Board of Directors
Regular Meeting & Executive Session
September 24, 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
   a. Regular Meeting–08/27/26 1
2. **Motion to Approve Consent Agenda** (action)

III. New Business

1. Resolution 2026-02 Bank Signature Authority – Chief Financial Officer (action) 8
2. Resolution 2026-03 To Authorize Real Property Purchase (action) 9

IV. Old Business

1. Policy: 800.027 Hospital Scope of Services (action)
2. Strategic Plan Charter – Revised 56

V. Staff Reports-Discussion

1. CEO Report 58
2. CMO Report
3. Retail Pharmacy Report
4. CNO Report 60
5. Quality Key Performance Indicators Dashboard 64
6. CIO Report 66
7. Multi-Specialty Clinic Report 69
8. SCHD Foundation Report 75

VI. Monthly Financial Statements: Review & Discussion

1. CFO Report (under separate cover)
2. Financial Statements for Period Ending August 31, 2026 *Monthly Financials Page 1-16* (insert)
3. August Revenue Cycle Report 76
4. Monthly Mitigation Dashboard Report for Period Ending August 31, 2026 78

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-08/27/26 ..... (action)
2. Motion to Approve Reports from Executive Session: ..... (action)
   a. Quality & Patient Safety, Risk & Compliance
   b. Medical Staff Report

X. Adjournment

Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
August 27, 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/Finance Committee liaison. **Administration:** Raymond Hino, CEO; Harry Jasper, CFO/COO; Alden Forrester, MD, CMO Cori Valet, CNO; Scott McEachern, CIO; Amanda Bemetz, Director Quality Risk & Compliance; David Serle, Clinic Director; Colene Hickman, Revenue Cycle Director; P.J. Keizer, MD, Medical Staff Chief of Staff. **Absent:** Cam Marlowe, Interim CFO. **Via Remote Link:** Alix McGinley, Executive Director SCHF. **Others in attendance:** David Ulbricht from Special Districts of Oregon (SDAO); Kim Russell, Executive Assistant. **Press:** None.

1. Agenda - Corrections or Additions

As a courtesy to the guest speaker, the Master Facility Plan Funding Proposal, under Old Business, will be moved forward in the agenda to follow the Consent Agenda.

2. Public Input

a. B. Monte Stewart, MD, board-certified surgeon, was introduced to the Board of Directors and public. Dr. Stewart completed orientation and other preliminary work as well as one procedure this week at Southern Coos, and with Dr. Matt Hiesterman, DO, looks forward to performing general surgery on a rotation schedule of one week per month.

b. Joseph Bain, Southern Coos Health Foundation President, spoke in support of the master facility plan and planning process, introducing David Ulbricht from Special Districts of Oregon (SDAO), who attended via remote link.

3. Consent Agenda

a Minutes: Regular Meeting Open Session – 07/23/26

b. Invoice for Legal Services – None.

c. Policy: 800.027 Hospital Scope of Services

Policy 800.027 will be postponed to September and moved to Old Business.

Bob Pickel **moved** to accept the agenda and consent agenda with the proposed changes. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.** **All in favor. Motion passed.**

III. New Business

1. Board Education – HIPAA Compliance

Scott McEachern, CIO and HIPAA Privacy Officer, reviewed the education presentation: "HIPAA Training: Privacy, Security & the Board's Oversight Role, Annual Governance Training." As stewards of a public health district, the Board carries fiduciary, reputational, and regulatory responsibility for how protected health information is handled at SCHHC. PHI (protected health information) extends beyond medical records; any patient-identifying information is protected. Vendors are an extension of that compliance; governance should require regular HIPAA reporting from Privacy and Security Officers.

Kay Hardin **moved** to accept and acknowledge HIPAA Board Education as presented. Mary Schamehorn **seconded** the motion. **All in favor. Unanimous decision.**

IV. Old Business

1. Master Facility Plan Funding Proposal – David Ulbricht, SDAO

This item was moved forward to follow the Consent Agenda. Following introduction from Joseph Bain of Bain Insurance Agency, Ray Hino provided a more detailed introduction of David Ulbricht and review of the SDAO municipal advisory group. They do not provide funding; following the 2010 Dodd-Frank Wall Street Reform and Consumer Protection Act, they were formed to help Special Districts structure financing options. Discussion included the third-party vendor, Wipfli, assessment that 3 years of positive operating margin would be recommended prior to seeking funding, with additional discussion regarding ratios and margin build-up. Further elaboration would require a letter of engagement. Board members requested a forecast of the cost effectiveness of this service, information on the compensation for this service, and discussed the value of a third party service for community representation of capital project and financing. References have been provided to Mr. Hino. Mr. Ulbricht would be happy to meet in person. Members thanked Mr. Ulbricht who was then excused. No decision was made at this time.

2. Strategic Plan Proposed Charter

Mr. Hino noted that the current strategic plan is now 90% complete. Administration now feels that the team has developed internal capabilities to support this effort in-house with Scott McEachern in charge of creating the tool and oversight will be shared with Harry Jasper, CFO/COO. The environmental assessment is largely complete; the CHNA (Community Health Needs Assessment) is complete; both documents will help drive the strategic plan to be ready for approval in December, with a presentation requested by the board in November. It was noted that there will be no need for a Board member liaison. Board members requested a copy of the CHNA and noted the value of the community input event that was included as part of the previous strategic plan development.

Pam Hansen **moved** to approve the charter as presented and plan to move forward with schedule update as discussed for November presentation. Mary Schamehorn **seconded** the motion. **All in favor. Unanimous decision.**

V. Staff Reports

1. CEO Report

Raymond Hino, CEO, opened with a welcome and introduction of Harry Jasper, SCHHC's new Chief Financial Officer/Chief Operations Officer. Thank you to Cam Marlowe, our Interim CFO, who is completing his one-year contract this month, with specific focus on identification of cost savings opportunities. Mr. Bedell noted Board appreciation for Mr. Marlowe's contributions to Southern Coos and congratulations on his new role as CFO for North Bend Medical Center. Interviews continue for the Human Resource Director position. One candidate has withdrawn. Our next candidate is from Oregon and we do hope to complete this process soon. We are still waiting on information regarding the Rural Health Transformation funds (RTHF) granted at about $900,000 that will support the formation of the Clinically Integrated Network (CIN). Oregon Legislators are working to assist us with the issues pertaining to the Health Care Market Oversight Program (HCMO) managed by the Oregon Health Authority (OHA), whose purpose is to review major health care business deals such as mergers and acquisitions to protect access, affordability, and health equity. The RTHF grant is a 5 year grant requiring that funds must be utilized each year. Mr. Hino has recently participated in 2 listening sessions with Senator Ron Wyden. Staff listening sessions were held with the MedSurg and Emergency departments with next action steps in process and more listening sessions to be planned with other departments.

2. CMO Report

Dr. Forrester, Chief Medical Officer, welcomed new SCHHC surgeons, Dr. Stewart and Dr. Heisterman (not present). Referencing the written report, members inquired with interest regarding the National Health Service Corps, if approved, does the Federal loan repayment program apply to Nursing fields. This program includes advanced practice roles including nurse practitioners. There is also a separate Nurse Corps Program that would be a separate application. Director of Pharmacy candidate interviews are scheduled, however, our current Director of Pharmacy has not yet announced a departure date. There were no further questions.

3. Retail Pharmacy Report

This month's Retail Pharmacy Report is presented by Pharmacy Director, Jeremy Brown. Mr. Brown was pleased to report the net positive change in revenue in July of nearly $3,000, noting growth in volume. Much work is underway on the 340B Federal drug program, identifying issues with Pharmacy Services Consultant Dan Rackham. State and national associations are also working on related issues with pharmaceutical companies. Dr. Forrester added that we also hope to provide additional support with software tools to assist staff with the 340B drug program.

4. CNO Report

Cori Valet, CNO, provided highlights from clinical nursing operations in the month of July, noting that contract nurse staffing is down from 3-4 to 1 in the Medical Surgical department. Ultrasound downtime in July was due to scheduled staff out time with no specialty contract staff available. Ms. Valet shared information about the formation of a new Unit Based Practice Counsil (UBC). The 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. By providing this structured forum, we will encourage the identification of barriers, ideas, and solutions. This type of council shifts decision-making from top-down to team-driven. CNO night shift rounding has been well-received and informative. Ms. Hardin inquired about use of, or acquisition of, a vein finder for nursing staff. Floor nurses will often utilize ultrasound rather than a vein finder, however, options for a wall mount vein finder are being researched. Ms. Hardin also inquired about overtime hours, requesting for that information in future reporting.

5. Quality Key Performance Indicators Dashboard

Amanda Bemetz, Director of Quality Risk and Compliance, reviewed dashboard values noting mortality rate, largely related to age progression in our community, is positive at below target; Emergency Department patients seen within 30 minutes is also positive at above the 80% benchmark, at 81.3%. Hospital acquired infections were at 7.3 per 1,000, above the 5 per 1,000 benchmark; a root cause analysis in in progress. Clinic screenings for depression and blood pressure tracked by the ACO (Accountable Care Organization) for the management of disease progression can improve with improved documentation and provider education. Ms. Bemetz closed by noting the recent DNV accreditation survey was extremely positive. Mr. Hino added appreciation for the three board members, Kay Hardin, Bob Pickle, and Mary Schamehorn, who were able to attend the DNV exit meeting on August 26, expressing appreciation also for the Quality team and all staff who participated in the survey.

6. CIO Report

Scott McEachern, CIO, continued his focus on the importance of cybersecurity noting the recent AI cybersecurity incidents in which AI “Claude” models gained unauthorized access to real third-party systems, known as “jumping the sandbox.” Federal regulators have delayed a major overhaul of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, pushing back final action on the rule by a year to 2027. SCHHC is working toward being prepared for the eventual changes. The Office of Civil Rights (OCR) is increasingly penalizing organizations for not having a rigorous understanding and assessment of ePHI. This month, OCR levied fines against two self-funded group plans for failure to conduct a thorough risk assessment. Specialty Clinic building conversion nears completion with final touches including restroom coving and 3 patient care room doors required that are “double-acting” to allow emergency rescue if a patient collapses against the doorway. We hope to schedule the final inspection soon to add to our hospital license as clinical space.

7. Multi-Specialty Clinic Report

David Serle, Clinic Practice Director, provided highlights from operations during the month of July. Mr. Bedell acknowledged that the clinic reported a good month. Mr. Serle welcomed the new surgeons for whom the onboarding process has been in progress. The Clinic team visited Adapt, LLC today to introduce new services. One of the report graphs had conflicting numbers, apparently a typographical error. Harry Jasper, CFO/COO added that the accounting team will eventually pull clinic stats from the up-to-date system, possibly a 12-month project, interfacing the Sage-Intaact accounting system with the Providence Epic platform. Mr. Serle described the current reconciliation process. 800 provider visits in the month contributed to the positive bottom line. Mr. Serle will continue to provide the 12-month rolling report. For comparison, Mr. Serle noted the total $24K loss in previous fiscal year to the $34K profit recorded in July. There were no further questions or comments.

8. SCHD Foundation Report

Alix McGinley, SCHF Executive Director, shared that $22,500 was distributed to 16 applicants for the Mary Richards Scholarship for healthcare students. The new volunteer program has begun, with patient calls by volunteers and lobby greeters 2 days a week. Two volunteers assisted with Golf for Health outreach, even acquiring donations for the event silent auction. Volunteers will wear special smocks identifying them as official volunteers serving both aesthetic and safety purposes. Mr. Bedell shared that he enjoyed a recent encounter with one of our volunteer greeters, noting the positive experience. Golf for Health sponsorships have reached $111,350 to-date and $21,000 in auction items. This year the auction includes 2 vacation packages. Also new this year is the $20K flag sponsorship, sponsored by Gravel Point Development and the Friday night golf event at the Shorty's short course, next year to be held at the 13-hole par 3 Preserve course. Ms. McGinley closed with news of a $13K swim spa donation for sale with proceeds to the Foundation of $13K.

VI. Financial Review

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

Harry Jasper, new CFO/COO presented on behalf of Cam Marlowe, Interim Chief Financial Officer, who is out of office, reviewing statistics including gross revenue increase of 23%. Deductions for Revenue calculation remains a top priority for board reporting. July patient revenue was above budget by 8.8%. Deductions were unfavorable. Net patient revenue was unfavorable by 4.3% and operating revenue unfavorable by 3.1%. Labor expense was down due to 3-payday-month. Operating expenses overall were favorable by 3.3%. Operating loss was favorable to budget with a 20.4% improvement. Overall changes in net position were positive at $77K. The annual financial audit is currently in process with CLA (Clifton Larsen and Allen, LLC). When complete, SCH will enter the cost reporting period with the final audit report to be presented in November or December.

2. July Revenue Cycle Report

Colene Hickman, Revenue Cycle Director, summarized her report for the month of July. Days in Accounts Receivable (A/R Days) are stable with increased revenue. A/R Days over 90 can be improved. We are monitoring Discharged Not Final Billed (DNFB) challenges with coding as we onboard new coders. Contractual adjustments were reviewed with 40% adjustment on Medicare. Preventable denials is an opportunity for improvement. Medical necessity and disallowed charges are areas of additional opportunity, noting that Vitamin D testing is denied in Oregon, where Medicaid requires prior authorization for Vitamin D testing. The Providence Epic platform includes an AI tool to work on denials. HIM will start validation from the archived electronic medical record. The referrals department is completing 2,000 referrals a week. Mr. Hino expressed appreciation for work done by the entire Revenue Cycle team.

3. Monthly Mitigation Dashboard – Period Ending July 31, 2026

Mr. Hino reviewed highlights, thanking Scott McEachern and Jenny Pearcy for their work on the report. Senior Life Solutions (SLS), Surgical Services and the Retail Pharmacy each had a good month and are trending positively. This report was initiated just over one year ago as a condition of the approval of the FY26 budget to review key performance areas as budget action triggers with new business lines now included. We are pleased with the positive report. There were no questions.

VII. Open Discussion

None.

VIII. Executive Session

At 7:55 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. 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; Philip J. Keizer, MD, Chief Medical Officer. **Via Remote Link:** None. **Others in attendance:** Kim Russell, Executive Assistant. **Press:** None.

IX. Return to Open Session

At 8:15 p.m. the meeting returned to Open Session.

1. **Consideration of Executive Session Minutes from 07/23/26 Regular Meeting**

Kay Hardin **moved** to accept the minutes as presented in Executive Session. Bob Pickel **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 8:16 p.m. The next regular meeting will be held on September 24 at 6:00 p.m. at Southern Coos Hospital & Health Center.

Thomas Bedell, Chairman 9-24-2026 Mary Schamehorn, Secretary 9-24-2026

Southern Coos Health District
Resolution 2026-02
Banking Signature Authority

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby officially requests the addition of Harry Jasper, Chief Financial Officer, effective October 1, 2026, as an authorized signer on all banking accounts and all banking services including credit card and online banking, joining Raymond Hino, CEO, Thomas Bedell, SCHD Board Chairman, and Pam Hansen, SCHD Board Treasurer, as authorized signers.

The above resolution is approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 24th day of September 2026.

AYES_____ NAYS_____

ATTEST:

_____ _____
Thomas Bedell, Chairman Mary Schamehorn, Secretary

RESOLUTION 2026-03

CORPORATE RESOLUTION OF THE BOARD OF DIRECTORS
of Southern Coos Health District, Southern Coos Hospital and Health Center

The undersigned Board Members of Southern Coos Health District, Southern Coos Hospital and Health Center, a corporation duly authorized and existing under the laws of the State of Oregon, hereby certify that, at a meeting of the Board of Directors duly called and held at 900 11th St SE, Bandon, OR 97411 on Thursday, September 24, 2026, at 6:00 p.m. at which meeting a quorum was continuously present, the following resolutions were adopted, are now in full force and effect, and have not been modified or rescinded in any manner:

This is to purchase the property at 913 11th Street SE, Bandon, OR 97411 for sales price of $900,000.00

RESOLVED, that the Board hereby authorizes and empowers Raymond T. Hino, as CEO of Southern Coos Health District, Southern Coos Hospital and Health Center to acquire title, purchase real property and interests therein, on its behalf and to take any steps necessary to the accomplishments thereof, including signing documents that bind the Corporation such as loan documents, Escrow Instructions and any other documents necessary in the purchase of property described as Tax Account #2562100 Tax map ID 28S-14-30DC-tax lot 4100
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Southern Coos Health District, Southern Coos
Hospital and Health Center

Date: _____

BY: _____
Thomas Bedell, Chairman

BY: _____
Mary Schamehorn, Secretary

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, but are not limited to:

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

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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.

