Board of Directors
Regular Meeting & Executive Session
August 27, 2026 6:00 p.m.

AGENDA

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

1. Agenda - Corrections or Additions (action)

II. Consent Agenda

1. Meeting Minutes
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2. Board Counsel Invoice – None
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4. **Motion to Approve Consent Agenda** (action)

III. New Business

1. Board Education – HIPAA Compliance 56

IV. Old Business

1. Master Facility Plan Funding Proposal - SDAO – David Ulbricht, SDAO (action) 66
2. Strategic Plan Proposed Charter (action) 80

V. Staff Reports-Discussion

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3. Retail Pharmacy Report 84
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5. Quality Key Performance Indicators Dashboard 90
6. CIO Report 92
7. Multi-Specialty Clinic Report 95
8. SCHD Foundation Report 102

VI. Monthly Financial Statements: Review & Discussion

1. CFO Report & Financial Statements for Period Ending July 31, 2026 103
2. July Revenue Cycle Report 115
3. Monthly Mitigation Dashboard Report for Period Ending July 31, 2026 117

VII. Open Discussion

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. No decision will be made in Executive Session.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-07/23/26 ..... (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 Meeting
Open Session Minutes
July 23, 2026

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

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

1. Agenda - Corrections or Additions.

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

2. Public Input – None.

II. Consent Agenda

1. Meeting Minutes

a. Regular Meeting Open Session – 06/25/26
b. Special Meeting – 07-08-26

2. Invoice for Legal Services – None.

Mary Schamehorn **moved** to accept the Consent Agenda with Minutes attendance correction. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

III. New Business

1. Election of Officers & Appointment of Committee Liaisons

Mr. Bedell nominated Bob Pickel to serve as liaison to the Finance Committee. Current officers each confirmed their willingness to remain in current officer roles, Tom Bedell, Chairman; Mary Schamehorn, Secretary; Pam Hansen, Treasurer. Ms. Hansen also serves as liaison to the Southern Coos Health Foundation. Ms. Hardin serves as the Quality Committee liaison. Mr. Pickel is nominated to replace Mr. Bedell as Finance Committee liaison.

Mary Schamehorn **moved** to re-elect the current slate of officers and to accept the nomination of Mr. Pickel as Finance Committee Liaison. Kay Hardin **seconded** the motion. **All in favor. Unanimous.**

2. Consideration of FY 2027 Public Meeting Calendar

Mary Schamehorn **moved** to accept the FY27 meeting calendar as presented. Kay Hardin **seconded** the motion. **All in favor. Unanimous decision.**

3. Consideration of Revision to District Bylaws

Mr. Bedell presented the proposed update to the standing Budget Committee description in the District Bylaws, to remove staff (CEO & CFO) from Budget Committee membership.

Mary Schamehorn **moved** to accept amendment to the Bylaws as presented. Bob Pickel **seconded** the motion. **All in favor. Unanimous decision.**

4. Consideration of Oregan/Tisue Procurement Agreements

a. OHSU Cascade Life Alliance Organ Procurement Renewal
b. Lion's Vision Gift Eye Procurement Services
c. Solvita Tissue Procurement

It had come to the attention of SCHHC Administration that specific organ procurement contracts on file for many years are to be approved by the Board of Directors. As a result of this review, updated copies will be requested from the vendors.

Kay Hardin **moved** to approve the contracts on file with the understanding that updated contract copies will be requested from each vendor. Bob Pickel **seconded** the motion. **All in favor. Unanimous decision.**

IV. Old Business

1. Master Facility Plan Update

Raymond Hino, CEO, recapped his written narrative noting that an evaluation is in process to consider 3 funding sources that will likely be secured to compliment each other rather than a single source, to include a federal program such as USDA, a capital campaign to include grants and major gifts, and possibly a tax measure will be considered. Funding is available for professional assistance with this evaluation. Lund Associates has been contacted for professional fundraising guidance, to meet on October 7. Additionally, a representative from SDAO (Special Districts of Oregon) will join the August regular Board meeting to review financing options. No action is required at this time.

VI. Staff Reports

1. CEO Report

Raymond Hino, CEO, provided a summary and update to his written report. Mr. Hino

was pleased to announce that an offer has been made to a permanent CFO/COO candidate, Mr. Harry Jasper has accepted and will join Southern Coos on August 3. Cam Marlowe, Interim CFO, will complete his contract on August 31 and will assist with onboarding Mr. Jasper for a smooth transition. Ray has been acquainted with Mr. Jasper for 15 years, noting that he is an experienced and talented healthcare executive. Mr. Bedell commented favorably on the candidate "meet and greet" opportunity with the Board of Directors. Human Resource Director interview will occur on site next week after preliminary online interviews with the HR Team and the Executive Team. The Rural Health Transformation Funding of $963,000 will be used to improve the Emergency Department, expand the school nurse program, and replace surgical equipment for colonoscopies. Proposed purchases must be reviewed in advance by CMS even though these are state funds. Southern Coos has an opportunity through the Rural Health Transformation Program to join with 10 other Oregon independent hospitals to form a Clinically Integrated Network (CIN), the Oregon Cascade High Value Network. Mr. Hino has met with state legislators to request assistance with the CIN application for approval in the Healthcare Market Oversight (HCMO) process. Mr. Hino was pleased to share news of the first surgery with Dr. Namous recently performed successfully at Southern Coos.

2. CMO Report

Dr. Forrester, Chief Medical Officer, added an update to the written report regarding the medical staff credentialing report to include two new surgeons. Onboarding meetings are in process with key staff. An epidemiologist from the Oregon Department of Health requested meeting space at our facility to provide an educational session for local providers regarding ticks and tick borne disease in Oregon, that was interesting and a good opportunity for the medical community.

3. Retail Pharmacy Report

Dr. Forrester added updates to the written Retail Pharmacy Report, highlighting favorable year-end financial results due to year-end adjustments, with an actual loss of roughly $5,000. June 2026 has been our best month to-date. The full profit and loss statement is provided with the written report. The search continues for a new Pharmacy Director with Jeremy Brown's impending departure, with no firm date yet determined.

4. CNO Report

Cori Valet, CNO, was not able to join the meeting until later due to connectivity issues offsite. Mr. Hino offered to answer any questions from her written report. Mr. Hino provided detail regarding the two patient rooms noted as out of service; one room was out of service due to a plumbing issue and a second room was out of service for one day only. Transfer agreements are being updated in conjunction with requirements to meet the Level IV Trauma designation. There were no further questions.

5. Quality Key Performance Indicators Dashboard

Amanda Bemetz, Director of Quality Risk and Compliance, noted that the quality performance dashboard is presented within the monthly Quality and Patient Safety meeting and are posted in each unit for staff to review. Mr. Pickel inquired about alcohol and drug screenings which are performed but are not tracked in this dashboard at this time. Ms. Hickman, Revenue Cycle Director, noted that those screenings can be tracked in the EPIC EMR. Mr. Serle, Clinic Director, noted that these screenings are considered included in "whole person care" philosophy, a collaborative partnership between patients and care team. There were no other questions.

7. CIO Report

Scott McEachern, CIO, provided highlights and answered questions, reminding the group to remain vigilant with cybersecurity. The business office conversion has progressed to the Oregon Health Authority for August inspection. Pam Hansen requested a review of delays that have occurred since March 2026, which included a door supplier delay and contractor delays. Costs were contained by not having a contractor for a period of time, completing work in-house, which also contributed to delays. We are working with Providence to identify IV Pump vendors to coordinate on-site demonstrations to support clinical team group decision.

8. Multi-Specialty Clinic Report

David Serle, Clinic Practice Director, provided highlights from his written report, noting improved functional space for medical assistants and providers. The Chronic Care Management program got off to a slow start but is now revitalized and recognizing a profit. The Lab testing room is up and running in collaboration with the hospital Laboratory team. Mr. Serle was happy to report that there is no current backlog of new patients. New provider costs and ramp up period contributed to bottom line loss. Annual wellness visits have ramped up. Pain Management to be included in Clinic financial reporting starting with July financials to be report in August. Dr. Natalie Speck will be added to Chronic Care Management program, meeting with new patients. Ms. Hardin inquired from the Quality metric report regarding Clinic visit values, which vary depending on the level of the coded visit, volume, and more. In 2025 we had Dr. Monsivais and FNP Fitzgibbons on staff. Primary Care is reimbursed at a lower rate than a surgery consultation with metrics by time rather than complexity. Ms. Hansen requested that this discussion be tabled due to the referenced report not being shared in the open session packet. In response to a request from Mr. Pickel, Mr. Serle posed the top 3 priorities for the clinic as 1) optimization for growth, 2) evaluation for services and capture of charges; and 3) growth to continue especially in surgical services and pain management.

9. SCHD Foundation Report

Ms. McGinley recapped her report noting the addition of 6 new community volunteers who oriented this week to being welcoming staff in the lobby and visiting patient rooms and making post-care patient calls by telephone. Vendor commitments to the

Golf for Health Classic have now reached $85,000 in sponsorships. Next year will be the 20th anniversary of the Southern Coos Health Foundation.

10. Strategic Plan Update

Mr. Hino noted that it is time to begin work on the next strategic plan, thanking Scott McEachern for his input regarding new strategic plan talking points and the option to utilize in-house resources to include development of a charter, and scope, to support the new plan. The proposed charter will be introduced to the Board in August. The environmental assessment in September will "dovetail" with the Master Facility Plan and the Community Health Needs Assessment in October.

VI. Financial Review

1. Month-End Report & Statements for Period Ending June 30, 2026

Cam Marlowe, Interim Chief Financial Officer, summarized the written narrative, referring to attached spreadsheets and an additional handout, "Income Statement FY2026," in addition to the Income Statement Trends report included in the packet, noting change in net position of 1.6% fiscal year to date with $645,000 positive bottom line, without June adjustments, a -1% breakeven year. Mr. Bedell commented on the 340B pharmacy adjustment related to previously understated savings. Pharmacy accounting is split between Retail Pharmacy and Drug Room (hospital) Pharmacy, with 340B savings in both areas. Auditors agreed to method to estimate potential liability and feel it is more accurate and will reduce deductions from revenue. Discussion: Board members were pleased with end of year adjusted results, correcting the large Medicare cushion.

2. June Revenue Cycle Report

Colene Hickman, Revenue Cycle Director, summarized her report for the month of June. Pre-service collections are up from 1% to 7%; thank you to the Patient Access Team for their diligent efforts, including prepayments via MyChart and patient feedback regarding service estimated pricing. Preventable denials review is in progress with legacy system reduction ramping back up with staff return from FMLA through June.

3. Monthly Mitigation Dashboard – Period Ending June 30, 2026

Mr. Hino reviewed highlights from the report, noting that Senior Life Solutions (SLS) appears to be trending down, impacted by a charge lag of 1-2 weeks; discussion included the claim process. Retail Pharmacy is trending positively. Dr. Schulte will be coming off the schedule as we move to our new 2 employed surgeons. Mr. Hino also noted the recent successful podiatry surgery with Dr. Namous. Surgery cases are reimbursed at 70% by Medicare via cost-based reimbursement. CRNA (Certified Registered Nurse Anesthetist) is 100% cost-based reimbursed by Medicare. Our goal is to reflect 340B savings monthly.

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; Pamela Hansen, Treasurer/Foundation Liaison; Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director/Finance Committee liaison. **Administration:** Raymond Hino, CEO; Amanda Bemetz, Director Quality Risk & Compliance; Alden Forrester, CMO. **Via Remote Link:** None. **Others in attendance:** Kim Russell, Executive Assistant. **Press:** None.

IX. Return to Open Session

At 8:21 p.m. the meeting returned to Open Session.

1. Consideration of Executive Session Minutes from 06/25/26

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

2. Consideration of Reports from Executive Session

a. Quality, Risk & Compliance Report

b. Medical Staff Report

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

X. Adjournment

The meeting adjourned at 8:24 p.m. The next regular meeting will be held on August 27 at 6:00 p.m. at Southern Coos Hospital & Health Center.

_____ _____

Thomas Bedell, Chairman 8-27-2026 Mary Schamehorn, Secretary 8-27-2026

DEPARTMENT: Administration	NUMBER: 800.027
SUBJECT: Southern Coos Hospital & Health Center Scope of Services	PAGE: 1 of 46
EFFECTIVE DATE: TBD	REPLACES POLICY DATED: N/A
APPROVED BY: Quality and Patient Safety Committee, Board of Directors	DISTRIBUTION Organization Wide

Southern Coos Hospital & Health Center is a critical access hospital owned and operated by the Southern Coos Health District and located in Bandon, Oregon. Currently licensed for 21 acute care beds, the hospital was granted Critical Access Hospital status in November of 2000 while maintaining its designation as a full-service, general hospital.

The Southern Coos Health District is a municipal corporation organized under Oregon Statute and was originally formed in 1955 by public vote. The District has provided hospital services as a part of its healthcare offerings since 1960. The current hospital was constructed in 1999 and opened its doors for service in December of that year. The primary service area includes Southern Coos County and Northern Curry County. This primary service area is populated by about 10,000 residents.

Purpose

This document is intended to define the range of patient care services offered by the organization and to guide the coordination and integration of these services across all areas of the organization.

Scope of Services Provided

Services Provided Directly or Contractually by the Organization include:

- Case Management Services
- Diagnostic Radiology and Imaging Services
- Dietary & Nutrition Services
- Emergency Services
- Health Information Management Services
- Infusion Services
- Medical / Surgical Services
- Nursing Care Services
- Pathology and Clinical Laboratory Services
- Pharmaceutical Services
- Behavioral Health Services
- Rehabilitation Services
- Respiratory Services
- Surgical Services
- Telemedicine Services
- Wound Care Services

Integration and Coordination of Services

Services will be coordinated and integrated across the organization. Efforts to support this integration and coordination include, but are not limited to:

- Forming multidisciplinary care teams and committees to address patient care concerns.
- Creating organization-wide policies that promote a consistent standard of care.
- Establishing channels for communication and information sharing across departments.

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- Developing and tracking performance measures that evaluate the coordination and integration of care.

Approval

The governing body shall approve of the scope of services rendered by the organization. Approval of this document shall constitute evidence that the governing body has exercised its responsibility.

*Includes Table of Contents with Individualized Scope of Services for each department.

Commented [GU1]: "Medical Staff Office" below should be changed to "Medical Staff Services"

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Anesthesia Services
SCOPE OF SERVICE

Description
Anesthesia services by Anesthesia providers (MD, DO, CRNA):

Anesthesia services throughout the hospital (including all departments) are organized into one anesthesia service which is under the direction of the Anesthesia Department Medical Director.

Anesthesia services include, but are not limited to: General anesthesia, regional anesthesia, local anesthesia, deep sedation, analgesia, monitored anesthesia care (MAC) and pain management. These services are to be administered only by a qualified anesthesiologist or a certified registered nurse anesthetist (CRNA), with the exception of local anesthesia with light sedation which may be provided by appropriately trained and qualified practitioners in appropriate settings.

Pain Management may include peripheral nerve blocks, plexus blocks, epidural and caudal blocks which may be administered for postoperative or intractable pain.

Administration of Anesthesia by non-Anesthesia providers
Anesthesia services are separate and distinct from the administration of *mild to moderate sedation*, which may be administered or supervised by a non–anesthesia-credentialed provider, as long as the supervising provider is credentialed to provide moderate sedation services at the site of the practice location. The administration of analgesia services may be administered by appropriately trained medical professionals within their scope of practice.

Areas where anesthesia services are performed include but are not limited to:
1. Operating room suites
2. Emergency department

Staffing
Variations in Staffing Levels:
Variation in staff level is contingent upon the case load and needs of the patients.

Chain of Command
Members of the anesthesia department report to the Anesthesia Medical Director. The Anesthesia Medical Director reports to the CEO.

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Case Management
SCOPE OF SERVICE

Description

Case Management in hospitals and other health care systems is a collaborative practice that includes patients, caregivers, care partners, nurses, social workers, physicians, other practitioners, payers, support staff, and the community. The Case Management process encompasses communication and facilitates the coordination of care along a continuum through effective transitional care management. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources while recognizing the significance of the social determinants of health, the complexities of care coordination, and the patient's right to self-determination (American Case Management Association (ACMA).

Hours of Operation

Case Management is available:
Sunday-Saturday 0900-1700

Staffing

The Case Management department is staffed with Case Manager/Discharge Planner/Utilization Review Registered Nurse (RN) and Case Manager/Discharge Planner/Utilization Review Licensed Practical Nurses (LPN). Case Management staff may work varying days and hours.

Qualifications of Staff

The Case Management Department staff maintains core competencies, certifications, and licensure based upon job descriptions.

Integration with the Organization

Scope of Services (ACMA)	**Standards of Practice (ACMA)**
Education	Accountability
Care Coordination	Professionalism
Screening	Collaboration
Assessment	Advocacy
Plan of Care	Resource Management
Sequencing	Technology
Transition Management	Certification
Longitudinal Care Management	
Identification	
Implementation	
Community Partnership	
Follow-Up	
Compliance	

Utilization Management	
Payer Interface	
Managing Utilization & Delays	
Concurrent Denials/Appeals	

The Case Management Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

American Case Management Association ACMA. (2022). Scope of Services. Retrieved from

http://www.acmaweb.org/forms/Standards%20of%20Care_Brochure_Case%20Management_2020.pdf

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Clinical Informatics Department
SCOPE OF SERVICE

Description

The Clinical Informatics Department supports the use and enhancement of clinical information systems that facilitate the delivery of healthcare services.

Commented [SM2]: supports the use and enhancement of clinical information systems that facilitate the delivery of healthcare services

Offices are located within the main Hospital building.

The Clinical Informatics Department provides a wide variety of services to its customers. These include, but are not limited to:

- Conduct workflow gap analyses with Epic implementation and optimization
- Utilize and interpret clinical and operational data
- Apply and understand data analytics tools
- Augment and support Business Intelligence analysts
- Support business and clinical functions throughout the organization
- Differentiate user, workflow, and process issues versus Epic system issues; support super users; and validate change requests.
- Help manage and standardize Epic training by working with trainers, using a training environment, and consistent training program.
- Supporting governance
- Alignment with performance improvement initiatives, standardization, and best practices
- Review and validate Epic training plans
- Conduct rounding to maintain connectivity with caregivers and trainers.
- Collaborate with trainers and support ongoing education initiatives
- Identify system integration issues and evaluate their impact on operations, policies, and procedures
- Monitor and evaluate system performance, efficiency, and user adoption
- Integrate systems into the clinical workflow, incorporating process improvement techniques
- Identify impact of systems on existing policies and procedures
- Perform quality and validation testing on new versions of software
- Maintain system security, including user access and account maintenance
- Provide data and reporting support organization-wide
- Provide input and support for point-of-care hardware

Hours of Operation

Operating hours vary with our projects but typically, there is at least one staff person at the hospital Monday through Friday.

The Information System (IS) can be called for support and help 24 hours/day 7 days/week. They will contact a Clinical Informatics staff member as appropriate.

Staffing

Clinical Informatics budgeted staff consists of Registered Nurses.

Staffing levels for Clinical Informatics are not subject to change based upon census, however, may fluctuate based upon project workload and the number of electronic documentation systems installed.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description.

Integration with the Organization

The Clinical Informatics Department staff participates in Performance Improvement activities in accordance with the organization guidelines. Staff members also monitor and do follow-up on various patient safety/quality issues daily. A primary focus of the department is to provide data for other departments to assist them with their performance improvement process. A major focus has been on meeting Meaningful Use standards for the organization.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

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Dietary Services
SCOPE OF SERVICE

Description

Dietary services provides nutritional care for inpatients and outpatients to include nutritional screenings, assessments and special diets as ordered by a physician. Dietary is also responsible for providing nutritious food for patients, medical staff, and employees.

Dietary serves as an active resource for nutritional information and provide nutrition education to patients, employees, staff and the community. All therapeutic diets shall meet the needs of the patient population as prescribed by a practitioner, qualified dietitian, or qualified nutrition professional as authorized by medical staff and in accordance with State Law. Dietary evaluates and assess patient's nutritional needs, develop nutrition plans and goals, perform periodic assessments of the effects of nutritional therapy, review performance improvement plans, maintain a safe environment for employees, patients and visitors, and follow infection prevention and control.

Patient services provided by Dietary shall include:

- Evaluation and assessment of patient's nutritional needs
- Development of nutrition plans and goals
- Periodic assessments of the effects of nutritional therapy
- Performance Improvement Plan
- Maintenance of a safe environment for employees, patients and visitors
- Infection prevention and control

The Registered Dietitian scope of care service for ordering privileges includes:

- Determining cultural preferences
- Initiating physician – driven protocols and order set upon physician order.
- Initiating or changing nutritional supplements
- Conducting nutrition education and counseling
- Initiating calorie counts

Hours of Operation

Nutrition Services is available daily ~ 0600-1830. The Nursing Supervisor shall have access to the kitchen during off hours if needed for urgent patient needs.

Staffing

The dietary department's overall operations are directed by the Dietary Manager, assisted by a Registered Dietitian. Responsibilities shall include:

- Liaison with administration, medical staff and Nursing.

- Developing and revising the Dietary Policy and Procedure Manual
- Performing evaluations of dietetic services
- Providing guidance to Dietary staff
- Providing in-service education

The manager of Food and Nutrition Services reports to the Chief Executive Officer.

Registered Dietitians are available for consultation onsite 4 hours every other week per month (total of 8 hours) plus 2 hours of telephone consultation as needed.

The dietary department staffing follows the service staffing plan approved by the Service Staffing Committee.

Manager - shift hours:	9:00 – 17:30 Monday-Tuesday 7:30 – 16:00 Wednesday 6:00 – 14:30 Thursday-Friday
Cook 1	9:00 – 17:30 Wednesday- Sunday
Cook 2	6:00 – 14:30 Saturday-Wednesday
Cook/Aide	8:00 – 16:30 Monday-Friday
Aide	10:00 – 18:30 Tuesday-Saturday
Register	7:45 - 16:15 Monday-Friday
Dietary Department may change staffing patterns to facilitate the delivery of services as needed	

Qualifications of Staff

Dietitian are required to maintain Oregon State License, national Registration, and complete continued education units (CEU) yearly. 75 CEU are required within a 5-year period to maintain national registration.

Integration with the Organization

The department continually focuses on improving product/service quality and increasing customer satisfaction.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Emergency Department
SCOPE OF SERVICE

Description/Scope of Service
The Emergency Department (ED) provides medical treatment for persons of all ages presenting to the hospital in need of emergent medical care. Southern Coos Hospital & Health Center emergency department is a 4 bed unit. All patients presenting are seen regardless of ability to pay. SCHHC ED does not have a trauma designation.

The Emergency Department Medical Providers report directly to the Emergency Department Medical Director. The Emergency Department Medical Director is responsible for the day-to-day operations for the medical providers, including provider staffing, compliance with policy and procedure, and other administrative duties. The Emergency Department Medical Director reports to the Chief Executive Officer (CEO). The Emergency Department Nurse Manager is responsible for the day-to-day nursing operations of the Emergency Department including all technical, nurse staffing, and administrative duties. Nursing staff within the department shall be under the supervision of the Emergency Department Nurse Manager. The Emergency Department Nurse Manager reports directly to Chief Nursing Officer.

Commented [AM3]: who does the Emergency Department Medical Director report to? CMO?CEO?

Hours of Operation
Open 24 hours a day, 7 days a week, and 365 days a year.

Staffing
This unit is staffed 24 hours a day, seven days per week, and daily staffing follows the current approved nurse staffing plan, with guidance from the Emergency Nurses Association.

Qualifications of Staff
The staff maintains core competencies, certifications and licensure as defined in the job description and nurse staffing plan if applicable.

Integration with the Organization
For the treatment of emergency department patients ED providers will consult with hospitalists, community based providers and accepting physicians from facilities of higher levels of care. Ancillary services including lab, radiology, pharmacy and others provide needed clinical information and services to effectively treat the patient. The ED documents all care received in the electronic health record (EHR) used facility wide. When the patient is admitted to the hospital the ED record of care is readily available for continuing care.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Engineering
SCOPE OF SERVICE

Description
Engineering/Maintenance is a service department that provides a safe, hazard free, comfortable environment for patients, visitors and staff, while at the same time exceeding the expectations of those we serve. This includes providing prompt, friendly, and well trained personnel who are able to respond appropriately to all requests for service.

Engineering/Maintenance has primary responsibility for all life safety features and utilities management functions associated with Southern Coos Hospital & Health Center. Included in these categories are Heating, Ventilation, and Air Conditioning (HVAC) systems, electrical distribution systems, medical gas and vacuum systems, plumbing systems, fire control and detection systems, security system devices, vertical transport systems, and specific communication systems. This includes strict adherence to all applicable life safety and building codes. In addition, Engineering/Maintenance provides an array of building/facilities related support services. The Engineering/Maintenance department is also responsible for setting up conference rooms, moving tables and chairs as needed and assisting with outside events sponsored by the Health District.

Hours of Operation
Engineering is located within the main hospital building. Services are provided on an on-call basis 24 hours a day, seven days a week to all departments and units within SCHHC and its owned/leased out buildings. Engineering representatives are available on-site Monday-Friday from 0700-1700 and as needed.

Staffing
The Plant Operations Manager is responsible for the operation of the Engineering/Maintenance Department. The Plant Operations Manager reports to the Chief Financial Officer. The Manager is responsible for leadership, staff development, financial planning and overall supervision of Engineering. The Director has overall responsibility for all utility systems and life safety components. This unit's staffing follows the service staffing plan approved by the Service Staffing Committee.

Plant Operations Manager - shift hours:	9:00 – 17:00 Monday-Friday
Maintenance Supervisor	7:30 – 16:00 Monday-Friday
Maintenance Technician	6:45 – 15:30 Monday-Friday
Maintenance Assistant	7:00 – 16:00 Tuesday-Saturday
ON-CALL: Rotate on-call (OC) bi-weekly. OC starts when the last staff member completes shift and ends upon first staff members arrive to work. Typically, 15 hours of standby per weekday with 24 hours each day on weekends. Engineering Department may change staffing patterns to facilitate the delivery of services as needed.	

The staffing levels are based on hospital equipment, square footage, required maintenance management, and repair requirements. If the on-call technician responds to a need and the singular

engineering staff member is not adequate for the certain emergency or specific system expertise is needed, the appropriate resources will be called in for assistance.

Qualifications of Staff

The staff maintains core competencies, certifications and licensure as defined in the job description.

Integration with the Organization

Maintenance/Engineering integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments).
- Engineering continually assesses the condition of all structures and equipment for all of the hospital's facilities. These facilities include the main building, Primary Care Clinic, Specialty Clinic, SCHHC Annex, and the SCHHC Business Center.
- All departments have access to Engineering 24/7. Service requests can be placed through Maintenance Connection for all work order needs. The link to submit a work ticket can be found on the intranet page. Engineering can also be accessed by calling Engineer On Duty 541-290-1237. This method should only be used for any urgent work orders. Staff may also call the Engineering office (Ext. 111) Monday through Friday during day shift to report any problems or repair needs.
- Engineering determines areas of need and continually strives to maintain and repair equipment in a timely and efficient manner to meet the goals of the hospital. Engineering continually strives to improve the quality of service it provides. Engineering staff are evaluated each year based on how well they exemplify and demonstrate the goals set forth by the department. Goals are set for the staff to improve on and areas where improvement has been seen are noted during this process.
- Major issues involving critical systems and large financial impact are brought to the attention of the Chief Financial Officer and/or the Administrator on call.

