

## Board Meeting Agenda

## January 27, 2025 at 6:30 p.m.

In Person	Port of Morrow – Sand Hollow Room 2 East Marine Drive, Boardman, OR 97818
Zoom	https://us06web.zoom.us/j/89592373447?pwd=pOThw7ahKO1PXk8MbBYAA5Yu5XIIaX.1 Meeting ID: 895 9237 3447 Passcode: 180563

#### 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.

- A. Chair Statement
- B. Public Comment Period

#### 3. Approval of Meeting Minutes

A. November 25, 2024 – Regular Session

#### 4. Reports

- A. CEO Dashboard Emily Roberts
- B. Financial Report Nicole Mahoney
- C. EMS Stats Emily Roberts

#### 5. New Business

- A. Open Board Position
- B. CORA Contract
- C. Medical Staff Privileges
- D. Medical Staff Bylaws Proposed Updates
- E. 2025 Board Calendar

#### 6. Old Business

A. Public Comment

#### 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.

#### **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!



A. ORS 41.675 to consider information or records that are part of a quality assurance process, which is privileged and protected by Oregon's peer review statute.

#### 8. Adjourn

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Meeting	Board of Directors					
Date / Time	November 25, 2024 at 6:30 pm	Location	Ione Community Church 395 East Main Street, Ione, OR 97843			
Chair	Diane Kilkenny     Recorder     Julie Baker					
Board Members	Present: Diane Kilkenny, Stephen Munkers, Donna Rietmann					
Attendees	Staff: Emily Roberts, Nicole Mahoney, Julie Baker, Jamie Houck, Natalia Wight, Linda Tuggle Guests: N/A Press: Gazette Times					

Mission

Vision

Values

Bring essential health services to our rural communities that meet the unique needs of the people we serve.

Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.

Integrity, Compassion, Quality, Respect, Financial Responsibility

Agenda Item		Minutes
1.	Call to Order	Chair Kilkenny called the meeting to order a 6:35 pm
2.	Public Comments	Chair Kilkenny addressed ORS 192.630 Public Meeting Law pertaining to Public Comment. A public comment period was held.
3.	Approval of Meeting Minutes A. October 28, 2024 – Regular	Nicole Mahoney proposed a correction to the minutes on page 2, concerning the tax anticipation note, the record should state "authorization to Kilkenny and Roberts" instead of "Mahoney and Roberts".
	Session	<b>MOTION:</b> Donna Rietmann moved to approve the minutes for the October 28, 2024 meeting with the proposed correction. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present.
4.	<ul> <li>Reports</li> <li>A. CEO Dashboard – Emily Roberts</li> <li>B. Financial Report – Nicole Mahoney</li> <li>C. EMS Stats – Emily Roberts</li> </ul>	A. Emily Roberts presented the CEO Dashboard (see packed). Roberts reported the CAHPS data is flowing again after a delay when the new EHR was implemented. Ms. Roberts noted days cash on hand is lower than is typical and that it was recorded prior to the first tax revenues of the fiscal year were received. No draws were made on the tax anticipation note as the District did not have a need for a draw. Ms. Roberts reported that Cerner (new EHR) only A/R is significantly lower than the A/R for Cerner, Centriq, and Thrive combined.
		B. Nicole Mahoney presented Financial Report (see packet). Ms. Mahoney reported that the Operating Income Statement for October 31 month end shows an increase in revenue over last month, the revenue deductions were up slightly. Ms. Mahoney stated that salaries are up, mostly related to the addition of our full time EMS staff, purchased services are down slightly, and other expenses also down, with a net loss



	\$103,914 for month. Noteworthy on the balance sheet is the payoff of the GEODC loan for the District owned house that was sold.
	Ms. Mahoney reported that the budget has not yet been amended to include EMS services, but that the District's accounting firm will review this after their busy season ends in November. Chair Kilkenny noted that the EMS budget should be cost neutral to the District.
	C. Ms. Roberts presented the EMS Stats (see packed).
5. New Business	
<ul><li>A. Open Board Position</li><li>B. CAHPS Update</li><li>C. Medical Staff Privileges</li></ul>	A. Ms. Roberts reported that Board Member, Trista Seastone, resigned and took a position with the District. Ms. Roberts read Ms. Seastone's resignation letter, sent on November 10, 2024. Ms. Seastone's resignation was accepted by the board.
D. Public Comment Information	Chair Kilkenny proposed the same application process used for the prior vacancy be followed and there were no objections from Board members present. The application process includes filling out a form for Board review, the form can be found on the District's website.
	Ms. Roberts shared that application forms can be turned into the Board at <u>community@mocohd.org</u> or mailed to PO Box 9, Heppner, OR 97836. The Board set the application deadline for the Monday before the next board meeting, December 23, 2024.
	B. Ms. Roberts presented an update on CAHPS data collection. She reported the District currently uses NRC as their patient satisfaction survey vendor. NRC now has the ability to do text and email surveys, which the District could only use for non-CMS required patient surveys, and maintain the current process for CMS-required patient surveys. The District is considering making this change, and will continue to provide reports through the process. This adjustment increases functionality in the system, and the platform would have more detailed report for results and comments. A projected timeline is 3-6 months. Data will change slightly, though will still be largely comparable to historical data.
	C. Ms. Roberts presented Medical Staff privileges for the Board's approval as shown in the board packet. With regard to the CORA privileges, Ms. Roberts stated that the District has always contracted out for radiology reads and does not employ radiologists directly. Contracting for radiology services is common practice and CORA contracts with several hospitals in the area.
	<b>MOTION:</b> Mr. Munkers moved to accept privileges presented for Rebecca Humphreys and Terri Dickens, Donna Rietmann seconded the motion. The motion passed unanimously by all Board members present.
	<b>MOTION:</b> Ms. Rietmann motions to accept privileges presented for the CORA providers, Ms. Rietmann seconded the motion. The motion passed unanimously by all Board members present.



