



**Board Meeting Agenda
January 29, 2024 at 6:30 p.m.**

In Person	Ione Community Church 395 East Main Street, Ione, OR 97843
Zoom	https://us06web.zoom.us/j/84594298674?pwd=4a5AalUd13Npg7NfSBaF5lsnwzxFbY.1 Meeting ID: 845 9429 8674 Passcode: 704982

1. Call to Order

2. Public Comments

Maximum of 3 minutes per person/topic. Multiple items on the same topic need to be combined through one speaker. A maximum of 30 minutes may be allotted for public comment.

3. Approval of Meeting Minutes

- A. December 13, 2023 – Special Session
- B. December 18, 2023 – Regular Session
- C. January 8, 2024 – Special Session
- D. January 19, 2024 – Special Session

4. CEO Report & Dashboard – Emily Roberts

5. Financial Report – Nicole Mahoney

6. Consent Agenda

- A. EMS Stats – December 2023

7. New Business

- A. Board Applications
- B. CORA Roster Privileges
- C. Behavioral Health Consultant Contract
- D. Property Sale
- E. Ambulance Service Contract

8. Old Business

9. Executive Session

Members of the news media may attend executive sessions, with limited exceptions. News media are instructed not to report about what happened in executive sessions.

Promise of Excellence

Compassion: Being motivated with a desire to assist patients and staff with empathy and kindness and committed to going the extra mile to ensure patients and staff feel comfortable and welcomed.

Respect: Recognizing and valuing the dignity and uniqueness of everyone. Respect creates a work environment based on teamwork, encouragement, trust, concern, honesty, and responsive communication among all employees and our patients.

Integrity: Encompassing honesty and consistently adhering to the principles of professionalism and accountability with our patients, fellow employees, and community partners. Integrity is at the heart of everything we do.

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- A. ORS 192.660(2)(i) to review and evaluate the employment-related performance of a public employee who does not request an open hearing.
- B. ORS 192.660(2)(i) to review and evaluate the employment-related performance of a public employee who does not request an open hearing.

10. Adjourn

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Meeting	Board of Directors - Special Session		
Date / Time	December 13, 2023 at 1:00 p.m.	Location	Pioneer Memorial Clinic Conference Room 130 Thompson Street, Heppner, OR 97836
Chair	Diane Kilkenny, Board Chair	Recorder	Sam Van Laer
Board Members	Present: Diane Kilkenny, John Murray (Zoom), Stephen Munkers (Zoom), Trista Seastone (Zoom)		
Attendees	Staff: Emily Roberts, Nicole Mahoney, Sam Van Laer Guests: Troy Bundy (Zoom) Press: None		

<p>Mission Bring essential health services to our rural communities that meet the unique needs of the people we serve.</p>	<p>Vision Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.</p>	<p>Values Integrity, Compassion, Quality, Respect, Financial Responsibility</p>
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Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order at 1:02 p.m.
2. Executive Session	At 1:02 p.m. Diane Kilkenny called to order Executive Sessions under: ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1). The Executive Session adjourned at 1:36 p.m.
3. Open Session	At 1:36 p.m. Diane Kilkenny announced that the Board would go into Open Session. MOTION: Trista Seastone made a motion for Morrow County Health District to vacate the ambulance service area. John Murray seconded the motion. The motion passed unanimously by all Board members present.
4. Adjourn	With no further business to come before the Board, the Special Session adjourned at 1:37 p.m. Minutes taken and submitted by Sam Van Laer. Approved _____.

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Meeting	Board of Directors		
Date / Time	December 18, 2023 at 6:30 p.m.	Location	Irrigon City Hall, 500 NE Main Ave, Irrigon, OR 97844
Chair	Diane Kilkenny, Board Chair	Recorder	Sam Van Laer
Board Members	Present: Diane Kilkenny, John Murray, Stephen Munkers, Trista Seastone		
Attendees	Staff: Emily Roberts, Nicole Mahoney, Julie Baker, Sam Van Laer Guests: Paul Martin, Richard Hernandez, Josie Foster, Donna Irons, Roberta Lutcher, Aaron Palmquist, John Kilkenny, Theresa Rehak Press: None		

Mission
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Vision
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Values
Integrity, Compassion, Quality, Respect, Financial Responsibility

Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order at 6:34 p.m. Kilkenny made the following statement: “On December 13, 2023, Morrow County Health District issued a 90-day notice to discontinue ambulance service in Morrow County. This decision was not reached lightly. Prior to making this decision, the Board consulted with legal counsel about concerns related to the draft ASA Plan and Ordinance that Morrow County submitted to the Oregon Health Authority. The drafts that were submitted contained provisions that pose significant financial and operational risks to the District. The Board voted unanimously to issue the 90-day notice. Although this was an extremely difficult decision, the Board stands behind the decision. On December 14, 2023, the Morrow County Administrator met with representatives from the District to discuss the ASA Plan, Ordinance, and a Service Contract. We sincerely hope to reach an agreement with Morrow County that will allow us to continue to provide ambulance service to all of Morrow County.”
2. Public Comments	Roberta Lutcher read Theresa Rehak’s public comment to the Board regarding the District’s interpretation of the ASA plan.
3. Approval of Meeting Minutes	MOTION: Stephen Munkers moved to approve the minutes for the November 27, 2023 regular session as presented. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present.
4. CEO Report & Dashboard - Emily Roberts	The Executive Team Dashboard was presented by Emily Roberts (see Board packet). There is no financial data due to the early Board meeting, this will be reviewed in January. CAHPs scores have generally

	improved, keeping in mind the “N” value when reviewing the statistics as the number of respondents may be too low to be statistically significant.
5. Consent Agenda A. EMS Stats - November 2023	Emily Roberts presented the Consent Agenda (see Board packet). MOTION: John Murray moved to accept the Consent Agenda as presented. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present.
6. New Business	
A. Open Board Position	Emily Roberts reports that there has only been one response to the open Board position, but others have said they are interested. Roberts recommends extending the application deadline out a month. MOTION: Stephen Munkers moved to extend the Board position application deadline out thirty days. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present.
B. Compliance Committee Appointment (Ratify)	Emily Roberts requests a Board vote to ratify Diane Kilkenny’s membership to the District’s Compliance Committee. MOTION: Stephen Munkers moved to appoint Diane Kilkenny to the Compliance Committee. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present, with the exception of Diane Kilkenny who abstains from this vote.
C. Retirement Vesting Schedule	Emily Roberts and Nicole Mahoney shared that the District currently does not have a vesting schedule and are recommending a two year vesting schedule. This change would only apply to new hires joining the District after January 1, 2024. MOTION: Stephen Munkers made a motion to change to the two year vesting schedule and to defray future contributions with the forfeitures on the 401A. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present.
D. Community Benefit Request	Community Health Improvement Partnership (CHIP) of Morrow County has requested community benefit funds for the implementation of two meetings a year with elected leadership and officials. The first meeting would be in Boardman in the Spring with a meal included. CHIP is asking for a \$1,300 contribution for food and support services for fifty people to attend the meeting. MOTION: John Murray moved to approve the \$1,300 community benefit request for CHIP. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present.
7. Old Business	None.
8. Executive Session	At 6:55 p.m. Diane Kilkenny called to order Executive Sessions under:

	<p>A. ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1).</p> <p>B. B. ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to trade secrets exempt from disclosure under ORS 192.345(2).</p> <p>C. ORS 192.660(2)(i) to review and evaluate the employment-related performance of a public employee who does not request an open hearing.</p> <p>Kilkenny states that members of the news media may attend executive sessions, with limited exceptions. News media are instructed not to report about what happened in executive sessions. Kilkenny states that the Board will not be returning to open session.</p> <p>The Executive Session adjourned at 8:30 p.m.</p>
<p>9. Adjourn</p>	<p>With no further business to come before the Board, regular session adjourned at 6:55 p.m.</p> <p>Minutes taken and submitted by Sam Van Laer. Approved _____.</p>

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Meeting	Board of Directors - Special Session		
Date / Time	January 8, 2024 at 6:00 p.m.	Location	Pioneer Memorial Clinic Conference Room 130 Thompson Street, Heppner, OR 97836
Chair	Diane Kilkenny, Board Chair	Recorder	Sam Van Laer
Board Members	Present: Diane Kilkenny, John Murray, Stephen Munkers, Trista Seastone		
Attendees	Staff: Emily Roberts, Nicole Mahoney, Sam Van Laer, Paul Martin Guests: Troy Bundy (Zoom) Press: None		

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Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order at 6:00 p.m.
2. Executive Session	At 6:00 p.m. Diane Kilkenny called to order Executive Sessions under: ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1). The Executive Session adjourned at 7:08 p.m.
3. Open Session	At 7:09 p.m. Diane Kilkenny announced that the Board would go into Open Session. MOTION: Trista Seastone made a motion that the Health District does not extend the 90 day notice to vacate the ASA due to the County’s recent actions and the Health District’s belief that the issue can be resolved within the current notice period. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present.
4. Adjourn	With no further business to come before the Board, the Special Session adjourned at 7:10 p.m. Minutes taken and submitted by Sam Van Laer. Approved _____.