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Environmental Services
SCOPE OF SERVICE

Description

The Environmental Services (EVS) department provides cleaning and general support services for all of the hospital's facilities. These facilities include the main building, Primary Care Clinic, Specialty Clinic, SCHHC Annex, and the SCHHC Business Center.

The Environmental Services department is responsible for cleaning all patient care areas, (excluding the surgical rooms), public areas, and offices.

Environmental Services perform the vital services of preventing illnesses that are highly transmissible to healing patients. The Environmental Services (EVS) department shall ensure that the clinical and nonclinical areas are free from pathogens and the nuances of cleaning patient care locations compared to non-hospital janitorial work.

Hours of Operation

The department is staffed 0445-0330 Monday and Tuesday, 0445-2200 Wednesday, Thursday, and Friday, and 0630-0330 Sunday.

Staffing

The Plant Operations Manager is responsible for the overall operation of the department. The EVS supervisor is responsible for the daily operations and work assignments for both AM and PM shifts. The EVS supervisor reports to the Plant Operations Manager. The Plant Operations Manager reports to the Chief Operations Officer. The department is staffed at a level that assures proper cleanliness and responsiveness to requests for services. Staff is trained on an ongoing basis using standard accepted practices and techniques. All staff undergo department orientation training and competencies, as well as annual training. Staffing volume is predicated on the overall patient census. Staffing levels may also change to accommodate special projects.

Housekeeper #1 - Days	4:45 – 13:30 Monday-Friday
Housekeeper #2 - Days	6:30 – 14:30 Sunday-Thursday
Housekeeper #3 - Days	7:30 – 16:00 Monday-Friday
Housekeeper #4 – Evenings	13:30 – 22:00 Tuesday-Saturday
Housekeeper #5 – Evenings/Night	17:00 – 3:30 Saturday-Tuesday
Surgical Housekeeper	12:00- 20:30 Monday-Friday
Environmental Services Department may change staffing patterns to facilitate the delivery of services as needed	

Qualifications of Staff

Competencies are based on accepted healthcare cleaning practices and manufacturer's guidelines. Specific competencies related to overall organizational safety is provided on an as-needed basis.

Competencies will include patient care area cleaning, public area cleaning, and equipment operation and focused training on specified monthly topics.

Integration with the Organization

Environmental Services integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments).
- The Environmental Services department supports each unit in the overall delivery of patient care. Assessment of needs is done on a collaborative basis that involves all stakeholders.
- Services of the Environmental Services department can be accessed in several ways:
    - Call the assigned cell phone for the supervisor or lead
    - Calling the supervisor's or manager's office phone
    - Paging the supervisor or manager overhead
    - Emailing your request to the supervisor or manager
- The department continually focuses on improving product quality, service delivery and increasing customer satisfaction. Measured activities are on-going to demonstrate improved customer satisfaction and cleanliness Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Action is taken to improve opportunities identified.

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Health Information Management
SCOPE OF SERVICE

Description

The Health Information Management (HIM) is based on collaboration and information sharing to enhance patient care. Health Information Management Department services are provided to all areas of the hospital and ancillary clinics. Specific services include but are not limited to:

- Record analysis, abstraction, and completion.
- Diagnosis and procedure coding
- Clinical Data Improvement
- Release of Information
- Record retrieval, filing and storage of paper, electronic and microfilmed media.
- Birth certificate processing.

Hours of Operation

Operating hours for the HIM Department are Monday through Friday, 8 a.m. to 4:30 p.m.; however are subject to change dependent upon staffing. The department is closed on these major holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the Friday following Thanksgiving Day, Christmas Eve Day, Christmas Day and New Year's Eve Day. When a major holiday falls on a Saturday or Sunday, the preceding Friday or Monday may be observed. Signage is utilized as communication of holiday closures to the public.

Staffing

The Director of Revenue Cycle is responsible for the operation of the Revenue Cycle Process which includes Admitting/Communications, Business Office and Health Information Management with the assistance of management and staff personnel. Department goals are established and periodically assessed with statistical backup and staff. The Director of Revenue Cycle reports directly to the Chief Financial Officer (CFO) for Business Office, Admitting, and Health Information Management functions.

The HIM Department employs Health Information Specialists who are trained in health information management, medical record maintenance, document management, release of information, regulatory compliance, and patient privacy and confidentiality requirements. Coding services are provided through contracted third-party vendors.

Qualifications of Staff

The department is staffed with appropriate, qualified personnel. Competencies are assessed on an annual basis for all staff and results are available through the Human Resource Department. A new hire orientation checklist is used to train new Health Information Management Employees. The Coding staff is required to have a recognized coding certification.

Integration with the Organization

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The Health Information Management Department integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policies and procedures
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups.

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Laboratory
SCOPE OF SERVICE

Description
The Laboratory provides clinical laboratory and pathology services for inpatient, outpatient, and non-patient clients. The repertoire of tests and service levels are adequate for physicians to diagnose, treat, and monitor their patients. Laboratory results are accompanied by appropriate age/sex specific reference ranges and interpretive comments necessary to interpret the results. The service level is monitored to assure prompt and accurate testing. Southern Coos Hospital & Health Center Laboratory is accredited by the Commission on Laboratory Accreditation (COLA). Laboratory testing is either performed in the Southern Coos Hospital & Health Center Laboratory or referred to Clinical Laboratory Improvement Amendments (CLIA) or Commission on Laboratory Accreditation (COLA) accredited and Medical Staff approved reference facilities.

Waived testing is done under the direction of the Laboratory Medical Director and performed by Hospital staff after they have shown their competence to complete that work. The Medical Staff approves the extent of which this testing can be used. Appropriate quality control, proficiency and competency is performed and monitored to assure accurate patient testing.

All services are performed based on an order from a physician or practitioner authorized by Oregon law to interpret the results of the ordered tests. We do not perform Direct to Consumer testing.

Commercial clients prearrange for pre-employment/DOT collections annually.

The Clinical Laboratory includes the following areas of service:

- Hematology/Coagulation/Urinalysis
- Transfusion Services
- Chemistry/Therapeutic Drug Monitoring
- Blood Gas Analysis
- Cystology
- Histology
- Immunology/Serology
- Microbiology
- Point of care testing
- Reference Lab Testing

Hours of Operation
The Laboratory is open and staffed 24 hours/ 7 days a week.

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Staffing

The Laboratory Manager, in collaboration with the Laboratory Medical Director, directs the Laboratory. The Laboratory Manager reports to the Chief Nursing Officer and is responsible for the 24 hours a day operational quality of the Laboratory. The Manager is responsible for the leadership, staff development, staffing, and overall supervision of lab personnel. The Manager collaborates with other directors/managers and physicians to assure the Laboratory services are consistent with needs of patients in the hospital and the community. The Medical Director is responsible for the oversight of the quality of results, proficiency testing, report integrity, personnel assessment, procedure manuals, and providing adequate clinical consultation. The Laboratory Medical Director provides overall clinical oversight to the Laboratory and provides clinical consultation regarding the appropriateness of the testing ordered and interpretation of test results.

Staffing in the laboratory is determined based on the needs of the facility and the community. Most staffing needs are fixed - based on the type of procedures and methods used. In the event a qualified staff member is unavailable, the Laboratory Manager will perform laboratory tests. Rare occasions require additional staffing in order to provide stated turnaround times, specifically in trauma or disaster- like situations.

Laboratory Manager -	9:00-19:00 Monday-Thursday
Medical Lab Technologist or Scientist – 1	5:30-16:00 Monday-Thurs
Medical Lab Technologist or Scientist - 2	5:30-16:00 Monday-Thurs
Medical Lab Technologist or Scientist - 3	5:30-18:00 Friday-Sunday
Medical Lab Technologist or Scientist - 4	19:00-05:30 Monday-Thursday
Medical Lab Technologist or Scientist - 5	19:00-7:30 Friday-Sunday
Medical Lab Technologist or Scientist - 6	15:30-19:30 Monday-Thursday
Medical Lab Assistant I -1	5:00-15:00 Thursday 5:00-17:00 Friday 5:00-13:00 Saturday and Sunday
Medical Lab Assistant I -2	12:00-18:00 Monday, Tuesday, Friday
Medical Lab Assistant I -3	4:30-16:30 Monday, Wednesday, Saturday
Medical Lab Assistant I -4 off site	New position TBD
Medical Lab Assistant I -5 off site	New position TBD
Medical Lab Assistant II -1	7:00-15:30 Tuesday-Friday
Medical Lab Assistant III -1	4:30-12:30 Monday-Friday
Clinical Laboratory may change staffing patterns to facilitate the delivery of services as needed	

Qualifications of Staff

All laboratory employees undergo formal Southern Coos Hospital & Health Center Laboratory orientation when newly hired and as new technology is introduced. Competency is based on job code

requirements. Annually, all laboratory testing personnel are evaluated for competency in appropriate fields of expertise. Competency is evaluated by direct observation, knowledge and skill based testing.

Integration with the Organization

Laboratory and Anatomic Pathology integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups
- Evaluates the effectiveness of departmental policies and procedures.
- Identifies and corrects problems.
- Assesses the accuracy, reliability, and promptness of test results
- Examines the adequacy and competency of the staff
- Monitors the pre-analytic processes including:
  - The criteria established for patient preparation, specimen, collection, labeling, preservation and transportation.
  - The information solicited and obtained on the Laboratory's test requisition for its completeness, relevance, and necessity for the testing of patient specimens.
  - The use and appropriateness of criteria established for specimen rejection.
- Monitors the analytic testing processes including:
  - Quality Control policies and procedures including the completeness of corrective action taken. The mechanism used for this evaluation includes:
    - Problems identified during the evaluation of calibration and control data for each test method.
    - Problems identified during the evaluation of patient test values for the purpose of verifying the reference range of a test method.
    - Errors detected in reported results.
  - Proficiency testing and any corrective actions taken for unacceptable, unsatisfactory, or unsuccessful proficiency testing results for effectiveness.
  - Completeness of correlation testing for backup methodologies.
  - Problems uncovered as a result of ongoing review of patient results. (i.e. –patient test results that appear inconsistent with relevant criteria such as patient age, sex, diagnosis, correlation with other patient test results).
- Monitors the post analytical processes by assessing the completeness, usefulness, and accuracy of the reported information necessary for the interpretation and utilization of test results and:
  - The timely reporting of test results based on testing priorities.
  - The accuracy and reliability of test reporting systems.

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Marketing
SCOPE OF SERVICE

Description
To support the Southern Coos Hospital & Health Center mission, vision and strategic plan by creating awareness, confidence and informed advocacy for its medical services and their value to key customers.

The Marketing Developers is easily accessible by staff, physicians and the public. The office works to increase administrative visibility and communication; uses appropriate formal and informal communication methods to ensure employees, medical staff and volunteers are informed ambassadors of SCHHC; coordinates patient and community publications, manages SCHHC website, manages SCHHC social media channels, and other materials that define value and support organizational strategic goals; responds and coordinates all media requests; creates and distributes all press releases; supports the development of marketing and communication plans and manages assigned projects to support the successful execution of those plans; ensures effective tracking and reporting of assigned marketing and communication plans; stays abreast of key marketing, communication, and consumer/audience trends, manages the external creative ad agency relationship, works with research and media teams as necessary to implement best practices in effective marketing campaigns that deliver change in audience behavior and perception; may serve as public information officer when needed during an emergency as well as drills; ensures accuracy and comprehensiveness of information disseminated to the public, patients and other audiences; coordinates certain special events that meet strategic and communication goals; develops and implements graphic standards to insure uniform and consistent image of SCHHC is communicated to internal and external audiences; advocates community wellness and improved health status through the office's activities.

Hours of Operation
This office is located in SCHHC Annex and is staffed Monday through Friday 8:00 am to 4:30 pm.

Staffing
This department is staffed by a single Marketing Developer. The Marketing Developer is responsible for the overall office operations to ensure that organizational goals are defined, met and evaluated. The Director of Marketing and Communications reports to the Chief Executive Officer (CEO). Special projects are completed with the assistance of outside vendors such as graphic designers, printers, agencies, and professional photographers.

Qualifications of Staff
The Marketing Developers required education, competencies, licensure, and certification are as outlined in the job description.

Integration with the Organization

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The Marketing Developer resolves concerns at the time presented. If an issue or concern is not resolved adequately, it is presented to the CIO, and if necessary, to the Executive Team for further resolution. The Executive Team is kept up to date with significant issues or concerns of either group.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

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Materials Management
SCOPE OF SERVICE

Goal:
The goals of the Material Management Department shall be to provide the proper quality and quantity of material at the proper location and time consistent with the hospital's standards of care.

Description
The Materials Management Department is service-oriented to meet and exceed the needs of our customers, patients and personnel. Materials Management creates, implements and maintains systems of procurement, processing and distribution so that the facility's objectives can be accomplished in the most cost effective and efficient manner possible.

Materials Management provides supplies and services to all patient and non-patient care areas of the hospital, clinic, pharmacy, and offsite offices.
Materials Management is responsible for the procurement, processing and distribution of supplies, and equipment utilized within the hospital. This department processes requisitions after approvals and creates all purchase orders.

The Materials Management Department processes all incoming supplies and materials, inspects each shipment for accuracy and complete the appropriate documentation working with AP to ensure a 3 way match of Purchase Orders, receipt documents and invoices match.
The Storeroom maintains adequate supply of stock inventory according to established PAR levels. The Storeroom is responsible for filling all departmental stock requisitions.

Product evaluations are performed in an interdisciplinary manner for any new service, supplies or equipment that is requested by a department as it is appropriate for that department and identified healthcare need.

Hours of Operation
This materials management department is located in the main hospital building and is staffed Monday through Friday 7:00 am to 5:00 pm.

Staffing
The Materials Management Manager is responsible for the day-to-day operations of the department. Materials management staff report to the Materials Management Manager. The Materials Management Manager reports directly to the Chief Financial Officer.

Qualifications of Staff
No state licensing or certification is required, however certification by professional groups such as the American Society for Healthcare Materials Management is recommended and encouraged.

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Integration with the Organization

The Material Management Manager resolves concerns at the time presented. If an issue or concern is not resolved adequately, it is presented to the applicable department manager, and if necessary, to the Executive Team for further resolution. The Executive Team is kept up to date with significant issues or concerns of either group.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

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Medical Imaging
SCOPE OF SERVICE

Goal:
The goal of the Medical Imaging Department shall be to ensure that all patients receiving treatment and services will receive high quality care in the most expedient and professional manner possible.

Description
The Imaging Department gives service to inpatients, outpatients and is licensed by various organizations including the state of Oregon. Patients of all ages, race, sex, and financial status shall be serviced.

The Medical Imaging Department provides a wide range of diagnostic and therapeutic radiologic services. The various modalities include:

- Radiographs (S-Rays)
- General and Cardiac Ultrasound
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT) scans
- Mammography

Radiology and Medical Imaging procedures and service levels are adequate for physicians to diagnose, treat and monitor their patients. Physician/Provider orders will have appropriate history information. Images are read by board certified Radiologists. Quality control is performed to assure correct ionizing radiation exposure to the patient. Patient and family education is provided and is customized to age specific criteria. All services are performed based on an order from the physician or practitioner authorized by law to order the procedure.

Hours of Operation
The department offers radiology services 24 hours a day, seven (7) days per week to inpatient and emergency services. Outpatient radiologic services shall be provided on a scheduled basis, Monday through Friday from 0800 to 1730.

Staffing
The Radiology & Medical Imaging Center is staffed with Radiology Technologists, Ultra Sonographers, Radiologist, Registered Nurses, and support staff. The Radiology and Medical Imaging Department is staffed per the approved professional, technical, and service staffing plans.

Qualifications of Staff

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The Radiology & Medical Imaging Center staff maintains core competencies, certifications, and licensure based upon the job descriptions.

Integration with the Organization

Imaging Services integrates its' service line offering both inpatient and outpatient services. Imaging Services performance improvement measures are tightly integrated with patient and physician satisfaction metrics.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups
- Evaluates the effectiveness of Department policy and procedures.
- Assures accuracy and promptness of test results.
- Examines the adequacy and competency of Medical Imaging staff.
- Safety monitoring to ensure necessary precautions taken so Radiology and Medical Imaging Services are provided in a safe manner and consistent with Occupational Safety and Health Administration (OSHA) and accrediting body standards.
- Monitors communication problems and complaints.
- Integrates department function with related department and services of the hospital.

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Medical-Surgical Unit
SCOPE OF SERVICE

Description

The Medical-Surgical department has 18 beds and is licensed to provide acute medical surgical and sub-acute care, and is located in the patient care wing of the main hospital building. Patient rooms consist of one private room and nine semi-private rooms.

The Medical-Surgical department is capable of treating patients from 18 to over 100 years in age. Patients can be admitted with diagnosis related to cardiovascular, respiratory, neurologic, metabolic, gastrointestinal, genitourinary, endocrine, renal, auto-immune conditions, infection, or pain.

The Medical-Surgical department cares for:

- Acutely ill, but not critically ill, patients who meet inpatient admission criteria and will likely be discharged within 96 hour
- Short stay, medical observation patients who need further monitoring for diagnostic work-up to determine the need for patient admission.
- Swing bed patients assessed to have positive medical and/or rehabilitation potential.
- Outpatients requiring nursing service outside of clinic operating hours or if deemed high risk in outpatient setting.

Services provided are varied and include, but not limited to:

- Continuous cardiac monitoring
- Respiratory support and care of non-intubated patients
- Pre and Post operative care
- Medicated IV drips requiring cardiac monitoring of a non-critical care nature
- IV Therapy/Antibiotic and Medication Therapies
- Physical//Speech Therapy
- Wound Care
- Pain Management
- Nutrition support
- Palliative/End of Life Planning/Care

The Medical Providers who serve as hospitalists report directly to the Medical-Surgical Medical Director. The Medical-Surgical Medical Director is responsible for the day-to-day operations of the medical providers, including provider staffing, compliance with policy and procedure, and other administrative duties. The Medical-Surgical Medical Director reports to the Chief Executive Officer (CEO). The Medical-Surgical Department Nurse Manager is responsible for the day-to-day nursing

Commented [AM4]: Do we need to add who hospitalists report to and what the hospitalist hours are before the unit is covered by the ed provider? and anything about a weekly interdisciplinary team meeting participation?

Commented [AM5]: 18+1 = 19, not 21 for the number of beds

Commented [AM6R5]: Are we approved for 21 or 22 beds by the accrediting agency?

Commented [AM7]: and have qualifying inpatient nights

Commented [AM8]: Do we need to have language that states we do not care for ICU level of patient?

Commented [AM9]: do we need to add this to our competencies if we are mentioning wound vac specifically within the scope of practice?

Commented [AM10]: Do we offer respite? Can we also add comfort care?

Commented [AM11]: who does the Emergency Department Medical Director report to? CMO?CEO?

operations of the Medical-Surgical Department including all technical, nurse staffing, and administrative duties. Nursing staff within the department shall be under the supervision of the Medical-Surgical Department Nurse Manager. The Medical-Surgical Department Nurse Manager reports directly to Chief Nursing Officer.

Hours of Operation
Open and staffed 24 hours per day seven days per week.

Staffing
This unit is staffed 24 hours a day, seven days per week, and daily staffing follows the current approved nurse staffing plan.

Commented [AM12]: It needs to say something about not staffing critical care nurses on the med surg unit.

Qualifications of Staff
The staff maintains core competencies, certifications and licensure as defined in the job description and nurse staffing plan if applicable.

Integration within the Organization
The Medical-Surgical department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Medical Staff Services
SCOPE OF SERVICE

Description
The Medical Staff Services department is a liaison between the medical staff and hospital administration. The department consists of the following areas of service/expertise:

- Medical Staff Coordinator coordinates medical staff activities including credentialing, reappointments, maintain databases, medical department meetings, organizes Medical Staff events, limited number of specialty emergency department call rosters, posting/maintenance of physician information, focused and ongoing professional practice evaluation (OPPE/FPPE), quality support, physician orientation, facility tours, working knowledge of Bylaws, Joint Commission and CMS standards.
- Act as liaison between medical staff, nursing, administration, and Governing body.
- Maintain communication with medical staff officers, department chairs, and committee chairs to ensure follow-through on action items, changes in policies, and medical staff issues in their specific areas.

Hours of Operation
The Medical Staff Coordinator works remotely and has hours of operation are between 0800-1600 Monday - Friday. Medical Staff services are accessed by contacting the Medical Staff Coordinator via telephone, voicemail, text message, e-mail, or fax.

Staffing
The Chief Medical Officer (CMO) is responsible for the overall operations of the office to ensure that organizational goals and compliance are met. The Medical Staff Coordinator reports directly to the CMO. The MSO is staffed by a single Medical Staff Coordinator. The Medical Staff Coordinator will attempt to resolve any concerns in the moment. Consultation may be required with the Medical Chief of Staff and/or CMO.

Qualifications of Staff
Staffing qualifications are based upon job description and through the hospital.

Integration with the Organization
The Medical Staff Services integrates its services and performance improvement with the overall organization in the following ways:

- Following guidelines for CMS, DNV, and Medical Staff Bylaws and Rules and Regulations
- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Nursing Administration
SCOPE OF SERVICE

Description

Nursing Administration has primary responsibility for the management of healthcare delivery services across the continuum of care and for those individuals that represent direct patient care including all nursing areas, Emergency Department, Surgical Services, Medical/Surgical Department, Case Management, Utilization Review, Discharge Planning, Outpatient Nursing Services, Clinical Informatics.

Nursing Administration utilizes advanced skills and knowledge in organizational analysis, strategic planning, fiscal responsibility, human resource management, and professional development. It is the nurse executive's responsibility to create a work environment that facilitates and encourages nursing staff to demonstrate accountability for their practice and an environment that empowers registered nurses at all levels of the organization to utilize critical thinking and participate in decision making that affects nursing practice.

The chief nursing officer directs the delivery of nursing care, treatment, and services.

The chief nursing officer is responsible for the development and maintenance of a nursing service philosophy, objectives, and standards of practice.

The chief nursing officer is responsible and accountable for the overall management of nursing practice, nursing education and professional development, nursing research, nursing administration, and nursing services. This individual holds and exercises authority to fulfill responsibilities to the profession, healthcare team, consumers of nursing services, and the organization.

The chief nursing officer directs the development, implementation, and evaluation of nursing policies and procedures, nursing standards, nurse staffing plans, programs and services that are evidence-based and consistent with national standards and values.

The chief nursing officer is accountable to ensure the competence of registered nurses and their ongoing professional growth and development. It is the nurse executive's responsibility to serve as a professional role model and mentor, to serve as an agent for change and support staff through the change process.

The chief nursing officer assumes an active leadership role with the hospital's governing body, executive leadership, medical staff, management, and other clinical leaders in the hospital's decision-making structure and process.

The chief nursing officer develops and maintains a quality assessment and performance improvement program for nursing services and ensures participation with the hospital administrator and other department directors in development and maintenance of practices and procedures that promote infection control, fire safety, and hazard reduction.

Unit/Department Managers and Charge nurses maintain adequate staffing levels, oversee patient placement of admits and surgeries, act as a clinical resource for staff, act as a community liaison for the hospital, support the overall coordination of patient care and manage patient/family/staff complaints, concerns and issues. In addition, Charge nurses facilitate organ donation, report patient deaths, act as a scribe or team member for codes-traumas-rapid responses, respond to all house wide code activations, function as supportive backup for the Infection Preventionist, provide direction and support for all internal and external disasters and ensure an RN is immediately available for the provision of bedside care of any patient.

Commented [AM13]: Does something need to be added regarding the Lead Outpatient Nurse and their responsibilities here?

The Medical/Surgical manager works closely with charge nurses, as well as the Emergency Department and Surgical Services Departments, to evaluate the ongoing scheduling levels and staffing needs in order to maintain appropriate levels of qualified staff for the nursing units for the provision of safe patient care. The Charge nurse is responsible for arranging patient placement in coordination with the nursing units and department's staffing plans and ensures an RN is immediately available for the provision of beside care. The Charge nurse also maintains a continuous understanding of each patient in the hospital, focusing on potential issues and adverse situations in regards to patient status and discharge plans and is able to help in communicating with physicians/providers when warranted. The Charge nurse maintains a thorough understanding of scope of practice for RN, LPN, and CNAs to ensure appropriate delegation of duties. Charge nurses work collaboratively with the Emergency Department team to best utilize the resource nurse each shift. The Charge nurse directs/manages nursing staff while on shift The charge nurse provides oversight of the Emergency Department and Medical/Surgical Department, and maintains the flow of nursing areas on nights, weekends, and holidays or when the Medical/Surgical and Emergency Department Managers are unavailable. The Charge nurse consults with the Administrator on call as needed.

Commented [AM14]: do we need to mention that the charge nurse understands the scope of practice for RNs vs LPNs and CNAs?

Administrative hierarchy is as such: Chief Nursing Officer, Department Managers, Charge Nurse and clinical/non-clinical staff consisting of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Tele-Tech/Unit Secretaries, and other clinical technical staff.

Commented [AM15]: can we add "department mangers" to give clarification?

Hours of Operation

The chief nursing officer is responsible for the provision of nursing services 24 hours a day, 7 days a week. Whenever the nurse executive is not available in person or by phone, the nurse executive designates in writing a specific registered nurse or nurses, licensed to practice in Oregon, to be available in person or by phone to direct the functions and activities of the nursing services department.

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Supervision of patient care functions are provided by the Charge Nurse on a shift-by-shift basis. Department Managers, or skilled delegate, are available 24 hours a day, 7 days a week to assist with managing hospital operations.

Staffing

Employees in nursing are licensed RNs, LPNs, CNAs, and unlicensed support personnel.

The Department Manager and Charge Nurse collaborate to most appropriately utilize available resources. Each Shift staffing levels follow the nursing unit's individual staffing plan as approved by the Hospital Nurse Staffing Committee. The hospital helps maintain and support the staffing committee per state law/regulatory agencies to assure collaboration. All collaborate to assure safe patient care is provided.

Commented [AM16]: I would like to add for each shift

Commented [AM17]: does this need to say something about LPNs and CNAs as well?

Qualifications of Staff

The chief nursing officer required skill, knowledge, and experience are as listed in the job description.

Unit Managers required skill, knowledge, and experience are as listed in the job description.

RN, LPN, CNA, Unit Secretary, and unlicensed support personnel staff maintains core competencies, certifications, and licensure based upon the Nurse staffing plan and job descriptions.

Integration within the Organization

The Nursing Administration Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedures
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Outpatient Nursing Services
SCOPE OF SERVICE

Description

Outpatient Nursing Services is designed to meet the needs of the ambulatory outpatient requiring administration of intravenous antibiotics, administration of biotherapies, blood and blood products, hematopoietic stimulation, therapeutic phlebotomy, wound care and supportive therapies.

Each medical provider is assisted by a medical assistant. Medical assistants are directly supervised by the medical provider to which they assist. The medical assistants report directly to the assistant clinic manager. The assistant clinic manager reports to the Clinic Manager who is ultimately responsible for the overall operations of both the primary and specialty care clinic. The clinic medical providers report to the Clinic Medical Director. The Clinic Medical Director reports to the Chief Executive Officer.

Hours of Operation

Outpatient Nursing Services is open 5 days per week. Monday-Friday 0800-1630. After hours care is done as an outpatient, on the inpatient hospital floor. After hours location may vary based on hospital census and patient needs.

