,000 per occurrence and $4,000,000 annual aggregate for damages caused by error, omission or negligent acts related to any professional services to be provided under this Contract.

These insurance policies, which cannot be excess to a self-insurance program, are to be issued by an insurance company authorized to conduct business in the state or states where ENTITY conducts business, and must also have an A.M. Best rating of A or better. If written on a claims made basis, the commercial general and professional liability insurance shall be maintained for a period of not less than two (2) years following the expiration or termination of this Contract. OHSU and its officers and employees shall be included as an additional insured in these insurance policies.

Before work under this Contract is commenced, ENTITY shall furnish acceptable certificates of insurance as evidence of insurance coverage required by this Contract to OHSU. The certificate(s) shall specify all of the Parties who are additional insureds. If requested, ENTITY or its insurer(s) shall provide complete policy copies to OHSU. The ENTITY shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) required by this Contract without thirty (30) days written notice from the ENTITY or its insurer(s) to OHSU.

OHSU is subject to the provisions and limitations of the Oregon Tort Claims Act ORS 30.260 through 30.300 for tort liability, including personal injury and property damage. These provisions establish OHSU's limits of liability. Per the Oregon Tort Claims Act, OHSU maintains the necessary resources to manage OHSU claims. OHSU will provide a Certificate of Insurance upon request from Contractor.

4. **WORKERS COMPENSATION.** ENTITY, its subcontractors, if any, and all employers providing work, labor or materials under this Contract shall maintain in force at its own expense Workers' Compensation insurance in compliance with applicable state Workers' Compensation laws.

5. **GOVERNING LAW. THIS CONTRACT SHALL BE GOVERNED AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF OREGON**. ANY CLAIM, ACTION, OR SUIT BETWEEN OHSU AND ENTITY THAT ARISES OUT OF OR RELATES TO PERFORMANCE OF THIS CONTRACT SHALL BE BROUGHT AND CONDUCTED SOLELY AND EXCLUSIVELY WITHIN THE CIRCUIT COURT FOR MULTNOMAH COUNTY, OREGON. PROVIDED, HOWEVER, THAT IF ANY SUCH CLAIM, ACTION OR SUIT MAY BE BROUGHT ONLY IN A FEDERAL FORUM, IT SHALL BE BROUGHT AND CONDUCTED SOLELY AND EXCLUSIVELY WITHIN THE UNITED STATES DISTRICT COURT OF OREGON. ENTITY, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.

6. **SEVERABILITY.** In the event that any provision of this Contract is rendered invalid or unenforceable by any law or regulation, or declared null and void by any court of competent jurisdiction, that part shall be reformed, if possible, to conform to law and if reformation is not possible, that part shall be deleted, the remainder of the provisions of this Contract shall, subject to this paragraph, remain in full force and effect.

7. **WAIVER.** The failure of OHSU to enforce any provision of this Contract shall not constitute a waiver by OHSU of that or any other provision.

8. **COMPLIANCE WITH APPLICABLE LAW.** The Parties agree to comply with all federal, state, county and local laws, ordinances and regulations applicable to the work to be performed by OHSU. ENTITY acknowledges that OHSU is a public corporation and is subject to the Oregon Public Records Law (ORS 192) and the provisions and limitations of the Oregon Tort Claims Act ORS 30.260 through 30.300 for tort liability, including personal injury and property damage.

9. **ASSIGNMENT.** ENTITY shall not assign or transfer its rights nor delegate its obligations under this Contract, in whole or in part, without the prior written consent of OHSU.

10. **ACCESS TO RECORDS.** ENTITY shall maintain all fiscal records relating to this Contract in accordance with generally accepted accounting principles and shall maintain any other records directly relating to this Contract. OHSU and its representatives, and if applicable, the federal government and their duly authorized representatives shall have access to such fiscal records and to all other books, documents, papers, plans and writings of ENTITY which relate to this Contract, to perform examination, and audits and make excerpts and transcripts. Except when a longer retention period is specified in this Contract, such books and records shall be maintained by ENTITY for three (3) years from the date of Contract expiration or termination unless a shorter period is authorized in writing.

11. **FORCE MAJEURE.** Neither OHSU nor ENTITY shall be held responsible for delay or default caused by fire, riot, strike, acts of God, or war which is beyond the affected Party's reasonable control. The affected Party shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon cessation of the cause, diligently pursue performance of

its obligations under the Contract. Notwithstanding any other termination provision, either Party may terminate this Contract upon written notice to the other Party after determining such delay or failure is beyond the control of the Party and shall reasonably prevent successful performance in accordance with the terms of the Contract. OHSU may terminate this Contract upon written notice after determining such delay or default shall reasonably prevent successful performance of this Contract.

12. **CONFIDENTIALITY.** All Parties agree that all patient clinical records (PHI) shall be maintained to protect and ensure patient confidentiality, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

13. **THIRD PARTY BENEFICIARIES.** OHSU and ENTITY are the only Parties to this Contract and are the only Parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, directly or indirectly, to third Parties unless such third Parties are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.

14. **ATTORNEY FEES.** In the event any litigation or dispute between OHSU and ENTITY arises out of or in connection with this Contract, each Party shall pay their own attorneys' fees associated with any such proceeding.

15. **FEDERAL AND STATE PROGRAM ELIGIBILITY.** Each Party represents and warrants that it is not Excluded from participation, and is not otherwise ineligible to participate in a "federal health care program," as defined in 42 U.S.C. Section 1320a-7b(f) or in any other government payment program ("Excluded"). In the event either Party is Excluded or becomes otherwise ineligible to participate in any such program during the term of this Contract, the Excluded Party shall notify the other Party in writing within three (3) days after such event. Whether or not such notice is given, either Party may immediately terminate this Contract upon written notice to the other Party.

16. THIS CONTRACT, INCLUDING THE STANDARD TERMS AND CONDITIONS ORGAN PROCUREMENT SERVICES AND ALL OTHER ATTACHMENTS REFERENCED HEREIN, WHICH ARE FULLY INCORPORATED BY THIS REFERENCE, CONSTITUTES THE ENTIRE CONTRACT BETWEEN THE PARTIES. THERE ARE NO UNDERSTANDINGS, CONTRACTS OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY AUTHORIZED REPRESENTATIVES OF BOTH PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE SIGNED BY ALL PARTIES AND SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THE PARTIES, BY THE SIGNATURE BELOW OF THEIR AUTHORIZED REPRESENTATIVES, ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE CONTRACT AND THE PARTIES AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS AND NEITHER PARTY SHALL BE ACCORDED ANY ADVANTAGE OVER THE OTHER BY REASON OF BEING THE DRAFTER OF ANY OF THE LANGUAGE OF THIS CONTRACT.

OHSU DEPARTMENT APPROVAL: By signature below, the OHSU Department approves and agrees to provide the services as outlined in the Scope of Work under this Contract.

4/10/2026

Craig Van De Walker **Date**
Executive Director

By the signature below, ENTITY agrees to the Terms of Service outline in this Contract.

Southern Coos Health District dba Southern Coos Hospital & Health Center

Raymond T. HinoDATE
CEO

OREGON HEALTH & SCIENCE UNIVERSITY

APPROVED AS TO FORM

By Greg Sabatka, Contract Coordinator Greg Sabatka 06-10-26

Contracting Services Group
Approved by Legal and Risk Management
02/04/2026

LIONS VISIONGIFT

2201 SE 11th Avenue, Portland OR 97214 800.843.7793 VisionGift.org

March 28, 2016

Southern Coos Hospital & Health Center
Attn: Charles Johnston, CEO
900 11th Street SE
Bandon, OR 97411

Dear Mr. Johnston,

Enclosed you will find a copy of the updated Eye Procurement Services Contract between Lions VisionGift and Southern Coos Hospital & Health Center, located in Bandon, Oregon. Hospitals have been mandated by the Centers for Medicare & Medicaid's "Conditions of Participation Rule" (CMS rule 42CFR:482.45), implemented on August 21, 1998, to have on file a signed contract between the hospital and each of the procurement agencies in the hospital's service area.

I have enclosed two copies of the updated Agreement. Please sign and return both copies, either hard copy or electronically, and I will return a fully executed copy of the agreement for your records as proof of Southern Coos Hospital & Health Center's compliance with the CMS "Conditions of Participation" rule.

If you have any questions regarding the contract, please do not hesitate to contact me. Thank you.

Sincerely,

Corrina Patzer
Director of Business Development
Lions VisionGift
2201 SE 11th Avenue
Portland, OR 97214
corrina@visiongift.org

enc

CONTRACT NUMBER
037-2016

CONTRACT FOR
LIONS VISIONGIFT
EYE PROCUREMENT SERVICES

This is a Contract between Lions VisionGift, an Oregon non-profit corporation, (LVG), and Southern Coos Hospital & Health Center, located in Bandon, Oregon (hereinafter referred to as ENTITY).

WHEREAS, ENTITY represents and warrants to LVG that (a) ENTITY is a not-for-profit hospital, validly existing and duly authorized to transact business in the States of Oregon, and (b) this Contract shall be a valid and binding obligation of ENTITY enforceable in accordance with its terms; and

WHEREAS procurement of deceased donor organs, eyes and tissue is critical to meeting the patient demand for transplantation; and

WHEREAS LVG operates the federally registered and EBAA Accredited eye donor procurement program in:
(a) All counties in the State of Oregon; and
(b) The following counties in the State of Washington: Clark County

WHEREAS in the Federal Register dated June 22, 1998, HCFA published a final rule that included 42 CFR § 482.45, which specifies Hospital Conditions of Participation for Medicare and Medicaid Programs; and

WHEREAS ENTITY falls within the geographic area listed above and agrees to comply with the federal rules listed above;

NOW, THEREFORE, LVG and ENTITY agree that services under this Agreement shall be maintained in accordance with the CMS Rule 42 CFR § 482.45.

PURPOSE:	Lions VisionGift (LVG) operates the eye donor procurement program within ENTITY service region. The purpose of this Contract is to define the rights and obligations of LVG and of ENTITY, whereby, LVG and ENTITY each desire to work together for the procurement of a deceased donor's ocular tissue to meet patient needs.

SCOPE OF WORK:

1. **RESPONSIBILITIES OF LVG**
   a) LVG will provide eye donor procurement services 24-hours per day, 7 days per week, including evaluation of every potential eye donor for medical suitability.
   b) LVG shall offer to ENTITY periodic education opportunities for hospital medical and nursing staff members regarding eye donation.
   c) LVG shall provide only qualified, trained individuals to perform eye procurements.
   d) LVG shall provide information to ENTITY staff and donor family regarding the outcome of donation.
   e) LVG shall provide reports containing referral and donor activity as requested and/or required by ENTITY.
   f) LVG personnel shall comply with ENTITY'S applicable policies while present at ENTITY facility unless State or Federal regulations require otherwise.
2. **RESPONSIBILITIES OF ENTITY**
   a) ENTITY shall refer all deceased patients to the donor referral line to fulfill the Medicare Conditions of Participation, as articulated in 42 CFR § 482.45 and published in the Federal Register on June 22, 1998. ENTITY must make the referral in a timely manner in order to allow LVG to adequately evaluate the patient for medical suitability. A timely referral is one that occurs as soon as the patient meets the mutually agreed upon clinical trigger/imminent death criteria and prior to the withdrawal or deceleration of life sustaining therapies, and/or within one hour of a patient experiencing cardiac death, as set forth in more specific detail in ENTITY policy.
   b) ENTITY shall work collaboratively with LVG to ensure families are given time to decompress before being offered the option of donation.
   c) ENTITY shall, subject to patient, patient's legal guardian or healthcare representative's choice (as appropriate) and ENTITY's mission and core values, perform appropriate donor maintenance care as directed by the LVG donation specialist.
   d) ENTITY shall, in accordance with all applicable confidentiality laws, provide LVG paper, electronic and remote access to medical records, per the Medicare Conditions of Participation.
   e) ENTITY shall ensure LVG has access to this medical record information (in hard-copy or electronic format) for a period of 10 years following the date of donor recovery.
   f) ENTITY shall, as necessary for LVG to comply with FDA and EBAA regulations, provide a clean, acceptable location for the recovery of ocular tissues within ENTITY facilities.

CONFIDENTIALITY

In order to carry out its eye donation and transplantation obligations as a federally regulated eye bank, LVG and its employees, agents, and representatives will have access to individually identifiable health information maintained by the ENTITY, including patient names and other medical information, that may be in electronic, oral, or written form. In carrying out these obligations, LVG may need to disclose individually identifiable health information obtained from the ENTITY for the purposes of facilitating the donation of eyes and/or tissues pursuant to this contract. The parties agree that any such information shared between the parties shall be kept confidential in accordance with all laws and regulations and will not be disclosed except as necessary to carry out their duties under this contract or as permitted or required by law or regulation. Accessing any such individually identifiable health information by the parties pursuant to this contract is permitted under 45 CFR 164.512(h). The ENTITY acknowledges that LVG is not a "covered entity" or "business associate" as those terms are defined under the Health Insurance Portability and Accountability Act of 1996.

TERM OF CONTRACT	This Contract shall be effective upon the date of the last signature ("Effective Date") and shall remain perpetually in effect until terminated by ninety (90) days advance written notice and delivered by certified mail or in person to the other party. If applicable, this Contract supersedes and replaces any previous Agreement signed between the parties.

INSURANCE	Type required: ☒ CGL ☒ WORKER'S COMPENSATION

NOTICES AND REPRESENTATIVES

All notices, certificates, or communications contemplated by this Contract shall be delivered or mailed postage prepaid to the respective Parties at their respective places of business as identified in the signature block of this Contract or to such other location as designated by notice given in accordance with this paragraph.

Any notice or other communication required or permitted to be given by either Party to the other pursuant to this Contract shall be in writing and delivered by personal delivery or sent postage prepaid by registered or certified mail or by overnight courier, addressed to the other Party at the address set forth below or such other address designated hereafter in writing by notice given in accordance with this paragraph.

Notice shall be considered given and effective (i) upon delivery if personally delivered, or (ii) if sent by registered or certified mail or overnight courier as described above, upon the date the return receipt or courier documentation shows the notice or communication was accepted, refused or returned undeliverable.

LVG CONTACT INFORMATION	**LVG SIGNATURE AUTHORITY**	**LVG CONTRACTING & NOTICES ADDRESS**
Name: **Title:** **Mailing address:** **Phone:** **Fax:** **Email:** **LVG Tax ID**	Barbara Crow Chief Executive Officer Lions VisionGift 2201 SE 11th Avenue Portland, OR 97214 (503) 808-7020 direct line 503-808-7021 fax Barbara@visiongift.org 26-3035522	Corrina Patzer Director of Business Development Lions VisionGift 2201 SE 11th Avenue Portland, OR 97214 (503) 808-7004 direct line (503) 808-7005 fax Corrina@visiongift.org

ENTITY CONTACT INFORMATION	ENTITY SIGNATURE AUTHORITY	ENTITY CONTACT (In Addition to Contracting or Signature Authority)
Name: **Title:** **Mailing address:** **Phone:** **Fax:** **Email:**	Charles Johnston Chief Executive Officer 900 11th Street S.E. Bandon, OR 97411 541.347.2426	
ENTITY TAX IDENTIFICATION NUMBER	93-6013768	

CONTRACT TERMS & CONDITIONS:

CONFLICTING PROVISIONS: This Contract, the Terms and Conditions, and all of the exhibits, schedules, and documents attached hereto are intended to be read and construed in harmony with each other, but in the event any provisions in any attachment conflict with the provisions of this Contract, then this Contract shall control, and such conflicting provision shall be deemed removed and replaced with the governing provision herein.

ANY CHANGE, AMENDMENT, OR MODIFICATION TO THE TERMS AND CONDITIONS OF THIS CONTRACT MUST BE NEGOTIATED IN WRITING WITH THE CONSENT OF ALL PARTIES.

THIS CONTRACT CONSTITUTES THE ENTIRE CONTRACT BETWEEN THE PARTIES. THERE ARE NO UNDERSTANDINGS, CONTRACTS OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY AUTHORIZED REPRESENTATIVES OF BOTH PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE SIGNED BY ALL PARTIES AND SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THE PARTIES, BY THE SIGNATURE BELOW OF THEIR AUTHORIZED REPRESENTATIVES, ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE CONTRACT AND THE PARTIES AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS AND NEITHER PARTY SHALL BE ACCORDED ANY ADVANTAGE OVER THE OTHER BY REASON OF BEING THE DRAFTER OF ANY OF THE LANGUAGE OF THIS CONTRACT.

Lions VisionGift, an Oregon Non-profit Corporation

Barbara L. Crow 04/06/2016

Barbara Crow DATE
Chief Executive Officer

Southern Coos Hospital & Health Center, an Oregon non-profit hospital

3/31/16

Charles Johnston DATE
Chief Executive Officer

In 2023 CBC/CTS Rebranded to Solvita; they have been contacted for an updated contract. Until their response, this document remains active.

Community Tissue Services
A DEPARTMENT OF COMMUNITY BLOOD CENTER

www.cbccts.org

ISO 9001-2000 Registered

MAIN OFFICE

349 South Main St.
Dayton, Ohio 45402-2715
(937) 222-0228
1-800-684-7783
FAX (937) 461-4225

BRANCHES

390 East Park Center Blvd.
Suite 120
Boise, ID 83706
1-866-284-7783
(208) 389-2194
FAX (208) 345-8058

328 S. Adams Street
Fort Worth, Texas 76104
1-800-905-2556
(817)332.1898
FAX (817) 332.1958

3425 North First St.
Suite 103
Fresno, California 93726
1-800-201-8477
(559) 224-1168
FAX (559) 229-7217

3450 N. Meridian St.
Indianapolis, Indiana 46208
1-800-984-7783
(317) 916-5254
FAX (317) 916-5255

16361 N.E. Cameron Blvd.
Portland, Oregon 97230
1-800-545-8668
(503) 408-9394
FAX (503) 408-9395

2736 Holland-Sylvania Rd.
Toledo, OH 43615
1-866-684-7783
(419) 536-4924
FAX (419) 536-4973

Accredited by American Association of Tissue Banks

AFFILIATION AGREEMENT FOR TISSUE PROCUREMENT Between COMMUNITY BLOOD CENTER COMMUNITY TISSUE SERVICES And SOUTHERN COOS GENERAL HOSPITAL

This is an agreement by and between Community Blood Center/Community Tissue Services (hereinafter referred to as CTS) and SOUTHERN COOS GENERAL HOSPITAL, located in Bandon, Oregon (hereinafter referred to as **SOUTHERN COOS GENERAL HOSPITAL)**

WITNESSETH

WHEREAS procurement of deceased donor tissues is critical to meeting the patient demand for transplantation; and

WHEREAS Community Blood Center operates the tissue procurement agency known as Community Tissue Services; and

WHEREAS the geographical area to be served by CTS as:

(a) all counties in the State of Oregon; and
(b) the following counties in the State of Washington: Clark, Cowlitz, Skamania and Walla Walla; and
(c) the following counties in the State of Idaho: Ada, Adams, Boise, Canyon, Gem, Payette, Valley and Washington; and

WHEREAS in the Federal Register dated June 22, 1998, CMS published a final rule that included 42 CFR Ş 482.45, which specifies Hospital Conditions of Participation for Medicare and Medicaid Programs; and

WHEREAS **SOUTHERN COOS GENERAL HOSPITAL** falls within the geographic area listed above and agrees to comply with the federal rules listed above:

NOW , THEREFORE, **CTS** and **SOUTHERN COOS GENERAL HOSPITAL** agree as follows:

The parties agree that services under this agreement will be maintained in accordance with CMS Rule 42 CFR Ş 482.45.