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Meeting	Board of Directors - Special Session		
Date / Time	January 19, 2024 at 5:00 p.m.	Location	Pioneer Memorial Clinic Conference Room 130 Thompson Street, Heppner, OR 97836
Chair	Diane Kilkenny, Board Chair	Recorder	Emily Roberts
Board Members	Present: Diane Kilkenny (Zoom), John Murray, Stephen Munkers, Trista Seastone (Zoom)		
Attendees	Staff: Emily Roberts, Nicole Mahoney (Zoom) Guests: Troy Bundy (Zoom), Matthew Jensen, Morrow County Blog (Zoom), Julie Jensen (Zoom), Roberta Lutcher (Zoom) Press: None		

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Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order at 5:05 p.m.
2. Executive Session	At 5:06 p.m. Diane Kilkenny called to order Executive Session under: ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1). The Executive Session adjourned at 5:41 p.m.
3. Open Session A. Ambulance Service Contract	At 5:44 p.m. Diane Kilkenny announced that the Board would go into Open Session. Diane Kilkenny made the following statement: We have a comprehensive draft of an ambulance service contract and we are working with legal counsel and our accounting firm to finalize the draft as soon as possible to be sent to the County for action.
4. Adjourn	With no further business to come before the Board, the Special Session adjourned at 5:46 p.m. Minutes taken and submitted by Emily Roberts. Approved _____.

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January 2024

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	6.3%
Vacancy Rate	4.3%
Number of Open Positions	9
Newly Created Open Positions	1

FINANCIAL		
Days Cash on Hand	56	Goal ≥ 90
Days in AR	78	Goal ≤ 60

The average hospital turnover rate for 2020 was 19.5% (Statista).
The annual total separations rate for health care and social assistance for 2021 was 39.4% (Bureau of Labor Statistics).

RURAL HEALTH CLINICS				
MEASURE	PMC	ICC	IMC	BIC
Third Next Available (Current Month)	8	2	6	N/A
Total Visits (Previous Month)	351	86	312	68

"Third Next Available" is an industry standard measurement of primary care access. It is defined as the average length of time in days between the day a patient makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, or return visit exam. Values shown are clinic averages.

CAHPS (PATIENT SATISFACTION SCORES)

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

	Qtr 3 2023	Qtr 2 2023	Qtr 1 2023
Boardman Immediate Care	86% N = 7	25% N = 4	100% N = 2
Ione Community Clinic	100% N = 10	92% N = 13	86% N = 14
Irrigon Medical Clinic	83% N = 47	77% N = 22	58% N = 36
Pioneer Memorial Clinic	70% N = 27	73% N = 41	77% N = 51
NRC Average	84%		

Would you recommend this provider's office to your family and friends?

	Qtr 3 2023	Qtr 2 2023	Qtr 1 2023
Boardman Immediate Care	86% N = 7	25% N = 4	100% N = 2
Ione Community Clinic	100% N = 10	100% N = 13	100% N = 13
Irrigon Medical Clinic	96% N = 47	86% N = 21	79% N = 34
Pioneer Memorial Clinic	93% N = 27	87% N = 39	88% N = 51
NRC Average	91%		

Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this emergency department?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
ER Adult	91%	100%	71%
	N = 11	N = 3	N = 7
NRC Average	65%		
Bed Size 6 - 24 Average	79%		

Would you recommend this emergency department to your friends and family?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
ER Adult	90%	100%	75%
	N = 10	N = 3	N = 8
NRC Average	66%		
Bed Size 6 - 24 Average	77%		

Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this emergency department?

	Qtr 1 2023	Qtr 4 2022	Qtr 3 2022
ER Pediatric	100%	0%	75%
	N = 1	N = 1	N = 4
NRC Average	*Insufficient data to benchmark.		

Would you recommend this emergency department to your friends and family?

	Qtr 1 2023	Qtr 4 2022	Qtr 3 2022
ER Pediatric	100%	0%	50%
	N = 1	N = 1	N = 4
NRC Average	*Insufficient data to benchmark.		

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Inpatient	80%	80%	67%
	N = 5	N = 5	N = 6
NRC Average	72%		
Bed Size 6 - 24 Average	81%		

Would you recommend this hospital to your friends and family?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Inpatient	60%	60%	33%
	N = 5	N = 5	N = 6
NRC Average	72%		
Bed Size 6 - 24 Average	80%		

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Hospital	75%	50%	100%
	N = 4	N = 2	N = 1
NRC Average	71%		
Bed Size 6 - 24 Average	81%		

Would you recommend this hospital to your friends and family?

	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Hospital	50%	50%	0%
	N = 4	N = 2	N = 1
NRC Average	72%		
Bed Size 6 - 24 Average	80%		

Score is equal to or greater than the NRC Average
Score is less than the NRC Average, but may not be significantly
Score is significantly less than the NRC Average

01/25/24 11:02 AM

MORROW COUNTY HEALTH DISTRICT
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/23

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH & INVESTMENTS			
CASH & INVESTMENTS	3,973,767.52	7,376,844.35	(3,403,076.83)
TOTAL CASH & INVESTMENTS	3,973,767.52	7,376,844.35	(3,403,076.83)
PATIENT ACCOUNTS RECEIVABLE			
A/R HOSPITAL SWING CLINIC	359,845.88	2,597,085.07	(2,237,239.19)
A/R HOME HEALTH & HOSPICE	118,122.95	353,926.34	(235,803.39)
A/R THRIVE	2,842,949.94	.00	2,842,949.94
GROSS PATIENT RECEIVABLES	3,320,918.77	2,951,011.41	369,907.36
LESS CLEARING ACCOUNTS	(50.00)	(50.00)	.00
LESS ALLOW FOR CONTRACTUAL	103,358.00	41,788.00	61,570.00
LESS ALLOW FOR UNCOLLECTIBLE	300,382.00	270,503.00	29,879.00
NET PATIENT ACCOUNTS RECEIVABLE	2,917,228.77	2,638,770.41	278,458.36
OTHER RECEIVABLES			
EMPLOYEE ADVANCES	(188.23)	(4,745.99)	4,557.76
EMPLOYEE PURCHASES RECEIVABLE	.00	4,956.63	(4,956.63)
RECEIVABLE 340B SUNRX	56,813.67	42,012.31	14,801.36
TAXES RECEIVABLE - PRIOR YEAR	42,955.61	40,709.98	2,245.63
TAXES RECEIVABLE - CURRENT YR	(1,588,881.42)	(1,647,140.60)	58,259.18
OTHER RECEIVABLE	26,499.12	15,795.00	10,704.12
MC/MD RECEIVABLE	1,222,211.12	.00	1,222,211.12
ASSISTED LIVING RECEIVABLE	19,311.44	5,109.30	14,202.14
TOTAL OTHER RECEIVABLE	(221,278.69)	(1,543,303.37)	1,322,024.68
INVENTORY & PREPAID			
INVENTORY AND PREPAID	598,415.58	490,529.74	107,885.84
TOTAL INVENTORY & PREPAID	598,415.58	490,529.74	107,885.84
TOTAL CURRENT ASSETS	7,268,133.18	8,962,841.13	(1,694,707.95)
LONG TERM ASSETS			
LAND	135,700.55	135,700.55	.00
LAND IMPROVEMENTS	322,353.71	322,353.71	.00
BUILDING & IMPROVEMENTS	5,979,588.17	5,910,021.48	69,566.69
EQUIPMENT	8,512,367.55	8,378,688.65	133,678.90
AMORTIZABLE LOAN COSTS	.00	.12	(.12)
CONSTRUCTION IN PROGRESS	459,628.45	387,531.46	72,096.99
LESS ACCUM DEPRECIATION	10,836,461.57	10,106,432.28	730,029.29
TOTAL LONG TERM ASSETS	4,573,176.86	5,027,863.69	(454,686.83)
TOTAL ASSETS	11,841,310.04	13,990,704.82	(2,149,394.78)

UNAUDITED - SUBJECT TO CHANGE

01/25/24 11:02 AM

MORROW COUNTY HEALTH DISTRICT
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/23

	Current Year	Prior Year	Net Change
LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE			
ACCOUNTS PAYABLE	246,594.16	274,189.94	(27,595.78)
MISC PAYABLE	.00	(.04)	.04
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ACCOUNTS PAYABLE TOTAL	246,594.16	274,189.90	(27,595.74)
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ACCRUED WAGES & LIABILITIES			
ACCRUED WAGES & LIABILITIES	1,452,724.73	1,280,265.29	172,459.44
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TOTAL ACCRUED WAGES & LIABILITIES	1,452,724.73	1,280,265.29	172,459.44
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OTHER LIABILITIES			
ACCRUED INTEREST	2,560.21	3,052.04	(491.83)
SUSPENSE ACCOUNT	4,952.08	5,931.39	(979.31)
TCAA SUSPENSE	6,210.00	90.00	6,120.00
DEFERRED INCOME	1,505.82	1,505.82	.00
UNEARNED REVENUE FOR COVID 19	.00	1,108,671.42	(1,108,671.42)
CONTINGENCY SETTLEMENT PAYABLE	100,000.00	200,000.00	(100,000.00)
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TOTAL OTHER LIABILITIES	115,228.11	1,319,250.67	(1,204,022.56)
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TOTAL CURRENT LIABILITIES	1,814,547.00	2,873,705.86	(1,059,158.86)
=====	=====	=====	=====
LONGTERM LIABILITIES			
BEO 2019 BOILERS LOAN	29,253.34	56,539.24	(27,285.90)
BEO 2018 BOARDMAN BLDG LOAN	79,806.29	97,459.02	(17,652.73)
BEO 2018 OMNICELL/US LOAN	.00	46,326.17	(46,326.17)
BEO 2020 AMBULANCE LOAN	39,815.18	70,262.68	(30,447.50)
MORROW CO 2018 BOARDMAN BLDG	43,497.74	54,370.36	(10,872.62)
MORROW CO 2013 IMC LOAN	.00	4,320.90	(4,320.90)
BEO IMC EXPANSION 2018	264,174.55	310,259.94	(46,085.39)
GEODC 2021 HOUSE LOAN	70,306.38	78,371.21	(8,064.83)
MORROW CO 2021 CHURCH LOAN	52,050.67	58,490.43	(6,439.76)
BEO 2008 HOSP REMODEL LOAN	.00	25,553.61	(25,553.61)
BEO REFINANCE LOAN	757,856.69	784,740.75	(26,884.06)
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TOTAL LONG TERM LIABILITIES	1,336,760.84	1,586,694.31	(249,933.47)
=====	=====	=====	=====
EQUITY/FUND BALANCE			
GENERAL FUND UNRESTRICTED BAL	10,406,359.52	10,398,041.30	8,318.22
EQUITY/FUND BAL PERIOD END	(1,716,357.32)	(867,736.65)	(848,620.67)
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TOTAL LIAB & EQUITY/FUND BAL	11,841,310.04	13,990,704.82	(2,149,394.78)
=====	=====	=====	=====