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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.

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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APPROVED BY: Quality and Patient Safety Committee, Board of Directors	DISTRIBUTION Organization Wide

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.

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

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.

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

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.

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
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.

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
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 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.

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.

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.

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.

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.

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.

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)

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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.
- 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

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)

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

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.

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 Respiratory Department including all technical, staffing, and administrative duties. Staff within the department

shall be under the supervision of the Respiratory Therapy 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. Services are limited to individuals on traditional or original Medicare only. This does not include individuals on Medicare Advantage Plans. 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)

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

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 ----------

Strategic Plan Charter FY27-FY30 – REVISED

DATE: September 24, 2026
TO: SCHD Board of Directors
FROM: Raymond T. Hino, CEO
PREPARED BY: Scott McEachern, CHCIO
SUBJECT: FY2027-FY2030 Strategic Plan Charter – REVISED

Strategic Planning Charter FY27–FY30

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.

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

- **September**:
    - Community Meeting, including board of directors, executive team, managers, and community members – date TBD
    - Environmental assessment: an evidence base covering demographics, payer mix, financial position, service line performance, workforce, competitive position, and the regulatory outlook.
    - Facilitated executive sessions, including members of the SCHD Board and community members, resolving the plan's central questions.
- **October** SCHD Board Meeting: Adopt Strategic Plan

SCHD Board's Role
The Board approves this charter, participates in facilitated work sessions, and approves the plan no later than the October 2026 board meeting.

Requested action
That the Board approve this charter, including its scope, approach, and October 2026 adoption date.

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, September 2026

Management Changes:

- I am hopeful that by the time of our September Board meeting we will have a decision on a new Director of Human Resources.

- We are also very close to making a hiring decision on a new Director of Pharmacy Services.

Master Facility Planning Process

- Last month the Board of Directors received a presentation from Mr. David Ulbricht, who works with Special Districts in the State of Oregon on funding for public facilities expansion and replacement. His recommendation was similar to what we have heard from the Wipfli team in our Master Facility Planning Process. That is that the most important thing that we can do at this time to work towards facility replacement in the future is to continue our trend of improved profitability for our facilities. I have been approached by other companies that, similarly, work with organizations to identify funding options for the future.

- One area that we can work on immediately is acquiring property for facilities expansion. We have placed on the Board agenda for this month, a Board resolution to approve a purchase of the medical office building, owned by Dr. Douglas Crane for an agreed upon purchase price of $900,000 to be financed over 15 years at an interest rate of 5.75%.

DNV Accreditation Survey

- Our highly anticipated DNV Accreditation Survey process was conducted on August 25 and August 26. We reported during our August Board meeting that the survey team was very complimentary of our hospital and the services that we provide.

- On September 10, we received our official report of deficiencies. On the official report, we were cited for 5 NC-1 deficiencies (the more significant ones) and 5 NC-2 deficiencies. Our team is currently working on creating our Plan of Corrective Action (CAP), which will be due back to DNV no later than September 20.

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.

- 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

is currently going through the Health Care Market Oversight (HCMO) approval process through the State of Oregon. In the past month, we were notified by HCMO staff that our application has been deemed to be complete and we are currently under review. The State is currently accepting public comments from anyone that wishes to weigh in on the creation of our CIN in Oregon. We continue to be optimistic that we will receive final approval in time to receive Year 1 funding under the Rural Health Transformation Program (RHTP).

Human Resources

- Open enrollment this year was 3 months earlier than in previous years, due to the change in Health Insurance Benefit Year changing to an October 1 start date. There was a tremendous amount of work required for our Human Resources staff because of the change, but also because Oregon Educators Benefits Board (OEBB) does not work though a broker relationship. In the past, we had an insurance broker (last year The Partners Group and before that Gallagher), who assisted with much of the work of coordinating insurance benefits and working directly with the insurance plans. The brokers also assisted with the creation of a benefits handbook and open enrollment education sessions. This year, our HR team picked up much of that load. We are deeply appreciative to Kelley Frengle, Interim HR Director. But also especially appreciative to Nicole Dougherty, who picked up much of that load. Nicole created the new handbook, held employee "office hours" meetings and tracked down every employee until enrollment was completed. We provide health coverage for 175 employees and dependents under the new OEBB plan.

- We are now working on annual performance evaluations. Employees had from September 1 to September 13 to complete Self Evaluations. Managers have from September 14 to September 25 to complete the Employee evaluations. By October 9, employees and managers should have met to go over the results of the 2026 reviews.

Toast of the South Coast Voting

- On September 2, voting began on the 2026 – 2027 Toast of the South Coast Awards, presented by Bicoastal Media, the company that owns many of the radio stations in Coos County and surrounding areas. The Toast of the South Coast recognizes business and organizations of many types, and covers the Oregon South Coast from Reedsport down to Langlois. Southern Coos Hospital has received many awards in the past 3 years. This year, our Hospital, Foundation and providers, Dr. Webster and Victoria Schmelzer, were also nominated:

Southern Coos Hospital

- Hospital
- Emergency Department
- Medical Facility
- Pharmacy
- Place to Volunteer
- Place to Work
- Alternative Therapies
- Doctor/Nurse Practitioner
- Pediatrics
- Community Partner
- Customer Service
- Non-Profit Organization

Victoria Schmelzer, CRNA

- Acupuncture
- Alternative Therapies
- Medical Facility

Jennifer Webster, MD

- Doctor/Nurse Practitioner
- Customer Service

Southern Coos Health Foundation

- Non-Profit Organization
- Place to Volunteer

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 – September 24, 2026

Clinical Department Staffing –

- **Medical-Surgical department** – FTE variance – Under budget expectation at -1.55 FTE.
  - Hiring freeze for the two tele-tech positions until trauma certification is imminent.
  - One full-time RN on orientation
  - Vacancies include one full-time RN and one full-time tele-tech/unit coordinator.
- **Emergency department** – FTE variance – Over by 0.93 FTE.
  - Two new per diem RN's and one full-time LPN orienting to the department.
  - Trauma Program Manager has submitted resignation creating a new full-time RN vacancy.
  - Recruitment efforts in place for two full-time RNs.
  - One contract RNs utilized in July.
- **Laboratory department** – FTE variance - Over budgeted expectations by 1.99 FTE.
  - Once contract MLS utilized to cover known leave of absence.
  - 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 -2.69 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.
  - Recruitment efforts in place for one full-time surgical services housekeeper.
- **Medical Imaging** – FTE variance – Below budgeted expectations at -0.24.
  - Two contact technologists utilized to fill vacancies, one contract ended mid-August.
  - Recruitment efforts on-going for one full time CT/XR technologist.
- **Respiratory therapy** – FTE variance – Below budgeted expectations at -2.79.
  - Manager requiring leave of absence.
  - One full-time therapist requiring leave of absence.
  - One respiratory therapist position vacant.
- **Case management** – No changes from prior month, fully staffed.

	August 2026 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	**28.95**	**1.45**	**30.4**	**31.95**	**-1.55**
Manager	1	0	1	1	0
CH RN	3.72	0	3.72	3.85	-0.13
RN	14.03	1.45	15.48	12	3.48
LPN	0.97	0	0.97	2.45	-1.48
CNA	8.36	0	8.36	8.65	-0.29
TeleTech	0.87	0	0.87	4	-3.13
Emergency Dept	**15.13**	**0.98**	**16.11**	**15.18**	**0.93**
Manager	1	0	1	1	0
RN	9.53	0.98	10.51	8.78	1.73
LPN	3.64	0	3.64	3.6	0.04
CNA/US	0.96	0	0.96	1.8	-0.84
Laboratory	**11.7**	**0.7**	**12.4**	**10.41**	**1.99**
Manager	1	0	1	1	0
MLS	2.51	0.7	3.21	1.37	1.84
MLT	2.65	0	2.65	3.12	-0.47
Lab Assist I	3.06	0	3.06	2.38	0.68
Lab Assist II	1.58	0	1.58	1.47	0.11
Lab Assist III	0.9	0	0.9	1.07	-0.17
Surgical Dept	**4.32**	**0.79**	**5.11**	**7.8**	**-2.69**
Manager	1	0	1	1	0
Surgical RN	1.75	0	1.75	3	-1.25
Sterile processor	0	0.79	0.79	1	-0.21
Surgical Tech	1.57	0	1.57	2	-0.43
Housekeeper	0	0	0	0.8	-0.8
Medical Imaging	**11.04**	**3.11**	**14.15**	**14.39**	**-0.24**
Manager	1	0	1	1	0
Radiology Tech	3.22	0.96	4.18	8.03	-3.85
Rad Tech I	3.55	0	3.55	0.7	2.85
Ultrasound	1.15	0.42	1.57	2.66	-1.09
MI Coordinator	1.46	0	1.46	1	0.46
MI Admin Assist	0.66	0	0.66	1	-0.34
Respiratory Therapy	**4.32**	**0.2**	**4.52**	**7.31**	**-2.79**
Manager	0	0	0	**1**	**-1**
RT	4.32	0.2	4.52	6.31	-1.79
Swing Bed	**1.61**	0	**1.61**	**1.65**	**-0.04**
Case manager	1.61	0	1.61	1.65	-0.04
Totals	**77.07**	**7.23**	**84.3**	**88.69**	**-4.39**
% of FTE	91%	9%			

Clinical Nurse Education-

- Pediatric Emergency & Trauma Conference - The Clinical Nurse Education team has been working with Randall Children's Hospital at Legacy Emanuel to arrange for a multi-organization pediatric training event courtesy of grant funding to Randall Children's Hospital. Southern Coos Hospital & Health Center will serve as the host of the event on November 6, 2026, with Randall Children's Hospital presenting the training. Bay Cities Ambulance, Myrtle Point Ambulance, Coquille Valley Hospital and Southern Coos Hospital & Health Center will be participating in the training event. By including other hospitals, EMS agencies, and other healthcare organizations in this training, we will help create a consistent standard of care. When we work together, we can more easily develop a common approach to pediatric assessment, stabilization, medication dosing, airway management, trauma care and transfer. Pediatric emergencies often require rapid coordination between EMS, Emergency Departments, pediatric specialists, referral hospitals, and transport teams. Training together allows our teams to understand one another's roles and capabilities before an actual emergency occurs.

- Hospital Skills Day – Tuesday, September 15 and Thursday, September 17, 2026. This skills day focuses primarily on required nursing competencies, however it is open to all departments to utilize as an opportunity to provide staff education for any identified training needs or as a means to communicatee new procedures/processes. Multiple departments participate in the skills day event including all nursing departments, clinical informatics, laboratory services, respiratory therapy and health information management. The following subjects are subjects for the September 2026 skills day.

Nursing Services –

- Inpatient Nursing Staff Assignment Initiative - An initiative has begun to promote consistent decision-making, safe patient assignments, appropriate use of available resources, and adherence to our staffing ratios and acuity guidelines. Each week, the Med-Surg Manager will be presenting a brief staffing scenario that may occur on the unit, to all charge nurses to initiate discussions on how they would review the patient census, patient acuity, available nursing staff, and other relevant factors that may influence the patient care assignments. The discussions will be supportive and aimed to assist in developing clinical judgment skills, and will provide an opportunity to discuss different approaches and identify potential concerns before they arise in practice.

- Emergency Department Transfer Statistics – August 2026 Transfers –One (1) transfers was due to lack of bed availability at SCHHC.

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
No SCHHC Beds	0	0	0	0	1	1	0	0	0	4	4	1
Higher level of care required	33	17	21	21	31	28	39	40	29	21	41	24
Patient request	0	0	0	0	0	0	0	1	1	2	0	0

Laboratory-

- Medical Laboratory Assistant (MLA) Certification Training - Medical Lab Assistants have begun their Medical Laboratory Assistant (MLA) Certification courses through Weber State University. The program is a 15 week course and is a part of the approved spending of the Hospital Clinical Education Support Program Directed Payment from the Oregon Health Authority. The MLA course focuses on fundamental and ethical skills, including:
  - General laboratory safety
  - Basic quality control and quality assurance
  - Phlebotomy practice and techniques
  - Pre-analytical specimen processing
  - Urinalysis with microscopy, immunology, and basic hematology testing
  - Point of Care testing in clinical chemistry and microbiology

Medical Imaging –

- Medical Imaging Utilization Review of Emergency Visits - Utilization Review data is being gathered to present to the Utilization Review committee to begin analyzing for service under, or over utilization. We intend to review blinded results that show average number of procedures ordered per day compared to average number of patients per day which would reveal trends that may indicate further review of service utilization needed.

- MRI Safety Concerns Resolved - Public accessibility to the MRI trailer has been a risk that was identified after the 2025 DNV survey identified an egress violation of the chains that were preventing public access to the MRI trailer. This risk has been resolved by the instillation of additional bollards, chains and signs to ensure passers by are warned of the dangers of passing beyond the chained off area.

Key Performance Indicators: Monthly

August 2026 Data

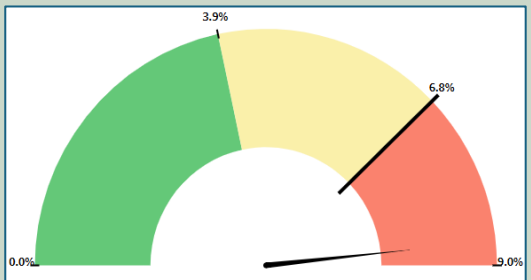
HOSPITAL

Better than Target

In Acceptable Range

Missed Target

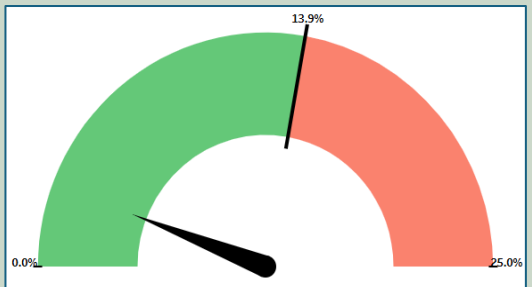
MORTALITY RATE



8.7%

Target: Below 6.8%

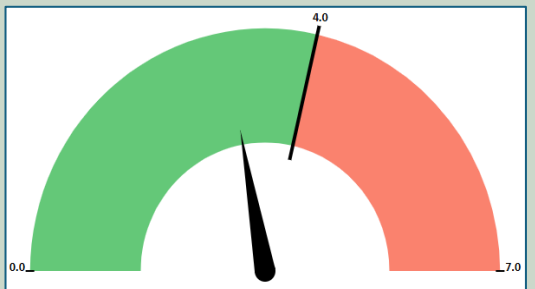
READMISSION RATE



2.9%

Target: below 13.9%

AVERAGE LENGTH OF STAY

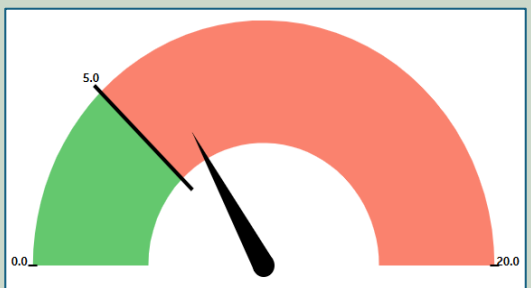


3.1 days

Target: below 4

HOSPITAL

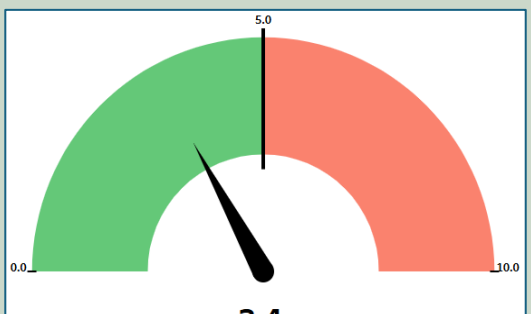
MEDICATION ERROR RATE



6.7

Target: below 5 per 1000 Patient Days

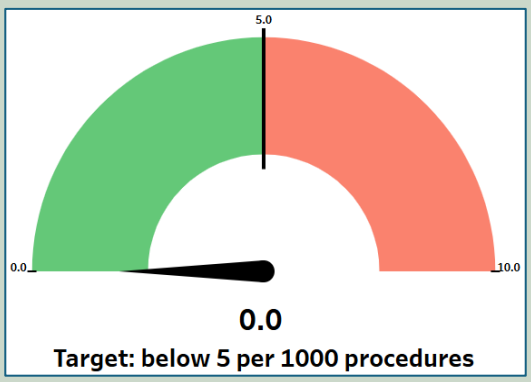
HOSPITAL ACQUIRED INFECTION RATE



3.4

Target: below 5 per 1000 patient days

SURGICAL COMPLICATION RATE

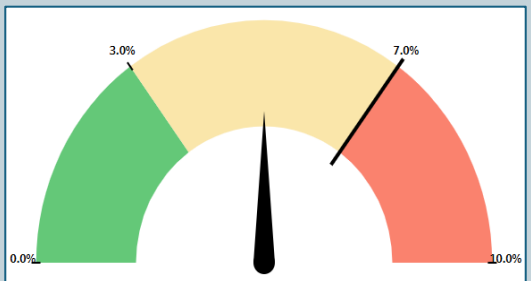


0.0

Target: below 5 per 1000 procedures

EMERGENCY DEPARTMENT

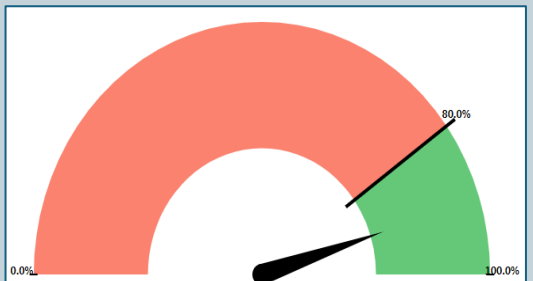
72hr RETURN TO ED



5.0%

Target: below 7%

% PATIENTS SEEN W/IN 30 MIN.

