



**Board Meeting Agenda  
February 26, 2024 at 6:30 p.m.**

|                  |  |
|------------------|--|
| <b>In Person</b> | <b>LOCATION CHANGED</b> to Blue Mountain Community College<br>251 Olson Rd, Boardman, OR 97818   |
| <b>Zoom</b>      | <a href="https://us06web.zoom.us/j/81289502055?pwd=w7A2bZtdNuUX0GT4jRkVBa45xpXdZ0.1">https://us06web.zoom.us/j/81289502055?pwd=w7A2bZtdNuUX0GT4jRkVBa45xpXdZ0.1</a><br>Meeting ID: 812 8950 2055<br>Passcode: 606518 |

**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. CEO Report & Dashboard – Emily Roberts**

**4. Financial Report – Nicole Mahoney**

**5. Consent Agenda**

- A. EMS Stats – January 2024

**6. New Business**

- A. Morrow County ASA Request
- B. Adult Care Home – Lease Option
- C. School-Based Health Center Contract

**7. 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.

- 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).
- 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.

**8. Open Session**

**9. Adjourn**

**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.

**Excellence:** Creating standards of performance that surpass ordinary expectations. We want to make this the place where patients want to come, our providers want to practice, and people want to work!



February 2024

| HUMAN RESOURCES                     |      |
|-------------------------------------|------|
| Turnover Rate<br>(Rolling 3 Months) | 6.9% |
| Vacancy Rate                        | 9.1% |
| Number of Open Positions            | 20   |
| Newly Created Open Positions        | 2    |

| FINANCIAL         |    |           |
|-------------------|----|-----------|
| Days Cash on Hand | 51 | Goal ≥ 90 |
| Days in AR        | 87 | 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<br>(Current Month) | 2   | 1   | 6   | N/A |
| Total Visits<br>(Previous Month)        | 392 | 86  | 368 | 109 |

"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 4 2023    | Qtr 3 2023     | Qtr 2 2023    |
|-------------------------|---------------|----------------|---------------|
| Boardman Immediate Care | 0%<br>N = 1   | 86%<br>N = 7   | 25%<br>N = 4  |
| Ione Community Clinic   | 90%<br>N = 10 | 100%<br>N = 10 | 92%<br>N = 13 |
| Irrigon Medical Clinic  | 80%<br>N = 30 | 83%<br>N = 47  | 77%<br>N = 22 |
| Pioneer Memorial Clinic | 84%<br>N = 37 | 73%<br>N = 30  | 73%<br>N = 41 |
| NRC Average             | 84%           |                |               |

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

|                         | Qtr 4 2023     | Qtr 3 2023     | Qtr 2 2023     |
|-------------------------|----------------|----------------|----------------|
| Boardman Immediate Care | 100%<br>N = 1  | 86%<br>N = 7   | 25%<br>N = 4   |
| Ione Community Clinic   | 100%<br>N = 10 | 100%<br>N = 10 | 100%<br>N = 13 |
| Irrigon Medical Clinic  | 90%<br>N = 30  | 96%<br>N = 47  | 86%<br>N = 21  |
| Pioneer Memorial Clinic | 94%<br>N = 36  | 93%<br>N = 30  | 87%<br>N = 39  |
| 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 |
|--------------------------------|------------|-------------|------------|
| <b>ER Adult</b>                | <b>93%</b> | <b>100%</b> | <b>71%</b> |
|                                | N = 14     | N = 3       | N = 7      |
| <b>NRC Average</b>             | 65%        |             |            |
| <b>Bed Size 6 - 24 Average</b> | 79%        |             |            |

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

|                                | Qtr 4 2023 | Qtr 3 2023  | Qtr 2 2023 |
|--------------------------------|------------|-------------|------------|
| <b>ER Adult</b>                | <b>92%</b> | <b>100%</b> | <b>75%</b> |
|                                | N = 13     | N = 3       | N = 8      |
| <b>NRC Average</b>             | 66%        |             |            |
| <b>Bed Size 6 - 24 Average</b> | 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 4 2023                       | Qtr 3 2023     | Qtr 2 2023     |
|---------------------|----------------------------------|----------------|----------------|
| <b>ER Pediatric</b> | <b>100%</b>                      | <b>No Data</b> | <b>No Data</b> |
|                     | N = 1                            | N = 0          | N = 0          |
| <b>NRC Average</b>  | *Insufficient data to benchmark. |                |                |

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

|                     | Qtr 4 2023                       | Qtr 3 2023     | Qtr 2 2023     |
|---------------------|----------------------------------|----------------|----------------|
| <b>ER Pediatric</b> | <b>100%</b>                      | <b>No Data</b> | <b>No Data</b> |
|                     | N = 1                            | N = 0          | N = 0          |
| <b>NRC Average</b>  | *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 |
|--------------------------------|------------|------------|------------|
| <b>Inpatient</b>               | <b>86%</b> | <b>80%</b> | <b>67%</b> |
|                                | N = 7      | N = 5      | N = 6      |
| <b>NRC Average</b>             | 72%        |            |            |
| <b>Bed Size 6 - 24 Average</b> | 81%        |            |            |

Would you recommend this hospital to your friends and family?

|                                | Qtr 4 2023 | Qtr 3 2023 | Qtr 2 2023 |
|--------------------------------|------------|------------|------------|
| <b>Inpatient</b>               | <b>71%</b> | <b>60%</b> | <b>33%</b> |
|                                | N = 7      | N = 5      | N = 6      |
| <b>NRC Average</b>             | 72%        |            |            |
| <b>Bed Size 6 - 24 Average</b> | 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  |
|--------------------------------|------------|------------|-------------|
| <b>Hospital</b>                | <b>75%</b> | <b>50%</b> | <b>100%</b> |
|                                | N = 4      | N = 2      | N = 1       |
| <b>NRC Average</b>             | 71%        |            |             |
| <b>Bed Size 6 - 24 Average</b> | 81%        |            |             |

Would you recommend this hospital to your friends and family?

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

|   |
|---|
| <b>Score is equal to or greater than the NRC Average</b>                |
| <b>Score is less than the NRC Average, but may not be significantly</b> |
| <b>Score is significantly less than the NRC Average</b>                 |

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MORROW COUNTY HEALTH DISTRICT  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 01/31/24

|                                    | Current Year   | Prior Year     | Net Change     |
|------------------------------------|----------------|----------------|----------------|
| <b>ASSETS</b>                      |                |                |                |
| <b>CURRENT ASSETS</b>              |                |                |                |
| <b>CASH &amp; INVESTMENTS</b>      |                |                |                |
| CASH & INVESTMENTS                 | 3,682,056.74   | 7,448,382.01   | (3,766,325.27) |
| TOTAL CASH & INVESTMENTS           | 3,682,056.74   | 7,448,382.01   | (3,766,325.27) |
| <b>PATIENT ACCOUNTS RECEIVABLE</b> |                |                |                |
| A/R HOSPITAL SWING CLINIC          | 301,745.78     | 2,572,242.21   | (2,270,496.43) |
| A/R HOME HEALTH & HOSPICE          | 110,393.47     | 409,692.18     | (299,298.71)   |
| A/R THRIVE                         | 3,323,240.86   | .00            | 3,323,240.86   |
| GROSS PATIENT RECEIVABLES          | 3,735,380.11   | 2,981,934.39   | 753,445.72     |
| 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    | 3,331,690.11   | 2,669,693.39   | 661,996.72     |
| <b>OTHER RECEIVABLES</b>           |                |                |                |
| EMPLOYEE ADVANCES                  | (188.23)       | (4,745.99)     | 4,557.76       |
| EMPLOYEE PURCHASES RECEIVABLE      | .00            | 5,056.92       | (5,056.92)     |
| RECEIVABLE 340B SUNRX              | 37,323.23      | 49,141.73      | (11,818.50)    |
| TAXES RECEIVABLE - PRIOR YEAR      | 41,404.37      | 38,032.65      | 3,371.72       |
| TAXES RECEIVABLE - CURRENT YR      | (1,336,302.68) | (1,433,441.55) | 97,138.87      |
| OTHER RECEIVABLE                   | 27,376.62      | 43,672.50      | (16,295.88)    |
| MC/MD RECEIVABLE                   | 1,222,211.12   | .00            | 1,222,211.12   |
| ASSISTED LIVING RECEIVABLE         | 18,362.05      | (2,421.56)     | 20,783.61      |
| TOTAL OTHER RECEIVABLE             | 10,186.48      | (1,304,705.30) | 1,314,891.78   |
| <b>INVENTORY &amp; PREPAID</b>     |                |                |                |
| INVENTORY AND PREPAID              | 685,897.42     | 577,336.38     | 108,561.04     |
| TOTAL INVENTORY & PREPAID          | 685,897.42     | 577,336.38     | 108,561.04     |
| TOTAL CURRENT ASSETS               | 7,709,830.75   | 9,390,706.48   | (1,680,875.73) |
| <b>LONG TERM ASSETS</b>            |                |                |                |
| 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           | 461,044.45     | 401,739.46     | 59,304.99      |
| LESS ACCUM DEPRECIATION            | 10,895,881.15  | 10,169,384.48  | 726,496.67     |
| TOTAL LONG TERM ASSETS             | 4,515,173.28   | 4,979,119.49   | (463,946.21)   |
| TOTAL ASSETS                       | 12,225,004.03  | 14,369,825.97  | (2,144,821.94) |

