Board of Directors
Regular Meeting & Executive Session
November 19, 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

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2. **Motion to Approve Consent Agenda** (action)

III. New Business

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VII. Open Discussion

VIII. Executive Session

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, and ORS 192.660(2)(d) to conduct deliberations with persons designated to carry on labor negotiations. No decisions will be made in Executive Session.

IX. Return to Open Session

Action from Executive Session

1. Motion to Approve Executive Session Minutes-10/22/26 (action)
2. Motion to Approve Reports from Executive Session: (action)
   a. Quality & Patient Safety, Risk & Compliance
   b. Medical Staff Report
3. Discussion

X. Adjournment

Southern Coos Health District
Board of Directors Meeting
Open Session Minutes
October 22, 2026

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

Roll Call – Quorum established; Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director/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; P.J. Keizer, MD, Medical Staff Chief of Staff. **Absent:** Colene Hickman, Revenue Cycle Director. **Via Remote Link:** Pam Hansen, Treasurer/Foundation Liaison; Alix McGinley, Executive Director SCHF. **Others in attendance:** Kim Russell, Executive Assistant; Jeremy Brown, Pharmacist. **Press:** None.

1. Agenda - Corrections or Additions

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

2. Public Input

None.

II. Consent Agenda

1. **Minutes: Regular Meeting Open Session** – 9/24/26
2. **Invoice for Legal Services** – None.

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

III. New Business

1. Quality and Patient Safety Performance Improvement Plan (QAPI)

Amanda Bemetz presented the annual QAPI for review and approval citing opportunities provided with the recent DNV survey included in this annual updated plan that has been reviewed and approved by Medical Staff and the Quality & Patient Safety Committee. Changes and additions were highlighted for review.

Kay Hardin **moved** to approve the 2026-2027 QAPI plan as presented. Bob Pickel **seconded** the motion. **All in favor. Unanimous decision. Motion passed.**

IV. Old Business

1. Strategic Plan Update

Scott McEachern, CIO, and Harry Jasper, CFO/COO provided a review of plans for the new Strategic Plan, to include the following WIGs (Wildly Important Goals), outlining three initial goals including a successful surgical services program, reversal of lost revenue, and steps toward construction of the new facility. A scoreboard of compelling key strategic measures is to be approved by the Board of Directors. A community meeting is likely to be scheduled in January. The new approach to the Strategic Plan reflects the current position of the hospital compared to 3 years ago when the previous Strategic Plan was developed. A an outline with measurable steps to be presented at November Board meeting for review prior to a community meeting.

V. Staff Reports

1. CEO Report

Raymond Hino, CEO, opened with a staffing update noting the addition of a new Human Resources Director, Ally Nichols, to begin November 16. The search continues for the Pharmacy Director position with outreach within the current candidate pool. Jeremy Brown has announced his last day will be November 6. This month we held a public meeting regarding the rezoning of the current hospital campus neighborhood currently not zoned for medical services, with proposal to rezone for mixed use. Thank you to both Tom Bedell and Mary Schamehorn for also attending. Questions from the well-attended public forum were answered at the meeting with additional questions being responded to by the attorney supporting this process, Dan O'Connor. Southern Coos is now able to invoice ½ of the approved $963,000 Rural Health Transformation funds now in queue for delivery. Grant funds are separated in the financial reporting as non-operating revenue (restricted funds). The CIN (Clinically Integrated Network) was officially approved by the OHA (Oregon Health Authority). Property purchase update: the required real estate appraisal is in process for the Crane building complex at 911 11th Street as previously approved. Southwest Physical Therapy will remain as tenants with interest in possibly becoming a department within the hospital. We await a financial proposal with next step a non-disclosure agreement.

2. CMO Report

Dr. Forrester, Chief Medical Officer, reviewed steps in place to correct the NC-1 finding identified in the DNV accreditation survey citing related to performance and documentation of annual personal protective equipment testing, also known as FIT testing. The Medical Staff Committee is considering extending the Medical Staff term length from 2 to 3 years, to be brought to the Board for approval in November.

3. Retail Pharmacy Report

Dr. Forrester reported progress made in retail pharmacy revenue noting a negative operating margin of $5,048. With Jeremy Brown's last day to be November 6, pharmacy staff will be moving to per diem with plans to hire a locums/temporary Pharmacist while seeking to hire a permanent candidate. Dr. Forrester will take on some administrative tasks during this time. We are sorry to see Jeremy Brown depart and thank him for his contributions. Exit interviews are included in the offboarding process. Board members inquired about the recent pharmacy consultant, with Dr. Forrester confirming that the consultant was beneficial for our success as we continue to work with 340B drug pricing and related contracts.

4. CNO Report

Cori Valet, CNO, provided highlights from clinical nursing operations in the month of September, noting additions to her monthly report at the request of the Board to provide monthly statistics of service visits or procedures in the various clinical areas. Respiratory procedures provide a challenge as there may be several billable "procedures" in a single patient visit. Board members asked that Ms. Valet decide how to categorize moving forward. Statistics are to include staff overtime and double-time hours. In September and August Southern Coos experienced some unusual patient care requirements that impacted staffing. Ms. Hardin suggested that Administration look into RN loan payoff programs, similar to physician loan payoff programs, to enhance recruitments efforts.

5. Quality Key Performance Indicators Dashboard

Amanda Bemetz, Director of Quality Risk and Compliance, provided a review of the KPI (Key Performance Indicators) dashboard for the month of September. Mortality Rate, readmittances and average length of stay were reviewed. Alden Forrester, MD, CMO, Cori Valet, CNO, and Ms. Bemetz are to meet to review and discuss data pulling from the Epic EMR. Patient mix was reviewed and relative drivers of mortality rate data.

6. CIO Report

Scott McEachern, CIO, reported on Information Systems operations for the month of September, opening with the Cybersecurity review. In September, Aesto Health disclosed a cybersecurity breach with 9,540,683 affected individuals, indirectly impacting 29 healthcare providers. Aesto helps providers manage and protect EHRs and other legacy medical data. Southern Coos is a customer of Aesto Health, is in contact with their security representatives, and continues to monitor closely. As reported previously, we continue to prepare for the likely passage of Senate Bill 3315, Health Care Cybersecurity and Resiliency Act of 2026, which passed out of committee in March 2026. This bipartisan bill, if approved, will make key cybersecurity standards mandatory. The new specialty clinic has passed county inspection with final Oregon Health Authority (OHA) approval received this week. Senior Life Solutions has moved in to their new space. Surgeons and Pain Clinic to follow. IV Pump demonstrations are to resume.

7. Multi-Specialty Clinic Report

David Serle, Multi-Specialty Clinic Director, reviewed highlights from Clinic operations during the month of September. Preparations are underway for Karen Olson, FNP, to join the clinic on November 2. General Surgery is to move into the new Specialty Clinic building next week. Dr. Stewart is very interested in providing staff continuing education while here. Volumes have been stable and are expected to improve in October. September operating loss was reported at $11,000 improved from prior month. Supplies expense was down with revenue up, carrying a $24,000 loss for the quarter. The RVU metric, Relative Value Units, was described as a weighting system of patient complexities for provider visits.

8. SCHD Foundation Report

Alix McGinley, SCHF Executive Director, provided the gross income from the annual Golf for Health Classic fundraising event, of $127,159.55 with Net Revenue to be announced next month. Thank you to Tom Bedell and Janis Halstead and to Bob Pickel for volunteering at the event. Improved lighting for the Hospital quarterly art shows has been approved. The Art Show curator fee is to be increased in appreciation of their continued efforts. An employee appreciation day is scheduled on November 17 for both day and night shifts in conjunction with national Day of Giving. The annual Coffee for a Cure event held by the Human Bean brought in just under $3,000 toward a mammography machine upgrade. Thank you to our friends at the Bandon Human Bean! The IV pump purchase is included in the Capital Budget with the hope to receive a grant for that purchase if possible.

VI. Financial Review

1. CFO Report

Harry Jasper, CFO/COO provided a summary from his narrative report, noting that current assets increased in September, cash and cash equivalents and receivables increased. Net property and plant equipment is decreasing. Funded depreciation was described; a financial management practice where an organization sets aside actual cash equal to its calculated annual depreciation expense, into a separate, restricted reserve or investment account. Estimated payor settlements are increasing but are down from prior month. Net assets are very positive in the first quarter at $604,000 above the end of FY26, and with a positive operating income of $238,000. Health insurance cost savings from the employee health plan changeover will start in October, balanced by annual employee pay increases also to occur. Overall expenses are 1.2% under budget year-to-date. Property tax revenue will arrive in November. Patient revenue was above budget at $6.48M or 4.4%. Accounts Receivables are up to $10.2M with backlog being cleared. Senior Life Solutions receivables are up, noting the process of sequencing billing; Critical Access Hospitals must follow strict rules governing how and when claims are batched, sequenced, and formatted to ensure correct reimbursement and avoid automatic Medicare denials. September total deductions were $2.7M, $45K below budget. Purchasing power improvements are anticipated with the new CIN (Clinically Integrated Network).

Department budget work and expense stewardship discussed. FY27 has opened strong with strong liquidity. A preliminary Medicare Cost Report is to be presented to the Board in November with the final audit and cost reports to be presented in November or December.

2. September Revenue Cycle Report

Harry Jasper, CFO/COO, presented the Revenue Cycle Report on behalf of Colene Hickman, Revenue Cycle Director, who is out of office. Cash collections are up at $3.3M with current days in Accounts Receivable ~~is~~ at 54; it was noted that a coding backlog has been resolved. Senior Life Solutions' billing optimization was reviewed. Insurance denials are stable.

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

Mr. Hino provided a summary of this report, noting that we are close to the retirement of this as a monthly report to be integrated into the department budget reporting. Key performance areas included in the dashboard were reviewed with Retail Pharmacy trending stable and improving, surgery revenue to increase as both surgeons ramp up with growth of that service to be managed while meeting profitability initiatives. Surgeons will be building relationships which in turn will develop business. Two hernia and 2 podiatric cases are currently scheduled.

VII. Open Discussion

Members discussed pharmacy hours of operation during recruitment process, while also noting that the current 7-day a week schedule supports inpatient and weekend discharged patients. Members agreed to move the December board meeting to December 22 due to a conflicting Hospital Association of Oregon meeting. Bob Pickle reported on his first quarterly Finance Committee Meeting held prior to this meeting today, stating that he is very impressed with the community member volunteers, and looks forward to working with them and providing them with more information.

VIII. Executive Session

At 7:40 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, and ORS 192.660(2)(d) to conduct deliberations with persons designated to carry on labor negotiations. No decisions will be made in Executive Session.

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

IX. Return to Open Session

At 8:26 p.m. the meeting returned to Open Session.

1. Consideration of Executive Session Minutes from 09/24/26 Regular Meeting

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

2. Consideration of Reports from Executive Session

a. Quality, Risk & Compliance Report
b. Medical Staff Report

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

X. Adjournment

The meeting adjourned at 8:27 p.m. The next regular meeting will be held on November 19 at 6:00 p.m. at Southern Coos Hospital & Health Center.

_____ _____

Thomas Bedell, Chairman 11-19-2026 Mary Schamehorn, Secretary 11-19-2026

DRAFT

Proposed Changes to SCHHC Medical Staff Bylaws and Rules and Regulations to Enable a 3-year Privileging Cycle

BYLAWS:

3.3-2 Initial appointments and reappointments shall be for a period of ~~two~~ three years. Initial appointment and reappointment periods shall end on the last day of the 36th calendar month after the date of the most recent prior appointment or reappointment. This change shall take effect for all appointments and reappointments approved after January 1, 2027. All members of the medical staff currently on 2-year appointment or reappointment terms shall remain on 2-year terms until their first reappointment cycle after January 1, 2027 and then commence 3-year terms if reappointed to the medical staff after that date.

6.4-1 REAPPOINTMENT: Reappointments to any category of the Medical Staff will be for a period of not more than ~~two~~ three years unless stated otherwise in these Bylaws. When a Provider submits the first application for reappointment, and every ~~two~~ three years thereafter, or when the member submits an application for modification of Staff status or clinical privileges, the Provider shall be subject to an in-depth review generally following the procedures set forth in Sections 6.1 through 6.3, in addition to reviewing the information found in the Provider's credentials file.

RULES AND REGULATIONS:

SECTION 1014, Paragraph C., sub-sections a. and b.

a. Each member of the medical staff shall have charts reviewed by a peer member of the medical staff during each ~~2~~3-year credentialling cycle for OPPE and during FPPE.

b. The number of charts to be reviewed for OPPE is determined by the medical staff but should not be fewer than ~~3~~ 3 charts per ~~review period~~calendar year.

Employee End of Year – Holiday Bonus

DATE: November 19, 2026
TO: Board of Directors
FROM: Raymond T. Hino, CEO
SUBJECT: Employee Holiday Bonus Request

Recommended Action

That the Southern Coos Health District (SCHD) Board of Directors approve a payment to each regular full time and part time District employee for a holiday bonus in the amount of $200 (plus a gross up, estimated to be 20%) during the month of December 2026. 178 full-time employees and 10 part-time employees will qualify for the holiday bonus payments this year. The total cost of the bonus payments is estimated to be $45,120.

Background

For at least the past 13 years, the SCHD Board of Directors has granted a holiday bonus payment for eligible employees. Prior to 2022, the bonus payment was for a net payment per employee of $100.00 each. In 2022 the District Board decided to increase the bonus payments from $100 up to $200 (plus gross up). It is the recommendation of the SCHD Executive Team that the District continue this tradition for the month of December 2026.

The bonus payments are proposed to be paid directly to employees in the same manner as their regular paychecks (either as a paper check or electronic deposit). Our proposal is that the bonus payments be made on December 11, 2026.

If approved, we will provide each bonus eligible employee with a letter signed by each member of the Board of Directors (tonight), expressing gratitude to each of our employees for working together for our success in the past year, and notifying each employee that they will receive their holiday bonus payment on December 11, 2026.

Thank you for your consideration.

SCHHC Strategic Plan 2027–2030

DRAFT

Three goals carry the 2027–2030 plan: an engaged workforce, a new hospital breaking ground on December 21, 2030, and three consecutive years of positive operating margin (FY27–FY29). Each goal below runs from inputs to activities, outputs, and outcomes, names an executive owner, and ties back to the vision. The SCHHC Executive Team has selected FranklinCovey's *The 4 Disciplines of Execution* as inspiration for setting three Wildly Important Goals.

Wildly Important Goals

The three goals in this plan are SCHHC's Wildly Important Goals (WIGs), a framework from FranklinCovey's *The 4 Disciplines of Execution*.

What a WIG is. A WIG is one of the very few goals that must be achieved, or nothing else the organization accomplishes will matter as much. Each has a clear finish line, written as "from X to Y by when," so everyone can tell whether we are winning.

Why we are using them. The daily work of running a hospital will absorb all available time and attention unless a small number of goals are protected from it. Naming three WIGs, rather than a long list of priorities, tells every department where extra effort goes first. The framework also supplies the working habits this logic model depends on:

- **Focus on the wildly important:** three goals, not thirty.
- **Act on lead measures:** the activities in each table are the things we can influence week to week, and they drive the outcomes.
- **Keep a compelling scoreboard:** each goal has a visible measure, such as the Gallup score, milestones to groundbreaking, and operating margin.
- **Create a cadence of accountability:** each activity has a named owner who reports progress on a regular schedule.

Why we use them with our mission, vision, and values. SCHHC's mission, vision, and values say who we are and do not change from year to year. The WIGs say what we will accomplish in 2027–2030 to move closer to that vision. Mission is why we exist, vision is where we are going, values are how we behave on the way, and the WIGs are what we do first. Goals set without the values can be reached in the wrong way; a vision without goals stays an aspiration.

WIG	Finish line
1. Increase employee engagement	From the baseline Gallup score to a target set after the first survey
2. Facilitate a successful Master Facilities Plan	Break ground on the new hospital by December 21, 2030

WIG	Finish line
3. Increase profitability through focused growth	Positive operating margin in FY27, FY28, and FY29

Mission, vision, and values

Mission: Quality healthcare with a personal touch.

Vision (summary): Strengthen the health and viability of the community by becoming the best place for three groups: patients receiving care, employees at work, and providers practicing medicine.

Values:

- **Compassion:** listening, empathy, and welcoming everyone like family.
- **Patient-Centered Care:** care shaped by each patient's preferences and needs.
- **Teamwork:** asking for help, supporting each other, and pulling together for patients.
- **Community:** giving time and resources to build collaboration with partners.
- **Professionalism:** respect, trust, and open, honest communication.
- **Integrity:** keeping commitments, accountability, and humility.

Each Wildly Important Goal advances one clause of the vision.

Wildly Important Strategic goal	Vision clause it advances	Values most in play
Increase employee engagement	Best place for employees to work	Teamwork, Professionalism, Integrity
Facilitate a successful Master Facilities Plan	Best place for patients to receive care	Community, Patient-Centered Care
Increase profitability through focused growth	Health and viability of the community; best place for providers to practice medicine	Patient-Centered Care, Integrity

Goal 1: Increase employee engagement

Employees who feel safe, heard, and well led stay longer and deliver better care. The Gallup survey is both an activity and the yardstick: its baseline sets the targets for everything else in this goal.

Impact by 2030: SCHHC is measurably a better place to work, with engagement scores rising each survey cycle and lower turnover.

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
1.1 Create a safe space for employees to	Cori Valet, CNO, with Amanda Bemetz,	Workplace violence and safety program,	Safety policies updated; staff trained in de-escalation;	Staff report feeling physically and psychologicall	Fewer workplace injuries and violence

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
provide care to patients	Director of Quality	security resources, incident reporting system, leadership time	incidents reported, reviewed, and closed out	y safe; more near-miss reporting	incidents; safety stops being a reason people leave
1.2 Conduct Gallup poll	Ally Nichols, HR	Gallup contract and budget, HR administration, manager time for action planning	Baseline survey completed; results shared with every department; department action plans written	Baseline and targets set; staff see action taken on results	Engagement score improves each cycle; participation stays high
1.3 Pull together toward breaking ground on the new hospital	Ray Hino, CEO	Master Facilities Plan milestones (Goal 2), communications support, staff design input sessions	Regular project updates; staff involved in design input; milestones celebrated	Staff can describe the plan and their part in it	Shared pride and ownership at the December 21, 2030 groundbreaking
1.4 Improve onboarding and employee orientation	Ally Nichols, HR	HR and education staff, department preceptors, revised orientation content	Redesigned orientation; 30/60/90-day check-ins; preceptor assignments	New hires feel prepared and connected; higher onboarding survey scores	Lower first-year turnover; shorter time to full productivity
1.5 Executive rounding outside the weekly on-call schedule	Ray Hino, CEO (all executives round)	Executive team time, rounding schedule, issue-tracking log	Rounds completed across all departments and shifts; issues logged and closed with feedback to staff	Executives are visible and approachable; barriers removed faster	Higher trust in leadership on the Gallup survey

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
1.6 Build a constructive intervention protocol for low, medium, and high performers	Ally Nichols, HR	HR expertise, manager training, performance evaluation tools	Written protocol; managers trained; performance conversations held on schedule	Consistent, fair feedback; high performers recognized; low performers get a clear improvement path	High performers retained; persistent low performance resolved; stronger manager capability
1.7 Ongoing listening sessions	Ally Nichols, HR	Executive and facilitator time, session calendar, feedback tracker	Sessions held on a set cadence; themes summarized; "you said, we did" reports	Staff feel heard; themes feed department action plans	Listening is routine practice; issues surface before they become departures

Goal 2: Facilitate a successful Master Facilities Plan

Groundbreaking on December 21, 2030 is the outcome; rows 2.1 to 2.8 are the path to it, built on the next steps in the April 2026 Master Facilities Plan by Davis Partnership Architects. Rows 2.9 to 2.12 are the campus property decisions that shape the plan and free up space and capital along the way.