Staffing

The daily and ongoing staffing will be determined by the current approved nurse staffing plan. The registered nurses who provide direct patient care in the ambulatory setting are supervised by the Outpatient Nursing Supervisor who is responsible for the day-to-day operations of the unit. The Outpatient Nursing Supervisor reports directly to the Clinic Director. The Clinic Director reports to the Chief Executive Officer (CEO). The Chief Nursing Officer is responsible for ensuring clinical competency of all registered nurses.

Qualifications of Staff

The Outpatient Infusion staff maintains core competencies, certifications, and licensure based upon the Nurse staffing plan and job descriptions. A minimum of one registered nurse must maintain certification in wound care.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

Commented [AM18]: Is this infusion services or outpatient nursing?

Commented [AM19]: Should this be infusion services and wound care, or does wound care of separate office hours?

Commented [AM20]: who do these nurses report to?

Commented [AM21]: wound care certified nurse needs to be added to this as they are an important resource for the med surg department

Commented [AM22R21]: Does a lead outpatient nurse need to be added here as well?

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Patient Access
SCOPE OF SERVICE

Description

The Patient Access Department is a function of the Revenue Cycle which provides services to patients, providers, employees, and the general public. Patient Access greets the public, gives general directions to other locations of the hospital, and acts as an initial contact for patients being scheduled, registered and admitted to the hospital. Patient Access updates demographics, armbands patients, billing information, verifies insurance coverage, obtains authorizations, obtains signatures on applicable documents, discusses financial arrangements, may collect payments from patients, and maintains the census events in the hospital revenue cycle solution. Patient Access operates and updates the hospital's computerized switchboard console, performs overhead pages, and responds to the security computer system. Patient Access provides patients with a copy of their Condition of Services Rendered, Privacy Notices, and Rights Responsibilities.

Hours of Operation

The Emergency Department Registration and Switchboard components of the Patient Access Department are open 24 hours per day and 7 days a week. The Switchboard and Emergency Department Registration areas are located next to the Emergency Department waiting area. Hours of operation for other Patient Access areas are determined based on organizational needs.

Staffing

There is a budgeted number of staff scheduled to work in the department. The staffing number is derived from a historical analysis of staffing needs, and projected future staffing needs. Patient Access is staffed with employees who have successfully completed the training for their various assignments within the department. Staff are required to prove competency in the specific functions performed within their role. The Patient Access Department is staffed with many personnel which are trained in multiple department functions. Variations in the number of staff are based on the hour of the day, day of the week, and patient and work volume fluctuations. Switchboard and Emergency Department Registration positions are staffed at all times.

Qualifications of Staff

The specific qualifications and competency requirements are outlined in staff job descriptions. Core competencies include: Confidentiality, Compliance, and Safety. Competencies are assessed on an annual basis for all staff and results are available in Human Resource files. A new hire orientation checklist is used to train new hires coming into the department. Staff is educated and evaluated annually on each set of competency requirements. Educational refreshers are provided to staff on an ongoing and as-needed basis.

Integration within the Organization

The Patient Access Department integrates its services within the overall organization as follows:

- Adherence to organization-wide policy and procedure.
- Participation in multi-disciplinary and interdisciplinary processes.

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- Participation in multi-disciplinary committees and work groups for both clinical and non-clinical departments.
- Continually developing more efficient processes to better meet the needs of patients, providers, and staff members.

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Pharmacy Department – Hospital Drug Room and Retail Pharmacy
SCOPE OF SERVICE

Description

SCHHC does not maintain a hospital pharmacy. Medications for non-retail activities are managed by a pharmacy nurse out of the hospital's drug room. The hospital's drug room is located in the main hospital building and is responsible for providing for all inpatients, bedded outpatients and infusion centers through a scope of clinical pharmaceutical services to achieve optimal medication use and patient outcomes in a collaborative, patient focused environment while assuring safe, accurate, convenient, and economical pharmaceutical services. It provides centralized drug distribution and storage with support for automated drug dispensing equipment in decentralized locations. The department performs all medication dispensing duties for all areas in the hospital. The pharmacy drug room department is responsible for providing and documenting staff competency regarding compounding of sterile and non-sterile products, including hazardous drug products. The pharmacy drug room is responsible for the management of all aspects of emergency after hours medication dispensing for patients with a SCHHC ED encounter.

The SCHHC retail pharmacy provides retail pharmacy services to the community including prescription medication sales, limited over-the-counter medication sales, and community immunization services from a location inside our Multi-specialty Clinic building.

The Director of Pharmacy is responsible for the overall operations of the pharmacy department to ensure that organizational and strategic goals are met. The pharmacy nurse is responsible for the daily operations of the drug room. The Director of Pharmacy reports to the Chief Medical Officer.

Medication order review and verification by a pharmacist is performed 24 hours a day, seven days a week through a contracted external organization.

Hours of Operation

The Drug Room operates Monday-Friday (not including holidays), 0800-1630.
The Retail Pharmacy operates Monday-Friday 0800-1800 and Saturday and Sunday 0800-1300 except for major holidays.

Staffing

The pharmacy drug room is staffed with one registered nurse who works on-site during hours of operation.

The Retail Pharmacy is staffed by at least one registered pharmacist, frequently assisted by a pharmacy technician.

Qualifications of Staff

Commented [AM23]: Should something be added about the charge nurse/Department Manager's responsibility for after hours emergency situations to enter the drug warehouse need to be added in here?

Commented [CV24R23]: I don't feel the need to add all details of other policies in this scope of service. I feel that indicating that an RN performs the duties is sufficient.

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The Pharmacy Department maintains a staff with the appropriate expertise dependent on the functions required. All staff will maintain core competencies as defined by the applicable job description.

Integration with the Organization

The Director of Pharmacy is responsible for the development of quality assurance analysis, and for the review of data to determine the existence of unfavorable trends. If unfavorable trends are revealed, an action plan will outline specific corrective action and reassessment is developed of the trend. To identify important aspects of care the pharmacy provides; use of measurable indicators and to take action to improve care or solve problems, and evaluation of the effectiveness of those actions. Members of the pharmacy department under the direction of the Director of Pharmacy and the Chief Medical Officer ensure:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)
- Antimicrobial Stewardship Program
- Drug information and clinical pharmacist consultation services
- Clinical Protocols (i.e. anticoagulation, pharmacokinetics, renal dosing, IV to PO interchange, medication dose rounding, therapeutic interchange, total parenteral nutrition)
- Monitoring of adverse drug events
- Outpatient Infusion
- Department and medication storage area inspections
- Sterile and non -sterile compounding admixture assurance
- Automated dispensing management
- Controlled substance accountability

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Primary Care Services
SCOPE OF SERVICE

Description
The Primary Care Clinic is guided by a shared mission to provide quality healthcare with a personal touch. The team is composed of friendly and caring professionals who provide complete care for all ages from birth to > 100 years. Key services include preventative care, acute illness treatment, chronic condition management, women's health, and pediatrics. Services are provided by doctors (MD/DO) and nurse practitioners.

Hours of Operation
The Southern Coos Hospital Primary Care Clinic is open Monday through Friday, 7:00 a.m. to 5:30 p.m.

Staffing
Each medical provider is assisted by a medical assistant. Medical assistants are directly supervised by the medical provider to which they assist. The medical assistants report directly to the assistant clinic manager. The assistant clinic manager reports to the Clinic Director who is ultimately responsible for the overall operations of both the primary and specialty care clinic. The clinic medical providers report to the Clinic Medical Director. Both the Clinic Director and The Clinic Medical Director report to the Chief Executive Officer.

Qualifications of Staff
The medical providers, medical assistants, supervisors and managers, maintain core competencies, certifications, and licensure based upon the applicable job description and per hospital policy.

Integration with the Organization
- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

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Quality Department
SCOPE OF SERVICE

Description

The Quality Department is responsible for establishing, implementing, maintaining, and continually improving the organization's Quality Management System (QMS) in alignment with, but not limited to, ISO 9001 standards, DNV accreditation requirements, Centers for Medicare and Medicaid Services (CMS), National Fire Protection Agency (NFPA), Centers for Disease Control and Prevention (CDC) as well as Oregon Health Authority (OHA) administrative rules and statutes. Coordinate accreditation surveys, audits, and regulatory reviews, and ensure timely resolution of findings.

The Scope of the Quality Department's oversight is organized around the following key areas:

1. Data abstraction, reporting, submission
    a. Public reporting (CMS)
    b.
    - Internal Audits and Survey Readiness
    c. Plan and conduct internal audits and readiness activities to evaluate conformance of clinical and operational processes. Report findings and ensure corrective actions are implemented and sustained.

- Performance Monitoring and Improvement
  Establish and track quality indicators related to patient care, safety, and operational performance. Analyze data to identify trends, support decision-making, and drive continual improvement initiatives.

2. Hospital Regulatory Accreditation
    a. Det Norske Veritas (DNV)
    - Other Specialty Accreditations
3. Quality Review and Accountability
    a. Quality Strategy and Oversight
4. Infection Control Program
5. Patient Safety
6. Patient Satisfaction
    -

Hours of Operation

The Quality Department is staffed 5 week-days during business hours, and as needed to meet organizational Quality and Performance Improvement needs.

Staffing

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The Quality Division staff includes:

- Quality Director 1.0 FTE
- Quality Nurse 1.0 FTE
- Data & PI Coordinator 1.0 FTE
- Infection Prevention/Employee Health Nurse 1.0 FTE

Qualifications of Staff

The department is staffed with appropriately qualified personnel. The specific qualifications and competency requirements are outlined in staff job descriptions. The reader is referred to these documents for further information.

Integration with the Organization

The Quality Management System (QMS) is integrated into the organization's clinical and operational processes and is not managed as a standalone function. The Quality Department partners with leadership, clinical teams, and support services to ensure quality, safety, and compliance are embedded in routine activities and decision-making.

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Respiratory Therapy
SCOPE OF SERVICE

Description

The Respiratory Therapy Department provides care to both inpatient and outpatients. The patient population served by Respiratory Therapy consists of newborn, pediatric, adolescent, adult, and the geriatric patients requiring pulmonary and cardiac services, treatment or testing to maintain optimum physiological maintenance of the pulmonary and cardiac systems.

Respiratory Therapy provides optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. The Respiratory Therapy staff provides quality, conscientious, cost effective and competent care with respect for life and dignity at every stage of the human experience. Procedures that may be performed by Respiratory Therapy include, but are not limited to:

- Oxygen therapy
- Pulse oximetry
- Sleep studies (basic)
- Arterial Blood Gases (ABGs)
- Pulmonary Function Testing
- Peak Flow, PEP/Flutter therapy
- Nebulized therapy
- BIPAP and CPAP
- Electrocardiogram (EKG)
- Mechanical Ventilation
- Basic and advanced cardiopulmonary resuscitative measures.
- Patient education on disease entities and provides educational handouts with verbal explanations.

Commented [AM25]: is this referring to outpatient EKGs only or including hospitalized patients?

Commented [CV26R25]: @Amanda Myers RTs are able to assist with EKGs anywhere. It is not their responsibility to perform EKGs in the ED or Inpt unit but they may if asked to do so.

The Respiratory Services Medical Director oversees the operations of the respiratory department and is essential in reviewing and approving departmental policies and procedures. The Respiratory Therapy Manager is responsible for the day-to-day operations of the Imaging Services Department including all technical, staffing, and administrative duties. Staff within the department shall be under

the supervision of the Imaging Services Manager. The Respiratory Therapy Manager reports directly to Chief Nursing Officer.

Hours of Operation

The Respiratory department is open and staffed 24 hours a day/7 days per week for inpatient and emergency services. Outpatient testing is performed by appointment Monday through Friday 0800-1700.

Staffing

The Respiratory department is staffed with respiratory therapists per the approved professional and technical staffing plan.

Qualifications of Staff

The Respiratory Therapists maintain core competencies, certifications, and licensure based upon job descriptions.

Integration with the Organization

We believe in service excellence. Quality improvement issues are identified by any member of the patient care team who are encouraged to be a part of the solution. Our aim is safe, effective, patient centered timely, efficient and equitable service.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Senior Life Solutions
SCOPE OF SERVICE

Description
Senior Life Solutions program is designed to meet the unique needs of adults over the age of 65 who are struggling with symptoms of depression and anxiety often related to aging. Services include group and individual therapy, medication management, and after-care planning. This program is an outpatient counseling program intended to benefit seniors who have experienced any of the following:

- A recent traumatic event
- Loss of a spouse or close family member
- Loss of interest in previously enjoyed activities
- Changes in appetite
- Difficulty sleeping or changes in sleep patterns
- Loss of energy
- Feelings of sadness or grief, lasting more than two weeks
- Feelings of worthlessness or hopelessness

The program operates within the Specialty Clinic. Participants have the option to attend group sessions virtually, using a computer, tablet, or smartphone connected to the internet.

Hours of Operation
Senior Life Care Solutions operates Monday through Friday, 8:00 a.m. to 2:00 p.m.

Staffing
Program staff includes a board-certified psychiatrist, a licensed social worker, a registered nurse and a non-licensed professional.

Qualifications of Staff
The psychiatrist must be licensed and board-certified. The Therapist must be licensed as either a Marriage and Family Therapist (MFT), Certified Social Worker (CSW), Professional Counselor (PC), Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), or other licensed mental health professional. The Registered Nurse must have current licensure in Oregon. The non-licensed professional must possess strong customer service and organizational skills.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

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Specialty Clinic
SCOPE OF SERVICE

Description
The Specialty Clinic is guided by a shared mission to provide quality healthcare with a personal touch. The team is composed of friendly and caring professionals who provide complete care for all ages from birth to > 100 years. Services provided include the following:

- Alternative Pain Management
  - Reduce the need for narcotic medication
  - Post-Surgical Pain
  - Shingles
  - Sports, Whiplash and Work-Related Injuries
  - Migraine Headaches
- Mental Health Counseling
  - Cognitive Behavioral Therapy
  - Solution-Focused Therapy
  - EMDR-Eye Movement Desensitization and Reprocessing therapy
  - Domestic Violence Therapy
- General Surgery
  - Appendectomy
  - Cholecystectomy
  - Hernia Repairs - Inguinal, Umbilical, Ventral, Incisional
  - Upper Endoscopy (EGD) - Diagnostic and Treatment
  - Colonoscopy – Screening, Diagnostic, Polyp removal
  - Hemorrhoid Treatment
  - Anal Treatment – Fissure, Fistula
  - Biopsy – Skin, Muscle
  - Treatment of Abscesses – Deep
  - In Office Procedures – Treatment of skin lesions, Skin Excision, Cyst, Lipoma, Warts, Abscesses, Incision and Drainage

Hours of Operation
The Southern Coos Hospital Specialty Clinic is open Monday through Friday, 7:00 a.m. to 5:30 p.m.

Staffing
Each medical provider is assisted by a medical assistant. Medical assistants are directly supervised by the medical provider to which they assist. The medical assistants report directly to the assistant clinic manager. The assistant clinic manager reports to the Clinic Manager who is ultimately responsible for

the overall operations of both the specialty and primary care clinic. The clinic medical providers report to the Clinic Medical Director. The Clinic Medical Director reports to the Chief Executive Officer.

Qualifications of Staff

The medical providers, medical assistants, supervisors and managers maintain core competencies, certifications, and licensure based upon the applicable job description and per hospital policy.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

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Surgical Services
SCOPE OF SERVICE

Description

The Surgical Services Department environment of care consists of 1 Operating Room Suite and 3 Preop/PACU bays (Open floor plan). Procedures Performed in the Surgical Services Department include but are not limited to General Surgery, Pain Management, Endoscopy, and other invasive procedures. The patient population served by the Surgical Services Department consists of adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.

Services provided are varied and include, but not limited to:

- Pre and postoperative care
- Wound care
- Ostomy care
- Continuous cardiac monitoring
- IV infusion therapy
- Medication administration
- Patient/family education
- Psychosocial care and support
- Coordination of patient care and collaboration with support services
- Pain Management
- Nutritional Support
- Discharge Planning

Hours of Operation

The surgical department is open Monday through Friday from 0700-1530. The PACU may close early if there are no patients at which time the on-call procedure will be followed. The Recovery of patients during off hours will take place in the Medical-Surgical Unit.

Staffing

The surgical services daily staffing follows the current approved nurse staffing plan, which is consistent with recommendations from ASAPN Peri-anesthesia Nursing Standards, Association of perioperative Registered Nurses (AORN), and the Oregon Health Authority.

Qualifications of Staff

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The staff maintains core competencies, certifications and licensure as defined in the job description and nurse staffing plan.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

---------- End of Document ----------

SOUTHERN COOS HOSPITAL & HEALTH CENTER

Bandon, Oregon

HIPAA Training

Privacy, Security & the Board's Oversight Role

Southern Coos Hospital & Health Center BOARD OF DIRECTORS

Annual Governance Training • Prepared by the Office of the CIO and HIPAA Privacy Officer

August 27, 2026

WHY THIS MATTERS

Patient privacy is a Board responsibility

HIPAA compliance is not solely an IT or operations issue. As stewards of a public health district, the Board carries fiduciary, reputational, and regulatory responsibility for how protected health information is handled at SCHHC.

FIDUCIARY DUTY

Safeguarding patient trust is inseparable from safeguarding district assets.

REPUTATIONAL RISK

A single publicized breach can damage community trust built over decades.

REGULATORY EXPOSURE

OCR penalties, state action, and CMS conditions of participation all apply to SCHHC.

Three rules govern health information

Privacy Rule

Who can access PHI, and why

Sets the standards for how patient information may be used and disclosed. Patients have rights to access, amend, and receive an accounting of disclosures.

Security Rule

How electronic PHI is protected

Requires administrative, physical, and technical safeguards for ePHI — including risk assessments, access controls, encryption, and workforce training.

Breach Notification

What we must do if something goes wrong

Mandates timely notice to affected individuals, HHS, and (for larger breaches) the media. Strict timelines apply once a breach is discovered.

PHI is more than medical records

What counts as PHI?

Any information about a patient — created, received, or held by SCHHC — that can identify the individual AND relates to their health, care, or payment for care.

The HIPAA standard recognizes 18 specific identifiers.

DIRECT IDENTIFIERS

Names, SSN, MRN, account numbers

CONTACT

Addresses, phone, email, fax

DATES

DOB, admission, discharge, death

DIGITAL & PHYSICAL

IP, device IDs, biometrics, photos

WHO MUST COMPLY

SCHHC and every vendor that handles PHI

Covered Entity

Hospital, clinic, and pharmacy

As a healthcare provider that transmits health information electronically, SCHHC is directly subject to all HIPAA rules — across the hospital, Primary Care Clinic, new Specialty Clinic, and retail pharmacy.

Business Associates

Our vendors and partners

Any vendor that creates, receives, maintains, or transmits PHI on our behalf must sign a Business Associate Agreement (BAA). They are liable for HIPAA compliance, as are we for choosing them.

THE BOARD'S ROLE

Four key duties of Board oversight

Approve & Endorse

Adopt the HIPAA Privacy & Security policies; signal that compliance is non-negotiable.

Resource the Program

Approve budget, staffing, and tools the Privacy & Security Officers need to do the work.

Receive Reporting

Hear regular updates on training, risk assessments, incidents, and audit findings.

Set the Tone at the Top

Model the standard the workforce is expected to meet — including in your own use of information.

THE ENFORCEMENT LANDSCAPE

Penalties are real — rural hospitals included

$2.1M

Average HIPAA settlement

Recent multi-year OCR average for resolved cases

$1.5M

Annual penalty cap

Per violation category, per calendar year

60 days

Breach notification window

From discovery of a reportable breach

Why this matters for a Critical Access Hospital

OCR has explicitly stated that small and rural providers are subject to the same standards as large systems. Recent enforcement has emphasized risk analysis failures, ransomware response, and Business Associate oversight. These are areas where small hospitals are often most vulnerable.

OUR PROGRAM

How SCHHC operationalizes HIPAA

Key Roles

Privacy Officer – Scott McEachern, CHCIO
Policy, patient rights, complaints, disclosures

Security Officer – Trevor Jurgenson, IS Manager
Technical safeguards, access controls, risk analysis

Workforce
Annual training; role-based access to PHI

Board
Oversight, policy approval, incident escalation

Reporting & Cadence

Annually	Workforce HIPAA training & Board refresher
Annually	Security risk analysis & remediation plan
Quarterly	Privacy & Security update to the Board
Continuous	Incident logging, BAA management, audits

COMMON RISKS & RED FLAGS

Where breaches start — and when to escalate

Phishing & Credential Theft

Email-based attacks remain the #1 entry point for ePHI compromise.

Ransomware

Disrupts care delivery AND triggers breach notification obligations.

Snooping & Improper Access

Workforce members accessing records without a job-related reason.

Lost or Stolen Devices

Unencrypted laptops, phones, and USB drives carrying PHI.

WHEN THE BOARD SHOULD HEAR ABOUT AN INCIDENT

Any reportable breach (500+ records, media notification, or HHS notice required) • Any ransomware or extended system outage affecting clinical operations • Any incident that may attract media or regulator attention

Five takeaways for the Board

1. Patient privacy is a governance issue — the Board owns the standard, not just the tools.
2. PHI extends well beyond medical records; treat any patient-identifying information as protected.
3. Our vendors are an extension of our compliance posture — BAAs and oversight matter.
4. Expect — and ask for — regular HIPAA reporting from the Privacy and Security Officers.
5. When something goes wrong, fast escalation and transparent communication protect SCHHC.

Questions? Contact the CIO/Privacy Officer or the Security Officer • Annual Board attestation will follow this training.

DATE: August 21, 2026
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Master Facility Plan Financing Proposal

Summary

We have invited Mr. David Ulbricht to attend our August Board of Directors meeting via Teams and to present his proposal for assisting our District with financing for new construction. A copy of Mr. Ulbricht's proposal is attached to this memorandum. During the Board meeting, Mr. Ulbricht will explain how the Special Districts Association of Oregon (SDAO) assists special districts with securing financing funding for projects, such as our Master Facility Plan project.

December 22, 2025

Mr. Scott McEachern, Chief Information Officer
Southern Coos Hospital & Health Center
900 11th Street SE
Bandon, Oregon 97411

Via Email: smceachern@southerncoos.org

Re: Southern Coos Health District (Coos County, Oregon)
Municipal Advisory Services Agreement

Dear Mr. McEachern:

This letter sets forth the terms of the Municipal Advisory Services Agreement (this "**Agreement**") pursuant to which Special Districts Association of Oregon Advisory Services, LLC ("**Advisor**") will serve as municipal advisor to the Southern Coos Health District (Coos County, Oregon) ("**Client**") on specific matters, as requested, relative to municipal finance related matters (each a "**Project Request**"). This Agreement is made and entered into between Client and the Advisor.

1. Municipal Advisory Services. Client hereby engages Advisor as a municipal advisor to provide certain services to Client on general matters and on an on-going basis with respect to the issuance of municipal securities, municipal financial products, direct bank loans, conduit borrowings or other financing alternatives and matters related thereto with respect to the funding the various capital needs of Client, and in such capacity Advisor agrees to provide advice as to the structure, timing, terms and other matters (the "**Municipal Advisory Services**"). Upon receipt of a Project Request for Municipal Advisory Services, Client and Advisor will determine a mutually agreed upon scope of Advisor's engagement to provide such services, in a form of Exhibit A attached hereto (each, a "**Statement of Work**"). Each Statement of Work will contain a description of the subject matter of the project, a list of Municipal Advisor Services to be provided by Advisor in connection with such project and the terms of compensation. Client agrees and acknowledges that in no event will this Agreement be construed as having authorized Advisor to commence Municipal Advisory Services absent the parties' acknowledgement of a corresponding Statement of Work.

2. Fees and Expenses. As compensation for Advisor's provision of Municipal Advisory Services, Advisor will receive a fee as specified in **Exhibit A** of this Agreement, contained herein, (the "**Advisory Fee**"), to be paid by Client or on behalf of Client as provided in Exhibit A and within the timeframe provided herein. Advisor will submit to Client an invoice for the Municipal Advisory Services provided. Any invoice received by Client will be due and payable within thirty (30) days of the invoice date. Any balance that remains outstanding in excess of ninety (90) days, will be subject to a financing charge to be computed at a rate of 18% per annum, or the maximum rate allowable under Oregon law.

3.) Conflicts of Interest. Client acknowledges that it has received the disclosures set forth on **Exhibit B** attached hereto. Client further acknowledges that it has been given the opportunity to raise questions and discuss such disclosures with Advisor and independent counsel and that it fully appreciates the nature of such disclosures and any and all conflicts noted therein. Client hereby waives all such conflicts and authorizes Advisor to provide the Municipal Advisory Services pursuant to the terms of this Agreement. From time to time, Advisor may provide additional disclosures to Client.

4.) Disclosures by Advisor. Advisor is a registered municipal advisor with the Securities and Exchange Commission pursuant to Section 15B(a)(2) of the Securities Exchange Act of 1934 (the "**Act**") and the Municipal Securities Rulemaking Board. Neither Advisor nor any of its employees are subject to any legal or disciplinary event.

Municipal Securities Rulemaking Board Rule G-17 requires a municipal advisor to deal fairly at all times with municipal issuers and with all persons and will not engage in any deceptive, dishonest, or unfair practice. As a municipal advisor, Advisor may provide advice concerning the structure, timing, terms, and other similar matters concerning an issuance of municipal securities Client is considering. As a municipal advisor, Advisor has a fiduciary duty to Client under the federal securities law and is therefore required by federal law to act in the best interests of Client without regard to its own financial or other interests.

Under MSRB Rule G-23, Advisor will not be able to serve as underwriter, lender or placement agent for any loans, notes, bonds or other securities to be issued and sold as part of any sale or offering of municipal securities or other indebtedness of Client.

Additional disclosures are attached herewith as **Exhibit B**.

5.) Term and Termination. The term of this engagement will be effective from the date of this Agreement is executed by Client and will remain in effect for a period of six-months (6-months) from the date hereof, unless terminated by either party upon written notice to the other party. Notwithstanding anything to the contrary contained herein, termination of this Agreement will automatically terminate any Statement of Work then in effect.

6.) Confidentiality and Use of Information. Client acknowledges that all opinions and advice (written or oral) given by Advisor to Client in connection with a Statement of Work are intended solely for the benefit and use of Client and are confidential, subject to applicable public records laws. Client will make available to Advisor in connection with the performance of services under this Agreement and each Statement of Work, at reasonable times as requested by Advisor, any information and material pertaining to the Project Request as may be appropriate to enable Advisor to perform its services hereunder. Client agrees that Advisor, in performing the Municipal Advisory Services contemplated by this Agreement and any Statement of Work (i) will use and rely primarily upon information supplied by Client and upon information available from generally recognized public sources without having independently verified the same, (ii) does not assume responsibility for the accuracy and completeness of such information. Client also agrees that it will solely be responsible for the accuracy and completeness of all descriptive material prepared during this engagement concerning Client and any Project Request.

7.) Indemnification; Limitation of Liability. Client agrees that neither Advisor nor its employees, officers, agents, or affiliates will have any liability to Client for the services provided hereunder except to the extent it is judicially determined that Advisor engaged in negligence or willful misconduct. In addition, to the extent permitted by applicable law, Client will indemnify, defend and hold Advisor and its employees, officers, agents and affiliates harmless from and against any losses claims, damages and liabilities that arise from or otherwise relate to an untrue statement of a material fact contained in any documents provided by Client or its authorized representatives for the use of investors, lenders or financial institutions, purchasers in connection with Client financing or an omission to state a material fact necessary by Client or its authorized representatives in order to make the statements therein not misleading.