UNAUDITED - SUBJECT TO CHANGE

MORROW COUNTY HEALTH DISTRICT
 OPERATING/INCOME STATEMENT
 FOR THE 6 MONTHS ENDING 12/31/23

01/25/24 11:03 AM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PATIENT SERVICES REVENUE			
48,791.50	86,862.34	(38,070.84)	INPATIENT ANCILLARY REVENUE	305,564.66	521,174.04	(215,609.38)
139,319.80	98,735.51	40,584.29	HOSPITAL INPATIENT REVENUE	678,790.76	592,413.06	86,377.70
702,649.90	907,192.63	(204,542.73)	OUTPATIENT REVENUE	4,193,551.88	5,443,155.78	(1,249,603.90)
249,795.37	438,490.99	(188,695.62)	CLINIC REVENUE	1,791,848.15	2,630,945.94	(839,097.79)
111,014.52	99,775.75	11,238.77	HOME HEALTH/HOSPICE REVENUE	634,677.65	598,654.50	36,023.15
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1,251,571.09	1,631,057.22	(379,486.13)	GROSS PATIENT REVENUE	7,604,433.10	9,786,343.32	(2,181,910.22)
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			LESS DEDUCTIONS FROM REVENUE			
(11,034.96)	.00	11,034.96	PROVISION FOR BAD DEBTS	18,322.68	.00	(18,322.68)
193,997.55	31,278.17	(162,719.38)	CONTRACTUAL & OTHER ADJUSTME	552,961.67	187,669.02	(365,292.65)
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182,962.59	31,278.17	(151,684.42)	TOTAL REVENUE DEDUCTIONS	571,284.35	187,669.02	(383,615.33)
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1,068,608.50	1,599,779.05	(531,170.55)	NET PATIENT REVENUE	7,033,148.75	9,598,674.30	(2,565,525.55)
298,207.16	298,207.17	(.01)	TAX REVENUE	1,789,242.96	1,789,243.02	(.06)
7,475.25	137,863.16	(130,387.91)	OTHER OPERATING REVENUE	109,844.79	827,178.96	(717,334.17)
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1,374,290.91	2,035,849.38	(661,558.47)	TOTAL OPERATING REVENUE	8,932,236.50	12,215,096.28	(3,282,859.78)
=====	=====	=====		=====	=====	=====
			OPERATING EXPENSES			
1,007,677.89	1,044,627.88	36,949.99	SALARIES & WAGES	6,465,316.20	6,267,767.28	(197,548.92)
329,395.51	428,595.52	99,200.01	EMPLOYEE BENEFITS & TAXES	1,983,218.73	2,571,573.12	588,354.39
91,271.56	91,904.44	632.88	PROFESSIONAL FEES	549,199.74	551,626.64	2,426.90
90,473.62	146,160.91	55,687.29	SUPPLIES & MINOR EQUIPMENT	641,166.22	876,965.46	235,799.24
5,287.58	14,896.16	9,608.58	EDUCATION	35,946.52	89,376.96	53,430.44
13,700.58	17,975.20	4,274.62	REPAIRS & MAINTENANCE	106,891.45	107,851.20	959.75
1,491.51	11,896.10	10,404.59	RECRUITMENT & ADVERTISING	27,108.06	71,376.60	44,268.54
113,474.27	81,624.08	(31,850.19)	PURCHASED SERVICES	571,974.93	489,744.48	(82,230.45)
60,397.11	67,010.02	6,612.91	DEPRECIATION	370,711.81	402,060.12	31,348.31
18,433.44	18,603.40	169.96	UTILITIES PHONE & PROPANE	108,828.02	111,620.40	2,792.38
15,610.66	13,355.01	(2,255.65)	INSURANCE	91,036.09	80,130.06	(10,906.03)
928.50	2,066.91	1,138.41	TAXES & LICENSES	17,475.23	12,401.46	(5,073.77)
4,884.16	4,817.16	(67.00)	INTEREST	32,832.43	28,902.96	(3,929.47)
5,686.07	3,377.42	(2,308.65)	DUES & SUBSCRIPTIONS	23,612.70	20,264.52	(3,348.18)
17,756.93	15,806.26	(1,950.67)	TRAVEL	89,058.00	94,837.56	5,779.56
37,411.29	19,991.00	(17,420.29)	OTHER EXPENSES	151,817.94	119,946.00	(31,871.94)
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1,813,880.68	1,982,707.47	168,826.79	TOTAL OPERATING EXPENSES	11,266,194.07	11,896,444.82	630,250.75
=====	=====	=====		=====	=====	=====
(439,589.77)	53,141.91	(492,731.68)	GAIN/LOSS FROM OPERATIONS	(2,333,957.57)	318,651.46	(2,652,609.03)
53,617.94	62,275.01	(8,657.07)	NON-OPERATING NET GAIN/LOSS	617,668.33	373,650.06	244,018.27
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(385,971.83)	115,416.92	(501,388.75)	GAIN/LOSS	(1,716,289.24)	692,301.52	(2,408,590.76)
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MORROW COUNTY HEALTH DISTRICT
 BALANCE SHEET
 FOR THE MONTH ENDING: 11/30/23

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH & INVESTMENTS			
CASH & INVESTMENTS	4,371,485.06	7,947,539.40	(3,576,054.34)
TOTAL CASH & INVESTMENTS	4,371,485.06	7,947,539.40	(3,576,054.34)
PATIENT ACCOUNTS RECEIVABLE			
A/R HOSPITAL SWING CLINIC	384,844.53	2,558,590.94	(2,173,746.41)
A/R HOME HEALTH & HOSPICE	118,122.95	330,326.51	(212,203.56)
A/R THRIVE	2,742,297.58	.00	2,742,297.58
GROSS PATIENT RECEIVABLES	3,245,265.06	2,888,917.45	356,347.61
LESS CLEARING ACCOUNTS	(50.00)	(50.00)	.00
LESS ALLOW FOR CONTRACTUAL	103,358.00	41,788.00	61,570.00
LESS ALLOW FOR UNCOLLECTIBLE	300,382.00	270,503.00	29,879.00
NET PATIENT ACCOUNTS RECEIVABLE	2,841,575.06	2,576,676.45	264,898.61
OTHER RECEIVABLES			
EMPLOYEE ADVANCES	240.49	(3,971.12)	4,211.61
EMPLOYEE PURCHASES RECEIVABLE	.00	5,139.28	(5,139.28)
RECEIVABLE 340B SUNRX	60,816.71	55,637.42	5,179.29
TAXES RECEIVABLE - PRIOR YEAR	43,623.56	44,300.85	(677.29)
TAXES RECEIVABLE - CURRENT YR	(1,820,706.30)	(1,710,886.01)	(109,820.29)
OTHER RECEIVABLE	25,621.62	14,917.50	10,704.12
MC/MD RECEIVABLE	1,284,719.12	.00	1,284,719.12
ASSISTED LIVING RECEIVABLE	19,978.25	(854.45)	20,832.70
TOTAL OTHER RECEIVABLE	(385,706.55)	(1,595,716.53)	1,210,009.98
INVENTORY & PREPAID			
INVENTORY AND PREPAID	609,165.24	503,707.19	105,458.05
TOTAL INVENTORY & PREPAID	609,165.24	503,707.19	105,458.05
TOTAL CURRENT ASSETS	7,436,518.81	9,432,206.51	(1,995,687.70)
LONG TERM ASSETS			
LAND	135,700.55	135,700.55	.00
LAND IMPROVEMENTS	322,353.71	322,353.71	.00
BUILDING & IMPROVEMENTS	5,979,588.17	5,893,274.48	86,313.69
EQUIPMENT	8,512,367.55	8,343,463.83	168,903.72
AMORTIZABLE LOAN COSTS	.00	.12	(.12)
CONSTRUCTION IN PROGRESS	459,237.53	406,047.14	53,190.39
LESS ACCUM DEPRECIATION	10,776,064.46	10,059,145.74	716,918.72
TOTAL LONG TERM ASSETS	4,633,183.05	5,041,694.09	(408,511.04)
TOTAL ASSETS	12,069,701.86	14,473,900.60	(2,404,198.74)