What the Master Facilities Plan sets

Item	Master Facilities Plan (April 30, 2026)
Preferred option	Option 4, "On-the-Street": a new two-story replacement hospital and clinic connected to the existing hospital, which is re-used for inpatient rooms and other functions
Size	75,366 square feet (the larger program, sized for 2040 needs)
Construction duration	34 months in 4 phases: demolition of the existing clinic and a single-family home (2 months); new hospital construction (20 months); clinic demolition and first half of the patient wing renovation (6 months); second half of the patient wing and site work (6 months)
Rough-order-of-magnitude cost	$116.9 million total, including $67.8M to $82.1M construction, $2.0M land, $1.0M offsite, $5.0M medical

Item	Master Facilities Plan (April 30, 2026)
	equipment, $1.5M IT and technology, and $10.4M escalation
Escalation basis	Design start January 2027 and construction start January 2028
Why Option 4	Keeps the current address, adds parking and room to grow, and re-uses the existing hospital; requires more land and a street vacation by the City
Plan's next steps	Targeted margin improvement; capital in financial modeling; concept development of Option 4; pursue Dr. Crane's property; engage the City on street vacation; evaluate enabling projects; plan for bond financing

Impact by 2030: Ground is broken on December 21, 2030 on a new hospital that is designed, financed, and backed by the community.

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
2.1 Use the Wipfli capital analysis	Harry Jasper, CFO/COO	Wipfli capital analysis, Master Facilities Plan cost model, finance team, board finance oversight, operating results from Goal 3	Plan estimate re-escalated to a December 2030 start; capital included in cost report modeling; debt capacity and affordable project size defined; funding mix modeled	Board adopts a project budget ceiling and funding strategy	Financing commitments secured ahead of groundbreaking
2.2 Plan for bond financing	Harry Jasper, CFO/COO, with Ray Hino, CEO	Bond counsel and financial advisor, tax rate analysis, district board, voter education resources	Tax rate impact understood; bond size and election timing recommended; community education campaign planned	Board decision on whether and when to go to voters	Bond measure decided and financing in place before groundbreaking

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
2.3 Pre-design work (Davis): concept development of Option 4	Harry Jasper, CFO/COO, with Cori Valet, CNO, and Alden Forrester, MD, CMO, for clinical input	Davis, Master Facilities Plan space program, clinical and staff input, wetland and site constraints, Wipfli budget ceiling	Option 4 concept refined, including re-use of the existing hospital; updated cost estimate	Board-approved pre-design that fits the budget ceiling and scopes the architect RFQ	Pre-design carried through into the architect's design
2.4 Select architect	Ray Hino, CEO	Selection committee, Davis pre-design, RFQ/RFP process, board approval, design fee budget	RFQ issued; firms interviewed; contract executed	Architect on board with scope, schedule, and fee agreed	Schematic design through construction documents complete; permits and approvals in hand
2.5 Capital campaign (Foundation): start fundraising	Ray Hino, CEO, and Alix McGinley, ED of the Foundation	Southern Coos Health Foundation board and staff, case for support, design renderings, donor prospects	Campaign plan and goal set; quiet-phase lead gifts; public launch	Lead gifts pledged; visible community support for the project	Campaign goal met; philanthropy share of project funding committed
2.6 Engage the City on street vacation	Ray Hino, CEO	City of Bandon staff and council, civil engineering support, legal counsel	Street vacation request filed; access and utility terms negotiated	City position known early enough to confirm Option 4	Street vacation approved ahead of site work
2.7 Evaluate enabling projects	Harry Jasper, CFO/COO, Ray Hino, CEO	Option 4 phasing, clinic and department space needs, Crane building assessment (2.10)	List of projects that must finish before construction, including a home for clinic services before the existing	Enabling projects sequenced and budgeted	Enabling projects complete; site clear for Phase 1

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
			clinic is demolished		
2.8 Break ground on new hospital, December 21, 2030	Ray Hino, CEO	All of the above, plus district board, contractor, and community partners	Contractor selected; site prepared; groundbreaking held	Milestone schedule adopted and reported to the board quarterly	Ground broken on December 21, 2030
2.9 Acquire Dr. Crane's building	Harry Jasper, CFO/COO, with Ray Hino, CEO	Purchase funds, appraisal and due diligence, legal counsel, board approval	Purchase agreement executed; building closed and transferred	Building owned by the district	Building in productive use under the campus plan
2.10 Assess Crane building for clinical use (Davis)	Harry Jasper, CFO/COO	Davis, licensing and code requirements, clinical leader input	Assessment report with code gaps, renovation scope, and cost estimate	Clear answer on whether and how the building can house clinical services	Any renovation completed to the standard the assessment set
2.11 Determine best near-term and long-term use of the Crane building	Ray Hino, CEO, with David Serle, Director of Clinic	Davis assessment, clinic and specialty space needs (Goal 3), Option 4 site plan	Near-term use decided and occupied; long-term use written into the Master Facilities Plan	Added space supports clinic and specialty growth	Building's role settled once the new hospital opens
2.12 Consider selling the 2nd Street building	Harry Jasper, CFO/COO	Appraisal, relocation plan for the business office, payroll, accounts payable, and controller now housed there, board approval	Sell-or-keep analysis presented to the board; decision made	Decision executed; any proceeds assigned to capital needs	Simpler campus footprint; proceeds applied to the project or reserves

Goal 3: Increase profitability through focused growth

A positive operating margin for three consecutive years (FY27, FY28, and FY29) is the test of this goal. It is also an input to Goal 2: the Master Facilities Plan lists targeted margin improvement as its first next step, and sustained margin supports the debt capacity in the Wipfli analysis.

The plan's volume forecast gives a starting point for targets. It assumes SCHHC reaches a 10% share of service-area surgery by 2035, about 285 outpatient and 52 inpatient cases a year, and about 230 GI procedures.

Impact by 2030: Three consecutive years of positive operating margin (FY27–FY29), giving SCHHC the financial strength to build the new hospital and keep care local.

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
3.1 Increase surgery volume	Alden Forrester, MD, CMO, with Cori Valet, CNO	Surgeons and anesthesia coverage, OR time and staff, equipment, referral relationships, scheduling and marketing support	Added surgeon days or block time; referral outreach completed; cases per month tracked by service	Surgical cases grow over the FY26 baseline; OR utilization improves	Surgery is a reliable positive contributor to margin; fewer patients leave the area for procedures
3.2 Increase provider productivity in clinic	David Serle, Director of Clinic, with Alden Forrester, MD, CMO, and Scott McEachern, CIO, for Epic tools and data	Providers and support staff, Epic templates and scheduling tools, productivity data, clinic space	Schedule templates standardized; visits per provider per day reported monthly; no-show and access measures tracked	Visits per provider rise toward benchmark; shorter wait for an appointment	Clinic financial performance improves; panel growth sustained without burnout
3.3 Specialty care, with specialties chosen from the next CHNA	Alden Forrester, MD, CMO, with David Serle, Director of Clinic	Next CHNA findings, specialty providers (employed, contracted, or visiting), clinic space including the Crane building (Goal 2), telehealth,	CHNA completed; priority specialties chosen by community need and margin; specialty clinic days added	New specialty visits and downstream imaging, lab, and surgery volume	Specialty lines contribute positive margin; residents get more care close to home

Activity	Executive owner	Inputs	Outputs	Near-term outcomes (2027–28)	Long-term outcomes (2029–30)
		service line business cases			
3.4 Incorporate Southwest Physical Therapy into hospital departments	Harry Jasper, CFO/COO, with Cori Valet, CNO	Southwest Physical Therapy staff and patients, transition plan, Epic build and billing setup, space and equipment	Staff, scheduling, documentation, and billing moved into hospital departments	Therapy services operating as hospital departments with no gap in patient access	Therapy contributes positive margin and supports surgical and inpatient recovery
3.5 Determine a sustainable business model for the school nurse program	Scott McEachern, CIO, with David Serle, Director of Clinic	Program cost and utilization data, school district partnership, billing and grant options	Options analyzed; recommended model presented to executives and the board	Model adopted with funding identified	School nurse program covers its costs or runs on a known, approved subsidy
3.6 Optimize retail pharmacy	Alden Forrester, MD, CMO	Pharmacy staff, dispensing and purchasing data, 340B program, payer contracts, clinic and discharge prescribing	Prescription capture, inventory, staffing, and hours reviewed; improvement plan adopted and tracked monthly	More prescriptions from SCHHC patients filled in-house; lower cost per prescription	Retail pharmacy contributes a steady positive margin and keeps medication access local
Goal measure: positive operating margin in FY27, FY28, and FY29	Harry Jasper, CFO/COO	Finance team, monthly service line reporting, budget discipline	Monthly margin reporting to executives and the board; service line profitability reviews	Positive operating margin in FY27 and FY28	Third consecutive positive year in FY29, sustained into FY30

Assumptions and open questions

The three goals depend on each other: engaged staff deliver the growth, growth funds the building, and the building gives staff something to rally around.

Assumptions

- Critical Access Hospital status and cost-based reimbursement continue through 2030. Option 4 keeps the current address, which protects the designation.
- Providers, surgeons, and specialty coverage can be recruited and retained on the Southern Oregon coast.
- The Wipfli analysis shows a project the district can afford with a realistic mix of debt, grants, and philanthropy.
- The community and the Foundation's donors support a new hospital, including any bond measure.
- The City agrees to vacate the street and the additional land Option 4 needs can be acquired.
- Construction cost escalation and interest rates stay within the range the financing plan can absorb.

Sources

- About Us, Southern Coos Hospital & Health Center: mission, vision, and values.
- Master Facilities Plan, Southern Coos Hospital and Health Center, Davis Partnership Architects, April 30, 2026: options and phasing (pages 60–61), cost estimate (page 101), next steps (page 105), volume forecasts (pages 17–19).
- Strategic goals, activities, owners, and projects: provided by the executive team, November 2026.

Chief Executive Officer Report

To: Southern Coos Health District Board of Directors
From: Raymond T. Hino, MPA, FACHE, CEO
Re: CEO Report for SCHD Board of Directors, November 2026

Management Changes:

- As previously announced, we have hired a new HR Director. Her name is Ally Nichols. Ms. Nichols has over 30 years of HR experience, including 15 years at the HR Manager or HR Director level. She also has previous experience in hospital HR, having previously worked at a hospital in Alaska. Ms. Nichols will start her job on the same day as the November Board meeting, November 19.

- Jeremy Brown completed his work at Southern Coos Hospital on November 6, as previously reported. We have not yet hired a full-time Pharmacy Director in his place. Our Inpatient Pharmacy Director, Jeff Rundberg, is increasing his hours on a temporary basis to help us, while we continue to recruit for the Pharmacy Director position. Emily Shoemaker, a full-time staff pharmacist in our Retail Pharmacy, is also working extra hours while we recruit. I cannot thank both Jeff and Emily enough for going above and beyond the call of duty during this time. We completed 2 interviews earlier this week for a new Director of Pharmacy and have a 3rd interview scheduled for November 18. While we are short 2 pharmacists in the department, we are temporarily closing the Retail Pharmacy on Sundays.

Master Facility Planning Process

- An appraisal was completed on Dr. Crane's Medical Office Building in October, and we received the results on November 4. This is one step closer to closing the transaction to acquire the building. We have been approached by Southwest Physical Therapy, who occupies approximately 50% of the building. They would like to stay and would like to become a part of Southern Coos Hospital. They are working on a proposal for hospital consideration.

- I am very pleased to report that we received State of Oregon approval to occupy the former Business Office building on our campus, which we now refer to as the Specialty Clinic. Senior Life Solutions moved into the building on October 19. General Surgery moved into the new offices so that Dr. Monte Stewart could use his new office for patients in the month of October. The next move will be Victoria Schmelzer, who will be moving the Pain Clinic into the building later this month.

- We met with a consulting firm, called Lund Development Solutions, to assist us with grant writing and capital campaign fundraising. We will begin with an assessment phase in January 2027.

- There will be more information and discussion on the Master Facility Plan on tonight's Board agenda under the agenda item for the 2027 – 2030 Strategic Plan.

Federal/State Funding – Rural Health Transformation Program Funds

- After several months, we finally received an executed contract from the State of Oregon earlier this week. With the contract executed, we are now able to invoice the State of Oregon for $481,000, which is 50% of our total award of $963,000. We were informed this week that it will take approximately 30 days to receive payment. As previously reported, we are approved for funds for 3 programs at SCHHC. They are: (1) Emergency Department; (2) School Nurses Program; and (3) Surgery. These funds will provide much needed support to (1) create a Safe Room in our Emergency Department for Behavioral Health patients in crisis, (2) help to make our School Nurses Program into a sustainable program as a School Based Health Center, and (3) support expansion of surgical services at SCHHC, including replacement of our gastroenterology (GI) scopes.

- We also got good news in October that the application of our Clinically Integrated Network, the 11-member rural hospital network called Cascades Rural High Value Network (CRHVN), was approved for Rural Health Transformation Program funding. The award for Year 1 of RHTP is $3.0 million for the Cascades Rural High Value Network. With this good news, we are anticipating that the CRHVN will be able to begin creating the network in January 2027.

- There is a third area that we are pursuing funding under the Rural Health Transformation Program. We are also working with local healthcare organizations, including all 5 hospitals on the Southern Oregon Coast and Federally Qualified Health Centers and Group practices to create partnerships for local services. We are calling this Region 6 Coalition. Region 6 is 1 of 8 regions created by the Oregon Office of Rural Health for regional collaborations. There is going to be an initial in-person (and virtual) meeting of the members on December 3 and December 4 in Coos Bay. Initial funding for this meeting is coming from the RHTP funds in the State.

Targeted Technical Assistance Program for Rural Hospitals (TTAP)

- The Federal Government, in conjunction with Georgia Southern University has created a program called the Targeted Technical Assistance Program for Rural Hospitals (TTAP) that is specifically designed to provide technical assistance to rural hospitals to help maintain essential services locally. In prior years, 12 hospitals have been selected into the program. This year a 4th cohort of 4 more hospitals was approved. I applied for SCHHC to be a part of TTAP last year and we were not selected. I applied again this year. We were notified earlier this week that we are 1 of 4 hospitals approved for cohort 4. As a member of the cohort, we will receive intensive one-on-one technical assistance from consultants to address prioritized financial and operational needs. This is exciting news for us. We will receive free intensive consultation as a part of this program, which starts in December.

Chief Medical Officer Report

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

Medical Staff Term Length

Finally, the much-anticipated term length change for Medical Staff appointments is here for Board consideration and hopefully approval.

Executive Summary of Proposed Bylaws and Rules and Regulations Changes:

- Length of new and re-appointments for members of the medical staff increase from 2 to 3 years starting with appointments approved in January 2027.
- New, more stringent chart review requirements were added to support ongoing quality monitoring during the longer appointment period.

The benefits of these changes include reducing application administrative burden for our medical staff and our Medical Staff Services office while simultaneously shifting emphasis from periodic reviews at recredentialling time to ongoing continuing quality review. This change also helps synchronize our credentialling with outside institutions such as OHSU.

Retail Pharmacy Report

To: Southern Coos Health District Board of Directors
From: Alden Forrester, MD, MBA
Re: Retail Pharmacy Report to the SCHD Board of Directors, November 2026

Financial Statements

3,775 prescriptions were filled by our retail pharmacy in the month of October, up from 3,454 in the month of September.

The net change in position for retail pharmacy in October was ($16,699) compared to ($5,048) in September. Most of this month's negative change in position was driven by one-time expenses including PTO cash out for one of our departing pharmacists. Without those one-time expenses our net change in position would have been close to break even.

The September financial report can be found in Appendix A. As always, my thanks to Jenny Pearcy for providing that report.

Hours of Operation

At the last Board meeting I indicated that we wanted to avoid any disruption to our hours of operation. Unfortunately, we have not yet filled our two vacant pharmacist positions (see more detail below). This has put significant strain on our two remaining pharmacists and after due consideration, I have decided to temporarily close our retail pharmacy on Sundays until we can improve our staffing situation.

Director of Pharmacy Search

Jeremy Brown's last day as Director of Pharmacy was November 6, 2026. He is available remotely in a limited consultant role to help with the transition until a new director is hired.

Our efforts to hire a new Director have not yet been successful and we are how working with two placement firms to broaden our search. These firms have identified several potential candidates and interviews are in process.

Retail Pharmacist Position

We are also working with national search firms to fill our open retail pharmacist position. Interviews are ongoing. I had hoped to use a locum pharmacist to ease the workload on our remaining pharmacy staff, but unfortunately the locum pharmacist backed out at the last minute.

340B Changes

So far, it appears that the switch to a rebate model for some 340B drugs will go into effect on January 1, 2027, although last year that change was pushed back to this coming year at the last minute, so we'll see. Rebate, as the name implies, means that rather than getting discounted pricing up front, we will need to pay full price for some 340B drugs and then apply to the manufacturer for a rebate. Recently, I was at a national conference where this was discussed and the consensus was that there is no way to predict the financial implications of this change on 340B covered entities, but it almost certainly won't be positive.