I. RESPONSIBILITIES

A. **CTS** will:

1. Adhere to the rules and regulations established by the American Association of Tissue Banks (AATB).

2. Provide 24-hour tissue procurement services including evaluation of every potential donor for medical suitability, coordination of tissue recovery and tissue recovery.

3. Provide **SOUTHERN COOS GENERAL HOSPITAL** with periodic education to hospital medical and nursing staff members regarding tissue donation.

4. Provide required training for hospital staff to be designated requestors.

5. Keep confidential all hospital and patient information, reports, memos and other data obtained from **SOUTHERN COOS GENERAL HOSPITAL** or created by **CTS**.

6. Provide only qualified, trained individuals to perform tissue procurements.

7. Provide information to **SOUTHERN COOS GENERAL HOSPITAL** staff and donor family regarding the outcome of donation.

8. Provide reports containing referral and donor activity as requested and/or required by **SOUTHERN COOS GENERAL HOSPITAL**.

B. **SOUTHERN COOS GENERAL HOSPITAL** will:

1. Refer all patients for which death is imminent to the donor referral line to fulfill the Medicare Conditions of Participation, as articulated in 42 CFR Ş 482.45 and published in the Federal Register on June 22, 1998.

2. Work collaboratively with **CTS** to ensure families are given time to understand death before being offered the option of donation.

3. Provide **CTS** access to medical records per the Medicare Condition of Participation for the purpose of developing performance improvement strategies.

4. Keep confidential all hospital and patient information, reports, memos and other data obtained from **CTS** or created by **SOUTHERN COOS GENERAL HOSPITAL**.

II. GENERAL PROVISIONS

A. Term of Agreement

This agreement shall become effective upon signature of all parties and shall remain in perpetual effect unless terminated by either party. Sixty (60) days advance written notice to either party is required for termination.

B. Modification or Amendment

This agreement shall not be modified or altered except in writing with the consent of all parties.

C. Relationship

CTS and **SOUTHERN COOS GENERAL HOSPITAL** intend that the relationship of the parties to this Agreement shall be that of independent contractors.

D. Waiver

The failure of any party/parties to this Agreement to enforce any provision of this Agreement shall not constitute a waiver of any other provision of this Agreement.

E. Applicable Law

This Agreement shall be governed and construed in accordance with the laws of the State of Oregon.

F. Notices and Representations

All notices, certificates or other communications rendered shall be sufficiently given when delivered or mailed postage prepaid to the representatives of the parties at their respective places of businesses set forth on the last page of this Agreement.

G. Severability

The parties agree that if any item or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

H. Consideration

The consideration paid in this Agreement represents the total amount of remuneration for all services.

I. Indemnification

SOUTHERN COOS GENERAL HOSPITAL shall indemnify and hold harmless **CTS**, its officers, agents, employees and members from all claims, suits, and actions of whatsoever nature resulting from or arising out of the activities of **SOUTHERN COOS GENERAL HOSPITAL** or its subcontractors, agents or employees acting under this agreement.

CTS shall indemnify and hold harmless **SOUTHERN COOS GENERAL HOSPITAL** its officers, agents, employees and members from all claims, suits, and actions of whatsoever nature resulting from or arising out of the activities of **CTS** or its subcontractors, agents or employees acting under this agreement.

J. Patient Confidentiality

All parties agree that all patient clinical records will be maintained to protect and ensure patient confidentiality.

K. Previous Agreements

The Agreement supersedes and replaces any previous verbal or written agreement(s) between the parties.

L. Merger Clause

THIS AGREEMENT CONSTITUES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION OR CHANGE OF TERMS OF THIS AGREEMENT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. SUCH WAIVER, CONSENT, MODIFICATION OR CHANGE, IF MADE, SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THEE ARE NO UNDERSTANDINGS, AGREEMENTS OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT. THE PARTIES, BY THE SIGNATURE OF THEIR AUTHORIZED REPRESENTATIVES, HEREBY ACKNOWLEDGE THAT THEY HAVE READ THIS AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized representatives as of the date last below written.

Community Blood Center
Community Tissue Services
16361 NE Cameron Blvd.
Portland, OR 97230

Diane Wilson 6/26/03
Diane Wilson Date
COO Tissue Services

Mark J Smith 6/23/03
Mark J. Smith Date
Director

SOUTHERN COOS GENERAL HOSPITAL
640 West Fourth
Bandon, OR 97411

6/18/03
Officer Date
Title CEO

Master Facility Plan Update

DATE: July 17, 2026
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Master Facility Plan Update

Summary

With the final presentation of the Master Facility Plan by our Project Manager, Joe Kunkel and our architecture team at Davis Partnership in April, we are now turning our attention to securing property for expansion of building facilities and financing for new construction. Here are our updates for this month.

Property

Discussions are underway to acquire additional property adjacent to the property lines of Southern Coos Hospital & Health Center. Final details will be brought back to the Board when ready. Most likely for our next Board meeting in August.

Financing

We are evaluating a three (3) opportunities for financing new construction, that will most likely be used to compliment each other, rather than trying to secure financing from1 source only. The 3 opportunities are: Long term financing through a Federal Program, such as USDA, Charitable Contributions through a Capital Fundraising Campaign, including grants and major gifts, and finally, the possibility of a tax measure in the future. Funds have been allocated to professional assistance to help the SCHHC leadership evaluate each of these potential opportunities.

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, July

Management Changes:

- Our third and final CFO-COO candidate interview is taking place on Friday, July 24. I anticipate making a hiring decision quickly after that last interview. Our plan is still to have a new CFO-COO in place before Cam Marlowe completes his Interim CFO assignment on August 30, so that the 2 will have time to work together on next month's Board and Finance reports.

- We continue to interview candidates for our HR Director position. My goal is to make a decision on a new HR Director before the end of August with a start date in September. In the meantime, Kelley Frengle is doing a great job as our Interim HR Director.

Federal/State Funding – Rural Health Transformation Program Funds

- As previously reported, Southern Coos Hospital is due to receive $963,000 as an Immediate Impact Award under the Rural Health Transformation Program. The funds will be used for the following:

    - Improvements to our Emergency Department, including the creation of a behavioral health safe room.
    - Expansion of our School Nurses Program, including the addition of a mobile van and creation of a School Based clinic, to create a revenue producing center for our School Nurse Program.
    - Replacement of surgical equipment for colonoscopies and upper GI procedures and continued support for our surgical services program.

- There is one (1) additional opportunity for SCHHC through the Rural Health Transformation Program. That additional opportunity is to join with ten (10) other independent rural hospitals in Oregon, for the creation of a Clinically Integrated Network (CIN). The name of our Oregon Clinically Integrated Network is the Oregon Cascade High Value Network. I have been meeting with our legislators at both the State of Oregon and in Washington, DC to request assistance with our CIN application for approval in the Healthcare Market Oversight (HCMO) process. Thank you to State Representative, Court Boice, U.S. Representative, Val Hoyle and U.S. Senator, Jeff Merkley for your time and your staff's time to hear our concerns regarding this process.

Surgery Department:

- I am excited to report that we will be performing our first podiatric (foot) surgery this month by new Bandon Podiatrist, Dr. Ahmad Namous. This represents and expansion of our surgical services to include podiatry in addition to general surgery.

Chief Medical Officer Report

To: Southern Coos Health District Board of Directors
From: Alden Forrester, MD, MBA Chief Medical Officer
Re: CMO Report for SCHD Board of Directors, July 2026

New Surgeons

General surgeons Drs. Monte Stewart and Matthew Hiesterman are recommended to the Board by the medical staff for approval of privileges. If approved, Dr. Stewart is scheduled to start seeing patients in late August as we transition from Dr. Schulte. Dr. Hiesterman is scheduled to start in September and the two of them will alternate months.

National Health Service Corps Update

Our applications for our hospital and clinic to become National Health Service Corps sites are under review. The initial review indicated that our current patient assistance policy does not align with the requirements for a National Health Service Corps site. We plan to submit a new policy that aligns with the requirements. There was also a request for some additional documentation of required signage which is easily fixed.

Tick Talk

By fortuitous circumstance, an epidemiologist from the Oregon Health Department was in Bandon last week doing field work on local ticks and asked if he could give a talk on tick-borne diseases affecting humans in Oregon. We were happy to accommodate him and hosted a lunchtime talk on Wednesday the 15th in our conference room for local clinicians including those not affiliated with Southern Coos. The talk was educational, and a nice opportunity for the medical community of Bandon and the surrounding areas to meet each other.

Med Saff Office Update

For several years now Michele Winchell has been a one-woman band taking care of all the details required to keep our med staff office running with all the required credentialling and certification details accounted for and moving through the proper channels. I am very grateful to have someone with her expertise working at Southern Coos.

For much of her six years here we have had no backup plan in place should Michele need to step away from her duties for any reason. This is a concern given that Michele's work is crucial to the functioning of Southern Coos. Recently, Kerry Vincent expressed interest in training with Michele part-time to serve as a backup if needed. In my opinion, this is an ideal solution as it allows us to train someone already employed by Southern Coos without incurring the expense of creating and hiring for a new position. This cross-training has already begun, and Michele reports it is going very well. My thanks to Kerry for her willingness to cross-train.

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, July 2026

Financial Statement for June

The net change in position for retail pharmacy in June was $50,623 compared to ($30,163) in May.

The bad news is that the main reason for the significant positive change in position was an adjustment of $55,900 in inventory value based on year-end physical inventory data. This is reflected in the profit and loss statement as a one-time decrease in drug costs applied to the month of June.

The good news is that even if you remove the adjustment, the operating loss for the month of June was only $5,277, which is the lowest operating loss of any month so far. Please see Appendix A for more detail.

Director of Pharmacy Search

We continue to vet internal and external candidates for the position. There is not yet a clear front runner. At the time of this writing, we do not have a firm departure date for Jeremy Brown.

Dan Rackham Consulting

Dan Rackham was engaged in a limited consulting role to identify areas where we can improve our pharmacy's financial position. His report is expected by the end of this month.

Cost Check

Medications are available from a wide variety of manufacturers and wholesalers at different prices. To make it more complicated, some insurances pay more for one version of a medication compared to another. This creates many possible price-to-reimbursement ratio possibilities. Cost Check is a subscription service that will help us identify the most advantageous medications to purchase from a price-to-reimbursement ratio perspective, which should improve the profit margin for our pharmacy. This service should be operational by the time you read this.

Contract Pharmacy Operations

We are now live with our Coos Bay and North Bend Safeway contract pharmacies. This means that if a patient fills a prescription written by one of our clinicians at one of those pharmacies, we will receive payment for allowing the pharmacy access to our 340b pricing. This is expected to provide additional revenue. We have reached agreement with Kroger to add the Coos Bay Fred Meyer store as a contract pharmacy as well, and due to excellent work by Christina Harner and Jeremy Brown were able to add that store to our contract pharmacy list even though we received the contract back from Kroger with literally only a few hours to spare before the registration deadline.

Appendix A

Southern Coos Health District
PHARMACY-RETAIL (OP)

Southern Coos Hospital & Health Center
Profit & Loss Statement
As of June 30, 2026

	Month To Date 06/30/2026				07/01/2025 Through 06/30/2026			
	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	-	90,291	(90,291)	(100.0) %	-	713,300	(713,300)	(100.00) %
Outpatient Revenue	-	90,291	(90,291)	(100.0) %	-	713,300	(713,300)	(100.00) %
Retail Pharmacy Revenue								
3020 - RETAIL PHARMACY REVENUE	814,207	-	814,207	100.0 %	6,624,236	-	6,624,236	100.00 %
Retail Pharmacy Revenue	814,207	-	814,207	100.0 %	6,624,236	-	6,624,236	100.00 %
Total Patient Revenue	**814,207**	**90,291**	**723,916**	**801.8 %**	**6,624,236**	**713,300**	**5,910,936**	**828.67 %**
Total Deductions	**592,484**	**-**	**592,484**	**100.0 %**	**4,842,593**	**-**	**4,842,593**	**100.00 %**
Net Patient Revenue	**221,724**	**90,291**	**131,432**	**145.6 %**	**1,781,642**	**713,300**	**1,068,343**	**149.77 %**
Total Operating Revenue	**221,724**	**90,291**	**131,432**	**145.6 %**	**1,781,642**	**713,300**	**1,068,343**	**149.77 %**
Total Operating Expenses								
Total Labor Expenses								
Salaries & Wages	39,487	40,446	(959)	(2.4) %	425,884	485,072	(59,188)	(12.20) %
Benefits	6,909	7,974	(1,065)	(13.3) %	69,242	97,014	(27,772)	(28.62) %
Total Labor Expenses	46,396	48,420	(2,024)	(4.2) %	495,126	582,086	(86,960)	(14.93) %
Purchased Services								
4113 - CONSULTING FEES	4,800	-	4,800	100.0 %	4,800	-	4,800	100.00 %
4500 - PURCHASED SERVICES	609	-	609	100.0 %	18,579	-	18,579	100.00 %
Purchased Services	5,409	-	5,409	100.0 %	23,379	-	23,379	100.00 %
Drugs & Pharmaceuticals								
4204 - DRUGS	130,243	27,618	102,625	371.6 %	1,572,089	331,422	1,240,668	374.34 %
4206 - DRUGS - 340B SAVINGS	(19,789)	-	(19,790)	100.0 %	(174,098)	-	(174,099)	100.00 %
Drugs & Pharmaceuticals	110,454	27,618	82,835	299.9 %	1,397,991	331,422	1,066,569	321.81 %
Medical Supplies								
4202 - NONBILLABLE SUPPLIES - MEDICAL	1,820	-	1,820	100.0 %	11,073	-	11,073	100.00 %
Medical Supplies	1,820	-	1,820	100.0 %	11,073	-	11,073	100.00 %
Other Supplies								
4301 - OFFICE SUPPLIES	317	-	318	100.0 %	5,566	-	5,566	100.00 %
4398 - MINOR EQUIPMENT	-	-	-	-	2,145	-	2,145	100.00 %
Other Supplies	317	-	318	100.0 %	7,711	-	7,711	100.00 %
Other Expenses								
4302 - POSTAGE & FREIGHT	100	-	100	100.0 %	1,488	-	1,488	100.00 %
4501 - MARKETING - ALLOWABLE (MCR)	-	1,667	(1,667)	(100.0) %	-	20,000	(20,000)	(100.00) %
4502 - MARKETING - NON ALLOWABLE	1,534	-	1,534	100.0 %	29,076	-	29,076	100.00 %
4504 - PRINTING & COPYING	292	-	293	100.0 %	998	-	998	100.00 %
4702 - LICENSING & GOVERNMENT FEES	-	840	(840)	(100.0) %	555	10,080	(9,525)	(94.49) %
4703 - DUES & SUBSCRIPTIONS	1,001	-	1,000	100.0 %	14,373	-	14,373	100.00 %
4704 - EMPLOYEE RELATIONS ACTIVITIES - MEETINGS	197	-	197	100.0 %	197	-	197	100.00 %
4706 - TRAVEL & LODGING	880	-	880	100.0 %	2,164	-	2,164	100.00 %
4797 - MISC TAX (A/P)	63	-	63	100.0 %	63	-	63	100.00 %
4798 - BANK & COLLECTION FEES	902	-	903	100.0 %	8,292	-	8,292	100.00 %
Other Expenses	4,969	2,507	2,463	98.2 %	57,206	30,080	27,126	90.18 %
Utilities								
4404 - ELECTRICITY	-	3,773	(3,773)	(100.0) %	-	45,276	(45,276)	(100.00) %
Utilities	-	3,773	(3,773)	(100.0) %	-	45,276	(45,276)	(100.00) %
Depreciation & Amortization								
6162 - DEPRECIATION - MAJOR MOVABLE EQUIPMENT	410	-	409	100.0 %	4,919	-	4,919	100.00 %
6152 - DEPRECIATION - BUILDING - CLINIC	1,326	-	1,326	100.0 %	15,911	-	15,911	100.00 %
Depreciation & Amortization	1,736	-	1,735	100.0 %	20,830	-	20,830	100.00 %
Total Operating Expenses	**171,101**	**82,318**	**88,783**	**107.8 %**	**2,013,316**	**988,864**	**1,024,452**	**103.59 %**
Operating Income / (Loss)	**50,623**	**7,974**	**42,649**	**534.9 %**	**(231,673)**	**(275,564)**	**43,891**	**(15.92) %**
Net Non Operating Revenue								
Non-Operating Revenue								
3200 - OTHER NON-OPERATING REVENUE	-	-	-	-	2,075	-	2,075	100.00 %
Non-Operating Revenue	-	-	-	-	2,075	-	2,075	100.00 %
Net Non Operating Revenue	**-**	**-**	**-**	**-**	**2,075**	**-**	**2,075**	**100.00 %**
Change In Net Position	**50,623**	**7,974**	**42,649**	**534.9 %**	**(229,599)**	**(275,564)**	**45,966**	**(16.68) %**

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 – July 23, 2026

Clinical Department Staffing –

- **Medical-Surgical department** – FTE variance – Under budget expectation at -5.65 FTE.
  - Hiring freeze for the two tele-tech positions until trauma certification is imminent.
  - Staff actively flexing to account for low census days.
  - Manager standing in as charge nurse when replacement coverage for vacancies not established.
  - One full-time RN orienting to the department in June.
  - Two additional full-time RNs have began orientation in July.
  - One full-time RN and one full-time tele-tech/unit coordinator submitted resignation in July creating the only two vacancies on the unit at this time.
  - Two contract RNs utilized. One contract concluded early June.
- **Emergency department** – FTE variance – Over by 1.21 FTE.
  - One new hire RN orienting to the emergency department.
  - Trauma Program Manager increased to 36 hours per week to gain progress on trauma program development.
  - Recruitment efforts in place for one full-time RN and one full-time LPN.
  - Two contract RNs utilized in June.
- **Laboratory department** – FTE variance - Over budgeted expectations by 2.34 FTE.
  - One medical lab scientist (MLS) out on medical leave.
  - Once contract MLS utilized to fill the vacancy.
  - Additional hours for various staff to assist with COLA inspection readiness.
  - One new full-time Medical Lab Assistant began orientation 6/3/2026.
- **Surgical department** – FTEs variance – Below budgeted expectations at -1.85 FTE.
  - Staff being flexed to other departments/roles and/or called off for low census.
  - One full time sterile processing technician position vacant.
  - One contract sterile processing technician utilized in June.
- **Medical Imaging** – FTE variance – Below budgeted expectations at -0.73.
  - Hire freeze on ultrasound techt as current cardiac sonographer training to cover.
  - Hire freeze on mammography tech as current ultrasound tech able to cover.
  - Hire freeze on the CT/XR techn for surgical services until volumes indicate need.
  - Two technologists out on maternity leave in June.
  - Recruitment efforts on-going for one full time CT/XR technologist.
  - Three contract technologists utilized in June to cover the vacancies (2 CT/XR technologists and one cardiac sonographer).
- **Respiratory therapy** – FTE variance – Below budgeted expectations at -2.64.
  - Manager on leave for the month of June.

- One respiratory therapist position vacant.

- **Case management** – No changes from prior month, fully staffed.

