SOUTHERN COOS HEALTH DISTRICT
Board of Directors Regular Meeting & Budget Hearing
June 23, 2016
Southern Coos Hospital & Health Center
7:00 p.m.

AGENDA

I. Call to Order

II. Public Input

III. Consent Agenda
- A. Minutes – Regular Meeting – 5/26/2016
- B. Minutes – Budget Committee Meeting – 05/12/16
- C. Foundation Report

IV. Staff Reports
- A. CEO Report
- B. CFO Report
- C. Medical Staff

V. Old Business

VI. New Business
- A. 2016-2017 Board Meeting Schedule
- B. Consideration of 2016/2017 Budget

VII. Close Budget Hearing
- A. Resolution 2016-02 Adoption of Budget

VIII. Open Discussion

Adjournment

Next Regular Meeting – July 28, 2016 – SCHHC

CONSENT AGENDA

Minutes

May 26, 2016

Southern Coos Health District
Minutes
Board of Directors Regular Meeting
May 26, 2016
7:00 p.m.

I. Call to Order

This regular meeting of the Board of Directors for Southern Coos Health District was called to order at 7:00 p.m. by Esther Williams, Board Chair.

Members Present: Esther Williams, Board Chair; Carol Acklin, David Allen, Directors; and Bob Hundhausen, Secretary. **Absent:** Brian Vick, Treasurer. **Administration**: Charles Johnston, Robin Triplett, Carol Meijer, Megan Holland, MD, and Kim Russell. **Additional Staff Present:** Rachel Beissel, Mandy Calvert, Dennis Jurgenson, Scott McEachern, Donna Reilly, Todd Schmidt, Cyndy Vollmer, with Dr. Antola, Dr. Orsel. **Public:** Jim Reilly.

II. Public Input

No public input.

III. Consent Agenda

Bob Hundhausen **motioned** to approve the Consent Agenda. David Allen **seconded** the motion. **The motion passed. Unanimous decision.**

IV. Staff Reports

A. CEO Report

Feasibility Study – Trauma 4: As one of the 11 goals identified in the Strategic Planning session in September 2015, we have conducted 4 site visits, 2 televisits, and have completed a report to include associated costs and revenue will all be a part of a formal report from Nurse Manager, Rachel Beissel, later in the agenda, and Dr. Orsel and Dr. Antola plan to join us with physician input. **Feasibility Study – Nuclear Medicine**: More time is needed to complete this study. We hope to provide this report in June. **Feasibility Study – Pharmacist**: We are looking into what additional benefits we may provide for patients and providers. We are reviewing costs and benefits of various options. Three or 4 companies are interested in providing proposals. **Additional Earthquake Insurance**: We are still awaiting word from SDAO on possible insurance options through Special Districts. In the meantime, included in the board packet on page 14, is a 2006 FEMA public building survey indicating the hospital at a less than 1% collapse potential during a major earthquake. Current coverage is $10M with FEMA coverage of 75% of what is not insured. **Study of ER Transfers**: Also included in the packet is a transfer report, by provider, for the period of September 2015-April 2016. The average number of transfers is 4.7%. The reasons for transfer are reviewed by Risk Management. There are very few that

we felt could have been retained at our facility. For instance, potential appendicitis cases must be referred to Bay Area if our surgeon and surgery staff, who work weekdays, are not present (after hours). **Discussion:** Do we need to look at the percentages between ER physicians. It is noted that sometimes it is the request of the patient to go to a specific hospital based on location of primary care physician. In the past SCHHC has had a part-time surgeon who was on call for after-hours surgeries, but based on statistics from that time, the decision was made to hire Dr. Pense with a focus on elective surgeries. The board packet includes a 2013 study showing a 4% national ER transfer average, indicating SCHHC to be near the national average. ER visits at SCHHC have reduced considerably in the last year. SCHHC administration continues to monitor all aspects of census and contributing factors. **Laundry Conversion**: An agreement with ALSCO signed in 2012 includes a weekly minimum payment of $1,550, or roughly $84,000 per year. SCHHC has managed our own laundry services in the past. The 5-year locked-in agreement may have been made as an alternative to a required investment in new equipment. ALSCO also provides lab coats, linens, laundering of these, and maintenance of our floor mats. We believe we can save between $40-50K per year by purchasing and cleaning our own linens. ALSCO would continue providing items that we could not manage such as lab coats (that require ironing), and the floor mats. An exit strategy has been worked out with ALSCO to transfer these responsibilities through 2017. New equipment will be placed in existing laundry room footprint and no new staff will be required. Dennis Jurgenson, Plant Operations and EVS Manager, provided a brief review of a plan of action for linen storage and staffing management. **New Organization Chart**: Administration and Leadership have reviewed and confirmed a plan to restructure with the recent elimination of two Leadership positions. Mandy Calvert has been promoted to Director of Ancillary Services to include the Outpatient and Specialty Clinics plus Lab and X-Ray; while Informatics is moving to Heather Edwards to train providers with use of Evident. Engineering and EVS will now report to Robin Triplett, CFO. Rachel Beissel, our new Nursing Manager is taking on more responsibilities. Our new Dietary Manager, Pam Schmidt, is on board after Dee Flower's recent retirement. With Lab, X-ray and the PCC reporting under same director we hope to improve continuity of care and communication. **Hospitalist**: Margaret (Maggie) McClain is joining us on an interim basis, with the hope that she will consider staying long-term. She will also work closely with our new Swing bed Coordinator, Karen Jaster. Evening and weekend hospitalist care will continue to be supported by Dr. Antola and the other Emcare physicians. **Marketing**: Scott McEachern provided an update of the website revision, to be up by July 1. All outdoor signage may be in place by next Wednesday. News stories coming out this month are about the OAHHS secret shopper results of SCHHC being 1 in 4 Oregon Hospitals to pass patient customer service benchmarks; an introduction of our new podiatrist, Dr. Baharloo; a story on the new chemistry analyzer and increased number of tests available, and a promotion of the Men's Health evening on June 7. A new physician meet and greet for the public will be at Brewed Awakenings next Thursday to introduce Dr. Baharloo, Dr. Pense, and Maggie McClain, Hospitalist. **PQRS:** The Physician Quality Reporting System, not previously required by CMS, is now required or will cost the hospital a 2% penalty deducted from CMS reimbursement.

B. CFO Report

Inpatient days are still in decline, however, Swing Bed days have increased. Operating Room cases are down but revenue has increased 11.3% due to the types of procedures performed. Average daily census for the month is 1.6. Gross Revenue is $1.6M with Average Daily Revenue at $53,000. The 2015 Medicaid incentive payment of $107,000 has been received. Expenses for the month of April were $1.404M and the average for the year is $1.4M. We have a loss in April of $27,230 with a positive bottom line of $33,546. In the June report we will see the revenue generated from Dr. Baharloo's first month with the Clinic. Census has also dropped at other regional hospitals as well as nationwide. We are concentrating on outpatient services to balance revenue. We will provide further thoughts and information during the annual budget hearing at the June board meeting. $22,140 was received from the Southern Coos Health Foundation for the new nurse call system. Operating room repair costs from the sprinkler flood were incurred but the insurance payment has not yet been received. Total operating revenue is 1.6% above 2015, with expenses 3.4% higher than last year. Days of Cash on Hand were 75.1, still above the benchmark of 60 days. Days in A/R are down to 60.7, with collections of $1.247M for the month. WOAH is doing well with current billings but we are still working on their backlog. Blue Cross has installed a new computer system and we are working with them to fix errors. Payroll is almost lower than reported in 2015. Overtime is much lower than prior year, going from $23,000 in April 2015 to $15,000 in April 2016. Both clinics are doing well. Outpatient business is strong. The ER is down 6% for the month of April compared to April 2015. Dr. Pense finally has received WOAH approval. We are working with all providers to let them know that he may now serve WOAH patients. The State Pool has $3.898M. Registry use is continuing to lower.

C. Medical Staff Report

Dr. Holland submitted the following Medical Staff recommendations:

Consideration 60 day Temporary privileges
Trudy Colaw, FNP (Hospitalist)
Margaret McLain, NP (Hospitalist)

Discussion: The echocardiogram reporting topic was discussed at Medical Staff, and it has been requested that the Pharmacy and Therapeutics Committee review their standing orders to be sure the echo is added to improve recording. However, as of January 2015 this measurement will no longer be reported. We have several reports, HCHAPS and Core Measures, which appear to be similar, and we hope to clear up any confusion between the two in the next reporting period.