UNAUDITED - SUBJECT TO CHANGE

01/25/24 11:19 AM

MORROW COUNTY HEALTH DISTRICT
 BALANCE SHEET
 FOR THE MONTH ENDING: 11/30/23

	Current Year	Prior Year	Net Change
LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE			
ACCOUNTS PAYABLE	182,138.40	584,767.54	(402,629.14)
MISC PAYABLE	.00	(.04)	.04
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ACCOUNTS PAYABLE TOTAL	182,138.40	584,767.50	(402,629.10)
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ACCRUED WAGES & LIABILITIES			
ACCRUED WAGES & LIABILITIES	1,347,206.04	1,006,943.95	340,262.09
-----	-----	-----	-----
TOTAL ACCRUED WAGES & LIABILITIES	1,347,206.04	1,006,943.95	340,262.09
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OTHER LIABILITIES			
ACCRUED INTEREST	2,560.21	3,052.04	(491.83)
SUSPENSE ACCOUNT	4,524.63	541.74	3,982.89
TCAA SUSPENSE	4,230.00	3,780.00	450.00
DEFERRED INCOME	1,505.82	1,505.82	.00
UNEARNED REVENUE FOR COVID 19	.00	1,108,671.42	(1,108,671.42)
CONTINGENCY SETTLEMENT PAYABLE	100,000.00	200,000.00	(100,000.00)
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TOTAL OTHER LIABILITIES	112,820.66	1,317,551.02	(1,204,730.36)
-----	-----	-----	-----
TOTAL CURRENT LIABILITIES	1,642,165.10	2,909,262.47	(1,267,097.37)
=====	=====	=====	=====
LONGTERM LIABILITIES			
BEO 2019 BOILERS LOAN	31,642.74	58,833.05	(27,190.31)
BEO 2018 BOARDMAN BLDG LOAN	81,308.12	98,903.00	(17,594.88)
BEO 2018 OMNICELL/US LOAN	.00	52,827.70	(52,827.70)
BEO 2020 AMBULANCE LOAN	42,402.92	72,746.91	(30,343.99)
MORROW CO 2018 BOARDMAN BLDG	44,340.98	55,201.24	(10,860.26)
MORROW CO 2013 IMC LOAN	.00	5,186.50	(5,186.50)
BEO IMC EXPANSION 2018	268,108.25	314,023.81	(45,915.56)
GEODC 2021 HOUSE LOAN	70,992.13	79,033.82	(8,041.69)
MORROW CO 2021 CHURCH LOAN	52,591.92	59,023.75	(6,431.83)
BEO 2008 HOSP REMODEL LOAN	.00	29,580.26	(29,580.26)
BEO REFINANCE LOAN	760,175.67	786,968.34	(26,792.67)
-----	-----	-----	-----
TOTAL LONG TERM LIABILITIES	1,351,562.73	1,612,328.38	(260,765.65)
=====	=====	=====	=====
EQUITY/FUND BALANCE			
GENERAL FUND UNRESTRICTED BAL	10,406,359.52	10,398,041.30	8,318.22
EQUITY/FUND BAL PERIOD END	(1,330,385.49)	(445,731.55)	(884,653.94)
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TOTAL LIAB & EQUITY/FUND BAL	12,069,701.86	14,473,900.60	(2,404,198.74)
=====	=====	=====	=====

UNAUDITED - SUBJECT TO CHANGE

MORROW COUNTY HEALTH DISTRICT
 OPERATING/INCOME STATEMENT
 FOR THE 5 MONTHS ENDING 11/30/23

01/25/24 11:19 AM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PATIENT SERVICES REVENUE			
29,602.65	86,862.34	(57,259.69)	INPATIENT ANCILLARY REVENUE	256,773.16	434,311.70	(177,538.54)
126,543.46	98,735.51	27,807.95	HOSPITAL INPATIENT REVENUE	539,470.96	493,677.55	45,793.41
768,961.64	907,192.63	(138,230.99)	OUTPATIENT REVENUE	3,490,901.98	4,535,963.15	(1,045,061.17)
311,867.65	438,490.99	(126,623.34)	CLINIC REVENUE	1,542,052.78	2,192,454.95	(650,402.17)
87,905.85	99,775.75	(11,869.90)	HOME HEALTH/HOSPICE REVENUE	523,663.13	498,878.75	24,784.38
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1,324,881.25	1,631,057.22	(306,175.97)	GROSS PATIENT REVENUE	6,352,862.01	8,155,286.10	(1,802,424.09)
-----	-----	-----		-----	-----	-----
			LESS DEDUCTIONS FROM REVENUE			
56,947.87	.00	(56,947.87)	PROVISION FOR BAD DEBTS	29,357.64	.00	(29,357.64)
(193,066.10)	31,278.17	224,344.27	CONTRACTUAL & OTHER ADJUSTME	358,964.12	156,390.85	(202,573.27)
-----	-----	-----		-----	-----	-----
(136,118.23)	31,278.17	167,396.40	TOTAL REVENUE DEDUCTIONS	388,321.76	156,390.85	(231,930.91)
-----	-----	-----		-----	-----	-----
1,460,999.48	1,599,779.05	(138,779.57)	NET PATIENT REVENUE	5,964,540.25	7,998,895.25	(2,034,355.00)
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298,207.16	298,207.17	(.01)	TAX REVENUE	1,491,035.80	1,491,035.85	(.05)
12,384.55	137,863.16	(125,478.61)	OTHER OPERATING REVENUE	102,369.54	689,315.80	(586,946.26)
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1,771,591.19	2,035,849.38	(264,258.19)	TOTAL OPERATING REVENUE	7,557,945.59	10,179,246.90	(2,621,301.31)
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			OPERATING EXPENSES			
1,019,555.29	1,044,627.88	25,072.59	SALARIES & WAGES	5,457,638.31	5,223,139.40	(234,498.91)
312,360.06	428,595.52	116,235.46	EMPLOYEE BENEFITS & TAXES	1,653,823.22	2,142,977.60	489,154.38
81,368.03	91,904.44	10,536.41	PROFESSIONAL FEES	457,928.18	459,722.20	1,794.02
104,968.04	146,160.91	41,192.87	SUPPLIES & MINOR EQUIPMENT	550,692.60	730,804.55	180,111.95
2,049.76	14,896.16	12,846.40	EDUCATION	30,658.94	74,480.80	43,821.86
24,512.42	17,975.20	(6,537.22)	REPAIRS & MAINTENANCE	93,190.87	89,876.00	(3,314.87)
789.55	11,896.10	11,106.55	RECRUITMENT & ADVERTISING	25,616.55	59,480.50	33,863.95
91,992.64	81,624.08	(10,368.56)	PURCHASED SERVICES	458,500.66	408,120.40	(50,380.26)
60,430.38	67,010.02	6,579.64	DEPRECIATION	310,314.70	335,050.10	24,735.40
21,001.57	18,603.40	(2,398.17)	UTILITIES PHONE & PROPANE	90,394.58	93,017.00	2,622.42
14,410.66	13,355.01	(1,055.65)	INSURANCE	75,425.43	66,775.05	(8,650.38)
422.50	2,066.91	1,644.41	TAXES & LICENSES	16,546.73	10,334.55	(6,212.18)
9,074.02	4,817.16	(4,256.86)	INTEREST	27,948.27	24,085.80	(3,862.47)
4,507.13	3,377.42	(1,129.71)	DUES & SUBSCRIPTIONS	17,926.63	16,887.10	(1,039.53)
12,628.60	15,806.26	3,177.66	TRAVEL	71,301.07	79,031.30	7,730.23
16,897.02	19,991.00	3,093.98	OTHER EXPENSES	114,406.65	99,955.00	(14,451.65)
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1,776,967.67	1,982,707.47	205,739.80	TOTAL OPERATING EXPENSES	9,452,313.39	9,913,737.35	461,423.96
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(5,376.48)	53,141.91	(58,518.39)	GAIN/LOSS FROM OPERATIONS	(1,894,367.80)	265,509.55	(2,159,877.35)
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50,397.51	62,275.01	(11,877.50)	NON-OPERATING NET GAIN/LOSS	564,050.39	311,375.05	252,675.34
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45,021.03	115,416.92	(70,395.89)	GAIN/LOSS	(1,330,317.41)	576,884.60	(1,907,202.01)
=====	=====	=====		=====	=====	=====

**MORROW COUNTY HEALTH DISTRICT
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
FISCAL YEAR 2023-2024**

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
ACUTE (INPATIENT)													
ADMISSIONS	2	3	3	4	2	2							16
DISCHARGES	2	3	3	4	3	2							17
Admits- MEDICARE	2	2	2	4	2	2							14
MEDICAID	0	1	0	0	0	0							1
OTHER	0	0	1	0	0	0							1
SELF PAY	0	0	0	0	0	0							0
TOTAL	2	3	3	4	2	2	0	0	0	0	0	0	16
Dschgs -MEDICARE	2	2	2	4	2	2							14
MEDICAID	0	1	0	0	0	0							1
OTHER	0	0	1	0	1	0							2
SELF PAY	0	0	0	0	0	0							0
TOTAL	2	3	3	4	3	2	0	0	0	0	0	0	17
PATIENT DISCHARGE DAYS													
MEDICARE	2	4	6	9	7	6							34
MEDICARE ADVANTAGE	0	0	3	10	3	2							18
MEDICAID	0	0	0	0	0	0							0
MEDICAID MANAGED CARE	0	17	0	0	0	0							17
OTHER	0	0	2	0	8	0							10
SELF PAY	0	0	0	0	0	0							0
TOTAL	2	21	11	19	18	8	0	0	0	0	0	0	79
PATIENT ADMISSION DAYS													
Adults	2	21	11	19	18	8							79
Pediatric	0	0	0	0	0	0							0
TOTAL	2	21	11	19	18	8	0	0	0	0	0	0	79
AVG LENGTH OF STAY	1.0	7.0	3.7	4.8	6.0	4.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.6
AVG DAILY CENSUS	0.1	0.7	0.4	0.6	0.6	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.4
DEATHS	0	0	0	0	0	0							0
SWING BED (Skilled)													
ADMISSIONS	1	7	1	2	1	2							14
DISCHARGES	0	4	3	1	2	1							11
Dschgs -MEDICARE	0	4	2	1	2	1							10
MEDICAID	0	0	1	0	0	0							1
OTHER	0	1	0	0	0	0							1
SELF PAY	0	0	0	0	0	0							0
TOTAL	0	5	3	1	2	1	0	0	0	0	0	0	12
PATIENT DISCHARGE DAYS													
MEDICARE	0	30	42	0	23	10							105
MEDICARE ADVANTAGE	0	7	0	14	16	0							37
MEDICAID	0	0	0	0	0	0							0
MEDICAID MANAGED CARE	0	0	14	0	0	0							14
OTHER	0	0	0	0	0	0							0
SELF PAY	0	0	0	0	0	0							0
TOTAL	0	37	56	14	39	10	0	0	0	0	0	0	156
PATIENT ADMISSION DAYS													
MEDICARE	4	55	22	39	14	52							186
MEDICAID	0	0	11	0	0	0							11
OTHER	0	0	0	0	0	0							0
SELF PAY	0	0	0	0	0	0							0
TOTAL	4	55	33	39	14	52	0	0	0	0	0	0	197
AVG DAILY CENSUS	0.13	1.77	1.10	1.26	0.47	1.68	0.00	0.00	0.00	0.00	0.00	0.00	1.07
SWING BED REVENUE	\$ 2,118	\$ 23,548	\$ 14,137	\$ 16,683	\$ 5,989	\$ 22,244							\$84,719
SWING \$ DAYS	4	55	33	39	14	52	0	0	0	0	0	0	197
DEATHS	0	0	0	0	0	0							0