	June 2026 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	**24.92**	**1.38**	**26.3**	**31.95**	**-5.65**
Manager	1	0	1	1	0
CH RN	2.14	0	2.14	3.85	-1.71
RN	12.07	1.38	13.45	12	1.45
LPN	1.04	0	1.04	2.45	-1.41
CNA	7.46	0	7.46	8.65	-1.19
TeleTech	1.21	0	1.21	4	-2.79
Emergency Dept	**14.59**	**1.8**	**16.39**	**15.18**	**1.21**
Manager	1	0	1	1	0
RN	9.45	1.8	11.25	8.78	2.47
LPN	2.79	0	2.79	3.6	-0.81
CNA/US	1.35	0	1.35	1.8	-0.45
Laboratory	**11.88**	**0.87**	**12.75**	**10.41**	**2.34**
Manager	1	0	1	1	0
MLS	2.16	0.87	3.03	1.37	1.66
MLT	2.86	0	2.86	3.12	-0.26
Lab Assist I	3.71	0	3.71	2.38	1.33
Lab Assist II	1.02	0	1.02	1.47	-0.45
Lab Assist III	1.13	0	1.13	1.07	0.06
Surgical Dept	**5.41**	**0.54**	**5.95**	**7.8**	**-1.85**
Manager	1	0	1	1	0
Surgical RN	2.15	0	2.15	3	-0.85
Sterile processor	0	0.54	0.54	1	-0.46
Surgical Tech	1.46	0	1.46	2	-0.54
Housekeeper	0.8	0	0.8	0.8	0
Medical Imaging	**10.55**	**3.11**	**13.66**	**14.39**	**-0.73**
Manager	1	0	1	1	0
Radiology Tech	3.88	1.51	5.39	8.03	-2.64
Rad Tech I	2.48	0	2.48	0.7	1.78
Ultrasound	1.02	1.03	2.05	2.66	-0.61
MI Coordinator	1.43	0	1.43	1	0.43
MI Admin Assist	0.74	0	0.74	1	-0.26
Respiratory Therapy	**4.67**	**0**	**4.67**	**7.31**	**-2.64**
Manager	0	0	0	**1**	**-1**
RT	4.67	0	4.67	6.31	-1.64
Swing Bed	**1.57**	**0**	**1.57**	**1.65**	**-0.08**
Case manager	1.57	0	1.57	1.65	-0.08
Totals	**73.59**	**7.7**	**81.29**	**88.69**	**-7.4**
% of FTE	91%	9%			

Emergency Department Transfer Statistics –

- June 2026 Transfers –Four (4) transfers were due to lack of bed availability at SCHHC.
    - Throughout the month of June, two patient rooms were out of service limiting bed capacity to 13 total beds.
    - On the dates of each transfer, there were other limiting factors such as specific patient conditions that prevented room sharing, e.g., isolation for infection control, gender differences, or end of life care.
    - One of the dates of transfer, reflects a staffing concern where patient ratios exceeded what is outlined in our written staffing plan. The Hospital Nurse Staffing Committee is to review the incident to determine what action is needed.

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
No SCHHC Beds	0	4	0	0	0	0	1	1	0	0	0	4
Higher level of care required	33	42	33	17	21	21	31	28	39	40	29	21
Patient request	0	0	0	0	0	0	0	0	0	1	1	2

- Cardiology – 8
- Surgical Services – 4
- Obstetrical – 0
- Gynecology - 1
- Intensive care – 2
- Urology – 0
- Psychiatric evaluation – 0
- Ear/Nose/Throat – 0
- Neurology – 2
- Oncology - 0
- Dialysis - 2
- Pediatric – 0
- Orthopedics - 0
- Burn Center-0
- Nephrology - 1
- Hematology/Platelets – 0
- Gastroenterology – 0
- Interventional Radiology – 1
- Ultrasound – 1
- MRI - 1

Laboratory Department COLA Inspection

The Commission On Laboratory Accreditation (COLA) inspection occurred June 30 to July 1, 2026. The overall score was 96% compliant. A plan of required improvement (PRI) for deficiencies is being developed and will be provided to COLA no later than August 5, 2026.

Trauma Program Progress

Additional time and attention has been given to the development of clinical protocols and practice management guidelines, e.g., head, chest, abdominal, cervical spine, pelvic, geriatric and orthopedic trauma protocols and/or guidelines. These protocols are in draft form and are nearing the review and approval processes.

All training and certification requirements are on schedule to be completed prior to the end of the year. Currently all Emergency department staff, including nursing and medical staff have their

required training or certifications completed. The additional trainings to be performed before the end of the year are for supplemental staff such as department managers, charge nurses and float nurses.

Transfer agreements with Bay Area Hospital, Oregon Health and Sciences University, Mercy Medical, and Asante Rogue are in place. Additional transfer agreements with Sacred Heart Riverbend, Legacy Emmanuel, Providence Medford, and Good Samaritan are expected to be completed by the end of August.

An area that requires additional time and focus will be on the establishment of emergency preparedness drills that have a trauma component and will occur at least twice a year. Emergency Department Manager Nick Lucas and Trauma Program Manager Andrea Aldridge are passionate about training and drills and have stepped up to assist the emergency preparedness committee with organizing, planning, and carrying out the drills. Plan is to have one drill completed in October of 2026.

The Trauma Program Manager has been tracking Emergency Department admissions to identify patients who meet the criteria for trauma registry. We need at least 10 cases that meet the criteria, so that the committee can review the cases in an effort to identify a performance improvement opportunity before we can schedule a date for our on-site survey with the Oregon Health Authority. At our current pace, we should meet our goal of being Trauma ready by the end of this year 2026.

Key Performance Indicators: Monthly

June 2026 Data

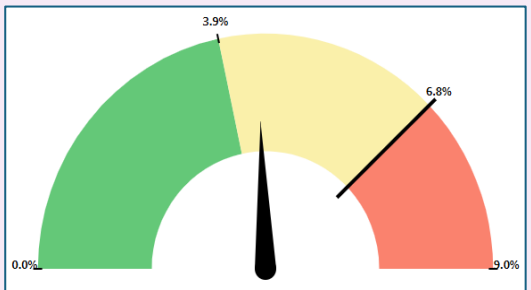
HOSPITAL

Better than Target

In Acceptable Range

Over Target

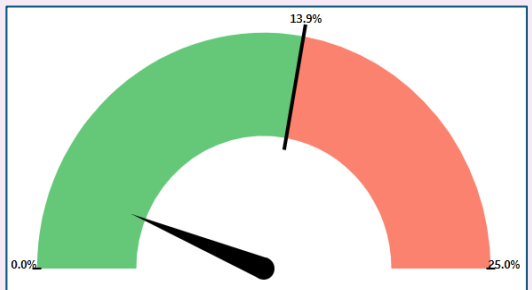
MORTALITY RATE



4.4%

Target: Below 6.8%

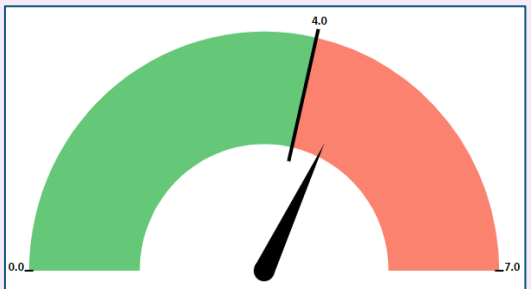
READMISSION RATE



3.0%

Target: below 13.9%

AVERAGE LENGTH OF STAY

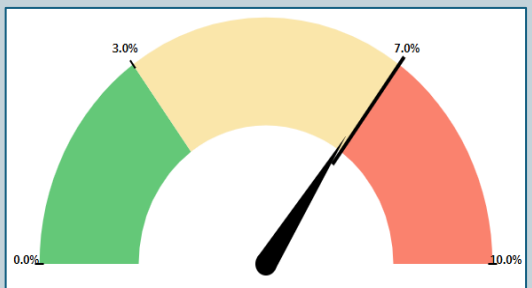


4.5 days

Target: below 4

EMERGENCY DEPARTMENT

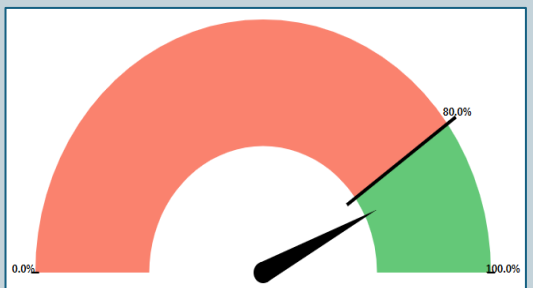
72hr RETURN TO ED



6.9%

Target: below 7%

% PATIENTS SEEN W/IN 30 MIN.

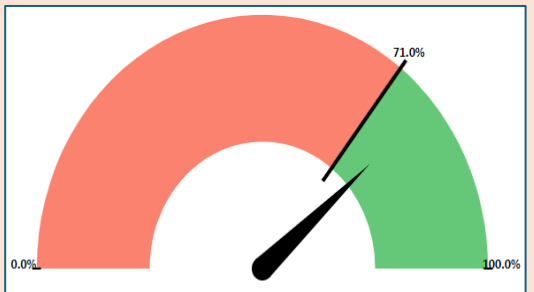


85.3%

Target: above 80%

PATIENT EXPERIENCE

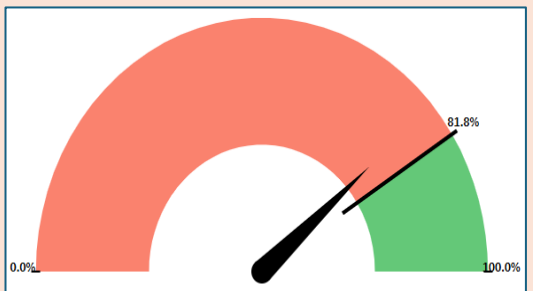
INPATIENT- *3mo. Running Avg (Mar-May)*



77.3%

Target: % who would highly recommend hospital: 71%

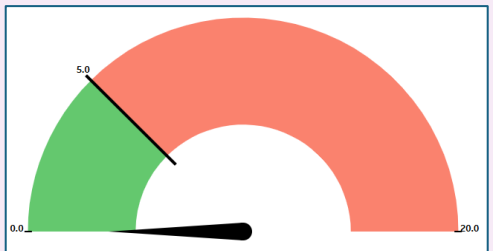
OUTPATIENT- *Prior Month (May)*



77.2%

Target: % who would highly recommend hospital: 82%

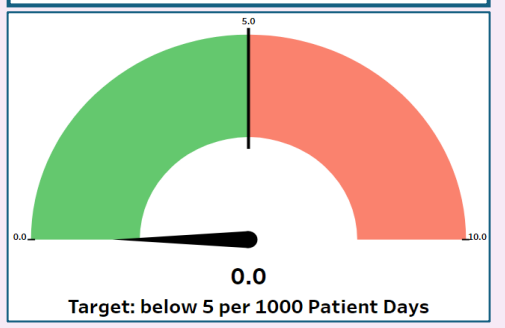
MEDICATION ERROR RATE



0.0

Target: below 5 per 1000 Patient Days

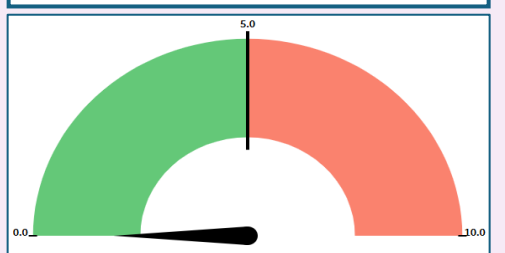
HOSP. ACQUIRED INFECTIONS



0.0

Target: below 5 per 1000 Patient Days

SURGICAL COMPLICATION RATE



0.0

Target: below 5 per 1000 procedures

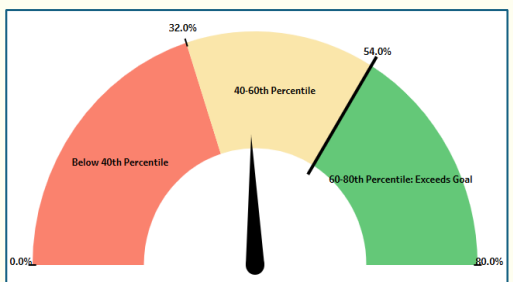
CLINIC

ACO TARGET: 60th Percentile

40- 60th Percentile

Below 40th Percentile

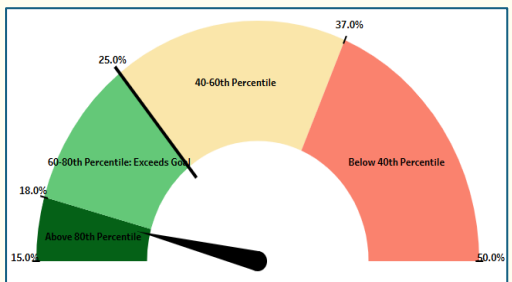
ACO- DEPRESSION SCREENING



39.2%

60th Percentile Goal: 54%

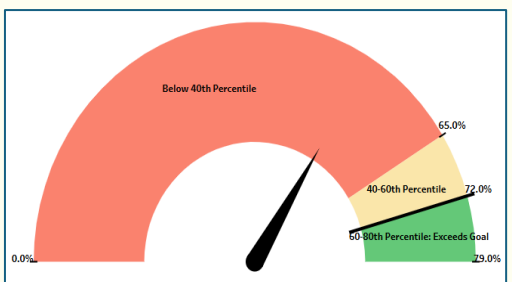
ACO- DIABETES POOR CONTROL



17.5%

60th Percentile Goal: below 25%

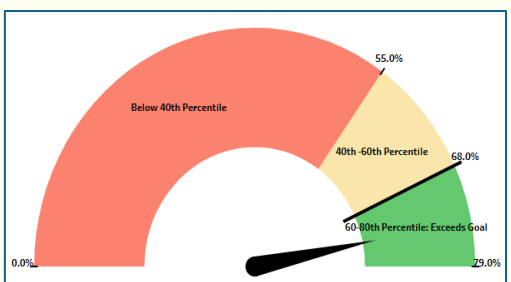
ACO- BLOOD PRESSURE CONTROL



53.4%

60th Percentile Goal: 72%

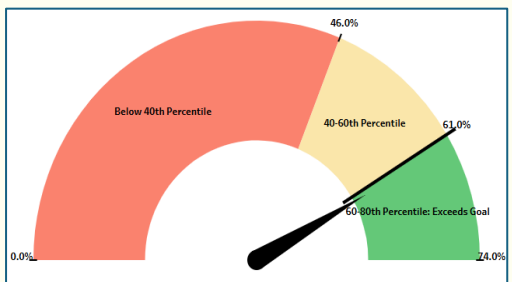
ACO- BREAST CANCER SCREENING



74.0%

60th Percentile Goal: 68%

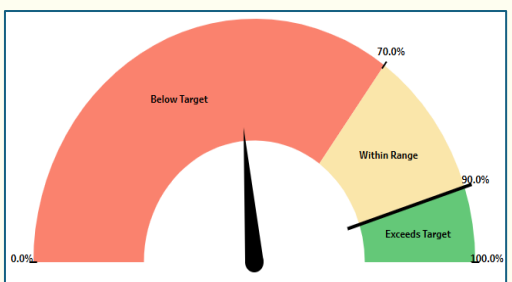
ACO- COLON CANCER SCREENING



62.0%

60th Percentile Goal: 61%

PCPCH: PATIENT ACCESS



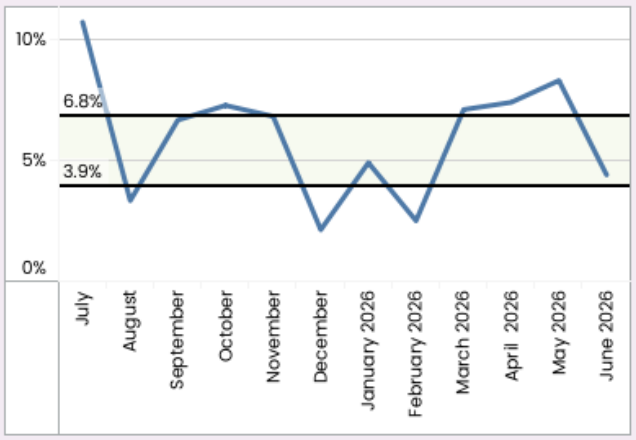
47.2%

Goal: Clinical advice calls returned w/in 2hrs. : 90%

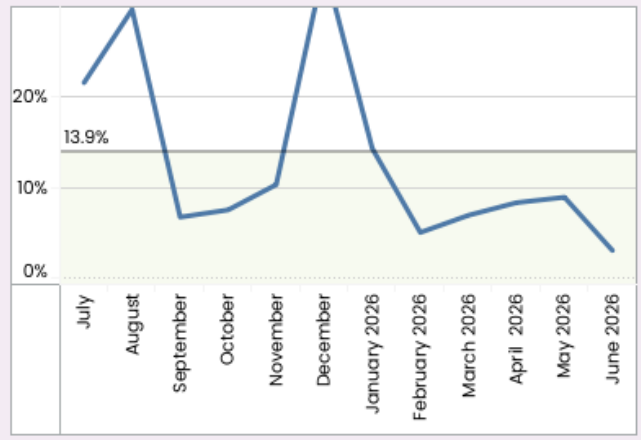
Key Performance Indicators: 12 Month Trending

July 2025- June 2026

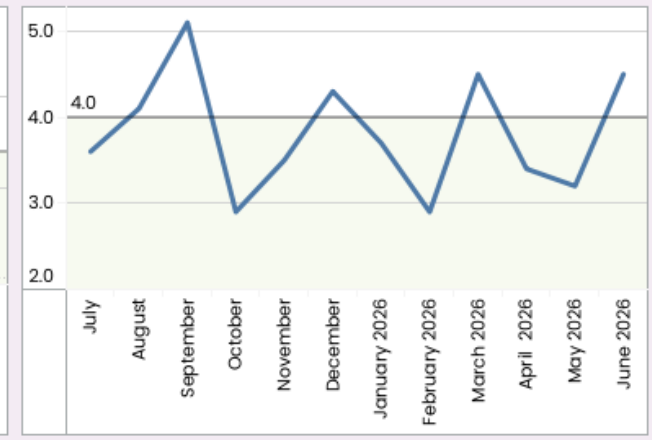
Mortality Rate: Mortalities/Patient Discharges



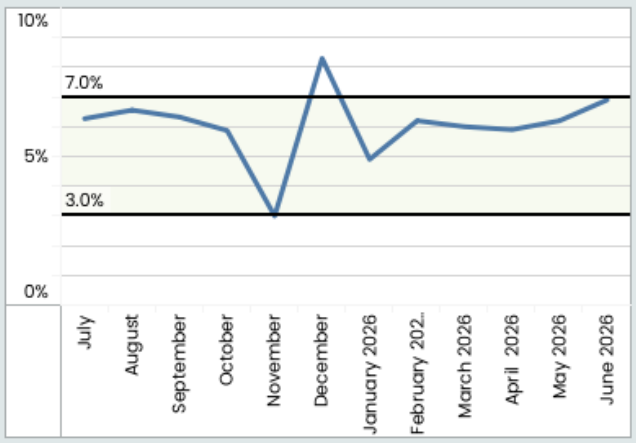
Readmission Rate



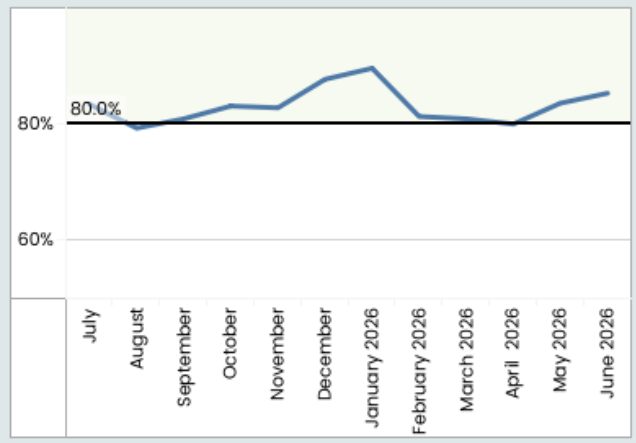
Avg. Length of Stay



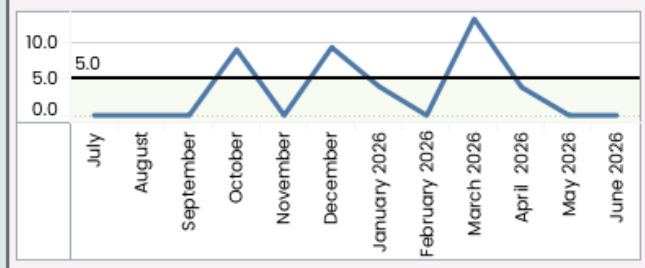
72hr Return To ED



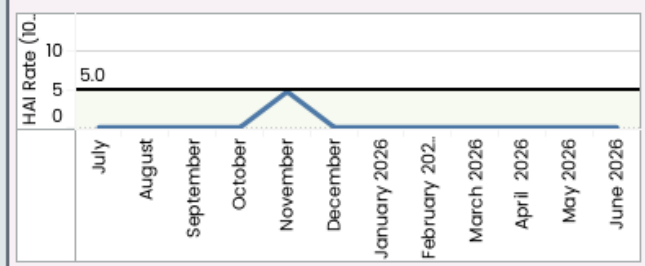
% Patients Seen w/in 30min (ED Door to Physician)