David Allen **moved** to approve the Medical Staff recommendations as presented. Bob Hundhausen **seconded** the motion. All in favor. **The motion passed unanimously.**

V. Old Business

A. Feasibility Study – Level 4 Trauma Center

Rachel Beissel, ED and MedSurg Nurse Manager, presented the study findings. Rachel began with a description of trauma; exhibit 3 in the board packet report, and read from a description of Trauma Levels 1 through 4. Trauma may include injury from motor vehicle accidents, burns and falls from heights where Mechanism of Injury (MOI) is used to determine severity of wounding, fractures, and internal organ damage that a patient may suffer as a result. There are two Level 1 facilities in Oregon: Legacy Emmanuel and Oregon Health and Science University Hospital in Portland. There are four Level 2 centers in Oregon: Good Samaritan in Corvallis, Sacred Heart in Eugene, Salem Hospital in Salem, and St. Charles in Bend. Bay Area Hospital and Mercy Medical in Roseburg are both Level 3. Level 4 facilities are typically located in rural areas, geographically isolated and medically underserved. Most trauma patients will require transfer to a higher level of care. The study included telephone visits with trauma coordinators at 6 locations in Oregon: Grande Ronde, Molalla Memorial, St. Charles' Madras, Lake District, Kearny, and Pioneer Memorial, and site visits at Lower Umpqua, Coquille Valley, Curry General and Bay Area Hospital. A common question from these facilities was why SCHHC was interested when there is a Level 3 approximately 22 minutes away. Bay Cities Ambulance verified they are required to determine to which facility to transfer a patient based on the field assessment, see exhibit 2 in the packet. Patients presenting with mechanism of injury, co-morbidity, etc, are required to be transferred to the closest higher level of care facility in the area. Current regulations that can be a challenge for Level 4 facilities included the requirement of a blood bank supply for administration to patient within 15-minutes, and 24-hour lab services. The cost to accommodate Level 4 staffing requirements would be an estimated $40,000 per year. The estimated blood product start-up cost is $50,000. Additional pharmacy requirements were reported including that of a special medication at a cost of $5,000 per patient and the is not recoverable if expired (not used prior to expiration date). The education hours required will cost an estimated $3,500, plus on-going expenses and added hours to existing education. Additional requirements include identifying a qualified Medical Director, willing to be responsible for education and training, ongoing assistance with pre-hospital services, nurses, trauma coordinator registrar, and performance improvement program at an estimated cost of $25,000 per year. Per guidelines, designation requires commitment of the institutional governing body and medical staff. Monthly and quarterly state required meetings with staff and time for preparation. The Oregon Trauma System site assessment visit does not guarantee designation, includes approximately 9-months' preparation, includes $18,000 in training costs for current staff, chart auditing and data assemblage. BAH in 2015 had 226 trauma cases; 19 from Bandon, with 8 of those 19 that could have come to SCHHC. Competencies would be difficult to maintain. The American College of Surgeons states that optimal care of trauma patients requires consistent and frequent trauma education and training, but the low volume of rural care makes the financial expenditures less cost-effective. The

resource for optimal care the injured patient, Level 4 hospitals without surgical capabilities can delay definitive care and should be avoided. Why are Lower Umpqua and Coquille Valley Hospitals maintaining their Level 4 status? Because once lost, it cannot be renewed and because they each serve a larger area, but will soon will have to meet new guidelines or lose their status. Trauma patients are most often required to be transferred to a higher level of care resulting in no further revenue for inpatient care. Dr. Orsel, reflecting on his 31 years of experience with many traumas coming through Coquille Valley and then transferred to BAH (with a team of 4 nurses, RT, and 2 surgeons--providing a team around the traumatized patient), and suggested that for optimal patient care you would not want to compromise the patient with limited services at a Level 4 facility. Level 4 trauma cases are transferred to higher level of care, such as BAH, within 2 hours where they also have an ICU. Dr. Antola added that at this time as a Critical Access Hospital we have ancillary staff on-call, so if a CT is needed, or RT, there is a response time vs. with a Level 4 status we would require ancillary staff in-house. Dr. Orsel added that with trauma you do not want to delay care with diagnostics which can risk a patient's life; do not remove from backboard, provide immediate needs such as blood and stabilization, then transfer to higher level of care. Paramedics make the determination of patient trauma criteria. The SCHHC 2013 feasibility study found that trauma is called in the field or it cannot be billed as trauma, which was again confirmed in this study. A financial review, on page 33, estimating 8 trauma cases, SCHHC could incur a $91K/year loss. A letter from Beth Titus, Trauma Coordinator from Mercy Medical, was provided for review later. It is the recommendation of hospital Administration is that they cannot recommend pursuit of Level 4 Trauma status at this time. The board thanked Rachel for her report.

VI. New Business

A. Resolution 2016-01 – Consideration of SCHD Ethics Policy

SDAO requires that we adopt a resolution to comply with the Oregon Ethics Law. Charles attended the recent SDAO regional training on this subject, asking the board to review the resolution provided in the packet.

David Allen **moved** to adopt Resolution 2016-01 to Adopt the State of Oregon Ethics Law. Carol Acklin **seconded** the motion. **Unanimous decision.**

B. Benchmark Reports

1. HCAHPS Inpatient Satisfaction

This reporting period of July 2014-July 2015 again states that our lower numbers are not relevant within the reporting parameters. Next month we will discuss conducting our own survey. We currently pay $5,200 per year to participate in the current survey, though this is not a requirement. The board desires the transparency of reporting statistics and that our own reporting would support current report data availability. Outpatient use

could also be surveyed and provide additional information of use to SCHHC and for patients. Further information will be provided on this topic.

VI. Open Discussion

The board thanked staff for the thorough Level 4 Trauma Center report. Carol Meijer thanked the board for their interest in continued improvements. Donna Reilly was congratulated for her 33 years with Southern Coos Hospital.

Adjournment

With no further discussion, Ms. Williams adjourned the meeting at 8:38 p.m. The next regular meeting of the Southern Coos Health District Board of Directors will be held on Thursday, June 23, at 7:00 p.m. in the Hospital Conference Room.

Esther Williams, Board Chair

Robert Hundhausen, Secretary

Southern Coos Health District
Budget Committee Minutes
May 12, 2016
Southern Coos Hospital & Health Center
4:00 p.m.

The meeting was called to order at 4:00 pm by Esther Williams, Board Chair.

Committee Members present: Tom Bedell, Leslie Clarke, Betty Daniels, Bob Hundhausen, Harv Schubothe, Esther Williams. **Absent:** Carol Acklin, Paul Mounts, Brian Vick, Gary Wiesner.

Administration present: Charles Johnston, CEO; Robin Triplett, CFO; Carol Meijer, CNO; Kim Russell, Secretary.

Budget Timetable: If the budget is approved this evening, it will move through adjustments, preparation of the LB-1 Form and Resolution for the June 23 Board Meeting and Budget Hearing, with submittal to the Assessor on June 30.

Ms. Triplett presented the 2015- 2016 Budget Message and Review. FY 2015-16 has been a year of change and adjustment. Volume increases and the associated increased revenues allowed SCHD to not raise rates for a 3rd consecutive year. Changes included the added primary care clinic doctors, the contract with Western Oregon Advanced Health (Coordinated Care Organization for Medicaid reimbursements), a new surgeon and new podiatrist. Ms. Triplett reviewed current year statistics and the budget preparation methodology for FY 2016-17 including key assumptions, operating expenses, capital budget, debt schedule and property tax revenue calculation in the requested amount of $807,607.14. Questions were answered regarding hospital rates, meaningful use reimbursements, capital budget items, staffing, and the schedule of anticipated and potential needs was reviewed.

A **motion** was given by Bob Hundhausen to approve the 2016-2017 budget as presented. Harv Schubothe **seconded** the motion. None were opposed. **The motion passed unanimously**. A second **motion** was given by Leslie Clarke to forward and recommend the approved budget to the Board of Directors of SCHD for consideration of adoption at the June 23 Board Meeting and Budget Hearing. Bob Hundhausen **seconded** the motion. **The motion passed unanimously**.