8.) Miscellaneous. This Agreement constitutes and expresses the entire agreement of the parties with respect to the subject matter hereof, and all promises, undertakings, representations, agreements, understandings, and arrangements, whether oral or written, with reference thereto are merged herein. This Agreement may not be amended or modified except by means of a written instrument executed by both parties hereto. This Agreement may not be assigned by either party without the prior written consent of the other party. This Agreement may be executed in any number of counterparts via facsimile or other electronic transmission, each of which will be deemed an original, and all of which together will constitute one and the same instrument. Client acknowledges that Advisor may, at its option and expense and after announcement of the offering, place announcements and advertisements or otherwise publicize a description of the offering and Advisor's role in it on Advisor's website or other marketing material and in such financial and other newspapers and journals as it may choose, stating that Advisor has acted as a municipal advisor to Client. Client also agrees that Advisor may use Client's name and logo for these purposes.

9.) Governing Law. This Agreement will be governed and construed in accordance with the laws of the State of Oregon without regard to choice of law provisions. Any suit or legal proceeding brought pursuant to or otherwise arising out of this Agreement or the performance thereof will be brought solely in the County of Marion, Oregon.

If there is any aspect of this Agreement that you believe requires further clarification, please do not hesitate to contact me at (503) 472-9965. If the foregoing is consistent with your understanding of our engagement, please sign and return a copy of this letter to me via email to dulbricht@sdao.com or hardcopy to Special Districts Association of Oregon Advisory Services LLC, PO Box 12613, Salem, Oregon 97309-0613.

Again, we thank you for the opportunity to assist you with your municipal finance related matters and the confidence you have placed in us. We look forward to building a long-term relationship with you.

Very truly yours,

SPECIAL DISTRICTS ASSOCIATION OF OREGON ADVISORY SERVICES, LLC

By: _____
David Ulbricht, Director of Advisory Services

Accepted this ____ day of _____, 20__

SOUTHERN COOS HEALTH DISTRICT

By: _____

Name:_____

Title:_____

EXHIBIT A

Project Request - Statement of Work

This Statement of Work, dated as of December 22, 2025, is between Special Districts Association of Oregon Advisory Services, LLC (the "Advisor"), and the Southern Coos Health District (the "Client"). This Statement of Work is incorporated into, forms a part of, and is in all respects subject to the terms of, the Municipal Advisory Services Agreement between Advisor and Client dated December 22, 2025 (the "Agreement"). Capitalized terms not otherwise defined herein have those meanings given in the Agreement.

Description of Project

The Client anticipates financing, from time-to-time, capital construction and improvements, including real and personal property, to its medical facilities, health system care infrastructure, other related public facilities and other essential service and use infrastructure, and to pay the costs of issuance (the “Project”).

Scope of Services

The Advisor agrees to provide the following services in connection with the project ("Municipal Advisory Services"):

a. Assist Client with financing sizing and structure.
b. Attend Board meetings or public meetings, as requested.
c. Assist the Client in developing and designing the terms and features of the plan of financing.
d. Advise the Client as to funding strategies for the financing.
e. Manage the financing process, coordinating the financing timeline, information, document, and process workflow with the financing team.
f. Review financial and other information regarding the Client, the financing, and the Project.
g. Review and evaluate the proposed terms of the financing.
h. Identify of potential lenders or underwriters.
i. Review documents pertaining to the financing.
j. Participate in working group calls and meetings and provide the Client with feedback on the process of the financing, including issues that should be addressed by the Client.
k. Review and comment on all financing documents and authorizing resolutions.

l. Assist with the selection of potential lenders and provide them with copies of the requested financial and other related information.

m. Assist the client with the selection of bond counsel and other third-party professionals and firms involved in the Project.

n. Respond to inquiries from potential lenders and participate in their due diligence calls and meetings.

o. If the financing is to be rated, assist in the preparation of information and materials to be provided to rating agencies and in the development of strategies for meetings with the rating agencies.

p. If the financing is to be insured, assist in the preparation of information and materials to be provided to insurance agencies and in the development of strategies for meetings with the rating agencies.

q. Consult with bond counsel, lender's or underwriter's counsel and other service providers about the offering and the terms of the financing.

r. Evaluate the merits of a negotiated or competitive financing and coordinate the process.

s. Obtain CUSIP number(s) for the financing and arrange for their DTC book-entry eligibility, if applicable.

t. Submit documents and other information about the offering to the MSRB's EMMA website, if applicable.

u. Plan and arrange for the closing and settlement of the issuance and the delivery of the financing agreement.

v. Such other usual and customary underwriting services as may be requested by the Client.

Scope of Services not provided:

a) SDAOAS has not been engaged to prepare any offering or disclosure documents (Preliminary and Official Statement), marketing materials associated with the underwriting or direct placement of the financing.
b) SDAOAS will review and provide comments and questions to the offering or disclosure documents, marketing material and financing documents, however, SDAOAS services does not include the preparation of documents nor will SDAOAS undertaken a review as to the accuracy, completeness, or sufficiency of the preliminary or official statement or financial data, projections, forecasts or other materials relating to the financing, and we shall express no opinion relating thereto.
c) SDAOAS has not been engaged to review, nor has it reviewed, the Client's compliance with its prior or current continuing disclosure undertakings, if any and we shall express no opinion relating thereto.

Fees

For its municipal advisory services, Advisor shall be entitled to a fee (the "Advisory Fee") to be paid by the Client as provided below. The Advisory Fee shall be earned and payable from the financing proceeds or other sources, upon closing of the financing or upon other terms agreed to by the Client and Advisor.

	General Obligation Bonds [1]		Revenue Bonds/Full Faith & Credit Obligations [1]		Short-Term Indebtedness [1]	
Par Amount [2]	Minimum Fee	Maximum Fee	Minimum Fee	Maximum Fee	Minimum Fee	Maximum Fee
< $5,000,000	$ 20,000.00	$ 25,000.00	$ 25,000.00	$ 35,000.00	$ 7,500.00	$ 12,500.00
$5,000,000 - $10,000,000	$ 25,000.00	$ 35,000.00	$ 35,000.00	$ 45,000.00	$ 12,500.00	$ 20,000.00
$10,000,000 - $20,000,000	$ 35,000.00	$ 45,000.00	$ 45,000.00	$ 60,000.00	$ 20,000.00	$ 30,000.00
$20,000,000 - $40,000,000	$ 45,000.00	$ 55,000.00	$ 60,000.00	$ 75,000.00	$ 30,000.00	$ 40,000.00
$40,000,000 - $50,000,000	$ 55,000.00	$ 65,000.00	$ 75,000.00	$ 90,000.00	$ 40,000.00	$ 50,000.00
$50,000,000 +	$ 100,000.00	Negotiated	$ 100,000.00	Negotiated	$ 50,000.00	Negotiated

(1) Fees are payable upon closing of the indebtedness or such other mutually agreed upon basis. *November 20, 2025*

(2) Per Series of issuance.

- For financial advisory services outside the scope of this Agreement, Advisor will provide such services on an hourly basis with a not to exceed fee. Such fee will be negotiated between Advisor and the Client, at the time such services are requested by the Client, and that are outside the scope of this Agreement.

In addition, the Client shall reimburse Advisor for all out-of-pocket costs and expenses it reasonably incurs in connection with the services it provides hereunder; provided, however, that such costs and expenses shall not exceed $500 without the Client's prior written consent. The Client shall also be responsible for paying (or reimbursing Advisor for its payment of) all costs of issuance, including without limitation CUSIP, DTC, IPREO (electronic book-running/sales order system) (if applicable), printing and mailing/distribution charges (if applicable), fees of outside counsel (bond counsel, bank counsel, Client counsel and disclosure counsel, if any), ratings agency fees and expenses (if applicable), and all other expenses incident to the performance of the Client's obligations under the proposed Bonds.

Acknowledgement of Statement of Work (Exhibit A)

SOUTHERN COOS HEALTH DISTRICT

By: _____

Name: _____

Title: _____

Special Districts Association of Oregon Advisory Services, LLC

By: _____
David Ulbricht
Director of Advisory Services

EXHIBIT B

MUNICIPAL ADVISOR DISCLOSURE STATEMENT

This Disclosure Statement will serve as written documentation required by the Municipal Securities Rulemaking Board ("MSRB").

Along with certain information contained herein, additional information and resources can be accessed at www.msrb.org relating to the MSRB, municipal advisors, the issuance of municipal securities and educational resources.

Special Districts Association of Oregon Advisory Services LLC ("SDAOAS") is a registered municipal advisor with the Securities and Exchange Commission pursuant to Section 15B(a)(2) of the Securities Exchange Act of 1934 (the "**Act**") and the Municipal Securities Rulemaking Board. Neither SDAOAS nor any of its employees are subject to any legal or disciplinary event.

MSRB Rule G-10 "Investor and Municipal Advisory Client Education and Protection", effective October 13, 2017, requires municipal advisors to notify clients promptly, after the establishment of a municipal advisory relationship and once each calendar year thereafter (which may include electronic transmissions) about the availability of a client brochure on the MSRB's website that provides information on the process for filing a client complaint. Attached herewith is a copy of the client brochure which can also be accessed at http://www.msrb.org/~/media/files/resources/msrb-ma-clients-brochure.ashx?la=en. The client brochure provided by the MSRB describes (1) the protections that may be provided by the Municipal Securities Rulemaking Board rules and (2) describes how to file a complaint with an appropriate regulatory authority.

MSRB Rule G-17 "Conduct of Municipal Securities and Advisory Activities" requires a municipal advisor to deal fairly at all times with municipal issuers and with all persons and will not engage in any deceptive, dishonest or unfair practice. As a municipal advisor, SDAOAS may provide advice concerning the structure, timing, terms, and other similar matters concerning an issuance of municipal securities a client may be considering. As a municipal advisor, SDAOAS has a fiduciary duty to the client under the federal securities law and is therefore required by federal law to act in the best interests of client without regard to its own financial or other interests.

MSRB Rule G-23(d) "Activities of Financial Advisors" stipulates that a municipal advisor, such as SDAOAS, will not be able to serve as underwriter, lender or placement agent for any loans, notes, bonds or other securities to be issued and sold as part of any sale or offering of municipal securities or other indebtedness of the client.

MSRB Rule G-42 "Duties of Non-Solicitor Municipal Advisors" establishes standards of conduct for municipal advisors engaging in municipal advisory activities.

REQUIRED DISCLOSURES. MSRB Rule G-42 requires that SDAOAS make a reasonable inquiry as to the facts that are relevant to client's determination whether to proceed with a course of action or that form the basis for, and advice provided by SDAOAS to a client. The rule also requires that SDAOAS undertake a reasonable investigation to determine that it is not basing any recommendation on materially inaccurate or incomplete information. SDAOAS is also required under the rule to use reasonable diligence to know the essential facts about a client and the authority of each person acting on a client's behalf.

In carrying out these regulatory duties, SDAOAS will request the cooperation and assistance of the client, including providing to SDAOAS accurate and complete information and reasonable access to relevant documents, other information and personnel needed to fulfill such duties. In addition, the client agrees that, to the extent a client seeks to have SDAOAS provide advice with regard to any recommendation made by a third party, the client will provide to SDAOAS written direction to do so as well as any information it has received from such third party relating to its recommendation.

In addition, MSRB Rule G-42 requires that SDAOAS provide you with the following disclosures of material conflicts of interest and of information regarding certain legal events and disciplinary history.

Disclosures of Conflicts of Interest. MSRB Rule G-42 requires that municipal advisors provide to their clients disclosures relating to any actual or potential material conflicts of interest, including certain categories of potential conflicts of interest identified in Rule G-42, if applicable. If no such material conflicts of interest are known to exist based on the exercise of reasonable diligence by the municipal advisor, municipal advisors are required to provide a written statement to that effect.

Accordingly, SDAOAS will make the following disclosures with respect to material conflicts of interest in connection with municipal advisory services, together with explanations of how SDAOAS addresses or intends to manage or mitigate each conflict, if any. To that end, with respect to all of the conflicts disclosed herein, SDAOAS mitigates such conflicts through its adherence to its fiduciary duty to the client, which includes a duty of loyalty to the client in performing all municipal advisory activities for the client. This duty of loyalty obligates SDAOAS to deal honestly and with the utmost good faith with the client and to act in the client's best interests without regard to SDAOAS' financial or other interests. The disclosures below describe, as applicable, any additional mitigations that may be relevant with respect to any specific conflict disclosed herein.

SDAOAS is a municipal advisory firm, registered with the Securities and Exchange Commission pursuant to Section 15(a)(2) of the securities and Exchange Act of 1934 (the "act") and the Municipal Securities Rulemaking Board. SDAOAS may from time to time provide advisory, consulting, and other services to municipalities, other institutions, associations and individuals including certain directors, officers, officials or employees of the client, or other persons or entities that are involved with the client, for which Advisor may receive customary compensation; however, such services are not related to any client financings. Advisor may also be engaged from time to time to provide advice on investments for a client through a separate contract that sets forth the fees to be paid to SDAOAS. Additionally, clients of SDAOAS may from time-to-time purchase, hold and sell bonds and other securities issued by our clients.

SDAOAS serves a wide variety of other clients that may from time to time have interests that could have a direct or indirect impact on the interests of the client. For example, SDAOAS serves as municipal advisor to other municipal advisory clients and, in such cases, owes a regulatory duty to such other clients just as it does to any client under a municipal advisory agreement. These other clients may, from time to time and depending on the specific circumstances, have competing interests, such as accessing the new issue market with the most advantageous timing and with limited competition at the time of the offering. In acting in the interests of its various clients, SDAOAS could potentially face a conflict of interest arising from these competing client interests. None of these other engagements or relationships would impair SDAOAS' ability to fulfill its regulatory duties to the client.

While we do not believe that the following creates a conflict of interest on SDAOAS' part, we note that spouses or other relatives of SDAOAS associates may serve as an officer, employee or official of a client. The client may wish to consider any impact such circumstances may have on how it conducts its activities with SDAOAS.

The MSRB requires that a municipal advisor provide written disclosure regarding actual or potential conflicts of interest presented by various forms of compensation. The forms of compensation for municipal advisors vary according to the nature of the engagement and requirements of the Client, among other factors. Various forms of compensation present actual or potential conflicts of interest because they may create an incentive for an advisor to recommend one course of action over another if it is more beneficial to the advisor to do so. The following discusses various forms of compensation and the timing of payments to the advisor:

a. Fixed Fee. Under a fixed fee form of compensation, the municipal advisor is paid a fixed amount established at the outset of the transaction. The amount is usually based upon an analysis by the Client and the advisor of, among other things, the expected duration and complexity of the transaction and the agreed-upon scope of work that the advisor will perform.

This form of compensation presents a potential conflict of interest because, if the transaction requires more work than originally contemplated, the adviser may suffer a loss. Thus, the advisor may recommend less time-consuming alternatives or fail to do a thorough analysis of alternatives. There may be additional conflicts of interest if the municipal advisor's fee is contingent upon the successful completion of a financing as described below.

b. Hourly Fee. Under an hourly fee form of compensation, the municipal advisor is paid an amount equal to the number of hours worked by the advisor times an agreed-upon hourly billing rate. This form of compensation presents a potential conflict of interest if the Client and the advisor do not agree on a reasonable maximum amount at the outset of the engagement, because the advisor does not have a financial incentive to recommend alternatives that would result in fewer hours worked.

In some cases, an hourly fee may be applied against a retainer, in which case it is payable whether or not a financing closes. Alternatively, it may be contingent upon the successful completion of a financing, in which case there may be additional conflicts of interest as described below.

c. Contingent Fee. Under a contingent fee form of compensation, payment of an advisor's fee is dependent upon the successful completion of a financing or other transaction. Although this form of compensation may be customary for Client, it presents a conflict of interest because the advisor may have an incentive to recommend unnecessary financings or financings that are disadvantageous to Client.

d. Retainer Fees. Under a retainer agreement, fees are paid to a municipal advisor periodically and are not contingent upon the completion of a financing or other transaction. Fees paid under a retainer agreement may be calculated on a fixed fee basis or an hourly basis. A retainer agreement does not present the conflicts associated with a contingent fee arrangement.

e. Transaction Fee. Under this form of compensation, the fee is based upon a percentage of the principal amount of an issuer of securities. This form of compensation presents a conflict of interest because the advisor may have an incentive to advise Client to increase the size of the securities issue for the purpose of increasing the advisor's compensation.

Other Material Conflicts of Interest. The MSRB requires SDAOAS, as a municipal advisor, to provide written disclosure to you about material conflicts of interest. Specifically, MSRB Rule G-42(b)(i)(F) requires a municipal advisor to disclose in writing "any other actual or potential conflicts of interest, of which the municipal advisor is aware after reasonable inquiry, that could reasonably be anticipated to impair the municipal advisor's ability to provide advice to or on behalf of the client in accordance with the Standards of Conduct of MSRB Rule-G42(a), as applicable." The following represent SDAOAS' material conflicts of interest known to SDAOAS as of the date of this Disclosure:

As part of SDAOAS' requirement to provide full and clear disclosure pursuant to MSRB Rule G-42, Mr. Ulbricht, presently as the sole-employee and municipal advisor of SDAOAS, was employed at Robert W. Baird (a "market participant"), a firm which is an active market participant in serving as an underwriter of municipal securities and other municipal products, from November 2011 up until March of 2015. General guidance under the SEC adopted final rules for municipal advisors (the "Final Rules") in determining whether a registered municipal advisor is independent from a transaction participant seeking to rely on the independent registered municipal advisor exemption, a registered municipal advisor is independent if it is not, and within at least the past two years was not, "associated" with the person seeking to rely on the independent registered municipal advisor exemption. In the Adopting Release, the SEC stated that "a two-year cooling off period represents an appropriate period of time to help remove any actual or perceived influence over a municipal advisor's ability to exercise independent judgment when engaging in municipal advisory activities[(1)]". SDAOAS is providing this disclosure as notice of an appearance of a potential conflict of interest given Mr. Ulbricht's previous employment at Robert W. Baird, if in the event that Robert W. Baird may be retained to serve as underwriter of a municipal securities transaction involving a municipal advisory client of SDAOAS.

Although SDAOAS does not view that a conflict of interest exists or may materialize at or upon the municipal advisory engagement, in light of the SEC's guidance under the Final Rule and the amount of time that had elapsed since Mr. Ulbricht's previous employment at Robert W. Baird, SDAOAS has taken the position that it now considers it to be the best practice to inform and notify any municipal advisory client of a potential conflict of interest given Mr. Ulbricht' previous employment at Robert W. Baird, in which such market participant may be engaged to serve as an underwriter of future financings where Mr. Ulbricht serves as municipal advisor.

The following represent SDAOAS' material conflicts of interest known to SDAOAS as of the date of this Annual Disclosure:

As of the date of this Agreement, Advisor is unaware of any potential or actual material conflicts of interest with Client.

How to Access Form MA and Form MA-I Filings**.** SDAOAS's most recent Form MA and each most recent Form MA-I filed with the SEC are available on the SEC's EDGAR system at https://www.sec.gov/edgar/browse/?CIK=1646786.

Finally, we are attaching a list of links to the MSRB website directing you to resources available to clients of municipal advisory firms:

Information for Municipal Advisory Clients:
https://www.msrb.org/sites/default/files/MSRB-MA-Clients-Brochure.pdf

What to expect from Your Municipal Advisor:
https://www.msrb.org/sites/default/files/What-to-Expect-from-Your-Municipal-Advisor.pdf#:~:text=Under%20MSRB%20Rule%20G-17,%20a%20municipal%20advisor%20is%20subject%20to

MSRB Rule G-42 – Duties of Non-Solicitor Municipal Advisors:
https://www.msrb.org/Rules-and-Interpretations/MSRB-Rules/General/Rule-G-42

(1) See Adopting Release, 78 FR at 67519. Additional References at Exchange Act Rule 15Ba1-1(d)(3)(vi); 15 U.S.C 78o-4(e)(7); Adopting Release, 78 FR at 67510, note 566; 15 U.S.C 78o-4(e)(7)(C); Glossary of Terms, Adopting Release 78 FR at 67655, for definition of control; 15 U.S.C 78o-4(e)(7)(A)-(B); and, See generally 15 U.S.C. 78o- 4(e)(7) and Exchange Act Rule 15Ba1-1(d)(3)(vi)(A). See also Adopting Release, 78 FR at 67510, note 566 (stating that "[f]or purposes of the definition 'independent registered municipal advisor' in Rule 15Ba1-1(d)(3)(vi), the criteria for association set forth in Section 15B(e)(7) (15 U.S.C. 78o-4(e)(7) will apply").

***Future Supplemental Disclosures*.** SDAOAS has not identified any additional potential or actual conflicts of interest or legal and disciplinary events that require disclosure. If material events arise in the future, we will provide you with supplemental disclosures about them.

If there is any aspect of the foregoing disclosures that requires further clarification, please do not hesitate to contact us. In addition, please consult your own financial and/or municipal, legal, accounting, tax and other advisors as you deem appropriate.

Strategic Planning Charter FY27–FY30

TO: SCHD Board of Directors
FROM: Raymond T. Hino, CEO
PREPARED BY: Scott McEachern, CHCIO
SUBJECT: FY2027-FY2030 Strategic Plan Charter

Purpose
The purpose of this document is to outline the FY27-30 Southern Coos Hospital & Health Center Strategic Plan process and gain the SCHD's approval to move forward. This charter authorizes and defines a strategic planning process to set SCHHC's direction for FY27 through FY30. The plan will make deliberate choices about the Southern Coos Health District's role in the regional care landscape, its service lines, its financial model, and its capital and workforce needs in a period of significant change in rural health reimbursement.

Approach
The process will be led internally by the executive team rather than by an external consultant. This keeps the work grounded in SCHHC's own financial modeling and operational knowledge, builds internal ownership of the result, and conserves District resources. The executive team will co-lead and is responsible for framing: each member of the exec team will own their subject-matter analysis. The SCHD Board members are invited to participate throughout the process; we ask that the SCHD Board assign a Board liaison who will participate throughout the process.

Scope
The plan will address the District's competitive and partnership position, service line strategy, a financial model sustainable under changing Medicaid and Medicare conditions, facility and capital priorities, and workforce and medical staff continuity. It will produce two artifacts: a concise strategic plan setting direction, and an annual operating plan that translates direction into execution.

Process and timeline
- **August–September**: Environmental assessment: an evidence base covering demographics, payer mix, financial position, service line performance, workforce, competitive position, and the regulatory outlook.
- **October**: Strategic choices: facilitated executive sessions, including members of the SCHD Board and community members, resolving the plan's central questions.
- **November**: Draft plan, test with staff, the Board, and community stakeholders.
- **December 17**: Board review and adoption.

SCHD Board's Role
The Board approves this charter, assigns a Board liaison, participates in facilitated work sessions, reviews a draft of the strategic plan in November, and adopts the final plan in December. The Board's meeting calendar is the accountability mechanism and holds the process to its commitments.

Requested actions
1. That the Board approve this charter, including its scope, approach, and December 17, 2026 adoption date, and,
2. Assign a Board liaison to participate in the process.

Chief Executive Officer Report

To: Southern Coos Health District Board of Directors
From: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, August

Management Changes:

- As the Board of Directors is aware, we have hired Mr. Harry Jasper to be our new Chief Financial Officer/Chief Operating Officer. Harry is well qualified for this position, having previously served as both the Chief Financial Officer and CEO of a critical access hospital in California. Additionally, I knew Harry personally when he was serving in both of those capacities at the Southern Humboldt Hospital, and I know of the success that he had there. I am delighted that he has accepted our offer and has already moved his family to Bandon. He has been able to be here for the entire month of August, which has given him a 1 month opportunity to work with Cam Marlowe in a smooth transition of CFO responsibilities from Cam to Harry.

- Our Director of Human Resources position remains open. We have identified 3 finalists for the position. The first interviewed in July. The 2nd candidate is scheduled to interview on August 26, with the 3rd interview to follow shortly after that. In the meantime, we continue to use Kelley Frengle as our Interim HR Director.

Federal/State Funding – Rural Health Transformation Program Funds

- Still no word on $963,000 in Rural Health Transformation Program (RHTP) Direct funding for Southern Coos Hospital & Health Center.

- A Regional Convening, with funding from the RHTP, was held on August 7 at the Coos Bay Public Library. The convening was organized by the Oregon Office of Rural Health (ORH) with invited attendees coming from hospitals, clinics, public health departments, Advanced Health, and other public agencies for Coos County, Curry County and Reedsport in Douglas County. The purpose of the convening is to encourage collaboration among health care providers in the region. ORH is also convening similar regional meetings in 7 other locations around the State.

- We continue to participate with 10 other rural independent hospitals in the State of Oregon to create a Clinically Integrated Network (CIN) called the Cascades Rural High Value Network (CRHVN). CRHVN has applied for Health Care Market Oversight (HCMO) approval through the State of Oregon. I wish to thank Senator David Brock Smith and Representative Court Boice, who met with me and Ginny Williams, CEO of Curry General and representatives of OHA on August 6 to encourage OHA to expedite an approval of our HCMO application so that we can qualify for Year 1 funding under the RHTP.

Senator Ron Wyden's "Reimaging Healthcare in America" Field Hearings

- I was asked to testify in 2 of Senator Ron Wyden's "Reimagining Healthcare in America" Field Hearings earlier this month. On Sunday, August 16, I testified in the Virtual Field Hearing, specifically on Rural Healthcare in Oregon. The majority of my comments had to do with the Rural Health Transformation Program (RHTP) funds. While I praised the State of Oregon for securing these funds for our Oregon providers, I expressed great concern that CMS is not acting timely to approve disbursements of the funds (as evidenced in my comments above on that fact that we are still waiting for approval of our $963,000 direct award).

- On Monday, August 17, I was also asked to testify in an in-person hearing in Medford, Oregon. The room was filled with people that were testifying on the difficulty that they are having in obtaining care for loved ones, frequently children. When it was time for me to testify, I quoted from the recently published report by the Hospital Association of Oregon "A Fraying Safety Net: Oregon Hospitals in Crisis." In the report, it states that Oregon hospitals were struggling financially before the new Federal Law, HR 1 last summer. For example in 2025, Oregon hospitals collectively lost more than $450 million caring for patients. Also, in 2025 the median operating margin for all Oregon hospitals was a negative 0.5%. The report concludes by calling upon legislators to (1) protect and strengthen Medicaid payments to hospitals; (2) make government work (by reducing unnecessary administration or bureaucracy; and (3) hold insurers accountable and to facilitate and promote good health care rather than serving as a barrier to it.

Listening Sessions

- On July 14, Interim HR Director, Kelley Frengle and I held 2 listening session meetings with our nursing staff in the Emergency Department and Medical/Surgical Department. We began each meeting with a formal agenda and a process whereby we would ask staff to speak up on:

  1. What is working well that we should preserve?
  2. What are the biggest challenges or obstacles affecting your ability to do your best work?
  3. If you could change one or two things that would have the greatest positive impact, what would they be?

  We got some great feedback from our staff on some things that are putting pressure on our staff at this time and some ideas for where improvements can be made. On August 14, I was able to respond back to the staff with my appreciation for the time that they took to discuss their concerns with us. I identified what we heard during the sessions and what has been done to address the concerns that we heard since the time of the listening session meetings. I plan to keep the nursing departments informed as we continue to make positive changes for SCHHC.

- In the coming weeks I am planning on extending listening session meetings to more departments.

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, August 2026

New Surgeons

General surgeons Drs. Monte Stewart and Matthew Hiesterman are now both under contract. Dr. Stewart started work this week and Dr. Hiesterman will start next month. They will continue working alternating months going forward.