Appendix A

Southern Coos Health District
PHARMACY-RETAIL (OP)

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

	Month To Date 10/31/2026				07/01/2026 Through 10/31/2026			
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Operating Budget	Actual minus budget	Budget variance
Total Patient Revenue								
Retail Pharmacy Revenue	1,014,328	629,844	384,485	61.0 %	3,829,777	2,499,057	1,330,721	53.24 %
Total Patient Revenue	**1,014,328**	**629,844**	**384,485**	**61.0 %**	**3,829,777**	**2,499,057**	**1,330,721**	**53.24 %**
Total Deductions	**739,942**	-	**739,942**	**100.0 %**	**2,788,285**	-	**2,788,285**	**100.00 %**
Net Patient Revenue	**274,386**	**629,844**	**(355,457)**	**(56.4) %**	**1,041,492**	**2,499,057**	**(1,457,564)**	**(58.32) %**
Other Operating Revenue	**24,677**	-	**24,677**	**100.0 %**	**91,418**	-	**91,418**	**100.00 %**
Total Operating Revenue	**299,063**	**629,844**	**(330,781)**	**(52.5) %**	**1,132,910**	**2,499,057**	**(1,366,147)**	**(54.66) %**
Total Operating Expenses								
Total Labor Expenses	57,756	-	57,756	100.0 %	189,772	-	189,772	100.00 %
Purchased Services	1,179	-	1,179	100.0 %	7,091	-	7,091	100.00 %
Drugs & Pharmaceuticals	246,294	-	246,294	100.0 %	935,213	-	935,213	100.00 %
Medical Supplies	2,476	-	2,476	100.0 %	5,933	-	5,933	100.00 %
Other Supplies								
4301 - OFFICE SUPPLIES	2,098	-	2,098	100.0 %	2,640	-	2,640	100.00 %
4398 - MINOR EQUIPMENT	152	-	152	100.0 %	152	-	152	100.00 %
Other Supplies	2,250	-	2,250	100.0 %	2,792	-	2,792	100.00 %
Other Expenses								
4302 - POSTAGE & FREIGHT	888	-	888	100.0 %	1,132	-	1,132	100.00 %
4502 - MARKETING - NON ALLOWABLE	582	-	582	100.0 %	2,073	-	2,073	100.00 %
4504 - PRINTING & COPYING	-	-	-	-	268	-	268	100.00 %
4702 - LICENSING & GOVERNMENT FEES	50	-	50	100.0 %	50	-	50	100.00 %
4703 - DUES & SUBSCRIPTIONS	1,508	-	1,508	100.0 %	4,066	-	4,066	100.00 %
4798 - BANK & COLLECTION FEES	1,043	-	1,043	100.0 %	4,125	-	4,125	100.00 %
Other Expenses	4,071	-	4,071	100.0 %	11,714	-	11,714	100.00 %
Depreciation & Amortization	1,736	-	1,736	100.0 %	6,943	-	6,943	100.00 %
Total Operating Expenses	**315,762**	-	**315,762**	**100.0 %**	**1,159,458**	-	**1,159,458**	**100.00 %**
Operating Income / (Loss)	**(16,699)**	**629,844**	**(646,543)**	**(102.7) %**	**(26,548)**	**2,499,057**	**(2,525,605)**	**(101.06) %**
Change In Net Position	**(16,699)**	**629,844**	**(646,543)**	**(102.7) %**	**(26,548)**	**2,499,057**	**(2,525,605)**	**(101.06) %**

Chief Nursing Officer Report

To: Southern Coos Health District Board of Directors and Southern Coos Management
From: Cori Valet, RN, BSN, Chief Nursing Officer
Re: CNO Report for SCHD Board of Directors Meeting – November 19, 2026

2026 DAISY Award Recipient

On November 12, 2026, a DAISY Award Ceremony was held to recognize and celebrate 10 nurses who were nominated for this prestigious award in recognition of their outstanding nursing care, compassion, and commitment to patients and families. During the ceremony, all 10 nominees were formally recognized for their contributions and dedication to nursing excellence. Nominees included:

- LeeAnn Frasier – Medical Surgical RN
- Denise Wagner – Medical Surgical LPN
- Daniel Gaudette – Medical Surgical Contract RN
- Diana Guy- Medical Surgical Contract RN
- Lindsey May- Medical Surgical RN
- Sara Coleman – Resource RN
- Austin Williams – Emergency Dept. RN
- Kristina Campina – Emergency Dept. RN
- Eric Lowe – Emergency Dept. RN
- Jessica Legutki – Outpatient Nursing Services Supervisor

The DAISY Award recipient was announced as **Austin Williams, RN, of the Emergency Department**. As the DAISY Award honoree, Austin has received a DAISY Award certificate, a distinctive DAISY Award pin, and a hand-carved Healer's Touch sculpture, which is an internationally recognized symbol of the DAISY Award program, and his name has been commemorated on the DAISY Award plaque which is displayed in the main hospital building. Austin will receive a personal spotlight on the Southern Coos Hospital & Health Center website, Facebook page, and the DAISY Foundation's website. In addition, wall postings will be displayed throughout the Southern Coos Hospital & Health Center campus until the 2027 honoree is announced.

By recognizing and celebrating exceptional nursing care through programs such as the DAISY Award, we reinforce a culture of appreciation, encourage nursing excellence, improve nurse engagement and morale, and reinforce the importance of patient and family-centered care.

Tsunami Tabletop Exercise

On October 6, 2026, multiple SCHHC leaders participated in a collaborative Table top Tsunami exercise hosted by Coquille Valley Hospital, to practice how the multiple agencies in our region, would respond, and support one another during a Tsunami event. Participants included SCHHC, Coos Health and Wellness, ODOT, Fire and police departments from MP, CQ, Greenacres area, ADAPT, and more. By participating in this event, we have gained additional insight on resource prioritization, opportunities for improvement and collaboration, and how we can better prepare for emergency response in our own organization.

Pediatric Emergency & Trauma Conference

Southern Coos Hospital & Health Center hosted a Pediatric Emergency & Trauma Conference on November 6, 2026 at the Bandon Community Center. The conference was presented by Randall Children's Hospital, where in they provided practical strategies for recognizing, assessing and managing pediatric emergencies. This conference was open to multiple organizations in our region including Bay Area Hospital, Coquille Hospital, Bay Cities Ambulance, Reach transportation, Cal-OR transportation and multiple other organizations, to have hands on learning scenarios with trauma and respiratory experts. Subjects included pediatric readiness, disaster preparedness, airway management, and shock and trauma assessments. The goal of the event was to offer a collaborative learning environment where multiple agencies could learn together to strengthen clinical decision-making, teamwork, and delivery of high-quality pediatric care between and with each organization.

Clinical Department Staffing

- **Medical-Surgical department** – FTE variance – Under budget by 1.21 FTE
  - Two Tele-Tech positions remain vacant until Trauma certification imminent
  - One full-time RN, 2 per diem RNs, 1 per diem CNA orienting to the unit
  - Vacancies include one full-time RN and two full-time CNAs
- **Emergency department** – FTE variance – Under budget by 0.26 FTE
  - Resource nurse vacancy and use in alternate departments (Surgical services and pharmacy)
  - Trauma RN shifts not covered
  - Manager assisting to fill vacant shifts
  - Three new RNs orienting to the unit
  - Recruitment efforts in place for one full-time RN/Trauma Program Coordinator
  - One contract RN utilized
- **Laboratory department** – FTE variance - Over budgeted expectations by 0.05 FTE
  - One MLA orienting to the department
  - Recruitment efforts in place for Lead MLS
- **Surgical department** – FTEs variance – Under budget by 3.39 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 and sterile processing technician
- **Medical Imaging** – FTE variance – Under budget by 1.66 FTE
  - One MI Support Coordinator resigned, recruitment efforts to replace initiated
  - Recruitment efforts on-going for one full time CT/XR technologist.
  - One contact CT/XR technologist utilized
- **Respiratory therapy** – FTE variance – Under budget by 1.74
  - Department manager covering shifts for staff vacation days
  - One respiratory therapist position vacant

	October 2026 FTE				
	SCH Actual	Contract Actual	Actual Total	Budget	Diff
Med Surg	**28.3**	**2.44**	**30.74**	**31.95**	**-1.21**
Manager	1	0	1	1	0
CH RN	4.15	0	4.15	3.85	0.3
RN	14.14	2.44	16.58	12	4.58
LPN	1.15	0	1.15	2.45	-1.3
CNA	6.03	0	6.03	8.65	-2.62
TeleTech	1.83	0	1.83	4	-2.17
Emergency Dept	**14.32**	**0.6**	**14.92**	**15.18**	**-0.26**
Manager	1	0	1	1	0
RN	10	0.6	10.6	8.78	1.82
LPN	2.26	0	2.26	3.6	-1.34
CNA/US	1.06	0	1.06	1.8	-0.74
Laboratory	**12.46**	**0**	**12.46**	**12.41**	**0.05**
Manager	1	0	1	1	0
MLS	2.97	0	2.97	2.37	0.6
MLT	3.05	0	3.05	3.12	-0.07
Lab Assist I	3.3	0	3.3	3.38	-0.08
Lab Assist II	1.51	0	1.51	1.47	0.04
Lab Assist III	0.63	0	0.63	1.07	-0.44
Surgical Dept	**3.51**	**0.9**	**4.41**	**7.8**	**-3.39**
Manager	1	0	1	1	0
Surgical RN	1.3	0	1.3	3	-1.7
Sterile processor	0	0.9	0.9	1	-0.1
Surgical Tech	1.21	0	1.21	2	-0.79
Housekeeper	0	0	0	0.8	-0.8
Medical Imaging	**11.81**	**0.92**	**12.73**	**14.39**	**-1.66**
Manager	1	0	1	1	0
Rad Tech	7.59	0.92	8.51	8.73	-0.22
Ultrasound	1.68	0	1.68	2.66	-0.98
MI Coordinator	0.58	0	0.58	1	-0.42
MI Admin Assist	0.96	0	0.96	1	-0.04
Respiratory Therapy	**4.74**	**0.83**	**5.57**	**7.31**	**-1.74**
Manager	1	0	1	**1**	**0**
RT	3.74	0.83	4.57	6.31	-1.74
Swing Bed	**1.68**	0	**1.68**	**1.65**	**0.03**
Case manager	1.68	0	1.68	1.65	0.03
Totals	**76.82**	**5.69**	**82.51**	**90.69**	**-8.18**
% of FTE	93%	7%			

	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Noc 2026	Dec 2026
Medical Imaging												
Xray	424	427	453	408	436	464	475	398	384	433		
MRI	66	42	69	60	38	65	57	68	57	74		
Mammography	85	68	83	83	77	92	48	83	73	147		
CT	179	212	237	206	256	231	253	235	207	222		
Ultrasound	123	95	155	132	120	169	70	109	158	145		
Total MI Procedures	877	844	997	889	927	1021	903	893	879	1021		
Overtime hours	54	15	67	18	11	20	10	18	20	62		
Doubletime hours	9	3	0	2	0	0	3	3	20	9		
Surgical Services												
Colonoscopy	5	9	9	9	6	6	6	11	2	3		
EGD	1	2	1	4	4	4	2	2	2	1		
Podiatry	0	0	0	0	0	0	1	2	0	0		
Pain Nerve Blocks	9	14	11	0	19	15	10	11	20	16		
Pain Cryoneurolysis	0	0	0	0	0	1	0	0	1	0		
Pain RFA	0	0	0	0	0	0	0	0	0	0		
General Surgery	1	0	0	0	0	1	1	0	0	0		
Inpatient Procedures	0	0	0	0	0	0	0	0	0	0		
Total SS Procedurs	16	25	21	13	29	27	20	26	25	20		
Overtime hours	0	0	0	0	0	0	0	0	0	0		
Doubletime hours	0	0	0	0	0	0	0	0	0	0		
Respiratory Therapy												
ED procedures	204	186	143	226	139	189	208	156	151	234		
Inpatient Procedures	500	469	759	556	377	424	425	210	413	544		
Outpatient procedures	56	227	132	152	104	100	97	81	93	65		
Total RT Procedures	760	882	1034	934	620	713	730	447	657	843		
Overtime hours	0	1	2	0	0	4	4	75	6	17		
Doubletime hours	105	35	20	0	24	18	37	30	6	0		
Laboratory												
Emergency Dept	1219	1432	1678	1672	1580	1526	1655	1340	1307	1492		
Inpatient Services	684	605	772	512	410	356	402	446	548	427		
Primary Care	230	229	251	261	188	217	188	183	195	238		
Employee Health	0	4	2	5	3	1	6	5	13	15		
Outpatient Nursing	107	108	118	123	115	140	117	135	110	107		
HR Employee prehire	9	10	6	4	5	6	10	9	4	8		
External Outpatient testing	2074	2016	2490	2639	2231	2280	2174	1999	1991	2295		
Total Lab Procedures	4323	4404	5317	5216	4532	4526	4552	4117	4168	4582		
Overtime hours	12	44	40	0	136	88	34	39	41	84		
Doubletime hours	1	0	0	0	0	0	0	0	22	0		
Med-Surg												
Patient Days (MS & SW)	252	216	299	256	186	204	257	297	270	262		
Total Admitted Patients	41	56	46	50	58	50	50	50	30	41		
# of OBS Patients	5	8	5	9	8	7	5	4	5	4		
# of Admitted Inpts	28	40	29	36	46	37	33	34	20	32		
# of Admitted SW Patients	8	8	12	5	6	6	12	12	5	5		
Average IP stay/month	3.7	2.9	4.5	3.4	3.2	4.5	3.6	3.1	4.2	3		
# of 30 day readmissions	2	0	0	1	5	1	2	1		0		
Overtime hours	64	18	38	70	58	53	72	164	151	88		
Doubletime hours	189	129	311	164	57	108	120	149	396	122		
Emergency Dept												
Monthly census	471	466	506	514	516	536	558	501	480	508		
Admits to MS	29	49	33	43		44	38	37	24	34		
Transfers	32	29	39	41	30	27	45	25	25	22		
Overtime hours	77	69	50	100	44	43	131	73	74	97		
Doubletime hours	130	142	171	133	20	0	28	65	74	77		

Emergency Department Transfer Statistics –

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

Key Performance Indicators: Monthly

October 2026 Data

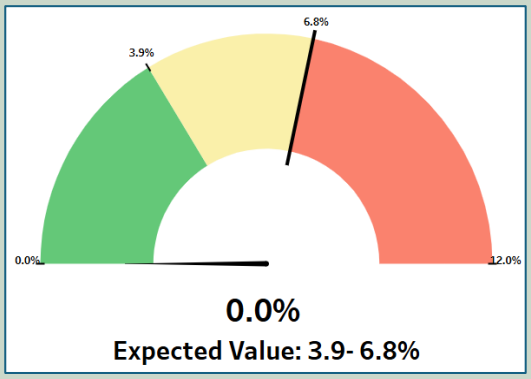
HOSPITAL

Better than Target

In Acceptable Range

Missed Target

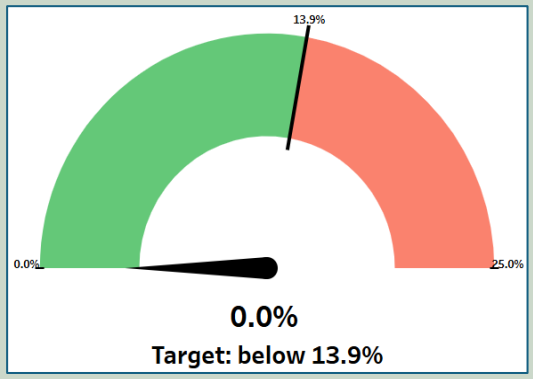
MORTALITY RATE



0.0%

Expected Value: 3.9- 6.8%

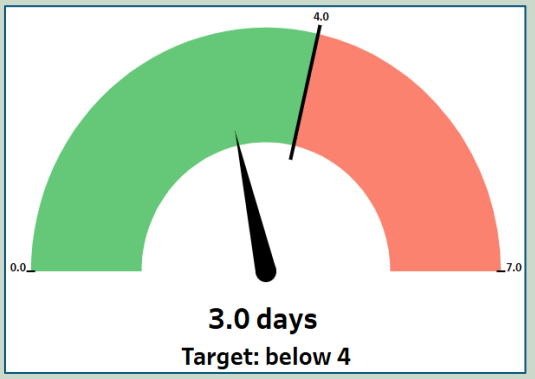
READMISSION RATE



0.0%

Target: below 13.9%

AVERAGE LENGTH OF STAY

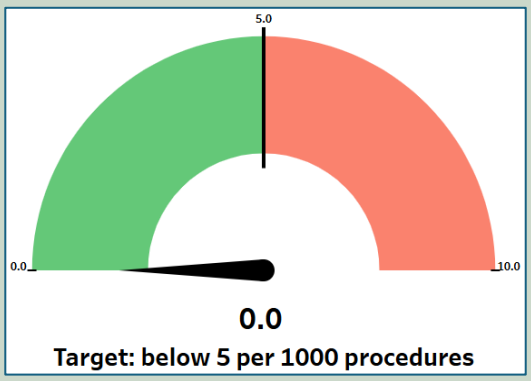


3.0 days

Target: below 4

HOSPITAL

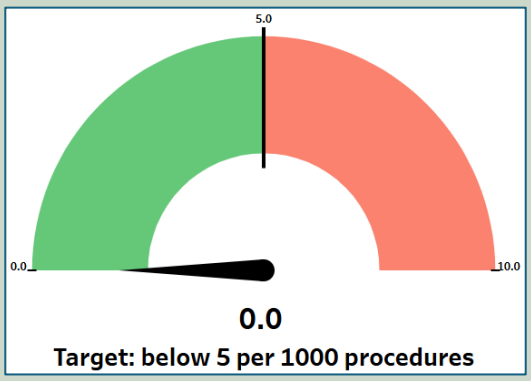
MEDICATION ERROR RATE



0.0

Target: below 5 per 1000 procedures

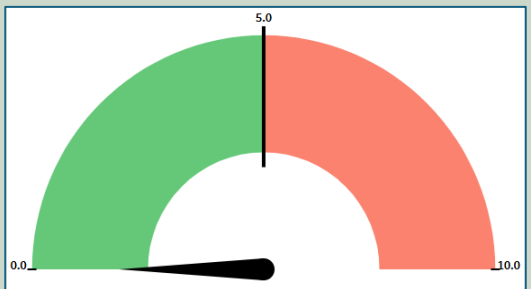
HOSPITAL ACQUIRED INFECTION RATE



0.0

Target: below 5 per 1000 procedures

SURGICAL COMPLICATION RATE

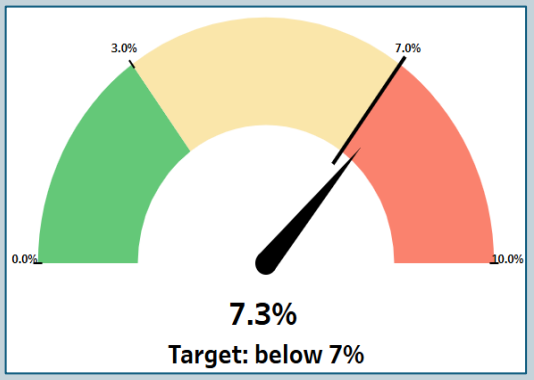


0.0

Target: below 5 per 1000 procedures

EMERGENCY DEPARTMENT

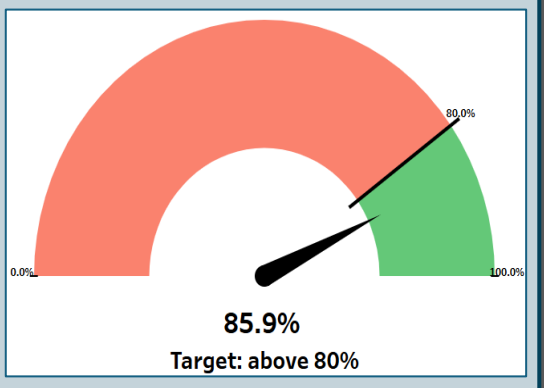
72hr RETURN TO ED



7.3%

Target: below 7%

% PATIENTS SEEN W/IN 30 MIN.