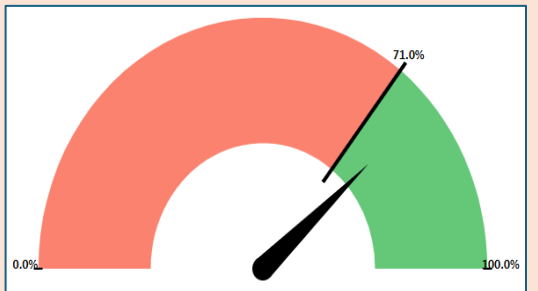


90.2%

Target: above 80%

PATIENT EXPERIENCE

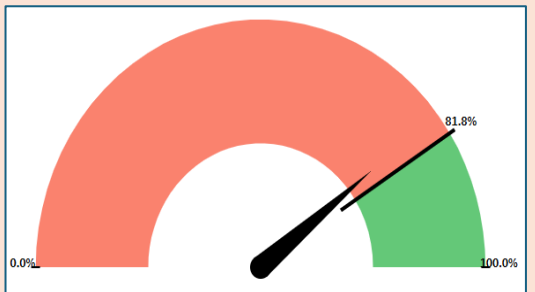
INPATIENT- *3mo. Running Avg (May-July)*



76.9%

Target: % who would highly recommend hospital: 71%

OUTPATIENT- *Prior Month (July)*



78.7%

Target: % who would highly recommend hospital: 82%

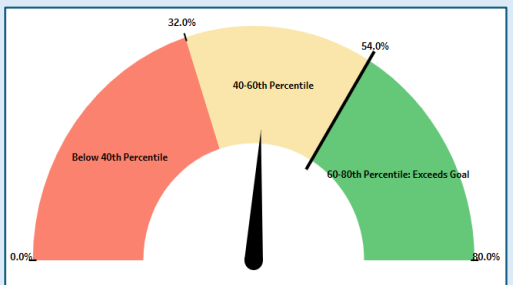
CLINIC

ACO TARGET: 60th Percentile

40- 60th Percentile

Below 40th Percentile

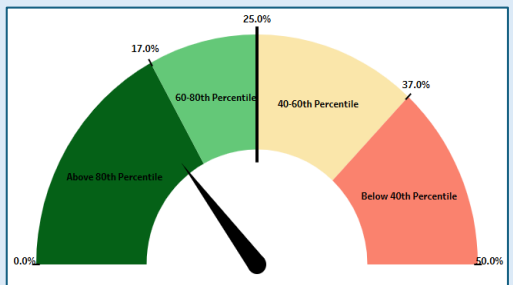
ACO- DEPRESSION SCREENING



41.5%

60th Percentile Goal: 54%

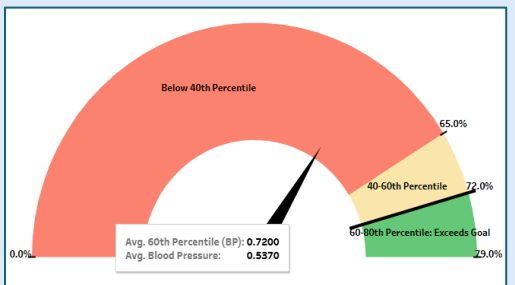
ACO- DIABETES POOR CONTROL



14.5%

60th Percentile Goal: below 25%

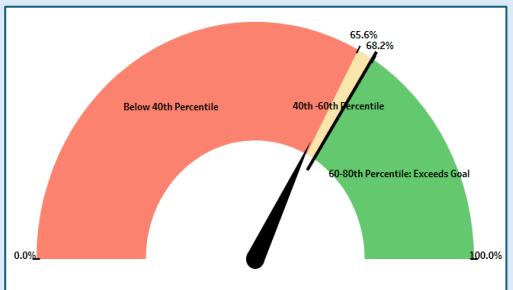
ACO- BLOOD PRESSURE CONTROL



53.7%

60th Percentile Goal: 72%

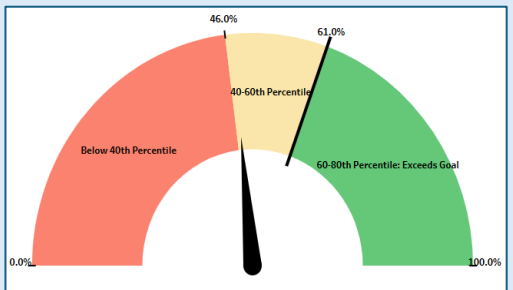
ACO- BREAST CANCER SCREENING



65.0%

60th Percentile Goal: 68%

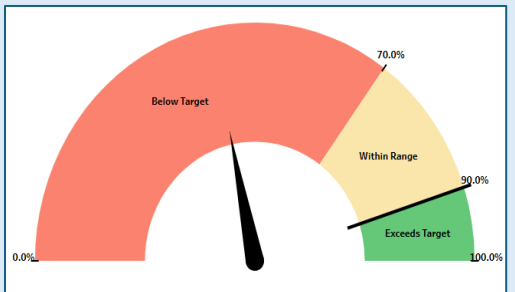
ACO- COLON CANCER SCREENING



47.0%

60th Percentile Goal: 61%

PCPCH: PATIENT ACCESS



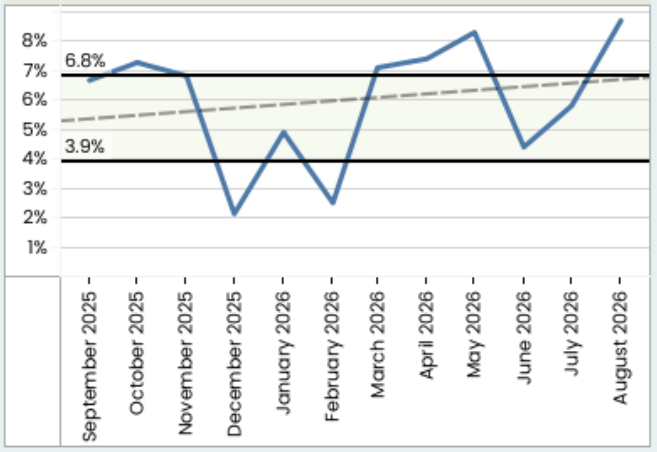
43.4%

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

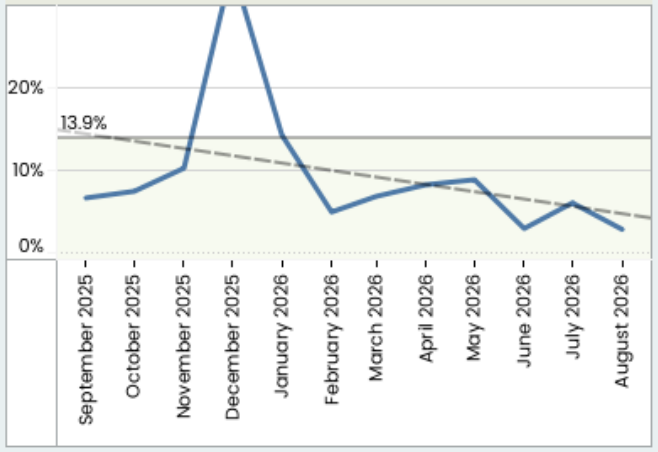
Key Performance Indicators: 12 Month Trending

Sept 2025- Aug 2026

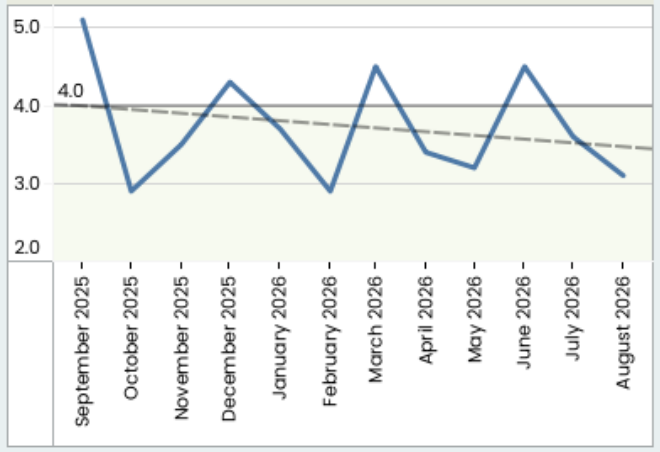
Mortality Rate: Mortalities/Patient Discharges



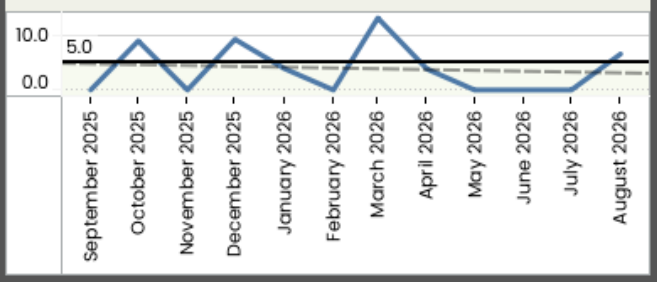
Readmission Rate



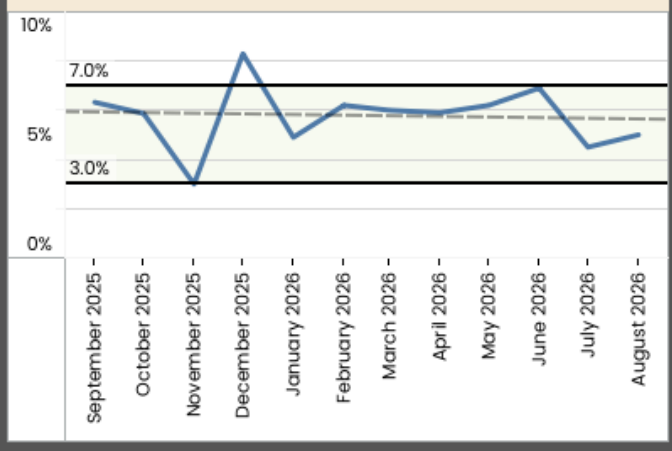
Avg. Length of Stay



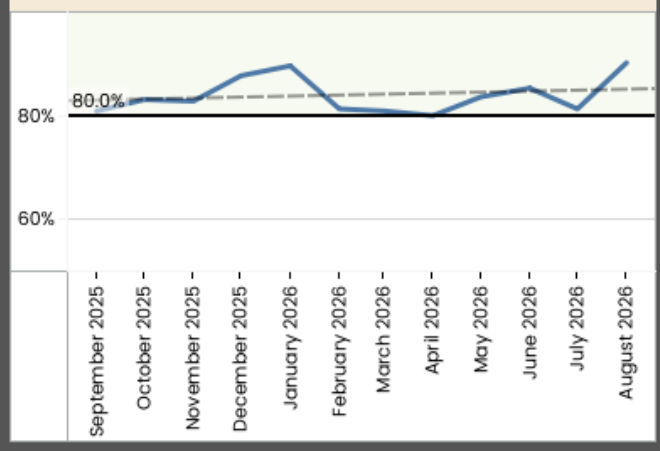
Medication Error Rate/1000 Patient Days



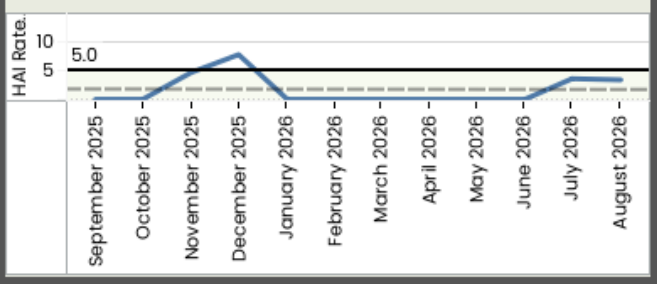
72hr Return To ED



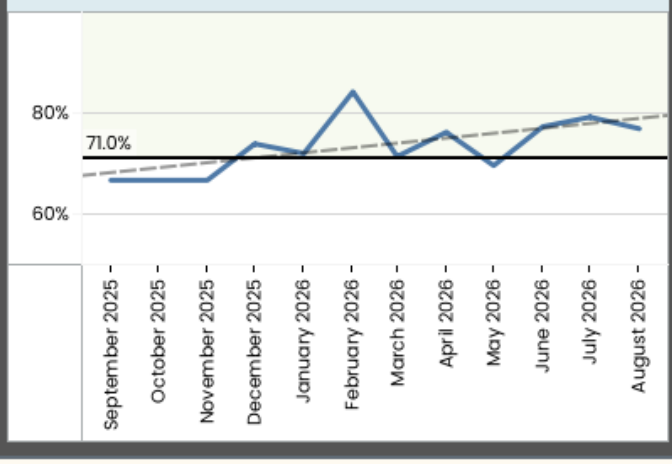
% Patients Seen w/in 30min (ED Door to Physician)



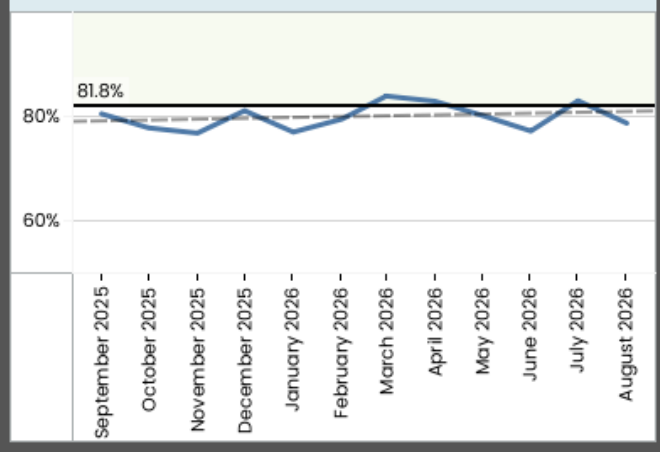
HAI Rate/1000 Patient Days



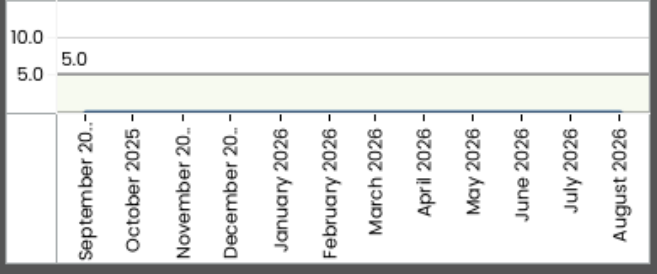
Patient Experience- Inpatient: Likeliness to Recommend