	D. Ms. Roberts presented information on Public Comment, including a handout, which is posted on the District website. The handout provides regulatory background related to public comment and the District's historical practices. A review of the District's public comment procedures came up after Wipfli attended a District Board meeting and pointed out the District's structure for public comment is atypical. Ms. Roberts reported that 3 out of 4 of the other health district hospitals in Eastern Oregon require a signup sheet for public comment and hold public comment at the end of the meeting. The Board discussed. Chair Kilkenny commented that the Board is not doing away with public comment Mr. Munkers, pointed out that to hold public comment at the end of the meeting could cause the public to sit through executive session and wait to comment, causing a longer wait time. He commented he would prefer to hold public comment before the executive session. Ms. Rietmann agreed with Mr. Munkers. Chair Kilkenny added the Board wants public participation, and would like to get feedback from public. Discussion held around sign up sheet options by the Board. Mr. Munkers stated a person could sign up, but not speak if they chose not to. Chair Kilkenny stated a signup sheet helps the Board understand how many people want to speak so they can adjust the time allotted, if needed. Chair Kilkenny stated that public comment and time is a board decision and not required by Oregon law, but the Board wants to hear from the public, specifically concerning members of every community regarding feedback for public comment changes to the meetings. Discussion will continue at future meetings.
6.	With no further business to come before the Board, regular session adjourned at 7:11 pm Minutes taken and submitted by Julie Baker. Approved

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#### January 2025

HUMAN RESOURCES			
<b>Turnover Rate</b> (Rolling 3 Months)	5.5%		
Vacancy Rate	11.5%		
Number of Open Positions	12		
Newly Created Open Positions	0		

The average hospital turnover rate for 2020 was 19.5% (Statista).

The annual total separations rate for health care and social assistance for 2021 was 39.4% (Bureau of Labor Statistics).

RURAL HEALTH CLINICS					
MEASURE PMC ICC IMC BIC					
Third Next Available (Current Month)	21	2	7	N/A	
<b>Total Visits</b> (Previous Month)	143	181	269	149	

FINANCIAL		
Days Cash on Hand	Goal≥90	
Days in AR	126	Goal ≤ 60

"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 2024	Qtr 3 2024	Qtr 2 2024
Boardman Immediate Care	25%	63%	63%
	N = 4	N = 8	N = 8
Ione Community Clinic	100%	100%	97%
	N = 7	N = 16	N = 31
Irrigon Medical Clinic	70%	76%	84%
	N = 10	N = 33	N = 31
Pioneer Memorial Clinic	92%	76%	84%
	N = 13	N = 21	N = 49
NRC Average	86%		

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
Boardman Immediate Care	75%	63%	<b>63</b> %
	N = 4	N = 8	N = 8
Ione Community Clinic	100%	100%	97%
	N = 6	N = 16	N = 30
Irrigon Medical Clinic	80%	76%	86%
	N = 10	N = 33	N = 29
Pioneer Memorial Clinic	92%	86%	93%
	N = 13	N = 21	N = 45
NRC Average	92%		

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 2024	Qtr 3 2024	Qtr 2 2024
ER Adult	100%	90%	40%
	N = 5	N = 19	N = 10
NRC Average	69%		
Bed Size 6 - 24 Average	81%		

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 2 2024	Qtr 1 2024	Qtr 4 2023
ER Pediatric	100%	100%	100%
	N = 1	N = 1	N = 1
NRC Average	*Insufficient data to benchmark.		

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

	Qtr 3 2024	Qtr 2 2024	Qtr 1 2024
Inpatient	67%	40%	100%
	N = 3	N = 5	N = 8
NRC Average	71%		
Bed Size 6 - 24 Average	82%		

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 2 2024	Qtr 1 2024	Qtr 4 2023
Hospital	40%	100%	75%
	N = 5	N = 6	N = 4
NRC Average	72%		
Bed Size 6 - 24 Average	82%		

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
ER Adult	100%	84%	56%
	N = 5	N = 19	N = 9
NRC Average	69%		
Bed Size 6 - 24 Average	77%		

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

	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
ER Pediatric	0%	0%	100%
	N = 1	N = 1	N = 1
NRC Average	*Insufficient	data to bench	mark.

Would you recommend this hospital to your friends and family?

	Qtr 3 2024	Qtr 2 2024	Qtr 1 2024
Inpatient	100%	60%	88%
	N = 3	N = 5	N = 8
NRC Average	71%		
Bed Size 6 - 24 Average	82%		

Would you recommend this	s hospital to y	our friends an	d family?
	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
Hospital	60%	100%	50%
	N = 5	N = 6	N = 4
NRC Average	72%		
Bed Size 6 - 24 Average	79%		