National Health Service Corps Update

Our applications for our hospital and clinic to become National Health Service Corps sites were approved (one application for the hospital and one for the clinic). This exciting development will help us with provider retention and future provider recruitment if needed through increasing Federal loan repayment opportunities and access to National Health Service Corps job boards.

DNV Survey

By the time you read this, our DNV survey for this year may already have occurred. The medical staff department continues to work on improving processes and documentation to achieve compliance with accreditation standards.

Quarterly Regional Chief Medical Officer Meeting

The quarterly regional chief medical officer meeting occurred earlier today (the "region" in this context includes Lower Umpqua, Bay Area, Coquille Valley, Southern Coos, and Curry General hospitals). These meetings serve as a valuable means to keep abreast of new developments and facilitate the smooth coordination of care for our patients across the region. I anticipate these meetings will become even more valuable when the Oregon High Value Network is in place, as we will then be able to coordinate on specific reginal initiatives.

Retail Pharmacy Report

To: Southern Coos Health District Board of Directors
From: Jeremy Brown, PharmD, Director of Pharmacy Services
Re: Retail Pharmacy Report to the SCHD Board of Directors, August 2026

Financial Statement for June
3,627 prescriptions were filled by our retail pharmacy in the month of July, up from 3,298 in the month of June.

The net change in position for retail pharmacy in July was $2,967. This is significant as it marks the first time our retail pharmacy's change in net position was positive solely due to operations for the month with monthly revenue exceeding expenses. As you recall, on the two prior occasions a net positive change in position was reported, both were due to needed accounting adjustments to true-up several months of inventory or 340b savings reported while the operating revenue was still lower than expenses for those months.

Director of Pharmacy Search
We are currently accepting applications and conducting interviews for qualified candidates. We have one promising prospect that we have tentatively set up for an onsite interview on 8/31/2026. Current DOP has not provided a final date of service and is willing to lead the department until changes occur personally for him or for Southern Coos.

Dan Rackham Consulting
Overall, this report was positive and encouraging, saying that we are on the right track for our retail pharmacy and our achieved growth is a big win for how early in the process we are. There were opportunities identified and recommendations provided to further bolster sales and profit. Primary opportunities identified include:

- Determine the reason drug expense is higher than projected and cause for underperformance in 340B savings.
- Establish reliable pharmacy revenue cycle ownership and monthly reconciliation of bank deposits with anticipated reimbursement reported from Liberty.
- Validate payer economics, beginning with the post January 2026 decline in Medco/Express Scripts Medicare Part D performance.
- Create a concise pharmacy business dashboard and recurring executive review process.
- Strengthen pharmacy contract documentation, approval, ownership, and institutional memory.
- Reduce the administrative burden associated with 340B and manufacturer rebate value realization.

Dr. Forrester and I have discussed the findings and are actively working toward resolution of the items found. Some items we have already been working on prior to this analysis, and we will incorporate the recommendations presented in the analysis as we continue working through the process. Our consultant provided an outline that broke down the proposed timing for each topic and step, as well as departments involved/recommended to be part of the process and what our expected result should be. Dr. Forrester and I will continue adding the other recommended items to our timeline and upcoming projects in accordance with the consultant's timeline and recommendations, and we will incorporate the recommended departmental support as well.

Appendix A

Southern Coos Health District
PHARMACY-RETAIL (OP)

Southern Coos Hospital & Health Center
Profit & Loss Statement
As of July 31, 2026

	Month To Date 07/31/2026				07/01/2026 Through 07/31/2026			
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Operating Budget	Actual minus budget	Budget variance
Total Patient Revenue								
Retail Pharmacy Revenue								
3020 - RETAIL PHARMACY REVENUE	934,517	629,844	304,673	48.4 %	934,517	629,844	304,673	48.37 %
Retail Pharmacy Revenue	934,517	629,844	304,673	48.4 %	934,517	629,844	304,673	48.37 %
Total Patient Revenue	**934,517**	**629,844**	**304,673**	**48.4 %**	**934,517**	**629,844**	**304,673**	**48.37 %**
Total Deductions	**677,794**	-	**677,794**	**100.0 %**	**677,794**	-	**677,794**	**100.00 %**
Net Patient Revenue	**256,723**	**629,844**	**(373,120)**	**(59.2) %**	**256,723**	**629,844**	**(373,120)**	**(59.24) %**
Other Operating Revenue	**19,950**	-	**19,950**	**100.0 %**	**19,950**	-	**19,950**	**100.00 %**
Total Operating Revenue	**276,673**	**629,844**	**(353,171)**	**(56.1) %**	**276,673**	**629,844**	**(353,171)**	**(56.07) %**
Total Operating Expenses								
Total Labor Expenses								
Salaries & Wages	35,470	-	35,470	100.0 %	35,470	-	35,470	100.00 %
Benefits	3,997	-	3,997	100.0 %	3,997	-	3,997	100.00 %
Total Labor Expenses	39,467	-	39,467	100.0 %	39,467	-	39,467	100.00 %
Purchased Services								
4500 - PURCHASED SERVICES	629	-	629	100.0 %	629	-	629	100.00 %
Purchased Services	629	-	629	100.0 %	629	-	629	100.00 %
Drugs & Pharmaceuticals								
4204 - DRUGS	227,744	-	227,744	100.0 %	227,744	-	227,744	100.00 %
Drugs & Pharmaceuticals	227,744	-	227,744	100.0 %	227,744	-	227,744	100.00 %
Medical Supplies								
4202 - NONBILLABLE SUPPLIES - MEDICAL	993	-	993	100.0 %	993	-	993	100.00 %
Medical Supplies	993	-	993	100.0 %	993	-	993	100.00 %
Other Supplies								
4301 - OFFICE SUPPLIES	262	-	262	100.0 %	262	-	262	100.00 %
Other Supplies	262	-	262	100.0 %	262	-	262	100.00 %
Other Expenses								
4302 - POSTAGE & FREIGHT	76	-	76	100.0 %	76	-	76	100.00 %
4502 - MARKETING - NON ALLOWABLE	1,432	-	1,432	100.0 %	1,432	-	1,432	100.00 %
4504 - PRINTING & COPYING	86	-	86	100.0 %	86	-	86	100.00 %
4703 - DUES & SUBSCRIPTIONS	342	-	342	100.0 %	342	-	342	100.00 %
4798 - BANK & COLLECTION FEES	939	-	939	100.0 %	939	-	939	100.00 %
Other Expenses	2,875	-	2,875	100.0 %	2,875	-	2,875	100.00 %
Depreciation & Amortization								
6162 - DEPRECIATION - MAJOR MOVABLE EQUIPMENT	410	-	410	100.0 %	410	-	410	100.00 %
6152 - DEPRECIATION - BUILDING - CLINIC	1,326	-	1,326	100.0 %	1,326	-	1,326	100.00 %
Depreciation & Amortization	1,736	-	1,736	100.0 %	1,736	-	1,736	100.00 %
Total Operating Expenses	**273,706**	-	**273,706**	**100.0 %**	**273,706**	-	**273,706**	**100.00 %**
Operating Income / (Loss)	**2,967**	**629,844**	**(626,877)**	**(99.5) %**	**2,967**	**629,844**	**(626,877)**	**(99.52) %**
Change In Net Position	**2,967**	**629,844**	**(626,877)**	**(99.5) %**	**2,967**	**629,844**	**(626,877)**	**(99.52) %**

Chief Nursing Officer Report

To: Southern Coos Health District Board of Directors and Southern Coos Management
From: Cori Valet, RN, BSN, Chief Nursing Officer
Re: CNO Report for SCHD Board of Directors Meeting – August 27, 2026

Clinical Department Staffing

- **Medical-Surgical department** – FTE variance – Under budget expectation at -2.68 FTE.
  - Hiring freeze for the two tele-tech positions until trauma certification is imminent.
  - Staff actively flexing to account for low census days.
  - Two additional full-time RNs have begun orientation in July.
  - Recruitment efforts initiated for one full-time RN and one full-time tele-tech/unit coordinator.
  - Only one contract RNs utilized.
- **Emergency department** – FTE variance – Over by 0.93 FTE.
  - One per diem RN orienting to the department.
  - Recruitment efforts in place for one full-time RN and one full-time LPN.
  - One contract RNs utilized in July.
- **Laboratory department** – FTE variance - Over budgeted expectations by 1.72 FTE.
  - One medical lab scientist (MLS) returned from medical leave.
  - Once contract MLS utilized to cover known leave of absence.
  - Additional hours for various staff to assist with COLA inspection readiness.
  - One full-time Medical Lab Assistant orienting to the unit.
  - One full-time Medical Lab Assistant transitioning to another department, hours remain in lab until transfer complete.
- **Surgical department** – FTEs variance – Below budgeted expectations at -2.09 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.
  - Surgical Services Housekeeper submitted resignation. Recruitment efforts initiated.
- **Medical Imaging** – FTE variance – Below budgeted expectations at -0.13.
  - Hire freeze on ultrasound tech 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 tech for surgical services until volumes indicate need.
  - Two technologists out on leave in July.
  - Two contact technologists utilized to fill vacancies.
  - One new part-time Medical Imaging Coordinator orienting to position.
  - Recruitment efforts on-going for one full time CT/XR technologist.
- **Respiratory therapy** – FTE variance – Below budgeted expectations at -1.78.
  - Manager requiring leave of absence.
  - One respiratory therapist position vacant.
- **Case management** – No changes from prior month, fully staffed.

	July 2026 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	**28.15**	**1.12**	**29.27**	**31.95**	**-2.68**
Manager	1	0	1	1	0
CH RN	3.73	0	3.73	3.85	-0.12
RN	12.66	1.12	13.78	12	1.78
LPN	1.36	0	1.36	2.45	-1.09
CNA	8.22	0	8.22	8.65	-0.43
TeleTech	1.18	0	1.18	4	-2.82
Emergency Dept	**15.29**	**0.82**	**16.11**	**15.18**	**0.93**
Manager	1	0	1	1	0
RN	9.68	0.82	10.5	8.78	1.72
LPN	3.36	0	3.36	3.6	-0.24
CNA/US	1.25	0	1.25	1.8	-0.55
Laboratory	**11.26**	**0.87**	**12.13**	**10.41**	**1.72**
Manager	1	0	1	1	0
MLS	2.41	0.87	3.28	1.37	1.91
MLT	2.99	0	2.99	3.12	-0.13
Lab Assist I	3.02	0	3.02	2.38	0.64
Lab Assist II	0.85	0	0.85	1.47	-0.62
Lab Assist III	0.99	0	0.99	1.07	-0.08
Surgical Dept	**4.77**	**0.94**	**5.71**	**7.8**	**-2.09**
Manager	1	0	1	1	0
Surgical RN	1.98	0	1.98	3	-1.02
Sterile processor	0	0.94	0.94	1	-0.06
Surgical Tech	1.39	0	1.39	2	-0.61
Housekeeper	0.4	0	0.4	0.8	-0.4
Medical Imaging	**11.15**	**3.11**	**14.26**	**14.39**	**-0.13**
Manager	1	0	1	1	0
Radiology Tech	3.66	0.8	4.46	8.03	-3.57
Rad Tech I	3.14	0	3.14	0.7	2.44
Ultrasound	0.91	0.94	1.85	2.66	-0.81
MI Coordinator	1.62	0	1.62	1	0.62
MI Admin Assist	0.82	0	0.82	1	-0.18
Respiratory Therapy	**5.53**	**0**	**5.53**	**7.31**	**-1.78**
Manager	1	0	1	**1**	**0**
RT	4.53	0	4.53	6.31	-1.78
Swing Bed	**1.36**	**0**	**1.36**	**1.65**	**-0.29**
Case manager	1.36	0	1.36	1.65	-0.29
Totals	**77.51**	**6.86**	**84.37**	**88.69**	**-4.32**
% of FTE	92%	8%			

Emergency Department Transfer Statistics

- July 2026 Transfers –Four (4) transfers were due to lack of bed availability at SCHHC.
    - 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.
    - Three transfers were a result of lack of appropriate bed availability related to specific patient conditions that prevented room sharing, e.g., isolation for infection control, gender differences, or end of life care.

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
No SCHHC Beds	4	0	0	0	0	1	1	0	0	0	4	4
Higher level of care required	42	33	17	21	21	31	28	39	40	29	21	41
Patient request	0	0	0	0	0	0	0	0	1	1	2	0

- Cardiology – 3
- Surgical Services – 5
- Intensive care – 7
- Urology – 1
- Psychiatric evaluation – 1
- Neurology – 5
- Oncology - 2
- Dialysis - 1
- Orthopedics - 3
- Nephrology - 1
- Gastroenterology – 4
- Ultrasound – 3
- MRI - 1

Laboratory

AccuVein vein finder (A device that uses a near-infrared imaging that projects a vivid map on the skin detailing underlying superficial veins that are often invisible to the naked eye) has been relocated from the Med-Surg unit to the Laboratory department in an effort to reduce the frequency of repeat venipunctures. The laboratory staff have completed competency trainings and have expressed excitement in having an additional tool to help ensure successful blood draws.

Point-of-care ultrasound devices are available for use when needed, within the Emergency department and Medical Surgical departments, however their use is limited to nursing and medical providers due to scope of practice limitations.

Medical Imaging

General ultrasounds services unavailable 7/2026-8/8/2026 due to unforeseen staffing need related to family medical leave. Despite efforts to identify appropriate coverage, no qualified alternative staffing resource could be found to maintain services. All patients were notified and the majority were rescheduled for a later date. Unfortunately, we did have a few patients who did ultimately seek services at another facility due to the disruption and delay. We continue to support the training of our current cardiac sonographer to perform general ultrasound services. By having a second general sonographer we can ensure that we have limited service interruptions in the future.

Unit Based Practice Counsil

Recruitment efforts have been initiated to identify volunteers to serve on a new Unit Based Practice Counsil (UBC) at Southern Coos Hospital & Health Center. This UBC will allow shared governance from a front-line team of nurses and other clinical staff members from medical imaging, respiratory therapy and the laboratory departments will have a voice in determining patient care practices, standards and quality of care. By providing this structured forum, we will encourage the identification of barriers, ideas, and solutions. This type of council shifts decision-making from a top-down approach to more team -driven. Our hope is to enable nurses and interprofessional team members to align organizational goals with bedside wisdom.

Support has been received from front-line staff members in support of this council. Three volunteers have expressed interest in serving on the Counsil as of August 21, 2026 (only 4 days post Counsil formation announcement released). Clinical managers and chief nursing officer will continue to recruit for volunteers, answer questions and promote the benefits of shared governance.

Key Performance Indicators: Monthly

July 2026 Data

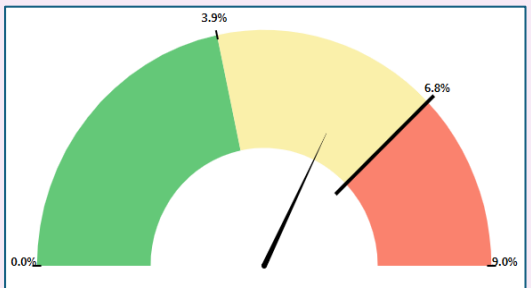
HOSPITAL

Better than Target

In Acceptable Range

Over Target

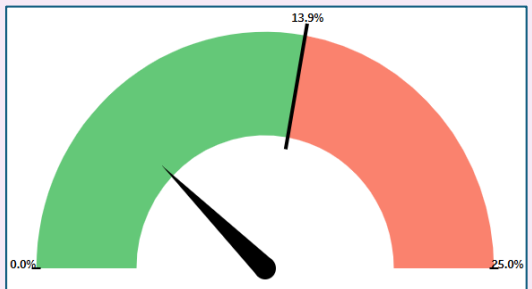
MORTALITY RATE



5.8%

Target: Below 6.8%

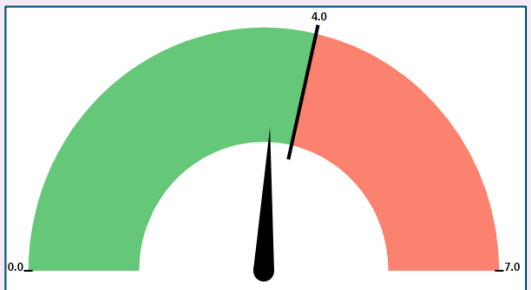
READMISSION RATE



6.1%

Target: below 13.9%

AVERAGE LENGTH OF STAY

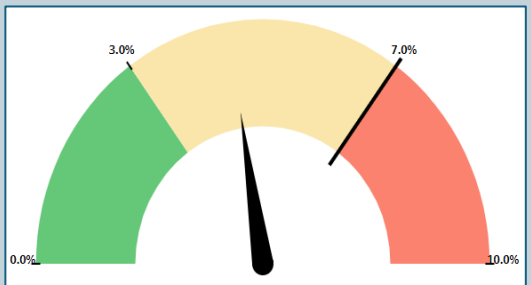


3.6 days

Target: below 4

EMERGENCY DEPARTMENT

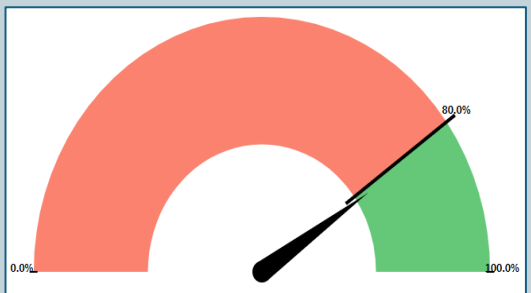
72hr RETURN TO ED



4.5%

Target: below 7%

% PATIENTS SEEN W/IN 30 MIN.

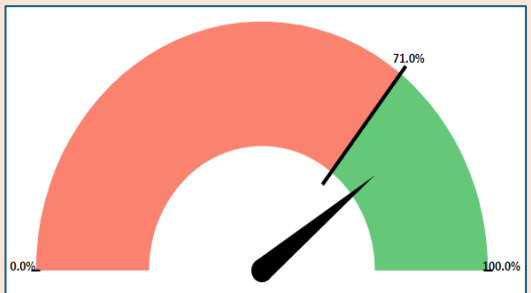


81.3%

Target: above 80%

PATIENT EXPERIENCE

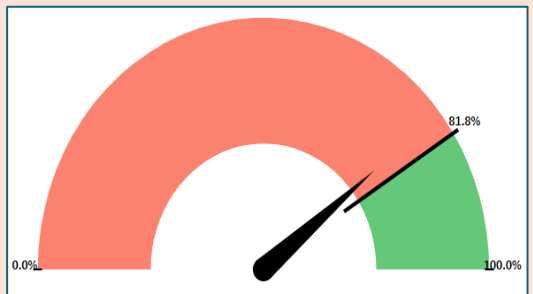
INPATIENT- *3mo. Running Avg (Mar-May)*



79.2%

Target: % who would highly recommend hospital: 71%

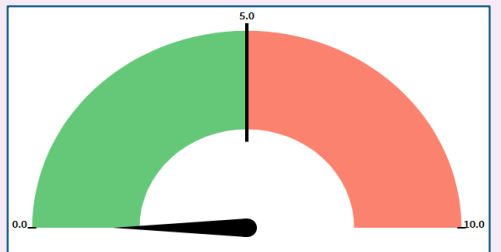
OUTPATIENT- *Prior Month (May)*



78.5%

Target: % who would highly recommend hospital: 82%

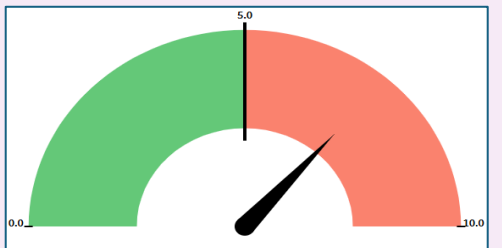
MEDICATION ERROR RATE



0.0

Target: below 5 per 1000 procedures

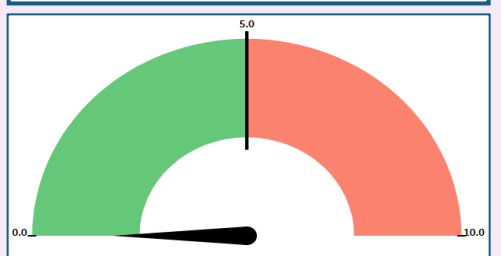
HOSP. ACQUIRED INFECTIONS



7.3

Target: below 5 per 1000 patient days

SURGICAL COMPLICATION RATE



0.0

Target: below 5 per 1000 procedures

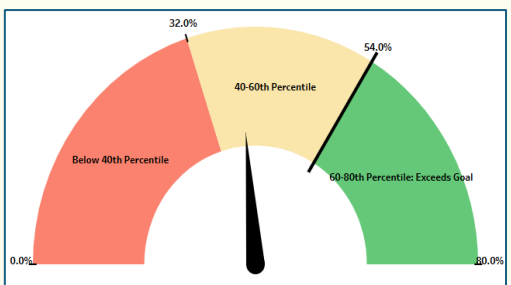
CLINIC

ACO TARGET: 60th Percentile

40- 60th Percentile

Below 40th Percentile

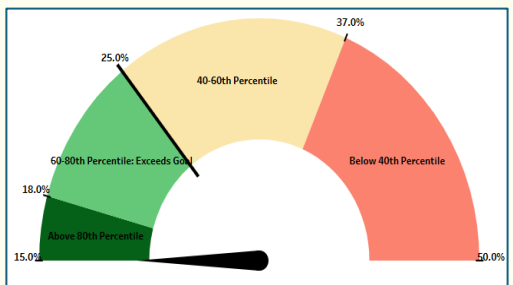
ACO- DEPRESSION SCREENING



38.0%

60th Percentile Goal: 54%

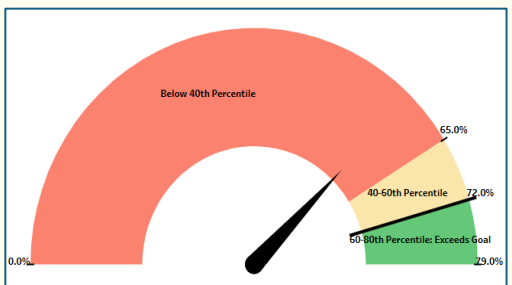
ACO- DIABETES POOR CONTROL



15.0%

60th Percentile Goal: below 25%

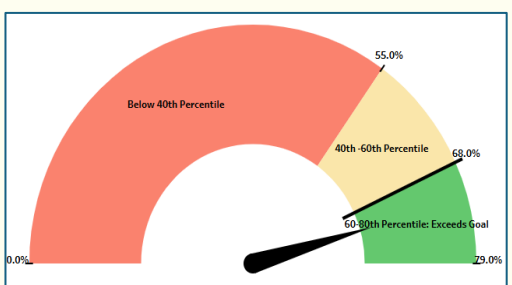
ACO- BLOOD PRESSURE CONTROL



59.0%

60th Percentile Goal: 72%

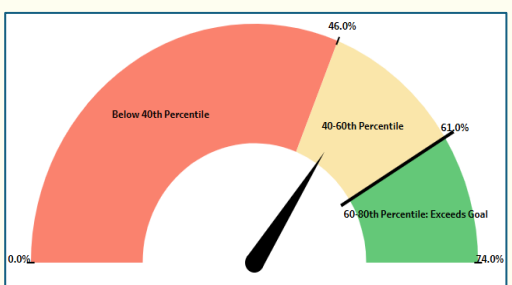
ACO- BREAST CANCER SCREENING



72.0%

60th Percentile Goal: 68%

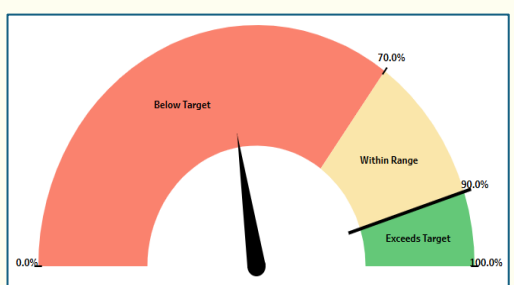
ACO- COLON CANCER SCREENING



51.0%

60th Percentile Goal: 61%

PCPCH: PATIENT ACCESS



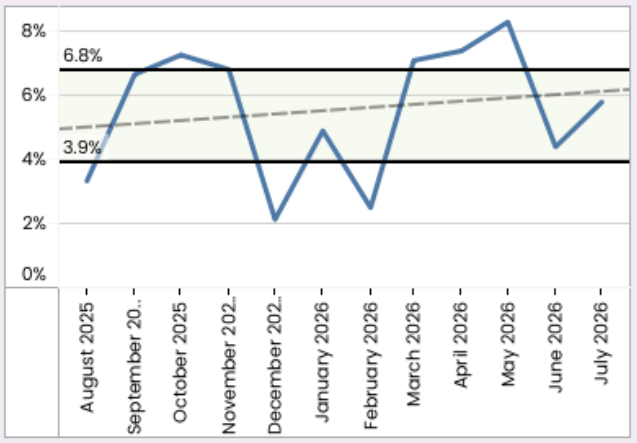
44.9%

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

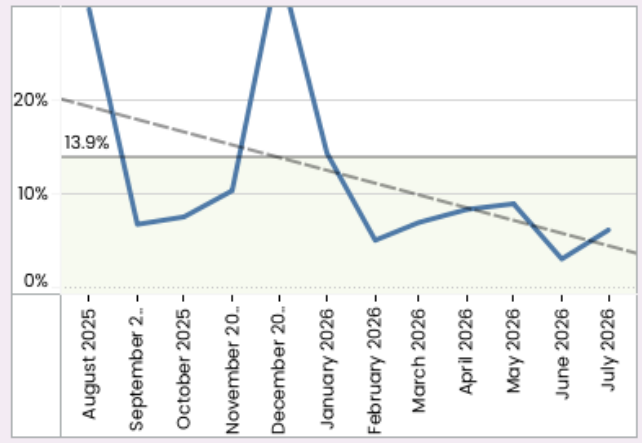
Key Performance Indicators: 12 Month Trending

Aug 2025- July 2026

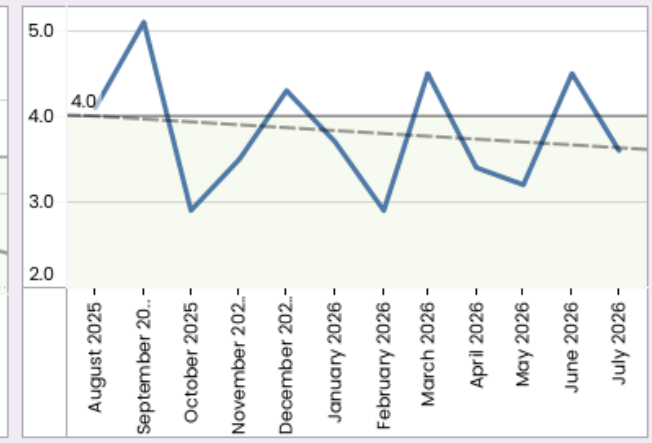
Mortality Rate: Mortalities/Patient Discharges