UNAUDITED - SUBJECT TO CHANGE

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MORROW COUNTY HEALTH DISTRICT  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 01/31/24

|  | Current Year   | Prior Year    | Net Change     |
|--|----------------|---------------|----------------|
| <b>LIABILITIES</b>                     |                |               |                |
| <b>CURRENT LIABILITIES</b>             |                |               |                |
| <b>ACCOUNTS PAYABLE</b>                |                |               |                |
| ACCOUNTS PAYABLE                       | 613,087.86     | 353,554.89    | 259,532.97     |
| MISC PAYABLE                           | .00            | (.04)         | .04            |
| -----                                  | -----          | -----         | -----          |
| ACCOUNTS PAYABLE TOTAL                 | 613,087.86     | 353,554.85    | 259,533.01     |
| -----                                  | -----          | -----         | -----          |
| <b>ACCRUED WAGES &amp; LIABILITIES</b> |                |               |                |
| ACCRUED WAGES & LIABILITIES            | 1,346,714.21   | 1,238,212.02  | 108,502.19     |
| -----                                  | -----          | -----         | -----          |
| TOTAL ACCRUED WAGES & LIABILITIES      | 1,346,714.21   | 1,238,212.02  | 108,502.19     |
| -----                                  | -----          | -----         | -----          |
| <b>OTHER LIABILITIES</b>               |                |               |                |
| ACCRUED INTEREST                       | 2,560.21       | 3,052.04      | (491.83)       |
| SUSPENSE ACCOUNT                       | 6,096.52       | 1,198.13      | 4,898.39       |
| TCAA SUSPENSE                          | 2,565.00       | 2,430.00      | 135.00         |
| DEFERRED INCOME                        | 1,505.82       | 1,505.82      | .00            |
| UNEARNED REVENUE FOR COVID 19          | .00            | 808,671.42    | (808,671.42)   |
| CONTINGENCY SETTLEMENT PAYABLE         | 100,000.00     | 200,000.00    | (100,000.00)   |
| -----                                  | -----          | -----         | -----          |
| TOTAL OTHER LIABILITIES                | 112,727.55     | 1,016,857.41  | (904,129.86)   |
| -----                                  | -----          | -----         | -----          |
| TOTAL CURRENT LIABILITIES              | 2,072,529.62   | 2,608,624.28  | (536,094.66)   |
| =====                                  | =====          | =====         | =====          |
| <b>LONGTERM LIABILITIES</b>            |                |               |                |
| BEO 2019 BOILERS LOAN                  | 26,859.12      | 55,082.77     | (28,223.65)    |
| BEO 2018 BOARDMAN BLDG LOAN            | 78,308.27      | 96,031.65     | (17,723.38)    |
| BEO 2018 OMNICELL/US LOAN              | .00            | 39,781.85     | (39,781.85)    |
| BEO 2020 AMBULANCE LOAN                | 37,223.14      | 67,785.95     | (30,562.81)    |
| MORROW CO 2018 BOARDMAN BLDG           | 42,657.03      | 52,712.94     | (10,055.91)    |
| MORROW CO 2013 IMC LOAN                | .00            | 3,454.58      | (3,454.58)     |
| BEO IMC EXPANSION 2018                 | 260,258.87     | 306,558.65    | (46,299.78)    |
| GEODC 2021 HOUSE LOAN                  | 69,632.14      | 77,729.24     | (8,097.10)     |
| MORROW CO 2021 CHURCH LOAN             | 51,513.03      | 57,963.66     | (6,450.63)     |
| BEO 2008 HOSP REMODEL LOAN             | .00            | 21,507.94     | (21,507.94)    |
| BEO REFINANCE LOAN                     | 755,615.97     | 782,684.01    | (27,068.04)    |
| -----                                  | -----          | -----         | -----          |
| TOTAL LONG TERM LIABILITIES            | 1,322,067.57   | 1,561,293.24  | (239,225.67)   |
| =====                                  | =====          | =====         | =====          |
| <b>EQUITY/FUND BALANCE</b>             |                |               |                |
| GENERAL FUND UNRESTRICTED BAL          | 10,406,359.52  | 10,398,041.30 | 8,318.22       |
| EQUITY/FUND BAL PERIOD END             | (1,575,952.68) | (198,132.85)  | (1,377,819.83) |
| -----                                  | -----          | -----         | -----          |
| TOTAL LIAB & EQUITY/FUND BAL           | 12,225,004.03  | 14,369,825.97 | (2,144,821.94) |
| =====                                  | =====          | =====         | =====          |

UNAUDITED - SUBJECT TO CHANGE

MORROW COUNTY HEALTH DISTRICT  
 OPERATING/INCOME STATEMENT  
 FOR THE 7 MONTHS ENDING 01/31/24

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| ----- M O N T H ----- |              |              | ----- Y E A R T O D A T E ----- |                |               |                |
|-----------------------|--------------|--------------|---------------------------------|----------------|---------------|----------------|
| ACTUAL                | BUDGET       | VARIANCE     |                                 | ACTUAL         | BUDGET        | VARIANCE       |
|                       |              |              | PATIENT SERVICES REVENUE        |                |               |                |
| 76,786.86             | 86,862.34    | (10,075.48)  | INPATIENT ANCILLARY REVENUE     | 382,351.52     | 608,036.38    | (225,684.86)   |
| 126,566.81            | 98,735.51    | 27,831.30    | HOSPITAL INPATIENT REVENUE      | 805,357.57     | 691,148.57    | 114,209.00     |
| 795,260.34            | 907,192.63   | (111,932.29) | OUTPATIENT REVENUE              | 4,988,812.22   | 6,350,348.41  | (1,361,536.19) |
| 297,080.23            | 438,490.99   | (141,410.76) | CLINIC REVENUE                  | 2,088,928.38   | 3,069,436.93  | (980,508.55)   |
| 87,949.52             | 99,775.75    | (11,826.23)  | HOME HEALTH/HOSPICE REVENUE     | 722,627.17     | 698,430.25    | 24,196.92      |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 1,383,643.76          | 1,631,057.22 | (247,413.46) | GROSS PATIENT REVENUE           | 8,988,076.86   | 11,417,400.54 | (2,429,323.68) |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
|                       |              |              | LESS DEDUCTIONS FROM REVENUE    |                |               |                |
| (6,898.49)            | .00          | 6,898.49     | PROVISION FOR BAD DEBTS         | 11,424.19      | .00           | (11,424.19)    |
| 19,598.98             | 31,278.17    | 11,679.19    | CONTRACTUAL & OTHER ADJUSTME    | 572,560.65     | 218,947.19    | (353,613.46)   |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 12,700.49             | 31,278.17    | 18,577.68    | TOTAL REVENUE DEDUCTIONS        | 583,984.84     | 218,947.19    | (365,037.65)   |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 1,370,943.27          | 1,599,779.05 | (228,835.78) | NET PATIENT REVENUE             | 8,404,092.02   | 11,198,453.35 | (2,794,361.33) |
|                       |              |              |                                 |                |               |                |
| 298,207.16            | 298,207.17   | (.01)        | TAX REVENUE                     | 2,087,450.12   | 2,087,450.19  | (.07)          |
| 2,188.77              | 137,863.16   | (135,674.39) | OTHER OPERATING REVENUE         | 112,033.56     | 965,042.12    | (853,008.56)   |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 1,671,339.20          | 2,035,849.38 | (364,510.18) | TOTAL OPERATING REVENUE         | 10,603,575.70  | 14,250,945.66 | (3,647,369.96) |
| =====                 | =====        | =====        |                                 | =====          | =====         | =====          |
|                       |              |              | OPERATING EXPENSES              |                |               |                |
| 1,004,828.50          | 1,044,627.88 | 39,799.38    | SALARIES & WAGES                | 7,470,144.70   | 7,312,395.16  | (157,749.54)   |
| 348,470.03            | 428,595.52   | 80,125.49    | EMPLOYEE BENEFITS & TAXES       | 2,331,688.76   | 3,000,168.64  | 668,479.88     |
| 100,369.50            | 91,904.44    | (8,465.06)   | PROFESSIONAL FEES               | 649,569.24     | 643,531.08    | (6,038.16)     |
| 99,747.00             | 146,160.91   | 46,413.91    | SUPPLIES & MINOR EQUIPMENT      | 740,913.22     | 1,023,126.37  | 282,213.15     |
| 681.58                | 14,896.16    | 14,214.58    | EDUCATION                       | 36,628.10      | 104,273.12    | 67,645.02      |
| 21,547.31             | 17,975.20    | (3,572.11)   | REPAIRS & MAINTENANCE           | 128,438.76     | 125,826.40    | (2,612.36)     |
| 5,863.75              | 11,896.10    | 6,032.35     | RECRUITMENT & ADVERTISING       | 32,971.81      | 83,272.70     | 50,300.89      |
| 122,644.78            | 81,624.08    | (41,020.70)  | PURCHASED SERVICES              | 694,619.71     | 571,368.56    | (123,251.15)   |
| 59,419.58             | 67,010.02    | 7,590.44     | DEPRECIATION                    | 430,131.39     | 469,070.14    | 38,938.75      |
| 23,875.37             | 18,603.40    | (5,271.97)   | UTILITIES PHONE & PROPANE       | 132,703.39     | 130,223.80    | (2,479.59)     |
| 16,658.13             | 13,355.01    | (3,303.12)   | INSURANCE                       | 107,694.22     | 93,485.07     | (14,209.15)    |
| 472.50                | 2,066.91     | 1,594.41     | TAXES & LICENSES                | 17,947.73      | 14,468.37     | (3,479.36)     |
| 4,536.78              | 4,817.16     | 280.38       | INTEREST                        | 37,369.21      | 33,720.12     | (3,649.09)     |
| 2,381.85              | 3,377.42     | 995.57       | DUES & SUBSCRIPTIONS            | 25,994.55      | 23,641.94     | (2,352.61)     |
| 21,048.04             | 15,806.26    | (5,241.78)   | TRAVEL                          | 110,106.04     | 110,643.82    | 537.78         |
| 12,617.89             | 19,991.00    | 7,373.11     | OTHER EXPENSES                  | 164,435.83     | 139,937.00    | (24,498.83)    |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 1,845,162.59          | 1,982,707.47 | 137,544.88   | TOTAL OPERATING EXPENSES        | 13,111,356.66  | 13,879,152.29 | 767,795.63     |
| =====                 | =====        | =====        |                                 | =====          | =====         | =====          |
| (173,823.39)          | 53,141.91    | (226,965.30) | GAIN/LOSS FROM OPERATIONS       | (2,507,780.96) | 371,793.37    | (2,879,574.33) |
|                       |              |              |                                 |                |               |                |
| 314,228.03            | 62,275.01    | 251,953.02   | NON-OPERATING NET GAIN/LOSS     | 931,896.36     | 435,925.07    | 495,971.29     |
| -----                 | -----        | -----        |                                 | -----          | -----         | -----          |
| 140,404.64            | 115,416.92   | 24,987.72    | GAIN/LOSS                       | (1,575,884.60) | 807,718.44    | (2,383,603.04) |
| =====                 | =====        | =====        |                                 | =====          | =====         | =====          |