MORROW COUNTY HEALTH DISTRICT
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
FISCAL YEAR 2023-2024

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
OBSERVATION													
ADMISSIONS	1	0	1	0	0	2							4
DISCHARGES	1	0	1	0	0	2							4
HOURS	24	0	20	0	0	59							103
REVENUE	\$ 3,471	\$ -	\$ 2,972	\$ -	\$ -	\$ 8,312							\$ 14,755
AVG LENGTH OF STAY (hours)	24.0	#DIV/0!	20.0	#DIV/0!	#DIV/0!	29.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	25.8
DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPITAL RESPITE													
ADMISSIONS	1	0	1	1	1	1							5
DISCHARGES	1	0	0	2	1	1							5
PATIENT ADMISSION DAYS	6	0	5	9	0	4							24
DEATHS	1	0	0	0	1	0							2
SWING (Non-Skilled)													
ADMISSIONS	0	0	3	1	1	0							5
DISCHARGES	0	1	0	1	0	1							3
Dschgs -MEDICAID	0	0	0	0	0	0							0
SELF PAY	0	1	0	1	0	1							3
TOTAL	0	1	0	1	0	1	0	0	0	0	0	0	3
PATIENT DISCHARGE DAYS													
MEDICAID	0	0	0	0	0	0							0
SELF PAY	0	1	0	17	0	70							88
TOTAL	0	1	0	17	0	70	0	0	0	0	0	0	88
PATIENT ADMISSION DAYS													
MEDICAID	31	31	30	31	30	31							184
SELF PAY	93	63	109	146	174	179							764
TOTAL	124	94	139	177	204	210	0	0	0	0	0	0	948
AVG DAILY CENSUS	4.0	3.0	4.6	5.7	6.8	6.8	0.0	0.0	0.0	0.0	0.0	0.0	2.6
SWING BED REVENUE	\$ 54,662	\$ 41,437	\$ 61,274	\$ 84,633	\$ 97,543	\$ 100,412							\$ 439,959
SWING \$ DAYS	124	94	139	177	204	210	0	0	0	0	0	0	948
DEATHS	0	1	0	1	0	1							3
SUMMARY STATS													
TOTAL/AVERAGE % OCCUPANCY	20.9%	26.1%	29.8%	37.5%	37.5%	42.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	32.3%
TOTAL OUTPATIENTS (Admits) w/ ER													
	477	515	580	567	521	477							3137
TOTAL ER (Encounters)													
	93	85	86	99	87	81							531
LAB TESTS													
INPATIENT	20	136	69	116	40	56							437
OUTPATIENT	1421	1683	1989	1549	1614	1351							9607
TOTAL	1441	1819	2058	1665	1654	1407	0	0	0	0	0	0	10044
XRAY/ULTRASOUND TESTS													
INPATIENT	1	13	2	4	3	2							25
OUTPATIENT	68	66	66	94	85	77							456
TOTAL	69	79	68	98	88	79	0	0	0	0	0	0	481
CT SCANS													
	43	50	21	38	51	32							235
MRI SCANS													
	2	3	7	5	4	5							26
EKG TESTS													
	16	32	25	15	30	23							141
TREADMILL PROCEDURES													
	0	0	0	0	0	0							0
RESPIRATORY THERAPY													
INPATIENT	0	0	0	79	23	26							128
OUTPATIENT	-1	0	0	16	37	3							55
TOTAL	-1	0	0	95	60	29	0	0	0	0	0	0	183

MORROW COUNTY HEALTH DISTRICT
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
FISCAL YEAR 2023-2024

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
PROVIDER VISITS													
PIONEER MEMORIAL CLINIC-HEPPNER	267	427	361	353	409	351							2168
IRRIGON MEDICAL CLINIC	361	431	405	492	386	312							2387
BOARDMAN IMMEDIATE CARE	87	129	159	133	129	68							705
IONE COMMUNITY CLINIC	111	109	96	92	94	86							588
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	101	159	129	153	118	104							764
TOTAL	927	1255	1150	1223	1136	921	0	0	0	0	0	0	6612
REVENUE OF HOSPITAL ENCOUNTERS	\$ 56,898	\$ 84,858	\$ 69,119	\$ 73,439	\$ 66,878	\$ 60,124							\$411,315
AMBULANCE													
HEPPNER AMBULANCE TRANSPORTS	28	27	27	27	19	22							150
BOARDMAN AMBULANCE TRANSPORTS	22	29	29	34	36	37							187
IRRIGON AMBULANCE TRANSPORTS	40	18	29	29	21	32							169
IONE AMBULANCE TRANSPORTS	0	0	0	0	0	0							0
TOTAL	90	74	85	90	76	91	0	0	0	0	0	0	506
HEPPNER AMB REVENUE	\$ 50,162	\$ 54,983	\$ 51,080	\$ 51,080	\$ 42,579	\$ 46,438							\$296,320
BOARDMAN AMB REVENUE	\$ 52,995	\$ 66,038	\$ 70,083	\$ 84,917	\$ 86,038	\$ 88,024							\$448,093
IRRIGON AMB REVENUE	\$ 83,117	\$ 40,000	\$ 64,251	\$ 64,630	\$ 46,534	\$ 61,269							\$359,802
IONE AMB REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
TOTAL	\$ 186,273	\$ 161,021	\$ 185,414	\$ 200,626	\$ 175,152	\$ 195,730	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,104,215
HOME HEALTH VISITS													
SKILLED NURSING VISITS	46	70	69	50	59	47							341
AIDE VISITS	17	9	13	7	17	13							76
MSW VISITS	0	0	0	0	0	0							0
OCCUPATIONAL THERAPY	9	13	4	0	0	0							26
PHYSICAL THERAPY	25	38	24	31	20	14							152
SPEECH THERAPY	2	4	2	0	0	0							8
IN HOME CARE VISITS-PRIVATE PAY	0	0	0	0	0	0							0
TOTAL	99	134	112	88	96	74	0	0	0	0	0	0	603
HOSPICE													
ADMITS	2	2	1	2	5	4							16
DISCHARGE	0	1	0	1	0	1							3
DEATHS	3	0	4	3	3	2							15
TOTAL HOSPICE DAYS	256	240	192	178	175	214							1255
PHARMACY													
DRUG DOSES	723	1591	1463	1213	739	1405							7,134
DRUG REVENUE	\$ 39,070	\$ 85,397	\$ 98,966	\$ 81,878	\$ 92,008	\$ 102,595							\$499,915

PIONEER MEMORIAL CLINIC - DECEMBER 2023

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Dr. Schaffer	Patient Hours Available				7.3	8	8	8	0			7.3	8	8	8				7.3	8	8	8											93.9
	Patients Seen				13	12	13	8	1			12	16	13	10				12	12	17	15											154
	No Shows				1	0	0	0	0			0	0	1	0				0	0	0	0											2
	Patient Cancellations				0	0	0	0	0			1	0	0	0				0	1	1	1											4
	Clinic Cancellations				0	0	0	0	0			0	0	0	0				0	0	0	0											0
	Pts. Per Available Hour				1.8	1.5	1.6	1.0	0.0			1.6	2.0	1.6	1.3				1.6	1.5	2.1	1.9											1.6
	No Show Rate				7%	0%	0%	0%	0%			0%	0%	7%	0%				0%	0%	0%	0%											1%
	Patient Cancel Rate				0%	0%	0%	0%	0%			8%	0%	0%	0%				0%	8%	6%	6%											
Clinic Cancel Rate				0%	0%	0%	0%	0%			0%	0%	0%	0%				0%	0%	0%	0%												0%

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Amanda Roy, PA	Patient Hours Available	8					8	8	7.3					7.6	7.6	7.6													8	8	8			78.1
	Patients Seen	17					12	13	12					13	11	15													14	16	16			139
	No Shows	0					1	0	1					2	0	0													1	1	1			7
	Patient Cancellations	0					0	0	1					0	1	1													0	1	3			7
	Clinic Cancellations	0					0	0	0					0	0	0													0	0	0			0
	Pts. Per Available Hour	2.1					1.5	1.6	1.6					1.7	1.4	2.0													1.8	2.0	2.0			1.8
	No Show Rate	0%					8%	0%	7%					13%	0%	0%													7%	6%	5%			5%
	Patient Cancel Rate	0%					0%	0%	7%					0%	8%	6%													0%	6%	15%			5%
Clinic Cancel Rate	0%					0%	0%	0%					0%	0%	0%													0%	0%	0%			0%	