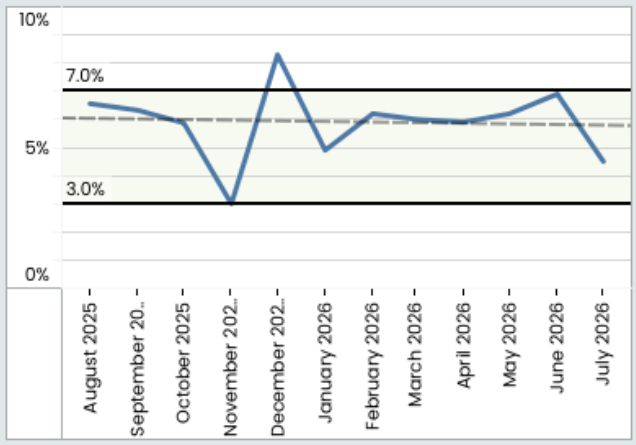
Readmission Rate



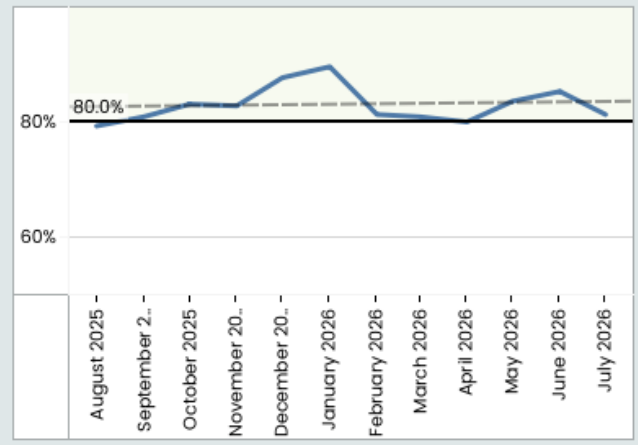
Avg. Length of Stay



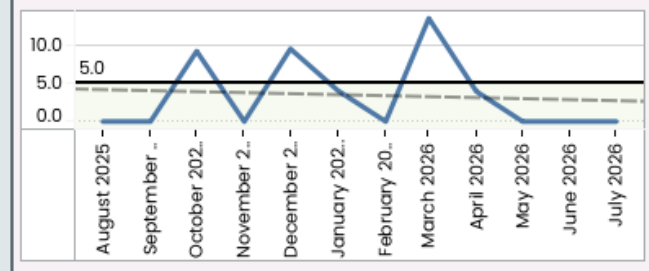
72hr Return To ED



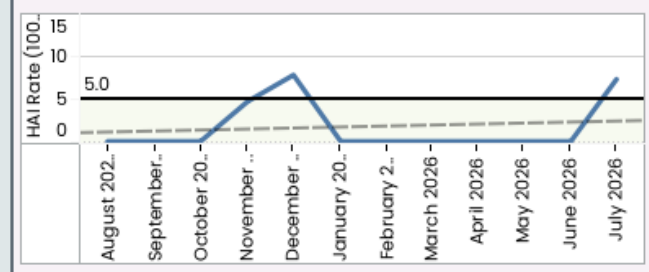
% Patients Seen w/in 30min (ED Door to Physician)



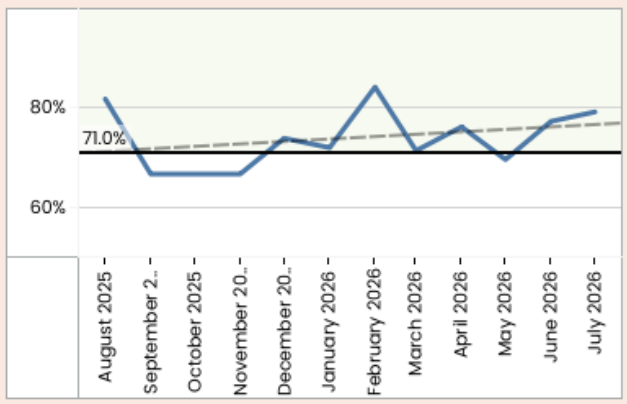
Medication Error Rate/1000 Patient Days



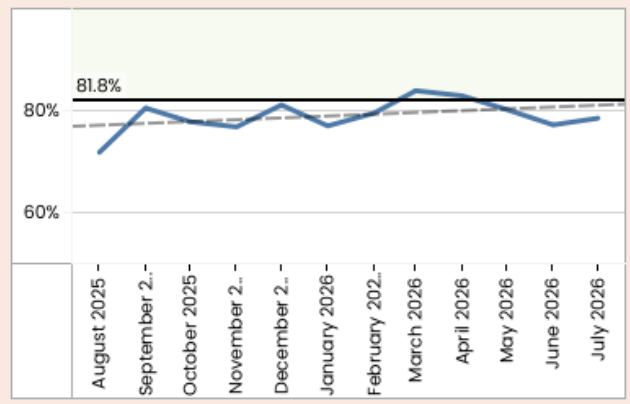
HAI Rate/1000 Patient Days



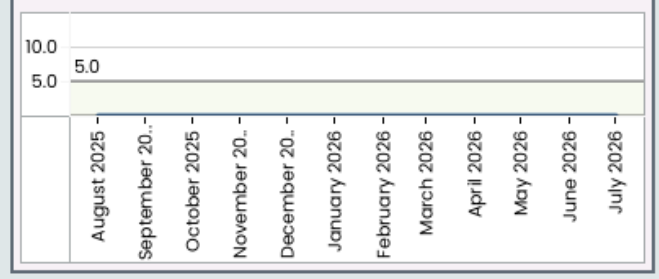
Patient Experience- Inpatient: Likeliness to Recommend



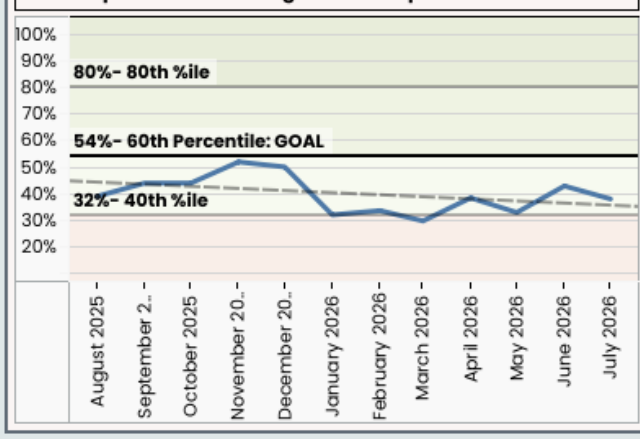
Patient Experience- Outpatient: Likeliness to Recommend



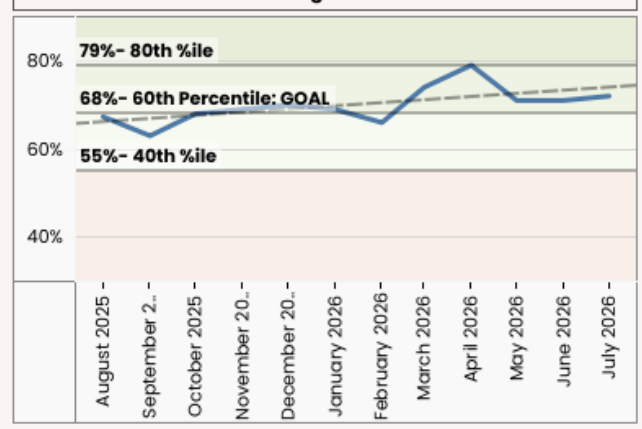
Surgery Complication Rate/Number of Procedures



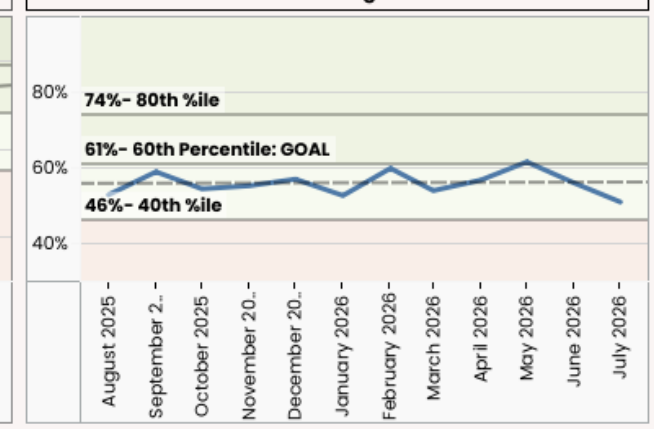
ACO- Depression Screening & Follow-up



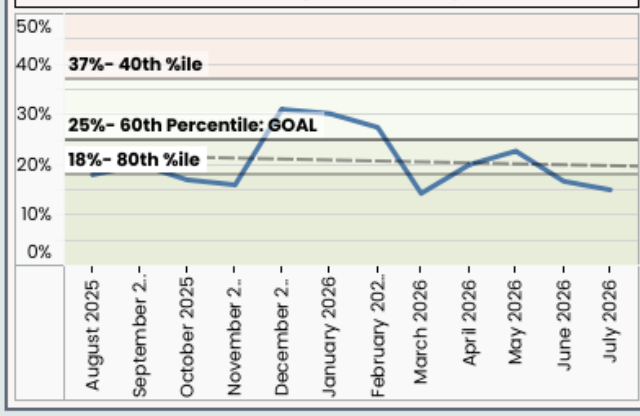
ACO- Breast Cancer Screening



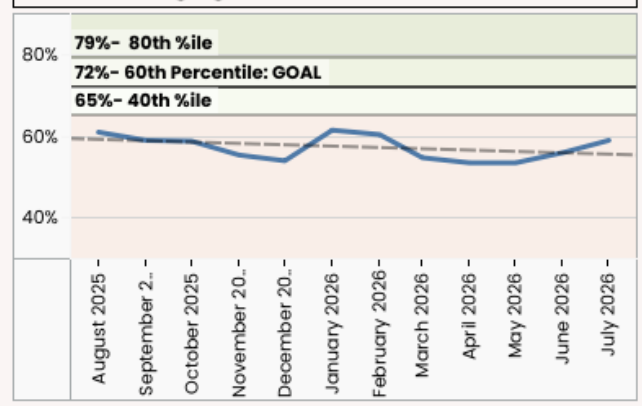
ACO- Colorectal Cancer Screening



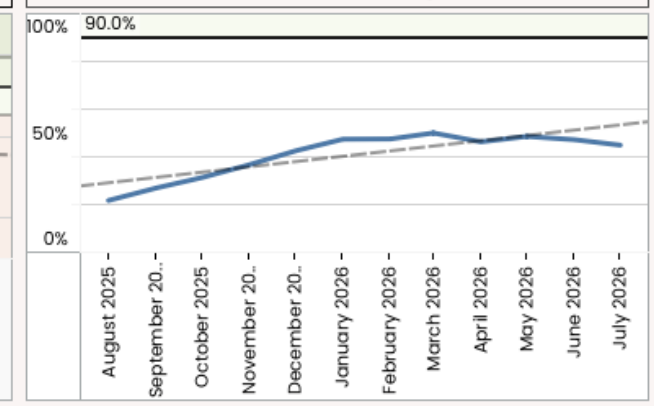
ACO- Diabetes Poor Control (Lower is Better)



ACO- Controlling High Blood Pressure



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



Chief Information Officer Report

DATE: August 27, 2026
TO: SCHD Board of Directors
FROM: Scott McEachern, CHCIO

Cybersecurity

As is the case in most months, the US is seeing an increase in the volume and sophistication of cyberattacks.

- SCHHC has seen a number of phishing attempts through Teams calls and phone calls. The caller pretends to be one of the SCHHC Information Systems staff. Please report any of these types of incidents to the (real) SCHHC IS team.
- The first confirmed fully agentic cyberattack was logged in July. This means that a complete extortion attempt was driven end to end by an LLM.
- You may also have heard reports about AI agents escaping from test and/or sandbox environments. Both OpenAI and Anthropic (maker of Claude) reported in July that versions of their AI models broke through safeguards and engineers and security personnel were taken off guard.
- Microsoft shipped its largest set of patches in July, attributed in part to the rapid increase in AI rogue agents. The irony of the situation is that many companies are using AI agents to identify the vulnerabilities in their software products.
- In health care, we have seen a rapid increase in ransomware attacks against healthcare businesses like billing companies and health tech firms.

Regulatory & Enforcement

Federal updates to the HIPAA security rule have been delayed and now the OCR targets July 2027 for final action. Even so, SCHHC is working toward being prepared for the eventual changes.

OCR is increasingly penalizing organizations for not having a rigorous understanding and assessment of where ePHI is and isn't. In August, OCR levied fines against two self-funded group plans for failure to conduct a thorough risk assessment.

Projects

Note: the following list of projects are the projects that the CIO office has some involvement in or is leading. The list is not an exhaustive list of all district projects underway at this time.

	PROJECT DETAIL							
Project	**Dept**	**Origin**	**Funding Source**	**Total Budget**	**Spend to Date**	**Remaining**	**Start Date**	**Expected Go-Live**
Conversion of Business Office	Clinic	FY26 Carryover	Operating Budget	$150,000	$126,001	$24,000	10/1/2025	09/15/2026
Telcor Interface	Laboratory	FY26 Carryover	Operating Budget	$72,000	$17,342	$54,658	7/1/2026	10/31/2026
IV Pump Selection	Nursing	FY27 New	Capital Budget	$150,000	-	-	7/20/2026	12/31/2026
Records Transfer – Karen Olsen	Clinic	FY27 New	Operating Budget	TBD, still gathering information	-	-	8/14/2026	6/30/2027
Evident Legacy Archive	District-wide	FY26 Carryover	Capital Budget	N/A for FY27	-	-	8/1/2024	10/31/2026

Notes

1. **Conversion of Business Office:** We are again delayed in opening the new Specialty Clinic. The delay is due to two issues:
    a. First, we need to "cove" the floors in the two patient bathrooms and the EVS rooms. The flooring company will start work on the flooring on Friday, August 28, work through the weekend, and be finished by September 11.
    b. Second, three doors need to be refitted with dual-action hinges. Essentially, these are hinges that will allow staff to open the door if a patient is incapacitated in the bathroom and blocking entrance. As of this writing, Partney Construction is ordering the hardware and will give me an update on Monday morning, August 24th. I will update the board at the board meeting.

2. **Telcor Interface:** the goal of this project is to interface results in our point of care testing devices with Epic. The point of care testing devices include A1C, Glucose, and Clinitek. We are at the beginning of this project and have completed the perquisite work, mapped the server IP addresses; inventoried our point of care testing hardware. We are in progress of building the interface and then will begin validating the testing cycle.

3. **IV Pump Selection:** Cori Valet, CNO, and I are co-sponsoring this initiative. We are inviting three IV Pump vendors to our Skills Days in September. The vendors will give a demo at the Skills Day and then move over to the hospital in the afternoon to demo to the night shift. After we hold the demos and gather feedback from our staff, Cori and I will determine if we

have enough information to make a recommendation to the executive team for the purchase of the equipment.

4. **Records Transfer – Karen Olsen:** Nurse Practitioner Karen Olsen is currently working in Dr. Crane's Bandon office. She has agreed to work for SCHHC Primary Care Clinic. We are working on a start date for her, which will likely be reported in another section of this report. Karen has about 2 years of paper patient records that we are developing a work plan for ingesting into Epic. David Serle, Dr. Webster, myself, and Karen met on August 12th and worked out the beginning of a plan to secure patient consent, analyze the charts, identify key data points, scan into a central archive for analysis, and provide an effective and seamless transition of medical records for Karen Olsen and her patient panel.

5. **Evident Legacy Archive:** This project was part of the Epic EHR transition. I brought it back to this report in order to highlight that we are near the end of building the Evident, Athena, and Orchard legacy database with ELLKAY, our service vendor. Providers currently have access to Evident records by navigating to Evident. SCHHC continues to pay Evident a monthly fee for this service. By archiving past medical records in ELLKAY archive, we will begin to transition providers using the Evident archive to using the ELLKAY archive. This will take some time and we will keep the Evident archive live to ensure that we have a backup. The goal is to decommission the Evident archive in favor of the ELLKAY archive.

I/S & Clinical Informatics Tickets

			May 2026	Jun 2026	Jul 2026	Count
Clinical Informatics		Closed	73	61	56	190
		On Hold	2	4	4	10
		Count	**75**	**65**	**60**	**200**
Information Systems		Closed	146	119	114	379
		Open	11	14	14	39
		Count	157	135	128	420
		Totals	**234**	**202**	**189**	**625**

IS and Clinical Informatics continue to show value in a variety of projects and help desk responses.

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 27, 2026

Clinic Operations – July 2026

Provider Recruiting/Onboarding: As of 8/21/26

General Surgery

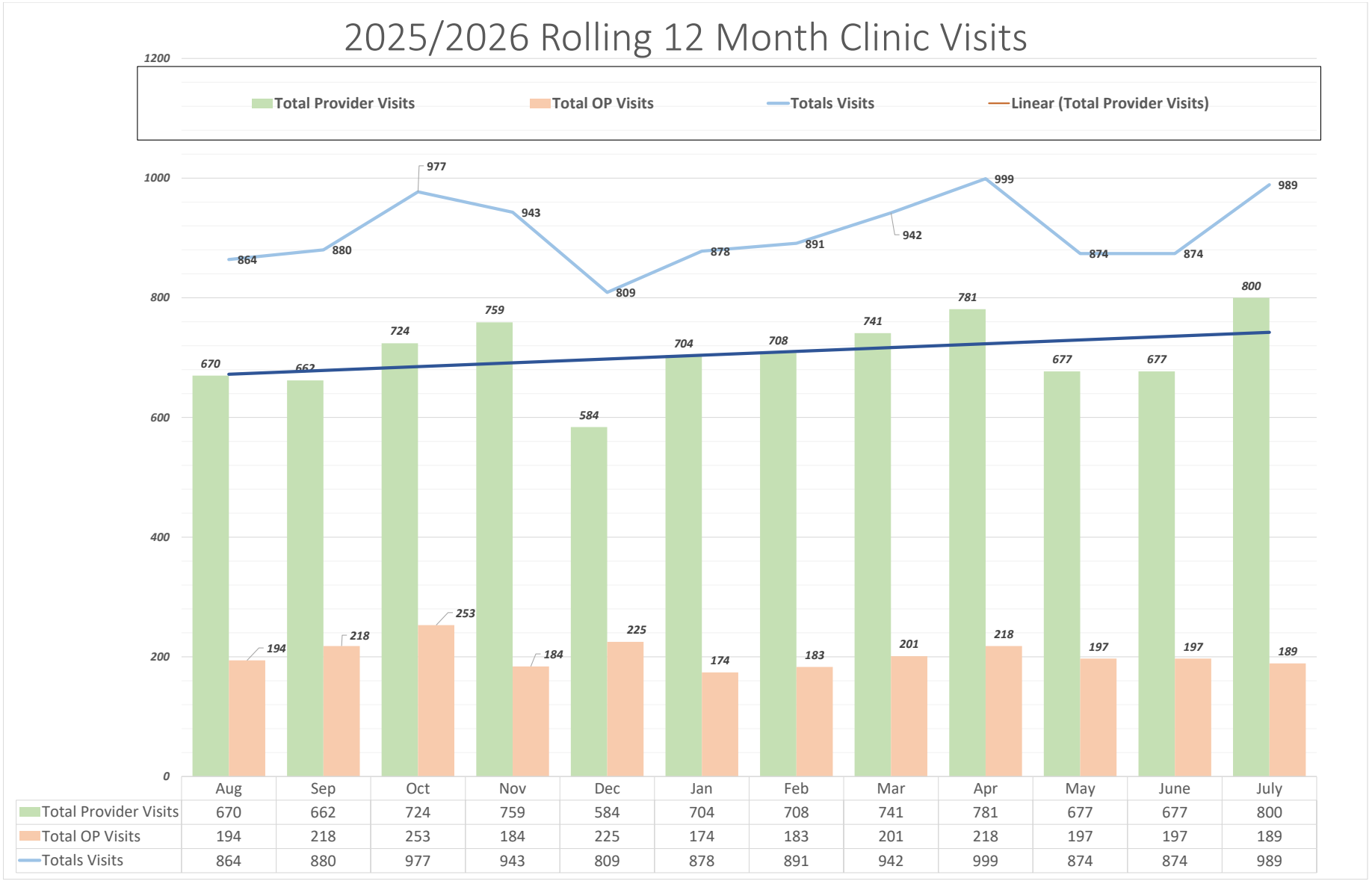
- Dr. Monte Stewart – Start Date 8/24/26 (Scheduled bi-monthly for one week each time). First week August 24 – 28th
- Dr. Matthew Hiesterman – Start Date 9/21/26 (Scheduled bi-monthly for one week each time) First week September 21-25th

Primary Care

- Karen Olsen, Nurse Practitioner – Start Date 11/02/26. Schedule will be Monday, Tuesday and Thursday, 10 hours per day, for a total of 30 hours per week.

See Attached Graphs/Grids

1. Clinic Visits
2. Provider Visit Totals/Visit Type
3. General Surgery Statistics
4. Medicare Annual Wellness Visits
5. Clinic Provider Income Summary
6. Income Statement



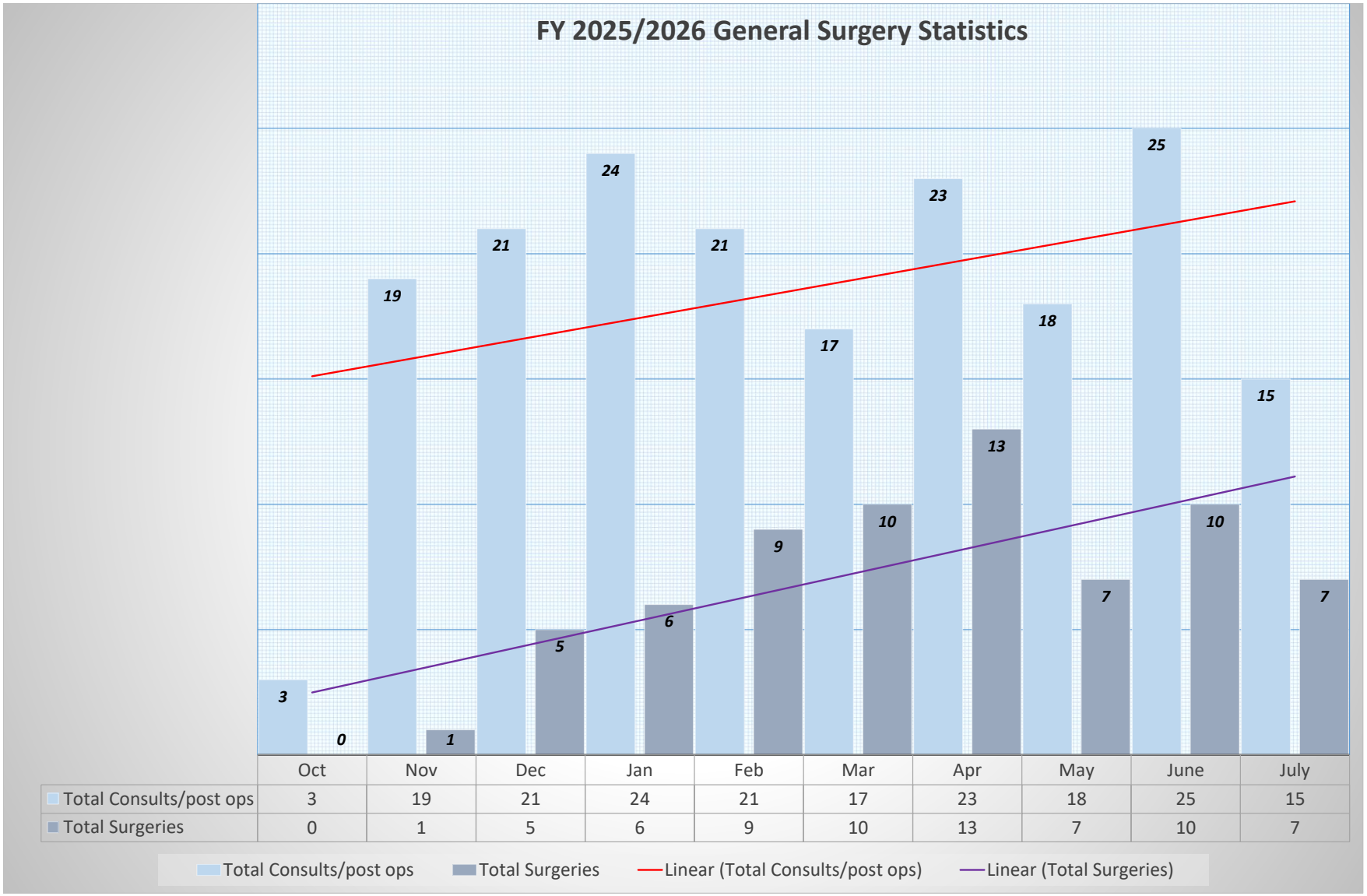
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Total Provider Visits	670	662	724	759	584	704	708	741	781	677	677	800
Total OP Visits	194	218	253	184	225	174	183	201	218	197	197	189
Totals Visits	864	880	977	943	809	878	891	942	999	874	874	989

Rolling 12 Months Provider Visit Totals/Visit Types

Year: 2025/2026 **Current Month:** July **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

August	*September*	*Ocober*	*November*	*December*	*January*	*February*	*March*	*April*	*May*	*June*	*July*	*Totals*
162	127	159	123	129	93	162	149	187	94	138	152	1,675
111	133	132	135	128	153	118	154	166	102	106	145	1,583
							100	153	118	96	125	592
	69	107	92	103	79	73	118	111	94	141	80	1,067
138	86	130	154	26	124	103						761
78	84	87	74	80	79	78	85	63	74	69	80	931
43	56	37	61	62	48	66	53	49	54	62	68	659
85	44	33	34	35	33	21	31	9	39	37	51	452
29	63	36	67	0	71	66	34	20	84	49	84	603
		3	19	21	24	21	17	23	18	25	15	186
24												24
670	***662***	***724***	***759***	***584***	***704***	***708***	***741***	***781***	***677***	***723***	***800***	**8,533**
194	*218*	*253*	*184*	*225*	*174*	*183*	*201*	*218*	197	235	189	2,471
864	***880***	***977***	***943***	***809***	***878***	***891***	***942***	***999***	***874***	***958***	***989***	***11,004***



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Total Consults/post ops	3	19	21	24	21	17	23	18	25	15
Total Surgeries	0	1	5	6	9	10	13	7	10	7

	Medicare Annual Wellness Rolling 12 Months													
Year: 2025/2026 **Provider**	**August**	**September**	**Ocober**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**Totals**	**Monthly Average**
Paul Preslar, DO	6	6	4	6	6	7	6	13	17	6	15	7	102	9
Jennifer Webster, MD	11	8	23	14	20	9	20	20	20	11	23	22	206	17
Henry Holmes			3	23	14	4	6	5	1	2	0	1	59	5
Kim Bagby, FNP	4	2	18	42	2	11	11						94	8
Felisha Miller, FNP			2	19	16	6	3	7	2	4	7	1	67	6
Total Medicare Annual Wellness	***21***	***16***	***50***	***104***	***58***	***37***	***46***	***45***	***40***	***23***	***45***	***31***	***528***	***44***

Clinic Provider Income Summary

All Providers

For The Budget Year 2027

				Current Budget YTD	
	ACT JUL	BUD JUL	ACT FYTD	FYTD27 Budget	Variance
Provider Productivity Metrics					
Clinic Days	94	0	94	0	94
Total Visits	800	-	800	-	800
Visits/Day	8.5	0.0	8.5	-	8.5
Total RVU	2,233	-	2,233	-	2,233
RVU/Visit	2.79	-	2.79	-	2.79
RVU/Clinic Day	23.68	-	23.68	-	23.68
Gross Revenue/Visit	636	-	636	-	636
Gross Revenue/RVU	228	-	228	-	228
Net Rev/RVU	96	-	96	-	96
Expense/RVU	80	-	79.92	-	79.92
Diff	16	-	16	-	16
Net Rev/Day	2,263	-	2,263	-	2,263
Expense/Day	1,893	-	1,893	-	1,893
Diff	370	-	370	-	370
Patient Revenue					
Outpatient					
Total Patient Revenue	508,527	-	508,527	-	(508,527)
Deductions From Revenue					
Total Deductions From Revenue (Note A)	295,156	-	295,156	-	(295,156)
Net Patient Revenue	**213,371**	**-**	**213,371**	**-**	**213,371**
Total Operating Revenue	**213,371**	**-**	**213,371**	**-**	**213,371**
Operating Expenses					
Salaries & Wages	121,290	-	121,290	-	121,290
Benefits	7,267	-	7,267	-	7,267
Purchased Services	-	-	-	-	-
Medical Supplies	1,118	-	1,118	-	1,118
Other Supplies	-	-	-	-	-
Maintenance and Repairs	-	-	-	-	-
Other Expenses	233	-	233	-	233
Allocation Expense	48,542	-	48,542	-	48,542
Total Operating Expenses	178,450	-	178,450	-	178,450
Excess of Operating Rev Over Exp	**34,921**	**-**	**34,921**	**-**	**34,921**
Non-Operating Income	-	-	-	-	-
Non Operating Revenue	-	-	-	-	-
Total Non-Operating Income	**-**	**-**	**-**	**-**	**-**
Excess of Revenue Over Expenses	**34,921**	**-**	**34,921**	**-**	**34,921**

Southern Coos Hospital & Health Center
Income Statement
As of July 31, 2026

	Month Ending 7/31/2026			Year To Date 7/31/2026		
	Hospital Actual	Clinic Providers Actual	Actual	Hospital Actual	Clinic Providers Actual	Actual
Total Patient Revenue						
Inpatient Revenue	942,181	-	942,181	942,181	-	942,181
Outpatient Revenue	4,298,814	508,527	4,807,341	4,298,814	508,527	4,807,341
Swingbed Revenue	285,911	-	285,911	285,911	-	285,911
Retail Pharmacy Revenue	934,517	-	934,517	934,517	-	934,517
Total Patient Revenue	**6,461,423**	**508,527**	**6,969,950**	**6,461,423**	**508,527**	**6,969,950**
Total Deductions	**3,255,498**	**295,156**	**3,550,654**	**3,255,498**	**295,156**	**3,550,654**
Revenue Deductions %	**50.4 %**	**58.0 %**	**50.9 %**	**50.4 %**	**58.0 %**	**50.9 %**
Net Patient Revenue	**3,205,924**	**213,371**	**3,419,295**	**3,205,924**	**213,371**	**3,419,295**
Other Operating Revenue	**86,953**	**-**	**86,953**	**86,953**	**-**	**86,953**
Total Operating Revenue	**3,292,878**	**213,371**	**3,506,249**	**3,292,878**	**213,371**	**3,506,249**
Total Operating Expenses						
Total Labor Operating Expenses	2,205,725	128,557	2,334,282	2,205,725	128,557	2,334,282
Total Other Operating Expenses	1,157,296	49,893	1,207,189	1,157,296	49,893	1,207,189
Total Operating Expenses	**3,363,021**	**178,450**	**3,541,471**	**3,363,021**	**178,450**	**3,541,471**
Operating Income / (Loss)	**(70,143)**	**34,921**	**(35,222)**	**(70,143)**	**34,921**	**(35,222)**
Net Non Operating Revenue	**112,694**	**-**	**112,694**	**112,694**	**-**	**112,694**
Change In Net Position	**42,551**	**34,921**	**77,472**	**42,551**	**34,921**	**77,472**

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, August 14, 2026

Majority of time has been focused on Volunteer Expansion and upcoming Golf for Health Classic. Great strides have been made on both fronts.