The meeting was adjourned at 5:10 p.m. by Board Chair, Esther Williams.

Esther Williams, Board Chair

Robert J. Hundhausen, Secretary

Foundation Report

Southern Coos
Health Foundation
PO Box 1933 Bandon, OR 97411 foundation@southerncoos.org 541.329.1040

Southern Coos Health Foundation Report
June 2016

Men's Health Evening

We held a community health education event, Men's Health Evening, on Tuesday, June 7, 2016, from 5p – 7pm at the Bandon Community Center. Mr. Fred Tedeschi, the Director of Sports Medicine at Oregon State University, spoke. He has extensive experience in athletic training, including stints with the Chicago Bulls and the San Francisco 49ers. About 30 people showed up to enjoy Mr. Tedeschi's presentation.

9th Annual Golf for Health Classic

The 9th Annual Golf for Health Classic tournament is July 8 & 9, 2016 at the Bandon Crossings. We have secured Chivaroli & Associates as the Diamond Sponsor for the ninth year in a row, as well as many local businesses, such as Bain Insurance Agency, CascadeTel, Pacific View Assisted Living & Memory Care, and Brewed Awakenings (thank you, Esther!). We will hold the Grand Sponsor Reception, as usual, on Friday evening at 6pm. This year, we are working to enhance the Sponsor Reception, to make it a fun, energetic kick-off party. Please plan to attend if possible.

CEO REPORT

CEO REPORT
June 2016

Feasibility Study – Remote Pharmacist: As you recall, we previously discussed the option of employing a pharmacist for SCHHC and it was determined that the difficulty in finding a pharmacist plus the cost would make that option not feasible at this time. During the study we discovered that several critical access hospitals use a remote pharmacist service to provide 24/7 coverage reviewing orders. The main benefits of this service would be to have a pharmacist provide real-time review of inpatient physician orders to catch medication errors, the ability to eliminate a significant number of non-formulary drug purchases from our local pharmacy and the availability of having pharmacist telephone consultation 24/7.

In addressing these issues we found that our medication error rate is very low. There have been only 8 since January 1, 2016, none of which were life threatening and only 4 of those that would have potentially been caught by a remote pharmacist. Looking at the cost saving potential for reducing non-formulary drugs it is estimated that we could save between $7-10 thousand dollars per year by using a remote pharmacist. However, the cost of having a remote pharmacist service would be approximately $28,000 per year and we would still need to use the services of our current pharmacy consultant (Kamy).

Given these findings, we are not recommending going forward with remote pharmacy services at this time but may want to re-visit this if our inpatient census picks up.

Feasibility Study – Nuclear Medicine: In your packet is an 8-page (brief with lots of pictures) article that explains what Nuclear Medicine is and answers some questions you might have. The main obstacle that would need to be overcome is space for another diagnostic room which would involve a major construction project.

Then, the cost of the gamma camera itself, storage of radioactive material and obtaining licensed personnel to perform the procedures. All of these costs are outlined in your packet along with revenue projections. The bottom line shows that we would have an average loss of over $200k per year.

Given all this information, we do not feel that Nuclear Medicine is a good fit for our hospital at this time.

PQRS: The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.

By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. In 2015, the program began applying a negative payment adjustment to individual EPs and PQRS group practices who did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule

(MPFS) covered professional services in 2013. Those who report satisfactorily for the 2016 program year will avoid the 2018 PQRS negative payment adjustment.

We recently discovered this "surprise" reduction in Medicare payment now applies to critical access hospitals even though we are not required to participate. Staff has been working quickly to make sure we can report for the 2016 program year (June deadline) and avoid the 2% Medicare withhold. We discovered that Grand Ronde hospital (Oregon) is using a reporting service to expedite compliance and we will be using the same service at SCHHC.

As you can imagine with CMS, PQRS is a very complicated and labor intensive report and we are trying to accomplish this with as little interference with our providers as possible. We will have more details about our handling of PQRS in future Board meetings.

Laundry Conversion: We have reached an agreement with Alsco to phase into doing our own laundry at SCHHC. As previously mentioned we are paying around $84k per year for laundry and washing service from a contract signed in 2012 which expires in January 2018. We will be purchasing a new commercial washer and drier, approximately $20k, and will buy our own wash cloths, towels and linens etc. Our EVS staff will do the laundry and folding. After the equipment and laundry is purchased the annual savings to the hospital should be in the $40-50k range.

The conversion will begin on July 1st with SCHHC buying wash cloths and towels (from a different vendor) and doing the laundry on just those items. Our weekly bill from Alsco will be reduced from $1555 to $1305 and we will continue adding other items and reducing our Alsco bill about every 4 months until the contract expires. The only items that will remain with Alsco, for the time being, are all our floor mats and the provider's lab coats that need pressing.

Wetland Mitigation: When we built our new buildings we discussed the possibility of mitigating the wetland area in front of the Foundation/Business building at some time in the future so that we can use that space for additional parking or whatever we choose. I asked Sheri McGrath to put together a proposal and timetable for getting that accomplished (in your packet).

From her latest email she is projecting it would take 6 months to compile the information for submission. The time for consideration and/or approval is a big unknown and could take years. She is suggesting that we budget around $30k to complete the project.

Given our current budget constraints, I suggest we put this project on hold for now. We can discuss this further at our meeting.

Patient Surveys: Last month we discussed having our own Inpatient/Outpatient surveys in addition to HCAPS which does not provide current or valid information. We need to have a little more time to put together a plan of action and any affiliated costs so there will not be a report this month on this issue.

Marketing Report: Signage - All three signage pieces are up. The last sign to be installed, at the corner of June & 11th, has been inspected by the City of Bandon, so we have passed the final step. Thanks for everyone's patience!

Physician Meet & Greet - We held a meet and greet with Drs. Pense and Baharloo on **Thursday, June 2, 2016**, at **Brewed Awakenings**, from **5pm to 6pm**. Many thanks to Esther Williams for hosting! **Website -** We are still in process of developing a refresher for the website. The web developers are tailoring the content to fit our design vision.

CFO REPORT

06/20/16 10:42 AM

SOUTHERN COOS HOSPITAL
BALANCE SHEET
FOR THE MONTH ENDING: 05/31/16

	Current Year	Prior Year	Net Change
ASSETS			
CASH - OPERATING	634,395.33	455,616.29	178,779.04
INVESTMENT - UNRESTRICTED	1,592,519.63	71,432.20	1,521,087.43
INVESTMENT - RESTRICTED	9,488.28	9,488.28	.00
INVESTMENT - USDA RESTRICTED	233,702.60	233,702.60	.00
INVESTMENT - HEALTH INFORMATION SYSTEM	.00	.00	.00
INVESTMENT - BOARD DESIGNATED FUNDS	1,884,783.35	1,818,783.35	66,000.00
CASH AND CASH EQUIVALENTS	4,354,889.19	2,589,022.72	1,765,866.47
PATIENT ACCOUNTS RECEIVABLE	3,122,164.89	4,447,154.32	(1,324,989.43)
LESS RESERVE FOR UNCOLLECTIBLES	(1,138,508.68)	(1,909,000.65)	770,491.97
NET PATIENT ACCOUNTS RECEIVABLE	1,983,656.21	2,538,153.67	(554,497.46)
OTHER RECEIVABLE	814,691.62	6,780.87	807,910.75
INVENTORY	219,977.70	165,620.82	54,356.88
PREPAID EXPENSE	292,313.16	188,913.17	103,399.99
PROPERTY TAX RECEIVABLE - NET - CURREN	(9,956.16)	(3,995.97)	(5,960.19)
TOTAL CURRENT ASSETS	7,655,571.72	5,484,495.28	2,171,076.44
PROPERTY TAX RECEIVABLE - PRIOR YEARS	10,271.03	6,839.64	3,431.39
RESTRICTED GRANT AWARD	.00	.00	.00
PLANT & EQUIP (NET OF DEPRECIATION)	6,754,465.12	7,110,855.67	(356,390.55)
TOTAL ASSETS	14,420,307.87	12,602,190.59	1,818,117.28
LIABILITIES AND FUND BALANCE			
ACCOUNTS PAYABLE	328,044.44	530,137.17	(202,092.73)
ACCRUED SALARIES & EMPLOYEE BENEFITS	903,866.10	824,650.66	79,215.44
INTEREST & OTHER PAYABLE	140,579.31	153,473.38	(12,894.07)
CURRENT PORTION LONG-TERM DEBT	617,645.10	617,645.10	.00
TOTAL CURRENT LIABILITIES	1,990,134.95	2,125,906.31	(135,771.36)
EQUIPMENT LOANS PAYABLE	.00	.00	.00
CAPITAL LEASES	.00	(1,309.91)	1,309.91
FACILITY LOANS PAYABLE	3,464,367.00	3,538,825.00	(74,458.00)
HIS SDAO LOAN PAYABLE	1,970,000.00	1,004,040.80	965,959.20
LESS CURRENT PORTION LONG TERM DEBT	(617,645.10)	(617,645.10)	.00
TOTAL NON-CURRENT LIABILITIES	4,816,721.90	3,926,530.61	890,191.29
TOTAL LIABILITIES	6,806,856.85	6,052,436.92	754,419.93
DEFERRED TAX/GRANT REVENUE	.00	.00	.00
FUND BALANCE	7,613,451.02	6,549,753.67	1,063,697.35
TOTAL NET EQUITY	7,613,451.02	6,549,753.67	1,063,697.35
TOTAL LIABILITIES & FUND BALANCE	14,420,307.87	12,602,190.59	1,818,117.28