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Rebecca Humphries	Patient Hours Available	8			7		8						8	7	3.5	7.6				8		8							8	8	3.3			84.4
	Patients Seen	2			6		5						6	7	1	5				6		6							8	4	2			58
	No Shows	0			1		0						2	0	2	1				0		2							0	1	0			9
	Patient Cancellations	0			0		2						0	2	0	2				1		0							0	0	0			7
	Clinic Cancellations	0			0		0						0	0	0	0				0		0							0	0	0			0
	Pts. Per Available Hour	0.3			0.9		0.6						0.8	1.0	0.3	0.7				0.8		0.8							1.0	0.5	0.6			0.7
	No Show Rate	0%			14%		0%						25%	0%	67%	13%				0%		25%							0%	20%	0%			12%
	Patient Cancel Rate	0%			0%		29%						0%	22%	0%	25%				14%		0%							0%	0%	0%			9%
Clinic Cancel Rate	0%			0%		0%						0%	0%	0%	0%				0%		0%							0%	0%	0%			0%	

Occ. Health	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
MA Chargeable Visit	Patients Seen	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0	0

PMC TOTALS	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
	Patient Hours Available	16			14.3	8	24	16	7.3			7.3	16	22.6	19.1	15.2				15.3	8	16	8					16	16	11.3			256.4
	Patients Seen	19			19	12	30	21	13			12	22	33	22	20				18	12	23	15					22	20	18			351
	No Shows	0			2	0	1	0	1			0	2	3	2	1				0	0	2	0					1	2	1			18
	Patient Cancellations	0			0	0	2	0	1			1	0	2	1	3				1	1	1	1					0	1	3			18
	Clinic Cancellations	0			0	0	0	0	0			0	0	0	0	0				0	0	0	0					0	0	0			0
	Pts. Per Available Hour	1.2			1.3	1.5	1.3	1.3	1.8			1.6	1.4	1.5	1.2	1.3				1.2	1.5	1.4	1.9					1.4	1.3	1.6			1.4
	No Show Rate	0%			10%	0%	3%	0%	7%			0%	8%	8%	8%	4%				0%	0%	8%	0%					4%	9%	5%			5%
	Patient Cancel Rate	0%			0%	0%	6%	0%	7%			8%	0%	5%	4%	13%				5%	8%	4%	6%					0%	4%	14%			5%
	Clinic Cancel Rate	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%				0%	0%	0%	0%					0%	0%	0%			0%

IONE COMMUNITY CLINIC - DECEMBER 2023

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Eileen McElligott	Patient Hours Available				8	8		2.5				8	8		8				8	8		6.5					8		8				81	
	Patients Seen				4	8		9				7	7		8				8	5		10					12		8				86	
	No Shows				0	0		0				0	0		0				0	0		0					0		0				0	
	Patient Cancellations				0	1		0				0	0		1				1	0		1					0		0				4	
	Clinic Cancellations				0	0		0				0	0		0				0	0		0					0		0				0	
	Pts. Per Available Hour				0.5	1.0		3.6					0.9	0.9		1.0				1.0	0.6		1.5					1.5		1.0				1.1
	No Show Rate				0%	0%		0%				0%	0%		0%				0%	0%		0%					0%		0%					0%
	Patient Cancel Rate				0%	11%		0%				0%	0%		11%				11%	0%		9%					0%		0%					4%
	Clinic Cancel Rate				0%	0%		0%				0%	0%		0%				0%	0%		0%					0%		0%					0%

IRRIGON MEDICAL CLINIC - DECEMBER 2023

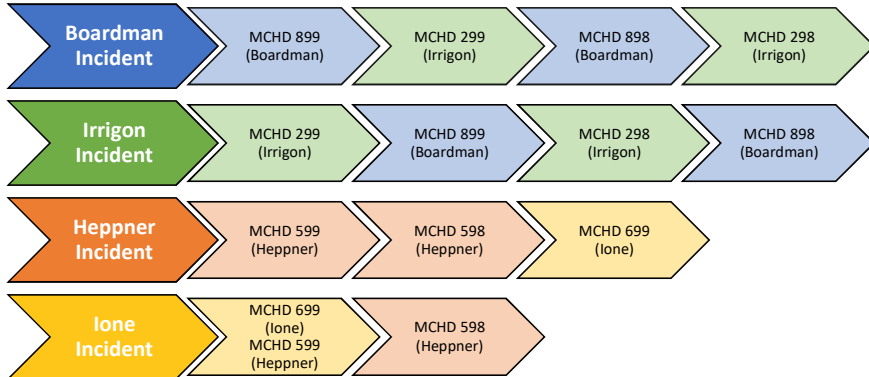
Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Jamie Reed, CSWA	Patient Hours Available					8	8	8	8			8	8	8	8					8	2	8	8										90		
	Patients Seen					1	5	5	3			2	4	4	8					2	0	5	2										41		
	No Shows					1	1	0	0			1	1	0	0					5	0	0	2										11		
	Patient Cancellations					1	1	0	1			0	0	0	0					1	0	0	0										4		
	Clinic Cancellations					0	0	0	0			0	0	0	0					0	1	0	0										1		
	Pts. Per Available Hour					0.1	0.6	0.6	0.4			0.3	0.5	0.5	1.0					0.3	0.0	0.6	0.3										0.5		
	No Show Rate					33%	14%	0%	0%			33%	20%	0%	0%					63%	0%	0%	50%											19%	
	Patient Cancel Rate					33%	14%	0%	25%			0%	0%	0%	0%					13%	0%	0%	0%												7%
Clinic Cancel Rate					0%	0%	0%	0%			0%	0%	0%	0%					0%	100%	0%	0%													2%
Jon Watson, PA	Patient Hours Available				8	8	8	8			8	8	8	8					8														72		
	Patients Seen				15	12	8	10			16	16	15	17					15																124
	No Shows				2	2	2	1			2	1	1	3					3															17	
	Patient Cancellations				3	1	1	0			0	0	0	1					1															7	
	Clinic Cancellations				0	0	0	0			0	0	0	0					0															0	
	Pts. Per Available Hour				1.9	1.5	1.0	1.3			2.0	2.0	1.9	2.1					1.9																1.7
	No Show Rate				10%	13%	18%	9%			11%	6%	6%	14%					16%																11%
	Patient Cancel Rate				15%	7%	9%	0%			0%	0%	0%	5%					5%																5%
Clinic Cancel Rate				0%	0%	0%	0%			0%	0%	0%	0%					0%																	0%
Vicki Kent, FNP	Patient Hours Available					5	8								8	8					8	8											53		
	Patients Seen					6	11								10	10					12	13							8					74	
	No Shows					0	0								1	3					3	2							1					10	
	Patient Cancellations					1	2								3	2					1	0							0					9	
	Clinic Cancellations					0	0								0	0					0	0							1					1	
	Pts. Per Available Hour					1.2	1.4								1.3	1.3					1.5	1.6							1.5					1.4	
	No Show Rate					0%	0%								7%	20%					19%	13%							7%						11%
	Patient Cancel Rate					14%	15%								21%	13%					6%	0%							0%						10%
Clinic Cancel Rate					0%	0%								0%	0%					0%	0%							7%						1%	
Justin Cameron, PA	Patient Hours Available	8				8	8	8	8											8	8	8	8											88	
	Patients Seen	4				6	6	6	5											11	9	3	6												73
	No Shows	1				2	0	0	0											0	0	1	0												4
	Patient Cancellations	0				1	1	0	2											0	0	0	0												5
	Clinic Cancellations	0				0	0	0	0											0	0	0	0												0
	Pts. Per Available Hour	0.5				0.8	0.8	0.8	0.6											1.4	1.1	0.4	0.8												0.8
	No Show Rate	20%				22%	0%	0%	0%											0%	0%	25%	0%												5%
	Patient Cancel Rate	0%				11%	14%	0%	29%											0%	0%	0%	0%												6%
Clinic Cancel Rate	0%				0%	0%	0%	0%											0%	0%	0%	0%													0%
Occ. Health	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
MA Chargeable Visit	Patients Seen	0			0	0	0	0	0			0	0	0	0	0				0	0	0	0						0	0	0			0	
IMC TOTALS	Patient Hours Available	8			8	24	29	32	16			16	16	16	24	8			8	16	18	24	16					8	8	8			303		
	Patients Seen	4			15	19	25	32	8			18	20	19	35	10			15	13	21	21	8					12	12	5			312		
	No Shows	1			2	5	3	1	0			3	2	1	4	3			3	5	3	3	2					1	0	0			42		
	Patient Cancellations	0			3	3	4	2	3			0	0	0	4	2			1	1	1	0	0					0	1	0			25		
	Clinic Cancellations	0			0	0	0	0	0			0	0	0	0	0			0	0	1	0	0					1	0	0			2		
	Pts. Per Available Hour	0.5			1.9	0.8	0.9	1.0	0.5			1.1	1.3	1.2	1.5	1.3			1.9	0.8	1.2	0.9	0.5					1.5	1.5	0.6			1.0		
No Show Rate	20%			10%	19%	9%	3%	0%			14%	9%	5%	9%	20%			16%	26%	12%	13%	20%					7%	0%	0%				11%		
Patient Cancel Rate	0%			15%	11%	13%	6%	27%			0%	0%	0%	9%	13%			5%	5%	4%	0%	0%					0%	8%	0%				7%		
Clinic Cancel Rate	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	4%	0%	0%					7%	0%	0%					1%	