Volunteer Expansion

Great news: Our Ambassador for Health volunteer expansion is underway. Six volunteers have been onboarded and five have already started their roles.

- Patient-facing volunteers are visiting swing-bed and inpatient units; feedback has been excellent, and their notes are proving valuable to discharge planners.
- Our greeter began yesterday and performed exceptionally, offering suggestions to make the welcome experience even more inviting.
- The TeleCare volunteer has completed the outreach list provided by discharge planners and is awaiting additional patients; Senior Life Solutions also has a few clients to contact, and we will begin those calls next week.
- Two of our volunteers also helped with GFHC outreach!

All volunteers are now wearing their new Ambassador for Health smocks and present a very professional appearance.

Golf for Health Classic (GFHC)

Fundraising for the 19th Annual Golf for Health Classic is underway. The schedule includes a Bandon Dunes reception on Friday, September 18, and the Bandon Crossings tournament on Saturday, September 19, plus a new Bandon Dunes "Shorty's" outing limited to 24 golfers. Chivaroli & Associates will return as Event Sponsor.

A new Flag Sponsorship was created for the Gravel Point Group; each partner contributed $5,000 toward the $20,000 sponsorship. Major sponsor gifts have been secured package includes glove, divot tool and logoed ball markers are sure to be a fan favorite. Extras will be added to the online auction.

We are only five weeks away from tourney. To date we have raised $104,600. Auction items are valued at nearly $18,000, with more donations expected. Our goal is to match last year's total of $133,000. Assistance from the Executive Team and Board members in securing sponsors or auction items would be greatly appreciated.

Event volunteers will wear new Ambassador for Health bibs, which will be unveiled at the tournament. These bibs will be worn by volunteers at all SCHF events going forward.

Next year we will celebrate the 20th anniversary of both the Golf for Health Classic and the Southern Coos Health Foundation; special anniversary activities are being planned, and more details will be shared.

Other Local Events

This month we attended the National Night Out, Chamber After Hours and Bandon Museum Ribbon Cutting events. Each event is an opportunity to make connections and touchpoints in our community!

Chief Financial Officer Report

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

- **Financials**

Highlights for July 2026:

1. Swing bed and inpatient acute revenue was low compared to budget but overall gross revenue was significantly over budget with pharmacy eclipsing the next highest grossing month. Recent three-month gross revenue compared to three months the prior year are also up 23%.
2. Deductions from patient revenue were also higher than budget but to be expected since our annual charge increases took effect July 1 but our employee raises (our highest expense category) will not take place until October 1. A higher cost-to-charge ratio will cause our Medicare deductions to increase.
3. The higher gross revenue and higher deductions from revenue compared to budget did place us slightly below budget in total operating revenue.
4. Total labor expenses are significantly below budget but in October of this fiscal year there will be a significant increase in salary expense as well as a significant decrease in benefits expense when the new, lower health insurance premiums go into effect.
5. Non-labor expenses were slightly above budget due mostly to the increase in drug and pharmaceutical expenses.
6. Overall, a good/respectable start to FY2027 with a 2.2% bottom line, just shy of our budgeted bottom line of 2.8%.

- **Engineering Department**

Amanda, Jason and I met this month to discuss how we can better track work orders as well as improve our compliance with DNV regulations. Jason and his department were able to perform various fire drills and complete other outstanding activities to improve the safety and compliance of our organization. Many thanks to Jason and his team.

Southern Coos Hospital & Health Center
Income Statement Trends

		FYTD25	FYTD26	Budget FYTD27	FYTD27	3 Month To 3 Month Compare	FYTD27 Average	Jul 2026	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sep 2025	Aug 2025
1	**Total Patient Revenue**																		
2	Inpatient Revenue	545,154	899,551	1,003,504	942,181	23.7%	942,181	942,181	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
3	Outpatient Revenue	3,571,296	4,302,825	4,372,003	4,807,341	10.9%	4,807,341	4,807,341	4,386,818	3,720,140	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	Swingbed Revenue	382,267	262,365	402,019	285,911	-48.4%	285,911	285,911	152,188	91,465	303,323	433,047	231,923	394,130	263,804	276,817	252,197	364,719	361,067
5	Retail Pharmacy Revenue	-	326,686	629,844	934,517	656.0%	934,517	934,517	814,207	721,003	717,498	677,573	538,827	527,035	610,819	476,226	494,630	368,618	351,114
6	**Total Patient Revenue**	**4,498,717**	**5,791,427**	**6,407,370**	**6,969,950**	**22.6%**	**6,969,950**	**6,969,950**	**6,354,255**	**5,661,263**	**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**
7	**Total Deductions**	**1,557,676**	**2,403,809**	**2,833,127**	**3,550,654**	**37.6%**	**3,550,654**	**3,550,654**	**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**
8	Deductions/Patient Revenue	34.6%	41.5%	44.2%	50.9%	13.2%	50.9%	50.9%	38.3%	44.3%	45.5%	47.0%	37.8%	39.6%	37.5%	38.0%	41.9%	43.0%	42.8%
9	**Net Patient Revenue**	**2,941,041**	**3,387,618**	**3,574,243**	**3,419,296**	**12.7%**	**3,419,296**	**3,419,296**	**3,923,605**	**3,155,506**	**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**
10	**Other Operating Revenue**	**16,931**	**1,779**	**43,839**	**86,953**	**8952.9%**	**86,953**	**86,953**	**376,659**	**23,523**	**239,972**	**18,215**	**17,197**	**87,771**	**2,191**	**78,607**	**116,767**	**5,878**	**10,485**
11	**Total Operating Revenue**	**2,957,972**	**3,389,397**	**3,618,082**	**3,506,249**	**17.9%**	**3,506,249**	**3,506,249**	**4,300,264**	**3,179,029**	**3,775,843**	**3,496,890**	**3,331,125**	**3,223,551**	**3,348,670**	**3,139,609**	**3,562,407**	**3,078,906**	**3,379,796**
12	**Total Operating Expenses**																		
13	Total Labor Expenses																		
14	Salaries & Wages	1,173,223	1,556,650	1,737,017	1,631,388	6.7%	1,631,388	1,631,388	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
15	Contract Labor	499,999	516,036	521,857	480,551	9.0%	480,551	480,551	540,808	540,963	437,512	439,739	520,505	528,579	619,974	511,039	513,474	499,908	594,457
16	Benefits	209,599	300,288	278,932	222,343	12.8%	222,343	222,343	384,784	372,807	348,976	352,468	338,082	219,731	279,776	292,866	300,310	284,199	170,970
17	**Total Labor Expenses**	**1,882,821**	**2,372,974**	**2,537,806**	**2,334,282**	**7.9%**	**2,334,282**	**2,334,282**	**2,555,338**	**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**
18	Total Labor/Net Revenue	64.0%	70.0%	71.0%	68.3%	-3.9%	68.3%	68.3%	65.1%	82.1%	68.3%	70.3%	69.8%	77.5%	78.3%	77.9%	72.4%	77.2%	70.0%
19	Purchased Services	293,713	199,325	221,589	182,874	16.6%	182,874	182,874	303,592	280,859	365,995	252,886	206,177	189,751	122,829	211,000	217,928	261,989	212,411
20	Drugs & Pharmaceuticals	102,854	220,544	279,737	359,427	119.3%	359,427	359,427	395,325	229,279	344,014	284,762	265,181	248,918	321,958	240,301	253,227	210,050	220,212
21	Medical Supplies	104,043	111,852	106,951	141,182	20.5%	141,182	141,182	118,615	79,406	102,107	121,669	82,369	99,955	123,498	96,382	99,220	93,175	88,821
22	Other Supplies	11,227	51,245	47,254	50,632	34.0%	50,632	50,632	107,693	23,585	57,353	41,024	55,032	62,876	34,837	44,338	49,997	41,318	24,464
23	Lease & Rental Expense	754	1,266	2,654	14,613	2627.3%	14,613	14,613	7,922	11,992	17,745	(2,728)	15,216	7,732	-	-	1,266	-	-
24	Repairs & Maintenance	19,682	14,569	22,056	15,450	5.6%	15,450	15,450	19,805	13,602	9,979	13,761	18,221	15,601	18,126	14,541	48,332	25,696	20,246
25	Other Expenses	99,227	192,509	183,936	212,920	11.2%	212,920	212,920	193,436	235,859	187,289	167,029	121,641	169,814	195,997	168,250	189,010	192,710	194,568
26	Utilities	26,869	32,055	30,727	31,170	5.2%	31,170	31,170	31,185	29,207	28,888	32,645	24,188	32,932	29,122	31,945	19,761	38,373	22,414
27	Insurance	21,508	23,629	25,044	24,130	-86.6%	24,130	24,130	(35,946)	24,130	30,130	24,210	24,210	24,211	23,629	23,629	23,814	23,628	23,753
28	Depreciation & Amortization	104,515	160,933	204,549	174,791	-36.7%	174,791	174,791	167,385	174,574	170,981	181,542	217,404	179,651	225,510	179,511	186,412	221,822	128,091
29	**Total Operating Expenses**	**2,667,214**	**3,380,902**	**3,662,304**	**3,541,471**	**10.2%**	**3,541,471**	**3,541,471**	**3,864,350**	**3,694,581**	**3,731,124**	**3,562,477**	**3,344,384**	**3,461,987**	**3,716,717**	**3,393,064**	**3,583,905**	**3,480,293**	**3,294,895**
30	Op. Expenses/Op. Revenue	90.2%	99.7%	101.2%	101.0%	-5.7%	101.0%	101.0%	89.9%	116.2%	98.8%	101.9%	100.4%	107.4%	111.0%	108.1%	100.6%	113.0%	97.5%
31	**Operating Income / (Loss)**	**290,758**	**8,495**	**(44,222)**	**(35,222)**	**-84.8%**	**(35,222)**	**(35,222)**	**435,914**	**(515,552)**	**44,719**	**(65,587)**	**(13,259)**	**(238,436)**	**(368,047)**	**(253,455)**	**(21,498)**	**(401,387)**	**84,901**
32	Operating Income/Loss	9.8%	0.3%	-1.2%	-1.0%	-72.5%	-1.0%	-1.0%	10.1%	-16.2%	1.2%	-1.9%	-0.4%	-7.4%	-11.0%	-8.1%	-0.6%	-13.0%	2.5%
33	Property Taxes	78,913	96,792	103,117	101,177	-2.4%	101,177	101,177	105,920	101,177	101,177	101,177	101,177	101,177	101,177	101,177	114,333	96,792	96,792
34	Non-Operating Revenue	14,683	4,673	41,824	4,568	66.4%	4,568	4,568	53,087	54,778	102,908	25,505	36,876	33,526	85,983	29,668	53,948	35,000	64,154
35	Interest Expense	(22,306)	(50,084)	(25,532)	(16,117)	-44.6%	(16,117)	(16,117)	(25,218)	(29,556)	(27,280)	(30,072)	(30,888)	(31,724)	(47,441)	(43,326)	(33,930)	(36,569)	(33,934)
36	Investment Income	74,245	59,660	24,846	23,066	-34.4%	23,066	23,066	37,327	22,617	46,958	21,565	18,480	52,664	24,716	24,826	58,581	25,596	27,072
37	Gain / Loss on Asset Disposal	-	(1,685)	(191)	-	-100.0%	-	-	-	-	-	-	-	-	-	-	-	(162)	162
38	**Net Non Operating Revenue**	**145,535**	**109,356**	**144,064**	**112,694**	**13.9%**	**112,694**	**112,694**	**171,116**	**149,016**	**223,763**	**118,175**	**125,645**	**155,643**	**164,435**	**112,345**	**192,932**	**120,657**	**154,246**
39	**Change In Net Position**	**436,293**	**117,851**	**99,842**	**77,472**	**-184.4%**	**77,472**	**77,472**	**607,030**	**(366,536)**	**268,482**	**52,588**	**112,386**	**(82,793)**	**(203,612)**	**(141,110)**	**171,434**	**(280,730)**	**239,147**
40	Gross Margin	14.7%	3.5%	2.8%	2.2%	-135.4%	2.2%	2.2%	14.1%	-11.5%	7.1%	1.5%	3.4%	-2.6%	-6.1%	-4.5%	4.8%	-9.1%	7.1%

Southern Coos Hospital & Health Center
Balance Sheet Trends

		FY26 Ending	FY25 Ending	FY24 Ending	Jul 2026	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025
1	**Total Assets**													
2	**Total Current Assets**													
3	Cash - Operating	2,593,992	1,812,826	1,400,507	2,358,937	2,593,992	2,562,024	2,024,699	1,734,751	922,882	615,196	1,223,709	1,502,524	1,230,611
4	Investments - Unrestricted	3,968,402	3,984,313	4,076,428	3,991,469	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
5	Investments - Restricted	233,704	3,419,943	3,744,080	233,705	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
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**	**9,296,098**	**11,717,082**	**11,721,015**	**9,084,111**	**9,296,098**	**11,791,343**	**11,231,401**	**10,919,637**	**9,636,203**	**9,310,046**	**10,645,017**	**11,536,181**	**11,239,442**
8	**Net Patient Accounts Rec.**	**4,019,327**	**3,536,706**	**3,907,633**	**4,294,711**	**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**
9	**Other Current Assets**	**1,123,520**	**990,065**	**798,202**	**1,418,691**	**1,123,520**	**881,280**	**872,461**	**659,943**	**668,527**	**636,044**	**437,674**	**682,871**	**1,407,460**
10	**Total Current Assets**	**14,438,945**	**16,243,853**	**16,426,850**	**14,797,513**	**14,438,945**	**16,708,801**	**17,101,651**	**16,254,662**	**14,404,160**	**14,115,455**	**14,816,140**	**16,017,251**	**16,340,047**
11	**Net Property/Plant/Equip.**	**7,087,342**	**8,243,887**	**6,423,952**	**6,928,533**	**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**
12	**Total Assets**	**21,526,287**	**24,487,740**	**22,850,802**	**21,726,046**	**21,526,287**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**
13	**Total Liabilities & Net Assets**													
14	**Total Current Liabilities**													
15	Accounts Payable	1,348,501	1,551,870	1,344,652	1,638,118	1,348,501	1,503,501	1,740,769	1,576,017	1,401,677	1,328,946	1,360,904	1,432,300	1,544,686
16	Accrued Payroll & Benefits	1,918,860	1,741,066	1,411,152	1,244,176	1,918,860	1,752,542	1,583,485	1,453,076	1,331,300	1,284,800	1,979,388	1,712,202	1,608,783
17	Line of Credit Payable	0	3,139,376	0	0	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
18	Interest & Other Payable	132,327	268,479	100,992	143,741	132,327	131,344	161,731	182,653	181,362	196,194	98,694	114,295	120,694
19	Est. Payor Settlements	1,233,821	534,781	997,650	1,761,341	1,233,821	1,714,790	1,724,016	1,517,734	36,586	72,963	107,866	580,426	791,394
20	Cur. Portion Long-Term Debt	453,184	656,838	635,560	432,868	453,184	453,059	450,438	460,720	463,883	491,414	520,141	548,096	600,445
21	**Total Current Liabilities**	**5,086,693**	**7,892,410**	**4,490,006**	**5,220,244**	**5,086,693**	**8,066,737**	**8,171,940**	**7,701,701**	**5,926,309**	**5,885,818**	**6,578,494**	**7,526,695**	**7,805,378**
22	**Total Long-Term Debt**	**3,578,258**	**4,228,131**	**4,535,131**	**3,566,994**	**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**
23	**Total Liabilities**	**8,664,951**	**12,120,541**	**9,025,137**	**8,787,238**	**8,664,951**	**11,678,123**	**11,817,123**	**11,452,759**	**9,716,049**	**9,676,930**	**10,407,205**	**11,510,255**	**11,810,733**
24	**Total Net Assets**	**12,861,336**	**12,367,199**	**13,825,665**	**12,938,808**	**12,861,336**	**12,254,306**	**12,620,843**	**12,352,361**	**12,299,772**	**12,187,386**	**12,270,178**	**12,473,790**	**12,614,901**
25	**Total Liabilities & Net Assets**	**21,526,287**	**24,487,740**	**22,850,802**	**21,726,046**	**21,526,287**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**

Southern Coos Health District

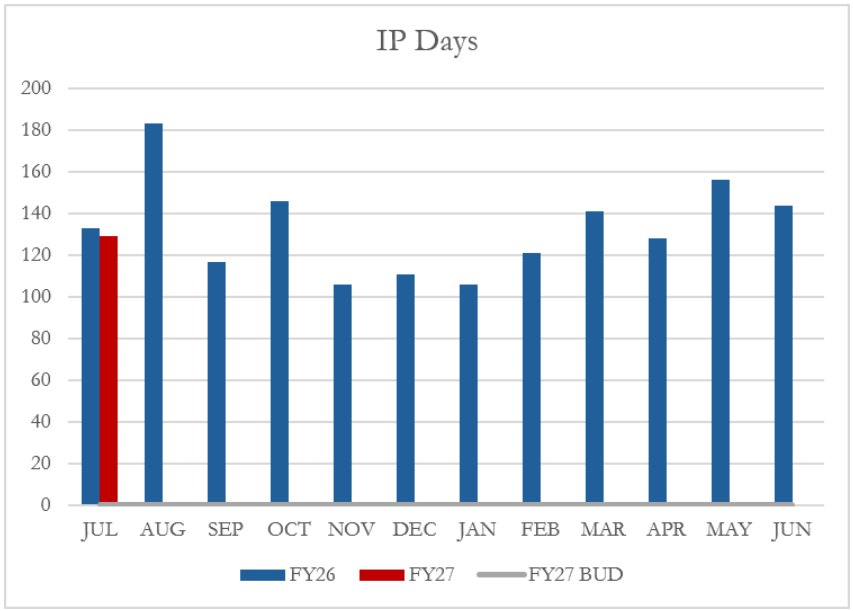
Southern Coos Hospital & Health Center
Balance Sheet Summary

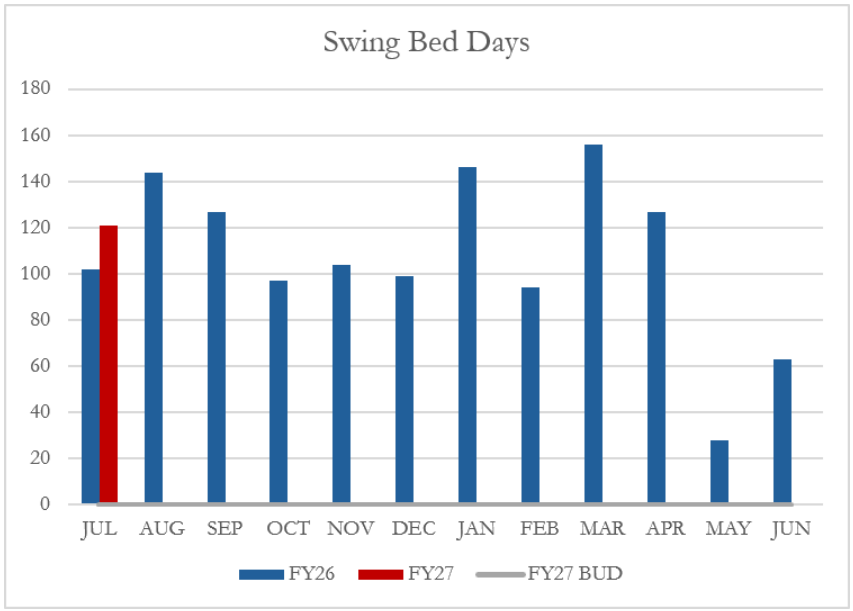
	Year To Date 07/31/2026 Current Year Balance	Year Ending 06/30/2026 Prior Year	Current vs. Prior	Year Ending 06/30/2025 Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	9,084,111	9,296,098	(211,988.00)	11,717,082
Net Patient Accounts Receivable	4,294,711	4,019,327	275,386.00	3,536,706
Other Assets	1,418,691	1,123,520	295,170.00	990,065
Total Current Assets	14,797,513	14,438,945	358,568.00	16,243,853
Net PP&E	6,928,533	7,087,342	(158,809.00)	8,243,887
Total Assets	**21,726,046**	**21,526,287**	**199,759.00**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	5,220,244	5,086,693	133,551.00	7,892,410
Total Long Term Debt, Net	3,566,994	3,578,258	(11,264.00)	4,228,131
Total Liabilities	8,787,238	8,664,951	122,287.00	12,120,541
Total Net Assets	12,938,808	12,861,336	77,472.00	12,367,199
Total Liabilities & Net Assets	**21,726,046**	**21,526,287**	**199,759.00**	**24,487,740**

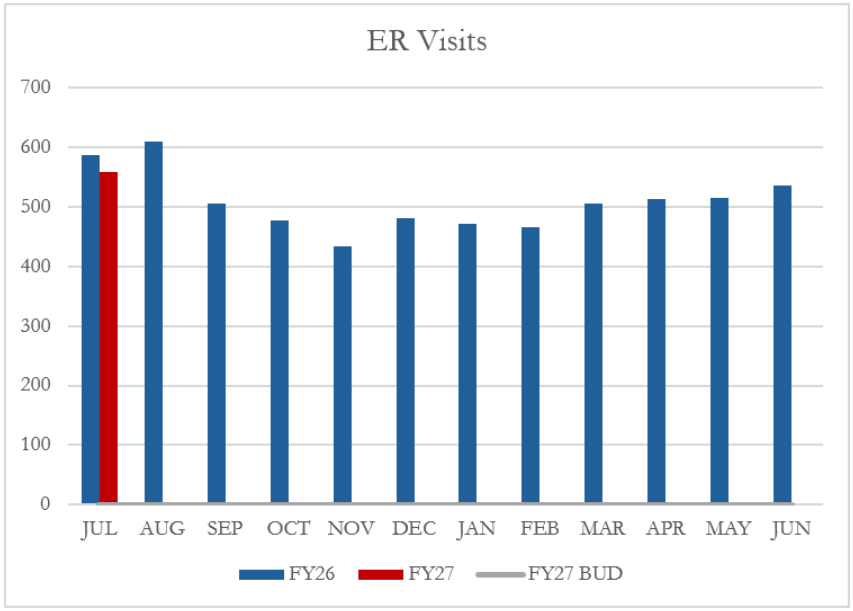
Cash to Debt Ratio	**1.03**	**1.07**	**(0.04)**	**0.97**
Debt Ratio	**0.40**	**0.40**	**0.00**	**0.49**
Current Ratio	**2.83**	**2.84**	**(0.01)**	**2.06**
Debt to Capitalization Ratio	**0.22**	**0.22**	**0.00**	**0.23**

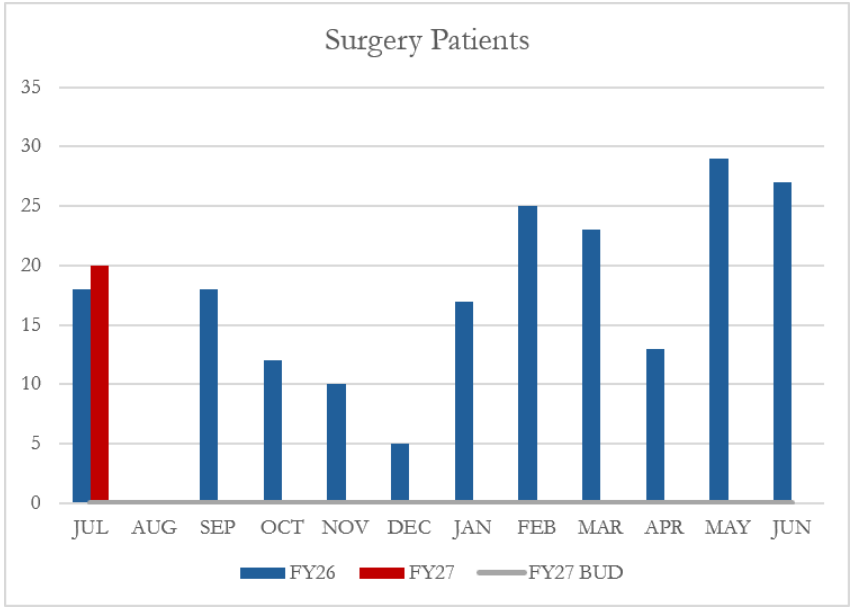
Southern Coos Hospital & Health Center
Balance Sheet