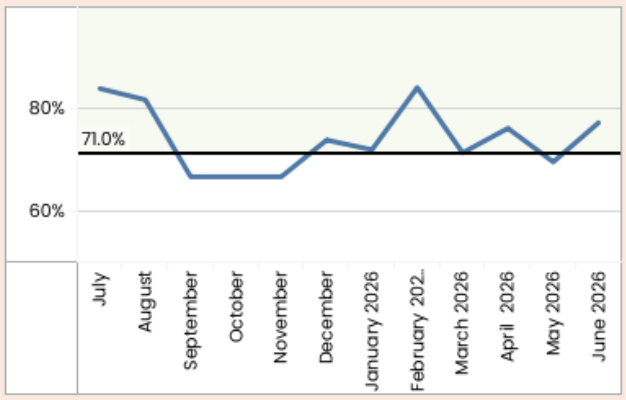
Medication Error Rate/1000 Patient Days



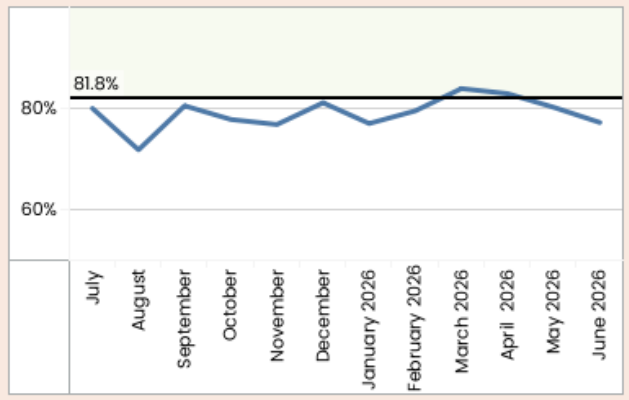
HAI Rate/1000 Patient Days



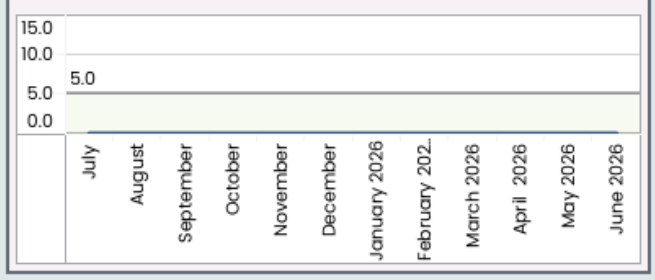
Patient Experience- Inpatient: Likeliness to Recommend



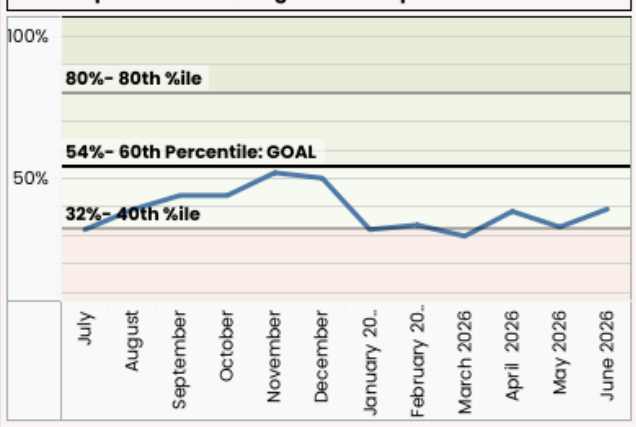
Patient Experience- Outpatient: Likeliness to Recommend



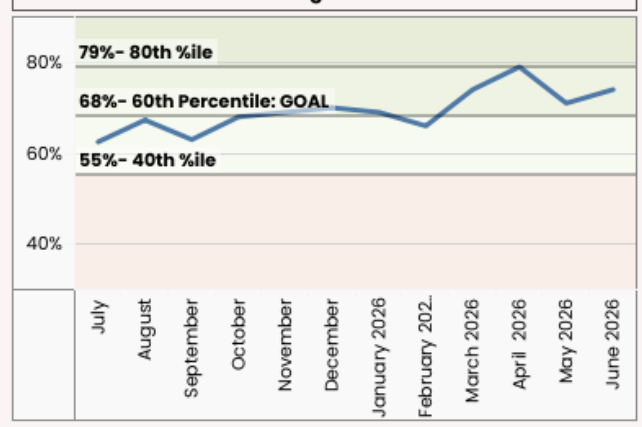
Surgery Complication Rate/Number of Procedures



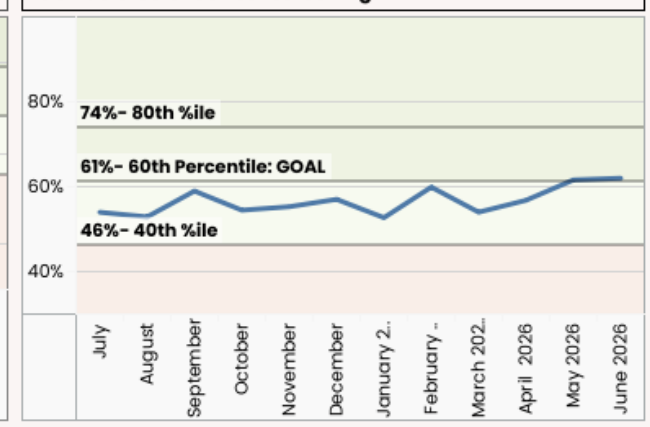
ACO- Depression Screening & Follow-up



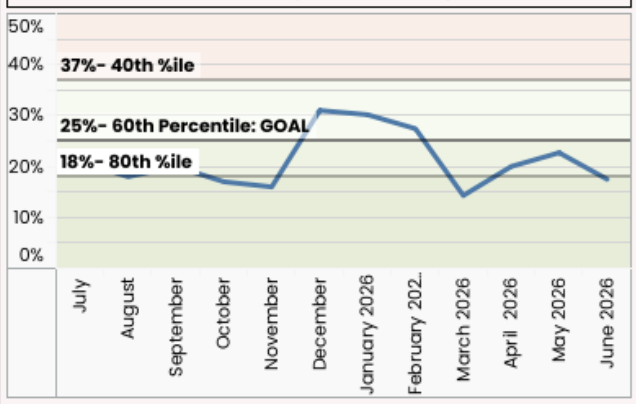
ACO- Breast Cancer Screening



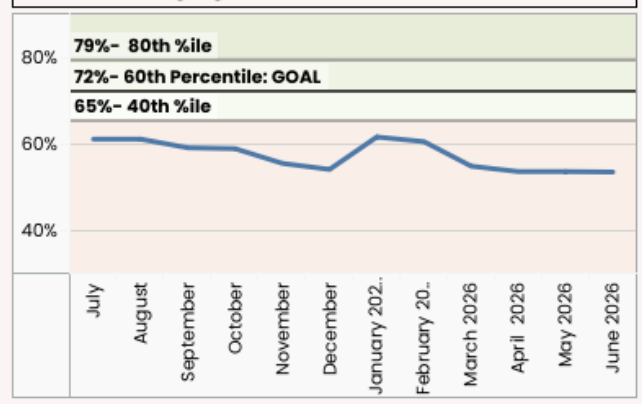
ACO- Colorectal Cancer Screening



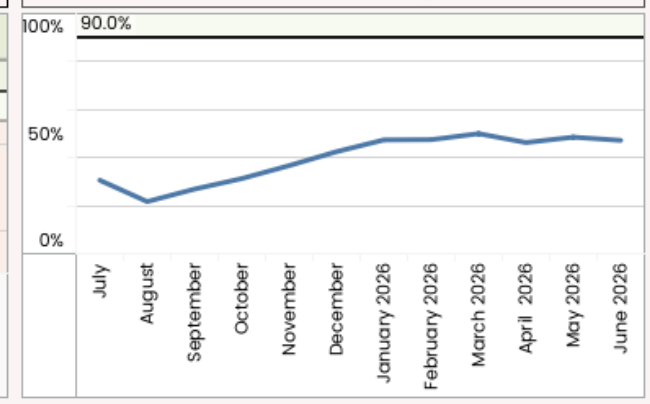
ACO- Diabetes Poor Control (Lower is Better)



ACO- Controlling High Blood Pressure



PCPCH: Return Call for Clinical Advice w/in 2hrs.



Chief Information Officer Report

To: Board of Directors and Southern Coos Management
From: Scott McEachern, CIO
Re: CIO Report for Board of Directors Meeting – July 23, 2026

Cybersecurity

Volume is up in the first six months of the year. Healthcare industry saw ~410 ransomware attacks in H1 2026, for an average of 2.3 per day, up about 14% from 2025. US healthcare/pharma victims came in at 188 through May 2026 versus 125 in 2025 for a 50% jump. April and May were very busy months, running at over 160% over the same period last year.

Regulatory & Enforcement

Federal updates to the HIPAA security rule have been delayed and now the OCR targets July 2027 for final action. This delay is good news for SCHHC because as a small critical access hospital, we are continually resource constrained, and gives us longer to prepare. Proposed changes include:

- Converting all optional specifications to required
- Required annual asset inventory and network map
- Mandatory anti-malware deployment
- Required protocols to restore critical infrastructure and data within 72 hours

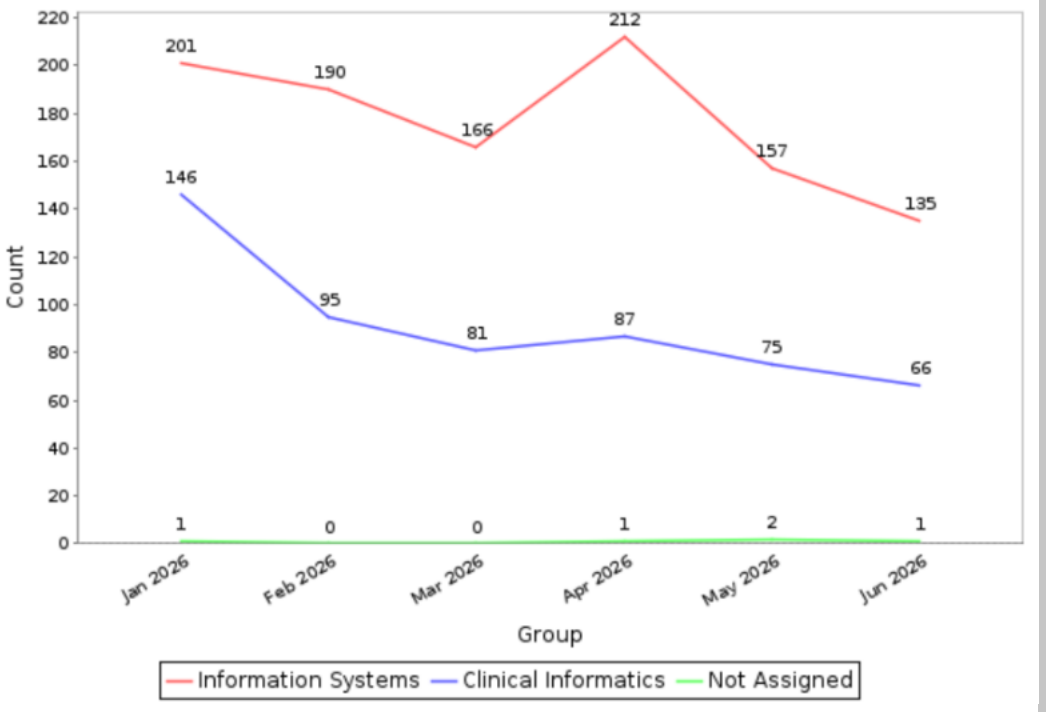
Projects

I am working on a new report template for reporting SCHHC projects to the SCHD board. I am attempting to build a report that gives the board a clear, high-level view of our portfolio of projects and initiatives for FY27. Elements will include a section on money spent and remaining for capital and non-capital projects; projects by funding source; and a project detail table.

The following table is a preview of the Project Detail Table that I will begin presenting to the board next month alongside the other elements I noted above. This table will include items from the approved FY27 capital budget; for this report, I have listed the projects that we have carried over from FY26. I have listed one new FY27 project, IV Pump Selection, because it is a critical project and we have started evaluating vendors. Next month, I will include all of the FY27 capital & non-capital projects in the Project Detail report.

PROJECT DETAIL							
Project	**Dept**	**Origin**	**Funding Source**	**Total Budget**	**Spend to Date**	**Remaining**	**Expected Go-Live**
Conversion of Business Office	Clinic	FY26 Carryover	Operating Budget	$150,000	$99,000	$51,000	09/01/2026
MUSE EKG	Nursing	FY26 Carryover	Operating Budget	$65,000	-	-	07/27/2026
Radiology Legacy Data Conversion	Medical Imaging	FY26 Carryover	Operating Budget	$40,000	$17,074	$22,926	07/28/2026
Telcor Interface	Laboratory	FY26 Carryover	Operating Budget	$72,000	$15,142	$56,858	10/31/2026
IV Pump Selection	Nursing	FY27 New	Capital Budget	$150,000	•	-	12/31/2026

IS & Clinical Informatics Tickets CY Q1 and Q2



IS and Clinical Informatics continue to show value in a variety of projects and help desk responses. The line graph above shows help desk ticket volume over the past six months. This is a slice of the number of hours that the IS and CI team spend during their workdays. They also work on application resourcing, infrastructure updates, and projects.

Multi-Specialty Clinic Report

To: Southern Coos Health District Board of Directors and Southern Coos Management
From: David M Serle – Director Medical Group Operations
Re: Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – July 23, 2026

A Few of Many Highlights For 2025/2026

- Core Providers 3-Physicians, 2 Nurse Practitioners
- General Surgery Program Up and Running well (1 year in October)
- Quality Focused
  - PCPCH Tier 4 Designation Achieved
  - Major Improvement with ACO Engagement/Participation
- Increased functional workspace for Medical Assistants/Providers
- Chronic Care Management Program revitalized and Making a Profit
- Vaccines for Children Participation
- Point of Care Testing Room
- No Backlog of Patients Waiting to be Assigned a Provider

Clinic Operations – June/FY Ending 2026

Provider Recruiting/Onboarding: As of 7/17/26

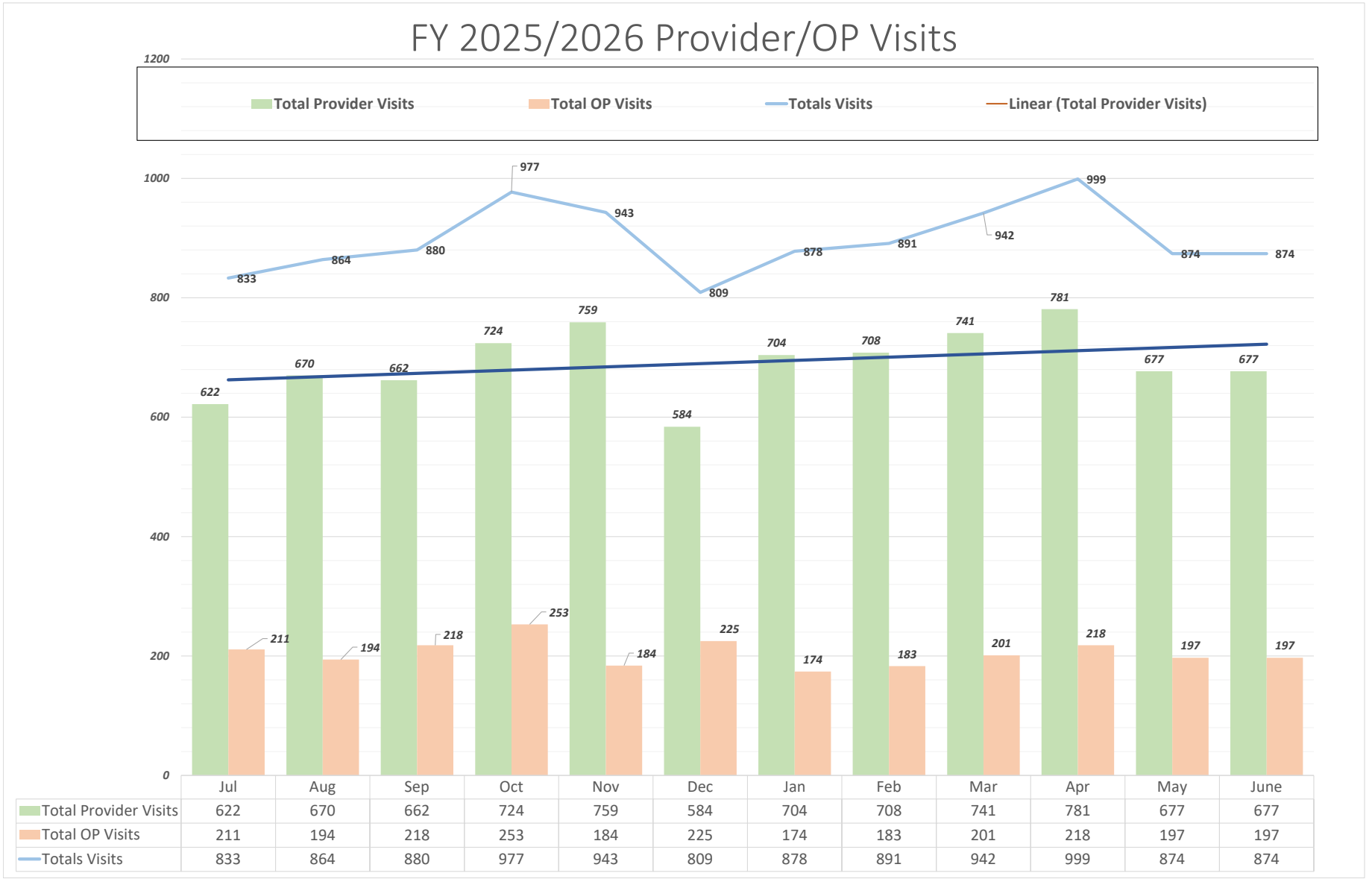
- Two General Surgeons Set to Start in August
- Nurse Practitioner - Family Medicine Signed Offer Letter