2023	BOARDMAN						IRRIGON						HEPPNER						IONE		
	899			898			299			298			599			598			699		
	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs
January	0.2	3.8	47	1.0	10.2	6	1.0	3.5	52	0.1	3.9	4	3.5	8.7	26	6.0	11.5	2	N/A	N/A	0
February	0.2	5.8	43	1.1	12.4	1	1.0	3.3	33	5.0	5.0	3	5.6	21.5	22	9.0	10.0	7	N/A	N/A	0
March	0.3	4.5	31	0.1	4.6	8	1.0	4.0	28	1.5	3.0	1	4.2	7.7	24	0.8	1.2	2	N/A	N/A	0
April	0.2	4.9	44	0.3	3.3	4	1.0	3.9	30	0.4	5.0	17	3.6	7.0	26	6.0	7.0	3	N/A	N/A	0
May	0.2	3.8	65	0.2	5.8	1	1.0	4.3	35	0.5	5.4	15	3.4	10.0	27	6.0	15.0	3	N/A	N/A	0
June	0.4	3.9	12	0.3	3.6	40	1.0	4.0	43	1.0	5.0	7	4.5	4.0	28	N/A	N/A	0	N/A	N/A	0
9-1-1 July	0.2	3.9	17	0.5	5.0	28	1.0	5.7	10	1.0	3.0	55	3.0	5.0	30	N/A	N/A	0	N/A	N/A	0
Transfers July	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	5.0	3.0	7	N/A	N/A	0	N/A	N/A	0
9-1-1 August	0.3	4.1	56	2.2	5.8	2	1.0	3.0	14	1.0	4.0	20	4.3	4.0	25	5.0	5.0	1	N/A	N/A	0
Transfers August	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	3.0	13.0	1	4.0	7.0	6	12.0	0.0	3	N/A	N/A	0
9-1-1 September	0.3	4.1	52	0.9	4.0	11	1.0	3.7	11	1.0	3.8	34	2.2	5.2	30	0.3	0.2	1	N/A	N/A	0
Transfers September	0.5	2.1	6	1.0	2.1	2	N/A	N/A	0	N/A	N/A	0	5.0	0.1	2	4.0	0.1	2	N/A	N/A	0
9-1-1 October	0.5	4.1	68	0.8	4.7	2	1.0	3.2	46	1.0	5.3	4	2.0	2.3	29	N/A	N/A	0	N/A	N/A	0
Transfers October	1.9	10.0	9	N/A	N/A	0	N/A	N/A	0	1.6	9.4	1	6.9	18.0	6	15.0	0.5	2	N/A	N/A	0
9-1-1 November	0.3	4.1	55	0.5	3.4	8	1.0	3.0	46	8.9	14.5	2	3.0	4.6	25	8.5	20.0	1	N/A	N/A	0
Transfers November	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	6.1	26.1	5	20.1	62.2	3	N/A	N/A	0
9-1-1 December	N/A	N/A	0	0.2	1.2	73	1.0	5.0	46	0.5	3.6	2	1.3	3.0	15	0.4	1.5	1	N/A	N/A	0
Transfers December	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A	0	2.0	11.0	6	2.0	6.0	1	N/A	N/A	0
TOTAL			505			186			394			166			339			32			0

Dispatch to en route means the length of time between when the ambulance is dispatched to when the ambulance leaves the garage.

Response time means the length of time between the notification to the ambulance and the arrival of the ambulance at the incident scene.*

*Note that response times are not adjusted for miles traveled.



In order to serve on the Morrow County Health District Board of Directors, you must reside in Morrow County and you must not be employed by Morrow County Health District.

Full Name Raymond Akers	Address [REDACTED]
Phone [REDACTED]	Email [REDACTED]

We appreciate you taking the time to answer these questions, which will be used by the Board during the selection process.

<p>Please tell us about your leadership qualities:</p> <p>my experience as a Forman, superintendent and a district 4 representative for the 701 operating engineers has taught me to be an authentic, self-aware leader with ample empathy and integrity. I have been considered by many as a community leader in education and acknowledgement of our polluted ground water.</p>
<p>Please tell us about any previous board experience you may have:</p> <p>For 9 years I served on the executive board of operating engineers local 701. Some of my responsibilities were policy development, and administrative tribunal for the local. additional duties included approving budgets, transfers, and everyday operations of the multimillion-dollar local union.</p>
<p>Please tell us about any experience you may have with a health district or healthcare in general: differentiating between policies provided by blue cross and Moda and deciding the best option for my family.</p>
<p>Please describe your community involvement:</p> <p>I am Politically active not only on social media ;) but I'm also a precinct comity person (PCP) for the morrow county republicans.</p>
<p>Please share any other information you would like us to know (education, experience, etc.):</p> <p>I have supported, and will continue to support, morrow county health district in any hostile takeover of any part or piece of our health district by morrow county or Boarman Rural fire district.</p>
<p>What is your vision for Morrow County Health District over the next five years?</p> <p>I would foresee the district Educating patents and community not only on their own heath but on our mission as a district. While maintaining its well-rounded fiscal responsibility.</p>
<p>Please describe any conflicts of interest you may have:</p> <p>I have no conflicts of interest.</p>

Signature Raymond Akers Date 1-9-2024



**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

PO BOX 9
Heppner OR 97836
Tel: 541-676-9133
Toll Free: 1-800-737-4113
www.morrowcountyhealthdistrict.org

In order to serve on the Morrow County Health District Board of Directors, you must reside in Morrow County and you must not be employed by Morrow County Health District.

Full Name James Cross	Address [REDACTED]
Phone [REDACTED]	Email [REDACTED]

We appreciate you taking the time to answer these questions, which will be used by the Board during the selection process.

Please tell us about your leadership qualities: 20years as a RN including charge nurse, many years as ER nurse and emergency responder, supervised many different jobs of up to 50 personell
Please tell us about any previous board experience you may have: None
Please tell us about any experience you may have with a health district or healthcare in general: None
Please describe your community involvement: simply a community member that cares for his community and its residents
Please share any other information you would like us to know (education, experience, etc.): 20 years as a RN in many different jobs, med surg, ER, OB, trauma response, graduated college with a 3.95 GPA, took many courses during my career to encrease my learning and treating skills
What is your vision for Morrow County Health District over the next five years? provide fair and favorable health care to ALL residents, continue to grow and support the people of Morrow county..
Please describe any conflicts of interest you may have: None

James Cross
Signature

11-27-2023
Date

In order to serve on the Morrow County Health District Board of Directors, you must reside in Morrow County and you must not be employed by Morrow County Health District.

Full Name Scott Allen Ezell	Address [REDACTED]
Phone [REDACTED]	Email [REDACTED]

We appreciate you taking the time to answer these questions, which will be used by the Board during the selection process.

<p>Please tell us about your leadership qualities:</p> <p>have been a Master Electrician for over 20 yrs. I have mentored and trained many electricians and apprentices throughout my career. I have worked for BMCC as an instructor for both the apprenticeship as well as the IST program. I was the training officer LT. for IRFPD.</p>
<p>Please tell us about any previous board experience you may have:</p> <p>I have been on the Oregon Apprenticeship board for over 20yrs. I am currently a Director the Irrigon Fire District.</p>
<p>Please tell us about any experience you may have with a health district or healthcare in general:</p> <p>I have worked as an EMT for the District for over 10 years, providing comprehensive and effective pre-hospital care to patients. I successfully completed the Basic EMT program thru BMCC. I have experience with standard protocols, HIPPA and other required training related to maintaining my license.</p>
<p>Please describe your community involvement:</p> <p>I have been a volunteer in Irrigon for both the Health District as well as the Fire District. I have dedicated many volunteer hours in Irrigon with events such as the Watermelon Festival the annual food drive and other local events.</p>
<p>Please share any other information you would like us to know (education, experience, etc.):</p> <p>I graduated from OIT in 1997 EET. I hold both Master Electrician licenses in Oregon. I am a licensed EMT in Oregon. As an Automation Engineer I am responsible for the development, design and implimentation of state of the art technology to maintain the highest quality installations. I also the owner of EzAutomationSolutions an industrial training company.</p>
<p>What is your vision for Morrow County Health District over the next five years?</p> <p>would like to see MCHD continue to provide excellent health care services within our community. This includes the continued growth of our Hospital, Clinic, EMS and other services. With the changing laws ie measure 110, there are new challenges facing our community. I would like to see local resources develop to meet the needs of the community. I would like to see the District become the Health District of choice for not only patients but for employees as well.</p>
<p>Please describe any conflicts of interest you may have:</p> <p>I currently work for the Health district as an EMT. I understand that if appointed that I would immediately submit my resignation to the district.</p>

Scott Ezell
Digitally signed by Scott Ezell
Date: 2024.01.16 20:46:50 -08'00'
Scott A. Ezell

January 16, 2024

Signature

Date



In order to serve on the Morrow County Health District Board of Directors, you must reside in Morrow County and you must not be employed by Morrow County Health District.

Full Name <i>Cheryl K Tallman</i>	Address [REDACTED]
Phone [REDACTED]	Email [REDACTED]

We appreciate you taking the time to answer these questions, which will be used by the Board during the selection process.