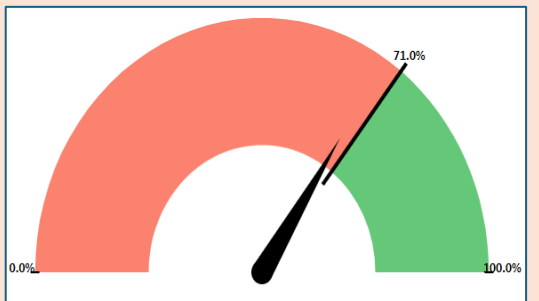


85.9%

Target: above 80%

PATIENT EXPERIENCE

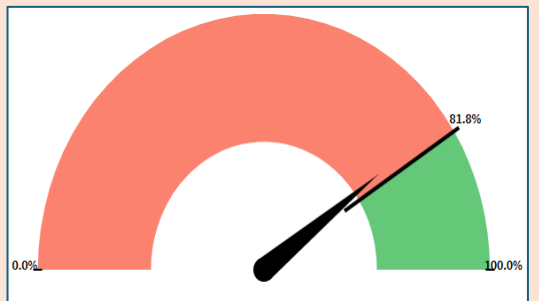
INPATIENT- *3mo. Running Avg (May-July)*



68.4%

Target: % who would highly recommend hospital: 71%

OUTPATIENT- *Prior Month (July)*



79.8%

Target: % who would highly recommend hospital: 82%

CLINIC

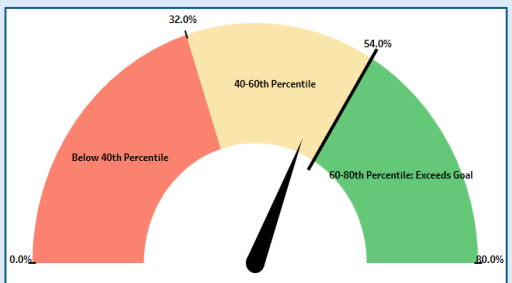
ACO TARGET: 60th Percentile

40- 60th Percentile

Below 40th Percentile

Exceeds 80th Percentile

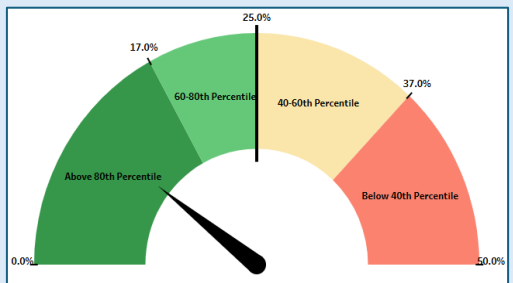
ACO- DEPRESSION SCREENING



49.9%

60th Percentile Goal: 54%

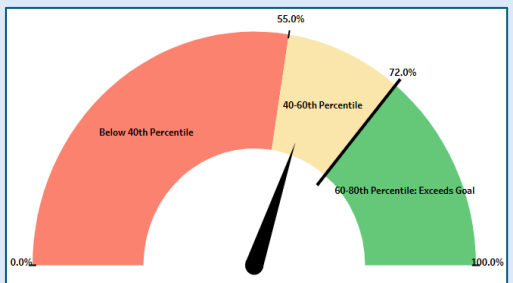
ACO- DIABETES POOR CONTROL



10.4%

60th Percentile Goal: below 25%

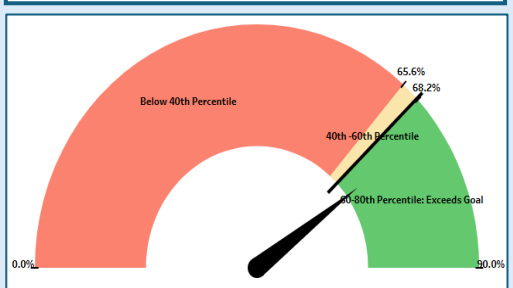
ACO- BLOOD PRESSURE CONTROL



60.8%

60th Percentile Goal: 72%

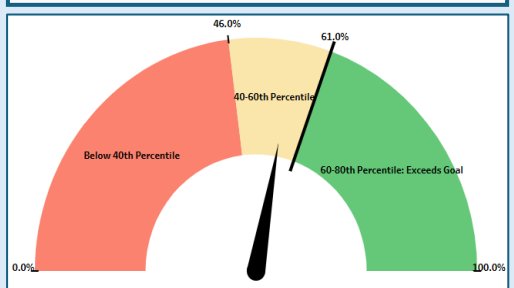
ACO- BREAST CANCER SCREENING



72.0%

60th Percentile Goal: 68%

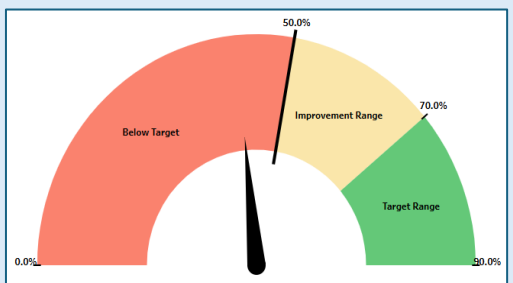
ACO- COLON CANCER SCREENING



55.8%

60th Percentile Goal: 61%

PCPCH: PATIENT ACCESS



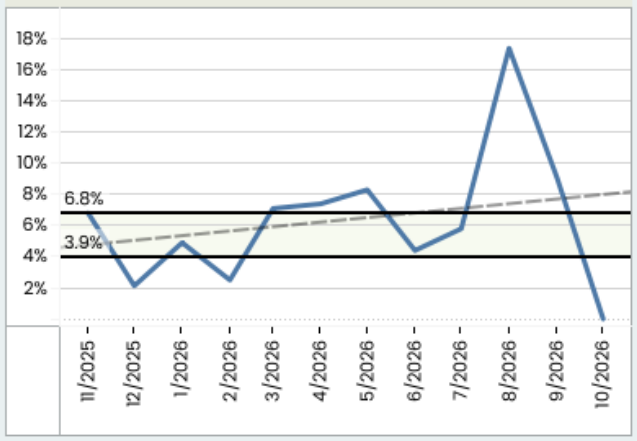
42.2%

Goal: Clinical advice calls returned w/in 2hrs. : 50%

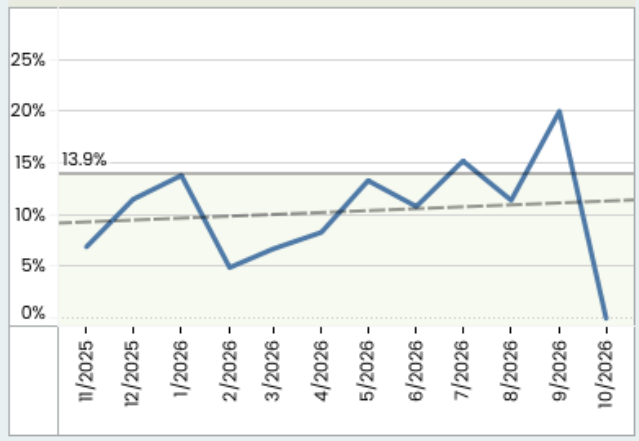
Key Performance Indicators: 12 Month Trending

November 2025- October 2026

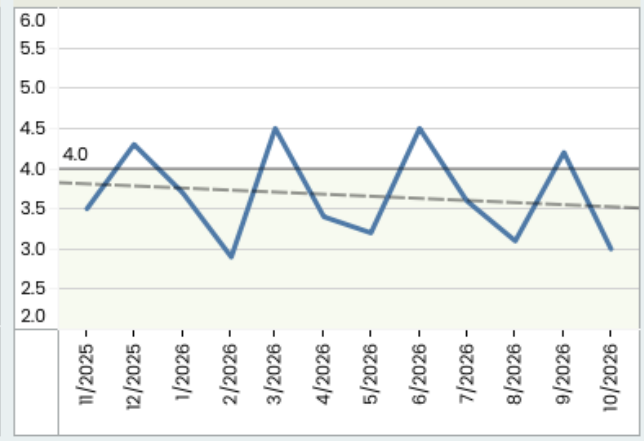
Mortality Rate: Mortalities/Patient Discharges



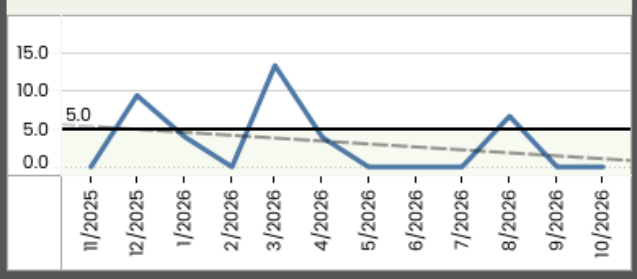
Readmission Rate



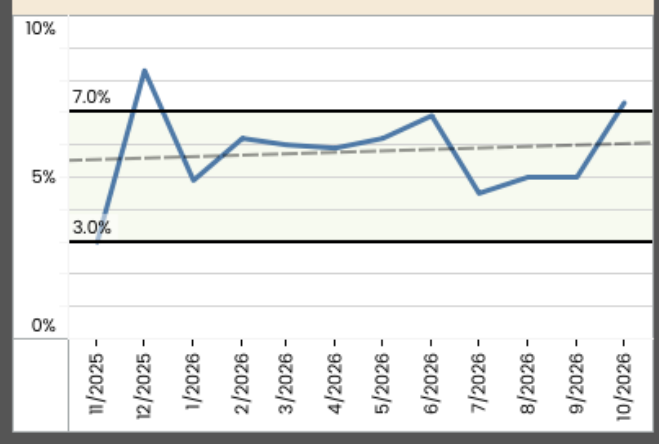
Avg. Length of Stay



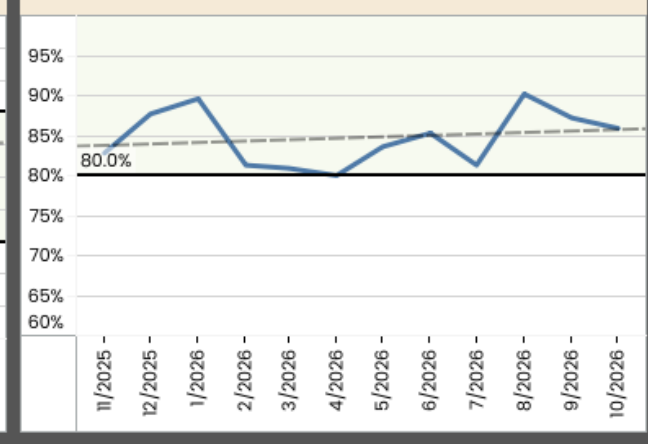
Medication Error Rate/1000 Patient Days



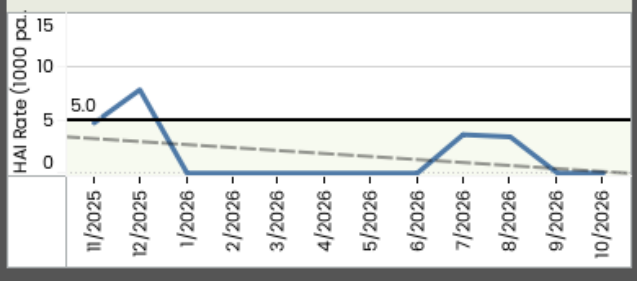
72hr Return To ED



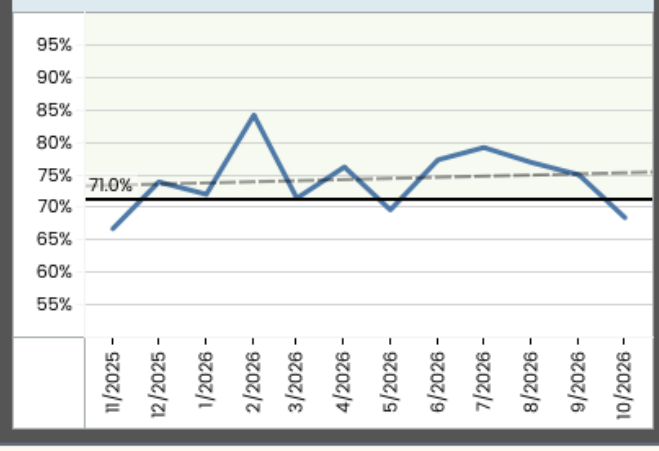
% Patients Seen w/in 30min (ED Door to Physician)



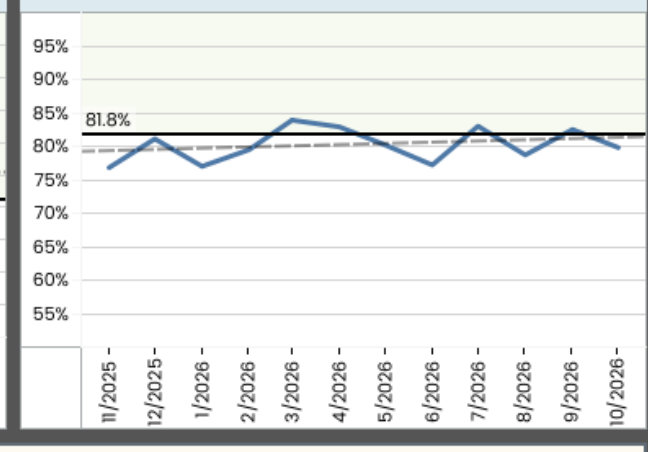
HAI Rate/1000 Patient Days



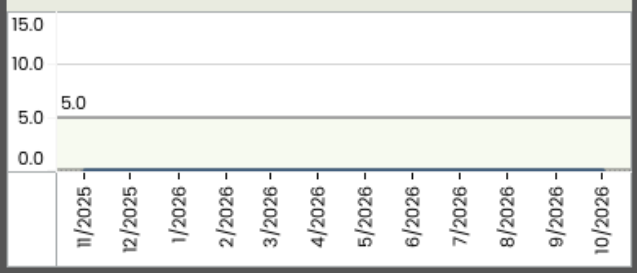
Patient Experience- Inpatient: Likeliness to Recommend



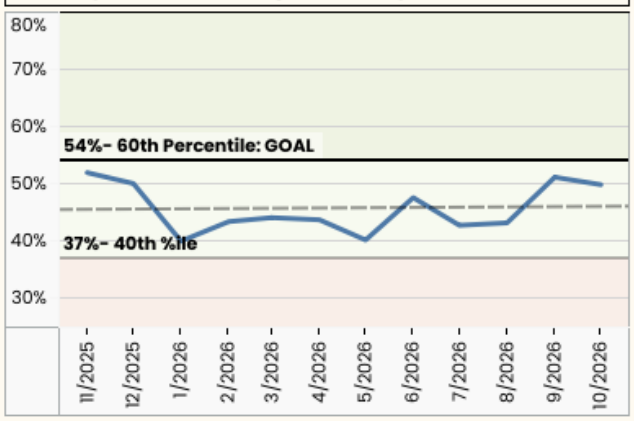
Patient Experience- Outpatient: Likeliness to Recommend



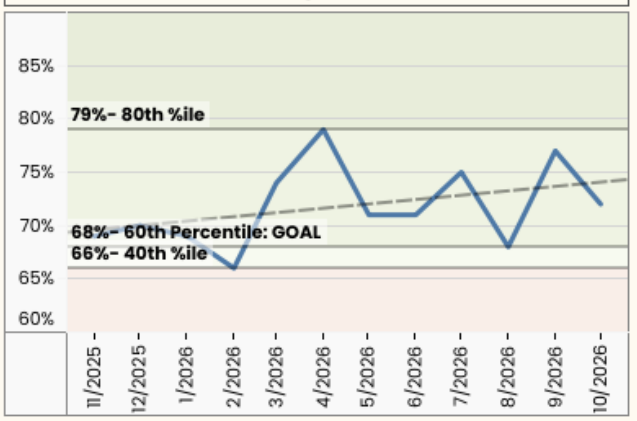
Surgery Complication Rate/Number of Procedures



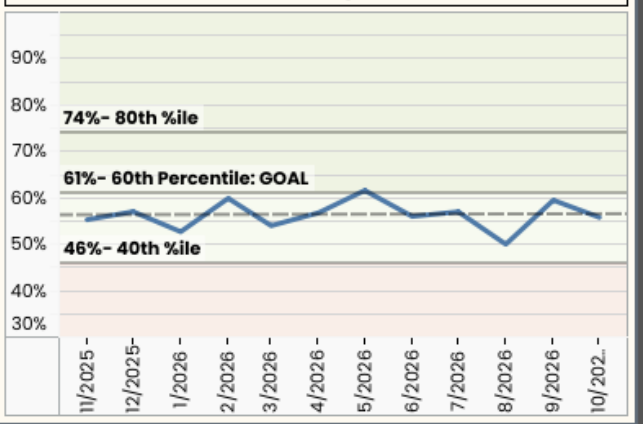
ACO- Depression Screening & Follow-up



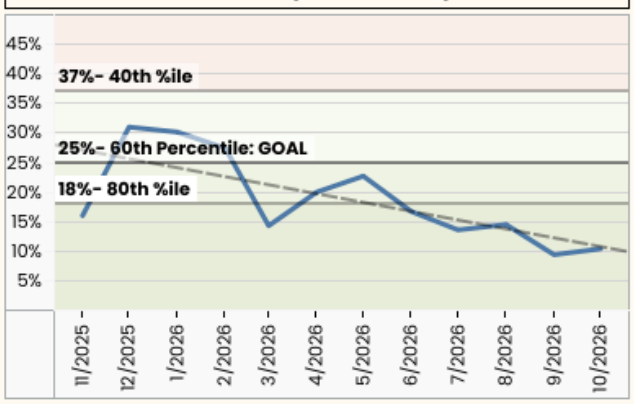
ACO- Breast Cancer Screening



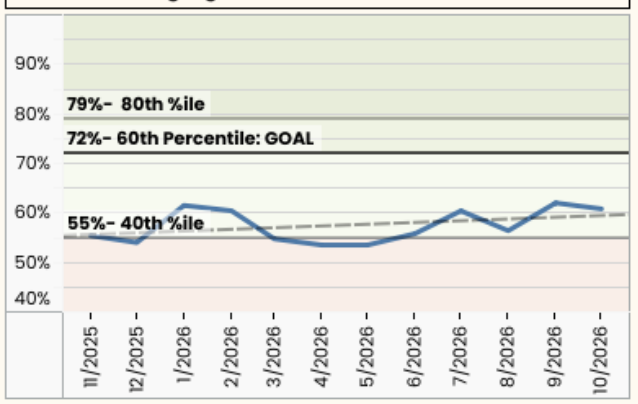
ACO- Colorectal Cancer Screening



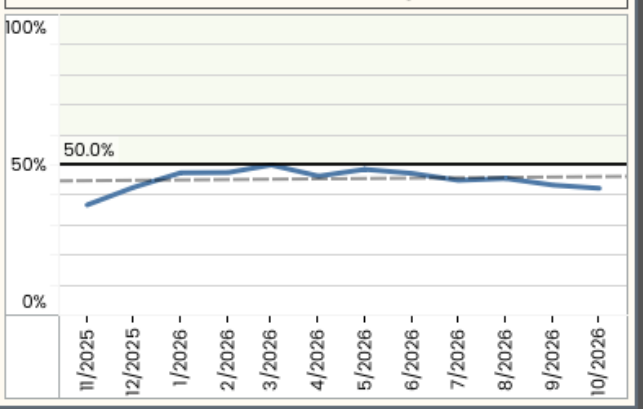
ACO- Diabetes Poor Control (Lower is Better)



ACO- Controlling High Blood Pressure



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



Chief Information Officer Report

DATE: November 19, 2026
TO: SCHD Board of Directors
FROM: Scott McEachern, CHCIO
SUBJECT: November CIO Report

Cybersecurity

October set a new high for ransomware pressure on healthcare. One industry tracker recorded 85 attacks on providers, surpassing August's record of 73, and criminal leak sites named more healthcare organizations than any other industry for a fifth consecutive month. The most visible event came October 26 at the University of New Mexico Health System, where ambulances were diverted and a day of appointments cancelled before critical systems returned the following day. In Cleveland, University Hospitals faces a proposed class action after an incident disrupted its patient portal.