See Attached Graphs/Grids

1. Provider Visits/Outpatient Visits
2. Provider Visit Totals/Visit Type
3. Total Visits by Provider (Highest to Lowest)
4. General Surgery Statistics
5. Medicare Annual Wellness Visits
6. Clinic Provider Income Summary
7. Income Statement

Clinic Visits

(Figure 1)



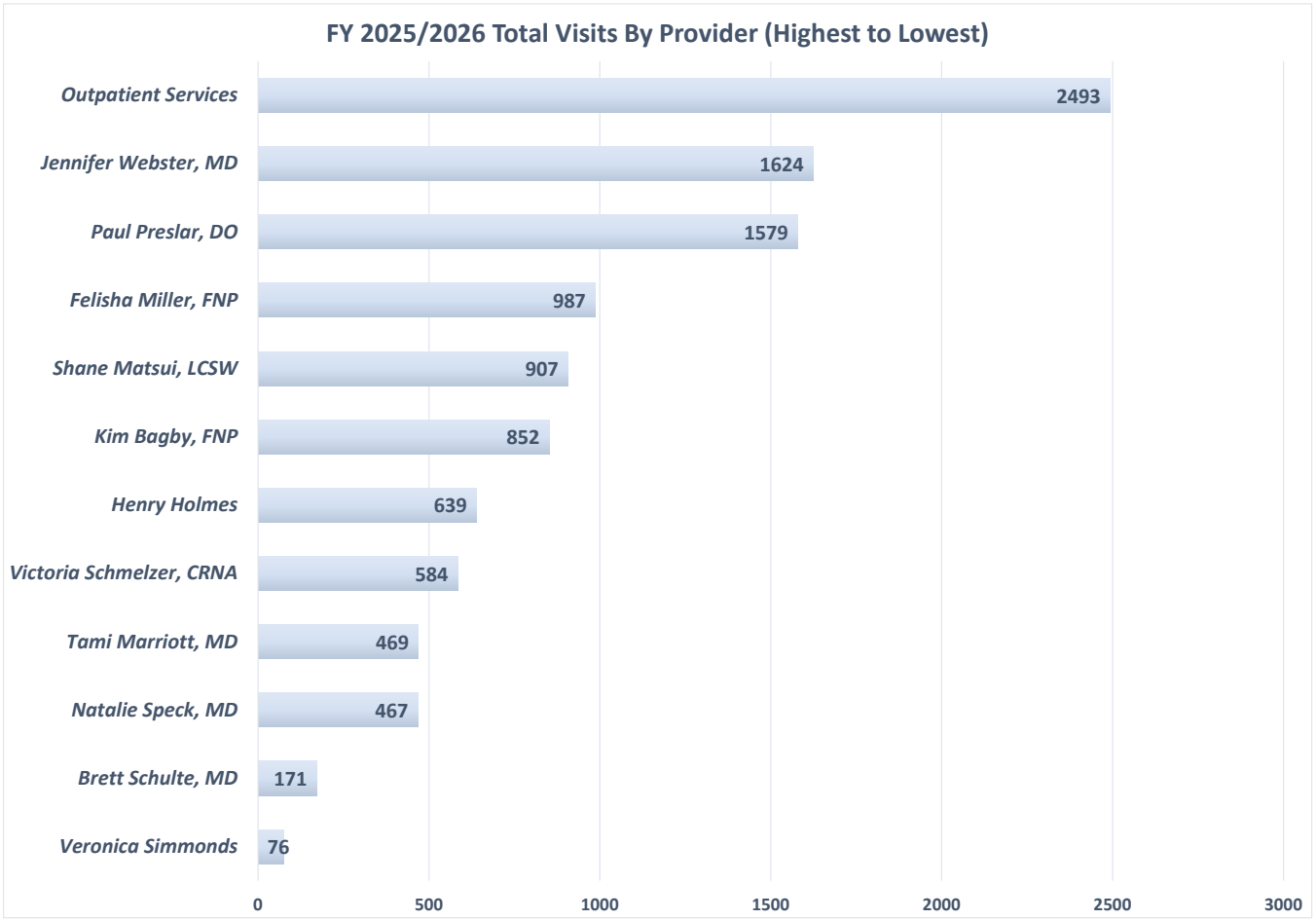
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total Provider Visits	622	670	662	724	759	584	704	708	741	781	677	677
Total OP Visits	211	194	218	253	184	225	174	183	201	218	197	197
Totals Visits	833	864	880	977	943	809	878	891	942	999	874	874

FY Ending 2025/2026 - Provider Visit Totals/Visit Types

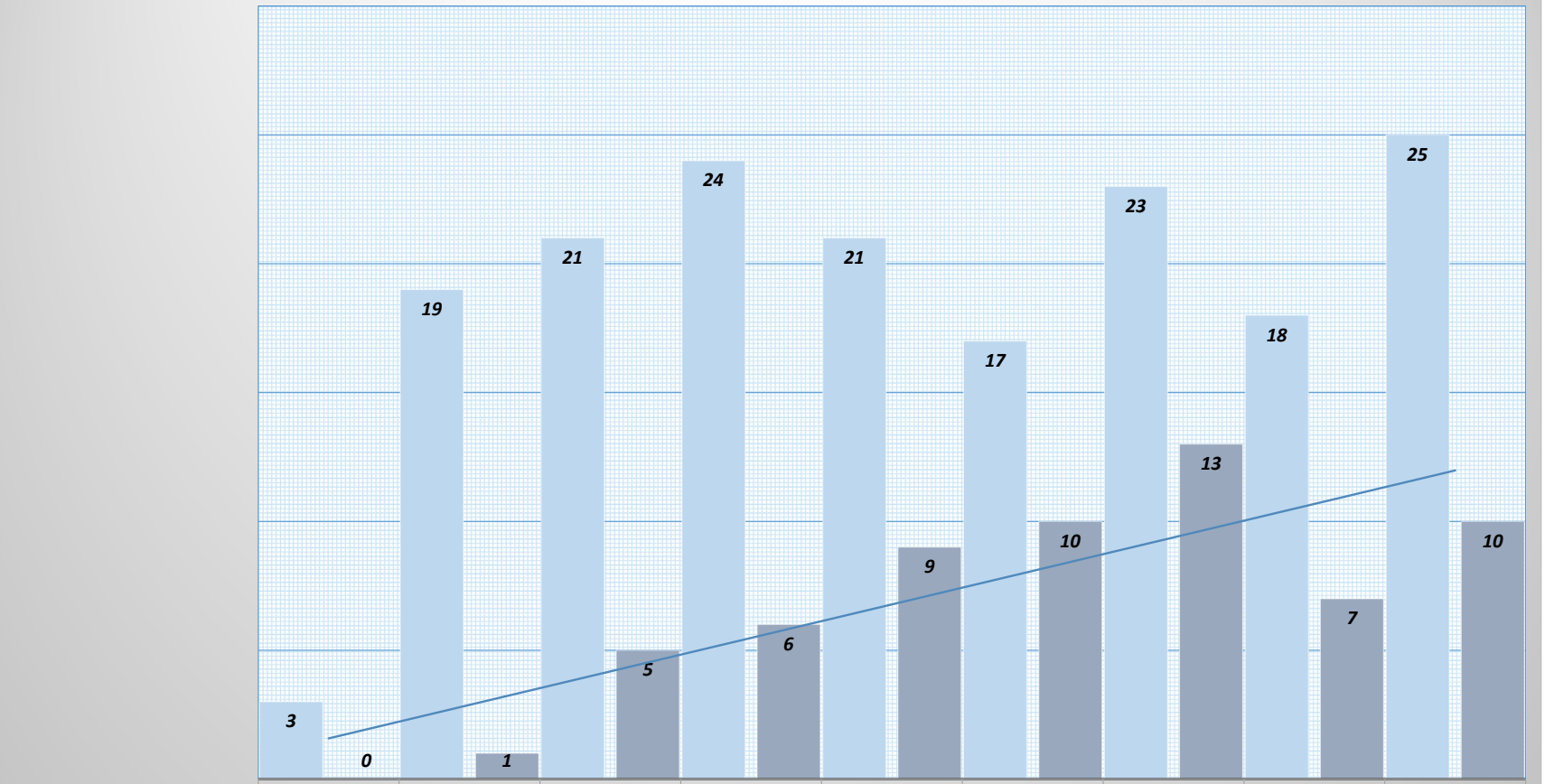
Year: 2026 **Month:** June **Provider**	*Clinic Days*	*PT's Sched*	*Cancel*	*No Show*	*Total Seen*	*AVG Seen*	*No Show Rate*	*Cancel Rate*	*Tele HLTH*	*New PT's*
Jennifer Webster, MD	12.1	150	9	3	138	11.4	2%	6%	16	0
Paul Preslar, DO	9.0	114	5	3	106	11.8	3%	4%	0	0
Natalie Speck, MD	9.0	103	4	3	96	10.7	3%	4%	4	7
Felisha Miller, FNP	18.0	171	22	8	141	7.8	5%	13%	2	31
Kim Bagby, FNP										
Shane Matsui, LCSW	17.0	78	5	4	69	4.1	5%	6%	5	2
Henry Holmes	6.0	71	9	0	62	10.3	0%	13%	0	0
Tami Marriott, MD	4.0	42	4	1	37	9.3	2%	10%	0	0
Victoria Schmelzer, CRNA	7.0	55	6	0	49	7.0	0%	11%	0	4
Brett Schulte, MD	3.5	27	2	0	25	7.1	0%	7%	0	19
Veronica Simmonds										
Total Provider Visits	***85.6***	***811***	***66***	***22***	***723***	***8.4***	***3%***	***8%***	***27***	***63***
Total Outpatient Services	22	251	13	3	235	*10.7*	*1%*	*5%*	*0*	*0*
Total Visits	***108***	***1062***	***79***	***25***	***958***	***8.9***	***2%***	***7%***	***27***	***63***

FY Ending 2025/2026 - Provider Visit Totals

July	*August*	*September*	*Ocober*	*November*	*December*	*January*	*February*	*March*	*April*	*May*	*June*	*Totals*
101	162	127	159	123	129	93	162	149	187	94	138	1624
141	111	133	132	135	128	153	118	154	166	102	106	1579
								100	153	118	96	467
		69	107	92	103	79	73	118	111	94	141	987
91	138	86	130	154	26	124	103					852
56	78	84	87	74	80	79	78	85	63	74	69	907
48	43	56	37	61	62	48	66	53	49	54	62	639
68	85	44	33	34	35	33	21	31	9	39	37	469
65	29	63	36	67	0	71	66	34	20	84	49	584
			3	19	21	24	21	17	23	18	25	171
52	24											76
622	***670***	***662***	***724***	***759***	***584***	***704***	***708***	***741***	***781***	***677***	***723***	***8279***
211	*194*	*218*	*253*	*184*	*225*	*174*	*183*	*201*	*218*	197	235	*2493*
833	***864***	***880***	***977***	***943***	***809***	***878***	***891***	***942***	***999***	***874***	***958***	***10772***


FY 2025/2026 Total Visits By Provider (Highest to Lowest)
Outpatient Services
2493
Jennifer Webster, MD
1624
Paul Preslar, DO
1579
Felisha Miller, FNP
987
Shane Matsui, LCSW
907
Kim Bagby, FNP
852
Henry Holmes
639
Victoria Schmelzer, CRNA
584
Tami Marriott, MD
469
Natalie Speck, MD
467
Brett Schulte, MD
171
Veronica Simmonds
76
0
500
1000
1500
2000
2500
3000

FY 2025/2026 General Surgery Statistics



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total Consults/post ops	3	19	21	24	21	17	23	18	25
Total Surgeries	0	1	5	6	9	10	13	7	10

FY 2025/2026 Medicare Annual Wellness Visits

Year: 2025/2026 **Provider**	**July**	**August**	**September**	**Ocober**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**Total 2025/2026**
Paul Preslar, DO	3	6	6	4	6	6	7	6	13	17	6	15	95
Jennifer Webster, MD	5	11	8	23	14	20	9	20	20	20	11	23	184
Henry Holmes				3	23	14	4	6	5	1	2	0	58
Kim Bagby, FNP	4	4	2	18	42	2	11	11					94
Felisha Miller, FNP				2	19	16	6	3	7	2	4	7	66
													0
Total Medicare Annual Wellness	*12*	*21*	*16*	*50*	*104*	*58*	*37*	*46*	*45*	*40*	*23*	*45*	*497*

Clinic Provider Income Summary

All Providers

For The Budget Year 2026

	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT NOV	BUD NOV	ACT DEC	BUD DEC	ACT JAN	BUD JAN	ACT FEB	BUD FEB	ACT MAR	BUD MAR	ACT APR	BUD APR	ACT MAY	BUD MAY	ACT JUN	BUD JUN	ACT FYTD	Current Budget YTD FYTD26 Budget	Variance
Provider Productivity Metrics																											
Clinic Days	73	56	77	56	77	56	92	83	84	83	76	83	83	83	82	83	84	71	82	71	75	71	79	71	948	807	141
Total Visits	557	520	641	520	599	520	688	668	692	708	584	747	633	787	642	827	707	711	761	734	593	745	674	745	7,695	7,716	(21)
Visits/Day	7.7	9.3	8.3	9.3	7.8	9.3	7.5	8.1	8.3	8.6	7.7	9.1	7.6	9.5	7.9	10.0	8.4	10.0	9.3	10.3	7.9	10.5	8.6	10.5	8.1	9.6	(1.4)
Total RVU	1271	1078	1522	1078	1532	1078	1714	1386	1607	1467	1352	1548	1323	1629	1506	1710	1639	1355	1650	1388	1558	1404	1557	1404	18,354	15,072	3,282
RVU/Visit	2.28	2.07	2.38	2.07	2.56	2.07	2.49	2.08	2.32	2.07	2.31	2.07	2.09	2.07	2.35	2.07	2.32	1.91	2.17	1.89	2.63	1.88	2.31	1.88	2.39	1.95	0.43
RVU/Clinic Day	17.54	19.25	19.77	19.25	20.03	19.25	18.63	16.80	19.18	17.78	17.79	18.77	15.94	19.75	18.45	20.73	19.54	19.09	20.13	19.55	20.71	19.78	19.81	19.78	19.36	18.68	0.68
Gross Revenue/Visit	466	473	468	473	518	473	521	483	515	484	529	485	482	485	474	486	497	420	600	415	499	413	478	413	511	435	76
Gross Revenue/RVU	204	228	197	228	202	228	209	233	222	233	229	234	230	235	202	235	214	220	276	220	190	219	207	219	214	223	(9)
Net Rev/RVU	86	97	83	97	86	97	89	98	93	98	97	99	98	99	86	99	91	93	115	93	80	93	87	93	90	94	(4)
Expense/RVU	109	125	99	125	120	125	104	128	115	122	120	120	145	110	131	105	108	108	109	106	106	104	103	105	112.73	115	(2.01)
Diff	(22)	(27)	(15)	(27)	(34)	(27)	(16)	(30)	(22)	(24)	(23)	(22)	(48)	(11)	(45)	(6)	(18)	(15)	7	(13)	(25)	(11)	(16)	(12)	(22)	(20)	(2)
Net Rev/Day	1,510	1,871	1,649	1,871	1,719	1,871	1,649	1,651	1,789	1,750	1,724	1,849	1,556	1,947	1,579	2,046	1,771	1,780	2,322	1,816	1,666	1,834	1,728	1,834	1,749	1,764	(15)
Expense/Day	1,903	2,397	1,949	2,397	2,408	2,397	1,943	2,153	2,205	2,171	2,126	2,254	2,317	2,164	2,409	2,180	2,117	2,057	2,190	2,073	2,187	2,057	2,036	2,073	2,182	2,143	39
Diff	(393)	(526)	(300)	(526)	(689)	(526)	(294)	(503)	(415)	(422)	(402)	(405)	(761)	(216)	(831)	(134)	(346)	(277)	132	(257)	(522)	(223)	(308)	(239)	(433)	(379)	(54)
Patient Revenue																											
Outpatient																											
Total Patient Revenue	259,705	245,798	300,156	245,798	309,987	245,798	358,390	322,348	356,170	342,261	309,142	362,173	304,942	382,086	304,205	401,998	351,593	298,487	456,331	304,686	296,105	307,785	322,491	307,785	3,929,216	3,355,590	(573,626)
Deductions From Revenue																											
Total Deductions From Revenue (Note A)	150,232	141,008	173,167	141,008	178,490	141,008	206,680	186,173	206,255	197,921	178,117	209,669	175,810	221,418	175,388	233,166	203,033	172,095	265,931	175,752	170,855	177,580	186,648	177,580	2,270,606	1,931,644	(338,961)
Net Patient Revenue	**109,473**	**104,790**	**126,989**	**104,790**	**131,496**	**104,790**	**151,710**	**136,176**	**149,915**	**144,340**	**131,025**	**152,504**	**129,132**	**160,668**	**128,817**	**168,832**	**148,560**	**126,392**	**190,400**	**128,934**	**125,250**	**130,205**	**135,843**	**130,205**	**1,658,610**	**1,423,945**	**234,665**
Total Operating Revenue	**109,473**	**104,790**	**126,989**	**104,790**	**131,496**	**104,790**	**151,710**	**136,176**	**149,915**	**144,340**	**131,025**	**152,504**	**129,132**	**160,668**	**128,817**	**168,832**	**148,560**	**126,392**	**190,400**	**128,934**	**125,250**	**130,205**	**135,843**	**130,205**	**1,658,610**	**1,423,945**	**234,665**
Operating Expenses																											
Salaries & Wages	83,598	70,656	98,070	70,656	120,403	70,656	107,783	102,211	118,844	102,460	84,620	102,460	121,433	102,460	126,714	102,460	104,464	82,988	104,166	82,988	97,937	82,988	89,690	82,988	1,258,556	958,613	299,942
Benefits	1,805	1,916	1,412	1,916	4,668	1,916	4,172	5,834	4,034	5,834	4,243	5,834	3,767	5,834	7,005	5,834	9,851	3,487	9,285	3,487	9,251	3,487	9,348	3,487	68,841	37,132	31,709
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	91	-	13	-	299	-	55	-	943	-	1,188	-	-	-	-	-	-	-	-	-	-	-	2,589	-	2,589
Other Supplies	-	-	9	-	-	-	-	-	-	-	-	-	295	-	-	-	1,019	-	-	-	-	-	-	-	1,323	-	1,323
Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	5,339	-	1,659	-	8,104	-	3,657	378	6,151	378	4,250	378	3,353	378	2,544	378	2,178	-	10,500	-	-	-	-	-	47,879	-	47,879
Allocation Expense	47,224	61,676	48,828	61,676	51,053	61,676	62,881	69,228	55,615	70,448	67,558	77,254	62,276	69,832	60,351	71,188	60,065	59,578	55,649	60,724	57,311	59,578	60,980	60,724	689,790	733,685	(43,894)
Total Operating Expenses	137,966	134,248	150,069	134,248	184,241	134,248	178,792	177,651	184,700	179,120	161,613	185,926	192,312	178,504	196,614	179,860	177,577	146,053	179,600	147,199	164,499	146,053	160,018	147,199	2,068,978	1,729,430	339,548
Excess of Operating Rev Over Exp	**(28,493)**	**(29,458)**	**(23,080)**	**(29,458)**	**(52,745)**	**(29,458)**	**(27,082)**	**(41,476)**	**(34,785)**	**(34,780)**	**(30,588)**	**(33,422)**	**(63,180)**	**(17,836)**	**(67,797)**	**(11,028)**	**(29,017)**	**(19,661)**	**10,800**	**(18,265)**	**(39,249)**	**(15,848)**	**(24,175)**	**(16,994)**	**(410,368)**	**(305,485)**	**(104,883)**
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Operating Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Excess of Revenue Over Expenses	**(28,493)**	**(29,458)**	**(23,080)**	**(29,458)**	**(52,745)**	**(29,458)**	**(27,082)**	**(41,476)**	**(34,785)**	**(34,780)**	**(30,588)**	**(33,422)**	**(63,180)**	**(17,836)**	**(67,797)**	**(11,028)**	**(29,017)**	**(19,661)**	**10,800**	**(18,265)**	**(39,249)**	**(15,848)**	**(24,175)**	**(16,994)**	**(410,368)**	**(305,485)**	**(104,883)**