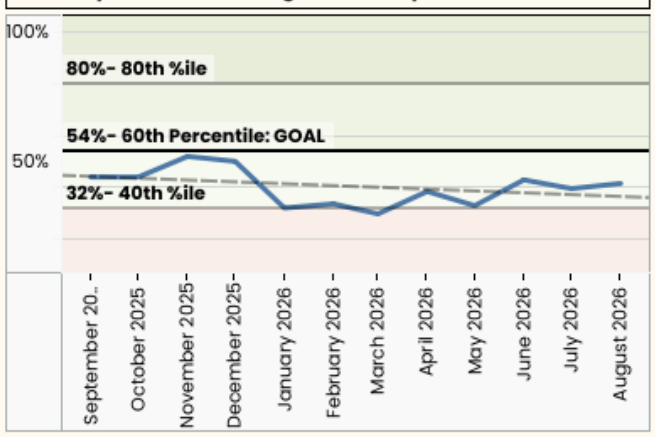
Patient Experience- Outpatient: Likeliness to Recommend



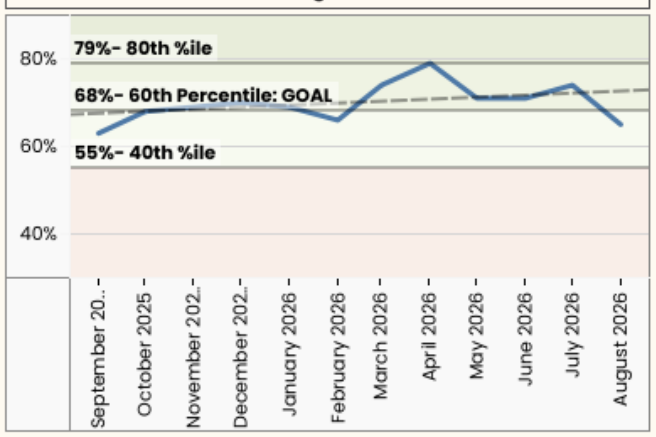
Surgery Complication Rate/Number of Procedures



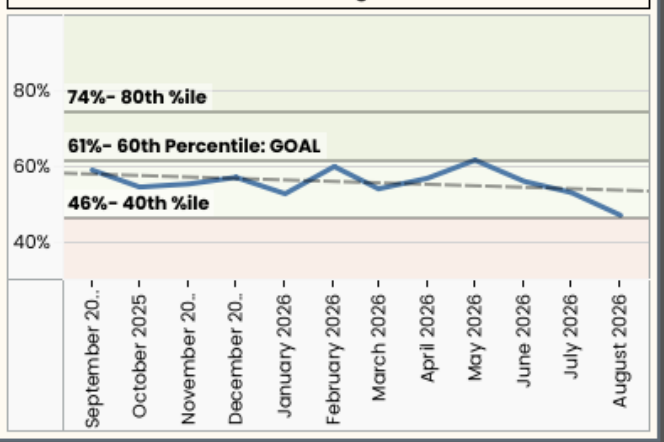
ACO- Depression Screening & Follow-up



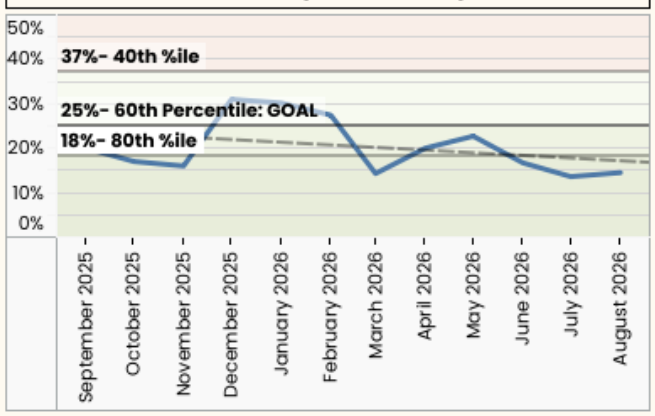
ACO- Breast Cancer Screening



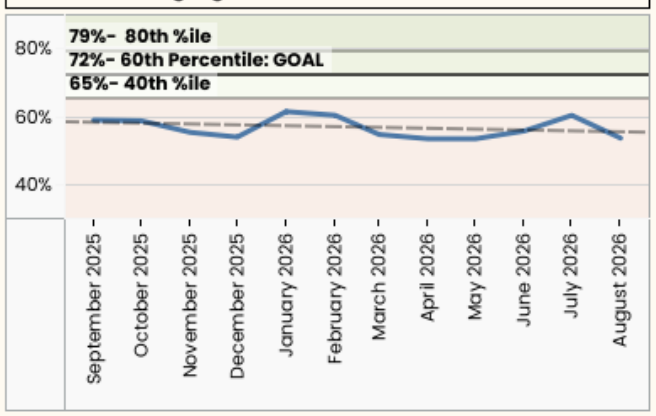
ACO- Colorectal Cancer Screening



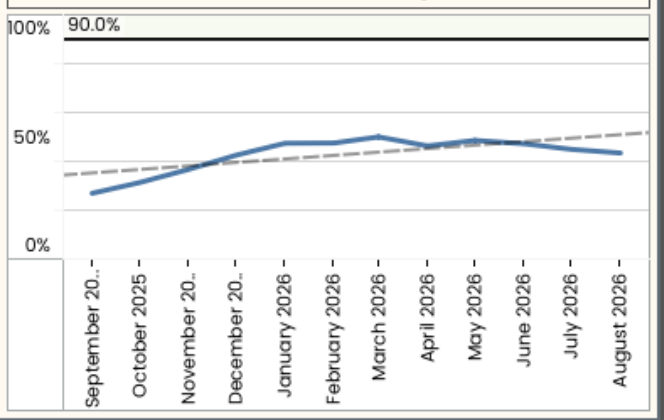
ACO- Diabetes Poor Control (Lower is Better)



ACO- Controlling High Blood Pressure



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



Chief Information Officer Report

DATE: September 24, 2026
TO: **S**CHD Board of Directors
FROM: Scott McEachern, CHCIO
SUBJECT: September CIO Report

Cybersecurity

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

- SCHHC continues to see increased phishing attempts through all channels. We request that you please report anything that looks suspicious. "If you see something, say something," is our operating philosophy.
- August continued the year-on-year trend of the largest breaches in healthcare are a result of attacks on 3rd-party software as subscription vendors.
- The highest profile incident in August was an incident affecting McKesson, who self-reported unauthorized access to third-party applications that resulted in exfiltration of data.
- Baxter International was affected by the same hacking group in almost the same manner: the hacking group attacked a third-party software used by Baxter.
- Reported in August but occurring in late July, AnMed in South Carolina suffered a July 26 malware attack that closed more than 80 physician offices and imaging facilities and took down the EHR.

Regulatory & Enforcement

Federal updates to the HIPAA (Healthcare Insurance Portability and Accountability Act of 1996) security rule have been delayed and now the Office of Civil Rights (OCR) targets July 2027 for final action. Even so, SCHHC is working toward being prepared for the eventual changes.

Relatedly, but different than proposed changes to the HIPAA law, is the proposed bill S. 3315, the Health Care Cybersecurity and Resiliency Act of 2026, which passed out of committee in March 2026. This is a bipartisan bill which, if voted into law, the act would make key cybersecurity standards mandatory. Provisions of the law include:

- Mandatory Cybersecurity standards
- Formalizes "Safe Harbor" Provision
- Intensifies Breach Reporting Requirements
- Establishes Cybersecurity grant program for underserved health care providers

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	$131,180	$18,820	10/1/2025	10/01/2026
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:** After last month's mock OHA inspection revealed two items of major concern, we worked to find solutions.
   a. First, a flooring company completed the coving of the bathroom and EVS flooring.
   b. Second, three doors still need to be refitted with anti-barricade dual-action hinges. As reported last month, Partney Construction will perform the installation. They may start the week of September 14th.

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 have completed the perquisite work, mapped the server IP addresses; inventoried our point of care testing hardware. We are finishing the interface build and then will begin validating the testing cycle.

3. **IV Pump Selection:** Cori Valet, CNO, and I are co-sponsoring this initiative. We are invited the IV Pump vendors to our Skills Days in September and one of them accepted our invitation. The others we are scheduling for early October.

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. Karen has about 2 years of paper patient records that we are developing a work plan for ingesting into Epic.

5. **Evident Legacy Archive:** This project was part of the Epic EHR transition. We are in the process of validating the archive data through quality control methodology. HIM is leading this effort and we plan to finish by end of September and roll out to providers in October.

IS & Clinical Informatics Tickets

			May 2026	Jun 2026	Jul 2026	Aug 2026	Count
Clinical Informatics		Closed	73	61	56	49	190
		On Hold	2	4	4	5	10
		Count	**75**	**65**	**60**	**54**	**200**
Information Systems		Closed	146	119	114	96	379
		Open	11	14	14	17	39
		Count	157	135	128	113	420
		Totals	**234**	**202**	**189**	**169**	**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 – September 24, 2026

Clinic Operations – August 2026

Provider Recruiting/Onboarding: As of 9/13/26

General Surgery

- Dr. Matthew Hiesterman – Start Date 9/21/26 (Scheduled bi-monthly for one week each time) First week September 21-25th |First Day of Orientation Monday the 21st of September.

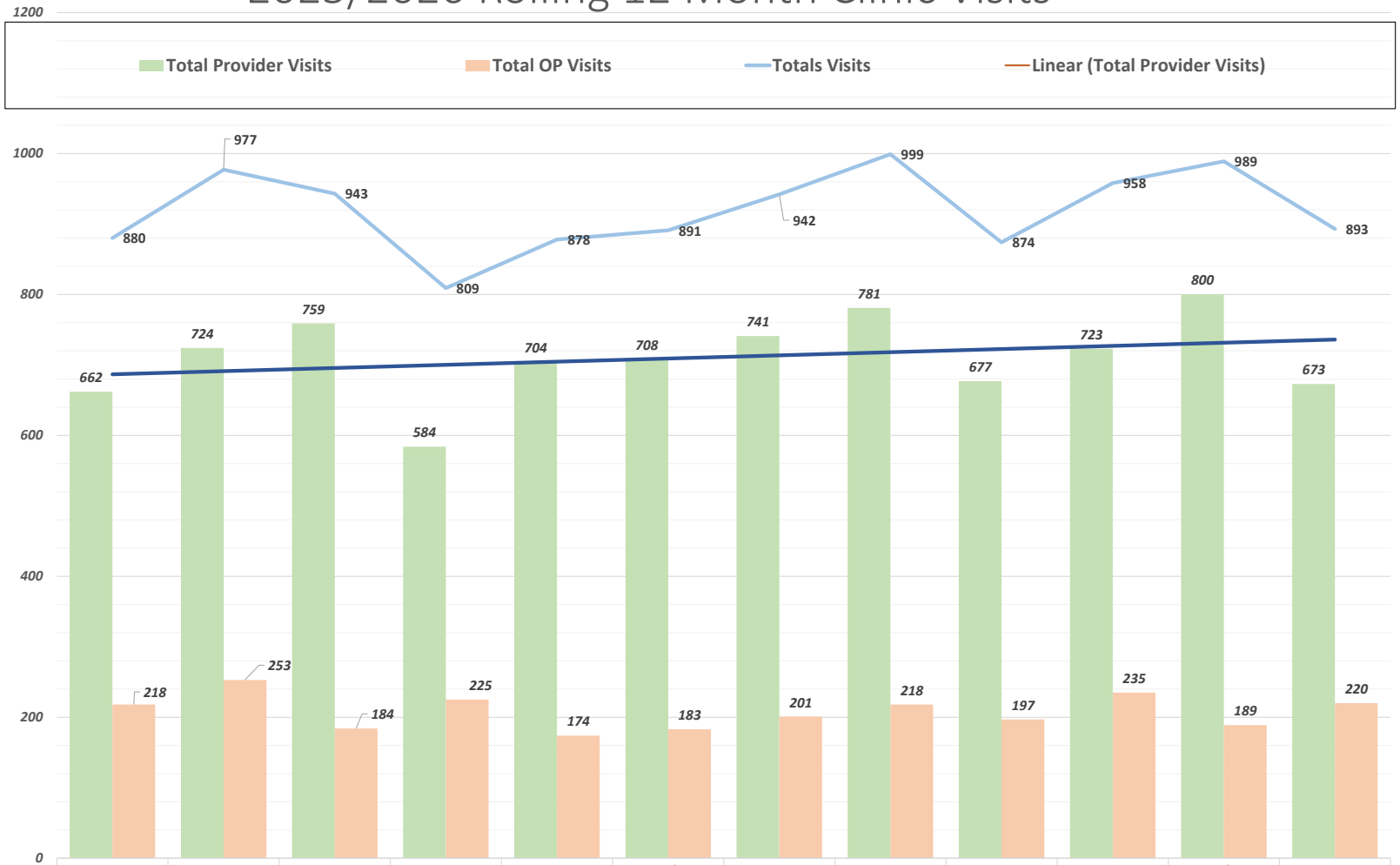
Primary Care

- Karen Olsen, NP – Start Date November 2, 2026 (will see her first patients starting November 16th) Her schedule will be Monday -Tuesday, and Thursday (10) hours/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. Clinic Provider Income Summary
5. Income Statement

2025/2026 Rolling 12 Month Clinic Visits



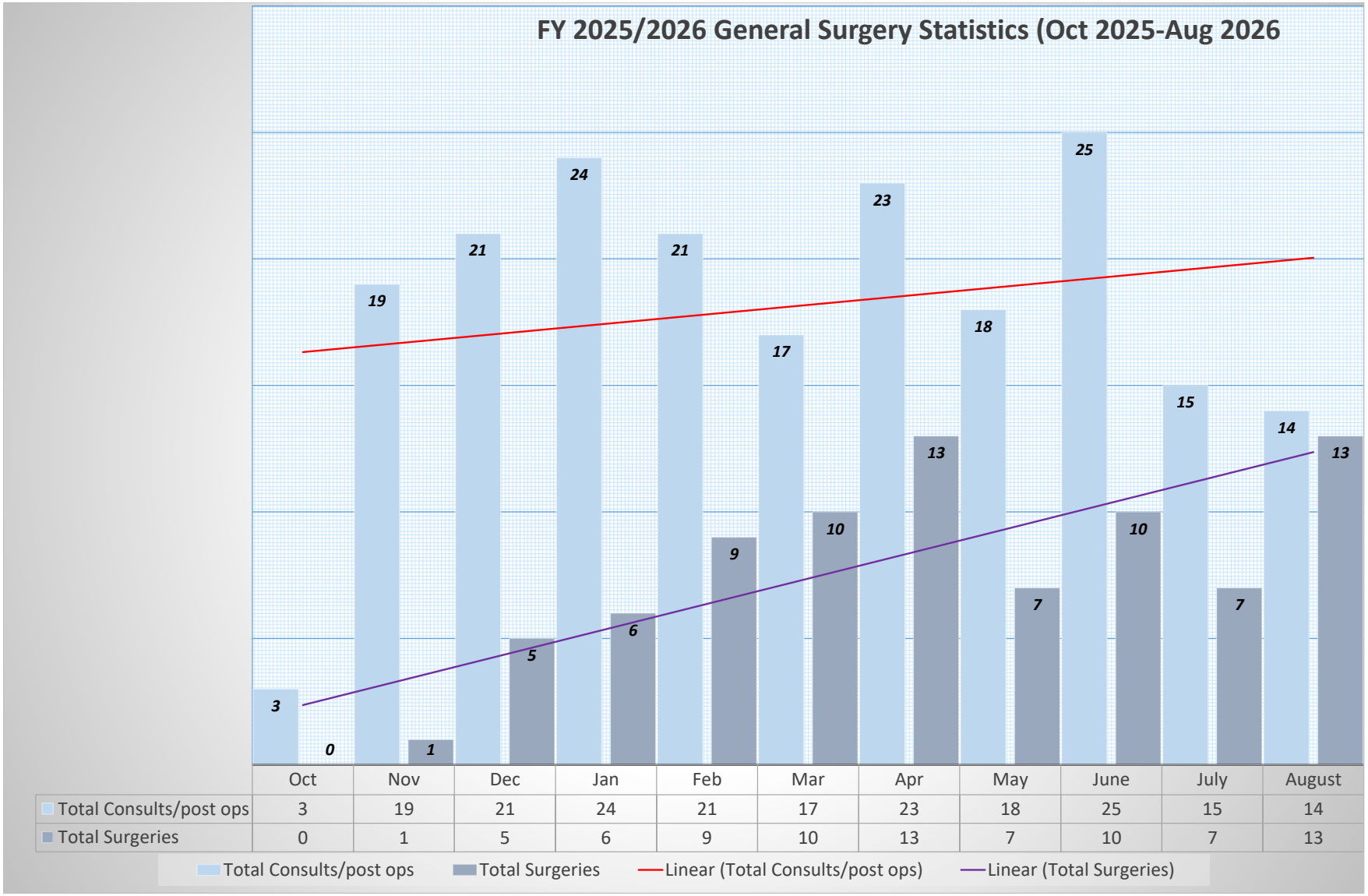
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
Total Provider Visits	662	724	759	584	704	708	741	781	677	723	800	673
Total OP Visits	218	253	184	225	174	183	201	218	197	235	189	220
Totals Visits	880	977	943	809	878	891	942	999	874	958	989	893