UNAUDITED - SUBJECT TO CHANGE

**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        |
|-------------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|------------|
| <b>ACUTE (INPATIENT)</b>      |          |           |           |           |           |           |           |          |          |          |          |          |            |
| ADMISSIONS                    | 2        | 3         | 3         | 4         | 2         | 2         | 4         |          |          |          |          |          | 20         |
| DISCHARGES                    | 2        | 3         | 3         | 4         | 3         | 2         | 3         |          |          |          |          |          | 20         |
| Admits- MEDICARE              | 2        | 2         | 2         | 4         | 2         | 2         | 3         |          |          |          |          |          | 17         |
| MEDICAID                      | 0        | 1         | 0         | 0         | 0         | 0         | 1         |          |          |          |          |          | 2          |
| OTHER                         | 0        | 0         | 1         | 0         | 0         | 0         | 0         |          |          |          |          |          | 1          |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>2</b> | <b>3</b>  | <b>3</b>  | <b>4</b>  | <b>2</b>  | <b>2</b>  | <b>4</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>20</b>  |
| Dschgs -MEDICARE              | 2        | 2         | 2         | 4         | 2         | 2         | 2         |          |          |          |          |          | 16         |
| MEDICAID                      | 0        | 1         | 0         | 0         | 0         | 0         | 1         |          |          |          |          |          | 2          |
| OTHER                         | 0        | 0         | 1         | 0         | 1         | 0         | 0         |          |          |          |          |          | 2          |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>2</b> | <b>3</b>  | <b>3</b>  | <b>4</b>  | <b>3</b>  | <b>2</b>  | <b>3</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>20</b>  |
| <b>PATIENT DISCHARGE DAYS</b> |          |           |           |           |           |           |           |          |          |          |          |          |            |
| MEDICARE                      | 2        | 4         | 6         | 9         | 7         | 6         | 7         |          |          |          |          |          | 41         |
| MEDICARE ADVANTAGE            | 0        | 0         | 3         | 10        | 3         | 2         | 0         |          |          |          |          |          | 18         |
| MEDICAID                      | 0        | 0         | 0         | 0         | 0         | 0         | 1         |          |          |          |          |          | 1          |
| MEDICAID MANAGED CARE         | 0        | 17        | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 17         |
| OTHER                         | 0        | 0         | 2         | 0         | 8         | 0         | 0         |          |          |          |          |          | 10         |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>2</b> | <b>21</b> | <b>11</b> | <b>19</b> | <b>18</b> | <b>8</b>  | <b>8</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>87</b>  |
| <b>PATIENT ADMISSION DAYS</b> |          |           |           |           |           |           |           |          |          |          |          |          |            |
| Adults                        | 2        | 21        | 11        | 19        | 18        | 8         | 8         |          |          |          |          |          | 87         |
| Pediatric                     | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>2</b> | <b>21</b> | <b>11</b> | <b>19</b> | <b>18</b> | <b>8</b>  | <b>8</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>87</b>  |
| AVG LENGTH OF STAY            | 1.0      | 7.0       | 3.7       | 4.8       | 6.0       | 4.0       | 2.7       | #DIV/0!  | #DIV/0!  | #DIV/0!  | #DIV/0!  | #DIV/0!  | 4.4        |
| AVG DAILY CENSUS              | 0.1      | 0.7       | 0.4       | 0.6       | 0.6       | 0.3       | 0.3       | 0.0      | 0.0      | 0.0      | 0.0      | 0.0      | 0.4        |
| DEATHS                        | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>SWING BED (Skilled)</b>    |          |           |           |           |           |           |           |          |          |          |          |          |            |
| ADMISSIONS                    | 1        | 7         | 1         | 2         | 1         | 2         | 5         |          |          |          |          |          | 19         |
| DISCHARGES                    | 0        | 4         | 3         | 1         | 2         | 1         |           |          |          |          |          |          | 11         |
| Dschgs -MEDICARE              | 0        | 4         | 2         | 1         | 2         | 1         | 4         |          |          |          |          |          | 14         |
| MEDICAID                      | 0        | 0         | 1         | 0         | 0         | 0         | 0         |          |          |          |          |          | 1          |
| OTHER                         | 0        | 1         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 1          |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>0</b> | <b>5</b>  | <b>3</b>  | <b>1</b>  | <b>2</b>  | <b>1</b>  | <b>4</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>16</b>  |
| <b>PATIENT DISCHARGE DAYS</b> |          |           |           |           |           |           |           |          |          |          |          |          |            |
| MEDICARE                      | 0        | 30        | 42        | 0         | 23        | 10        | 72        |          |          |          |          |          | 177        |
| MEDICARE ADVANTAGE            | 0        | 7         | 0         | 14        | 16        | 0         | 0         |          |          |          |          |          | 37         |
| MEDICAID                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| MEDICAID MANAGED CARE         | 0        | 0         | 14        | 0         | 0         | 0         | 0         |          |          |          |          |          | 14         |
| OTHER                         | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>0</b> | <b>37</b> | <b>56</b> | <b>14</b> | <b>39</b> | <b>10</b> | <b>72</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>228</b> |
| <b>PATIENT ADMISSION DAYS</b> |          |           |           |           |           |           |           |          |          |          |          |          |            |
| MEDICARE                      | 4        | 55        | 22        | 39        | 14        | 52        | 43        |          |          |          |          |          | 229        |
| MEDICAID                      | 0        | 0         | 11        | 0         | 0         | 0         | 0         |          |          |          |          |          | 11         |
| OTHER                         | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| SELF PAY                      | 0        | 0         | 0         | 0         | 0         | 0         | 0         |          |          |          |          |          | 0          |
| <b>TOTAL</b>                  | <b>4</b> | <b>55</b> | <b>33</b> | <b>39</b> | <b>14</b> | <b>52</b> | <b>43</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>240</b> |
| AVG DAILY CENSUS              | 0.13     | 1.77      | 1.10      | 1.26      | 0.47      | 1.68      | 1.39      | 0.00     | 0.00     | 0.00     | 0.00     | 0.00     | 1.12       |
| SWING BED REVENUE             | \$ 2,118 | \$ 23,548 | \$ 14,137 | \$ 16,683 | \$ 5,989  | \$ 22,244 | \$ 18,394 |          |          |          |          |          | \$103,113  |
| SWING \$ DAYS                 | <b>4</b> | <b>55</b> | <b>33</b> | <b>39</b> | <b>14</b> | <b>52</b> | <b>43</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>240</b> |
| DEATHS                        | 0        | 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          |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|----------|----------|----------|----------|--------------|
| <b>OBSERVATION</b>                      |             |             |             |             |             |             |             |          |          |          |          |          |              |
| ADMISSIONS                              | 1           | 0           | 1           | 0           | 0           | 2           | 1           |          |          |          |          |          | 5            |
| DISCHARGES                              | 1           | 0           | 1           | 0           | 0           | 2           | 1           |          |          |          |          |          | 5            |
| HOURS                                   | 24          | 0           | 20          | 0           | 0           | 59          | 20          |          |          |          |          |          | 123          |
| REVENUE                                 | \$ 3,471    | \$ -        | \$ 2,972    | \$ -        | \$ -        | \$ 8,312    | \$ 2,972    |          |          |          |          |          | \$ 17,727    |
| AVG LENGTH OF STAY (hours)              | 24.0        | #DIV/0!     | 20.0        | #DIV/0!     | #DIV/0!     | 29.5        | 20.0        | #DIV/0!  | #DIV/0!  | #DIV/0!  | #DIV/0!  | #DIV/0!  | 24.6         |
| DEATHS                                  | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0        | 0        | 0        | 0        | 0        | 0            |
| <b>HOSPITAL RESPITE</b>                 |             |             |             |             |             |             |             |          |          |          |          |          |              |
| ADMISSIONS                              | 1           | 0           | 1           | 1           | 1           | 1           | 0           |          |          |          |          |          | 5            |
| DISCHARGES                              | 1           | 0           | 0           | 2           | 1           | 1           | 0           |          |          |          |          |          | 5            |
| PATIENT ADMISSION DAYS                  | 6           | 0           | 5           | 9           | 0           | 4           | 0           |          |          |          |          |          | 24           |
| DEATHS                                  | 1           | 0           | 0           | 0           | 1           | 0           | 0           |          |          |          |          |          | 2            |
| <b>SWING (Non-Skilled)</b>              |             |             |             |             |             |             |             |          |          |          |          |          |              |
| ADMISSIONS                              | 0           | 0           | 3           | 1           | 1           | 0           | 0           |          |          |          |          |          | 5            |
| DISCHARGES                              | 0           | 1           | 0           | 1           | 0           | 1           | 0           |          |          |          |          |          | 3            |
| Dschgs -MEDICAID                        | 0           | 0           | 0           | 0           | 0           | 0           | 0           |          |          |          |          |          | 0            |
| SELF PAY                                | 0           | 1           | 0           | 1           | 0           | 1           | 0           |          |          |          |          |          | 3            |
| <b>TOTAL</b>                            | <b>0</b>    | <b>1</b>    | <b>0</b>    | <b>1</b>    | <b>0</b>    | <b>1</b>    | <b>0</b>    | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>3</b>     |
| <b>PATIENT DISCHARGE DAYS</b>           |             |             |             |             |             |             |             |          |          |          |          |          |              |
| MEDICAID                                | 0           | 0           | 0           | 0           | 0           | 0           | 0           |          |          |          |          |          | 0            |
| SELF PAY                                | 0           | 1           | 0           | 17          | 0           | 70          | 0           |          |          |          |          |          | 88           |
| <b>TOTAL</b>                            | <b>0</b>    | <b>1</b>    | <b>0</b>    | <b>17</b>   | <b>0</b>    | <b>70</b>   | <b>0</b>    | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>88</b>    |
| <b>PATIENT ADMISSION DAYS</b>           |             |             |             |             |             |             |             |          |          |          |          |          |              |
| MEDICAID                                | 31          | 31          | 30          | 31          | 30          | 31          | 31          |          |          |          |          |          | 215          |
| SELF PAY                                | 93          | 63          | 109         | 146         | 174         | 179         | 155         |          |          |          |          |          | 919          |
| <b>TOTAL</b>                            | <b>124</b>  | <b>94</b>   | <b>139</b>  | <b>177</b>  | <b>204</b>  | <b>210</b>  | <b>186</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1134</b>  |
| AVG DAILY CENSUS                        | 4.0         | 3.0         | 4.6         | 5.7         | 6.8         | 6.8         | 6.0         | 0.0      | 0.0      | 0.0      | 0.0      | 0.0      | 3.1          |
| SWING BED REVENUE                       | \$ 54,662   | \$ 41,437   | \$ 61,274   | \$ 84,633   | \$ 97,543   | \$ 100,412  | \$ 88,936   |          |          |          |          |          | \$ 528,895   |
| SWING \$ DAYS                           | 124         | 94          | 139         | 177         | 204         | 210         | 186         | 0        | 0        | 0        | 0        | 0        | 1134         |
| DEATHS                                  | 0           | 1           | 0           | 1           | 0           | 1           | 0           |          |          |          |          |          | 3            |
| <b>SUMMARY STATS</b>                    |             |             |             |             |             |             |             |          |          |          |          |          |              |
| TOTAL/AVERAGE % OCCUPANCY               | 20.9%       | 26.1%       | 29.8%       | 37.5%       | 37.5%       | 42.1%       | 36.4%       | 0.0%     | 0.0%     | 0.0%     | 0.0%     | 0.0%     | 32.9%        |
| <b>TOTAL OUTPATIENTS (Admits) w/ ER</b> |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 477         | 515         | 580         | 567         | 521         | 477         | 472         |          |          |          |          |          | 3609         |
| <b>TOTAL ER (Encounters)</b>            |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 93          | 85          | 86          | 99          | 87          | 81          | 92          |          |          |          |          |          | 623          |
| <b>LAB TESTS</b>                        |             |             |             |             |             |             |             |          |          |          |          |          |              |
| INPATIENT                               | 20          | 136         | 69          | 116         | 40          | 56          | 76          |          |          |          |          |          | 513          |
| OUTPATIENT                              | 1421        | 1683        | 1989        | 1549        | 1614        | 1351        | 1481        |          |          |          |          |          | 11088        |
| <b>TOTAL</b>                            | <b>1441</b> | <b>1819</b> | <b>2058</b> | <b>1665</b> | <b>1654</b> | <b>1407</b> | <b>1557</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>11601</b> |
| <b>XRAY/ULTRASOUND TESTS</b>            |             |             |             |             |             |             |             |          |          |          |          |          |              |
| INPATIENT                               | 1           | 13          | 2           | 4           | 3           | 2           | 10          |          |          |          |          |          | 35           |
| OUTPATIENT                              | 68          | 66          | 66          | 94          | 85          | 77          | 79          |          |          |          |          |          | 535          |
| <b>TOTAL</b>                            | <b>69</b>   | <b>79</b>   | <b>68</b>   | <b>98</b>   | <b>88</b>   | <b>79</b>   | <b>89</b>   | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>570</b>   |
| <b>CT SCANS</b>                         |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 43          | 50          | 21          | 38          | 51          | 32          | 68          |          |          |          |          |          | 303          |
| <b>MRI SCANS</b>                        |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 2           | 3           | 7           | 5           | 4           | 5           | 2           |          |          |          |          |          | 28           |
| <b>EKG TESTS</b>                        |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 16          | 32          | 25          | 15          | 30          | 23          | 35          |          |          |          |          |          | 176          |
| <b>TREADMILL PROCEDURES</b>             |             |             |             |             |             |             |             |          |          |          |          |          |              |
|   | 0           | 0           | 0           | 0           | 0           | 0           | 0           |          |          |          |          |          | 0            |
| <b>RESPIRATORY THERAPY</b>              |             |             |             |             |             |             |             |          |          |          |          |          |              |
| INPATIENT                               | 0           | 0           | 0           | 79          | 23          | 26          | 25          |          |          |          |          |          | 153          |
| OUTPATIENT                              | -1          | 0           | 0           | 16          | 37          | 3           | 86          |          |          |          |          |          | 141          |
| <b>TOTAL</b>                            | <b>-1</b>   | <b>0</b>    | <b>0</b>    | <b>95</b>   | <b>60</b>   | <b>29</b>   | <b>111</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>294</b>   |