Southern Coos Hospital & Health Center
Income Statement
As of June 30, 2025

	Month Ending 6/30/2026			Year To Date 6/30/2026		
	Hospital Actual	Clinic Providers Actual	Actual	Hospital Actual	Clinic Providers Actual	Actual
Total Patient Revenue						
Inpatient Revenue	1,001,042	-	1,001,042	11,397,316	-	11,397,316
Outpatient Revenue	4,079,033	307,785	4,386,818	43,646,023	3,827,683	47,473,706
Swingbed Revenue	152,188	-	152,188	3,387,045	-	3,387,045
Retail Pharmacy Revenue	814,207	-	814,207	6,624,236	-	6,624,236
Total Patient Revenue	**6,046,470**	**307,785**	**6,354,255**	**65,054,620**	**3,827,683**	**68,882,303**
Total Deductions	**2,253,070**	**177,580**	**2,430,650**	**26,385,262**	**2,270,606**	**28,655,868**
Revenue Deductions %	**37.3 %**	**57.7 %**	**38.3 %**	**40.6 %**	**59.3 %**	**41.6 %**
Net Patient Revenue	**3,793,399**	**130,205**	**3,923,604**	**38,567,825**	**1,658,610**	**40,226,435**
Other Operating Revenue	**-**	**2,141**	**2,141**	**348,684**	**101,533**	**450,217**
Total Operating Revenue	**3,795,541**	**130,205**	**3,925,746**	**39,018,042**	**1,658,610**	**40,676,652**
Total Operating Expenses						
Total Labor Operating Expenses	2,397,342	86,475	2,483,817	27,959,856	1,327,397	29,287,253
Total Other Operating Expenses	758,049	60,724	818,773	11,763,776	741,581	12,505,357
Total Operating Expenses	**3,155,391**	**147,199**	**3,302,590**	**39,723,632**	**2,068,978**	**41,792,610**
Operating Income / (Loss)	**638,009**	**(14,853)**	**623,156**	**(705,590)**	**(410,368)**	**(1,115,958)**
Net Non Operating Revenue	**172,979**	**-**	**172,979**	**1,799,193**	**-**	**1,799,193**
Change In Net Position	**810,988**	**(14,853)**	**796,135**	**1,093,603**	**(410,368)**	**683,235**

Southern Coos Health Foundation Report

To: Southern Coos Health District Board of Directors and Southern Coos Health Foundation
From: Alix McGinley, Executive Director, SCHF
Re: SCH Foundation Report for SCHD/SCHF Board of Directors, July 13, 2026

Bandon School Nurse (BSN) Program Updates
Once we are able to secure funds via Rural Health Transformational Funds, we will continue working on the plan for expanding this program. We are looking forward to what we can accomplish next school year!

Volunteer Expansion
Following our recent recruitment events, we received a number of applications and are pleased to have five new volunteers ready to participate in our Ambassadors for Health Orientation next week (Wednesday, 7/22, and Thursday, 7/23). Each has successfully completed their background check and drug screen, and they will undergo TB testing this week. This new group will begin their volunteer jobs soon after orientation, which will include greeting visitors at the hospital entrance, visiting patients, and conducting TeleCare calls.

A few recruits have either chosen not to proceed at this time or have not completed their background check/UA. Additionally, we have several candidates in the pipeline who may join if we can process them in time.

We are actively distributing volunteer flyers from Bandon to Port Orford and will continue to welcome new volunteers as we process them.

Golf for Health Classic (GFHC)
Fundraising for the 19th annual Golf for Health Classic is underway. Events are set for Friday, September 18th (Bandon Dunes Reception) and Saturday, September 19th (Bandon Crossings Tournament), including a new Bandon Dunes Shorty's outing limited to 24 golfers. Chivaroli & Associates return as Event Sponsor.

We are asking our SCHHC leaders and both boards to engage their contacts/vendors to recruit new sponsors. We are just over $60,000 in Sponsorships receipts and promises and another nearly $5,ooo in auction items including three iPad Air from one of our vendors CDW.

Next year marks the 20th anniversary of both the Golf for Health Classic and the Southern Coos Health Foundation; special anniversary events are planned. More details to follow.

Grants
Our thanks to CIO Scott McEachern who applied for an OHA grant which could result in another up to $120k for our Bandon School Nurse expansion program. We are also pleased to announce that we have been awarded the Judith Ann Mogen Foundation (JAMF) grant again this year for the Bandon School Nurse program in the amount of $15,000.

Art Show
We had another successful Art Show yesterday (7/12). We had about 50 attendees and sold a few pieces. The featured artist Tracy Hodson gave an in-depth presentation on her mosaic art and the music by Allen Giardinelli was wonderful. It is my intention to grow this quarterly event.

To: **Board of Directors and Southern Coos Management**
From: **Cameron Marlowe, Interim CFO**
RE: **June 2026 Month End Financial Overview and Operational Report – July 23, 2026**

Budget Finalization

Capital Budget – Board approved the capital budget, however, since approval, SCHHC was not awarded the grants we were hoping for to help pay for these capital items. SCHHC leadership is currently reviewing approved capital items and reprioritizing purchasing timeframes for some of the capital items.

Consolidated Budget – The consolidated budget was approved by the board and necessary budget documentation was submitted to our county as required by Oregon statute.

Department Budgets – This is still a work in progress. Considerable effort is going into department budgets to take into account staffing and spending trends by department and budget assumptions at the consolidated and department levels.

June Financial Performance Highlights

- We experienced excellent gross revenue at $6,354,000. Inpatient and outpatient revenues were above average while swing bed revenue was significantly below our annual average.

- Overall gross revenue for the last three months was 22% higher than the same three months the prior year. Excellent!

- Labor expenses were only up 1.8% compared to annual monthly average while gross revenue was up 10.7% compared to annual average. This shows that SCHHC is capable of keeping expenses relatively flat even when revenue (services provided) are higher, even significantly higher than normal.

- The last four months' average contract labor expense equaled $472k while the previous 8 months' monthly average was $538k. This represents a 12.3% decrease in staffing agency expenses ($792,000 annualized reduction) since a concerted effort was made to improve our staffing agency rates and lower the number of healthcare travelers we utilize.

- We paid off our $2.5M Banner Bank Loan which caused our liabilities and assets to both to decrease significantly. SCHHC will benefit from this decision to pay off this loan because it will reduce our net monthly interest expense AND it will put us in a favorable financial position should we seek additional loans in the future.

Southern Coos Hospital & Health Center
Income Statement Trends

		FYTD24	FYTD25	Budget FYTD26	FYTD26	3 Month To 3 Month Compare	FYTD26 Average	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sep 2025	Aug 2025	Jul 2025
1	**Total Patient Revenue**																		
2	Inpatient Revenue	9,543,062	9,957,587	11,782,161	11,397,317	28.1%	949,776	1,001,042	1,128,655	970,873	1,061,136	936,964	850,911	782,878	802,131	867,194	809,703	1,286,279	899,551
3	Outpatient Revenue	37,201,664	42,344,071	11,782,161	47,473,706	13.4%	3,956,142	4,386,818	3,720,134	4,501,173	4,385,955	3,618,235	3,420,630	3,694,473	3,378,933	4,319,262	3,850,184	3,895,084	4,302,825
4	Swingbed Revenue	3,353,357	4,163,143	11,782,161	3,387,045	-60.3%	282,254	152,188	91,465	303,323	433,047	231,923	394,130	263,804	276,817	252,197	364,719	361,067	262,365
5	Retail Pharmacy Revenue	-	-	11,782,161	6,624,236		552,020	814,207	721,003	717,498	677,573	538,827	527,035	610,819	476,226	494,630	368,618	351,114	326,686
6	**Total Patient Revenue**	**50,098,083**	**56,464,801**	**47,128,644**	**68,882,304**	**21.7%**	**5,740,192**	**6,354,255**	**5,661,257**	**6,492,867**	**6,557,711**	**5,325,949**	**5,192,706**	**5,351,974**	**4,934,107**	**5,933,283**	**5,393,224**	**5,893,544**	**5,791,427**
7	**Total Deductions**	**18,668,011**	**22,046,388**	**24,686,294**	**28,655,867**	**31.3%**	**2,387,989**	**2,430,650**	**2,505,757**	**2,956,996**	**3,079,036**	**2,012,021**	**2,056,926**	**2,005,495**	**1,873,105**	**2,487,643**	**2,320,196**	**2,524,233**	**2,403,809**
8	Deductions/Patient Revenue	37.3%	39.0%	52.4%	41.6%	7.9%	41.6%	38.3%	44.3%	45.5%	47.0%	37.8%	39.6%	37.5%	38.0%	41.9%	43.0%	42.8%	41.5%
9	**Net Patient Revenue**	**31,430,072**	**34,418,413**	**22,442,350**	**40,226,437**	**14.6%**	**3,352,203**	**3,923,605**	**3,155,500**	**3,535,871**	**3,478,675**	**3,313,928**	**3,135,780**	**3,346,479**	**3,061,002**	**3,445,640**	**3,073,028**	**3,369,311**	**3,387,618**
10	**Other Operating Revenue**	**101,980**	**36,779**	**39,360**	**450,218**	**2758.4%**	**37,518**	**2,141**	**2,188**	**223,761**	**2,123**	**2,157**	**2,141**	**2,191**	**78,607**	**116,767**	**5,878**	**10,485**	**1,779**
11	**Total Operating Revenue**	**31,532,052**	**34,455,192**	**22,481,710**	**40,676,655**	**17.0%**	**3,389,721**	**3,925,746**	**3,157,688**	**3,759,632**	**3,480,798**	**3,316,085**	**3,137,921**	**3,348,670**	**3,139,609**	**3,562,407**	**3,078,906**	**3,379,796**	**3,389,397**
12	**Total Operating Expenses**																		
13	Total Labor Expenses																		
14	Salaries & Wages	15,344,187	17,775,952	21,237,590	19,450,523	8.3%	1,620,877	1,629,746	1,678,318	1,630,155	1,653,470	1,456,158	1,682,236	1,721,461	1,579,262	1,681,154	1,587,425	1,594,488	1,556,650
15	Contract Labor	5,797,034	5,377,140	4,814,961	6,191,473	7.6%	515,956	469,287	540,963	437,512	439,739	520,505	528,579	619,974	511,039	513,474	499,908	594,457	516,036
16	Benefits	2,585,712	2,975,246	2,255,223	3,645,257	34.2%	303,771	384,784	372,807	348,976	352,468	338,082	219,731	279,776	292,866	300,310	284,199	170,970	300,288
17	**Total Labor Expenses**	**23,726,933**	**26,128,338**	**28,307,774**	**29,287,253**	**11.3%**	**2,440,604**	**2,483,817**	**2,592,088**	**2,416,643**	**2,445,677**	**2,314,745**	**2,430,546**	**2,621,211**	**2,383,167**	**2,494,938**	**2,371,532**	**2,359,915**	**2,372,974**
18	Total Labor/Net Revenue	75.5%	75.9%	126.1%	72.8%	-2.6%	72.8%	63.3%	82.1%	68.3%	70.3%	69.8%	77.5%	78.3%	77.9%	72.4%	77.2%	70.0%	70.0%
19	Purchased Services	3,465,931	3,616,088	4,116,542	2,720,487	33.4%	226,707	197,822	280,859	367,510	252,886	206,177	189,751	122,829	211,000	217,928	261,989	212,411	199,325
20	Drugs & Pharmaceuticals	1,197,244	1,228,447	1,410,503	2,681,368	119.3%	223,447	(2,770)	207,944	327,803	268,670	250,141	163,288	321,958	240,301	253,227	210,050	220,212	220,544
21	Medical Supplies	1,017,281	1,177,688	1,429,050	1,217,068	19.2%	101,422	118,615	79,405	102,107	121,669	82,369	99,955	123,498	96,382	99,220	93,175	88,821	111,852
22	Other Supplies	327,257	415,669	638,148	597,703	-32.1%	49,809	107,693	23,585	61,295	41,024	55,031	62,876	34,837	44,338	49,997	41,318	24,464	51,245
23	Lease & Rental Expense	(5,816)	(1,912)	28,643	60,412	2031.8%	5,034	7,922	11,993	17,745	(2,728)	15,216	7,732	-	-	1,266	-	-	1,266
24	Repairs & Maintenance	231,817	212,520	374,238	227,504	-40.1%	18,959	14,831	13,601	9,979	13,761	18,221	15,601	18,126	14,541	48,332	25,696	20,246	14,569
25	Other Expenses	1,169,274	1,822,546	1,643,085	2,277,346	17.2%	189,779	212,036	235,860	237,922	167,029	121,641	169,814	195,997	168,250	189,010	192,710	194,568	192,509
26	Utilities	325,872	344,924	380,956	352,716	4.8%	29,393	31,185	29,207	28,889	32,645	24,188	32,932	29,122	31,945	19,761	38,373	22,414	32,055
27	Insurance	292,025	290,434	251,448	233,028	12.2%	19,419	(35,945)	24,130	30,129	24,210	24,211	24,211	23,629	23,629	23,814	23,628	23,753	23,629
28	Depreciation & Amortization	1,234,926	2,119,791	2,091,620	2,193,813	0.0%	182,818	167,384	174,574	170,981	181,542	217,403	179,650	225,510	179,511	186,412	221,822	128,091	160,933
29	**Total Operating Expenses**	**32,982,745**	**37,354,534**	**40,672,008**	**41,848,698**	**16.0%**	**3,487,392**	**3,302,590**	**3,673,246**	**3,771,003**	**3,546,385**	**3,329,343**	**3,376,356**	**3,716,717**	**3,393,064**	**3,583,905**	**3,480,293**	**3,294,895**	**3,380,901**
30	Op. Expenses/Op. Revenue	104.6%	108.4%	180.9%	102.9%	-0.6%	102.9%	84.1%	116.3%	100.3%	101.9%	100.4%	107.6%	111.0%	108.1%	100.6%	113.0%	97.5%	99.7%
31	**Operating Income / (Loss)**	**(1,450,693)**	**(2,899,342)**	**(18,190,298)**	**(1,172,043)**	**0.1%**	**(97,670)**	**623,156**	**(515,558)**	**(11,371)**	**(65,587)**	**(13,258)**	**(238,435)**	**(368,047)**	**(253,455)**	**(21,498)**	**(401,387)**	**84,901**	**8,496**
32	Operating Income/Loss	-4.6%	-8.4%	-80.9%	-2.9%	-10.0%	-2.9%	15.9%	-16.3%	-0.3%	-1.9%	-0.4%	-7.6%	-11.0%	-8.1%	-0.6%	-13.0%	2.5%	0.3%
33	Property Taxes	1,174,127	1,172,491	1,178,628	1,218,868	4.5%	101,572	105,920	101,177	101,177	101,177	101,177	101,177	101,177	101,177	114,333	96,792	96,792	96,792
34	Non-Operating Revenue	287,602	227,239	113,064	599,510	187.5%	49,959	54,951	54,778	120,448	25,505	36,876	33,526	85,983	29,668	53,948	35,000	64,154	4,673
35	Interest Expense	(292,251)	(465,406)	(401,232)	(420,024)	-44.1%	(35,002)	(25,219)	(29,556)	(27,281)	(30,072)	(30,888)	(31,724)	(47,441)	(43,326)	(33,930)	(36,569)	(33,934)	(50,084)
36	Investment Income	492,087	488,968	465,552	420,550	-19.8%	35,046	37,327	22,617	47,446	21,565	18,480	52,664	24,716	24,826	58,581	25,596	27,072	59,660
37	Gain / Loss on Asset Disposal	(52,350)	-	-	(1,685)		(140)	-	-	-	-	-	-	-	-	-	(162)	162	(1,685)
38	**Net Non Operating Revenue**	**1,609,215**	**1,423,292**	**1,356,012**	**1,817,219**	**59.6%**	**151,435**	**172,979**	**149,016**	**241,790**	**118,175**	**125,645**	**155,643**	**164,435**	**112,345**	**192,932**	**120,657**	**154,246**	**109,356**
39	**Change In Net Position**	**158,522**	**(1,476,049)**	**(16,834,286)**	**645,176**	**-69.4%**	**53,765**	**796,135**	**(366,542)**	**230,419**	**52,588**	**112,387**	**(82,792)**	**(203,612)**	**(141,110)**	**171,434**	**(280,730)**	**239,147**	**117,852**
40	Gross Margin	0.5%	-4.3%	-74.9%	1.6%	**-59.9%**	1.6%	20.3%	-11.6%	6.1%	1.5%	3.4%	-2.6%	-6.1%	-4.5%	4.8%	-9.1%	7.1%	3.5%