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

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

FY Ending 2025/2026 - Provider Visit Totals

July	*August*	*September*	*Ocober*	*November*	*December*	*January*	*February*	*March*	*April*	*May*	*June*	*Totals*
101	162	127	159	123	129	93	162	149	187	94	138	1624
141	111	133	132	135	128	153	118	154	166	102	106	1579
								100	153	118	96	467
		69	107	92	103	79	73	118	111	94	141	987
91	138	86	130	154	26	124	103					852
56	78	84	87	74	80	79	78	85	63	74	69	907
48	43	56	37	61	62	48	66	53	49	54	62	639
68	85	44	33	34	35	33	21	31	9	39	37	469
65	29	63	36	67	0	71	66	34	20	84	49	584
			3	19	21	24	21	17	23	18	25	171
52	24											76
622	***670***	***662***	***724***	***759***	***584***	***704***	***708***	***741***	***781***	***677***	***723***	***8355***
211	*194*	*218*	*253*	*184*	*225*	*174*	*183*	*201*	*218*	197	235	*2493*
833	***864***	***880***	***977***	***943***	***809***	***878***	***891***	***942***	***999***	***874***	***958***	***10848***



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
Total Consults/post ops	3	19	21	24	21	17	23	18	25	15	14
Total Surgeries	0	1	5	6	9	10	13	7	10	7	13

Clinic Provider Income Summary

All Providers

For The Budget Year 2027

	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT FYTD	Current Budget YTD FYTD26 Budget	Variance
Provider Productivity Metrics							
Clinic Days	94	0	80	0	174	0	174
Total Visits	800	0	673	0	1,473	-	1,473
Visits/Day	8.5	0.0	8.4	0.0	8.5	0.0	8.5
Total RVU	2233	0	1755	0	3,988	-	3,988
RVU/Visit	2.79	-	2.61	-	2.71	-	2.71
RVU/Clinic Day	23.68	-	21.97	-	22.90	-	22.90
Gross Revenue/Visit	636	-	608	-	623	-	623
Gross Revenue/RVU	228	-	233	-	230	-	230
Net Rev/RVU	96	-	99	-	97	-	97
Expense/RVU	80	-	126	-	100.29	-	100.29
Diff	16	-	(28)	-	(3)	-	(3)
Net Rev/Day	2,263	-	2,165	-	2,218	-	2,218
Expense/Day	1,893	-	2,772	-	2,296	-	2,296
Diff	370	-	(607)	-	(78)	-	(78)
Patient Revenue							
Outpatient							
Total Patient Revenue	508,527	-	409,069	-	917,596	-	(917,596)
Deductions From Revenue							
Total Deductions From Revenue (Note A)	295,156	-	236,047	-	531,203	-	(531,203)
Net Patient Revenue	**213,371**	**-**	**173,022**	**-**	**386,393**	**-**	**386,393**
Total Operating Revenue	**213,371**	**-**	**173,022**	**-**	**386,393**	**-**	**386,393**
Operating Expenses							
Salaries & Wages	121,290	-	141,275	-	262,565	-	262,565
Benefits	7,267	-	10,923	-	18,190	-	18,190
Purchased Services	-	-	-	-	-	-	-
Medical Supplies	1,118	-	8,731	-	9,849	-	9,849
Other Supplies	-	-	-	-	-	-	-
Maintenance and Repairs	-	-	-	-	-	-	-
Other Expenses	233	-	349	-	582	-	582
Allocation Expense	48,542	-	60,225	-	108,767	-	108,767
Total Operating Expenses	178,450	-	221,503	-	399,953	-	399,953
Excess of Operating Rev Over Exp	**34,921**	**-**	**(48,481)**	**-**	**(13,560)**	**-**	**(13,560)**
Non-Operating Income	-	-	-	-	-	-	-
Non Operating Revenue	-	-	-	-	-	-	-
Total Non-Operating Income	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Excess of Revenue Over Expenses	**34,921**	**-**	**(48,481)**	**-**	**(13,560)**	**-**	**(13,560)**

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

	Month Ending 8/31/2026			Year To Date 8/31/2026		
	Hospital Actual	Clinic Providers Actual	Actual	Hospital Actual	Clinic Providers Actual	Actual
Total Patient Revenue						
Inpatient Revenue	829,018	-	829,018	1,771,200	-	1,771,200
Outpatient Revenue	3,935,194	409,069	4,344,263	8,234,007	917,596	9,151,603
Swingbed Revenue	434,495	-	434,495	720,405	-	720,405
Retail Pharmacy Revenue	952,483	-	952,483	1,887,000	-	1,887,000
Total Patient Revenue	**6,151,190**	**409,069**	**6,560,259**	**12,612,612**	**917,596**	**13,530,208**
Total Deductions	**2,816,410**	**236,047**	**3,052,457**	**6,071,908**	**531,203**	**6,603,111**
Revenue Deductions %	**45.8 %**	**57.7 %**	**46.5 %**	**48.1 %**	**57.9 %**	**48.8 %**
Net Patient Revenue	**3,334,780**	**173,022**	**3,507,802**	**6,540,704**	**386,393**	**6,927,097**
Other Operating Revenue	**96,605**	**-**	**96,605**	**183,559**	**-**	**183,559**
Total Operating Revenue	**3,431,385**	**173,022**	**3,604,407**	**6,724,263**	**386,393**	**7,110,656**
Total Operating Expenses						
Total Labor Operating Expenses	2,297,402	152,198	2,449,600	4,503,127	280,755	4,783,882
Total Other Operating Expenses	1,026,259	69,305	1,095,564	2,183,555	119,198	2,302,753
Total Operating Expenses	**3,323,661**	**221,503**	**3,545,164**	**6,686,682**	**399,953**	**7,086,635**
Operating Income / (Loss)	**107,724**	**(48,481)**	**59,243**	**37,581**	**(13,560)**	**24,021**
Net Non Operating Revenue	**138,838**	**-**	**138,838**	**251,532**	**-**	**251,532**
Change In Net Position	**246,562**	**(48,481)**	**198,081**	**289,113**	**(13,560)**	**275,553**

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, September 2026

Majority of time has been focused on Golf for Health Classic and our new Ambassadors for Health volunteers. Great strides have been made on both fronts.

Volunteer Expansion
Patient-facing volunteers are visiting the swing-bed and inpatient units. Feedback has been excellent, and their observations are proving valuable. Our greeter is welcoming visitors to Southern Coos Hospital on Tuesdays and Thursday mornings and offering suggestions to make their experience even more inviting. The TeleCare volunteer has completed her first round of calls and is now working on her second. We have also begun outreach to Senior Life Solutions contacts.

- Two volunteers supported GFHC outreach and made several valuable community connections.
- All volunteers are now wearing their new Ambassador for Health smocks, presenting a polished and professional appearance.
- As an additional initiative, we secured 10–15 lap quilts per month from the Quilters Guild for swing-bed patients.

Golf for Health Classic (GFHC)
Fundraising for the 19th Annual Golf for Health Classic is nearing completion.

Festivities begin this week, with the weekend kicking off on Friday, September 18, at Bandon Dunes Shorty's course. Twenty-four golfers will participate in our new two-person mini-scramble for a chance to win a prize. The day will conclude with our premier Major Sponsor Appreciation Reception at Bandon Dunes, where approximately 80 guests are expected for an evening of good drinks, great food and even better company. This continues to be the hottest ticket in town at $250 a ticket for non-sponsors.

Major sponsor gifts are ready for distribution at the reception. Each package includes a glove, divot tool, and logoed ball markers, which are expected to be fan favorites. Additional packages will be added to the online auction.

On Saturday, the beloved Golf for Health Classic Tournament will tee off at Bandon Crossings. The 128 participating golfers will enjoy a grab & go breakfast, a SWAG bag filled with golf-related items, and the annual AM Putting Contest that the golfers look forward to each year.

Chivaroli & Associates is returning as the Event Sponsor. New this year is the Flag Sponsorship, created for the Gravel Point Group. Three partners contributed a total of $17,500 toward the $20,000 sponsorship level, including one $2,500 contribution.

To date, we have raised $114,503. Auction items are valued at nearly $75,000, including two Masters packages valued at more than $40,000 combined. Our goal is to match last year's total of $133,000.

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 Southern Coos Health Foundation events going forward.

SOUTHERN COOS HOSPITAL & HEALTH CENTER

Unaudited Financial Statements & Reports

August 2026

Fiscal Year 2027

Southern Coos Health District

Southern Coos Hospital & Health Center
Balance Sheet Summary

	Year To Date 08/31/2026 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	8,759,724	9,296,098	(536,375.00)	11,717,082
Net Patient Accounts Receivable	4,813,553	4,019,327	794,227.00	3,536,706
Other Assets	1,571,784	1,138,138	433,647.00	990,065
Total Current Assets	15,145,061	14,453,563	691,499.00	16,243,853
Net PP&E	6,791,451	7,087,342	(295,892.00)	8,243,887
Total Assets	**21,936,512**	**21,540,905**	**395,607.00**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	5,230,695	5,086,693	144,002.00	7,892,410
Total Long Term Debt, Net	3,554,311	3,578,258	(23,948.00)	4,228,131
Total Liabilities	8,785,006	8,664,951	120,054.00	12,120,541
Total Net Assets	13,151,506	12,875,954	275,553.00	12,367,199
Total Liabilities & Net Assets	**21,936,512**	**21,540,905**	**395,607.00**	**24,487,740**

Cash to Debt Ratio	**1.00**	**1.07**	**(0.07)**	**0.97**
Debt Ratio	**0.40**	**0.40**	**0.00**	**0.49**
Current Ratio	**2.90**	**2.84**	**0.06**	**2.06**
Debt to Capitalization Ratio	**0.22**	**0.22**	**0.00**	**0.23**

Southern Coos Health District

Southern Coos Hospital & Health Center
Balance Sheet Summary

	Year To Date 08/31/2026 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	8,759,724	9,296,098	(536,375.00)	11,717,082
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Debt Ratio	**0.40**	**0.40**	**0.00**	**0.49**
Current Ratio	**2.90**	**2.84**	**0.06**	**2.06**
Debt to Capitalization Ratio	**0.22**	**0.22**	**0.00**	**0.23**

Southern Coos Health District

Southern Coos Hospital & Health Center
Balance Sheet Summary

	Year To Date 08/31/2026 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	8,759,724	9,296,098	(536,375.00)	11,717,082
Net Patient Accounts Receivable	4,813,553	4,019,327	794,227.00	3,536,706
Other Assets	1,571,784	1,138,138	433,647.00	990,065
Total Current Assets	15,145,061	14,453,563	691,499.00	16,243,853
Net PP&E	6,791,451	7,087,342	(295,892.00)	8,243,887
Total Assets	**21,936,512**	**21,540,905**	**395,607.00**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	5,230,695	5,086,693	144,002.00	7,892,410
Total Long Term Debt, Net	3,554,311	3,578,258	(23,948.00)	4,228,131
Total Liabilities	8,785,006	8,664,951	120,054.00	12,120,541
Total Net Assets	13,151,506	12,875,954	275,553.00	12,367,199
Total Liabilities & Net Assets	**21,936,512**	**21,540,905**	**395,607.00**	**24,487,740**

Cash to Debt Ratio	**1.00**	**1.07**	**(0.07)**	**0.97**
Debt Ratio	**0.40**	**0.40**	**0.00**	**0.49**
Current Ratio	**2.90**	**2.84**	**0.06**	**2.06**
Debt to Capitalization Ratio	**0.22**	**0.22**	**0.00**	**0.23**

Southern Coos Hospital & Health Center
Balance Sheet

	Year To Date 08/31/2026	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	1,610,654	2,593,992	(983,338)	1,812,826
Investments - Unrestricted	4,415,365	3,968,402	446,963	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	8,759,724	9,296,098	(536,375)	11,717,082
Net Patient Accounts Receivable				
Patient Accounts Receivable	9,677,196	8,754,752	922,444	8,116,920
Allowance for Uncollectibles	(4,863,643)	(4,735,425)	(128,217)	(4,580,214)
Net Patient Accounts Receivable	4,813,553	4,019,327	794,227	3,536,706
Other Assets				
Other Receivables	61,835	38,485	23,350	29,598
Inventory	566,693	499,745	66,948	346,070
Prepaid Expense	675,855	510,019	165,836	530,442
Property Tax Receivable	267,401	89,889	177,513	83,955
Other Assets	1,571,784	1,138,138	433,647	990,065
Total Current Assets	15,145,061	14,453,563	691,499	16,243,853
Net PP&E				
Land	461,528	461,527	-	461,527
Property and Equipment	23,508,649	23,504,796	3,854	23,375,034
Accumulated Depreciation	(17,689,588)	(17,339,942)	(349,647)	(15,682,145)
Construction In Progress	510,862	460,961	49,901	89,471
Net PP&E	6,791,451	7,087,342	(295,892)	8,243,887
Total Assets	**21,936,512**	**21,540,905**	**395,607**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,171,163	1,348,501	(177,337)	1,551,870
Accrued Payroll and Benefits	1,380,321	1,918,860	(538,541)	1,741,066
Line of Credit Payable	-	-	-	3,139,376
Interest and Other Payable	155,155	132,327	22,829	268,479
Estimated Third Party Payor Settlements	2,114,176	1,233,821	880,355	534,781
Current Portion of Long Term Debt	409,880	453,184	(43,304)	656,838
Current Liabilities	5,230,695	5,086,693	144,002	7,892,410
Total Long Term Debt, Net				
Long Term Debt	3,554,311	3,578,258	(23,948)	4,228,131
Total Long Term Debt, Net	3,554,311	3,578,258	(23,948)	4,228,131
Total Liabilities	8,785,006	8,664,951	120,054	12,120,541
Total Net Assets	13,151,506	12,875,954	275,553	12,367,199
Total Liabilities & Net Assets	**21,936,512**	**21,540,905**	**395,607**	**24,487,740**