SOUTHERN COOS HOSPITAL
OPERATING/INCOME STATEMENT 06/20/16 10:42 AM
FOR THE 11 MONTHS ENDING 05/31/16

	SINGLE MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	$ VARIANCE	% VAR	ACTUAL	BUDGET	$ VARIANCE	% VAR
REVENUE								
INPATIENT	123,538.57	384,973.69	(261,435.12)	(67.90)	2,726,851.92	4,232,643.76	(1,505,791.84)	(35.57)
OUTPATIENT	1,694,212.88	1,627,524.77	66,688.11	4.09	17,279,955.52	17,884,174.09	(604,218.57)	(3.37)
TOTAL PATIENT	1,817,751.45	2,012,498.46	(194,747.01)	(9.67)	20,006,807.44	22,116,817.85	(2,110,010.41)	(9.54)
LESS CONTRACTUAL	(490,387.56)	(612,047.43)	121,659.87	19.87	(5,361,969.74)	(6,731,344.80)	1,369,375.06	20.34
LESS CHARITY CAR	(2,122.67)	(7,666.67)	5,544.00	72.31	(72,517.48)	(84,333.37)	11,815.89	14.01
LESS BAD DEBT EX	(32,351.00)	(63,333.33)	30,982.33	48.91	(407,984.00)	(696,666.63)	288,682.63	41.43
TOTAL DEDUCTIO	(524,861.23)	(683,047.43)	158,186.20	23.15	(5,842,471.22)	(7,512,344.80)	1,669,873.58	22.22
NET PATIENT RE	1,292,890.22	1,329,451.03	(36,560.81)	(2.75)	14,164,336.22	14,604,473.05	(440,136.83)	(3.01)
OTHER OPER REVEN	24,693.95	18,241.67	6,452.28	35.37	839,175.50	200,658.33	638,517.17	318.21
TOTAL OPERATIN	1,317,584.17	1,347,692.70	(30,108.53)	(2.23)	15,003,511.72	14,805,131.38	198,380.34	1.33
EXPENSES								
SALARIES & BENEF	889,048.15	822,151.97	(66,896.18)	(8.13)	9,143,825.70	9,122,551.37	(21,274.33)	(.23)
PROFESSIONAL FEE	153,934.09	176,700.01	22,765.92	12.88	1,869,386.80	1,917,033.40	47,646.60	2.48
PURCHASED SERVIC	96,136.71	87,895.17	(8,241.54)	(9.37)	1,429,204.95	979,201.09	(450,003.86)	(45.95)
MEDICAL SUPPLIES	92,219.80	113,355.91	21,136.11	18.64	1,131,552.96	1,244,306.54	112,753.58	9.06
SUPPLIES	16,340.19	21,464.38	5,124.19	23.87	203,347.67	247,463.75	44,116.08	17.82
OTHER OPERATING	84,858.89	74,601.49	(10,257.40)	(13.74)	882,654.97	787,810.31	(94,844.66)	(12.03)
INSURANCE & UTIL	23,084.54	31,133.34	8,048.80	25.85	298,412.88	342,466.74	44,053.86	12.86
DEPRECIATION	60,221.30	66,833.33	6,612.03	9.89	662,434.30	735,166.63	72,732.33	9.89
TOTAL OPERATIN	1,415,843.67	1,394,135.60	(21,708.07)	(1.55)	15,620,820.23	15,375,999.83	(244,820.40)	(1.59)
OPERATING INCO	(98,259.50)	(46,442.90)	(51,816.60)	(111.57)	(617,308.51)	(570,868.45)	(46,440.06)	(8.13)
NON-OPERATING REVENUE								
PROPERTY TAXES	65,153.67	65,154.00	(.33)	.00)	716,690.39	716,694.00	(3.61)	.00
OTHER	3,307.99	8,000.00	(4,692.01)	(58.65)	32,579.62	88,000.04	(55,420.42)	(62.97)
TOTAL NON-OPER	68,461.66	73,154.00	(4,692.34)	(6.41)	749,270.01	804,694.04	(55,424.03)	(6.88)
NON-OPERATING EXPENSE								
INTEREST EXPENSE	21,232.05	17,625.00	(3,607.05)	(20.46)	207,141.80	193,875.00	(13,266.80)	(6.84)
OTHER	148.56	41.67	(106.89)	(256.51)	1,079.37	459.37	(620.00)	(134.96)
TOTAL NON-OPER	21,380.61	17,666.67	(3,713.94)	(21.02)	208,221.17	194,334.37	(13,886.80)	(7.14)
EXCESS REVENUE	(51,178.45)	9,044.43	(60,222.88)	(665.85)	(76,259.67)	39,491.22	(115,750.89)	(293.10)
DONATIONS & GRAN	44,388.50	330.00	44,058.50	13351.06	103,016.34	127,380.00	(24,363.66)	(19.12)
EHR GRANT INCOME	.00	.00	.00	.00	.00	.00	.00	.00
NET ASSETS INC	(6,789.95)	9,374.43	(16,164.38)	(172.43)	26,756.67	166,871.22	(140,114.55)	(83.96)

BOARD FINANCE REPORT
May 2016

June 23, 2016
Presented by: Robin Triplett

Utilization

	Month			Year To Date		
	2016 Actual	2015 Prior Year	% Variance To Prior Year	2016 Actual	2015 Prior Year	% Variance To Prior Year
Hospital						
In Patient Days	18	48	-62.5%	418	739	-43.4%
Swing Days	22	5	340.0%	413	351	17.7%
Major Departments					-	
Emergency Visits	415	410	1.2%	4,304	4,336	-0.7%
Radiology Procedures	576	479	20.3%	6,474	5,912	9.5%
Laboratory Tests	3,301	3,696	-10.7%	41,426	41,051	0.9%
Respiratory Visits	348	470	-26.0%	3,828	3,943	-2.9%
Surgeries and Endoscopies	60	23	160.9%	302	313	-3.5%
Pain Clinic	43	22	95.5%	560	533	5.1%
Specialty Clinic Visits	518	389	33.2%	5,019	4,406	13.9%
Primary Care Clinic	375	218	72.0%	3,706	2,675	38.5%

ADC for the month of May was 1.29, YTD 1.71. Swing Bed has increased for the month by 340% YTD 17.7. With the exception of Lab and Respiratory, all ancillary departments were higher than the prior year.
Revenue from the OR increase for the Month by 91.2%