Southern Coos Hospital & Health Center
Balance Sheet Trends

		FY24 Ending	FY25 Ending	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sep 2025	Aug 2025
1	**Total Assets**													
2	**Total Current Assets**													
3	Cash - Operating	1,400,507	1,812,826	2,594,192	2,562,024	2,024,699	1,734,751	922,882	615,196	1,223,709	1,502,524	1,230,611	986,759	584,310
4	Investments - Unrestricted	4,076,428	3,984,313	3,968,402	3,946,440	3,923,823	3,902,007	3,430,442	3,411,971	4,138,430	4,113,714	4,088,888	4,062,503	4,036,909
5	Investments - Restricted	3,744,080	3,419,943	233,704	2,782,879	2,782,879	2,782,879	2,782,879	2,782,879	2,782,878	3,419,943	3,419,943	3,419,943	3,419,943
6	Investments - Board	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
7	**Cash & Cash Equivalents**	**11,721,015**	**11,717,082**	**9,296,298**	**11,791,343**	**11,231,401**	**10,919,637**	**9,636,203**	**9,310,046**	**10,645,017**	**11,536,181**	**11,239,442**	**10,969,205**	**10,541,162**
8	**Net Patient Accounts Rec.**	**3,907,633**	**3,536,706**	**4,019,327**	**4,036,178**	**4,997,789**	**4,675,082**	**4,099,430**	**4,169,365**	**3,733,449**	**3,798,199**	**3,693,145**	**3,921,150**	**4,418,059**
9	**Other Current Assets**	**798,202**	**990,065**	**1,152,071**	**881,280**	**872,461**	**659,943**	**668,527**	**636,044**	**437,674**	**682,871**	**1,407,460**	**1,332,374**	**1,234,575**
10	**Total Current Assets**	**16,426,850**	**16,243,853**	**14,467,696**	**16,708,801**	**17,101,651**	**16,254,662**	**14,404,160**	**14,115,455**	**14,816,140**	**16,017,251**	**16,340,047**	**16,222,729**	**16,193,796**
11	**Net Property/Plant/Equip.**	**6,423,952**	**8,243,887**	**7,087,342**	**7,223,628**	**7,336,315**	**7,550,458**	**7,611,661**	**7,748,861**	**7,861,243**	**7,966,794**	**8,085,587**	**8,112,749**	**8,170,108**
12	**Total Assets**	**22,850,802**	**24,487,740**	**21,555,038**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**	**24,335,478**	**24,363,904**
13	**Total Liabilities & Net Assets**													
14	**Total Current Liabilities**													
15	Accounts Payable	1,344,652	1,551,870	1,189,810	1,503,501	1,740,769	1,576,017	1,401,677	1,328,946	1,360,904	1,432,300	1,544,686	1,575,424	1,418,887
16	Accrued Payroll & Benefits	1,411,152	1,741,066	1,919,060	1,752,542	1,583,485	1,453,076	1,331,300	1,284,800	1,979,388	1,712,202	1,608,783	1,363,640	1,265,920
17	Line of Credit Payable	0	3,139,376	0	2,511,501	2,511,501	2,511,501	2,511,501	2,511,501	2,511,501	3,139,376	3,139,376	3,139,377	3,139,377
18	Interest & Other Payable	100,992	268,479	130,464	131,344	161,731	182,653	181,362	196,194	98,694	114,295	120,694	260,973	266,112
19	Est. Payor Settlements	997,650	534,781	1,233,820	1,714,790	1,724,016	1,517,734	36,586	72,963	107,866	580,426	791,394	759,410	803,074
20	Cur. Portion Long-Term Debt	635,560	656,838	453,185	453,059	450,438	460,720	463,883	491,414	520,141	548,096	600,445	594,368	996,268
21	**Total Current Liabilities**	**4,490,006**	**7,892,410**	**4,926,339**	**8,066,737**	**8,171,940**	**7,701,701**	**5,926,309**	**5,885,818**	**6,578,494**	**7,526,695**	**7,805,378**	**7,693,192**	**7,889,638**
22	**Total Long-Term Debt**	**4,535,131**	**4,228,131**	**3,578,258**	**3,611,386**	**3,645,183**	**3,751,058**	**3,789,740**	**3,791,112**	**3,828,711**	**3,983,560**	**4,005,355**	**4,198,818**	**3,750,068**
23	**Total Liabilities**	**9,025,137**	**12,120,541**	**8,504,597**	**11,678,123**	**11,817,123**	**11,452,759**	**9,716,049**	**9,676,930**	**10,407,205**	**11,510,255**	**11,810,733**	**11,892,010**	**11,639,706**
24	**Total Net Assets**	**13,825,665**	**12,367,199**	**13,050,441**	**12,254,306**	**12,620,843**	**12,352,361**	**12,299,772**	**12,187,386**	**12,270,178**	**12,473,790**	**12,614,901**	**12,443,468**	**12,724,198**
25	**Total Liabilities & Net Assets**	**22,850,802**	**24,487,740**	**21,555,038**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**	**24,335,478**	**24,363,904**

Southern Coos Hospital & Health Center
Balance Sheet Summary

Reporting Book: ACCRUAL
As of Date: 06/30/2026
Location: Southern Coos Health District

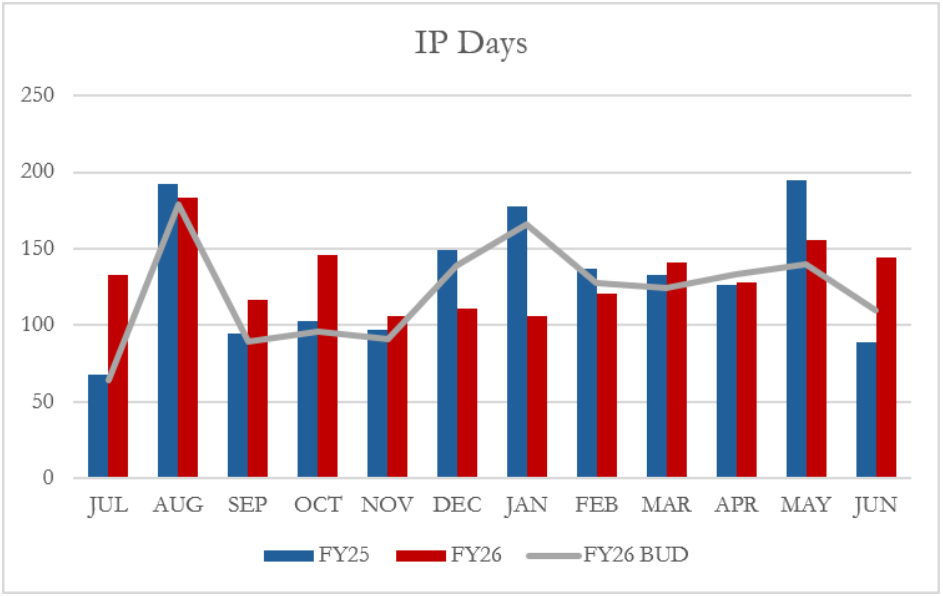
	Year To Date 06/30/2026 Current Year Balance	Year Ending 06/30/2025 Prior Year	Current vs. Prior	Year Ending 06/30/2024 Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	9,296,298	11,717,082	(2,420,784)	11,721,015
Net Patient Accounts Receivable	4,019,327	3,536,706	482,621	3,907,633
Other Assets	1,152,071	990,065	162,006	798,202
Total Current Assets	14,467,696	16,243,853	(1,776,157)	16,426,850
Net PP&E	7,087,342	8,243,887	(1,156,545)	6,423,952
Total Assets	**21,555,038**	**24,487,740**	**(2,932,702)**	**22,850,802**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	4,926,339	7,892,410	(2,966,071)	4,490,006
Total Long Term Debt, Net	3,578,258	4,228,131	(649,873)	4,535,131
Total Liabilities	8,504,597	12,120,541	(3,615,944)	9,025,137
Total Net Assets	13,050,441	12,367,199	683,242	13,825,665
Total Liabilities & Net Assets	**21,555,038**	**24,487,740**	**(2,932,702)**	**22,850,802**

Cash to Debt Ratio	**1.09**	**0.97**	**0.12**	**1.30**
Debt Ratio	**0.39**	**0.49**	**(0.10)**	**0.39**
Current Ratio	**2.94**	**2.06**	**0.88**	**3.66**
Debt to Capitalization Ratio	**0.22**	**0.23**	**(0.01)**	**0.25**

Southern Coos Hospital & Health Center
Balance Sheet

Reporting Book: ACCRUAL
As of Date: 06/30/2026
Location: Southern Coos Health District

	Year To Date 06/30/2026	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	2,594,192	1,812,826	781,366	1,400,507
Investments - Unrestricted	3,968,402	3,984,313	(15,912)	4,076,428
Investments - Reserved Certificate of Deposit	-	3,186,239	(3,186,238)	3,510,375
Investment - USDA Restricted	233,704	233,704	-	233,705
Investment - Board Designated	2,500,000	2,500,000	-	2,500,000
Cash and Cash Equivalents	9,296,298	11,717,082	(2,420,784)	11,721,015
Net Patient Accounts Receivable				
Patient Accounts Receivable	8,754,752	8,116,920	637,833	7,228,499
Allowance for Uncollectibles	(4,735,425)	(4,580,214)	(155,212)	(3,320,866)
Net Patient Accounts Receivable	4,019,327	3,536,706	482,621	3,907,633
Other Assets				
Other Receivables	38,485	29,598	8,887	21,045
Inventory	508,704	346,070	162,634	230,930
Prepaid Expense	514,993	530,442	(15,449)	465,262
Property Tax Receivable	89,889	83,955	5,934	80,965
Other Assets	1,152,071	990,065	162,006	798,202
Total Current Assets	14,467,696	16,243,853	(1,776,157)	16,426,850
Net PP&E				
Land	461,527	461,527	-	461,527
Property and Equipment	23,504,796	23,375,034	129,762	20,435,404
Accumulated Depreciation	(17,339,941)	(15,682,145)	(1,657,797)	(15,194,163)
Construction In Progress	460,960	89,471	371,490	721,184
Net PP&E	7,087,342	8,243,887	(1,156,545)	6,423,952
Total Assets	21,555,038	24,487,740	(2,932,702)	22,850,802
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,189,810	1,551,870	(362,060)	1,344,652
Accrued Payroll and Benefits	1,919,060	1,741,066	177,995	1,411,152
Line of Credit Payable	-	3,139,376	(3,139,377)	-
Interest and Other Payable	130,464	268,479	(138,015)	100,992
Estimated Third Party Payor Settlements	1,233,820	534,781	699,039	997,650
Current Portion of Long Term Debt	453,185	656,838	(203,653)	635,560
Current Liabilities	4,926,339	7,892,410	(2,966,071)	4,490,006
Total Long Term Debt, Net				
Long Term Debt	3,578,258	4,228,131	(649,873)	4,535,131
Total Long Term Debt, Net	3,578,258	4,228,131	(649,873)	4,535,131
Total Liabilities	8,504,597	12,120,541	(3,615,944)	9,025,137
Total Net Assets	13,050,441	12,367,199	683,242	13,825,665
Total Liabilities & Net Assets	21,555,038	24,487,740	(2,932,702)	22,850,802


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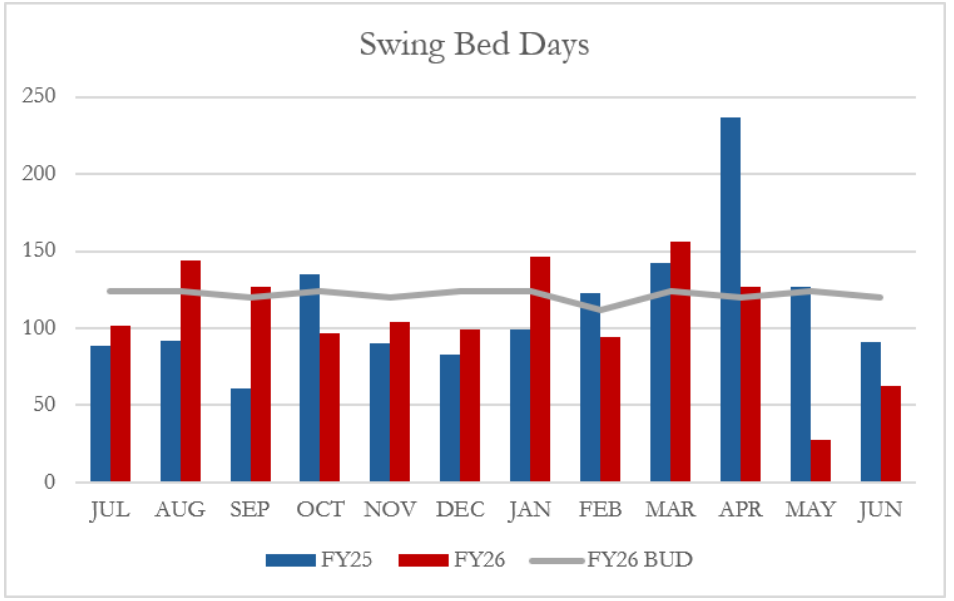
50
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD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200
150
100
50
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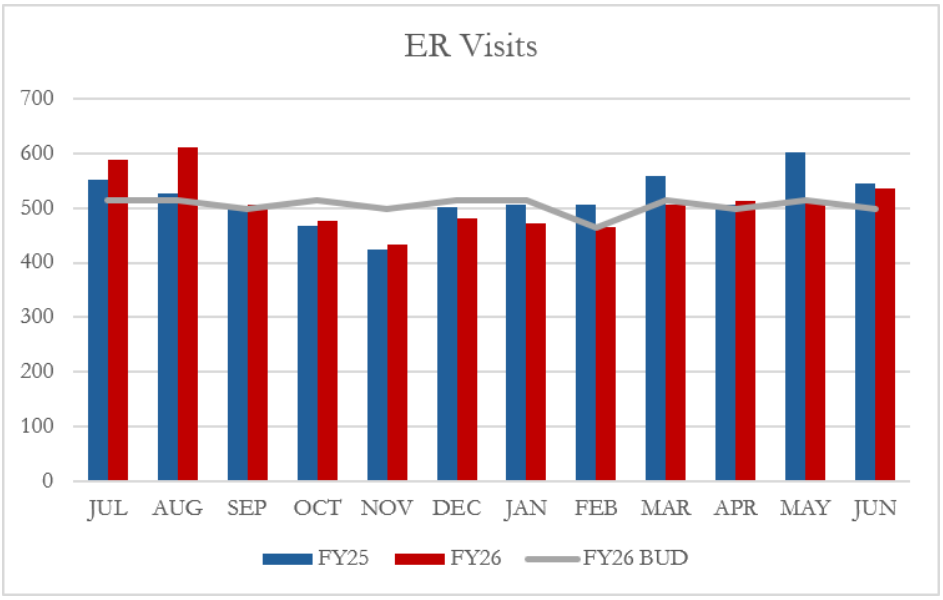
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


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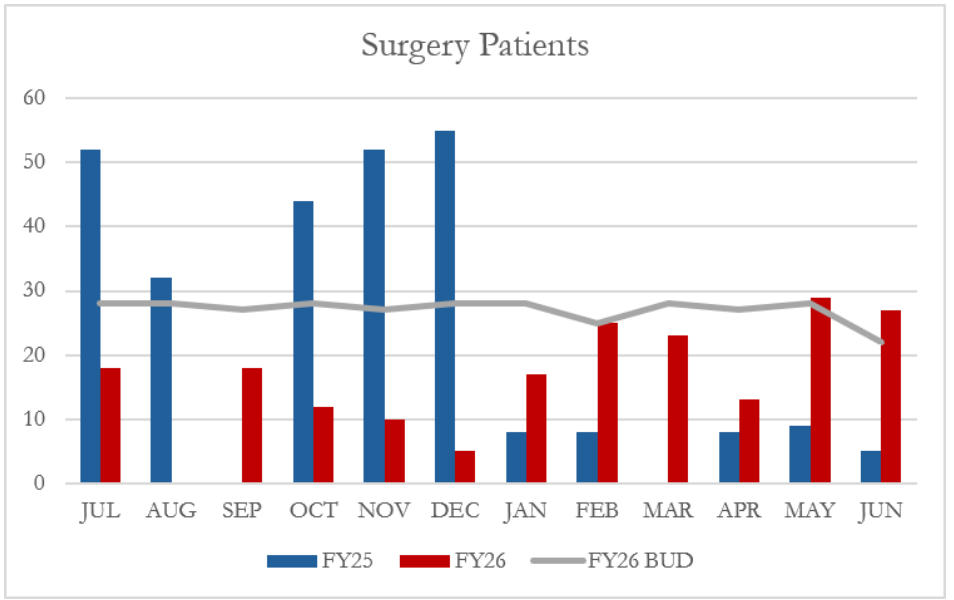
600
500
400
300
200
100
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


Surgery Patients
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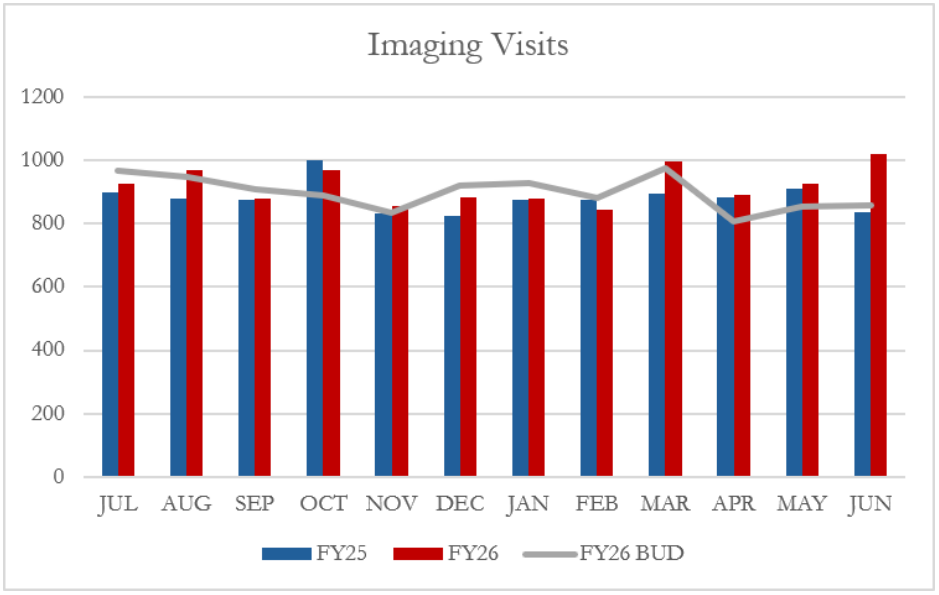
50
40
30
20
10
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD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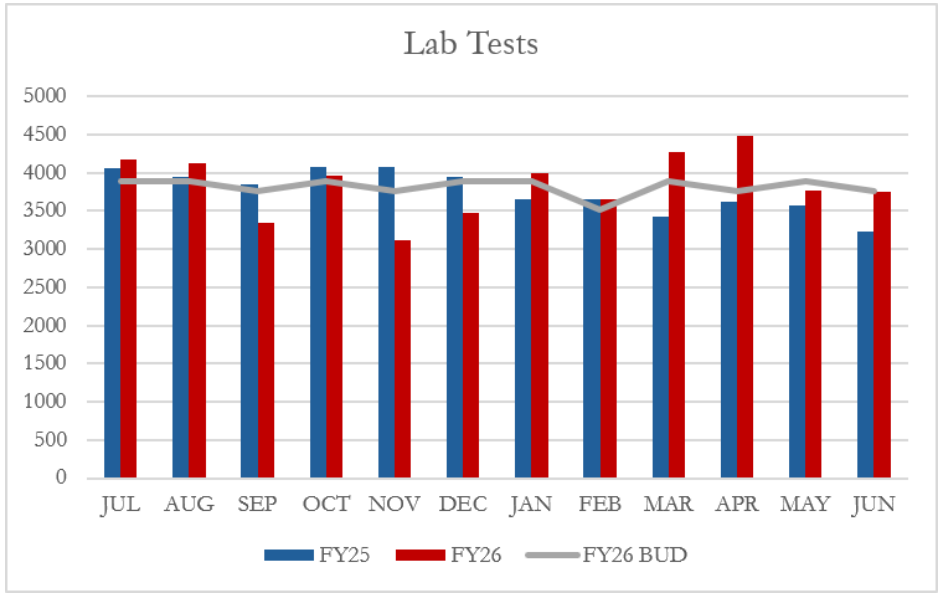
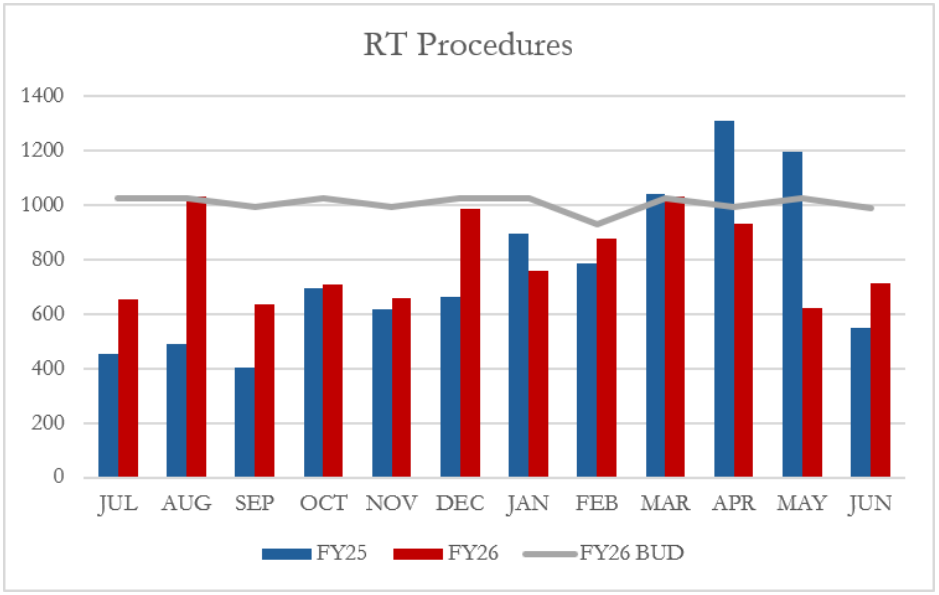
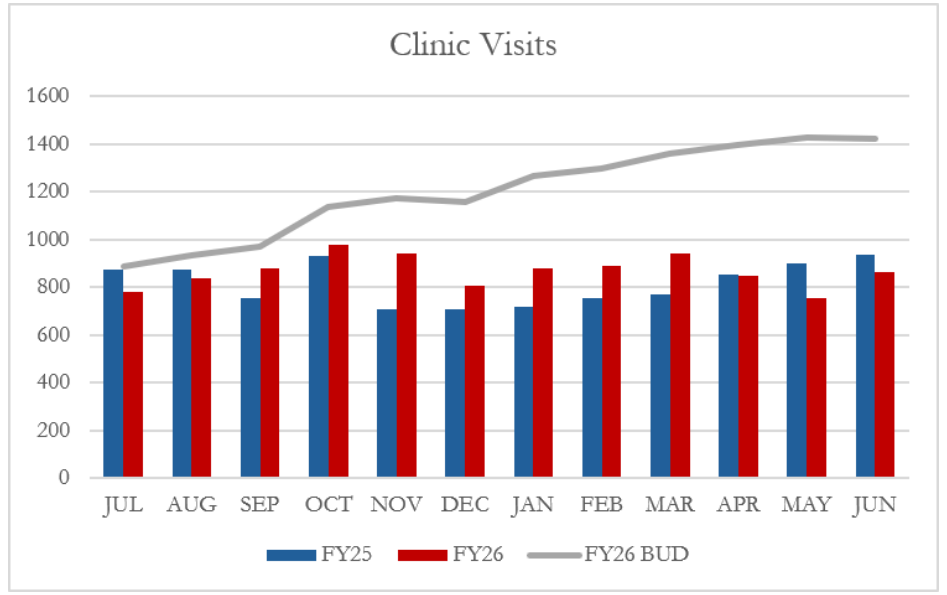
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