**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                |
|---------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|-------------|-------------|-------------|-------------|--------------------|
| <b>PROVIDER VISITS</b>                |                   |                   |                   |                   |                   |                   |                   |             |             |             |             |             |                    |
| PIONEER MEMORIAL CLINIC-HEPPNER       | 267               | 427               | 361               | 353               | 409               | 351               | 392               |             |             |             |             |             | 2560               |
| IRRIGON MEDICAL CLINIC                | 361               | 431               | 405               | 492               | 386               | 312               | 368               |             |             |             |             |             | 2755               |
| BOARDMAN IMMEDIATE CARE               | 87                | 129               | 159               | 133               | 129               | 68                | 109               |             |             |             |             |             | 814                |
| IONE COMMUNITY CLINIC                 | 111               | 109               | 96                | 92                | 94                | 86                | 86                |             |             |             |             |             | 674                |
| ALL PROVIDER ENCOUNTERS AT HOSPITAL** | 101               | 159               | 129               | 153               | 118               | 104               | 124               |             |             |             |             |             | 888                |
| <b>TOTAL</b>                          | <b>927</b>        | <b>1255</b>       | <b>1150</b>       | <b>1223</b>       | <b>1136</b>       | <b>921</b>        | <b>1079</b>       | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>7691</b>        |
| REVENUE OF HOSPITAL ENCOUNTERS        | \$ 56,898         | \$ 84,858         | \$ 69,119         | \$ 73,439         | \$ 66,878         | \$ 60,124         | \$ 70,491         |             |             |             |             |             | \$481,806          |
| <b>AMBULANCE</b>                      |                   |                   |                   |                   |                   |                   |                   |             |             |             |             |             |                    |
| HEPPNER AMBULANCE TRANSPORTS          | 28                | 27                | 27                | 27                | 19                | 22                | 30                |             |             |             |             |             | 180                |
| BOARDMAN AMBULANCE TRANSPORTS         | 22                | 29                | 29                | 34                | 36                | 37                | 25                |             |             |             |             |             | 212                |
| IRRIGON AMBULANCE TRANSPORTS          | 40                | 18                | 29                | 29                | 21                | 32                | 23                |             |             |             |             |             | 192                |
| IONE AMBULANCE TRANSPORTS             | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |             |             |             |             |             | 0                  |
| <b>TOTAL</b>                          | <b>90</b>         | <b>74</b>         | <b>85</b>         | <b>90</b>         | <b>76</b>         | <b>91</b>         | <b>78</b>         | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>584</b>         |
| HEPPNER AMB REVENUE                   | \$ 50,162         | \$ 54,983         | \$ 51,080         | \$ 51,080         | \$ 42,579         | \$ 46,438         | \$ 80,649         |             |             |             |             |             | \$376,969          |
| BOARDMAN AMB REVENUE                  | \$ 52,995         | \$ 66,038         | \$ 70,083         | \$ 84,917         | \$ 86,038         | \$ 88,024         | \$ 59,452         |             |             |             |             |             | \$507,545          |
| IRRIGON AMB REVENUE                   | \$ 83,117         | \$ 40,000         | \$ 64,251         | \$ 64,630         | \$ 46,534         | \$ 61,269         | \$ 51,032         |             |             |             |             |             | \$410,834          |
| IONE AMB REVENUE                      | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              | \$ -        | \$ -        | \$ -        | \$ -        | \$ -        | \$0                |
| <b>TOTAL</b>                          | <b>\$ 186,273</b> | <b>\$ 161,021</b> | <b>\$ 185,414</b> | <b>\$ 200,626</b> | <b>\$ 175,152</b> | <b>\$ 195,730</b> | <b>\$ 191,133</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$1,295,348</b> |
| <b>HOME HEALTH VISITS</b>             |                   |                   |                   |                   |                   |                   |                   |             |             |             |             |             |                    |
| SKILLED NURSING VISITS                | 46                | 70                | 69                | 50                | 59                | 47                | 60                |             |             |             |             |             | 401                |
| AIDE VISITS                           | 17                | 9                 | 13                | 7                 | 17                | 13                | 11                |             |             |             |             |             | 87                 |
| MSW VISITS                            | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |             |             |             |             |             | 0                  |
| OCCUPATIONAL THERAPY                  | 9                 | 13                | 4                 | 0                 | 0                 | 0                 | 0                 |             |             |             |             |             | 26                 |
| PHYSICAL THERAPY                      | 25                | 38                | 24                | 31                | 20                | 14                | 22                |             |             |             |             |             | 174                |
| SPEECH THERAPY                        | 2                 | 4                 | 2                 | 0                 | 0                 | 0                 | 0                 |             |             |             |             |             | 8                  |
| IN HOME CARE VISITS-PRIVATE PAY       | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |             |             |             |             |             | 0                  |
| <b>TOTAL</b>                          | <b>99</b>         | <b>134</b>        | <b>112</b>        | <b>88</b>         | <b>96</b>         | <b>74</b>         | <b>93</b>         | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>0</b>    | <b>696</b>         |
| <b>HOSPICE</b>                        |                   |                   |                   |                   |                   |                   |                   |             |             |             |             |             |                    |
| ADMITTS                               | 2                 | 2                 | 1                 | 2                 | 5                 | 4                 | 4                 |             |             |             |             |             | 20                 |
| DISCHARGE                             | 0                 | 1                 | 0                 | 1                 | 0                 | 1                 | 1                 |             |             |             |             |             | 4                  |
| DEATHS                                | 3                 | 0                 | 4                 | 3                 | 3                 | 2                 | 3                 |             |             |             |             |             | 18                 |
| <b>TOTAL HOSPICE DAYS</b>             | <b>256</b>        | <b>240</b>        | <b>192</b>        | <b>178</b>        | <b>175</b>        | <b>214</b>        | <b>187</b>        |             |             |             |             |             | <b>1442</b>        |
| <b>PHARMACY</b>                       |                   |                   |                   |                   |                   |                   |                   |             |             |             |             |             |                    |
| DRUG DOSES                            | 723               | 1591              | 1463              | 1213              | 739               | 1405              | 1587              |             |             |             |             |             | 8,721              |
| DRUG REVENUE                          | \$ 39,070         | \$ 85,397         | \$ 98,966         | \$ 81,878         | \$ 92,008         | \$ 102,595        | \$ 135,444        |             |             |             |             |             | \$635,359          |