BOARD FINANCE REPORT
MAY 2016

June 23, 2016
Presented by: Robin Triplett

	Current Month			Fiscal Year-To-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Gross Patient Revenue	1,817,751	2,012,498	(194,747)	20,006,807	22,116,818	(2,110,011)
Contractual Adjustments	(524,861)	(683,047)	158,186	(5,842,471)	(7,512,345)	1,669,874
Net Patient Revenue	1,292,890	1,329,451	(36,561)	14,164,336	14,604,473	(440,137)
Other Operating Revenue	24,694	18,242	6,452	839,176	200,658	638,518
Net Operating Revenue	1,317,584	1,347,692	(30,108)	15,003,512	14,805,131	198,381
Operating Expenses	1,415,844	1,394,135	21,709	15,620,820	15,376,000	244,820
Operating Income (Loss)	(98,260)	(46,443)	(51,818)	(617,308)	(570,869)	(46,440)
Non-Operating Inc/(Exp)	47,081	55,487	(8,407)	541,049	610,360	(69,311)
Donations and Grants	44,389	330	44,059	103,016	127,380.00	(24,364)
Net Assets Increase (Decrease)	(6,790)	9,375	(16,166)	26,757	166,871	(140,115)

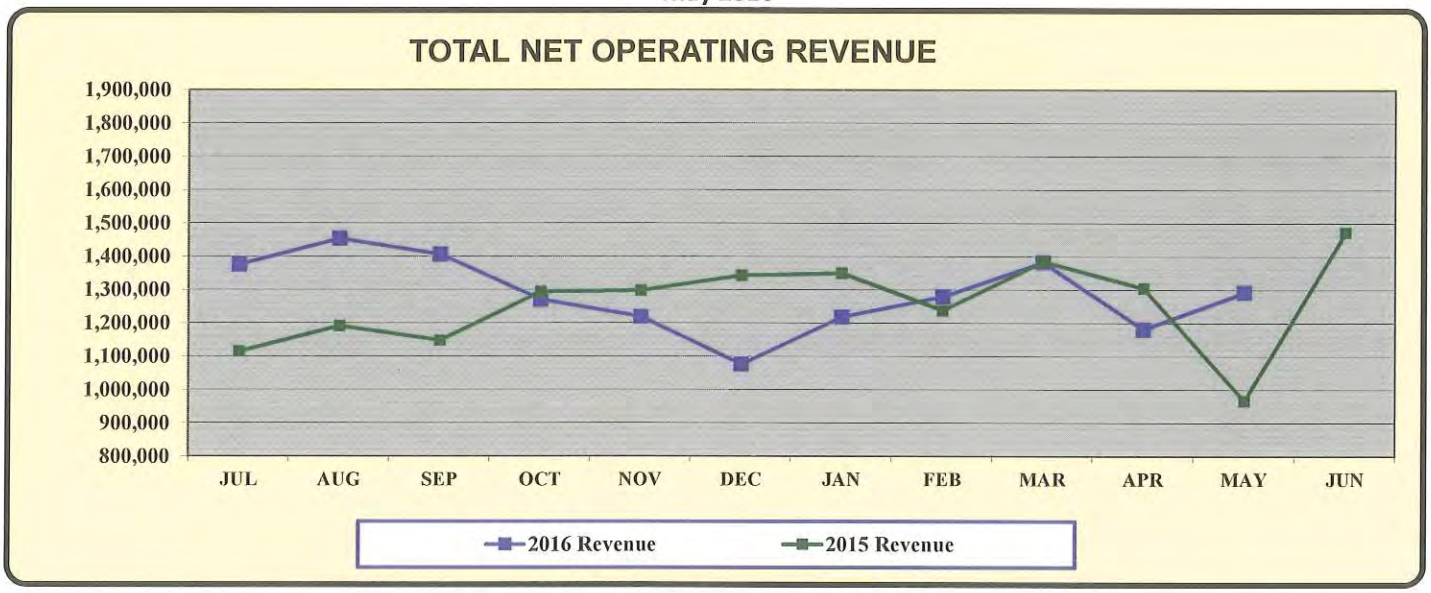
Gross Revenue per day for the month was $58,637, the average for the year is $59,261.
Expenses for the month were $1,415,844, the average for the year is $1,420,497

Southern Coos Hospital
Operating Statements
July 2015 - June 2016

EXPENSES	July-15	August-15	September-15	October-15	November-15	December-15	January-16	February-16	March-16	April-16
Salaries & Benefits	$850,402	$841,991	$793,994	$842,557	$782,334	$801,008	$813,964	$861,432	$842,212	$824,884
Professional Fees	$187,189	$194,670	$181,360	$176,180	$168,162	$184,825	$148,568	$165,826	$156,875	$151,797
Purchased Services	$108,811	$123,026	$179,633	$137,250	$155,940	$142,771	$99,815	$94,138	$151,029	$140,656
Medical Supplies & Drugs	$102,791	$115,728	$112,257	$96,660	$87,739	$104,685	$101,535	$100,454	$109,944	$107,539
Supplies	$16,109	$34,846	$12,575	$22,948	$19,733	$17,779	$16,088	$15,530	$17,853	$13,546
Other Operating Expenses	$65,548	$79,854	$70,009	$96,215	$82,117	$98,789	$57,711	$87,661	$80,834	$79,058
Insurance & Utilities	$26,427	$29,528	$21,591	$31,995	$31,593	$25,635	$28,787	$26,060	$26,454	$27,258
Depreciation	$60,221	$60,221	$60,221	$60,221	$60,221	$60,221	$60,221	$60,221	$60,221	$60,221
TOTAL OPERATING EXPENSES	**$1,417,498**	**$1,479,863**	**$1,431,641**	**$1,464,027**	**$1,387,839**	**$1,435,713**	**$1,326,690**	**$1,411,323**	**$1,445,422**	**$1,404,959**
OPERATING INCOME (LOSS)	**($13,847)**	**($855)**	**$6,634**	**($167,805)**	**($140,632)**	**($332,635)**	**($86,631)**	**($104,697)**	**$417,951**	**($96,530)**
Non-Operating Revenue										
Property Taxes	$65,154	$65,154	$65,154	$65,154	$65,154	$65,154	$65,154	$65,154	$65,154	$65,154
Other	$2,658	$2,435	$3,001	$2,549	$2,601	$2,531	$3,261	$3,095	$3,539	$3,601
Non-Operating Expense										
Interest Expense	$16,219	$16,183	$16,154	$16,556	$15,883	$37,293	$3,900	$21,245	$21,257	$21,220
Other	($117)	($105)	$203	$264	$181	$77	($578)	($55)	$274	($369)
EXCESS REVENUE OVER EXPEN	**$37,629**	**$50,446**	**$58,838**	**($116,394)**	**($88,580)**	**($302,167)**	**($22,694)**	**($57,748)**	**$465,661**	**($49,364)**
Donations & Grants	**$0**	**$0**	**$4,871**	**$244**	**$11,505**	**$13,775**	**$0**	**$925**	**$5,175**	**$22,134**
NET ASSETS INCREASE (DECRE	**$37,629**	**$50,446**	**$63,708**	**($116,151)**	**($77,075)**	**($288,392)**	**($22,694)**	**($56,823)**	**$470,836**	**($27,230)**

Net Revenue and Expenses Compared to Prior Year

May 2016

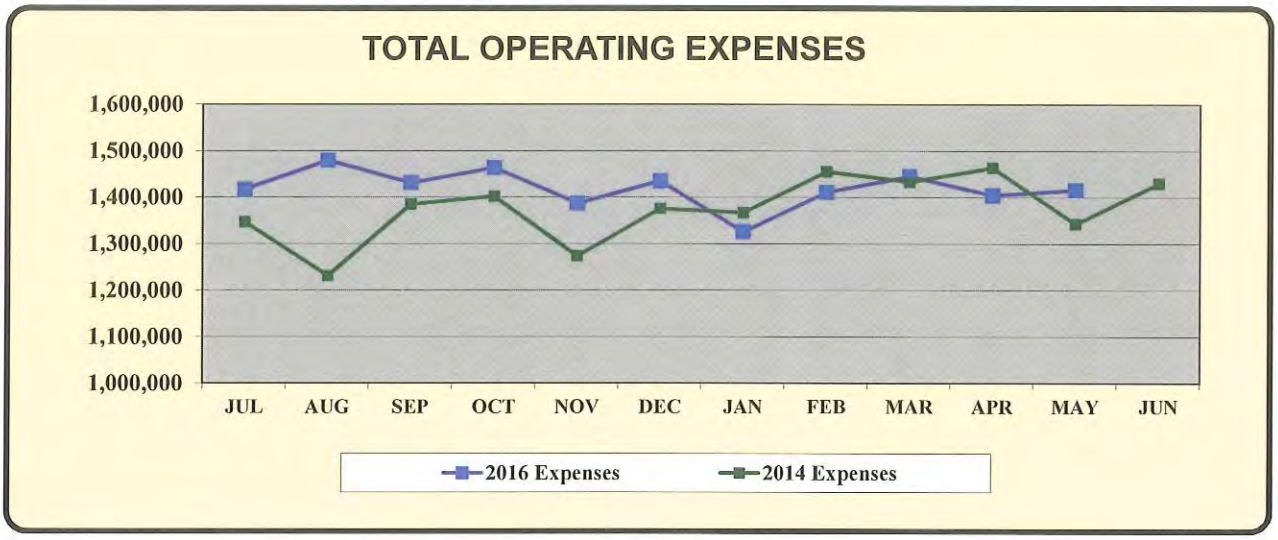


	JUL	AUG	SEP	OCT	NOV	DEC
2016 Revenue	1,376,046	1,454,231	1,406,906	1,271,238	1,220,121	1,077,696
2015 Revenue	1,115,210	1,191,440	1,148,032	1,294,504	1,298,511	1,343,483