Lab Tests
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY25 FY26 FY26 BUD


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


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

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending June 2026

		Month						Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year
Volume Summary	IP Days	144	110	89	30.6%	61.8%		1,592	1,460	1,562	9.0%	1.9%
	Swing Bed Days	63	180	91	-65.0%	-30.8%		1,287	2,190	1,369	-41.2%	-6.0%
	Total Inpatient Days	207	290	180	-28.7%	15.0%		2,879	3,650	2,931	-21.1%	-1.8%
	Avg Daily Census	6.9	9.7	6.0	-28.7%	15.0%		7.9	10.0	8.0	-21.1%	-1.8%
	Avg Length of Stay - IP	4.4	3.0	2.4	45.5%	81.4%		3.7	3.0	3.6	22.3%	2.9%
	Avg Length of Stay - SWB	12.6	10.6	9.1	19.0%	38.5%		11.6	9.0	10.6	28.7%	9.3%
	ED Registrations	536	497	544	7.8%	-1.5%		6,105	6,050	6,196	0.9%	-1.5%
	Clinic Registrations	537	323	936	66.3%	-42.6%		10,427	3,910	8,343	166.7%	25.0%
	Ancillary Registrations	1,828	595	1,479	207.2%	23.6%		15,829	7,240	15,829	118.6%	0.0%
	Total OP Registrations	2,901	1,415	2,959	105.0%	-2.0%		32,361	17,200	30,368	88.1%	6.6%
Key Income Statement Ratios	Gross IP Rev/IP Day	6,952	8,288	6,423	-16.1%	8.2%		7,159	7,159	6,375	0.0%	12.3%
	Gross SWB Rev/SWB Day	2,416	2,834	2,640	-14.8%	-8.5%		2,632	2,865	3,041	-8.1%	-13.5%
	Gross OP Rev/Total OP Registrations	1,512	3,465	1,230	-56.4%	22.9%		1,299	3,242	1,394	-59.9%	-6.8%
	Collection Rate	56.1%	62.0%	58.3%	-9.4%	-3.8%		54.0%	62.0%	60.0%	-12.9%	-10.1%
	Compensation Ratio	63.3%	69.1%	88.2%	-8.4%	-28.3%		72.0%	70.4%	76.9%	2.3%	-6.4%
	OP EBIDA Margin $	790,540	199,770	(321,321)	295.7%	-346.0%		1,077,856	1,656,467	(1,244,083)	-34.9%	-186.6%
	OP EBIDA Margin %	20.1%	5.8%	-12.4%	245.9%	-262.8%		2.6%	4.1%	-3.7%	-34.9%	-172.3%
	Total Margin	20.3%	4.0%	-11.8%	402.6%	-272.2%		1.7%	2.3%	-4.7%	-26.6%	-135.6%
Key Liquidity Ratios	Days Cash on Hand	82.7	80.0	80.1	3.4%	3.2%						
	AR Days Outstanding	47.9	50.0	52.3	-4.2%	-8.4%						

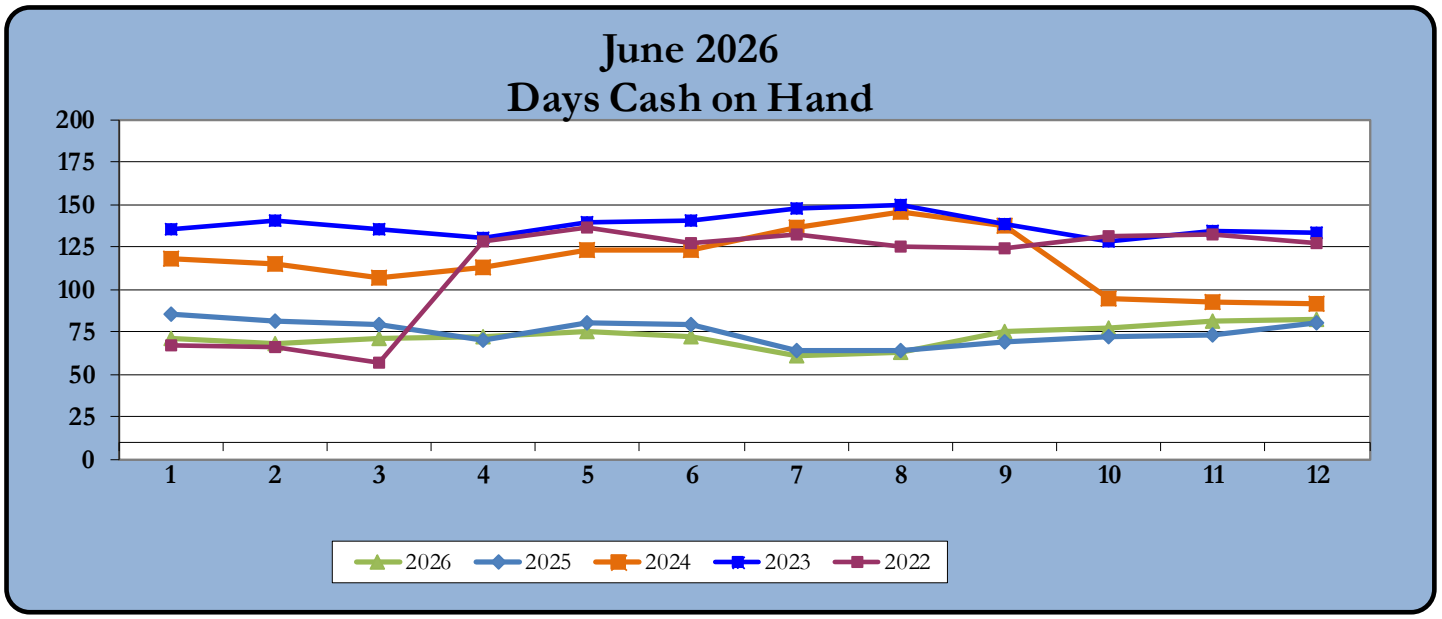
Southern Coos Hospital & Health Center

Data Dictionary

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

Key Income Statement Ratios	Gross IP Rev/IP Day	Avg. gross patient charges per IP patient day
	Gross SWB Rev/SWB Day	Avg. gross patient charges per SWB patient day
	Gross OP Rev/Total OP Registrations	Avg. gross patient charges per OP visit
	Collection Rate	Net patient revenue / total patient charges
	Compensation Ratio	Total Labor Expenses / Total Operating Revenues
	OP EBIDA Margin $	Operating Margin + Depreciation + Amortization
	OP EBIDA Margin %	Operating EBIDA / Total Operating Revenues
	Total Margin (%)	Total Margin / Total Operating Revenues

Key Liquidity Ratios	Days Cash on Hand	Total unrestricted cash / Daily OP Cash requirements
	AR Days Outstanding	Gross AR / Avg. Daily Revenues



Calculation: Total Unrestricted Cash on Hand / Daily Operating Cash Needs

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

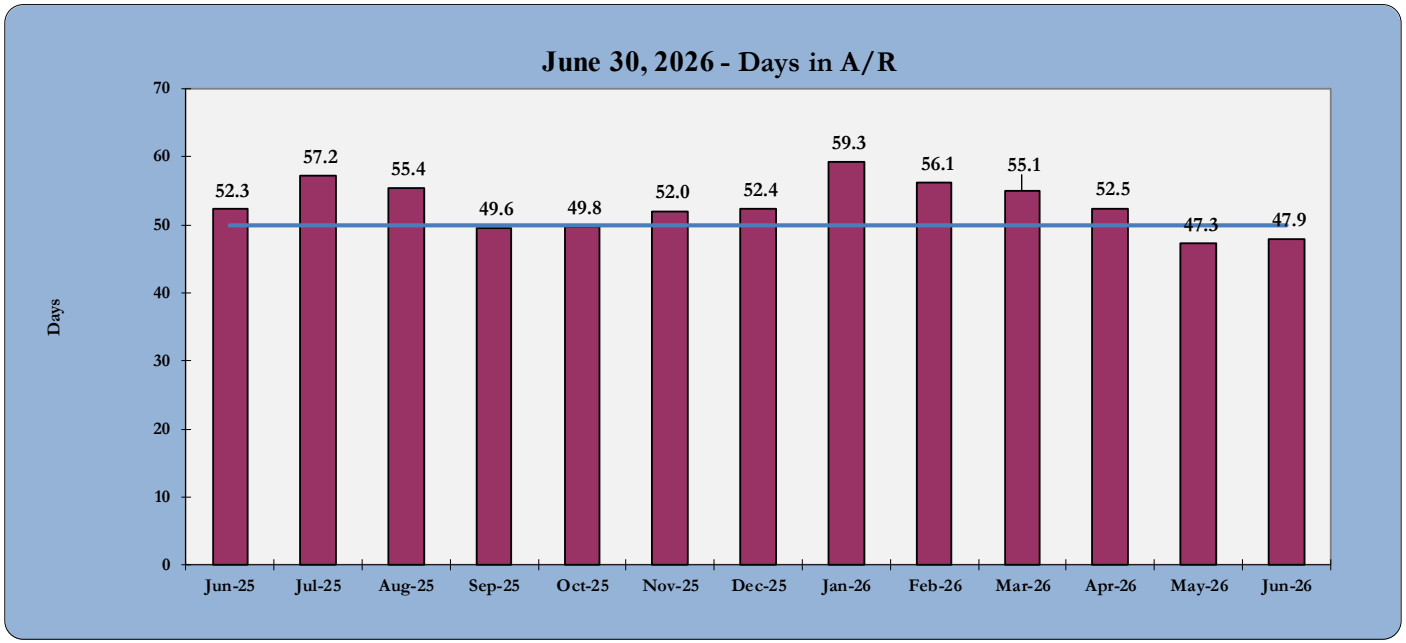
Desired Position: Upward trend, above the median

Year	Average
2026	72.5
2025	74.8
2024	116.3
2023	137.8
2022	113.0

Benchmark **80 Days**

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

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2026	71.6	67.6	70.7	72.5	75.1	72.4	60.4	63.2	74.9	77.1	81.7	82.7
2025	85.4	81.4	79.0	70.5	79.9	79.7	64.2	63.7	68.6	71.9	72.8	80.1
2024	117.7	114.5	106.8	113.1	123.1	123.3	136.1	145.3	137.0	94.5	92.8	91.4
2023	135.9	140.8	135.2	130.5	139.4	140.7	147.8	149.7	138.9	127.8	134.2	133.3
2022	67.2	66.2	56.6	128.6	136.1	127.4	132.1	125.1	124.6	131.5	132.8	127.5



Calculation: Gross Accounts Receivable / Average Daily Revenue

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

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

Benchmark ***50***

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

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
A/R (Gross)	8,574,636	9,425,337	9,315,989	8,636,661	8,656,663	8,532,097	8,333,957	8,934,107	8,853,251	9,390,115	9,690,344	8,527,555	8,561,401
Days in AR	**52.3**	**57.2**	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**

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	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
A/R (Gross)	8,574,636	9,425,337	9,315,989	8,636,661	8,656,663	8,532,097	8,333,957	8,934,107	8,853,251	9,390,115	9,690,344	8,527,555	8,561,401
Days in Month	30	31	31	30	31	30	31	31	28	31	30	31	30
Monthly Revenue	4,451,443	5,464,741	5,542,430	5,024,606	5,438,653	4,457,881	4,741,155	4,665,671	4,787,122	5,880,138	5,775,369	4,940,254	5,540,048
3 Mo Avg Daily Revenue	163,962	164,732	168,028	174,258	173,975	163,969	159,105	150,703	157,711	170,366	184,749	180,389	178,634
Days in AR	**52.3**	**57.2**	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2026

FY26 Capital Budget - Projects under $15,000

Total Budget	**$**	**186,000**
Projects Completed / Capitalized	$	33,946
Projects In Progress	$	12,500
Remaining Budget	**$**	**139,554**

FY26 Capital Budget - Projects over $15,000

Total Budget	**$**	**3,114,000**
Projects Completed / Capitalized	$	519,945
Projects In Progress	$	226,037
Remaining Budget	**$**	**2,368,018**

FY26 Capital Budget - Grant Funded

Total Grant	**$**	**246,000**
Projects Completed / Capitalized	$	-
Projects In Progress	$	202,484
Remaining Budget	**$**	**43,516**

FY26 Mitigation Dashboard

To: Board of Directors and Southern Coos Management
From: Scott McEachern, CIO
Re: CIO Report for Board of Directors Meeting – July 23, 2026

April – June 2026

Operating Gain/Loss by Dept	Apr	May	June	Q4 2026 Average	Rolling 3 month Ave
SLS	$ 239,122	$ (22,215)	$ (39,963)	$ 58,981	$ 42,803
Surgery	$ (78,689)	$ (122,915)	$ (63,204)	$ (88,269)	$ (49,050)
Retail Pharm	$ (26,897)	$ (32,237)	$ 50,623	$ (2,837)	$ (27,657)
Total	**$ 133,536**	**$ (177,367)**	**$ (52,544)**	**$ (32,125)**	**$ (33,904)**
Overall Operating Gain/(Loss)	$ 44,719	$ (515,558)	$ 623,156	$ 50,772	$ (11,376)
Gain (Loss) Excluding Initiatives	**$ (88,817)**	**$ (338,191)**	**$ 675,700**	**$ 82,897**	**$ 22,529**

Notes:
- The April $239,122 positive for Senior Life Solutions was due to an issue with their billing process that is now resolved with the assistance of Colene Hickman, Revenue Cycle Director.
- Surgery expenses trended down in June 2026.
- Retail Pharmacy shows a positive bottom line due to year end inventory adjustments. Even after the year end inventory adjustments, the retail pharmacy had its best month since opening in June 2025.

FY26 Average by Quarter

Operating Gain/Loss by Dept	Q1 2026 Average	Q2 2026 Average	Q3 2026 Average	Q4 2026 Average	Rolling 3 month Ave
SLS	$ (6,333)	$ (16,217)	$ (49,378)	$ 58,981	$ 42,803
Surgery	$ (74,997)	$ (128,776)	$ (46,911)	$ (88,269)	$ (49,050)
Retail Pharm	$ (23,711)	$ (42,610)	$ (8,066)	$ (2,837)	$ (27,657)
Total	**$ (105,041)**	**$ (187,603)**	**$ (104,355)**	**$ (32,125)**	**$ (33,904)**
Overall Operating Gain/(Loss)	$ (102,664)	$ (214,334)	$ (105,760)	$ 50,772	$ (11,376)
Gain (Loss) Excluding Initiatives	**$ 2,377**	**$ (26,731)**	**$ (1,405)**	**$ 82,897**	**$ 22,529**

Notes:
- Once again, the Q4 positive average for SLS is due to the anomalous positive month for April.
- Average surgery expenses per month remain high in Q4 after dipping in Q3, though a portion of Q4 average is the PTO cash out by V. Schmelzer in May 2026.
- Retail pharmacy is trending toward positive in Q3 and Q4.

Reference Data for FY26 (Sorry so small)

Operating Gain/Loss by Dept	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Q1 2026 Average	Q2 2026 Average	Q3 2026 Average	Q4 2026 Average	Rolling 3 month Ave
SLS	$ -	$ (9,500)	$ (9,500)	$ (9,500)	$ (8,235)	$ (30,916)	$ (37,419)	$ (47,030)	$ (63,684)	$ 239,122	$ (22,215)	$ (39,963)	$ (6,333)	$ (16,217)	$ (49,378)	$ 58,981	$ 42,803
Surgery	$ (76,237)	$ (70,922)	$ (77,832)	$ (114,173)	$ (95,487)	$ (176,669)	$ (72,273)	$ (37,995)	$ (30,465)	$ (78,689)	$ (122,915)	$ (63,204)	$ (74,997)	$ (128,776)	$ (46,911)	$ (88,269)	$ (49,050)
Retail Pharm	$ (29,619)	$ (17,896)	$ (23,617)	$ (50,246)	$ (36,142)	$ (41,442)	$ 31,876	$ (24,375)	$ (31,700)	$ (26,897)	$ (32,237)	$ 50,623	$ (23,711)	$ (42,610)	$ (8,066)	$ (2,837)	$ (27,657)
Total	**$ (105,856)**	**$ (98,318)**	**$ (110,949)**	**$ (173,919)**	**$ (139,864)**	**$ (249,027)**	**$ (77,816)**	**$ (109,400)**	**$ (125,849)**	**$ 133,536**	**$ (177,367)**	**$ (52,544)**	**$ (105,041)**	**$ (187,603)**	**$ (104,355)**	**$ (32,125)**	**$ (33,904)**
Overall Operating Gain/(Loss)	$ 8,495	$ 84,901	$ (401,387)	$ (21,499)	$ (253,455)	$ (368,047)	$ (238,435)	$ (13,259)	$ (65,587)	$ 44,719	$ (515,558)	$ 623,156	$ (102,664)	$ (214,334)	$ (105,760)	$ 50,772	$ (11,376)
Gain (Loss) Excluding Initiatives	**$ 114,351**	**$ 183,219**	**$ (290,438)**	**$ 152,419**	**$ (113,591)**	**$ (119,020)**	**$ (160,619)**	**$ 96,141**	**$ 60,262**	**$ (88,817)**	**$ (338,191)**	**$ 675,700**	**$ 2,377**	**$ (26,731)**	**$ (1,405)**	**$ 82,897**	**$ 22,529**