Southern Coos Hospital & Health Center
Balance Sheet Trends

		FY26 Ending	FY25 Ending	FY24 Ending	Aug 2026	Jul 2026	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sep 2025
1	**Total Assets**															
2	**Total Current Assets**															
3	Cash - Operating	2,593,992	1,812,826	1,400,507	1,610,654	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	986,759
4	Investments - Unrestricted	3,968,402	3,984,313	4,076,428	4,415,365	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	4,062,503
5	Investments - Restricted	233,704	3,419,943	3,744,080	233,705	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	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	2,500,000	2,500,000
7	**Cash & Cash Equivalents**	**9,296,098**	**11,717,082**	**11,721,015**	**8,759,724**	**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**	**10,969,205**
8	**Net Patient Accounts Rec.**	**4,019,327**	**3,536,706**	**3,907,633**	**4,813,553**	**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**	**3,921,150**
9	**Other Current Assets**	**1,138,138**	**990,065**	**798,202**	**1,571,784**	**1,433,308**	**1,138,138**	**881,280**	**872,461**	**659,943**	**668,527**	**636,044**	**437,674**	**682,871**	**1,407,460**	**1,332,374**
10	**Total Current Assets**	**14,453,563**	**16,243,853**	**16,426,850**	**15,145,061**	**14,812,130**	**14,453,563**	**16,708,801**	**17,101,651**	**16,254,662**	**14,404,160**	**14,115,455**	**14,816,140**	**16,017,251**	**16,340,047**	**16,222,729**
11	**Net Property/Plant/Equip.**	**7,087,342**	**8,243,887**	**6,423,952**	**6,791,451**	**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**	**8,112,749**
12	**Total Assets**	**21,540,905**	**24,487,740**	**22,850,802**	**21,936,512**	**21,740,663**	**21,540,905**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**	**24,335,478**
13	**Total Liabilities & Net Assets**															
14	**Total Current Liabilities**															
15	Accounts Payable	1,348,501	1,551,870	1,344,652	1,171,163	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	1,575,424
16	Accrued Payroll & Benefits	1,918,860	1,741,066	1,411,152	1,380,321	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	1,363,640
17	Line of Credit Payable	0	3,139,376	0	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	3,139,377
18	Interest & Other Payable	132,327	268,479	100,992	155,155	143,741	132,327	131,344	161,731	182,653	181,362	196,194	98,694	114,295	120,694	260,973
19	Est. Payor Settlements	1,233,821	534,781	997,650	2,114,176	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	759,410
20	Cur. Portion Long-Term Debt	453,184	656,838	635,560	409,880	432,868	453,184	453,059	450,438	460,720	463,883	491,414	520,141	548,096	600,445	594,368
21	**Total Current Liabilities**	**5,086,693**	**7,892,410**	**4,490,006**	**5,230,695**	**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**	**7,693,192**
22	**Total Long-Term Debt**	**3,578,258**	**4,228,131**	**4,535,131**	**3,554,311**	**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**	**4,198,818**
23	**Total Liabilities**	**8,664,951**	**12,120,541**	**9,025,137**	**8,785,006**	**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**	**11,892,010**
24	**Total Net Assets**	**12,875,954**	**12,367,199**	**13,825,665**	**13,151,506**	**12,953,425**	**12,875,954**	**12,254,306**	**12,620,843**	**12,352,361**	**12,299,772**	**12,187,386**	**12,270,178**	**12,473,790**	**12,614,901**	**12,443,468**
25	**Total Liabilities & Net Assets**	**21,540,905**	**24,487,740**	**22,850,802**	**21,936,512**	**21,740,663**	**21,540,905**	**23,932,429**	**24,437,966**	**23,805,120**	**22,015,821**	**21,864,316**	**22,677,383**	**23,984,045**	**24,425,634**	**24,335,478**

Southern Coos Health District

Southern Coos Hospital & Health Center
Statements of Revenues, Expenses, and Changes in Net Position
As of August 31, 2026

	Month Ending 08/31/2026				Month Ending 08/31/2025	Year To Date 08/31/2026				Prior Year To Date 08/31/2025
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	829,018	1,003,504	(174,485)	(17.4) %	1,286,279	1,771,200	2,007,007	(235,808)	(11.7) %	2,185,830
Outpatient Revenue	4,344,263	4,372,003	(27,741)	(0.6) %	3,895,084	9,151,603	8,744,007	407,597	4.7 %	8,197,909
Swingbed Revenue	434,495	402,019	32,476	8.1 %	361,067	720,405	804,038	(83,632)	(10.4) %	623,433
Retail Pharmacy Revenue	952,483	629,843	322,639	51.2 %	351,114	1,887,000	1,259,687	627,313	49.8 %	677,799
Total Patient Revenue	**6,560,259**	**6,407,369**	**152,889**	**2.4 %**	**5,893,544**	**13,530,208**	**12,814,739**	**715,470**	**5.6 %**	**11,684,971**
Total Deductions	**3,052,457**	**2,833,127**	**219,330**	**7.7 %**	**2,524,233**	**6,603,111**	**5,666,253**	**936,858**	**16.5 %**	**4,928,042**
Revenue Deductions %	**46.5 %**	**44.2 %**	**2.3 %**	**5.2 %**	**42.8 %**	**48.8 %**	**44.2 %**	**4.6 %**	**10.4 %**	**42.2 %**
Net Patient Revenue	**3,507,802**	**3,574,243**	**(66,441)**	**(1.9) %**	**3,369,312**	**6,927,097**	**7,148,486**	**(221,388)**	**(3.1) %**	**6,756,930**
Other Operating Revenue	**96,605**	**43,839**	**52,766**	**120.4 %**	**10,485**	**183,559**	**87,678**	**95,880**	**109.3 %**	**12,264**
Total Operating Revenue	**3,604,407**	**3,618,082**	**(13,674)**	**(0.4) %**	**3,379,797**	**7,110,656**	**7,236,164**	**(125,508)**	**(1.7) %**	**6,769,193**
Total Operating Expenses										
Total Labor Operating Expenses	2,449,600	2,537,807	(88,207)	(3.5) %	2,359,915	4,783,882	5,075,613	(291,732)	(5.7) %	4,732,889
Total Other Operating Expenses	1,095,564	1,124,497	(28,933)	(2.6) %	934,980	2,302,753	2,248,995	53,759	2.4 %	1,942,908
Total Operating Expenses	**3,545,164**	**3,662,304**	**(117,140)**	**(3.2) %**	**3,294,895**	**7,086,635**	**7,324,608**	**(237,973)**	**(3.2) %**	**6,675,797**
Operating Income / (Loss)	**59,244**	**(44,222)**	**103,466**	**(234.0) %**	**84,901**	**24,021**	**(88,444)**	**112,465**	**(127.2) %**	**93,396**
Net Non Operating Revenue	**138,838**	**144,446**	**(5,608)**	**(3.9) %**	**154,246**	**251,532**	**288,893**	**(37,360)**	**(12.9) %**	**263,602**
Change In Net Position	**198,081**	**100,224**	**97,857**	**97.6 %**	**239,148**	**275,553**	**200,448**	**75,105**	**37.5 %**	**356,999**

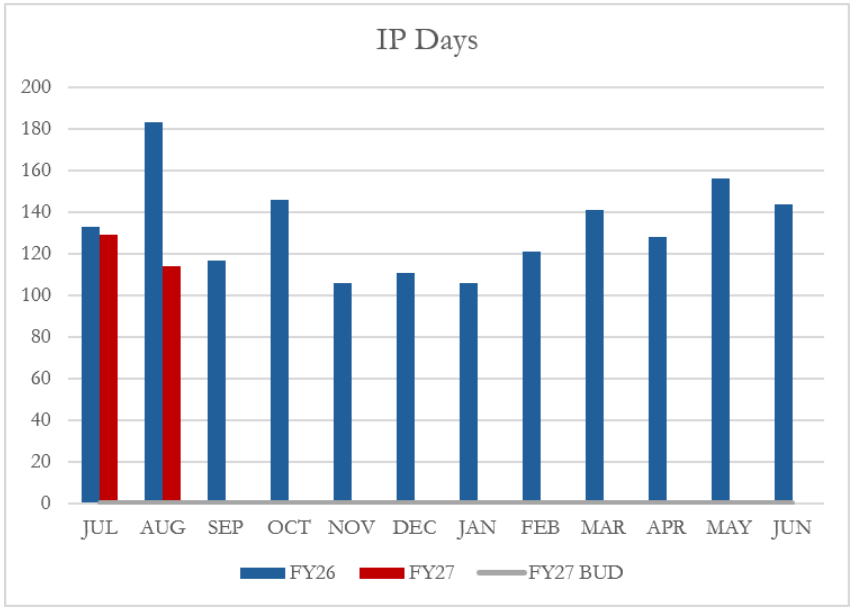
Southern Coos Health District

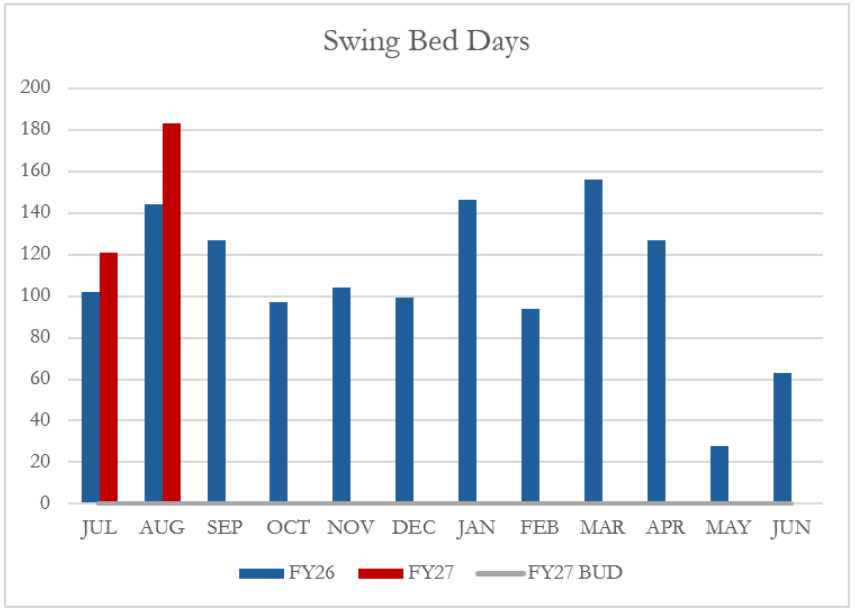
Southern Coos Hospital & Health Center
Statements of Revenues, Expenses & Changes in Net Position
As of August 31, 2026

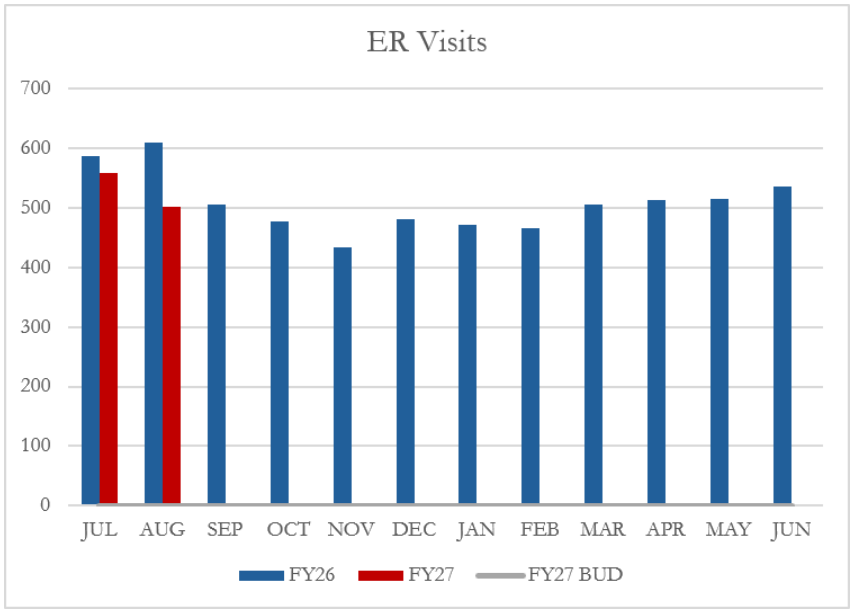
	Month Ending 08/31/2026				Month Ending 08/31/2025	Year To Date 08/31/2026				Prior Year To Date 08/31/2025
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	829,018	1,003,504	(174,485)	(17.4) %	1,286,279	1,771,200	2,007,007	(235,808)	(11.7) %	2,185,830
Outpatient Revenue	4,344,263	4,372,003	(27,741)	(0.6) %	3,895,084	9,151,603	8,744,007	407,597	4.7 %	8,197,909
Swingbed Revenue	434,495	402,019	32,476	8.1 %	361,067	720,405	804,038	(83,632)	(10.4) %	623,433
Retail Pharmacy Revenue	952,483	629,843	322,639	51.2 %	351,114	1,887,000	1,259,687	627,313	49.8 %	677,799
Total Patient Revenue	**6,560,259**	**6,407,369**	**152,889**	**2.4 %**	**5,893,544**	**13,530,208**	**12,814,739**	**715,470**	**5.6 %**	**11,684,971**
Total Deductions	**3,052,457**	**2,833,127**	**219,330**	**7.7 %**	**2,524,233**	**6,603,111**	**5,666,253**	**936,858**	**16.5 %**	**4,928,042**
Net Patient Revenue	**3,507,802**	**3,574,243**	**(66,441)**	**(1.9) %**	**3,369,312**	**6,927,097**	**7,148,486**	**(221,388)**	**(3.1) %**	**6,756,930**
Other Operating Revenue	**96,605**	**43,839**	**52,766**	**120.4 %**	**10,485**	**183,559**	**87,678**	**95,880**	**109.3 %**	**12,264**
Total Operating Revenue	**3,604,407**	**3,618,082**	**(13,674)**	**(0.4) %**	**3,379,797**	**7,110,656**	**7,236,164**	**(125,508)**	**(1.7) %**	**6,769,193**
Total Operating Expenses										
Total Labor Expenses										
Salaries & Wages	1,655,925	1,737,017	(81,092)	(4.7) %	1,594,488	3,287,313	3,474,035	(186,722)	(5.4) %	3,151,138
Contract Labor	447,813	521,858	(74,045)	(14.2) %	594,457	928,364	1,043,714	(115,351)	(11.1) %	1,110,493
Benefits	345,862	278,932	66,930	24.0 %	170,970	568,205	557,864	10,341	1.9 %	471,258
Total Labor Expenses	2,449,600	2,537,807	(88,207)	(3.5) %	2,359,915	4,783,882	5,075,613	(291,732)	(5.7) %	4,732,889
Purchased Services	193,347	221,589	(28,242)	(12.7) %	212,411	376,221	443,178	(66,956)	(15.1) %	411,736
Drugs & Pharmaceuticals	385,867	279,737	106,130	37.9 %	220,212	745,293	559,475	185,818	33.2 %	440,756
Medical Supplies	108,726	106,952	1,775	1.6 %	88,821	249,909	213,903	36,006	16.8 %	200,672
Other Supplies	(13,324)	47,254	(60,579)	(128.2) %	24,464	37,308	94,508	(57,201)	(60.5) %	75,710
Lease & Rental Expense	5,996	2,653	3,343	125.9 %	-	20,609	5,308	15,302	288.3 %	1,266
Repairs & Maintenance	15,221	22,056	(6,835)	(31.0) %	20,246	30,670	44,111	(13,441)	(30.5) %	34,815
Other Expenses	173,158	183,936	(10,778)	(5.8) %	194,568	386,079	367,872	18,207	4.9 %	387,076
Utilities	30,123	30,727	(604)	(2.0) %	22,414	61,293	61,454	(160)	(0.3) %	54,470
Insurance	24,130	25,044	(914)	(3.6) %	23,753	48,260	50,088	(1,829)	(3.6) %	47,383
Depreciation & Amortization	172,320	204,549	(32,229)	(15.8) %	128,091	347,111	409,098	(61,987)	(15.2) %	289,024
Total Operating Expenses	**3,545,164**	**3,662,304**	**(117,140)**	**(3.2) %**	**3,294,895**	**7,086,635**	**7,324,608**	**(237,973)**	**(3.2) %**	**6,675,797**
Operating Income / (Loss)	**59,244**	**(44,222)**	**103,466**	**(234.0) %**	**84,901**	**24,021**	**(88,444)**	**112,465**	**(127.2) %**	**93,396**
Net Non Operating Revenue										
Property Taxes	101,177	103,117	(1,941)	(1.9) %	96,792	202,354	206,235	(3,881)	(1.9) %	193,583
Non-Operating Revenue	28,325	41,825	(13,499)	(32.3) %	64,154	32,893	83,648	(50,755)	(60.7) %	68,828
Interest Expense	(14,560)	(25,533)	10,972	(43.0) %	(33,934)	(30,678)	(51,065)	20,387	(39.9) %	(84,018)
Investment Income	23,896	24,846	(950)	(3.8) %	27,072	46,963	49,693	(2,730)	(5.5) %	86,732
Gain / Loss on Asset Disposal	-	191	(190)	(100.0) %	162	-	382	(381)	(100.0) %	(1,523)
Net Non Operating Revenue	**138,838**	**144,446**	**(5,608)**	**(3.9) %**	**154,246**	**251,532**	**288,893**	**(37,360)**	**(12.9) %**	**263,602**
Change In Net Position	**198,081**	**100,224**	**97,857**	**97.6 %**	**239,148**	**275,553**	**200,448**	**75,105**	**37.5 %**	**356,999**