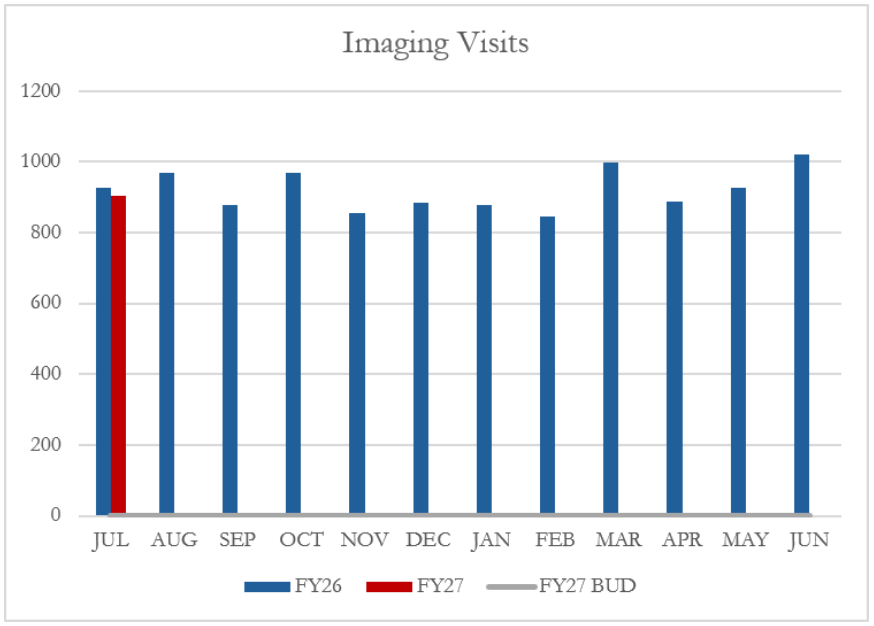
	Year To Date 07/31/2026	Year Ending 06/30/2026		Year Ending 06/30/2025
	Current Year Balance	Prior Year	Change	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents				
Cash Operating	2,358,937	2,593,992	(235,055)	1,812,826
Investments - Unrestricted	3,991,469	3,968,402	23,067	3,984,313
Investments - Reserved Certificate of Deposit	-	-	-	3,186,239
Investment - USDA Restricted	233,705	233,704	-	233,704
Investment - Board Designated	2,500,000	2,500,000	-	2,500,000
Cash and Cash Equivalents	9,084,111	9,296,098	(211,988)	11,717,082
Net Patient Accounts Receivable				
Patient Accounts Receivable				
1101 - A/R PATIENT - EPIC	8,916,114	8,464,220	451,895	7,850,956
1102 - A/R PATIENT - CPSI / EVIDENT	248,738	248,202	535	723,680
1103 - A/R - PHARMACY RETAIL OP	210,801	171,663	39,139	-
1109 - A/R - SUSPENSE ACCOUNT - UNAPPLIED CASH (cash-in-transit)	(159,750)	(156,190)	(3,559)	-
1110 - A/R - SUSPENSE ACCOUNT - UNRECEIVED CASH (remittance-in-transit)	-	21,688	(21,689)	(457,716)
2003 - REFUNDS - PATIENT / INSURANCE	681	5,169	(4,489)	-
Patient Accounts Receivable	9,216,584	8,754,752	461,832	8,116,920
Allowance for Uncollectibles	(4,921,873)	(4,735,425)	(186,446)	(4,580,214)
Net Patient Accounts Receivable	4,294,711	4,019,327	275,386	3,536,706
Other Assets				
Other Receivables	72,885	38,485	34,400	29,598
Inventory	456,758	485,127	(28,370)	346,070
Prepaid Expense	715,728	510,020	205,709	530,442
Property Tax Receivable	173,320	89,888	83,431	83,955
Other Assets	1,418,691	1,123,520	295,170	990,065
Total Current Assets	14,797,513	14,438,945	358,568	16,243,853
Net PP&E				
Land	461,527	461,527	-	461,527
Property and Equipment	23,500,473	23,504,796	(4,324)	23,375,034
Accumulated Depreciation	(17,514,734)	(17,339,941)	(174,791)	(15,682,145)
Construction In Progress	481,267	460,960	20,306	89,471
Net PP&E	6,928,533	7,087,342	(158,809)	8,243,887
Total Assets	21,726,046	21,526,287	199,759	24,487,740
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,638,118	1,348,501	289,618	1,551,870
Accrued Payroll and Benefits	1,244,176	1,918,860	(674,685)	1,741,066
Line of Credit Payable	-	-	-	3,139,376
Interest and Other Payable	143,741	132,327	11,414	268,479
Estimated Third Party Payor Settlements	1,761,341	1,233,821	527,520	534,781
Current Portion of Long Term Debt	432,868	453,184	(20,316)	656,838
Current Liabilities	5,220,244	5,086,693	133,551	7,892,410
Total Long Term Debt, Net				
Long Term Debt	3,566,994	3,578,258	(11,264)	4,228,131
Total Long Term Debt, Net	3,566,994	3,578,258	(11,264)	4,228,131
Total Liabilities	8,787,238	8,664,951	122,287	12,120,541
Total Net Assets	12,938,808	12,861,336	77,472	12,367,199
Total Liabilities & Net Assets	21,726,046	21,526,287	199,759	24,487,740

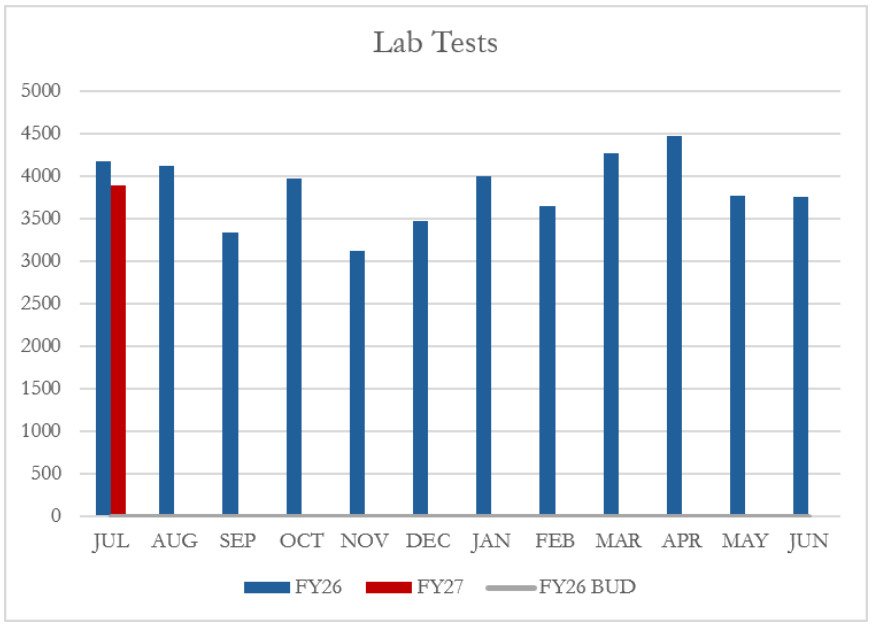

IP Days
200
180
160
140
120
100
80
60
40
20
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD

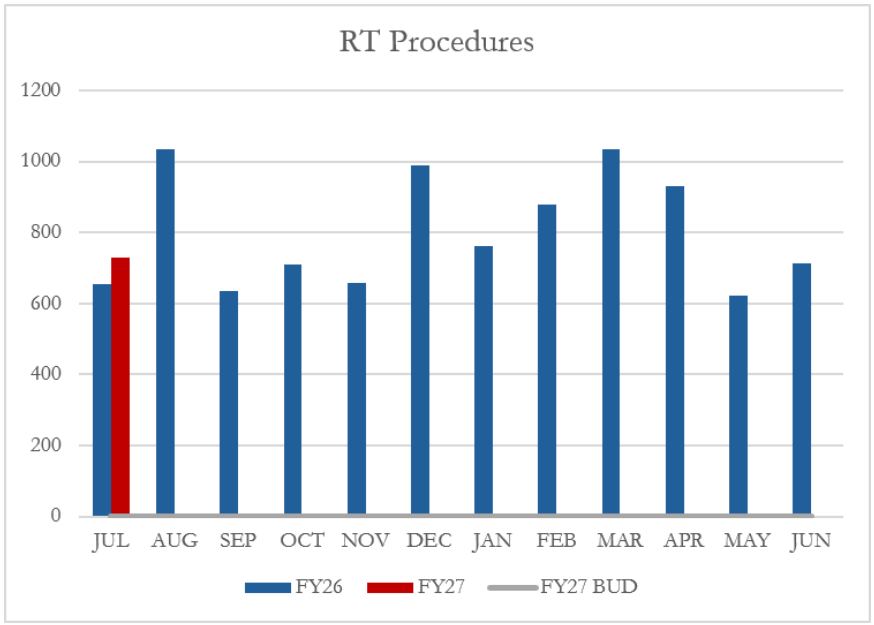

Swing Bed Days
180
160
140
120
100
80
60
40
20
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD

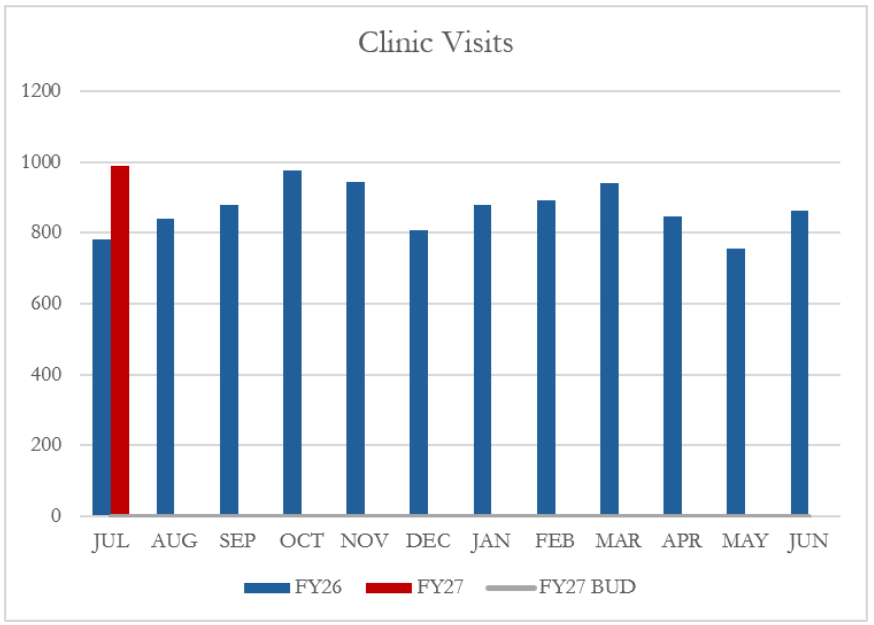

ER Visits
700
600
500
400
300
200
100
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD


Surgery Patients
35
30
25
20
15
10
5
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD


Imaging Visits
1200
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 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
FY26 FY27 FY26 BUD


RT Procedures
1200
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD


Clinic Visits
1200
1000
800
600
400
200
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD

Southern Coos Hospital & Health Center

Volume and Key Performance Ratios

For The Period Ending July 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	129	-	144	#DIV/0!	-10.4%		129	-	1,592	#DIV/0!	-91.9%
	Swing Bed Days	121	-	63	#DIV/0!	92.1%		121	-	1,287	#DIV/0!	-90.6%
	Total Inpatient Days	250	-	207	#DIV/0!	20.8%		250	-	2,879	#DIV/0!	-91.3%
	Avg Daily Census	8.1	-	6.9	#DIV/0!	16.9%		8.1	-	7.9	#DIV/0!	2.2%
	Avg Length of Stay - IP	3.5	#DIV/0!	4.4	#DIV/0!	-20.1%		3.5	#DIV/0!	3.7	#DIV/0!	-5.0%
	Avg Length of Stay - SWB	13.4	#DIV/0!	12.6	#DIV/0!	6.7%		13.4	#DIV/0!	11.6	#DIV/0!	16.0%
	ED Registrations	558	-	536	#DIV/0!	4.1%		558	-	6,105	#DIV/0!	-90.9%
	Clinic Registrations	989	-	537	#DIV/0!	84.2%		989	-	10,427	#DIV/0!	-90.5%
	Ancillary Registrations	1,707	-	1,828	#DIV/0!	-6.6%		1,707	-	20,010	#DIV/0!	-91.5%
	Total OP Registrations	3,254	-	2,901	#DIV/0!	12.2%		3,254	-	36,542	#DIV/0!	-91.1%
Key Income Statement Ratios	Gross IP Rev/IP Day	7,304	#DIV/0!	6,952	#DIV/0!	5.1%		7,304	7,304	7,159	0.0%	2.0%
	Gross SWB Rev/SWB Day	2,363	#DIV/0!	2,416	#DIV/0!	-2.2%		2,363	#DIV/0!	2,632	#DIV/0!	-10.2%
	Gross OP Rev/Total OP Registrations	1,477	#DIV/0!	1,512	#DIV/0!	-2.3%		1,477	#DIV/0!	1,299	#DIV/0!	13.7%
	Collection Rate	56.7%	#DIV/0!	56.1%	#DIV/0!	0.9%		56.7%	#DIV/0!	54.0%	#DIV/0!	5.0%
	Compensation Ratio	66.6%	#DIV/0!	63.3%	#DIV/0!	5.2%		66.6%	#DIV/0!	72.0%	#DIV/0!	-7.5%
	OP EBIDA Margin $	139,569	-	790,540	#DIV/0!	-82.3%		139,569	-	1,077,856	#DIV/0!	-87.1%
	OP EBIDA Margin %	4.0%	#DIV/0!	20.1%	#DIV/0!	-80.2%		4.0%	0.0%	2.6%	#DIV/0!	50.2%
	Total Margin	2.2%	#DIV/0!	20.3%	#DIV/0!	-89.1%		2.2%	#DIV/0!	1.7%	#DIV/0!	31.5%
Key Liquidity Ratios	Days Cash on Hand	81.1	80.0	82.7	1.4%	-1.9%						
	AR Days Outstanding	50.2	50.0	47.9	0.4%	4.8%						

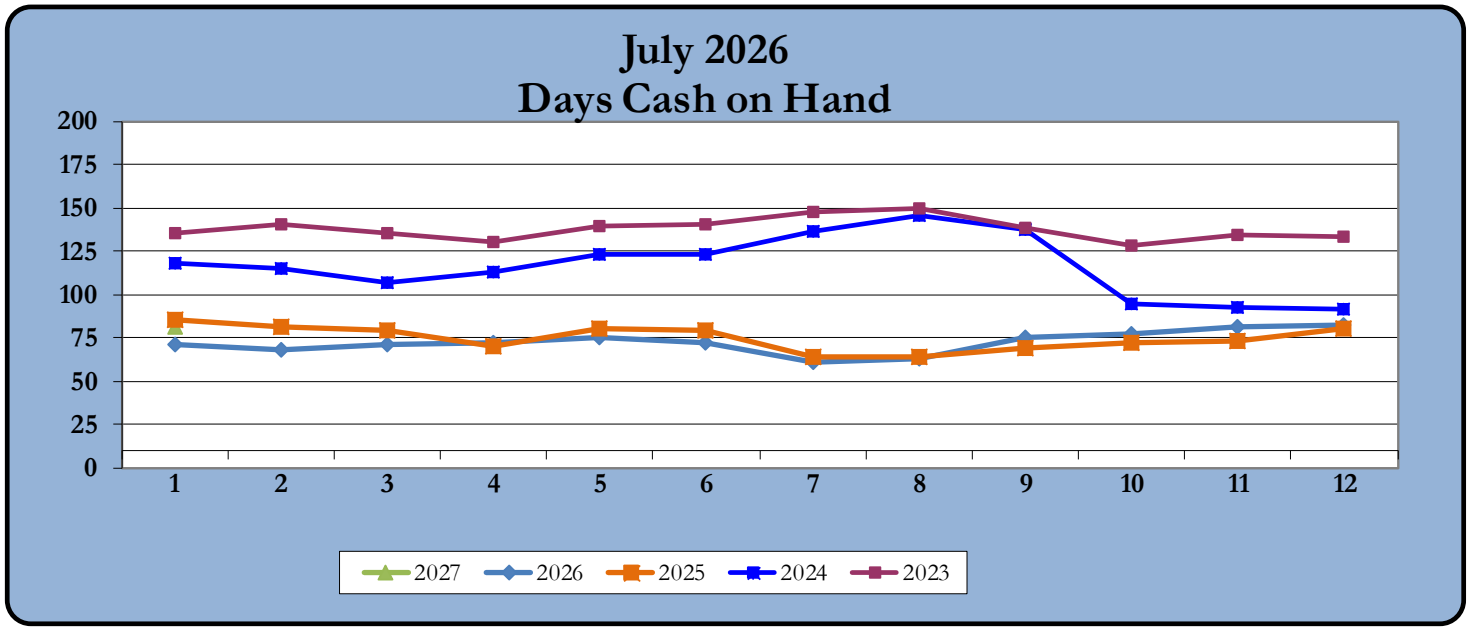
Southern Coos Hospital & Health Center

Data Dictionary

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

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

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



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.

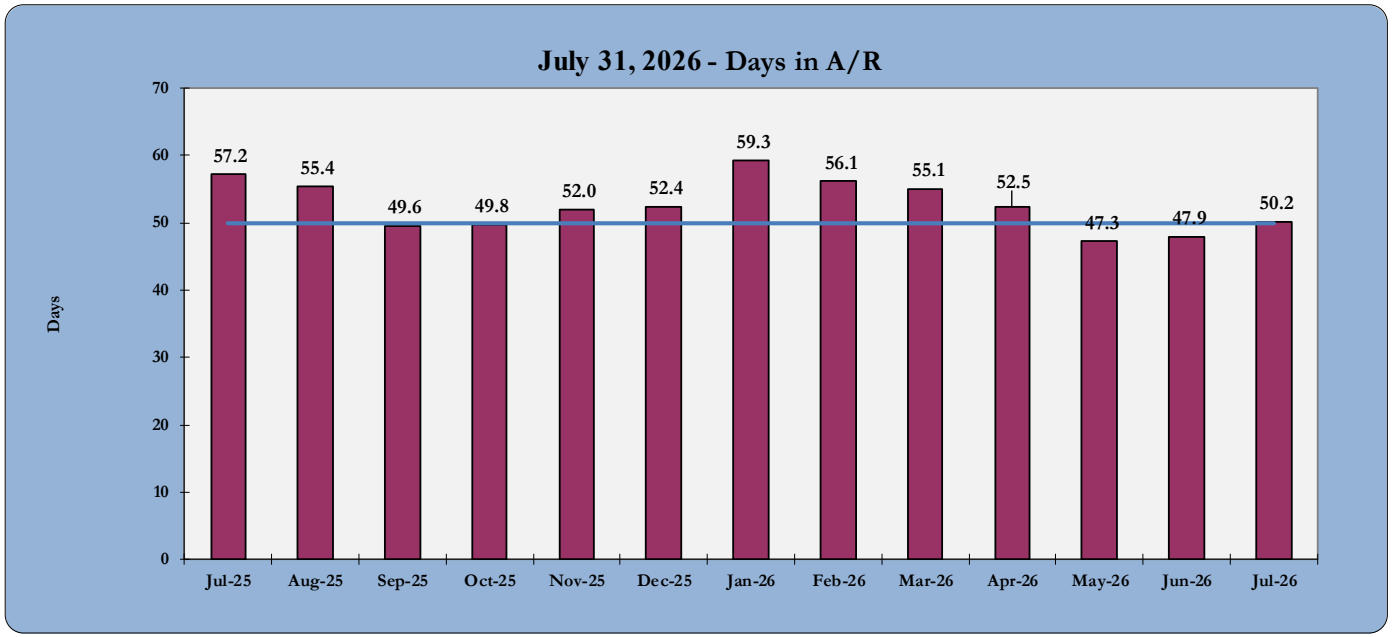
Desired Position: Upward trend, above the median

Year	Average
2027	81.1
2026	72.5
2025	74.8
~~2024~~	~~116.3~~
2023	137.8

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
2027	81.1											
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



Calculation: Gross Accounts Receivable / Average Daily Revenue

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

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

Benchmark ***50***

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

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
A/R (Gross)	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	9,005,783
Days in AR	**57.2**	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**
``	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Jul-26**
A/R (Gross)	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	9,005,783
Days in Month	31	31	30	31	30	31	31	28	31	30	31	30	31
Monthly Revenue	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	6,035,433
3 Mo Avg Daily Revenue	164,732	168,028	174,258	173,975	163,969	159,105	150,703	157,711	170,366	184,749	180,389	178,634	179,519
Days in AR	**57.2**	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2027

FY27 Capital Budget - Projects under $15,000

Total Budget	**$**	**40,919**
Projects Completed / Capitalized	$	-
Projects In Progress	$	-
Remaining Budget	**$**	**40,919**

FY27 Capital Budget - Projects over $15,000

Total Budget	**$**	**1,955,162**
Projects Completed / Capitalized	$	-
Projects In Progress	$	-
Remaining Budget	**$**	**1,955,162**

FY27 Capital Budget - Grant Funded

Total Grant	**$**	**-**
Projects Completed / Capitalized	$	-
Projects In Progress	$	-
Remaining Budget	**$**	**-**

Revenue Cycle Report

To: **Board of Directors and Southern Coos Management**
From: **Colene Hickman, Director Revenue Cycle**
Re: **Report for Board of Directors Meeting – August 27, 2026**

Summary

Revenue cycle performance was mixed in July. Cash collections increased by 2% to $3.27 million, aged insurance AR improved from 20% to 19%, and EPIC AR days remained within the goal of under 50 days at 49.5 days. Our Discharge Not Final Bill increased to 13, primarily due to a temporary coding backlog caused by staffing shortages. The backlog has been resolved, and coding turnaround has improved from 4.29 to 1.69 days. Pre-service collections decreased to 3%, largely because a greater proportion of patients had Medicare with secondary insurance, resulting in fewer opportunities to collect patient balances before service.

Metric	Goal	Top 25%	Dec	Jan	Feb	Mar	Apr	May	June	July	Change
EPIC AR Days	50	49.3	54.4	58.8	54.1	53.3	52.2	47.3	48.2	49.5	↑
Aged Ins AR over 90 Days by Percentage	12%	14%	21%	20%	16%	15%	16%	21%	20%	19%	↓
Cash Collections	-	-	3,066,816	2,539,380	3,220,626	2,984,391	3,285,873	3,941,514	3,207,760	3,272,285	↑
DNFB (Discharge not Final Billed) Days	10	10	10	10	10	9	14	13	8	13	↑
Pre-Service Collection %	9%	9%	8%	3%	5%	3%	4%	1%	7%	3%	↓
Overall Denial Rate %	10%	12%	11%	12%	13%	13%	12%	12%	12%	13%	↑

Adjustment Activity

July adjustment activity totaled approximately $2.73 million. This excludes adjustments reported separately in the financial report for estimated bad debt, aged accounts receivable, and the cost-report analysis tool.

Adjustment Category	Amount
Administrative	($25,752)
Charity	($174,436)
Contractual	($2,469,376)
Denials—Contractual Write-Off	($49,574)
Denials—Non-Contractual Write-Off	($3,906)
Late Charge	($2,393)
No Pay Cash	($3,964)
Other Operating Revenue	$11
Refund	$4,489
Uninsured Discount	($558)
Net Adjustment Activity	**($2,725,459)**

Preventable Denial Activity

Contractual denial adjustments are taken only after reasonable rebilling and appeal efforts have been exhausted, or if the denial does not have any appeal rights.

Denial Category	Amount
Denial Adjustment - Insurance	($19,868)
Medical Necessity	($19,132)
No Authorization - Service, Quantity, or Date	($7,612)
Timely Filing Write-Off	($1,773)
Invalid Waiver/ABN	($814)
Disallowed Charges/Payer Charge Audits	($375)
Total Contractual Denial Write-Off's	**($49,574)**

Denial write-offs are an area of focus because many are potentially preventable. Medical necessity denials can be particularly challenging when services are ordered by an outside provider and corrected orders or supporting documentation cannot be obtained.

Moving forward, preventable denial information will be shared with the appropriate department managers. This will allow leaders to identify opportunities within their areas and develop solutions to reduce recurring denials and write-offs in a collaborative manner.

Revenue Cycle Department Updates

HIM: HIM will begin a validation project to confirm the accuracy and completeness of the legacy records migrated and archived through LK Oasis.

Patient Access: Patient Access experienced staffing shortages during July. Kianna did an exceptional job coordinating schedules and maintaining adequate coverage across the hospital and clinic's registration areas.

Referrals and Authorizations: The team continues to process an average of 1500 incoming/outgoing referrals on a weekly basis. We continue to work collaboratively with the clinic to define, improve, and develop clear consistent policies and procedures for processing referrals and authorizations.

Billing: The team continues to work on identifying root cause for denials while working to resolve them as quickly as possible. Identifying trends and sharing the information upstream as quickly as possible to prevent future denials and quickly identify solutions.

Patient Financial Services: We were invited to attend the clinic's monthly provider meeting and presented information about available financial assistance services. Review of our financial assistance policies and resources. Providers received guidance on referring patients to financial counselors for help with billing questions, financial assistance, and Medicare Counseling.

Mitigation Dashboard

DATE: August 27, 2026
TO: SCHD Board of Directors
FROM: Scott McEachern, CHCIO
SUBJECT: FY26 Initiatives Mitigation Report

May & June FY26 and July FY27

	FY26		FY27	
Operating Loss by Dept	**May**	**June**	**July**	**3 Month Average**
SLS	$ (22,215)	$ (39,963)	$ 270,350	$ 69,391
Surgery	$ (122,915)	$ (63,204)	$ (51,628)	$ (79,249)
Retail Pharm	$ (32,237)	$ 50,623	$ 2,967	$ 7,118
Total	**$ (177,367)**	**$ (52,544)**	**$ 221,689**	**$ (2,741)**
Overall Operating Gain/(Loss)	$ (515,558)	$ 623,156	$ (35,223)	$ 24,125
Gain (Loss) Excluding Initiatives	**$ (338,191)**	**$ 675,700**	**$ (256,912)**	**$ 26,866**
Retail Pharm 340B Savings	$ (21,335)	$ (19,789)	$ (19,950)	**$ (20,358)**
Revised Retail Pharm Gain/Loss without 340B Savings	$ (53,572)	$ 30,834	$ (16,983)	**$ (13,240)**
Revised Operating Gain/Loss Excluding Initatives without 340B Savings	$ (391,763)	$ 706,534	$ (273,895)	**$ 13,625**

Notes:

- July saw another marked increase in SLS revenue. This was due to year-end adjustments and continued attention to the billing process.
- Surgery continues to see a loss but the loss is trending toward positive territory.
- The retail pharmacy maintains its positive trend and this month is again positive.
- The impact of the 340b program is small but mighty. We are hovering at just about $20K of savings per month.

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**