**PIONEER MEMORIAL CLINIC - JANUARY 2024**

| 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 |   | 8   | 8   | 8   |    |   |    | 8   | 8   | 7.6 | 8   |    |    |    |    | 8   | 8   | 8   |    |    |    | 8   | 8   | 8   | 8   |    |    |    | 8   | 8   | 8   | 135.6 |
|                    | Patients Seen           |   | 14  | 14  | 15  |    |   |    | 13  | 7   | 10  | 14  |    |    |    |    | 14  | 4   | 4   |    |    |    | 10  | 13  | 11  | 11  |    |    |    | 12  | 16  | 16  | 198   |
|                    | No Shows                |   | 0   | 1   | 0   |    |   |    | 0   | 1   | 1   | 0   |    |    |    |    | 0   | 0   | 0   |    |    |    | 0   | 1   | 2   | 0   |    |    |    | 0   | 1   | 0   | 7     |
|                    | Patient Cancellations   |   | 2   | 1   | 1   |    |   |    | 1   | 0   | 1   | 1   |    |    |    |    | 1   | 1   | 1   |    |    |    | 1   | 0   | 1   | 0   |    |    |    | 2   | 0   | 0   | 14    |
|                    | Clinic Cancellations    |   | 0   | 0   | 0   |    |   |    | 0   | 0   | 0   | 0   |    |    |    |    | 0   | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 0   | 0     |
|                    | Pts. Per Available Hour |   | 1.8 | 1.8 | 1.9 |    |   |    | 1.6 | 0.9 | 1.3 | 1.8 |    |    |    |    | 1.8 | 0.5 | 0.5 |    |    |    | 1.3 | 1.6 | 1.4 | 1.4 |    |    |    | 1.5 | 2.0 | 2.0 | 1.5   |
|                    | No Show Rate            |   | 0%  | 6%  | 0%  |    |   |    | 0%  | 13% | 8%  | 0%  |    |    |    |    | 0%  | 0%  | 0%  |    |    |    | 0%  | 7%  | 14% | 0%  |    |    |    | 0%  | 6%  | 0%  | 3%    |
|                    | Patient Cancel Rate     |   |     | 13% | 6%  | 6% |   |    | 7%  | 0%  | 8%  | 7%  |    |    |    |    | 7%  | 20% | 20% |    |    |    | 9%  | 0%  | 7%  | 0%  |    |    |    | 14% | 0%  | 0%  | 6%    |
| Clinic Cancel Rate |                         |   | 0%  | 0%  | 0%  |    |   | 0% | 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 |   |    | 7.6 | 7.6 | 8   |   |   |   |    | 7.6 | 7.6 | 8   |    |    |    | 7.6 | 7.6 | 8   |    |    |    |    | 7.6 | 7.6 | 8   |    |    |    |    | 7.6 | 100.4 |       |
|                    | Patients Seen           |   |    | 13  | 13  | 11  |   |   |   |    | 15  | 15  | 12  |    |    |    | 5   | 13  | 12  |    |    |    |    | 12  | 15  | 11  |    |    |    |    | 16  | 163   |       |
|                    | No Shows                |   |    | 2   | 1   | 1   |   |   |   |    | 0   | 0   | 0   |    |    |    | 0   | 1   | 0   |    |    |    |    | 0   | 1   | 1   |    |    |    |    | 0   | 7     |       |
|                    | Patient Cancellations   |   |    | 1   | 0   | 2   |   |   |   |    | 1   | 1   | 1   |    |    |    | 3   | 0   | 1   |    |    |    |    | 0   | 1   | 1   |    |    |    |    | 2   | 14    |       |
|                    | Clinic Cancellations    |   |    | 0   | 0   | 0   |   |   |   |    | 0   | 0   | 0   |    |    |    | 0   | 0   | 0   |    |    |    |    | 0   | 0   | 0   |    |    |    |    | 0   | 0     |       |
|                    | Pts. Per Available Hour |   |    | 1.7 | 1.7 | 1.4 |   |   |   |    | 2.0 | 2.0 | 1.5 |    |    |    | 0.7 | 1.7 | 1.5 |    |    |    |    | 1.6 | 2.0 | 1.4 |    |    |    |    | 2.1 | 1.6   |       |
|                    | No Show Rate            |   |    | 13% | 7%  | 7%  |   |   |   |    | 0%  | 0%  | 0%  |    |    |    | 0%  | 7%  | 0%  |    |    |    |    | 0%  | 6%  | 8%  |    |    |    |    | 0%  | 4%    |       |
|                    | Patient Cancel Rate     |   |    | 6%  | 0%  | 14% |   |   |   |    | 6%  | 6%  | 8%  |    |    |    | 38% | 0%  | 8%  |    |    |    |    | 0%  | 6%  | 8%  |    |    |    |    | 11% | 8%    |       |
| 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 |
|--------------------|-------------------------|----|-----|-----|-----|---|---|---|---|----|-----|----|----|----|----|----|-----|-----|----|----|----|----|-----|-----|-----|-----|----|----|----|-----|-----|------|-------|
| Rebecca Humphries  | Patient Hours Available |    | 0   | 7   | 6   |   |   |   |   |    | 7.3 |    |    |    |    |    | 7.6 | 4   |    |    |    |    | 4.6 | 8   | 7   | 3.6 |    |    |    | 8   | 7   | 70.1 |       |
|                    | Patients Seen           |    | 1   | 2   | 1   |   |   |   |   |    | 5   |    |    |    |    |    | 6   | 0   |    |    |    |    | 1   | 4   | 0   | 2   |    |    |    | 5   | 4   | 31   |       |
|                    | No Shows                |    | 0   | 0   | 1   |   |   |   |   |    | 0   |    |    |    |    |    | 0   | 0   | 0  |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 1   | 2    |       |
|                    | Patient Cancellations   |    | 0   | 1   | 2   |   |   |   |   |    | 1   |    |    |    |    |    | 2   | 0   |    |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 6    |       |
|                    | Clinic Cancellations    |    | 0   | 0   | 0   |   |   |   |   |    | 0   |    |    |    |    |    | 0   | 0   |    |    |    |    | 0   | 0   | 0   | 1   |    |    |    | 0   | 0   | 1    |       |
|                    | Pts. Per Available Hour |    | N/A | 0.3 | 0.2 |   |   |   |   |    | 0.7 |    |    |    |    |    | 0.8 | 0.0 |    |    |    |    | 0.2 | 0.5 | 0.0 | 0.6 |    |    |    | 0.6 | 0.6 | 0.4  |       |
|                    | No Show Rate            |    | 0%  | 0%  | 25% |   |   |   |   |    | 0%  |    |    |    |    |    | 0%  | 0%  |    |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 20% | 5%   |       |
|                    | Patient Cancel Rate     |    | 0%  | 33% | 50% |   |   |   |   |    | 17% |    |    |    |    |    | 25% | 0%  |    |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 0%  | 15%  |       |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%  |     |   |   |   |   | 0% |     |    |    |    |    | 0% | 0%  |     |    |    |    | 0% | 0%  | 0%  | 33% |     |    |    | 0% | 0%  | 3%  |      |       |

| 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     |

| 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 |
|--------------------|-------------------------|----|-----|------|------|-----|---|----|-----|-----|------|------|-----|----|----|----|-----|------|------|-----|----|----|-----|------|------|------|------|----|----|-----|-----|------|-------|
| PMC TOTALS         | Patient Hours Available |    | 8   | 22.6 | 21.6 | 8   |   |    | 8   | 8   | 22.5 | 15.6 | 8   |    |    |    | 8   | 23.2 | 19.6 | 8   |    |    | 8   | 12.6 | 23.6 | 22.6 | 11.6 |    |    | 16  | 8   | 22.6 | 306.1 |
|                    | Patients Seen           |    | 15  | 29   | 29   | 11  |   |    | 13  | 7   | 30   | 29   | 12  |    |    |    | 14  | 15   | 17   | 12  |    |    | 10  | 14   | 27   | 26   | 13   |    |    | 17  | 16  | 36   | 392   |
|                    | No Shows                |    | 0   | 3    | 2    | 1   |   |    | 0   | 1   | 1    | 0    | 0   |    |    |    | 0   | 0    | 1    | 0   |    |    | 0   | 1    | 2    | 1    | 1    |    |    | 0   | 1   | 1    | 16    |
|                    | Patient Cancellations   |    | 2   | 3    | 3    | 2   |   |    | 1   | 0   | 3    | 2    | 1   |    |    |    | 1   | 6    | 1    | 1   |    |    | 1   | 0    | 1    | 1    | 1    |    |    | 2   | 0   | 2    | 34    |
|                    | Clinic Cancellations    |    | 0   | 0    | 0    | 0   |   |    | 0   | 0   | 0    | 0    | 0   |    |    |    | 0   | 0    | 0    | 0   |    |    | 0   | 0    | 0    | 0    | 1    |    |    | 0   | 0   | 0    | 1     |
|                    | Pts. Per Available Hour |    | 1.9 | 1.3  | 1.3  | 1.4 |   |    | 1.6 | 0.9 | 1.3  | 1.9  | 1.5 |    |    |    | 1.8 | 0.6  | 0.9  | 1.5 |    |    | 1.3 | 1.1  | 1.1  | 1.2  | 1.1  |    |    | 1.1 | 2.0 | 1.6  | 1.3   |
|                    | No Show Rate            |    | 0%  | 9%   | 6%   | 7%  |   |    | 0%  | 13% | 3%   | 0%   | 0%  |    |    |    | 0%  | 0%   | 5%   | 0%  |    |    | 0%  | 7%   | 7%   | 4%   | 6%   |    |    | 0%  | 6%  | 3%   | 4%    |
|                    | Patient Cancel Rate     |    | 12% | 9%   | 9%   | 14% |   |    | 7%  | 0%  | 9%   | 6%   | 8%  |    |    |    | 7%  | 29%  | 5%   | 8%  |    |    | 9%  | 0%   | 3%   | 4%   | 6%   |    |    | 11% | 0%  | 5%   | 8%    |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%   | 0%   |     |   | 0% | 0%  | 0%  | 0%   | 0%   |     |    |    | 0% | 0%  | 0%   | 0%   |     |    | 0% | 0%  | 0%   | 0%   | 6%   |      |    | 0% | 0%  | 0%  | 0%   |       |