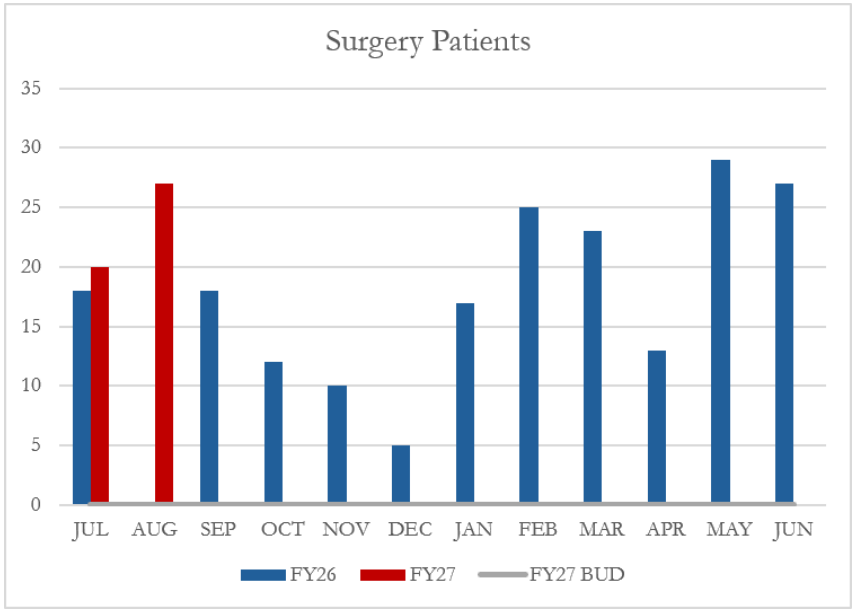
Southern Coos Hospital & Health Center
Income Statement Trends

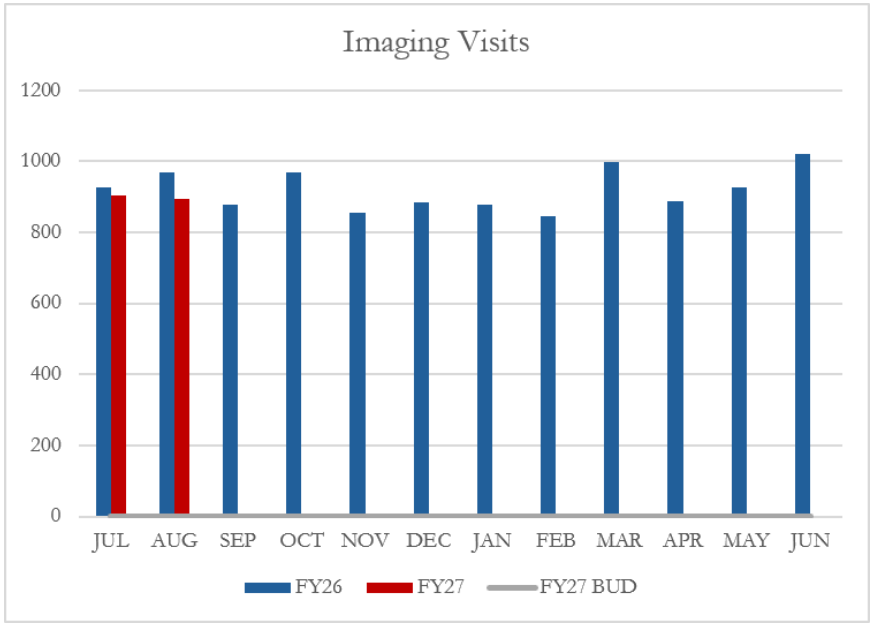
		FYTD25	FYTD26	Budget FYTD27	FYTD27	3 Month To 3 Month Compare	FYTD27 Average	Aug 2026	Jul 2026	Jun 2026	May 2026	Apr 2026	Mar 2026	Feb 2026	Jan 2026	Dec 2025	Nov 2025	Oct 2025	Sep 2025
1	**Total Patient Revenue**																		
2	Inpatient Revenue	1,253,185	2,185,830	2,007,008	1,771,199	0.5%	885,600	829,018	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
3	Outpatient Revenue	6,903,521	8,197,909	8,744,006	9,151,604	14.4%	4,575,802	4,344,263	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
4	Swingbed Revenue	631,711	623,432	804,038	720,406	1.0%	360,203	434,495	285,911	152,188	91,465	303,323	433,047	231,923	394,130	263,804	276,817	252,197	364,719
5	Retail Pharmacy Revenue	-	677,800	1,259,688	1,887,000	298.5%	943,500	952,483	934,517	814,207	721,003	717,498	677,573	538,827	527,035	610,819	476,226	494,630	368,618
6	**Total Patient Revenue**	**8,788,417**	**11,684,971**	**12,814,740**	**13,530,209**	**22.6%**	**6,765,105**	**6,560,259**	**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**
7	**Total Deductions**	**3,153,571**	**4,928,042**	**5,666,254**	**6,603,111**	**44.1%**	**3,301,556**	**3,052,457**	**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**
8	Deductions/Patient Revenue	35.9%	42.2%	44.2%	48.8%	13.2%	48.8%	46.5%	50.9%	38.3%	44.3%	45.5%	47.0%	37.8%	39.6%	37.5%	38.0%	41.9%	43.0%
9	**Net Patient Revenue**	**5,634,846**	**6,756,929**	**7,148,486**	**6,927,098**	**12.7%**	**3,463,549**	**3,507,802**	**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**
10	**Other Operating Revenue**	**17,251**	**12,264**	**87,678**	**183,558**	**3886.2%**	**91,779**	**96,605**	**86,953**	**376,659**	**23,523**	**239,972**	**18,215**	**17,197**	**87,771**	**2,191**	**78,607**	**116,767**	**5,878**
11	**Total Operating Revenue**	**5,652,097**	**6,769,193**	**7,236,164**	**7,110,656**	**17.9%**	**3,555,328**	**3,604,407**	**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**
12	**Total Operating Expenses**																		
13	Total Labor Expenses																		
14	Salaries & Wages	2,715,009	3,151,138	3,474,034	3,287,313	3.9%	1,643,657	1,655,925	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
15	Contract Labor	969,192	1,110,493	1,043,714	928,364	-5.7%	464,182	447,813	480,551	540,808	540,963	437,512	439,739	520,505	528,579	619,974	511,039	513,474	499,908
16	Benefits	415,905	471,258	557,864	568,205	26.9%	284,103	345,862	222,343	384,784	372,807	348,976	352,468	338,082	219,731	279,776	292,866	300,310	284,199
17	**Total Labor Expenses**	**4,100,106**	**4,732,889**	**5,075,612**	**4,783,882**	**7.9%**	**2,391,941**	**2,449,600**	**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**
18	Total Labor/Net Revenue	72.8%	70.0%	71.0%	69.1%	-3.9%	69.1%	69.8%	68.3%	65.1%	82.1%	68.3%	70.3%	69.8%	77.5%	78.3%	77.9%	72.4%	77.2%
19	Purchased Services	612,081	411,736	443,178	376,221	21.8%	188,111	193,347	182,874	303,592	280,859	365,995	252,886	206,177	189,751	122,829	211,000	217,928	261,989
20	Drugs & Pharmaceuticals	197,945	440,756	559,474	745,294	106.5%	372,647	385,867	359,427	395,325	229,279	344,014	284,762	265,181	248,918	321,958	240,301	253,227	210,050
21	Medical Supplies	218,015	200,673	213,902	249,909	22.0%	124,955	108,727	141,182	118,615	79,406	102,107	121,669	82,369	99,955	123,498	96,382	99,220	93,175
22	Other Supplies	41,552	75,709	94,508	37,308	16.8%	18,654	(13,324)	50,632	107,693	23,585	57,353	41,024	55,032	62,876	34,837	44,338	49,997	41,318
23	Lease & Rental Expense	754	1,266	5,308	20,609	2153.6%	10,305	5,996	14,613	7,922	11,992	17,745	(2,728)	15,216	7,732	-	-	1,266	-
24	Repairs & Maintenance	44,345	34,815	44,112	30,671	11.3%	15,336	15,221	15,450	19,805	13,602	9,979	13,761	18,221	15,601	18,126	14,541	48,332	25,696
25	Other Expenses	230,510	387,077	367,872	386,079	3.3%	193,040	173,159	212,920	193,436	235,859	187,289	167,029	121,641	169,814	195,997	168,250	189,010	192,710
26	Utilities	50,214	54,469	61,454	61,293	14.0%	30,647	30,123	31,170	31,185	29,207	28,888	32,645	24,188	32,932	29,122	31,945	19,761	38,373
27	Insurance	43,016	47,382	50,088	48,260	-86.7%	24,130	24,130	24,130	(35,946)	24,130	30,130	24,210	24,210	24,211	23,629	23,629	23,814	23,628
28	Depreciation & Amortization	209,232	289,024	409,098	347,111	-33.0%	173,556	172,320	174,791	167,385	174,574	170,981	181,542	217,404	179,651	225,510	179,511	186,412	221,822
29	**Total Operating Expenses**	**5,747,771**	**6,675,797**	**7,324,607**	**7,086,637**	**10.2%**	**3,543,319**	**3,545,166**	**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**
30	Op. Expenses/Op. Revenue	101.7%	98.6%	101.2%	99.7%	-5.7%	99.7%	98.4%	101.0%	89.9%	116.2%	98.8%	101.9%	100.4%	107.4%	111.0%	108.1%	100.6%	113.0%
31	**Operating Income / (Loss)**	**(95,674)**	**93,396**	**(88,443)**	**24,019**	**-84.8%**	**12,010**	**59,241**	**(35,222)**	**435,914**	**(515,552)**	**44,719**	**(65,587)**	**(13,259)**	**(238,436)**	**(368,047)**	**(253,455)**	**(21,498)**	**(401,387)**
32	Operating Income/Loss	-1.7%	1.4%	-1.2%	0.3%	-72.5%	0.3%	1.6%	-1.0%	10.1%	-16.2%	1.2%	-1.9%	-0.4%	-7.4%	-11.0%	-8.1%	-0.6%	-13.0%
33	Property Taxes	172,161	193,584	206,234	202,354	-2.4%	101,177	101,177	101,177	105,920	101,177	101,177	101,177	101,177	101,177	101,177	101,177	114,333	96,792
34	Non-Operating Revenue	24,789	68,827	83,648	32,893	-29.4%	16,447	28,325	4,568	53,087	54,778	102,908	25,505	36,876	33,526	85,983	29,668	53,948	35,000
35	Interest Expense	(44,396)	(84,018)	(51,064)	(30,677)	-56.4%	(15,339)	(14,560)	(16,117)	(25,218)	(29,556)	(27,280)	(30,072)	(30,888)	(31,724)	(47,441)	(43,326)	(33,930)	(36,569)
36	Investment Income	148,729	86,732	49,692	46,962	-35.0%	23,481	23,896	23,066	37,327	22,617	46,958	21,565	18,480	52,664	24,716	24,826	58,581	25,596
37	Gain / Loss on Asset Disposal	-	(1,523)	(382)	-	-100.0%	-	-	-	-	-	-	-	-	-	-	-	-	(162)
38	**Net Non Operating Revenue**	**301,283**	**263,602**	**288,128**	**251,532**	**13.9%**	**125,766**	**138,838**	**112,694**	**171,116**	**149,016**	**223,763**	**118,175**	**125,645**	**155,643**	**164,435**	**112,345**	**192,932**	**120,657**
39	**Change In Net Position**	**205,609**	**356,998**	**199,685**	**275,551**	**-184.4%**	**137,776**	**198,079**	**77,472**	**607,030**	**(366,536)**	**268,482**	**52,588**	**112,386**	**(82,793)**	**(203,612)**	**(141,110)**	**171,434**	**(280,730)**
40	Gross Margin	3.6%	5.3%	2.8%	3.9%	-135.4%	3.9%	5.5%	2.2%	14.1%	-11.5%	7.1%	1.5%	3.4%	-2.6%	-6.1%	-4.5%	4.8%	-9.1%


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
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


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
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1000
800
600
400
200
0
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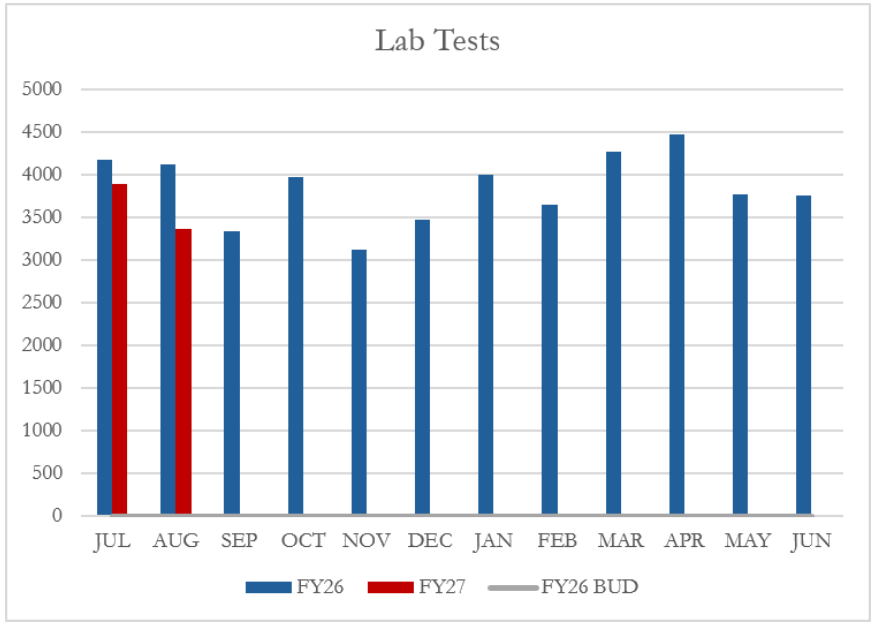
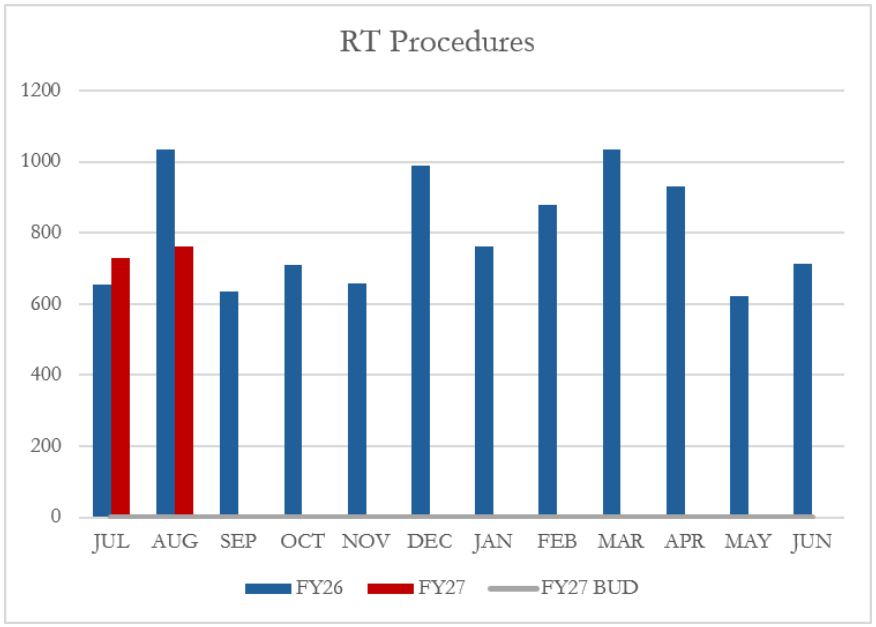
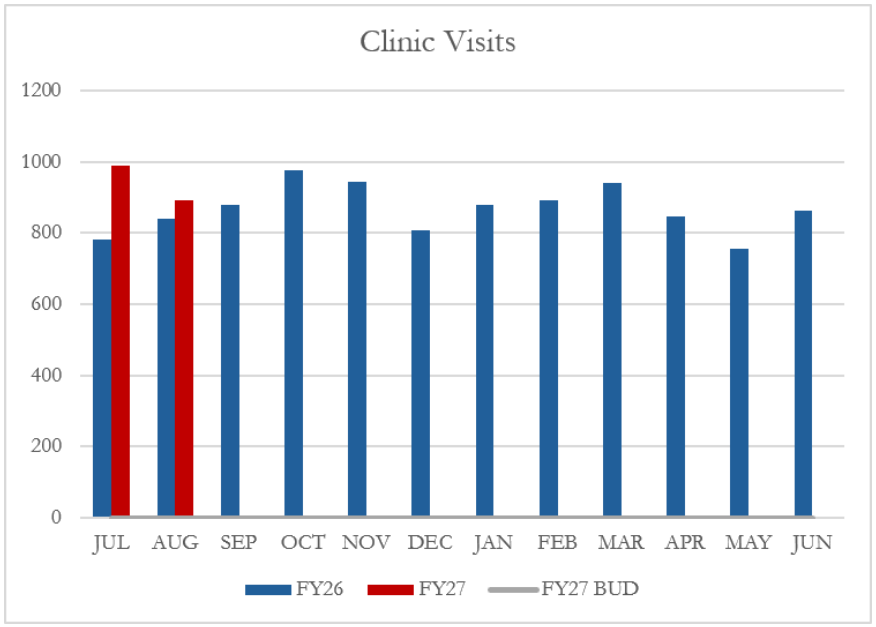
FY26 FY27 FY27 BUD