YTD is	More Than
3.9%	Prior Year

	JAN	FEB	MAR	APR	MAY	JUN
2016 Revenue	1,219,216	1,280,493	1,383,377	1,182,120	1,292,890	
2015 Revenue	1,350,707	1,238,304	1,384,985	1,304,778	967,655	1,472,815

YTD	
$ 14,164,335	2016 Revenue
$ 13,637,609	2015 Revenue

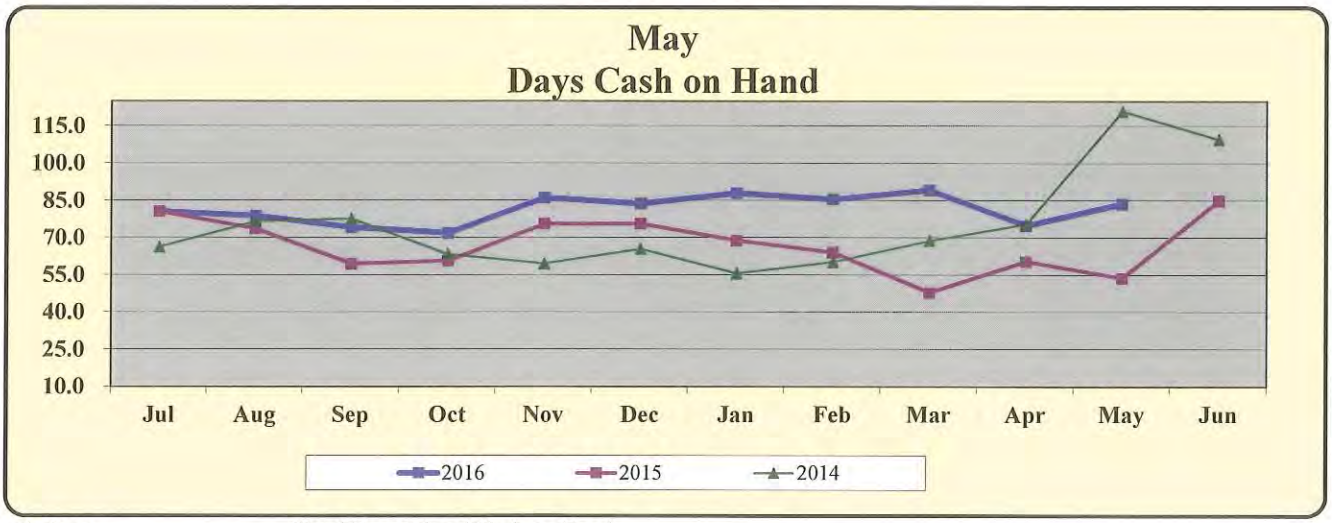


	JUL	AUG	SEP	OCT	NOV	DEC
2016 Expenses	1,417,498	1,479,863	1,431,641	1,464,027	1,387,840	1,435,713
2015 Expenses	1,347,208	1,231,305	1,385,365	1,402,778	1,274,234	1,376,061

YTD is	
3.6%	Higher than
	Prior Year

	JAN	FEB	MAR	APR	MAY	JUN
2016 Expenses	1,326,690	1,411,324	1,445,422	1,404,959	1,415,844	
2015 Expenses	1,367,734	1,455,707	1,433,331	1,463,746	1,342,602	1,430,221

YTD	
$ 15,620,820	2016 Expenses
$ 15,080,070	2015 Expenses



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

Benchmark 60 days

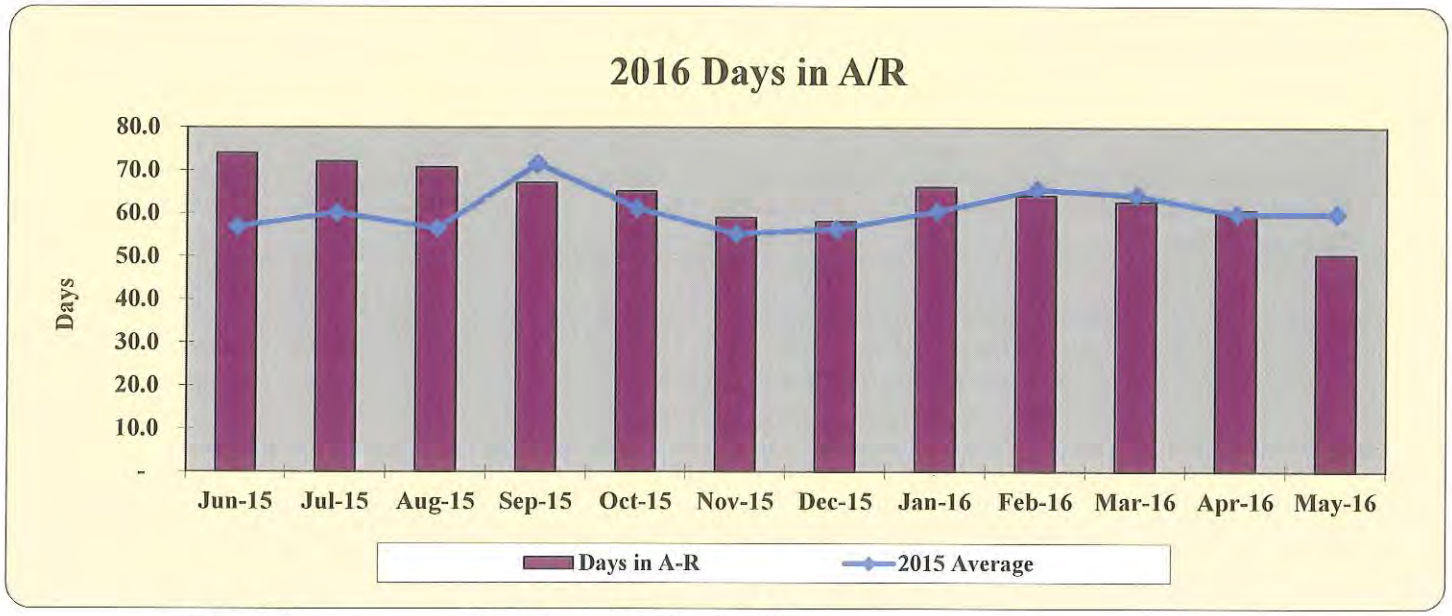
How ratio is used: This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

	Average
2016	81.7
2015	67.3
2014	75.0
2013	68.4

Fiscal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2016	80.8	79.0	74.3	72.0	86.2	83.9	88.1	85.7	89.4	75.1	83.8	
2015	80.8	73.8	59.6	60.8	75.6	75.7	69.0	64.2	48.1	60.6	53.9	85.1
2014	66.4	76.6	77.7	63.3	59.55	65.6	55.72	60.4	68.93	75.59	121.11	109.69

CASH RESERVE BALANCE **Days Cash on Hand is 83.80**

FISCAL YEAR ENDING JUNE	
2013	$ 2,408,906
2014	$ 4,495,222
2015	$ 4,006,297
2016	$ 4,354,889



Calculation: $\frac{\text{Gross Accounts Receivable}}{\text{Average Daily Revenue}}$