**IONE COMMUNITY CLINIC - JANUARY 2024**

| 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 |   |   |   | 6   |   |   |   | 7.6 | 8   |    | 6   |    |    |    |    | 8   |    | 6.5 |    |    |    | 8   | 8   |    | 5.6 |    |    |    | 8   | 7.3 |    | 79    |
|                   | Patients Seen           |   |   |   | 12  |   |   |   | 12  | 11  |    | 4   |    |    |    |    | 10  |    | 4   |    |    |    | 5   | 6   |    | 7   |    |    |    | 7   | 8   |    | 86    |
|                   | No Shows                |   |   |   | 0   |   |   |   | 0   | 0   |    | 0   |    |    |    |    | 0   |    | 1   |    |    |    | 0   | 0   |    | 0   |    |    |    | 0   | 0   |    | 1     |
|                   | Patient Cancellations   |   |   |   | 0   |   |   |   | 1   | 1   |    | 0   |    |    |    |    | 0   |    | 3   |    |    |    | 1   | 0   |    | 0   |    |    |    | 2   | 0   |    | 8     |
|                   | Clinic Cancellations    |   |   |   | 0   |   |   |   | 0   | 0   |    | 0   |    |    |    |    | 0   |    | 0   |    |    |    | 0   | 0   |    | 0   |    |    |    | 0   | 0   |    | 0     |
|                   | Pts. Per Available Hour |   |   |   | 2.0 |   |   |   | 1.6 | 1.4 |    | 0.7 |    |    |    |    | 1.3 |    | 0.6 |    |    |    | 0.6 | 0.8 |    | 1.3 |    |    |    | 0.9 | 1.1 |    | 1.1   |
|                   | No Show Rate            |   |   |   | 0%  |   |   |   | 0%  | 0%  |    | 0%  |    |    |    |    | 0%  |    | 13% |    |    |    | 0%  | 0%  |    | 0%  |    |    |    | 0%  | 0%  |    | 1%    |
|                   | Patient Cancel Rate     |   |   |   | 0%  |   |   |   | 8%  | 8%  |    | 0%  |    |    |    |    | 0%  |    | 38% |    |    |    | 17% | 0%  |    | 0%  |    |    |    | 22% | 0%  |    | 8%    |
|                   | Clinic Cancel Rate      |   |   |   | 0%  |   |   |   | 0%  | 0%  |    | 0%  |    |    |    |    | 0%  |    | 0%  |    |    |    | 0%  | 0%  |    | 0%  |    |    |    | 0%  | 0%  |    | 0%    |

**IRRIGON MEDICAL CLINIC - JANUARY 2024**

| 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   | 7   |     |   |    | 8   | 8   | 7   | 8   |    |    |    |    | 8   | 8    | 8   |     |    |    | 8   | 8   | 8   | 8   |     |    |    |    | 8   |     | 118   |       |
|                    | Patients Seen           |    | 4   | 5   | 6   |     |   |    | 5   | 4   | 5   | 3   |    |    |    |    | 8   | 3    | 3   |     |    |    | 1   | 5   | 4   | 4   |     |    |    |    | 3   |     | 63    |       |
|                    | No Shows                |    | 2   | 1   | 1   |     |   |    | 0   | 1   | 0   | 0   |    |    |    |    | 0   | 0    | 0   |     |    |    | 0   | 2   | 0   | 1   |     |    |    |    | 1   |     | 9     |       |
|                    | Patient Cancellations   |    | 0   | 0   | 0   |     |   |    | 1   | 0   | 2   | 0   |    |    |    |    | 0   | 0    | 0   |     |    |    | 0   | 0   | 0   | 0   |     |    |    |    | 1   |     | 4     |       |
|                    | Clinic Cancellations    |    | 0   | 0   | 0   |     |   |    | 0   | 0   | 0   | 0   |    |    |    |    | 0   | 0    | 0   |     |    |    | 0   | 0   | 0   | 0   |     |    |    |    | 0   |     | 0     |       |
|                    | Pts. Per Available Hour |    | 0.5 | 0.6 | 0.9 |     |   |    | 0.6 | 0.5 | 0.7 | 0.4 |    |    |    |    | 1.0 | 0.4  | 0.4 |     |    |    | 0.1 | 0.6 | 0.5 | 0.5 |     |    |    |    | 0.4 |     | 0.5   |       |
|                    | No Show Rate            |    | 33% | 17% | 14% |     |   |    | 0%  | 20% | 0%  | 0%  |    |    |    |    | 0%  | 0%   | 0%  |     |    |    | 0%  | 29% | 0%  | 20% |     |    |    |    | 20% |     | 12%   |       |
|                    | Patient Cancel Rate     |    | 0%  | 0%  | 0%  |     |   |    | 17% | 0%  | 29% | 0%  |    |    |    |    | 0%  | 0%   | 0%  |     |    |    | 0%  | 0%  | 0%  | 0%  |     |    |    |    | 20% |     | 5%    |       |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%  |     |     |   | 0% | 0%  | 0%  | 0%  |     |    |    |    | 0% | 0%  | 0%   |     |     |    | 0% | 0%  | 0%  | 0%  |     |     |    |    | 0% |     | 0%  |       |       |
| Jon Watson, PA     | Patient Hours Available |    |     | 8   | 8   | 8   |   |    | 8   | 8   | 8   | 8   |    |    |    |    | 8   | 6    | 0   |     |    |    | 8   | 8   | 8   | 8   |     |    |    |    | 7.3 | 8   | 8     | 125.3 |
|                    | Patients Seen           |    |     | 20  | 18  | 15  |   |    | 18  | 16  | 18  | 16  |    |    |    |    | 17  | 13   | 0   |     |    |    | 18  | 21  | 13  | 16  |     |    |    |    | 14  | 16  | 10    | 259   |
|                    | No Shows                |    |     | 5   | 7   | 2   |   |    | 3   | 1   | 1   | 0   |    |    |    |    | 2   | 1    | 0   |     |    |    | 0   | 1   | 1   | 0   |     |    |    |    | 2   | 1   | 2     | 29    |
|                    | Patient Cancellations   |    |     | 4   | 3   | 2   |   |    | 2   | 2   | 3   | 2   |    |    |    |    | 0   | 2    | 0   |     |    |    | 0   | 1   | 2   | 1   |     |    |    |    | 4   | 2   | 2     | 32    |
|                    | Clinic Cancellations    |    |     | 0   | 0   | 0   |   |    | 0   | 0   | 0   | 0   |    |    |    |    | 0   | 6    | 7   |     |    |    | 0   | 0   | 0   | 0   |     |    |    |    | 0   | 0   | 0     | 13    |
|                    | Pts. Per Available Hour |    |     | 2.5 | 2.3 | 1.9 |   |    | 2.3 | 2.0 | 2.3 | 2.0 |    |    |    |    | 2.1 | 2.2  | 0.0 |     |    |    | 2.3 | 2.6 | 1.6 | 2.0 |     |    |    |    | 1.9 | 2.0 | 1.3   | 2.1   |
|                    | No Show Rate            |    |     | 17% | 25% | 11% |   |    | 13% | 5%  | 5%  | 0%  |    |    |    |    | 11% | 5%   | 0%  |     |    |    | 0%  | 4%  | 6%  | 0%  |     |    |    |    | 10% | 5%  | 14%   | 9%    |
|                    | Patient Cancel Rate     |    |     | 14% | 11% | 11% |   |    | 9%  | 11% | 14% | 11% |    |    |    |    | 0%  | 9%   | 0%  |     |    |    | 0%  | 4%  | 13% | 6%  |     |    |    |    | 20% | 11% | 14%   | 10%   |
| Clinic Cancel Rate |                         |    | 0%  | 0%  | 0%  |     |   | 0% | 0%  | 0%  | 0%  |     |    |    |    | 0% | 27% | 100% |     |     |    | 0% | 0%  | 0%  | 0%  |     |     |    |    | 0% | 0%  | 0%  | 4%    |       |
| Vicki Kent, FNP    | Patient Hours Available |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 8    | 8   |     |    |    |     |     | 8   | 8   |     |    |    |    |     |     | 32    |       |
|                    | Patients Seen           |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 15   | 8   |     |    |    |     |     | 13  | 10  |     |    |    |    |     |     | 46    |       |
|                    | No Shows                |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 0    | 1   |     |    |    |     |     | 2   | 2   |     |    |    |    |     |     | 5     |       |
|                    | Patient Cancellations   |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 0    | 2   |     |    |    |     |     | 1   | 2   |     |    |    |    |     |     | 5     |       |
|                    | Clinic Cancellations    |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 0    | 0   |     |    |    |     |     | 0   | 0   |     |    |    |    |     |     | 0     |       |
|                    | Pts. Per Available Hour |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 1.9  | 1.0 |     |    |    |     |     | 1.6 | 1.3 |     |    |    |    |     |     | 1.4   |       |
|                    | No Show Rate            |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 0%   | 9%  |     |    |    |     |     | 13% | 14% |     |    |    |    |     |     | 9%    |       |
|                    | Patient Cancel Rate     |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    |     | 0%   | 18% |     |    |    |     |     | 6%  | 14% |     |    |    |    |     |     | 9%    |       |
| Clinic Cancel Rate |                         |    |     |     |     |     |   |    |     |     |     |     |    |    |    |    | 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     |    | 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   | 16  | 15  | 8   |   |    | 16  | 16  | 15  | 16  |    |    |    |    | 16  | 14   | 16  | 8   |    |    | 16  | 16  | 16  | 24  | 8   |    |    |    | 7.3 | 16  | 8     | 275.3 |
|                    | Patients Seen           |    | 4   | 25  | 24  | 15  |   |    | 23  | 20  | 23  | 19  |    |    |    |    | 25  | 16   | 18  | 8   |    |    | 19  | 26  | 17  | 33  | 10  |    |    |    | 14  | 19  | 10    | 368   |
|                    | No Shows                |    | 2   | 6   | 8   | 2   |   |    | 3   | 2   | 1   | 0   |    |    |    |    | 2   | 1    | 0   | 1   |    |    | 0   | 3   | 1   | 3   | 2   |    |    |    | 2   | 2   | 2     | 43    |
|                    | Patient Cancellations   |    | 0   | 4   | 3   | 2   |   |    | 3   | 2   | 5   | 2   |    |    |    |    | 0   | 2    | 0   | 2   |    |    | 0   | 1   | 2   | 2   | 2   |    |    |    | 4   | 3   | 2     | 41    |
|                    | Clinic Cancellations    |    | 0   | 0   | 0   | 0   |   |    | 0   | 0   | 0   | 0   |    |    |    |    | 0   | 6    | 7   | 0   |    |    | 0   | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 0     | 13    |
|                    | Pts. Per Available Hour |    | 0.5 | 1.6 | 1.6 | 1.9 |   |    | 1.4 | 1.3 | 1.5 | 1.2 |    |    |    |    | 1.6 | 1.1  | 1.1 | 1.0 |    |    | 1.2 | 1.6 | 1.1 | 1.4 | 1.3 |    |    |    | 1.9 | 1.2 | 1.3   | 1.3   |
|                    | No Show Rate            |    | 33% | 17% | 23% | 11% |   |    | 10% | 8%  | 3%  | 0%  |    |    |    |    | 7%  | 4%   | 0%  | 9%  |    |    | 0%  | 10% | 5%  | 8%  | 14% |    |    |    | 10% | 8%  | 14%   | 9%    |
|                    | Patient Cancel Rate     |    | 0%  | 11% | 9%  | 11% |   |    | 10% | 8%  | 17% | 10% |    |    |    |    | 0%  | 8%   | 0%  | 18% |    |    | 0%  | 3%  | 10% | 5%  | 14% |    |    |    | 20% | 13% | 14%   | 9%    |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%  | 0%  |     |   | 0% | 0%  | 0%  | 0%  |     |    |    |    | 0% | 24% | 28%  | 0%  |     |    | 0% | 0%  | 0%  | 0%  | 0%  |     |    |    | 0% | 0%  | 0%  | 3%    |       |