Third-party exposure remained the dominant pattern. Quest Diagnostics disclosed unauthorized access to a system providers use to order tests and retrieve results. iRhythm Technologies reported a breach affecting 8.18 million individuals, the third-largest filed with HHS this year, and Denver Health Medical Plan notified 238,083 members after a vendor left a database key publicly exposed.

Relevance to SCHHC: As a Critical Access Hospital that depends on outside vendors for core systems, SCHHC shares the sector's exposure to third-party incidents. October's events reinforce the value of vendor oversight, rehearsed downtime procedures, and readiness for the coming federal reporting timelines.

Regulatory Updates

On the regulatory front, the Health Care Cybersecurity and Resiliency Act cleared the Senate by unanimous consent and now awaits House action. The federal incident reporting rule (CIRCIA) entered final OMB review on October 1; once effective, it will require reporting of covered incidents within 72 hours and ransom payments within 24. The HIPAA Security Rule update remains a proposal, with final action targeted for July 2027. Enforcement continued regardless, including an $800,000 settlement with Lehigh Valley Health Network over a ransomware attack.

Projects

	PROJECT DETAIL							
Project	**Dept**	**Origin**	**Funding Source**	**Total Budget**	**Spend to Date**	**Remaining**	**Start Date**	**Expected Go-Live**
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	-	-	8/14/2026	12/31/2026

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 – November 19, 2026

Clinic Operations – October 2026

Provider Recruiting/Onboarding: As of 11/12/26

Primary Care

- Karen Olsen, NP – Finished her two weeks of orientation on November 12th. She was scheduled to start on November 16th and due to personal reasons will not be able to start until Monday, November 23.

Growth

General Surgery

Dr. Hiesterman will be here for his rotational week starting Monday, November 16th – 20th.

Schedule:

Consults – 11
Surgeries - 5

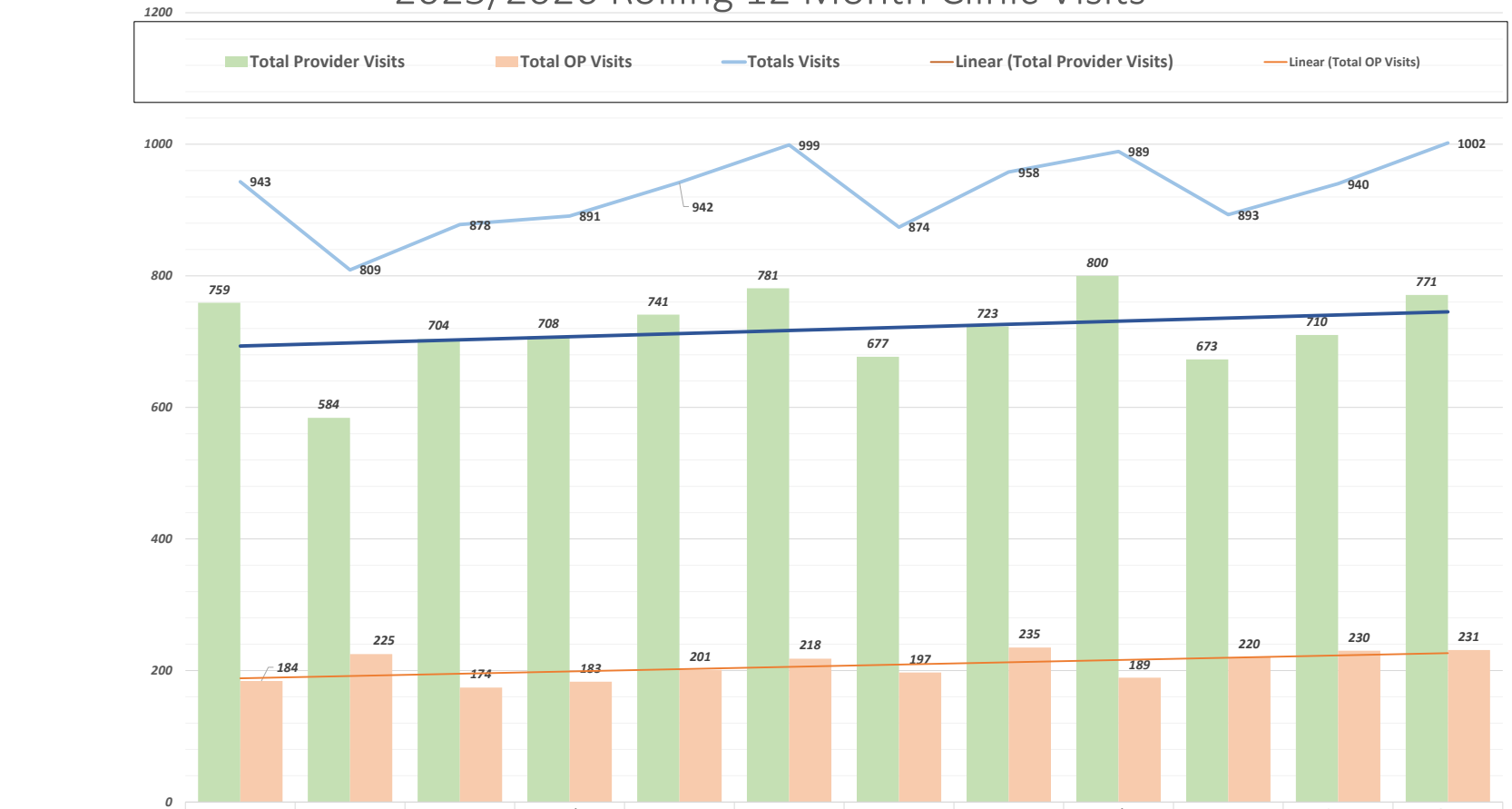
Oregon's Coordinated Care through Medicaid / Advanced Health.

Payment Received - $23,364

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

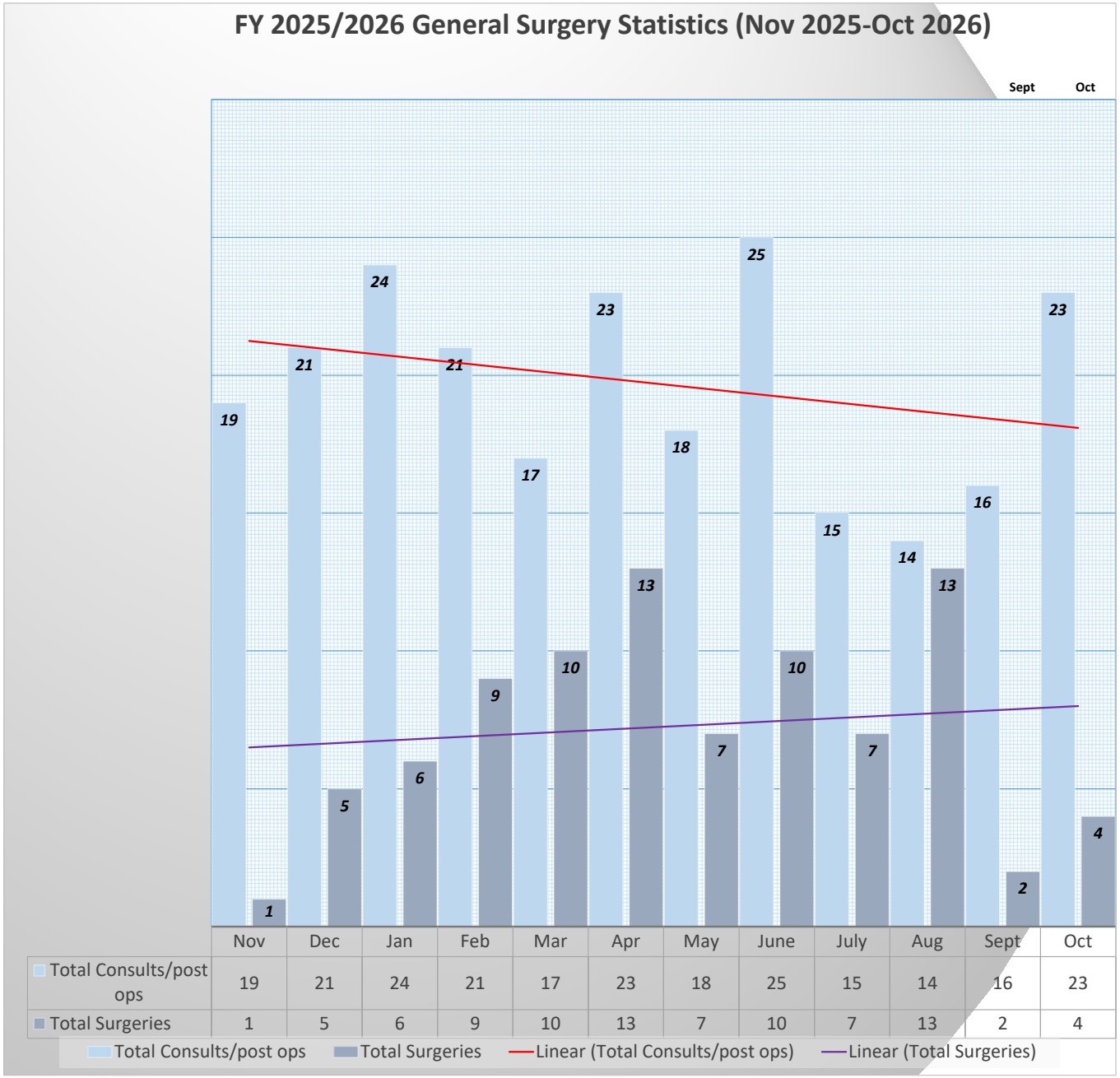
Clinic Visits



	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Sep	Oct
Total Provider Visits	759	584	704	708	741	781	677	723	800	673	710	771
Total OP Visits	184	225	174	183	201	218	197	235	189	220	230	231
Totals Visits	943	809	878	891	942	999	874	958	989	893	940	1002

FY 2025/2026 Rolling 12 Month – Provider Visit Totals/Visit Type

											2025		2026									
Year: 2026							No															
Month: October	Clinic	PT's		No	Total	AVG	Show	Cancel	Tele	New												
Provider	Days	Sched	Cancel	Show	Seen	Seen	Rate	Rate	HLTH	PT's	November	December	January	February	March	April	May	June	July	August	September	October
Jennifer Webster, MD	15.3	192	8	4	180	11.8	2%	4%	16	0	123	129	93	162	149	187	94	138	152	97	128	180
Paul Preslar, DO	13.0	141	11	2	128	9.8	1%	8%	0	0	135	128	153	118	154	166	102	106	145	99	114	128
Natalie Speck, MD	14.0	154	4	5	145	10.4	3%	3%	9	25					100	153	118	96	125	100	122	145
Felisha Miller, FNP	17.0	153	22	7	124	7.3	5%	14%	5	19	92	103	79	73	118	111	94	141	80	118	122	124
Kim Bagby, FNP											154	26	124	103								
Shane Matsui, LCSW	22.0	101	16	4	81	3.7	4%	16%	2	1	74	80	79	78	85	63	74	69	80	73	65	81
Henry Holmes	5.0	70	8	1	61	12.2	1%	11%	0	0	61	62	48	66	53	49	54	62	68	90	44	61
Tami Marriott, MD											34	35	33	21	31	9	39	37	51	28	51	
Victoria Schmelzer, CRNA	3.9	33	4	0	29	7.5	0%	12%	0	1	67	0	71	66	34	20	84	49	84	54	48	29
Brett Schulte, MD											19	21	24	21	17	23	18	25	15	7		
Monte Stewart, MD	3.0	24	1	0	23	7.7	0%	4%	0	18										7		23
Matthew Heisterman, DO																					16	
Total Provider Visits	***93.1***	***868***	***74***	***23***	***771***	***8.3***	***3%***	***9%***	***32***	***64***	***759***	***584***	***704***	***708***	***741***	***781***	***677***	***723***	***800***	***673***	***710***	***771***
Total Outpatient Services	22	245	14	0	231	*10.5*	*0%*	*6%*	*0*	*0*	*184*	*225*	*174*	*183*	*201*	*218*	197	235	*189*	*231*	*230*	*231*
Total Visits	***115***	***1,113***	***88***	***23***	***1002***	***8.7***	***2%***	***8%***	***32***	***64***	***943***	***809***	***878***	***891***	***942***	***999***	***874***	***958***	***989***	***904***	***940***	***1002***



	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Total Consults/post ops	19	21	24	21	17	23	18	25	15	14	16	23
Total Surgeries	1	5	6	9	10	13	7	10	7	13	2	4

Clinic Provider Income Summary

All Providers

For The Budget Year 2027

	ACT JUL	BUD JUL	ACT AUG	BUD AUG	ACT SEP	BUD SEP	ACT OCT	BUD OCT	ACT FYTD	Current Budget YTD FYTD27 Budget	Variance
Provider Productivity Metrics											
Clinic Days	94	0	80	0	83	0	173	0	430	-	430
Total Visits	800	-	673	-	710	-	771	-	2,954	-	2,954
Visits/Day	8.5	0.0	8.4	0.0	8.6	0.0	4.5	0.0	6.9	-	6.9
Total RVU	2,233	-	1,748	-	1,725	-	1,872	-	7,578	-	7,578
RVU/Visit	2.79	-	2.60	-	2.43	-	2.43	-	2.57	-	2.57
RVU/Clinic Day	23.68	-	21.88	-	20.84	-	10.84	-	17.64	-	17.64
Gross Revenue/Visit	636	-	608	-	601	-	576	-	605	-	605
Gross Revenue/RVU	228	-	234	-	247	-	237	-	236	-	236
Net Rev/RVU	96	-	99	-	104	-	112	-	102	-	102
Expense/RVU	80	-	127	-	110	-	94	-	100.95	-	100.95
Diff	16	-	(28)	-	(6)	-	18	-	1	-	1
Net Rev/Day	2,263	-	2,165	-	2,158	-	1,213	-	1,803	-	1,803
Expense/Day	1,893	-	2,772	-	2,292	-	1,016	-	1,781	-	1,781
Diff	370	-	(607)	-	(134)	-	198	-	22	-	22
Patient Revenue											
Outpatient											
Total Patient Revenue	508,527	-	409,069	-	426,962	-	444,053	-	1,788,611	-	(1,788,611)
Other Operating Revenue	-	-	-	-	-	-	23,364	-	23,364	-	23,364
Deductions From Revenue											
Total Deductions From Revenue (Note A)	295,156	-	236,047	-	248,240	-	257,916	-	1,037,359	-	(1,037,359)
Net Patient Revenue	**213,371**	**-**	**173,022**	**-**	**178,722**	**-**	**209,501**	**-**	**774,616**	**-**	**774,616**
Total Operating Revenue	**213,371**	**-**	**173,022**	**-**	**178,722**	**-**	**209,501**	**-**	**774,616**	**-**	**774,616**
Operating Expenses											
Salaries & Wages	121,290	-	141,275	-	122,804	-	106,112	-	491,481	-	491,481
Benefits	7,267	-	10,923	-	10,937	-	7,653	-	36,780	-	36,780
Purchased Services	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	1,118	-	8,731	-	704	-	6,299	-	16,852	-	16,852
Other Supplies	-	-	-	-	-	-	270	-	270	-	270
Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	233	-	349	-	475	-	1,000	-	2,057	-	2,057
Allocation Expense	48,542	-	60,225	-	54,857	-	54,012	-	217,636	-	217,636
Total Operating Expenses	178,450	-	221,503	-	189,777	-	175,346	-	765,076	-	765,076
Excess of Operating Rev Over Exp	**34,921**	**-**	**(48,481)**	**-**	**(11,055)**	**-**	**34,154**	**-**	**9,540**	**-**	**9,540**
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-
Non Operating Revenue	-	-	-	-	-	-	-	-	-	-	-
Total Non-Operating Income	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Excess of Revenue Over Expenses	**34,921**	**-**	**(48,481)**	**-**	**(11,055)**	**-**	**34,154**	**-**	**9,540**	**-**	**9,540**

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

	Month Ending 10/31/2026			Year To Date 10/31/2026		
	Hospital Actual	Clinic Providers Actual	Actual	Hospital Actual	Clinic Providers Actual	Actual
Total Patient Revenue						
Inpatient Revenue	834,384	-	834,384	3,239,221	-	3,239,221
Outpatient Revenue	3,990,257	444,053	4,434,310	16,218,272	1,788,611	18,006,883
Swingbed Revenue	415,825	-	415,825	1,628,289	-	1,628,289
Retail Pharmacy Revenue	1,014,328	-	1,014,328	3,829,777	-	3,829,777
Total Patient Revenue	**6,254,794**	**444,053**	**6,698,847**	**24,915,559**	**1,788,611**	**26,704,170**
Total Deductions	**2,826,929**	**257,916**	**3,084,845**	**11,347,242**	**1,037,359**	**12,384,601**
Revenue Deductions %	**45.2 %**	**58.1 %**	**46.1 %**	**45.5 %**	**58.0 %**	**46.4 %**
Net Patient Revenue	**3,404,501**	**209,501**	**3,614,002**	**13,544,953**	**774,616**	**14,319,569**
Other Operating Revenue	**65,132**	**23,363**	**88,495**	**336,659**	**23,363**	**360,022**
Total Operating Revenue	**3,469,633**	**232,864**	**3,702,497**	**13,881,612**	**797,979**	**14,679,591**
Total Operating Expenses						
Total Labor Operating Expenses	2,413,290	113,765	2,527,055	9,261,443	528,261	9,789,704
Total Other Operating Expenses	1,156,666	61,581	1,218,247	4,457,366	236,815	4,694,181
Total Operating Expenses	**3,569,956**	**175,346**	**3,745,302**	**13,718,809**	**765,076**	**14,483,885**
Operating Income / (Loss)	**(76,958)**	**34,153**	**(42,805)**	**186,167**	**9,539**	**195,706**
Net Non Operating Revenue	**134,320**	**-**	**134,320**	**500,341**	**-**	**500,341**
Change In Net Position	**57,362**	**34,153**	**91,515**	**686,508**	**9,539**	**696,047**

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, November 19, 2026

Grants

Two grant applications have been submitted to replace Southern Coos Health & Health Center's aging IV pumps, a need identified by our nursing staff. The Bandon Dunes Charitable Foundation (BDCF) and the John & Tami Marick Foundation (JTMF) are considering co-funding this important project. If awarded, grant support of up to $183,000 would cover the project cost and preserve hospital funds for other needs.