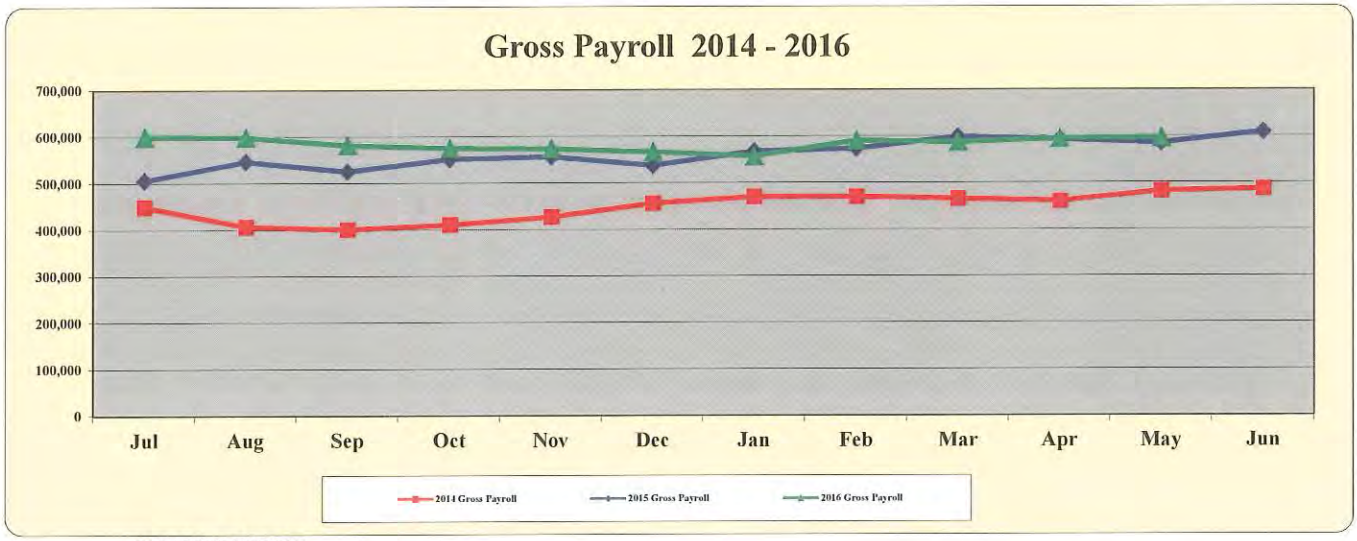
Definition: Considered a key "liquidity ratio" that calculates how quickly accounts are being paid.

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

Benchmark ***60***

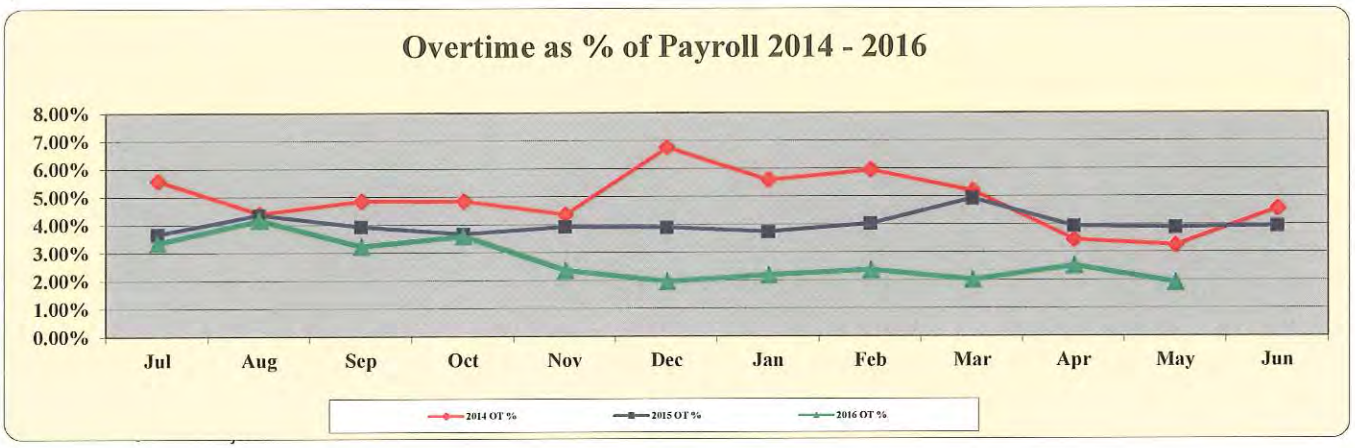
How ratio is used: Used to determine timing required to collect accounts. Usually, organizations below the average Days in AR are likely to have higher levels of Days Cash on Hand.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
A/R (Gross)	4,679,799	4,558,026	4,632,112	4,447,524	4,234,710	3,860,676
Days in Month	30	31	31	30	31	30
Monthly Revenue	1,979,481	1,960,912	2,099,937	2,021,718	1,954,368	1,711,331
3 Mo Avg Daily Revenue	63,225.67	63,255.00	65,498.00	66,245.02	65,000.00	65,334.00
Days in AR	**74.0**	**72.1**	**70.7**	**67.1**	**65.1**	**59.1**
	Dec-15	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**	**May-16**
A/R (Gross)	3,242,490	3,432,111	3,444,162	3,371,386	3,266,360	3,122,165
Days in Month	31	31	29	31	30	31
Monthly Revenue	1,471,561	1,583,743	1,811,881	1,928,641	1,644,962	1,817,751
Daily Revenue	55,583	51,867	53,679	53,800	63,779	61,915
Days in AR	**58.1**	**66.2**	**64.2**	**62.7**	**60.7**	**50.4**



GROSS PAYROLL

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
2014	450,292	407,821	401,957	411,702	428,246	457,001	470,564	470,768	466,168	461,599	482,985	487,256	5,396,360
2015	506,853	547,865	526,161	552,694	557,478	537,802	568,005	573,941	599,122	593,523	586,354	610,006	6,759,804
2016	600,928	600,283	582,999	575,705	574,382	567,035	557,741	590,929	587,496	595,641	597,304		6,430,443
% Change 15	13%	34%	31%	34%	30%	18%	21%	22%	29%	29%	21%	25%	25%
% Change 16	19%	10%	11%	4%	3%	5%	-2%	3%	-2%	0%	2%	-100%	-5%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
2014	25,216	18,016	19,563	19,986	18,714	30,921	26,368	28,043	24,276	15,991	15,753	22,293	265,139
2015	18,619	23,948	20,763	20,333	21,914	20,990	21,275	23,148	29,572	23,362	22,844	24,076	270,845
2016	20,267	25,121	18,922	20,727	13,626	11,108	12,236	14,004	11,870	15,036	11,505		174,423
2014%of P/R	5.60%	4.42%	4.87%	4.85%	4.37%	6.77%	5.60%	5.96%	5.21%	3.46%	3.26%	4.58%	4.91%
2015% of P/R	3.67%	4.37%	3.95%	3.68%	3.93%	3.90%	3.75%	4.03%	4.94%	3.94%	3.90%	3.95%	4.01%
2016% of P/R	3.37%	4.18%	3.25%	3.60%	2.37%	1.96%	2.19%	2.37%	2.02%	2.52%	1.93%		2.71%
% Change 15	-35%	25%	6%	2%	15%	-47%	-24%	-21%	18%	32%	31%	7%	2%
% Change 16	8%	5%	-10%	2%	-61%	-89%	-74%	-65%	-149%	-55%	-99%	#DIV/0!	-55%