#### MORROW COUNTY HEALTH DISTRICT OPERATING & INCOME STATEMENT FOR THE MONTH ENDING 12/31/2024

<u>136,127</u> (183,758)	<u>118,734</u> (251,952)	17,393 68,194	NON-OPERATING NET GAIN/LOSS NET INCOME/LOSS	681,553 (1,226,578)	<u>388,020</u> 23,731	293,53 (1,250,30
(319,885)	(370,686)	50,801	GAIN/LOSS FROM OPERATIONS	(1,908,131)	(364,288)	(1,543,84
1,847,749	1,868,991	,	TOTAL OPERATING EXPENSES	10,540,421	10,269,941	270,48
21,364	53,036	,		149,026	120,038	28,98
3,772	5,153		DUES & SUBSCRIPTIONS	30,970	19,962	11,0
24,475	88,188	. ,	INTEREST	145,939	155,003	(9,06
327	7,071	,	TAXES & LICENSES	13,921	12,245	1,6
17,926	17,926		INSURANCE	105,732	109,214	(3,48
14,501	18,288	, ,	UTILITIES, PHONE & PROPANE	95,424	105,598	(10,17
8,450	12,743		TRAVEL	79,465	93,367	(13,90
227,251	54,842		DEPRECIATION	513,686	512,589	1,0
214,472	233,703	,	PURCHASED SERVICES	1,463,333	637,686	825,6
19,077	23,566		REPAIRS & MAINTENANCE	118,522	107,481	11,0
454	825	( )	RECRUITING & ADVERTISING	2,570	53,754	(51,18
3,712	4,147	( )	EDUCATION	22,283	35,188	(12,90
85,932	116,530	,	SUPPLIES & MINOR EQUIPMEN	679,889	693,846	(13,9
94,136	99,138	,	PROFESSIONAL FEES	717,158	778,551	(61,39
238,893	228,145		EMPLOYEE BENEFITS & TAXES	1,392,143	1,786,863	(394,7
873,008	905,692	,	SALARIES & WAGES	5,010,362	5,048,556	(38,1
			OPERATING EXPENSES			
1,527,864	1,498,305	29,559	TOTAL OPERATING REVENUE	8,632,290	9,905,652	(1,273,36
23,373	(6,644)			66,739	82,900	(16,16
300,681	300,681		TAX REVENUE	1,804,086	1,804,086	
1,203,809	1,204,268	(458)	TOTAL NET PATIENT REVENUE	6,761,465	8,018,667	(1,257,20
4 000 000	4 00 4 000	7		0 704 405	0.040.007	(4.057.00
41,710	111,799	(70,089)	TOTAL REVENUE DEDUCTIONS	182,858	1,227,839	(1,044,98
39,827	107,755	(67,928)	CONTRACTUALS & ADJUSTMENTS	157,584	1,227,839	(1,070,25
1,882	4,044	(2,161)	PROVISION FOR BAD DEBTS	25,273	-	25,2
1,162,100	1,092,469	69,631	TOTAL GROSS PATIENT REVENUE	6,578,608	6,790,828	(212,22
(2,094)	12,962	, ,	ORACLE HEALTH UNALIASED	20,877	-	20,8
112,492	147,875	( · · )	HOME HEALTH & HOSPICE REVENUE	498,298	575,397	(77,09
253,154	243,599		CLINIC REVENUE	1,510,913	1,631,431	(120,5
509,225	504,683	4,542	OUTPATIENT REVENUE	3,382,640	3,550,881	(168,24
289,323	183,350	105,973	INPATIENT REVENUE	1,165,879	1,033,119	132,7
			PATIENT SERVICES REVENUE			
MONTH	MONTH	VARIANCE		DATE	DATE	VARIANC
URRENT	LAST	DOLLAR		CURRENT YEAR TO	BUDGET YEAR TO	DOLLAR



CURRENT ASSETSTOTAL CASH & INVESTMENTS4,069,406ORACLE HEALTH A/R3,315,800THRIVE A/R1,300,326CENTRIQ HOSPITAL, SWING & CLINICS A/R150,388CENTRIQ HOME HEALTH & HOSPICE A/R779GROSS PATIENT RECEIVABLES4,767,293LESS CLEARING ACCOUNTS50LESS ALLOWANCE FOR UNCOLLECTABLE(689,590)LESS ALLOWANCE FOR CONTRACTUALS151,429NET PATIENT ACCOUNTS RECEIVABLE4,229,182ASSIGNED ACCOUNTS-EMPLOYEE ADVANCES1,537	
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LESS ALLOWANCE FOR CONTRACTUALS       151,429         NET PATIENT ACCOUNTS RECEIVABLE       4,229,182         ASSIGNED ACCOUNTS       -         EMPLOYEE ADVANCES       1,537	
ASSIGNED ACCOUNTS EMPLOYEE ADVANCES 1,537	
EMPLOYEE ADVANCES 1,537	
EMPLOYEE ADVANCES 1,537	
EMPLOYEE PURCHASES RECEIVABLE 19	
RECEIVABLE-340B FR/SUN RX 40,521	
TAXES RECEIVABLE-PRIOR YR 65,296	
TAXES RECEIVABLE-CURRENT YEAR (1,525,874)	
OTHER RECEIVABLES 17,765	
GRANTS RECEIVABLE	
MC/MD RECEIVABLE 160,930	
ASSISTED LIVING RECEIVABLE 14,939	
TOTAL OTHER RECEIVABLES (1,224,867)	
INVENTORY-GENERAL 155,491	
INVENTORY LAB & RX 292,876	
PREPAID EXPENSES 6,561	5
PREPAID INSURANCE 10,200	71.
PREPAID-OTHER 152,403	Ve
TOTAL INVENTORY & PREPAID 617,531	0
TOTAL CURRENT ASSETS 7,691,253	
LONG TERM ASSETS	
LAND 119,671	
LAND IMPROVEMENTS 321,575	
BUILDING & IMPROVEMENTS 5,922,706	
EQUIPMENT 7,822,281	
SUBSCRIPTION BASED ASSETS3,385,647	
CONSTRUCTION IN PROGRESS 372,931	
LESS ACCUMULATED DEPRECIATION (10,887,854)	
TOTAL LONG TERM ASSETS 7,056,955	
TOTAL ASSETS 14,748,208	