SCHHC staff expect to select a vendor by year-end, with implementation planned for by fourth quarter of FY2027.

Mammography Equipment Fundraising

Our End of Year Campaign launched with Coffee for a Cure on October 16th. One hundred percent of the day's proceeds, nearly $3,000, is now earmarked for our mammography equipment project. Special thanks to Kevin and Lisa Murry, owners of The Human Bean Bandon, for hosting this event and many others in support of our community.

The first two email appeals have generated several donations, including gifts from hospital employees and Foundation board member. The campaign has raised just over $5,000 to date, and we are also in conversation with private foundations that may support this important effort.

Through December 31st, we are including a mammography equipment appeal with patient billing statements. We will also mail an appeal to contacts in our donor database who do not have email addresses on file; donors with email addresses have been contacted through the email campaign. In addition, we are placing ads in the Bandon by the Sea Bulletin, KMTR, and BiCoastal through in-kind support connected to their Golf for Health Classic sponsorships.

The campaign will continue through March and conclude with our 24th annual Women's Health Day on Saturday, March 13, 2027. Alix will also present the campaign to community groups, including 100 Strong Bandon and Rotary.

Bandon School Nurse Program

Grant funding for the Bandon School Nurse program covers salaries and benefits through the end of next year, giving us time to develop the next phase of the program. This sustainability work may lead to a school-based health center and potentially a mobile unit, creating an exciting opportunity to expand services and establish a revenue generating model.

Holiday Boutique & Tree Auction

Our second annual Holiday Boutique will take place Saturday, November 14th. This year, the event will also feature an online tree and gift auction, open through December 1st.

Grateful for Our Employees Event

On Tuesday, November 17th, we will treat employees to a FREE hot lunch. Tiffany Locker's (SCHHC ED RN) and her family, will host a FREE lemonade stand. The event will also feature ornament decorating activities and an opportunity to give back to Southern Coos Health Foundation.

It is meaningful when our healthcare heroes and volunteers support our mission: their participation completes the circle and reminds us that they are an essential part of our work.

Volunteers

We onboarded our Cranberry Queen volunteer who will focus on Women's Health Day. Three additional volunteers have passed their background checks and are awaiting TB tests before onboarding. Alix will continue leading their orientation, freeing HR to focus on employee onboarding. **We are hosting a Volunteer Appreciation luncheon on December 9. Board members are welcome to attend, please let Alix know if you would like to join in.**

Chief Financial Officer Report

To: Southern Coos Health District Board of Directors
From: Harry S. Jasper, MAcc, CFO/COO
Re: CFO Report for SCHD Board of Directors, October 2026

I am pleased to report on our fiscal year-to-date financials through 10/31/2026. These are my overall observations along with highlights:

Statement of Activities (Profit & Loss):

Operating revenue was $3.70 million, $84,000 above budget, but expenses were $86,000 over budget. Retail pharmacy continues to be a bright spot along with outpatient service revenues, both were above budget, while higher revenue deductions limited the benefit. Including non-operating revenue, net position increased $89,000, approximately $11,000 below budget in October.

Fiscal year-to-date, for the four months ended October 31, operating income totaled $193,000, exceeding our budgeted operating loss of $175,000 by $368,000. This is good because we need three positive operating income years to reach our Master Facility Plan goals including preferrable USDA funding options.

Net position increased $693,000 year-to-date, $297,000 ahead of budget.

Statement of Financial Position (Balance Sheet):

On October 31, total assets were $22.96 million, up $1.42 million since June 30. Again, net assets increased $89,000 in October and $693,000 year to date, reaching $13.57 million.

Cash and investments increased $531,000 in October to $9.41 million, including restricted and board-designated funds. Net patient receivables fell $51,000 for the month but remained $1.26 million above June.

Liabilities increased $383,480 in October and $725,000 year to date. The principal year-to-date driver was estimated payor settlements, which increased by an additional $188,000 to $2.48 million, partly offset by lower debt and other payables.

Overall, net assets and working capital have strengthened, but cash and investments are only $115,000 above June. We expect our annual cash infusion by the end of November when we collect a large portion of Property Tax for the year. We are focused on converting receivables to cash as we plan for settlement obligations.

Other Updates from Finance and Operations:

As anticipated, in November we uploaded to Sage Intacct our detailed Departmental Budgets. I want to especially thank Jeanie Ortiz & Jenny Pearcy, our Controller & Sr. Accountant, respectively, for their dedication to this project. The budget is based on FY26's actual revenues and expenses. It was spread across each month based on the number of days per month; then revenues and expenses were allocated by general ledger account based on historical department activity. This is the first step in providing department managers with their monthly budget-to-actual reports. Much more work is to come as we plan to add patient statistical & labor FTE (Full-time Equivalents) budgeting data.

We are working on many other projects throughout Finance, Revenue Cycle, Materials Management, & our Engineering and Environmental Services Divisions. Here are a couple of our top projects: improved cash flow projections; statistics reporting integration from Epic to Sage Intacct; cross training of float staff in patient registration, improved denials management investigation and reporting; GPO (group purchasing organization) spend analysis and evaluation of aggregation affiliation, procurement process improvement; Emergency Preparedness and Incident Command education & training. Thank you to our teams and leaders for continuously improving and working on all these worthwhile initiatives!

SOUTHERN COOS HOSPITAL & HEALTH CENTER

Unaudited Financial Statements & Reports

October 2026

Fiscal Year 2027

Southern Coos Health District

Southern Coos Hospital & Health Center
Balance Sheet Summary

	Year To Date 10/31/2026 Current Year Balance	Year Ending 06/30/2026 Prior Year	Current vs. Prior	Year Ending 06/30/2025 Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents	9,410,906	9,296,098	114,807.00	11,717,082
Net Patient Accounts Receivable	5,280,128	4,019,327	1,260,802.00	3,536,706
Other Assets	1,783,161	1,138,138	645,023.00	990,065
Total Current Assets	16,474,195	14,453,563	2,020,632.00	16,243,853
Net PP&E	6,484,450	7,087,342	(602,892.00)	8,243,887
Total Assets	**22,958,645**	**21,540,905**	**1,417,740.00**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities	5,978,930	5,086,693	892,237.00	7,892,410
Total Long Term Debt, Net	3,410,613	3,578,258	(167,645.00)	4,228,131
Total Liabilities	9,389,543	8,664,951	724,592.00	12,120,541
Total Net Assets	13,569,102	12,875,954	693,148.00	12,367,199
Total Liabilities & Net Assets	**22,958,645**	**21,540,905**	**1,417,740.00**	**24,487,740**

	Target				
Cash to Debt Ratio	> 1.0	**1.00**	**1.07**	**(0.07)**	**0.97**
Debt Ratio	< 50%	**0.41**	**0.40**	**0.01**	**0.49**
Current Ratio	> 2.0	**2.76**	**2.84**	**(0.08)**	**2.06**
Debt to Capitalization Ratio	< 30%	**0.21**	**0.22**	**(0.01)**	**0.23**

(1) Cash & cash equivalents / total liabilities
(2) Total liabilities / total assets
(3) Total current assets ÷ total current liabilities
(4) Long-term debt ÷ (long-term debt + unrestricted fund balance)

Southern Coos Hospital & Health Center
Balance Sheet

	Year To Date 10/31/2026	Year Ending 06/30/2026		Year Ending 06/30/2025
	Current Year Balance	Prior Year	Change	Actual
Total Assets				
Total Current Assets				
Cash and Cash Equivalents				
Cash Operating	2,213,179	2,593,992	(380,813)	1,812,826
Investments - Unrestricted	4,464,022	3,968,402	495,620	3,984,313
Investments - Reserved Certificate of Deposit	-	-	-	3,186,239
Investment - USDA Restricted	233,705	233,704	-	233,704
Investment - Board Designated	2,500,000	2,500,000	-	2,500,000
Cash and Cash Equivalents	9,410,906	9,296,098	114,807	11,717,082
Net Patient Accounts Receivable				
Patient Accounts Receivable	9,968,037	8,754,752	1,213,285	8,116,920
Allowance for Uncollectibles	(4,687,909)	(4,735,425)	47,517	(4,580,214)
Net Patient Accounts Receivable	5,280,128	4,019,327	1,260,802	3,536,706
Other Assets				
Other Receivables	42,005	38,485	3,520	29,598
Inventory	602,005	499,745	102,260	346,070
Prepaid Expense	666,135	510,019	156,116	530,442
Property Tax Receivable	473,016	89,889	383,127	83,955
Other Assets	1,783,161	1,138,138	645,023	990,065
Total Current Assets	16,474,195	14,453,563	2,020,632	16,243,853
Net PP&E				
Land	461,527	461,527	-	461,527
Property and Equipment	23,512,911	23,504,796	8,115	23,375,034
Accumulated Depreciation	(18,038,313)	(17,339,942)	(698,371)	(15,682,145)
Construction In Progress	548,325	460,961	87,364	89,471
Net PP&E	6,484,450	7,087,342	(602,892)	8,243,887
Total Assets	**22,958,645**	**21,540,905**	**1,417,740**	**24,487,740**
Total Liabilities & Net Assets				
Total Liabilities				
Current Liabilities				
Accounts Payable	1,324,669	1,348,501	(23,831)	1,551,870
Accrued Payroll and Benefits	1,742,520	1,918,860	(176,341)	1,741,066
Line of Credit Payable	-	-	-	3,139,376
Interest and Other Payable	65,104	132,327	(67,224)	268,479
Estimated Third Party Payor Settlements	2,478,076	1,233,821	1,244,256	534,781
Current Portion of Long Term Debt	368,561	453,184	(84,623)	656,838
Current Liabilities	5,978,930	5,086,693	892,237	7,892,410
Total Long Term Debt, Net				
Long Term Debt	3,410,613	3,578,258	(167,645)	4,228,131
Total Long Term Debt, Net	3,410,613	3,578,258	(167,645)	4,228,131
Total Liabilities	9,389,543	8,664,951	724,592	12,120,541
Total Net Assets	13,569,102	12,875,954	693,148	12,367,199
Total Liabilities & Net Assets	**22,958,645**	**21,540,905**	**1,417,740**	**24,487,740**

Southern Coos Hospital & Health Center
Balance Sheet
As of October 31, 2026

	Year To Date 10/31/2026	Year To Date 09/30/2026	Year To Date 08/31/2026	Year To Date 07/31/2026	Year Ending 06/30/2026
	Current Year Balance	Current Year Balance	Current Year Balance	Current Year Balance	Prior Year
Total Assets					
Total Current Assets					
Cash and Cash Equivalents					
Cash Operating	2,213,179	1,706,883	1,610,654	2,358,937	2,593,992
Investments - Unrestricted	4,464,022	4,438,987	4,415,365	3,991,469	3,968,402
Investments - Reserved Certificate of Deposit	-	-	-	-	-
Investment - USDA Restricted	233,705	233,704	233,705	233,705	233,704
Investment - Board Designated	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
Cash and Cash Equivalents	9,410,906	8,879,574	8,759,724	9,084,111	9,296,098
Net Patient Accounts Receivable					
Patient Accounts Receivable	9,968,037	10,439,128	9,677,196	9,216,584	8,754,752
Allowance for Uncollectibles	(4,687,909)	(5,108,248)	(4,863,643)	(4,921,873)	(4,735,425)
Net Patient Accounts Receivable	5,280,128	5,330,880	4,813,553	4,294,711	4,019,327
Other Assets					
Other Receivables	42,005	87,921	61,835	72,885	38,485
Inventory	602,009	630,111	566,693	471,376	499,745
Prepaid Expense	666,135	566,250	675,855	715,728	510,019
Property Tax Receivable	173,017	360,685	267,401	173,319	89,889
Other Assets	1,783,166	1,644,967	1,571,784	1,433,308	1,138,138
Total Current Assets	16,474,200	15,855,421	15,145,061	14,812,130	14,453,563
Net PP&E					
Land	461,527	461,528	461,528	461,527	461,527
Property and Equipment	23,512,911	23,514,522	23,508,649	23,500,473	23,504,796
Accumulated Depreciation	(18,038,313)	(17,864,528)	(17,689,588)	(17,514,733)	(17,339,942)
Construction In Progress	548,324	519,605	510,862	481,266	460,961
Net PP&E	6,484,449	6,631,127	6,791,451	6,928,533	7,087,342
Total Assets	**22,958,649**	**22,486,548**	**21,936,512**	**21,740,663**	**21,540,905**
Total Liabilities & Net Assets					
Total Liabilities					
Current Liabilities					
Accounts Payable	1,324,669	1,045,238	1,171,163	1,638,118	1,348,501
Accrued Payroll and Benefits	1,742,520	1,573,151	1,380,321	1,244,176	1,918,860
Line of Credit Payable	-	-	-	-	-
Interest and Other Payable	65,104	166,570	155,155	143,741	132,327
Estimated Third Party Payor Settlements	2,478,076	2,290,259	2,114,176	1,761,341	1,233,821
Current Portion of Long Term Debt	368,561	389,290	409,880	432,868	453,184
Current Liabilities	5,978,930	5,464,508	5,230,695	5,220,244	5,086,693
Total Long Term Debt, Net					
Long Term Debt	3,410,613	3,541,555	3,554,311	3,566,994	3,578,258
Total Long Term Debt, Net	3,410,613	3,541,555	3,554,311	3,566,994	3,578,258
Total Liabilities	9,389,543	9,006,063	8,785,006	8,787,238	8,664,951
Total Net Assets	13,569,106	13,480,485	13,151,506	12,953,425	12,875,954
Total Liabilities & Net Assets	**22,958,649**	**22,486,548**	**21,936,512**	**21,740,663**	**21,540,905**

Southern Coos Health District

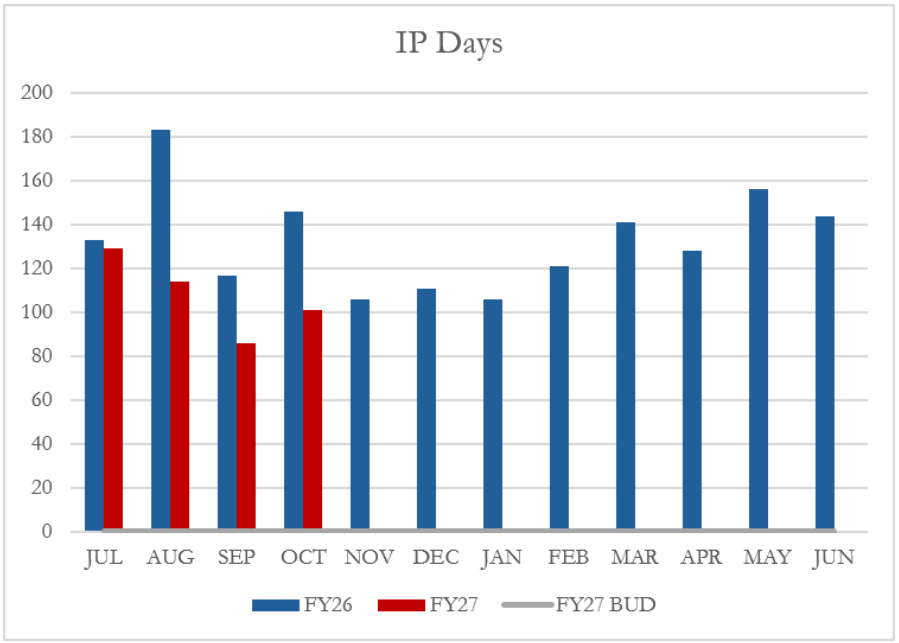
Southern Coos Hospital & Health Center
Statements of Revenues, Expenses, and Changes in Net Position
As of October 31, 2026