SOUTHERN COOS HOSPITAL AND HEALTH CENTER
STATS FOR FISCAL YEAR 2015 - 2016

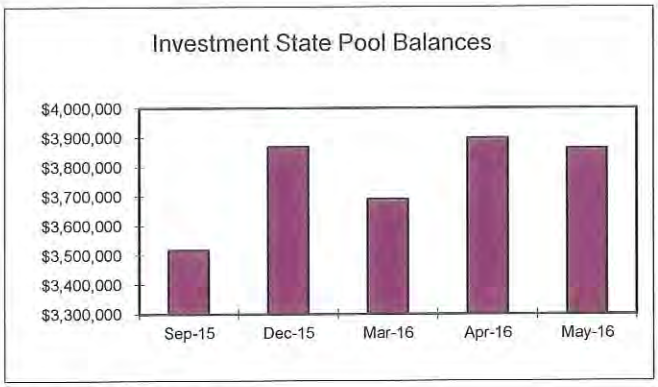
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	FY 16 MONTH	FY 15 MONTH	*FY 16 YTD*	FY 15 YTD	MONTH CHANGE	YTD CHANGE
Patient Days by Service																		
Inpatient Days	46	74	41	34	43	35	35	26	39	27	18	0	18	48	418	739	-62.5%	-43.4%
Swing Patient Days	32	51	58	91	50	12	11	31	33	22	22	0	22	5	413	351	340.0%	17.7%
.	78	125	99	125	93	47	46	57	72	49	40	0	40	53	831	1090	-24.5%	-23.8%
PATIENT DAYS BY FINANCIAL CLASS																		
Self Pay In-patient	0	4	0	0	0	1	0	0	0	0	0	0	0	0	5	4	#DIV/0!	25.0%
Medicare In- Patient	38	64	36	27	37	29	31	12	27	17	13	0	13	44	331	668	-70.5%	-50.4%
Medicare Swing Bed	22	51	58	90	50	12	11	31	33	22	15	0	15	5	395	330	200.0%	19.7%
Commercial In-Patient	7	2	1	4	2	4	2	3	5	8	3	0	3	0	41	48	#DIV/0!	-14.6%
Medicaid Oregon Medicaid - In-Patient	0	1	4	1	0	0	0	0	3	0	0	0	0	3	9	17	-100.0%	-47.1%
Medicaid WOAH In- Patient	1	3	0	2	4	1	2	11	4	2	2	0	2	1	32	18	100.0%	77.8%
Commercial - Swing	10	0	0	0	0	0	0	0	0	0	7	0	7	0	10	0	#DIV/0!	#DIV/0!
Medicaid WOAH Swing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	#DIV/0!	-100.0%
TOTAL PATIENT DAYS BY FINANCIAL CLASS	78	125	99	124	93	47	46	57	72	49	40	0	40	53	823	1090	-24.5%	-24.5%
AVERAGE DAILY CENSUS	2.52	4.03	3.30	4.00	3.10	1.52	1.48	1.97	2.32	1.63	1.29	0.00	1.29	1.71	2.46	3.25		
Inpatient Admissions	20	32	23	22	15	16	15	17	23	19	13	0	13	20	215	333	-35.0%	-35.4%
Emergency Room Visits	431	442	429	410	321	344	341	352	433	386	415	0	415	410	4,304	4336	1.2%	-0.7%
Observation Admits	36	32	22	24	27	5	22	30	28	21	20	0	20	0	267	0	#DIV/0!	#DIV/0!
Clinic Visits	463	304	522	463	462	439	*442*	554	482	370	518	0	518	389	5,019	4406	33.2%	13.9%
Endoscopies/Colonoscopy	26	11	20	24	20	8	9	17	12	17	25	0	25	15	189	197	66.7%	-4.1%
Surgeries	9	9	8	6	8	6	8	15	14	13	17	0	17	8	113	116	112.5%	-2.6%
Pain Management Clinic	43	53	75	37	33	46	66	69	51	44	43	0	43	22	560	533	95.5%	5.1%
Mammographies	38	40	48	58	60	41	49	54	61	39	50	0	50	57	538	525	-12.3%	2.5%
UltraSounds	63	42	78	47	46	52	97	60	90	69	66	0	66	18	710	569	266.7%	24.8%
General Procedures	363	375	375	317	347	301	351	358	340	351	349	0	349	291	3827	3554	19.9%	7.7%
CT	151	113	76	98	78	82	74	96	77	74	72	0	72	86	991	996	-16.3%	-0.5%
MRI	28	18	18	22	10	16	21	27	8	19	17	0	17	10	204	204	70.0%	0.0%
Bone Density	0	0	10	4	5	2	8	11	11	10	11	0	11	3	72	32	266.7%	0.0%
Echo's	11	8	18	13	10	11	10	13	12	15	11	0	11	14	132	32	-21.4%	28.0%
Lab Outpatient visits	3638	4028	3491	3878	3425	3139	3374	3345	3543	3338	3146	0	3146	3411	38345	35831	-7.8%	7.0%
Lab Inpatient visits	347	484	293	320	247	289	290	263	259	134	155	0	155	285	3081	5220	-45.6%	-41.0%
Total Patient Tests	3985	4512	3784	4198	3672	3428	3664	3608	3802	3472	3301	0	3301	3696	41426	41051	-10.7%	0.9%
Respiratory Procedures	459.5	541	285	351	522	252	295	381	423	319	0	0	348	470	3828.5	3943	-26.0%	-2.9%
Dr. Holland Clinic (start date 7/10/14)	93	206	214	269	212	168	206	189	218	204	217	0	217	218	2196	2024	-0.5%	8.5%
Amy Wood FNP (start 7/2015)	143	152	127	126	117	131	136	123	146	151	158	0	158	0	1510	0	100.0%	100.0%
Dr. Pense Clinic	0	0	0	0	0	0	24	60	67	52	40		40	0	243	0		
Dr. Baharloo Clinic											118		118	0	0	0		
Dr Santosa Clinic (start date 7/22/14)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	651	#DIV/0!	-100.0%

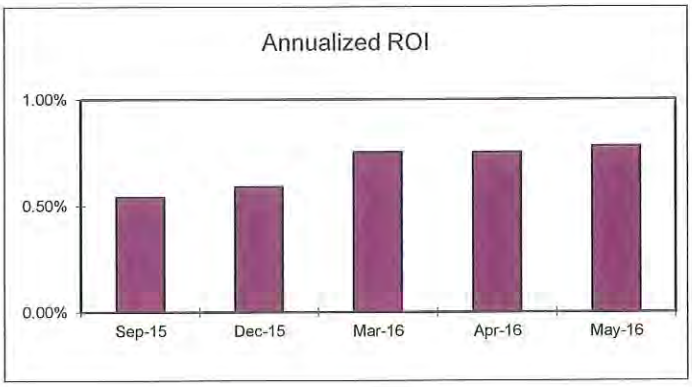
SOUTHERN COOS HEALTH DISTRICT AND FOUNDATION
INVESTMENT STATE POOL
MAY 31, 2016

Balance for the Month Beginning May 01, 2016			$ 3,898,352
	Interest Net of Fees	$ 2,552	
	Deposits	5,500	
	Withdrawals	(44,389)	
	Subtotal		(36,337)
Balance for the Month Ending May 31, 2016			$ 3,862,015

Historical Data

Description	Date	Balance	Annualized ROI
Quarter Ending Balance	Sep-15	$ 3,516,344	0.54%
Quarter Ending Balance	Dec-15	$ 3,867,442	0.59%
Quarter Ending Balance	Mar-16	$ 3,690,494	0.75%
Month Ending Balance	Apr-16	$ 3,898,352	0.75%
Month Ending Balance	May-16	$ 3,862,015	0.78%





FUND BALANCES:

	USDA Investment	$ 233,703
	Funded Depreciation - HIS	-
	Board Designated - Investment	1,884,783
	Unrestricted - Investment	1,592,520
	Cost Settlement- Investment	-
	Foundation - Investment	141,521
	Scott Annuity - Investment	9,488
	Total State Pool Account	3,862,015
ADDL FUND BALANCES	Umpqua USDA EMR Reserve	-
	TOTAL RESERVES	$ 3,862,015

Transactions:	May-16
Foundation Donation Deposits	0
Foundation Withdrawals	(44,389)
Hospital Deposit to Unrestricted Investment	0
Hospital Deposit to Restricted Investment	5,500
Hospital Withdraws	0
Fees & Interest	2,552
	$ (36,337)

MEDICAL STAFF REPORT

There are no Minutes for review. The June meeting was cancelled.

NEW BUSINESS

Southern Coos Health District

Board Calendar
FY 2016-2017

2016		2017	
July		**January**	
Board Meeting	7/28	Board Meeting	1/26
August		**February**	
Board Meeting	8/25	Board Meeting	2/23
September		**March**	
Board Meeting	9/22	Board Meeting	3/23
October		**April**	
Board Meeting	10/27	Board Meeting	4/27
November		**May**	
Board Meeting	11/17*	Board Meeting	5/25
December		**June**	
Board Meeting	12/15*	Board Meeting	6/22

* *Scheduled the Third Thursday Due to Holidays.*