**BOARDMAN IMMEDIATE CARE - JANUARY 2024**

| 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 |
|--------------------|-------------------------|----|-----|-----|-----|-----|---|---|---|----|-----|-----|-----|-----|----|----|-----|----|-----|-----|----|----|----|-----|-----|-----|-----|----|----|----|-----|-----|-------|
| Justin Cameron, PA | Patient Hours Available |    | 8   | 8   | 8   | 8   |   |   |   | 8  | 8   | 8   | 8   |     |    |    | 6   |    | 8   | 8   |    |    |    | 8   | 8   | 8   | 8   |    |    |    | 8   | 8   | 134   |
|                    | Patients Seen           |    | 11  | 4   | 1   | 7   |   |   |   |    | 7   | 7   | 2   | 4   |    |    | 5   |    | 8   | 9   |    |    |    | 9   | 6   | 7   | 4   |    |    |    | 11  | 7   | 109   |
|                    | No Shows                |    | 0   | 0   | 0   | 0   |   |   |   |    | 1   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 1     |
|                    | Patient Cancellations   |    | 1   | 2   | 0   | 0   |   |   |   |    | 0   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 3     |
|                    | Clinic Cancellations    |    | 0   | 0   | 0   | 0   |   |   |   |    | 0   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 0     |
|                    | Pts. Per Available Hour |    | 1.4 | 0.5 | 0.1 | 0.9 |   |   |   |    | 0.9 | 0.9 | 0.3 | 0.5 |    |    | 0.8 |    | 1.0 | 1.1 |    |    |    | 1.1 | 0.8 | 0.9 | 0.5 |    |    |    | 1.4 | 0.9 | 0.8   |
|                    | No Show Rate            |    | 0%  | 0%  | 0%  | 0%  |   |   |   |    | 13% | 0%  | 0%  | 0%  |    |    | 0%  |    | 0%  | 0%  |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 0%  | 1%    |
|                    | Patient Cancel Rate     |    | 8%  | 33% | 0%  | 0%  |   |   |   |    | 0%  | 0%  | 0%  | 0%  |    |    | 0%  |    | 0%  | 0%  |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 0%  | 3%    |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%  | 0%  |     |   |   |   | 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 |
|---------------------|-------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| Terri Dickens, LCSW | Patient Hours Available |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0     |
|                     | Patients Seen           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0     |
|                     | No Shows                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0     |
|                     | Patient Cancellations   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0     |
|                     | Clinic Cancellations    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0     |
|                     | Pts. Per Available Hour |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0.0   |
|                     | No Show Rate            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0%    |
|                     | Patient Cancel Rate     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 0%    |
| Clinic Cancel Rate  |                         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 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     |

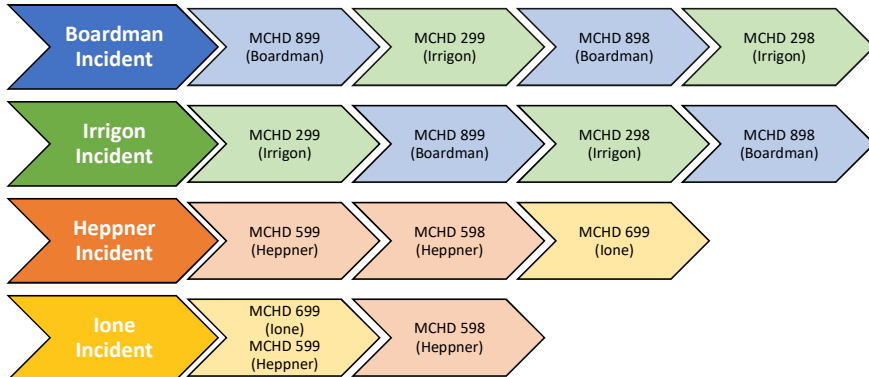
| BIC TOTALS         | Measure                 | 1  | 2   | 3   | 4   | 5   | 6 | 7 | 8 | 9  | 10  | 11  | 12  | 13  | 14 | 15 | 16  | 17 | 18  | 19  | 20 | 21 | 22 | 23  | 24  | 25  | 26  | 27 | 28 | 29 | 30  | 31  | Total |
|--------------------|-------------------------|----|-----|-----|-----|-----|---|---|---|----|-----|-----|-----|-----|----|----|-----|----|-----|-----|----|----|----|-----|-----|-----|-----|----|----|----|-----|-----|-------|
| BIC TOTALS         | Patient Hours Available |    | 8   | 8   | 8   | 8   |   |   |   | 8  | 8   | 8   | 8   |     |    |    | 6   |    | 8   | 8   |    |    |    | 8   | 8   | 8   | 8   |    |    |    | 8   | 8   | 134   |
|                    | Patients Seen           |    | 11  | 4   | 1   | 7   |   |   |   |    | 7   | 7   | 2   | 4   |    |    | 5   |    | 8   | 9   |    |    |    | 9   | 6   | 7   | 4   |    |    |    | 11  | 7   | 109   |
|                    | No Shows                |    | 0   | 0   | 0   | 0   |   |   |   |    | 1   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 1     |
|                    | Patient Cancellations   |    | 1   | 2   | 0   | 0   |   |   |   |    | 0   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 3     |
|                    | Clinic Cancellations    |    | 0   | 0   | 0   | 0   |   |   |   |    | 0   | 0   | 0   | 0   |    |    | 0   |    | 0   | 0   |    |    |    | 0   | 0   | 0   | 0   |    |    |    | 0   | 0   | 0     |
|                    | Pts. Per Available Hour |    | 1.4 | 0.5 | 0.1 | 0.9 |   |   |   |    | 0.9 | 0.9 | 0.3 | 0.5 |    |    | 0.8 |    | 1.0 | 1.1 |    |    |    | 1.1 | 0.8 | 0.9 | 0.5 |    |    |    | 1.4 | 0.9 | 0.8   |
|                    | No Show Rate            |    | 0%  | 0%  | 0%  | 0%  |   |   |   |    | 13% | 0%  | 0%  | 0%  |    |    | 0%  |    | 0%  | 0%  |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 0%  | 1%    |
|                    | Patient Cancel Rate     |    | 8%  | 33% | 0%  | 0%  |   |   |   |    | 0%  | 0%  | 0%  | 0%  |    |    | 0%  |    | 0%  | 0%  |    |    |    | 0%  | 0%  | 0%  | 0%  |    |    |    | 0%  | 0%  | 3%    |
| Clinic Cancel Rate |                         | 0% | 0%  | 0%  | 0%  |     |   |   |   | 0% | 0%  | 0%  | 0%  |     |    | 0% |     | 0% | 0%  |     |    |    | 0% | 0%  | 0%  | 0%  |     |    |    | 0% | 0%  | 0%  |       |

| 2024                | 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             | 0.6                  | 4.8           | 21             | 0.2                  | 1.2           | 26             | 1.2                  | 2.0           | 41             | 2.0                  | 2.0           | 1              | 1.3                  | 10.0          | 30             | 2.0                  | 7.5           | 11             | 0.0                  | 0.0           | 0              |
| Transfers January   | 0.0                  | 0.0           | 0              | 0.0                  | 0.0           | 0              | 0.0                  | 0.0           | 0              | 2.0                  | 21.0          | 1              | 3.0                  | 18.6          | 10             | 4.5                  | 19.6          | 4              | 0.0                  | 0.0           | 0              |
| 9-1-1 February      |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers February  |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 March         |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers March     |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 April         |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers April     |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 May           |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers May       |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 June          |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers June      |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 July          |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers July      |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 August        |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers August    |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 September     |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers September |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 October       |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers October   |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 November      |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers November  |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| 9-1-1 December      |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| Transfers December  |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |                      |               |                |
| <b>TOTAL</b>        |                      |               | 21             |                      |               | 26             |                      |               | 41             |                      |               | 2              |                      |               | 40             |                      |               | 15             |                      |               | 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.





P.O. Box 788 • 110 N. Court St.  
Heppner, OR 97836  
(541) 676-2529

Matthew D. Jensen  
County Administrator  
mjensen@co.morrow.or.us

February 22, 2024

Chair Kilkenny  
Morrow County Health District  
P.O. Box 9  
Heppner, OR 97836

Dear Chair Kilkenny,

RE: ADDITIONAL OPTIONS FOR ASA CONSIDERATION

I have been asked to present additional options to the Morrow County Health District (MCHD) for ASA considerations. While we are awaiting OHA review of the ASA before formally reviewing proposals, an informal review shows that Board Fire Rescue District is equally responsive for the Northern ASA and is substantially less expensive. Likewise, an extrapolation of the information from the January 30, 2024 contract shows that MCHD has the advantage in organizational structure and process to continue as provider for the Northeast and South ASAs. While this would require redevelopment of trust between your two entities for effective mutual aid assistance, the County would be able to correct any substantive violations or conflicts.

As such, I would propose your Board consider the following options in lieu of the originally offered exclusive, single provider contract:

**OPTION 1:** The Board of Commissioners sets MCHD as initial provider for Northeast & South ASA and BFRD as initial provider for the North ASA. MCHD to receive 75% reimbursement for ambulance losses after reconciliation. The Board of Commissioner representatives on CREZ will work to recommend the \$300K request for MCHD Ambulance Services under Public Safety consideration.