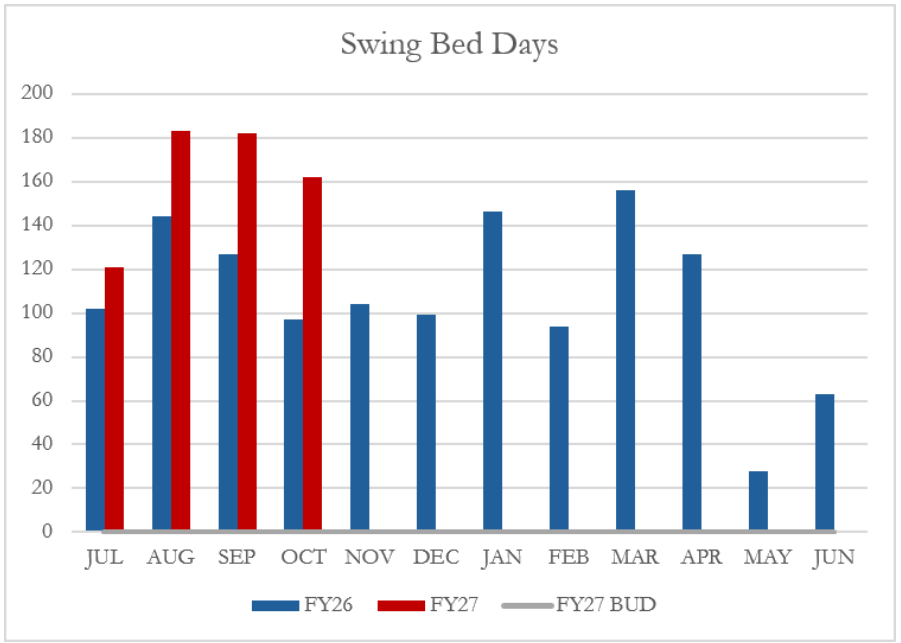
	Month Ending 10/31/2026				Month Ending 10/31/2025	Year To Date 10/31/2026				Prior Year To Date 10/31/2025
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	834,384	1,003,504	(169,120)	(16.9) %	867,194	3,239,221	3,981,643	(742,422)	(18.6) %	3,862,727
Outpatient Revenue	4,434,310	4,372,003	62,307	1.4 %	4,319,262	18,006,883	17,346,981	659,902	3.8 %	16,367,354
Swingbed Revenue	415,825	402,019	13,806	3.4 %	252,197	1,628,289	1,595,108	33,181	2.1 %	1,240,349
Retail Pharmacy Revenue	1,014,328	629,843	384,485	61.0 %	494,630	3,829,777	2,499,056	1,330,721	53.2 %	1,541,047
Total Patient Revenue	**6,698,847**	**6,407,369**	**291,478**	**4.5 %**	**5,933,283**	**26,704,170**	**25,422,788**	**1,281,382**	**5.0 %**	**23,011,477**
Total Deductions	**3,084,845**	**2,833,127**	**251,718**	**8.9 %**	**2,487,643**	**12,384,601**	**11,241,115**	**1,143,486**	**10.2 %**	**9,735,881**
Revenue Deductions %	**46.1 %**	**44.2 %**	**1.9 %**	**4.3 %**	**41.9 %**	**46.4 %**	**44.2 %**	**2.2 %**	**5.0 %**	**42.3 %**
Net Patient Revenue	**3,614,002**	**3,574,243**	**39,759**	**1.1 %**	**3,445,639**	**14,319,569**	**14,181,673**	**137,896**	**1.0 %**	**13,275,596**
Other Operating Revenue	**88,495**	**43,839**	**44,656**	**101.9 %**	**116,767**	**360,022**	**173,942**	**186,079**	**107.0 %**	**134,909**
Total Operating Revenue	**3,702,497**	**3,618,082**	**84,416**	**2.3 %**	**3,562,406**	**14,679,591**	**14,355,615**	**323,975**	**2.2 %**	**13,410,505**
Total Operating Expenses										
Total Labor Operating Expenses	2,507,510	2,537,807	(30,297)	(1.2) %	2,494,938	9,770,159	10,069,362	(299,203)	(3.0) %	9,599,359
Total Other Operating Expenses	1,240,691	1,124,497	116,194	10.3 %	1,088,967	4,716,625	4,461,715	254,910	5.7 %	4,140,636
Total Operating Expenses	**3,748,201**	**3,662,304**	**85,897**	**2.3 %**	**3,583,905**	**14,486,784**	**14,531,077**	**(44,293)**	**(0.3) %**	**13,739,995**
Operating Income / (Loss)	**(45,703)**	**(44,222)**	**(1,481)**	**3.3 %**	**(21,499)**	**192,807**	**(175,462)**	**368,269**	**(209.9) %**	**(329,490)**
Net Non Operating Revenue	**134,320**	**144,446**	**(10,127)**	**(7.0) %**	**192,932**	**500,341**	**573,126**	**(72,784)**	**(12.7) %**	**577,191**
Change In Net Position	**88,616**	**100,224**	**(11,608)**	**(11.6) %**	**171,433**	**693,148**	**397,664**	**295,484**	**74.3 %**	**247,701**

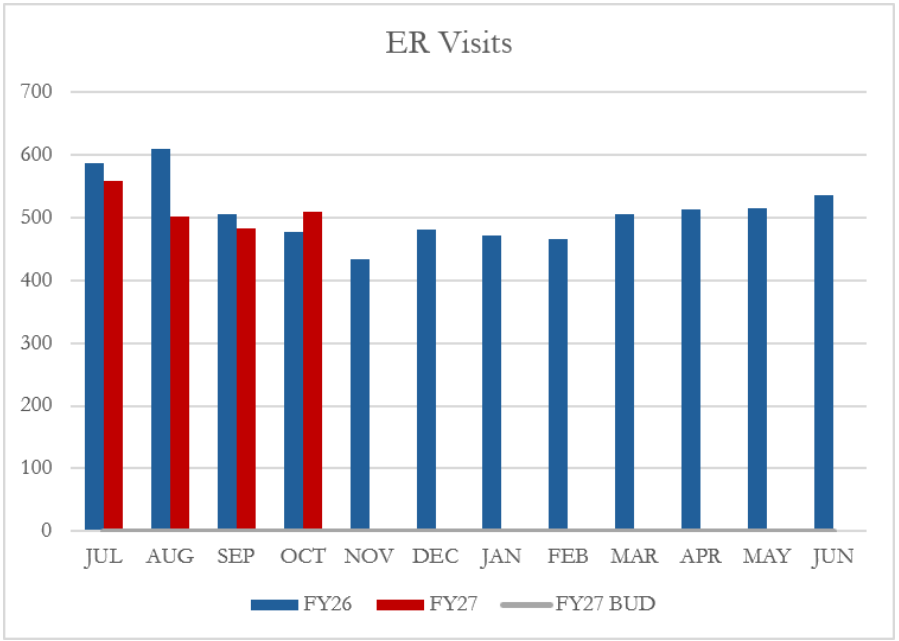
Southern Coos Health District

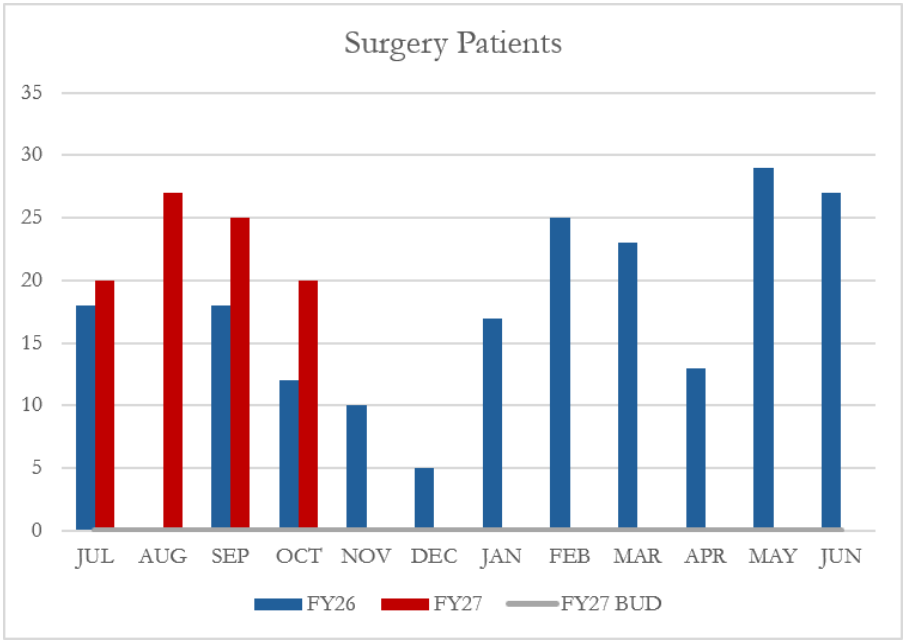
Southern Coos Hospital & Health Center
Statements of Revenues, Expenses & Changes in Net Position
As of October 31, 2026

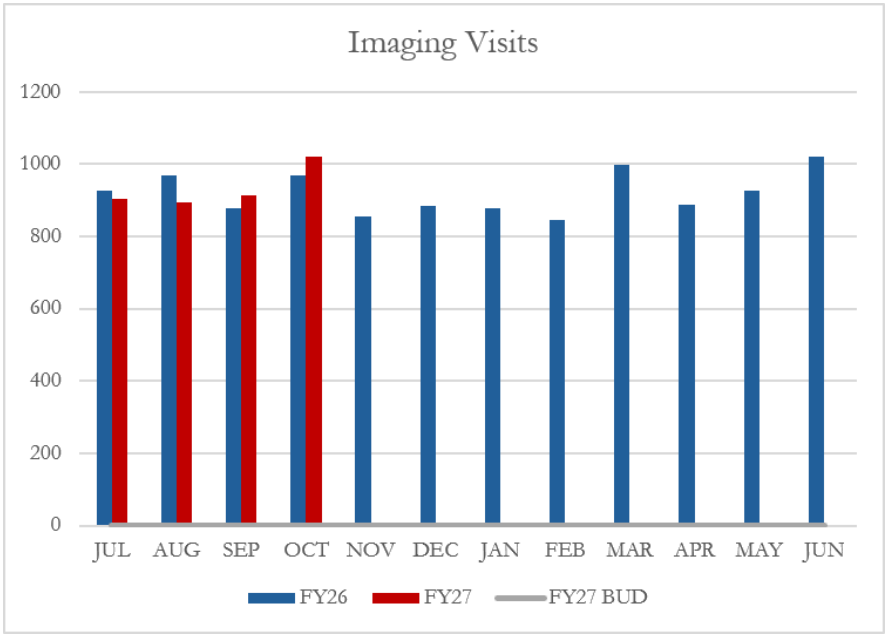
	Month Ending 10/31/2026				Month Ending 10/31/2025	Year To Date 10/31/2026				Prior Year To Date 10/31/2025
	Actual	Operating Budget	Actual minus budget	Budget variance	Actual	Actual	Operating Budget	Actual minus budget	Budget variance	Actual
Total Patient Revenue										
Inpatient Revenue	834,384	1,003,504	(169,120)	(16.9) %	867,194	3,239,221	3,981,643	(742,422)	(18.6) %	3,862,727
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Swingbed Revenue	415,825	402,019	13,806	3.4 %	252,197	1,628,289	1,595,108	33,181	2.1 %	1,240,349
Retail Pharmacy Revenue	1,014,328	629,843	384,485	61.0 %	494,630	3,829,777	2,499,056	1,330,721	53.2 %	1,541,047
Total Patient Revenue	**6,698,847**	**6,407,369**	**291,478**	**4.5 %**	**5,933,283**	**26,704,170**	**25,422,788**	**1,281,382**	**5.0 %**	**23,011,477**
Total Deductions	**3,084,845**	**2,833,127**	**251,718**	**8.9 %**	**2,487,643**	**12,384,601**	**11,241,115**	**1,143,486**	**10.2 %**	**9,735,881**
Net Patient Revenue	**3,614,002**	**3,574,243**	**39,759**	**1.1 %**	**3,445,639**	**14,319,569**	**14,181,673**	**137,896**	**1.0 %**	**13,275,596**
Other Operating Revenue	**88,495**	**43,839**	**44,656**	**101.9 %**	**116,767**	**360,022**	**173,942**	**186,079**	**107.0 %**	**134,909**
Total Operating Revenue	**3,702,497**	**3,618,082**	**84,416**	**2.3 %**	**3,562,406**	**14,679,591**	**14,355,615**	**323,975**	**2.2 %**	**13,410,505**
Total Operating Expenses										
Total Labor Expenses										
Salaries & Wages	1,792,389	1,737,017	55,371	3.2 %	1,681,154	6,773,652	6,892,037	(118,385)	(1.7) %	6,419,716
Contract Labor	446,129	521,858	(75,728)	(14.5) %	513,474	1,798,274	2,070,594	(272,321)	(13.2) %	2,123,876
Benefits	268,992	278,932	(9,940)	(3.6) %	300,310	1,198,233	1,106,731	91,503	8.3 %	1,055,767
Total Labor Expenses	2,507,510	2,537,807	(30,297)	(1.2) %	2,494,938	9,770,159	10,069,362	(299,203)	(3.0) %	9,599,359
Purchased Services	223,296	221,589	1,708	0.8 %	217,928	834,063	879,208	(45,145)	(5.1) %	891,653
Drugs & Pharmaceuticals	355,198	279,737	75,459	27.0 %	253,227	1,457,319	1,109,926	347,393	31.3 %	904,032
Medical Supplies	138,721	106,952	31,771	29.7 %	99,220	506,895	424,355	82,540	19.4 %	393,068
Other Supplies	61,616	47,254	14,362	30.4 %	49,997	126,161	187,492	(61,332)	(32.7) %	167,025
Lease & Rental Expense	14,614	2,653	11,959	450.7 %	1,266	48,569	10,530	38,041	361.3 %	2,532
Repairs & Maintenance	15,280	22,056	(6,775)	(30.7) %	48,332	60,999	87,511	(26,513)	(30.3) %	108,843
Other Expenses	200,712	183,936	16,776	9.1 %	189,010	766,428	729,811	36,617	5.0 %	768,797
Utilities	33,339	30,727	2,612	8.5 %	19,761	123,836	121,916	1,920	1.6 %	112,603
Insurance	24,130	25,044	(914)	(3.6) %	23,814	96,518	99,368	(2,850)	(2.9) %	94,825
Depreciation & Amortization	173,785	204,549	(30,764)	(15.0) %	186,412	695,837	811,598	(115,761)	(14.3) %	697,258
Total Operating Expenses	**3,748,201**	**3,662,304**	**85,897**	**2.3 %**	**3,583,905**	**14,486,784**	**14,531,077**	**(44,293)**	**(0.3) %**	**13,739,995**
Operating Income / (Loss)	**(45,703)**	**(44,222)**	**(1,481)**	**3.3 %**	**(21,499)**	**192,807**	**(175,462)**	**368,269**	**(209.9) %**	**(329,490)**
Net Non Operating Revenue										
Property Taxes	115,797	103,117	12,680	12.3 %	114,333	419,328	409,144	10,185	2.5 %	404,708
Non-Operating Revenue	7,627	41,825	(34,198)	(81.8) %	53,948	44,561	165,946	(121,386)	(73.1) %	157,775
Interest Expense	(14,140)	(25,533)	11,393	(44.6) %	(33,930)	(59,168)	(101,306)	42,138	(41.6) %	(154,516)
Investment Income	25,036	24,846	189	0.8 %	58,581	95,620	98,585	(2,964)	(3.0) %	170,909
Gain / Loss on Asset Disposal	-	191	(191)	(100.0) %	-	-	757	(757)	(100.0) %	(1,685)
Net Non Operating Revenue	**134,320**	**144,446**	**(10,127)**	**(7.0) %**	**192,932**	**500,341**	**573,126**	**(72,784)**	**(12.7) %**	**577,191**
Change In Net Position	**88,616**	**100,224**	**(11,608)**	**(11.6) %**	**171,433**	**693,148**	**397,664**	**295,484**	**74.3 %**	**247,701**

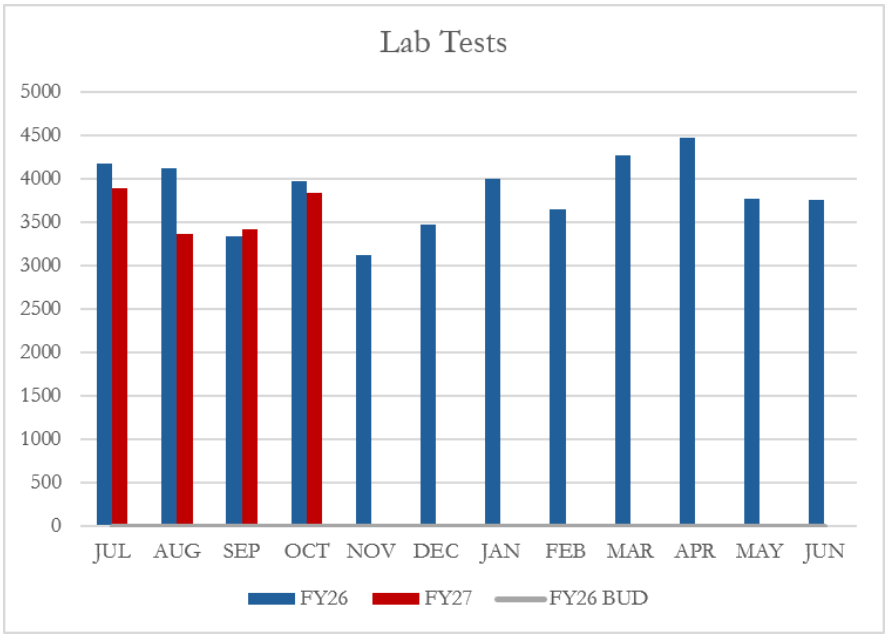

IP Days
200
180
160
140
120
100
80
60
40
20
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD

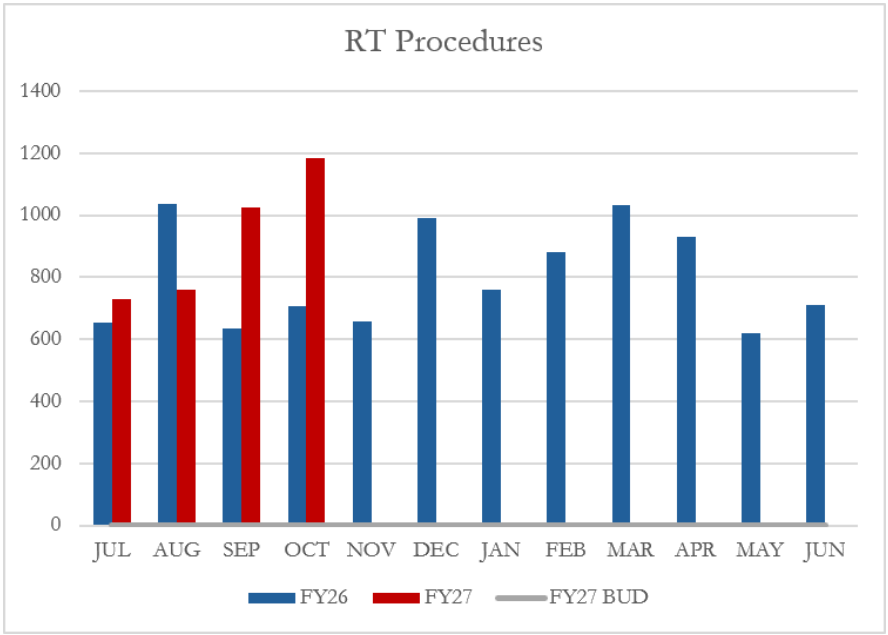

Swing Bed Days
200
180
160
140
120
100
80
60
40
20
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD