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 August 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	114	-	144	0.0%	-20.8%		243	-	1,592	0.0%	-84.7%
	Swing Bed Days	183	-	63	0.0%	190.5%		304	-	1,287	0.0%	-76.4%
	Total Inpatient Days	297	-	207	0.0%	43.5%		547	-	2,879	0.0%	-81.0%
	Avg Daily Census	9.6	-	6.9	0.0%	38.8%		8.8	-	7.9	0.0%	11.9%
	Avg Length of Stay - IP	3.5	-	4.4	0.0%	-20.8%		3.5	-	3.7	0.0%	-5.4%
	Avg Length of Stay - SWB	20.3	-	12.6	0.0%	61.4%		16.9	-	11.6	0.0%	45.7%
											0.0%	
	ED Registrations	501	-	536	0.0%	-6.5%		1,059	-	6,105	0.0%	-82.7%
	Clinic Registrations	893	-	537	0.0%	66.3%		1,882	-	10,427	0.0%	-82.0%
	Ancillary Registrations	1,553	-	1,828	0.0%	-15.0%		3,260	-	20,010	0.0%	-83.7%
	Total OP Registrations	2,947	-	2,901	0.0%	1.6%		6,201	-	36,542	0.0%	-83.0%
Key Income Statement Ratios	Gross IP Rev/IP Day	7,272	-	6,952	0.0%	4.6%		7,289	7,289	7,159	0.0%	1.8%
	Gross SWB Rev/SWB Day	2,374	-	2,416	0.0%	-1.7%		2,370	-	2,632	0.0%	-10.0%
	Gross OP Rev/Total OP Registrations	1,474	-	1,512	0.0%	-2.5%		1,476	-	1,299	0.0%	13.6%
	Collection Rate	62.6%	0.0%	56.1%	0.0%	11.5%		59.5%	0.0%	54.0%	0.0%	10.2%
	Compensation Ratio	68.0%	0.0%	63.3%	0.0%	7.4%		67.3%	0.0%	72.0%	0.0%	-6.6%
	OP EBIDA Margin $	231,563	-	790,540	0.0%	-70.7%		371,132	-	1,077,856	0.0%	-65.6%
	OP EBIDA Margin %	6.4%	0.0%	20.1%	0.0%	-68.1%		5.2%	0.0%	2.6%	0.0%	97.0%
	Total Margin	5.5%	0.0%	20.3%	0.0%	-72.9%		3.9%	0.0%	1.7%	0.0%	130.7%
Key Liquidity Ratios	Days Cash on Hand	78.2	80.0	82.7	-2.3%	-5.4%						
	AR Days Outstanding	50.7	50.0	47.9	1.4%	5.8%						

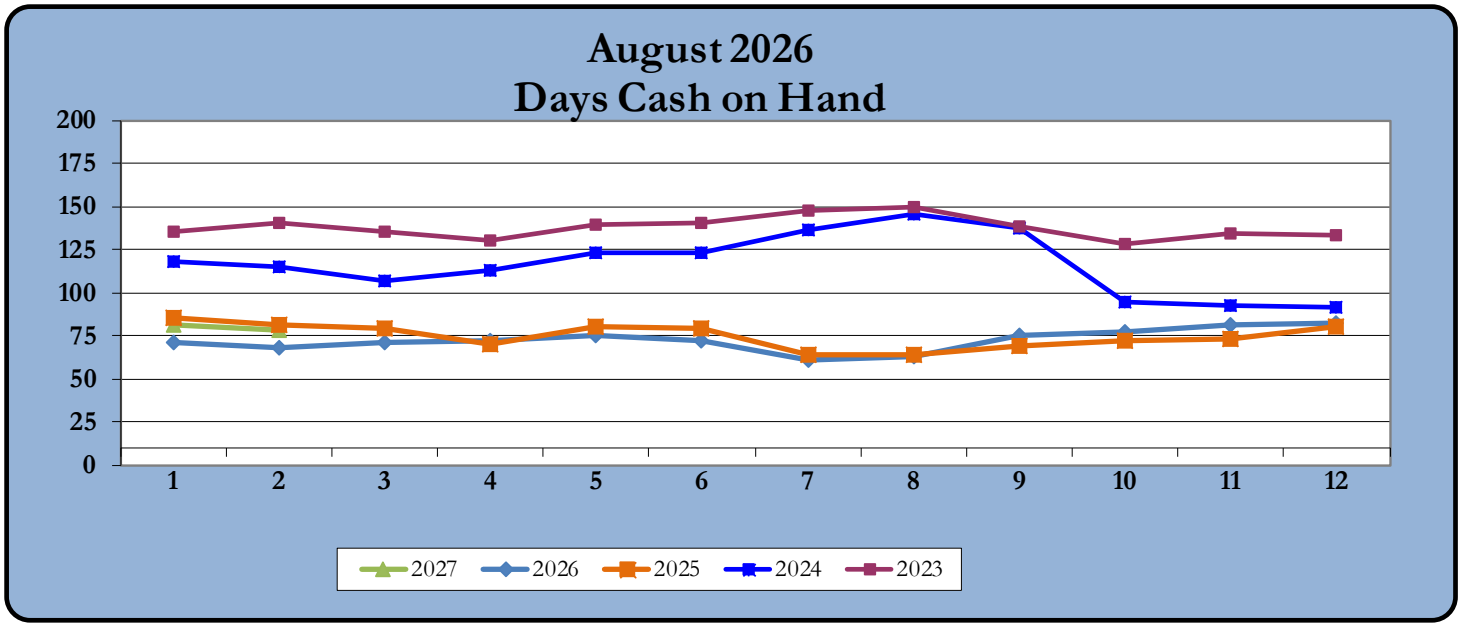
Southern Coos Hospital & Health Center

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.

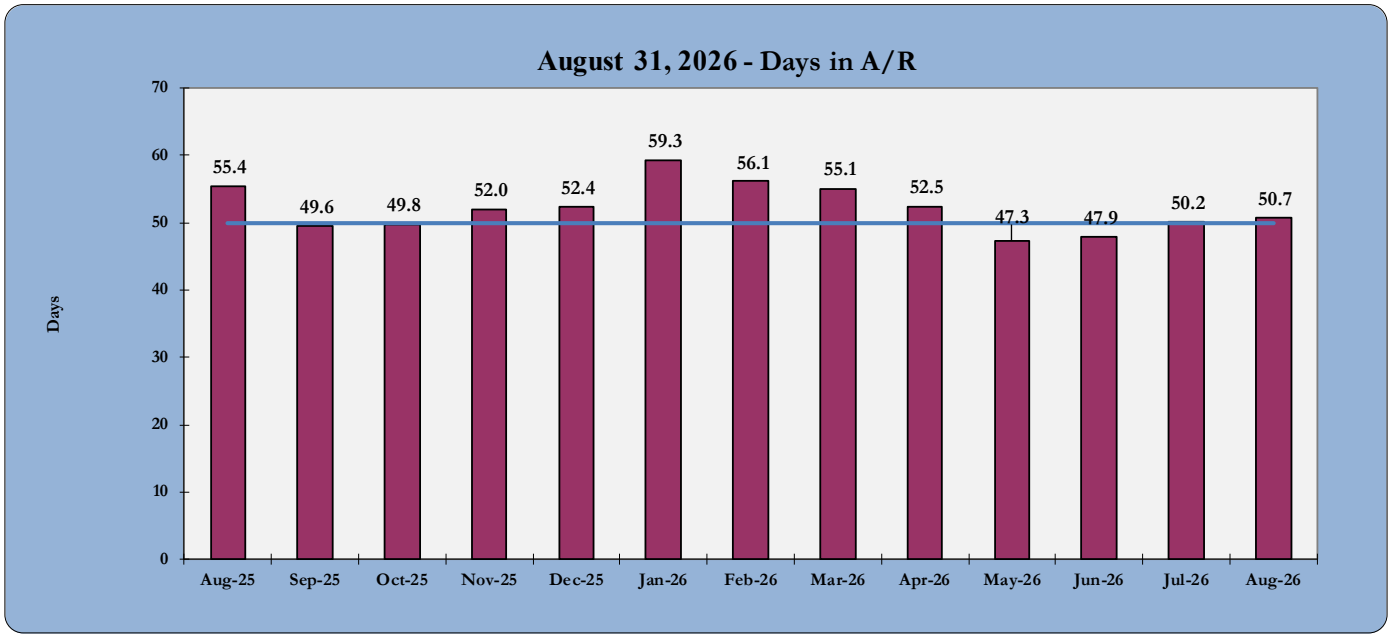
Desired Position: Upward trend, above the median

Year	Average
2027	79.6
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	78.2										
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.

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.

Benchmark *50*

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
A/R (Gross)	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	9,471,824
Days in AR	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**	**50.7**
``	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Jul-26**	**Aug-26**
A/R (Gross)	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	9,471,824
Days in Month	31	30	31	30	31	31	28	31	30	31	30	31	31
Monthly Revenue	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	5,607,776
3 Mo Avg Daily Revenue	168,028	174,258	173,975	163,969	159,105	150,703	157,711	170,366	184,749	180,389	178,634	179,519	186,775
Days in AR	**55.4**	**49.6**	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**	**50.7**

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 – September 24, 2026**

Summary

Revenue cycle performance remained relatively stable in August, with some movement in AR and DNFB and continued improvement in pre-service collections. EPIC AR Days increased slightly from 49.5 to 50.3 days, just above the 50-day goal. Insurance AR over 90 days increased from 19% to 20% and remains an area of focus.

Cash collections totaled $3.07 million compared with $3.27 million in July. DNFB increased from 13 to 14 days, while coding turnaround increased from 1.69 to 3.29 days. Although this is an increase from July, coding turnaround remains improved from the 4.29 days previously reported during the staffing-related backlog.

Pre-service collections improved from 3% to 6%, moving closer to the 9% goal. The overall denial rate remained unchanged at 13%. The team continues to focus on aged insurance balances, accounts awaiting documentation or coding, denial prevention and resolution, and consistent pre-service collection practices.

Key Highlights

- Overall performance remained relatively stable in August. AR days were 50.3, just above our goal of 50 days.
- Pre-Service collections improved from 3% to 6%, moving closer to our 9% goal.
- DNFB increased to 14 days, and coding turnaround increased from 1.69 to 3.29 days. We are monitoring both closely.
- Denial write-offs remained relatively stable. Improved adjustment categorization is helping us better identify preventable denials, and I am working with department leaders on opportunities for improvement.

Metric	Goal	Top 25%	Feb	Mar	Apr	May	June	July	August	Change
EPIC AR Days	50	49.3	54.1	53.3	52.2	47.3	48.2	49.5	50.3	↑
Aged Ins AR over 90 Days by Percentage	12%	14%	16%	15%	16%	21%	20%	19%	20%	↑
Cash Collections	-	-	3,220,626	2,984,391	3,285,873	3,941,514	3,207,760	3,272,285	3,074,968	↓
DNFB (Discharge not Final Billed) Days	10	10	10	9	14	13	8	13	14	↑
Pre-Service Collection %	9%	9%	5%	3%	4%	1%	7%	3%	6%	↑
Overall Denial Rate %	10%	12%	13%	13%	12%	12%	12%	13%	13%	–

Adjustment Activity

Net adjustment activity decreased in August, primarily due to lower contractual and charity adjustments. Denial write-offs remained relatively stable.

Adjustment Category	July	August
Administrative	($25,752.00)	($30,263.56)
Charity	($174,436.00)	($47,892.21)
Contractual	($2,469,376.00)	($1,973,009.38)
Denials - Contractual Write-Off	($49,574.00)	($50,155.73)
Denials - Non Contractual Write-Off	($3,906.00)	($1,970.04)
Late Charges	($2,393.00)	($1,821.75)
No Pay Cash	($3,964.00)	($1,809.40)
Other Operating Revenue	$11.00	$1.54
Net Adjustment Activity	**($2,729,390.00)**	**($2,106,920.53)**

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.

Adjustment Reason	July	August
Customer Satisfaction W/O	$0.00	($934.93)
Denial Adj	($19,132.00)	($267.96)
Disallowed Charges/Payer Charge Audits	($375.00)	($7,005.60)
Invalid Waiver/ABN	($814.00)	($2,321.07)
Medical Necessity	($19,132.00)	($25,933.04)
No Authorization	($7,612.00)	($5,483.62)
No Waiver/ABN Obtained	$0.00	($6,296.85)
Provider Out of Network	$0.00	($1,291.00)
Timely Filing Technology Adj	$0.00	($181.33)
Timely Filing	($1,773.00)	($440.33)
Net Adjustment Activity	**($48,838.00)**	**($50,155.73)**

Contractual denial write-offs totaled $50,156 in August, remaining essentially unchanged from July. Medical necessity was the largest contributor at $25,933, representing approximately 52% of the total.

As noted last month, $19,132 was recorded under the generic "Denial Adjustment" category in July. In August, these adjustments were more consistently assigned to specific reasons, providing better visibility into denial trends. Other significant categories included disallowed charges or payer audits at $7,006, waiver/ABN-related adjustments totaling $8,618, and authorization-related denials at $5,484.

The improved categorization supports more targeted follow-up and identification of preventable denials. I am working with department leadership to review denials originating in their respective areas, identify contributing workflow issues, and develop opportunities for improvement. Focus areas include medical necessity validation, ABN workflows, authorization processes, and payer charge audits.

Revenue Cycle Department Updates

Revenue Cycle continues to focus on standardizing workflows, staff education, aged accounts, denial prevention, and improving coordination across departments. Current priorities include strengthening referral and authorization processes, improving pre-service collections, standardizing HIM and Patient Access practices, and partnering with department leadership to address preventable denials.

I will be attending the Becker's Health IT + Digital Health + RCM Conference and was invited to speak on the panel, *"Small Hospital vs. Enterprise RCM: What Each Can Learn From the Other."* It is a privilege to represent Southern Coos Hospital & Health Center and share the perspective and strengths of rural healthcare providers.

Monthly Mitigation Report

DATE: August 27, 2026
TO: SCHD Board of Directors
FROM: Scott McEachern, CHCIO
SUBJECT: FY26 Initiatives Mitigation Report – Period Ending August 31, 2026

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**