**OPTION 2:** Agree to an advisory ballot motion on the May 21, 2024 election and agree to abide by the results. This would allow voters in each of the three ambulance service areas to express their preference for ambulance service providers. From that point, final negotiations for service contracts could be quickly considered. ***This option would require a filing with the County Clerk by March 1, 2024, so time is of the essence.***

Please let me know if you have any questions. I can be reached by cell at (541) 256-0161. I would like to be able to approach your entire board with these options and would be available to attend your scheduled meeting on Monday, February 26, 2024.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Jensen".

Matthew Jensen  
County Administrator

**CONTRACT BETWEEN  
MORROW COUNTY PUBLIC HEALTH  
AND  
MORROW COUNTY HEALTH DISTRICT**

**2023-2025**

This Contract, made and entered into by and between **MORROW COUNTY**, a political subdivision of the State of Oregon by and through the **MORROW COUNTY PUBLIC HEALTH**, as the Local Public Health Authority "LPHA", hereinafter referred to as "County", and **MORROW COUNTY HEALTH DISTRICT**, hereinafter referred to as "Provider."

WHEREAS, County desires to provide effective public health services for the citizens of Morrow County; and

WHEREAS, County is the Local Public Health Authority and is thereby responsible to provide basic local public health services with promote and preserve the health of the citizens of Morrow County, and

WHEREAS, County has entered into 2023-2025 Intergovernmental Agreement for the Financing of Public Health Services No. 180024 with the Oregon Health Authority (OHA) to receive funding to provide necessary public health services, which includes contracting with a provider for said services; and

WHEREAS, Provider has available, or can cause to be made available, staff and other resources required for the performance of said services; now, therefore,

IT IS HEREBY AGREED by and between the parties above mentioned, for and in consideration of the mutual promises hereinafter stated, as follows:

**A. PROVIDER REPRESENTATIONS**

1. **Non-Discrimination:** Provider will not discriminate against any person because of age, gender, race, color, creed, national origin, marital status, or physical/mental disabilities.
2. **Other Contracts:** Provider may contract with corporations or individuals it determines will enable it to execute the conditions of this contract Provider will monitor any such contracts to assure compliance with applicable laws, rules and regulations; and to assure adequacy of services.
3. **Proof of Certification:** Provider shall submit proof to County that it possesses all necessary licenses, certificates and letters of approval relating to Provider's qualifications to perform the services which are to be provided under the terms of this Contract.



4. **Compliance with Regulations:** Both parties shall comply with laws, regulations and executive orders to which they are subject and which are applicable to the Agreement or to the delivery of Program Element services. Without limiting the generality of the foregoing, both parties expressly agree to comply with the following laws, rules, regulations and executive orders to the extent they are applicable to the Agreement: (a) OAR 943-005-0000 through 943-005-0007, prohibiting discrimination against individuals with disabilities, as may be revised, and all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations;
5. **Independent Contractor:** Provider agrees that it is an Independent Contractor and not an agent of the State of Oregon or the County of Morrow. Provider shall be responsible for any and all claims, demands, suits and causes of action alleging any injury or death, property damage or other claim caused by the negligence of Provider, its agents and employees, and arising directly or indirectly from the activities or operations of Provider, its agents or employees, and agrees to hold harmless the State of Oregon and the County of Morrow, there-from.
6. **Lack of Funds:** Any claim for injury, illness or death to any person due to a lack, or withdrawal of funds by the State of Oregon, Department or County, which Provider could reasonably have relied upon, and when said funds were withheld, withdrawn or otherwise made unavailable to Provider, and such injury, illness or death was a direct result of such lack or withdrawal of funds, shall not be the responsibility of Provider.
7. **Insurance:** Provider shall obtain insurance, at Provider's expense and maintain in effect with respect to all occurrences taking place during the term of this agreement,
8. **Certificate of Insurance:** Copies of certificates of insurance on all policies shall be forwarded to County, showing that the insurance company issuing the policy is authorized to do business in the State of Oregon, and that in the event of a policy cancellation, a 30-day cancellation notice will be issued to each named insured, and shall be included within the terms of the issued policy or policies. Provider shall immediately notify County orally of any notice of cancellation it may receive from any insurance company. Oral notice will be followed by written notice within three (3) days.

## **B. PROVIDER COVENANTS**

1. **Scope of Services:** Subject to availability of funds from the State of Oregon, Morrow County, or other funding entities, Provider agrees to provide public health services pursuant to the current biennial contract between OHA and Morrow County (see Exhibit 1) and all subsequent amendments, which shall include the following programs except for governance functions as defined in OAR 333-014-0580:
  - A. PE 44-01 School Based Health Center (SBHC) for Physical and Preventive Health Services
  - B. To include: a Clinician for a minimum of fifteen (15) hours per week in Ione providing primary medical services and a Clinic Coordinator (office assistant) at fifteen (15) hours per week.

2. **Contract Administration:** Provider shall execute this Contract as required by law or the parties. County shall have the right, at its expense, to audit the financial and/or other performance by Provider under this contract. Contract administration and oversight will be done in accordance with all applicable federal, state and county policies and procedures.
3. **Other Activities:** Provider shall carry out such other activities as are necessary and proper for the maintenance and operation of the public health services program as outlined in PE 44-01 SBHC as it relates to physical and preventive health services.
4. Public records, as defined in ORS 192.005, which are developed for the performance of this contract, shall be disposed in accordance with state regulations.
5. Permit authorized representatives of the County to make such review of its records as may be required to satisfy program evaluation or other legal requirements.
6. Prepare and furnish reports as required to comply with state or federal public health requirements and furnish copies of the same upon request to the County or OHA.
7. Provide the County with quarterly financial reports
8. Meet regularly or as requested with the LPHA to report on Provider activities related to public health.

**C. COUNTY COVENANTS**

1. **Contract Administration:** County, as the Local Public Health Authority, is contracting with Provider to provide public health services in Morrow County, except with respect to governance as defined in OAR 333-014-0580.
2. **Amount of Funds:** Funds will be disbursed by County to Provider in a manner consistent with Financial Agreement No. 180024 for 2023-2025 between OHA and County, so as to maximize public health service delivery in Morrow County. Amount not to exceed \$60,000 per fiscal year, for FY 2023-2025
  - A. Upon receipt of invoices County will reimburse Provider for those expenses by check, up to the amount of the approved budget. Invoices are to be submitted on a quarterly basis for services provided within the previous quarter of the grant period. All Invoices must be received prior to the close of the fiscal year budget (Invoices received after the close of the fiscal year budget, cannot be paid).
3. **Maintenance of Effort:** Subject to review and to the procedures contained herein for the refining of the arrangements hereby made for providing public health services to the

citizens of Morrow County, County declares its intention to maintain funding of public health services to the Provider, subject to availability of Federal, State, and County funds.

4. County shall appoint, or act as, the public health advisory board.
5. Local Public Health Authority Governance (OAR 333-014-0580)
  - A. As provided in ORS 431.413(3) and ORS 190.110, a local public health authority may contract or enter into an agreement with an entity to perform public health services or activities but that entity may not perform any function, duty or power of the local public health authority related to governance.
6. For programs that have an on-site OHA review with the subcontractor, LPHA shall participate with OHA representatives in the review process and monitor compliance with review findings in addition to the LPHA's programmatic reviews.
7. At the discretion of the county, county may perform on-site financial review of expenses submitted and payroll allocation by Program Element.

**D. TERMINATION**

1. **Termination:** All or part of this Contract may be terminated by mutual consent of both parties within sixty (60) days written notice.
2. **County Termination:** County may terminate all or part of the Contract for cause as follows:
  - (A) With sixty (60) days' notice, if federal or state regulations are modified or changed in such a way as to make impossible the performance of provisions of this Contract by County or Provider.
  - (B) Upon notice of denial, revocation, or non-renewal of any letter of approval, license, or certificate required by law or regulation to be held by the Provider as a prerequisite to provide the services specified under this Contract.
  - (C) With 60 days' notice, if Provider fails to provide services, or substantially fails to meet any performance standard as specified in this Contract, or subsequent modifications which may be made to this Contract, within a reasonable the time.
  - (D) Upon notice, if County has evidence that the Provider has endangered or is endangering the health and safety of clients, staff or the public.
3. **Time for Remedy:** Prior to termination of this Contract, Provider shall be given a reasonable opportunity to defend itself and to gather evidence to refute the allegations against it, and/or to correct the problem within a reasonable time.

4. **Recovery of Property:** In the event this Contract is terminated, Provider shall return all property that has been conveyed by County to Provider that is still in good function and acquired by funds allocated by the state for public health services in Morrow County, unless County authorizes in writing some other disposition. Such property shall be conveyed in it's as is condition and not subject to any warranty by Provider.

**E. GENERAL PROVISIONS**

1. **Effective Date:** This Contract is effective July 1, 2023 and services hereunder shall commence on July 1, 2023. This Contract shall expire on June 30, 2025.
2. **Renewal of Contract:** It is agreed between the parties that in the event Provider substantially performs as determined by County the provisions contained in this Contract, or any amendments hereto, that County agrees to renew this Contract with Provider upon its expiration on June 30, 2025.
3. **Assignment:** No portion of this Contract shall be assigned by Provider without the prior written consent of County, provided, however, that this restriction shall not prevent Provider from contracting with other individuals and corporations as provided for herein.
4. **Settlement of Disputes:** Differences between Provider and County, or between providers, will be resolved when possible at appropriate management levels, followed by consultation between boards, if necessary. The Provider's Executive Director will have ultimate responsibility for resolution of disputes among subcontract agencies.
5. **Attorneys' Fees:** In the event any suit or action is filed alleging a breach of any covenant of the Contract herein, each party shall be responsible for its own attorney's fees, expenses, costs and disbursements on account of such suit or action, including any such fees or costs on appeal.
6. **Indemnification:** The parties hereto mutually agree to indemnify, defend and hold each other harmless against any and all claims, demands, liabilities, and costs incurred by the other party, including attorney's fees, which are due to the sole and exclusive negligence of the indemnifying party arising out of or in connection with the performance or failure to perform any service pursuant to this Agreement, or any other act of omission in performance of this Agreement.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2024.

PROVIDER  
MORROW COUNTY HEALTH DISTRICT

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY  
MORROW COUNTY BOARD OF COMMISSONERS

Date: \_\_\_\_\_

\_\_\_\_\_  
David Sykes, Chair

\_\_\_\_\_  
Jeff Wenholz, Commissioner

\_\_\_\_\_  
Roy Drago Jr., Commissioner

APPROVED AS TO FORM:

\_\_\_\_\_  
County Counsel