#### LIABILITIES

CURRENT LIABILITIES		
TOTAL ACCOUNTS PAYABLE	525,269	
MISC PAYABLE SHORT TERM NOTES PAYABLE	-	
TOTAL OTHER PAYABLE	-	
	<u>-</u>	
TOTAL ACCRUED WAGES & LIABILITIES	1,111,210	
ACCRUED INTEREST	2,949	
SUSPENSE ACCOUNT	1,988	
TCAA SUSPENSE	5,905	
DEFERRED INCOME	1,506	
MC/MD SETTLEMENT PAYABLE	708	
CONTINGENCY SETTLEMENT PAYABLE	100,000	
TOTAL OTHER LIABILITIES	113,056	
	1,749,535	
	0.000.007	
SUBSCRIPTION BASED LIABILITIES	3,022,997	
BEO 2019 BOILER LOAN	-	
BEO 2018 BOARDMAN BLDG LOAN	61,450	
BEO LOAN FOR AMBULANCE MORROW CO 2018 BRDMAN BLDG LN	8,085	
	33,309	
BEO IMC EXPANSION 2018 GEODC 2021 HOUSE LOAN	216,031	
MORROW CO 2021 CHURCH LOAN	45,518	
BEO REFINANCE OF USDA LOAN	730,007	
BEO 2024 CAPITAL LOAN	969,750	
TOTAL LONG TERM LIABILITIES	5,087,145	'Vo
· · · · · ·		C'A
NET INCOME/LOSS	(1,226,578)	
EQUITY/FUND BALANCE		
GENERAL FUND UNRESTRICTED BAL	9,138,106	
EQUITY/FUND BALANCE	7,911,528	
TOTAL LIABILITIES & EQUITY/FUND BALANCE	14,748,208	



				IRRI	GON							HEP	PNER					10	NE			LEXIN	GTON	
2024		29	99			29	98			5	99			5	98			6	99				99	
	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports
Januarv	1.2	2.0	41		2.0	2.0	1		1.3	10.0	30	0	2.0	7.5	11		0.0	0.0	0		0.0	0.0	0	0
Transfers January	0.0	0.0	41	0	2.0	2.0	1	0	3.0	10.0	10	0	4.5	19.6	11	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 February	1.0	2.1	30	0	0.0	0.0	0	0	2.0	4.9	24	0	4.5	3.6	4	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers February	0.0	0.0	0	0		26.8	2	0		23.3	3	0		12.7	9	0			0	0	0.0		0	0
,			•	•	0.5		2	-	4.0		3	-	1.0		5	-	0.0	0.0	-	-		0.0	-	-
9-1-1 March	0.8	1.0	10	0	0.0	0.0	0	0	1.6	4.9	/	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers March	0.0	0.0	0	0	0.0	0.0	0	0	2.1	18.5	5	0	0.5	0.5	3	0	0.0	0.0	0	0	0.0	0.0	v	0
9-1-1 April	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers April	0.0	0.0	0	0	0.0	0.0	0	0	0.3	1.0	12	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 May	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers May	0.0	0.0	0	0	0.0	0.0	0	0	0.0	2.5	6	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 June	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers June	0.0	0.0	0	0	0.0	0.0	0	0	1.0	15.6	10	0	0.4	38.4	3	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 July	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers July	0.0	0.0	0	0	0.0	0.0	0	0	5.0	26.5	4	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 August	0.0	0.0	0	0	0.0	0.0	0	0	0.8	7.4	2	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers August	0.0	0.0	0	0	0.0	0.0	0	0	8.5	30.0	8	0	0.5	1.0	2	0	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 September	1.0	1.1	5	4	1.0	2.1	16	10	1.0	5.0	26	11	1.5	2.9	4	4	0.0	0.0	0	0	0.0	0.0	0	0
Transfers September	0.0	0.0	0	0	0.0	0.0	0	0	6.0	25.0	4	4	4.1	16.0	2	2	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 October	1.0	9.8	9	6	1.0	2.2	36	21	2.0	9.8	42	26	1.9	2.6	1	1	0.0	0.0	0	0	0.0	0.0	0	0
Transfers October	0.0	0.0	0	0	0.0	0.0	0	0	6.0	16.2	3	3	17.5	31.6	1	1	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 November	0.8	1.0	4	2	1.0	2.0	41	25	2.0	4.2	24	17	1.5	2.2	2	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers November	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	16.0	31.0	5	5	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 December	0.0	0.0	0	0	1.0	2.1	45	34	1.0	3.0	19	12	0.7	1.0	2	0	0.0	0.0	0	0	0.0	0.0	0	0
Tranfers December	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.2	0.2	2	2
TOTAL			99	12			142	90			239	73			50	13			0	0			2	2

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.

#### MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2024-2025

FISCAL YEAR 2024-2025		JULY	AUG	SEPT	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
ACUTE (INPATIENT)		JULI	A0G	3611	001	NOV	DLC	JAN	TLD	MAR		MAT	JUNE	
ADMISSIONS		0	2	1	3	5	5							16
DISCHARGES		0	2	1	2	5	5							15
Admits- MEDICARE		0	1	1	3	5	4							14 0 2 0
MEDICAID		0	0	0	0	0	0							C
OTHER		0	1	0	0	0	1							2
SELF PAY		0	0	0	0	0	0							
	TOTAL	0	2	1	3	5	5	0	0	0	0	0	0	16
Dschgs - MEDICARE		0	1	1	2	5	4							13 0 2 0
MEDICAID		0	0	0	0	0	0							C
OTHER		0	1	0	0	0	1							
SELF PAY		0	0	0	0	0	0							
	TOTAL	0	2	1	2	5	5	0	0	0	0	0	0	15
PATIENT DISCHARGE DAYS		-												
MEDICARE		0	7	3	4	23	10							47
MEDICARE ADVANTAGE		0	0	0	0	0	0							
MEDICAID		0	0	0	0	0	0							
MEDICAID MANAGED CARE		0	0	0	0	0	0							
OTHER		0	4	0	0	0	3							7
SELF PAY		0	0	0	0	0	0							0 0 0 7 0
	TOTAL	0	11	3	4	23	13	0	0	0	0	0	0	54
PATIENT ADMISSION DAYS						20	19	v					<u>v</u>	
Adults		0	11	2	7	21	17							58
Pediatric		0	0	0	0	21	0							
realailia		-		-	7				0					0 58
AVG LENGTH OF STAY	TOTAL	0 #DIV/0!	<b>11</b> 5.5	<b>2</b> 2.0	3.5	<b>21</b> 4.2	<b>17</b> 3.4	0 #DIV/0!	#DIV/0!	0 #DIV/0!	0 #DIV/0!	<b>0</b>	0 #DIV/0!	<b>58</b> 3.9
AVG LENGTH OF STAT		#DIV/0! 0.0	5.5 0.4	0.1	0.2	4.2 0.7	0.5	#DIV/0! 0.0	#DIV/0! 0.0	#DIV/0! 0.0	#DIV/0! 0.0	#DIV/0!	#DIV/0! 0.0	0.3
			0.4		0.2			0.0	0.0	0.0	0.0	0.0	0.0	
DEATHS		0	U	0	I	0	0							
SWING BED (Skilled)														
ADMISSIONS		1	6	1	5	7	3							23 23
DISCHARGES		2	4	3	4	7	3							23
		3	10	4	9	14	6	0	0	0	0	0	0	46
Dschgs - MEDICARE		2	4	3	3	7	3							
MEDICAID		0	0	0	1	0	0							
OTHER		0	0	0	0	0	0							
SELF PAY		0	0	0	0	0	0							22 1 0 0
	TOTAL	2	4	3	4	7	3	0	0	0	0	0	0	23
PATIENT DISCHARGE DAYS	IUIAL	۲	4	5	4	1	5	U	U	U	0	U	v	23
MEDICARE		62	48	35	17	91	46							299
MEDICARE ADVANTAGE		0	19	20	0	0	40							277
MEDICARE ADVANTAGE		0	0	20	0	0	0							39 0 9 0
MEDICAID MEDICAID MANAGED CARE		0	0	0	9	0	0							U
OTHER		0	0	0	9	0	0							
		0	0	0	0	0	0							0
SELF PAY	TOTAL	62	67	55	26	<u> </u>	46	0					0	347
	IUIAL	62	6/	55	20	71	40	U	0	0	0	0	U	34/
PATIENT ADMISSION DAYS														
MEDICARE		43	87	46	53	84	38							351
MEDICAID		0	0	6	3	0	0							9
OTHER		0	0	0	0	0	26							26
SELF PAY		0	0	0	0	0	0							C
	TOTAL	43	87	52	56	84	64	0	0	0	0	0	0	386
AVG DAILY CENSUS		1.39	2.81	1.73	1.81	2.80	2.06	0.00	0.00	0.00	0.00	0.00	0.00	2.10
SWING BED REVENUE	\$		34,756 \$	21,816 \$	22,677 \$	23,421 \$	23,527							\$144,163
SWING \$ DAYS		42	83	51	39	53	55							323
DEATHS		0	0	0	0	1	0							1

#### MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2024-2025

FISCAL YEAR 2024-2025														
		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
OBSERVATION														
ADMISSIONS		4	0	1	1	1	0							7
DISCHARGES		4	0	1	0	2	1							8
HOURS		80	0	10	31	45	5							171
REVENUE	\$	9,970 \$	- \$	1,246 \$	3,863 \$	5,608 \$	623						\$	21,310
AVG LENGTH OF STAY (hours)		20.0	#DIV/0!	10.0	31.0	45.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	24.4
DEATHS		0	0	0	0	0	0							0
HOSPITAL RESPITE														
ADMISSIONS		0	0	0	0	0	1							1
DISCHARGES		0	0	0	0	0	0							-
PATIENT ADMISSION DAYS		0	0	0	0	0	3							3
DEATHS		0	0	0	0	0	0							0
						<u> </u>								
SWING (Non-Skilled)														
ADMISSIONS		1	0	1	0	1	0							3
DISCHARGES		2	0	0	0	0	1							3
Dschgs - MEDICAID		0	0	0	0	0	1							1
SELF PAY		2	0	0	0	0	0							2
	TOTAL	2	0	0	0	0	1	0	0	0	0	0	0	2 3
PATIENT DISCHARGE DAYS														
MEDICAID		0	0	0	0	0	2							2
SELF PAY		396	0	0	0	0	0							396
	TOTAL	396	0	0	0	0	2	0	0	0	0	0	0	398
PATIENT ADMISSION DAYS														
MEDICAID		31	31	40	62	60	62							286
SELF PAY		118	93	90	93	94	120							608
		149	124	130	155	204	182	0	0	0	0	0	0	894
	¢	4.8	4.0	4.3	5.0	6.8	5.9	0.0	0.0	0.0	0.0	0.0	0.0	5.8
SWING BED REVENUE	\$		57,378 \$	59,769 \$	74,113 \$	70,288 \$	96,108						\$	429,379
SWING \$ DAYS		150	120	125	155	147	201							898
DEATHS		2	0	0	0	0	0							2
SUMMARY STATS														
TOTAL/AVERAGE % OCCUPANCY														
		29.5%	34.1%	29.2%	33.5%	49.0%	40.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.7%
		29.5%	34.1%	29.2%	33.5%	49.0%	40.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.7%
TOTAL OUTPATIENTS (Admits) w/ ER		<b>29.5%</b> 397	<b>34.1%</b> 340	<b>29.2%</b> 377	<b>33.5%</b> 466	<b>49.0%</b> 382	<b>40.9%</b> 365	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	34.7% 2327
								0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters)		397	340	377	466	382	365	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2327
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS		397 115	340 103	377 99	466 116	382 63	365 79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2327 575
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT		397 115 79	340 103 60	377 99 33	466 116 40	382 63 103	365 79 87	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2327 575 402
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS		397 115 79 749	340 103 60 909	377 99 33 879	466 116 40 990	382 63 103 658	365 79 87 588							2327 575 402 4773
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT	TOTAL	397 115 79	340 103 60	377 99 33	466 116 40	382 63 103	365 79 87	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2327 575 402
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS	TOTAL	397 115 79 749 828	340 103 60 909 <b>969</b>	377 99 33 879 <b>912</b>	466 116 40 990 1030	382 63 103 658 <b>761</b>	365 79 87 588 <b>675</b>							2327 575 402 4773 5175
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT	TOTAL	397 115 79 749 828 3	340 103 60 909 969 6	377 99 33 879 <b>912</b> 6	466 116 40 990 <b>1030</b> 4	382 63 103 658 <b>761</b> 5	365 79 87 588 <b>675</b> 11							2327 575 402 4773 5175 35
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS		397 115 79 749 <b>828</b> 3 88	340 103 60 909 <b>969</b> 6 75	377 99 33 879 <b>912</b> 6 77	466 116 40 990 <b>1030</b> 4 66	382 63 103 658 <b>761</b> 5 73	365 79 87 588 <b>675</b> 11 63	0	0	0	0	0	0	2327 575 402 4773 5175 35 35 442
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT	TOTAL	397 115 79 749 828 3	340 103 60 909 969 6	377 99 33 879 <b>912</b> 6	466 116 40 990 <b>1030</b> 4	382 63 103 658 <b>761</b> 5	365 79 87 588 <b>675</b> 11							2327 575 402 4773 5175 35
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT		397 115 79 749 828 3 88 91	340 103 60 909 969 6 6 75 81	377 99 33 879 912 6 77 83	466 116 40 990 <b>1030</b> 4 66 <b>70</b>	382 63 103 658 <b>761</b> 5 73 73 <b>78</b>	365 79 87 588 675 11 63 74	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT CT SCANS		397 115 79 749 828 3 88 91 65	340 103 60 909 969 6 75 81 32	377 99 33 879 912 6 77 83 33	466 116 40 990 1030 4 66 70 43	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27	365 79 87 588 675 11 63 74 33	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT CT SCANS MRI SCANS		397 115 79 749 828 3 88 91 65 1	340 103 60 909 969 6 75 81 32 1	377 99 33 879 912 6 77 83 33 1	466 116 40 990 1030 4 66 70 43 2	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27 3	365 79 87 588 675 11 63 74 33 3	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233 11
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT CT SCANS		397 115 79 749 828 3 88 91 65	340 103 60 909 969 6 75 81 32	377 99 33 879 912 6 77 83 33	466 116 40 990 1030 4 66 70 43	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27	365 79 87 588 675 11 63 74 33	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT CT SCANS MRI SCANS		397 115 79 749 828 3 88 91 65 1	340 103 60 909 969 6 75 81 32 1	377 99 33 879 912 6 77 83 33 1	466 116 40 990 1030 4 66 70 43 2	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27 3	365 79 87 588 675 11 63 74 33 3	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233 11
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT OUTPATIENT CT SCANS MRI SCANS EKG TESTS TREADMILL PROCEDURES		397 115 79 749 828 3 88 91 65 1 21	340 103 60 909 969 6 75 81 32 1 34	377 99 33 879 912 6 6 77 <b>83</b> 33 1 27	466 116 40 990 1030 4 66 70 43 2 35	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27 3 32	365 79 87 588 675 11 63 74 33 3 30	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233 11 179 0
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT CT SCANS MRI SCANS EKG TESTS TREADMILL PROCEDURES RESPIRATORY THERAPY		397 115 79 749 828 3 88 91 65 1 21 0	340 103 60 909 969 6 75 81 32 1 34 0	377 99 33 879 912 6 6 77 <b>83</b> 33 1 27	466 116 40 990 1030 4 66 70 43 2 35 0	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27 3 32 0	365 79 87 588 <b>675</b> 11 63 <b>74</b> 33 30 0	0	0	0	0	0	0	2327 575 402 4773 5175 355 442 477 233 11 179 0 0
TOTAL OUTPATIENTS (Admits) w/ ER TOTAL ER (Encounters) LAB TESTS INPATIENT OUTPATIENT XRAY/ULTRASOUND TESTS INPATIENT OUTPATIENT OUTPATIENT CT SCANS MRI SCANS EKG TESTS TREADMILL PROCEDURES		397 115 79 749 828 3 88 91 65 1 21	340 103 60 909 969 6 75 81 32 1 34	377 99 33 879 912 6 77 83 33 1 27 0	466 116 40 990 1030 4 66 70 43 2 35	382 63 103 658 <b>761</b> 5 73 <b>78</b> 27 3 32	365 79 87 588 675 11 63 74 33 3 30	0	0	0	0	0	0	2327 575 402 4773 5175 35 442 477 233 11 179 0

#### MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2024-2025

FISCAL YEAR 2024-2025		JULY	AUG	SEPT	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
PROVIDER VISITS														
PIONEER MEMORIAL CLINIC-HEPPNER		335	174	250	252	230	143							1384
IRRIGON MEDICAL CLINIC		232	351	378	391	311	269							1932
BOARDMAN IMMEDIATE CARE		96	141	94	120	75	149							675
IONE COMMUNITY CLINIC		93	187	153	187	155	181							956
ALL PROVIDER ENCOUNTERS AT HOSPITAL**		138	143	124	153	118	133							809
	TOTAL	894	996	999	1103	889	875	0	0	0	0	0	0	5756
REVENUE OF HOSPITAL ENCOUNTERS		\$76,205 \$	83,331 \$	75,389 \$	86,880 \$	62,961 \$	66,894							\$451,659
AMBULANCE														
HEPPNER AMBULANCE TRANSPORTS		4	9	18	30	13	14							88
BOARDMAN AMBULANCE TRANSPORTS		0	0	0	0	0	0							0
IRRIGON AMBULANCE TRANSPORTS		0	0	2	27	20	29							78
IONE AMBULANCE TRANSPORTS		0	0	0	0	0	0							0
	TOTAL	4	9	20	57	33	43	0	0	0	0	0	0	166
HEPPNER AMB REVENUE	\$	9,630 \$	25,614 \$	48,945 \$	53,578 \$	23,381 \$	24,801							\$185,949
BOARDMAN AMB REVENUE	\$	- \$	- \$	- \$	- \$	- \$	-							\$0
IRRIGON AMB REVENUE	\$	- \$	- \$	4,206 \$	48,561 \$	35,214 \$	51,779							\$139,760
IONE AMB REVENUE	\$	- \$	- \$	- \$	- \$	- \$	-							\$0
	TOTAL \$	9,630 \$	25,614 \$	53,151 \$	102,139 \$	58,595 \$	76,580 \$	- \$	- \$	- \$	- \$	- \$	-	\$325,709
HOME HEALTH VISITS														
SKILLED NURSING VISITS		57	44	42	42	33	33							251
AIDE VISITS		8	16	29	30	21	11							115
MSW VISITS		0	1	1	3	1	1							7
OCCUPATIONAL THERAPY		0	0	0	0	0	0							0
PHYSICAL THERAPY		43	22	32	43	26	28							194
SPEECH THERAPY		1	0	0	0	0	0							1
IN HOME CARE VISITS-PRIVATE PAY		0	0	0	0	0	0							0
	TOTAL	109	83	104	118	81	73	0	0	0	0	0	0	568
HOSPICE														
ADMITS		2	2	4	1	3	2							14
DISCHARGE		0	0	0	0	0	1							1
DEATHS		5	2	1	1	1	2							12
TOTAL HOSPICE DAYS		125	75	123	159	184	239							905
PHARMACY														
DRUG DOSES		1298	2609	1847	1867	3213	1285							12,119
DRUG REVENUE	\$	47,029 \$	53,181 \$	36,521 \$	29,496 \$	35,212 \$	35,644							\$237,083

#### PIONEER MEMORIAL CLINIC - DECEMBER 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
Amanda Roy	Patient Hours Available											8	8	8						8	8						8	8					56
PA-C	Patients Seen											16	17	14						17	16						17	16					113
	No Shows											1	0	0						0	0						1	0					2
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour											2.0	2.1	1.8						2.1	2.0						2.1	2.0					2.0
	No Show Rate											6%	0%	0%						0%	0%						6%	0%					2%
	Patient Cancel Rate											0%	0%	0%						0%	0%						0%	0%					0%
	Clinic Cancel Rate											0%	0%	0%						0%	0%						0%	0%					0%
Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Rebecca Humphries	Patient Hours Available	-	-	8	8						8	8		8				8			8											8	64
LCSW	Patients Seen			3	3						4	3		3				8			1											5	30
20011	No Shows			1	0							1		2				0			0											1	6
	Patient Cancellations			- I							-	1		-							Ŭ											-	0
	Clinic Cancellations																																0
	Pts. Per Available Hour			0.4	0.4						0.5	0.4		0.4				1.0			0.1				İ							0.6	0.5
	No Show Rate			25%	0%						20%	25%		40%				0%			0%											17%	17%
	Patient Cancel Rate			0%	0%						0%	0%		0%				0%			0%											0%	0%
	Clinic Cancel Rate			0%	0%						0%	0%		0%				0%			0%											0%	0%
Medical Assistant	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 Visit	Patients Seen			0	0						0	1	1	1				1		1	1						0	0				0	6
PMC TOTALS	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
	Patient Hours Available			8	8						8	16	8	16				8		8	16						8	8				8	120
	Patients Seen			3	3						4	19	17	17				8		17	17						17	16				5	143
	No Shows			1	0						1	2	0	2				0		0	0						1	0				1	8
	Patient Cancellations			0	0						0	0	0	0				0		0	0						0	0				0	0
	Clinic Cancellations			0	0						0	0	0	0				0		0	0						0	0				0	0
	Pts. Per Available Hour			0.4	0.4						0.5	1.2	2.1	1.1				1.0		2.1	1.1						2.1	2.0				0.6	1.2
	No Show Rate			25%	0%						20%	10%	0%	11%				0%		0%	0%						6%	0%				17%	5%
	Patient Cancel Rate			0%	0%						0%	0%	0%	0%				0%		0%	0%						0%	0%				0%	0%
	Clinic Cancel Rate			0%	0%						0%	0%	0%	0%				0%		0%	0%						0%	0%				0%	0%