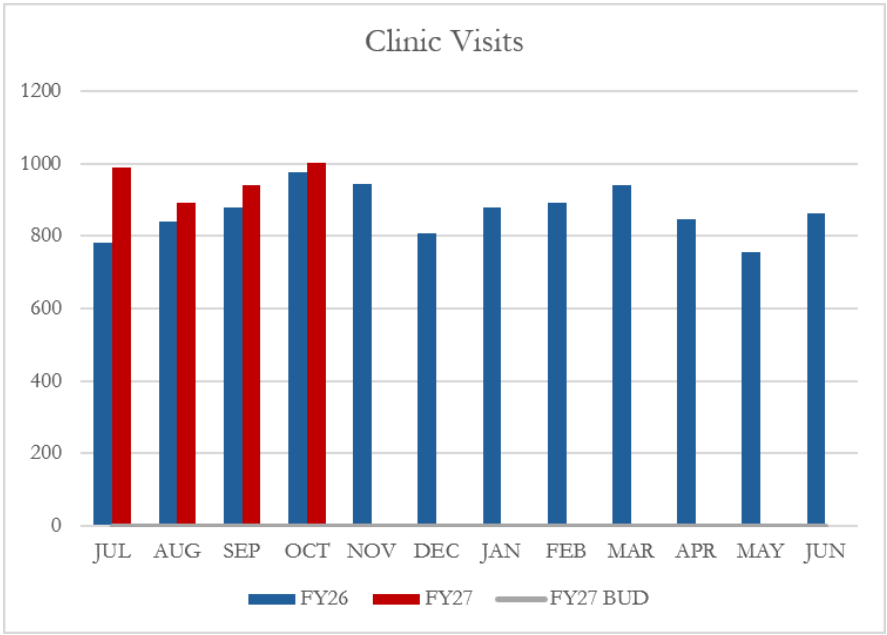

ER Visits
700
600
500
400
300
200
100
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY27 BUD


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


Lab Tests
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
FY26 FY27 FY26 BUD


RT Procedures
1400
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 October 2026

		Month						Year to Date				
		Actual	Budget	Prior Year	Variance to Bud	Variance to Prior Year		Actual	Budget	Prior YTD	Variance to Bud	Variance to Prior Year
Volume Summary	IP Days	101	-	146	0.0%	-30.8%		430	-	579	0.0%	-25.7%
	Swing Bed Days	162	-	97	0.0%	67.0%		648	-	470	0.0%	37.9%
	Total Inpatient Days	263	-	243	0.0%	8.2%		1,078	-	1,049	0.0%	2.8%
	Avg Daily Census	8.5	-	7.8	0.0%	8.2%		8.8	-	8.5	0.0%	2.8%
	Avg Length of Stay - IP	3.2	-	3.8	0.0%	-17.9%		3.4	-	3.6	0.0%	-4.3%
	Avg Length of Stay - SWB	27.0	-	10.8	0.0%	150.5%		22.3	-	10.0	0.0%	123.4%
											0.0%	
	ED Registrations	509	-	477	0.0%	6.7%		2,051	-	2,180	0.0%	-5.9%
	Clinic Registrations	1,002	-	977	0.0%	2.6%		3,824	-	3,554	0.0%	7.6%
	Ancillary Registrations	1,768	-	1,780	0.0%	-0.7%		6,651	-	6,617	0.0%	0.5%
	Total OP Registrations	3,279	-	3,234	0.0%	1.4%		12,526	-	12,351	0.0%	1.4%
Key Income Statement Ratios	Gross IP Rev/IP Day	8,261	-	5,940	0.0%	39.1%		7,533	7,533	6,671	0.0%	12.9%
	Gross SWB Rev/SWB Day	2,567	-	2,600	0.0%	-1.3%		2,513	-	2,639	0.0%	-4.8%
	Gross OP Rev/Total OP Registrations	1,352	-	1,336	0.0%	1.3%		1,438	-	1,325	0.0%	8.5%
	Collection Rate	63.6%	0.0%	54.3%	0.0%	17.2%		62.6%	0.0%	54.7%	0.0%	14.5%
	Compensation Ratio	67.7%	0.0%	70.0%	0.0%	-3.3%		66.6%	0.0%	71.6%	0.0%	-7.0%
	OP EBIDA Margin $	128,081	-	164,913	0.0%	-22.3%		888,643	-	367,767	0.0%	141.6%
	OP EBIDA Margin %	3.5%	0.0%	4.6%	0.0%	-25.3%		6.1%	0.0%	2.7%	0.0%	120.7%
	Total Margin	2.4%	0.0%	4.8%	0.0%	-50.3%		4.7%	0.0%	1.8%	0.0%	155.6%
Key Liquidity Ratios	Days Cash on Hand	81.5	80.0	72.4	1.9%	12.6%						
	AR Days Outstanding	53.1	50.0	49.8	6.2%	6.6%						

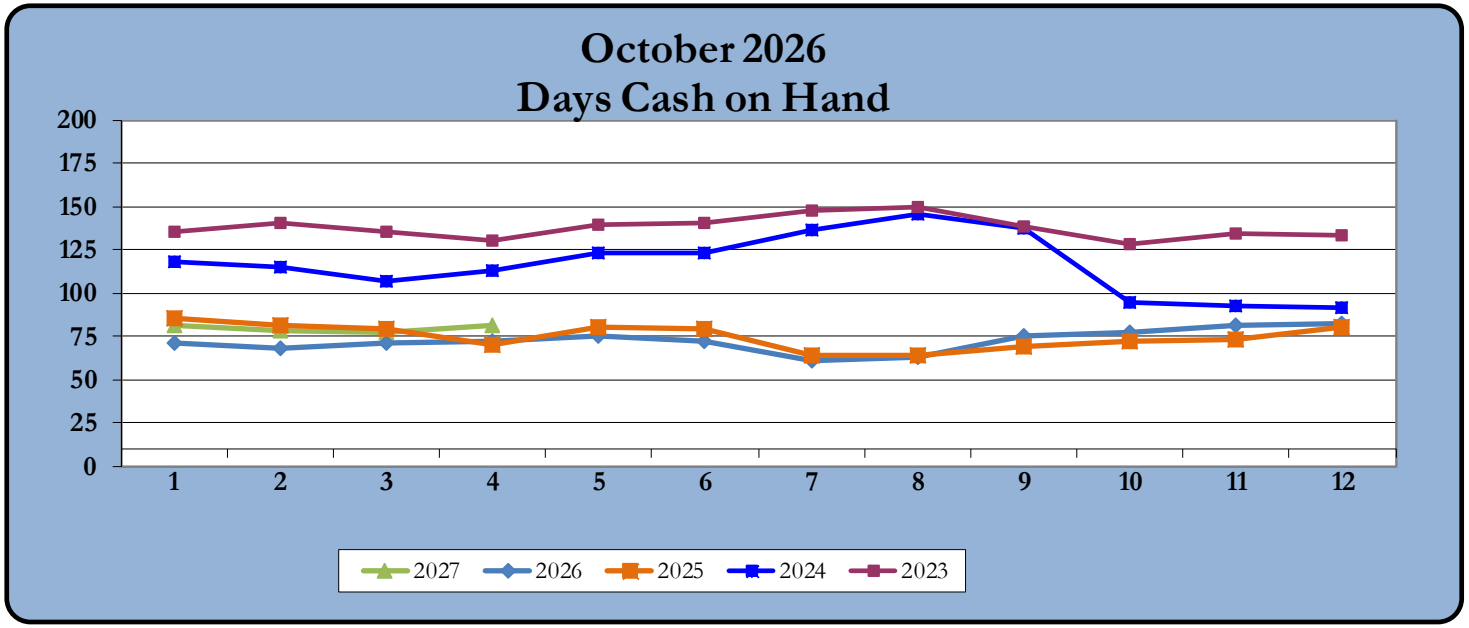
Southern Coos Hospital & Health Center

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.

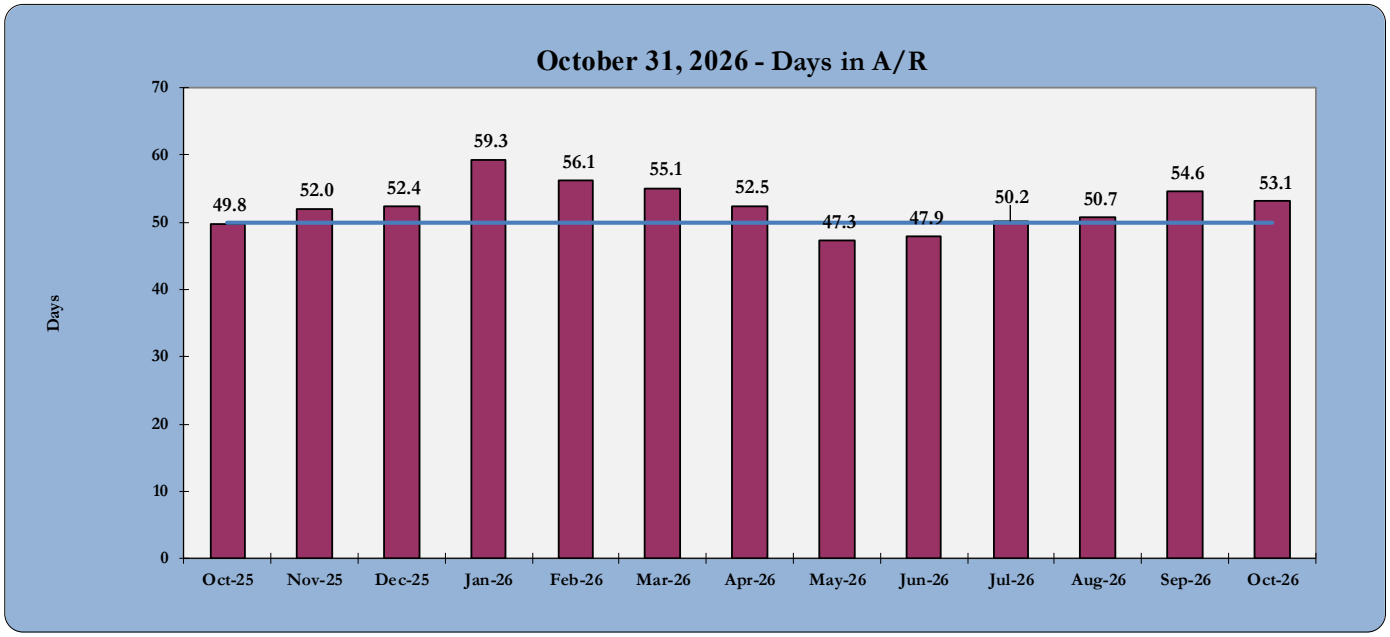
Desired Position: Upward trend, above the median

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	77.5	81.5								
2026	71.6	67.6	70.7	72.5	75.1	72.4	60.4	63.2	74.9	77.1	81.7	82.7
2025	85.4	81.4	79.0	70.5	79.9	79.7	64.2	63.7	68.6	71.9	72.8	80.1
2024	117.7	114.5	106.8	113.1	123.1	123.3	136.1	145.3	137.0	94.5	92.8	91.4
2023	135.9	140.8	135.2	130.5	139.4	140.7	147.8	149.7	138.9	127.8	134.2	133.3



Calculation: Gross Accounts Receivable / Average Daily Revenue

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

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

Benchmark ***50***

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

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26
A/R (Gross)	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	10,204,266	9,723,387
Days in AR	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**	**50.7**	**54.6**	**53.1**
``	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Jul-26**	**Aug-26**	**Sep-26**	**Oct-26**
A/R (Gross)	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	10,204,266	9,723,387
Days in Month	31	30	31	31	28	31	30	31	30	31	31	30	31
Monthly Revenue	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	5,546,666	5,684,519
3 Mo Avg Daily Revenue	173,975	163,969	159,105	150,703	157,711	170,366	184,749	180,389	178,634	179,519	186,775	186,846	183,032
Days in AR	**49.8**	**52.0**	**52.4**	**59.3**	**56.1**	**55.1**	**52.5**	**47.3**	**47.9**	**50.2**	**50.7**	**54.6**	**53.1**

SOUTHERN COOS HOSPITAL & HEALTH CENTER
CAPITAL PURCHASES SUMMARY FY2027

FY27 Capital Budget - Projects under $15,000

Total Budget	**$**	**40,919**
Projects Completed / Capitalized	$	22,696
Projects In Progress	$	-
Remaining Budget	**$**	**18,223**

FY27 Capital Budget - Projects over $15,000

Total Budget	**$**	**1,955,162**
Projects Completed / Capitalized	$	-
Projects In Progress	$	20,000
Remaining Budget	**$**	**1,935,162**

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 – November 19, 2026**

Summary

October reflected strong improvement in cash and pre-service collections. Cash collections increased to $3.57 million, the highest monthly total since May. Pre-service collections increased from 5% to 14%, exceeding the 9% goal.

EPIC AR Days improved slightly from 54 to 53.2 days but remain above the 50-day goal. Insurance AR over 90 days increased from 21% to 23%, primarily due to Senior Life Solutions accounts. These claims must be billed sequentially and are now moving and paying under the monthly billing cadence. This billing requirement is also contributing to DNFB, which increased from 14 to 15 days. The remaining SLS accounts should continue processing and resolving throughout November and December.

The overall denial rate remained stable at 13%. Aged receivables and DNFB remain key areas of focus.

Metric	Goal	Top 25%	Feb	Mar	Apr	May	June	July	August	September	October	Change
EPIC AR Days	50	49.3	54.1	53.3	52.2	47.3	48.2	49.5	50.3	54	53.2	↓
Aged Ins AR over 90 Days by Percentage	12%	14%	16%	15%	16%	21%	20%	19%	20%	21%	23%	↑
Cash Collections	-	-	3,220,626	2,984,391	3,285,873	3,941,514	3,207,760	3,272,285	3,074,968	3,304,444	3,571,281	↑
DNFB (Discharge not Final Billed) Days	10	10	10	9	14	13	8	13	14	14	15	↑
Pre-Service Collection %	9%	9%	5%	3%	4%	1%	7%	3%	6%	5%	14%	↑
Overall Denial Rate %	10%	12%	13%	13%	12%	12%	12%	13%	13%	13%	13%	–

Key Takeaways

- Cash collections increased to $3.57 million, the highest monthly total since May.
- Pre-service collections improved significantly to 14%, exceeding the 9% goal.
- AR Days improved slightly to 53.2; however, aged insurance AR and DNFB remain elevated, primarily due to sequential billing requirements for Senior Life Solutions accounts. Improvement is expected through November.
- The overall denial rate remained stable at 13%, although denial write-offs increased due to a few higher-dollar inpatient, observation, and swing bed accounts.

Adjustment Activity

Net adjustment activity increased from $1.65 million in September to approximately $3.01 million in October, driven primarily by higher contractual adjustments. Contractual denial write-offs increased from $38,565 to $92,707, largely due to inpatient denials. Charity and administrative adjustments also increased, while late-charge adjustments declined.

Not reflected in this table, as the activity relates to our legacy CPSI system, approximately $174,000 in adjustments were processed to resolve older, non-payable accounts. All collection and appeal options had been exhausted, and many of these accounts had been determined uncollectible before our transition to EPIC. Finance had previously accounted for these balances through reserves or the allowance for doubtful accounts.

Adjustment Category	July	August	September	October
Administrative	($25,752.00)	($30,263.56)	($7,623.08)	($24,354.70)
Charity	($174,436.00)	($47,892.21)	($70,620.41)	($101,044.20)
Contractual	($2,469,376.00)	($1,973,009.38)	($1,529,022.25)	($2,783,743.72)
Denials - Contractual Write-Off	($49,574.00)	($50,155.73)	($38,565.46)	($92,707.23)
Denials - Non Contractual Write-Off	($3,906.00)	($1,970.04)	($1,628.95)	($3,481.92)
Late Charges	($2,393.00)	($1,821.75)	($1,893.77)	($345.48)
No Pay Cash	($3,964.00)	($1,809.40)	($676.21)	($1,830.87)
Other Operating Revenue	$11.00	$1.54	$0.00	$13.43
Refund			$678.01	$0.00
Net Adjustment Activity	**($2,729,390.00)**	**($2,106,920.53)**	**($1,649,352.12)**	**($3,007,494.69)**

Preventable Denial Activity

Denial adjustments increased in October, primarily due to a few higher-dollar accounts. These included inpatient authorization denials, one observation stay exceeding 48 hours, and one swing bed account without a qualifying three-day stay. Medical necessity denials remained relatively stable.

Adjustment Reason	July	August	September	October
Customer Satisfaction W/O	$0.00	($934.93)	$0.00	($439.62)
Denial Adj	($19,132.00)	($267.96)	($41.75)	($1,429.60)
Disallowed Charges/Payer Charge Audits	($375.00)	($7,005.60)	$0.00	($29,109.56)
Invalid Waiver/ABN	($814.00)	($2,321.07)	($233.75)	($1,483.71)
Medical Necessity	($19,132.00)	($25,933.04)	($25,986.30)	($27,388.15)
No Authorization	($7,612.00)	($5,483.62)	($11,738.76)	($34,013.03)
No Waiver/ABN Obtained	$0.00	($6,296.85)	$0.00	($204.76)
Provider Out of Network	$0.00	($1,291.00)	$0.00	($200.94)
Timely Filing Technology Adj	$0.00	($181.33)	$0.00	$0.00
Timely Filing	($1,773.00)	($440.33)	($564.90)	$0.00
Net Adjustment Activity	**($48,838.00)**	**($50,155.73)**	**($38,565.46)**	**($94,269.37)**

Revenue Cycle Department Updates

- Medicare Open enrollment started on October 15th and will run through December 7th. This is keeping our two Medicare (SHIBA) Counselors busy.
- SHIBA participated in a Medicare community event organized by Coos Health & Wellness, bringing multiple local resources together to help seniors understand available services. We hope to partner with this group on a similar event in Bandon.
- Continued developing standardized Patient Access training and reference resources to support consistent registration, scheduling, insurance verification, estimates, and point-of-service workflows.
- Continued focused cleanup of legacy CPSI accounts, including final resolution of approximately $174,000 in doubtful accounts more than two years old after all collection and appeal options were exhausted. This work has reduced legacy net AR to just over $12,000, with continued follow-up on the remaining aged balances.