Please tell us about your leadership qualities:
Please tell us about any previous board experience you may have:
Please tell us about any experience you may have with a health district or healthcare in general:
Please describe your community involvement:
Please share any other information you would like us to know (education, experience, etc.):
What is your vision for Morrow County Health District over the next five years?
Please describe any conflicts of interest you may have:

Signature

Cheryl Tallman

Date

1-9-2024

Morrow County Health District Board of Directors Application

Leadership qualities:

I don't make decisions quickly, I need to think about decisions. I will do my best to work toward solutions. I do not like to be the boss. I lead by example and "hands on." More of a teacher not a leader.

Previous board experience:

Hospice advisory board for several years. I've helped in church, schools. I am a team player. RHS booster club in the past.

Any experience in Health district:

I worked for MCHD HH and Hospice for 24 years 1992-2016 when I retired as a nurse. I became a nurse at 21 yrs old and have been involved in nursing duties since then. I took BP's at the Sr Center in Irrigon and Sr Center in Boardman. Blood Cross blood draws. I did monthly foot clinics at the Boardman Sr Center while I was a HH nurse.

Community Involvement:

I work out of the lime light. I am involved in a local quilt group and we make charity quilts for local entities. I teach Sunday School. I am a business owner and serve people daily at our local retail coffee shop. My husband and I were farmers and we raised food for community markets and sold garden produce in our town.

Other information:

I've stayed up with the education requirements of my job as a HH and Hospice nurse. Attending conferences and educational seminars. I am currently attending a weekly Bible study.

Vision for MCHD:

Continue it as a County wide District. Hire people who have a heart and want to serve others medically. Continue to give top notched medical services to our rural community, From good practitioners to emergency services.

Conflicts:

Night meetings.(driving at night). No capacity for more than one meeting a month if I would need to be present in person.



APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Forrester D. Lensing, MD

DATE: 01/08/2024

OFFICE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

RESIDENCE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

PRIVILEGES DESIRED: Consulting - Diagnostic Radiology

IN APPLYING FOR APPOINTMENT TO THE MEDICAL STAFF OF MORROW COUNTY HEALTH DISTRICT, I AGREE TO ABIDE BY IT'S BYLAWS AND BY SUCH RULES AND REGULATIONS AS IT MAY FROM TIME TO TIME ENACT. MOREOVER, I SPECIFICALLY PLEDGE THAT I WILL NOT RECEIVE FROM, OR PAY TO, ANOTHER PHYSICIAN EITHER DIRECTLY OR INDIRECTLY ANY PART OF A FEE RECEIVED FOR PROFESSIONAL SERVICES.

Forrester Lensing, M.D

01/08/2024 PST

Signer ID: 6PH0IVQ811...

APPLICANT SIGNATURE

DATE

[Handwritten Signature]

1.17.24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 676-9133 F - (541) 676-2901

MCHD is An Equal Opportunity Provider and Employer

**LICENSED CLINICAL SOCIAL WORKER SERVICES AGREEMENT
BETWEEN
MORROW COUNTY HEALTH DISTRICT
AND
JAMIE REED, LCSW**

This is an agreement between the MORROW COUNTY HEALTH DISTRICT (“District”) and Jamie Reed, LCSW (“Provider”). The District requires the services of behavioral health professionals to adequately serve patients in the District area. The District wishes to employ Provider to provide such services. Provider is a Licensed Clinical Social Worker, who is licensed to practice in the state of Oregon, and is qualified to provide such services. This contract is subject to state licensure by Provider. In the event of failure to maintain licensure in Oregon, this contract becomes null and void.

Therefore, the parties agree as follows:

1. **Employment**: The District hereby employs Provider to provide Professional Services for patients of District, and Provider hereby accepts such employment, upon terms and conditions set forth herein. The Provider shall provide the following:

Pioneer Memorial Clinic	Occasionally may be asked to fill in based on need/volumes.
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Irrigon Medical Clinic	Normal workweek is 4-5 days (40 hours) to be determined by Provider and District.
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Ione Community Clinic	Occasionally may be asked to fill in based on need/volumes.
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Provider shall assume and discharge all of their responsibilities hereunder on an ethical and professional basis consistent with the policies and objectives of the District, the Medical Staff Bylaws, the requirements of Provider’s professional societies, and all applicable laws and regulations governing the services to be provided.

2. **Supervision**: In all matters concerning the performance and administration of this agreement, the District shall act through the CEO of the District (“CEO”). In administrative matters, Provider shall conform to the policies prescribed by the District’s Board of Directors and the CEO and shall report to the CEO. In regard to medical matters, Provider shall conform to the policies and directions of the Board, the CEO, and the Medical Staff.
3. **Paid Time Off and Continuing Education**: In each 12-month period of employment, Provider shall be entitled to paid time off and continuing education benefits as described in the attached ‘APP Paid Time Off & Continuing Education’ document. Time off and CME may be pro-rated for part-time personnel.
4. **Oregon Registration**: During the term of this agreement, Provider shall maintain their license in Oregon. District will pay any fees required to maintain Provider’s Oregon

license. Other fees may be covered upon approval from CEO. Failure on the part of Provider to keep their Oregon license current shall render this agreement null and void.

5. **Assistance with Collections:** All professional fees due or collected from Clinic patients for services rendered during the term of this Agreement shall be the property of the District. If necessary, Provider agrees to cooperate with the administration to facilitate the billing process. Patient discounted services or charity care are the sole responsibility of the Administration.

6. **Compensation:** The District shall pay Provider compensation for their services hereunder in equal bi-weekly installments in accordance with the attached Licensed Clinical Social Worker wage scale, which is subject to annual cost of living (COLA) increases each July.

COLA increases are driven by the union contract and the present floor is 3% but it may be higher based on inflation. The rate may also change when a new union contract is negotiated.

Provider shall receive medical and dental and vision insurance coverage for provider, their spouse, and their dependents. Premiums will be paid by the District.

In addition, Provider shall receive all other benefits provided to non-union District employees including Life and Long Term disability insurance, Life Flight Family Membership and Tri-County Ambulance ground membership with premiums paid for by the District. Other benefits include, but are not limited to the District's contribution to a 401(a) plan and having the option to make personal contributions to a 457 deferred compensation plan or a 403(b) tax-sheltered annuity plan, to provide for their retirement needs.

7. **Space, Utilities, Supplies and Equipment:** All space, utilities, office furniture, equipment and supplies for Provider to provide medical services hereunder shall be furnished by the District.

8. **Non-Physician Personnel:** All personnel required for Provider to meet their responsibilities hereunder shall be employed by the District and shall be subject to established District policies. The District shall determine, in consultation with Provider, the necessity for employment of additional personnel, if any.

9. **Insurance:** As to all activities of Provider within the scope of their responsibilities hereunder, Provider will be included within the public liability and malpractice insurance coverage carried by the District for its officers and employees. If, at the District's discretion, existing plans and procedures relating to public liability and malpractice insurance coverage are revised during the term of this agreement, Provider shall be subject to such revised plans and procedures. Provider shall not be responsible for any fees in connection herewith; any such fee shall be the responsibility of the District. If the District switches to another carrier and tail coverage would be needed for Provider, all fees associated with the switch would be paid for by the District.

10. **Reports and Records**: Provider shall promptly, completely and accurately prepare and maintain or cause to be promptly, completely and accurately prepared and maintained all reports, claims, correspondence and records including all medical records, as required by District related to Professional Services rendered by Provider at District, which reports, claims, correspondence records and medical records shall belong solely to District. Failure to comply may result in suspension or fines pursuant to district policies.
11. **Evaluations**: Provider's performance will be reviewed by District annually. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.
12. **Term**: Unless otherwise terminated per this agreement, the term of this agreement shall be for the period beginning January 1, 2024 and shall expire January 31, 2026. The agreement may be renewed by consent of both parties.
13. **Termination**: This agreement may be terminated by either party without cause upon 120 days written notice. This agreement may be terminated for good cause at any time without notice. If either party is unable to fulfill its part of the agreement due to circumstances beyond its control, or if the District's annual tax base fails to provide sufficient funds to meet its obligations hereunder, this agreement may be terminated without obligation on the part of either party.
14. **Governing Law**: This agreement shall be governed by, and construed in accordance with, the laws of the state of Oregon. To the extent permitted by law, all disputes arising from this agreement shall be filed in the Circuit Court of Morrow County, Oregon, to the exclusion of all courts, which might have jurisdiction apart from this provision.
15. **Severability**: If any provision of this agreement or the application of any such provision shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby.
16. **Attorney Fees**: In any litigation arising out of this agreement, the prevailing party shall be entitled to recover all reasonable expenses of litigation, including such attorney fees as the court may judge reasonable at trial and on any appeal.
17. **Assignment**: Neither party's rights and obligations pursuant to this agreement may be assigned or delegated without the other party's written consent.
18. **Entire Agreement**: As of the date of execution hereof, the provisions contained in this agreement set forth the entire agreement of the parties. No other document, agreement, understanding, or otherwise shall be of any effect with respect to the parties unless specifically made a written part of this agreement. The District's personnel policies shall apply to the extent they do not conflict with this agreement, but such policies are not contractual and may be amended from time-to-time by the District.
19. **Notices**: Any notice required or permitted under this agreement shall be given in writing and shall be deemed effectively given upon personal delivery or upon deposit with the United States Post Office, by certified mail, postage prepaid, addressed as follows:

If to: Jamie Reed

If to: Morrow County Health District
Attention: CEO
PO Box 9
Heppner, Oregon 97836

Or at such other address as a party may designate by notice given in the manner provided herein

IN WITNESS WHEREOF, the parties have executed or caused to be executed this agreement on the dates set forth below.

Jamie Reed 12/22/2023
Jamie Reed, LCSW Date

Emily Roberts, CEO Date
Morrow County Health District