#### **IONE COMMUNITY CLINIC - DECEMBER 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		8	8		8				8	8	0	8				8	8		8				8	8		8				8	8	112
ARNP	Patients Seen		8	11		11				13	12	1	16				12	8		17				21	14		9				18	10	181
	No Shows		1	0		1				1	0	0	0				0	1		0				1	0		0				0	0	5
	Patient Cancellations																																
	Clinic Cancellations																																
	Pts. Per Available Hour		1.0	1.4		1.4				1.6	1.5	0.0	2.0				1.5	1.0		2.1				2.6	1.8		1.1				2.3	1.3	1.6
	No Show Rate		11%	0%		8%				7%	0%	0%	0%				0%	11%		0%				5%	0%		0%				0%	0%	3%
	Patient Cancel Rate		0%	0%		0%				0%	0%	0%	0%				0%	0%		0%				0%	0%		0%				0%	0%	0%
	Clinic Cancel Rate		0%	0%		0%				0%	0%	0%	0%				0%	0%		0%				0%	0%		0%				0%	0%	0%
Medical Assistant	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
	Patients Seen		1	2		1				0	1	1	2				0	1		0				0	1		1				0	0	11

#### **IRRIGON MEDICAL CLINIC - DECEMBER 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	Patient Hours Available		8	8	8	8				8	8	8	8				8	8	8	8													96
LCSW	Patients Seen		3	7	4	3				0	0	3	3				0	5	2	5													35
1	No Shows		1	0	1	0				0	0	0	1				2	1	0	0													6
1	Patient Cancellations																																
1	Clinic Cancellations																																
	Pts. Per Available Hour		0.4	0.9	0.5	0.4				0.0	0.0	0.4	0.4				0.0	0.6	0.3	0.6													0.4
1	No Show Rate		25%	0%	20%	0%				0%	0%	0%	25%				100%	17%	0%	0%													15%
1	Patient Cancel Rate		0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%													0%
	Clinic Cancel Rate		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
Jon Watson	Patient Hours Available			8	8	8				8	8	8	8				8	8	8					8	8						8	8	112
PA-C	Patients Seen			16	17	20				17	18	17	19				15	16	16					17	16						16	14	234
1	No Shows			3	6	1				4	3	1	1				2	3	1					4	6						4	3	42
1	Patient Cancellations																																
1	Clinic Cancellations																																
1	Pts. Per Available Hour			2.0	2.1	2.5				2.1	2.3	2.1	2.4				1.9	2.0	2.0					2.1	2.0						2.0	1.8	2.1
1	No Show Rate			16%	26%	5%				19%	14%	6%	5%				12%	16%	6%					19%	27%						20%	18%	15%
1	Patient Cancel Rate			0%	0%	0%				0%	0%	0%	0%				0%	0%	0%					0%	0%						0%	0%	0%
L	Clinic Cancel Rate			0%	0%	0%				0%	0%	0%	0%				0%	0%	0%					0%	0%						0%	0%	0%
Medical Assistant	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 Visit	Patients Seen		2	3	4	4				1	2	2	2				0	4	1	1				1	4						0	3	34
IMC 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
1	Patient Hours Available		8	16	16	16				16	16	16	16				16	16	16	8				8	8						8	8	208
1	Patients Seen		3	23	21	23				17	18	20	22				15	21	18	5				17	16						16	14	269
1	No Shows		1	3	7	1				4	3	1	2				4	4	1	0				4	6						4	3	48
1	Patient Cancellations																																
1	Clinic Cancellations	_								L															L							<u> </u>	
1	Pts. Per Available Hour		0.4			1.4				1.1		1.3	1.4				0.9	1.3	1.1					2.1	2.0						2.0	1.8	1.3
1	No Show Rate		25%			4%				19%		5%	8%				21%	16%	5%	0%				19%	27%						20%	18%	15%
1	Patient Cancel Rate		0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%						0%	0%	0%
	Clinic Cancel Rate		0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%						0%	0%	0%

#### **BOARDMAN IMMEDIATE CARE - DECEMBER 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	Patient Hours Available			8	8	8	8				8	8	8	8				8	8	8	8				8		8	8				8	128
PA-C	Patients Seen			10	7	3	9				8	9	11	8				10	13	12	6				5		12	12				5	140
	No Shows			2	0	1	0				0	0	0	0				1	0	0	5				2		1	0				0	12
	Patient Cancellations																																
	Clinic Cancellations																																
	Pts. Per Available Hour			1.3	0.9	0.4	1.1				1.0	1.1	1.4	1.0				1.3	1.6	1.5	0.8				0.6		1.5	1.5				0.6	1.1
	No Show Rate			17%	0%	25%	0%				0%	0%	0%	0%				9%	0%	0%	45%				29%		8%	0%				0%	8%
	Patient Cancel Rate			0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%		0%	0%				0%	0%
	Clinic Cancel Rate			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
		1	2			5	0	· /	•	9			12	15	14	15	10	1/	10	19	20	21	22	25	24	25	20	21	20	29	50		40
Terri Dickens	Patient Hours Available			8	8						8	8																				8	
LCSW	Patients Seen			4							3	0																				1	9
	No Shows			0	0						0	0																				2	2
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour			0.5	0.1						0.4	0.0																				0.1	0.2
	No Show Rate			0%	0%						0%	0%																				67%	18%
	Patient Cancel Rate			0%	0%						0%	0%																				0%	0%
	Clinic Cancel Rate			0%	0%						0%	0%																				0%	0%
Medical Assistant	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 Visit	Patients Seen			1	0	1	1				1	0	0	0				0	0	0	0				0		1	0				0	5
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
	Patient Hours Available			16	16	8	8				16	16	8	8				8	8	8	8				8		8	8				16	168
	Patients Seen			14	8	3	9				11	9	11	8				10	13	12	6				5		12	12				6	149
	No Shows			2	0	1	0				0	0	0	0				1	0	0	5				2		1	0				2	14
	Patient Cancellations			0	0	0	0				0	0	0	0				0	0	0	0				0		0	0				0	0
	Clinic Cancellations			0	0	0	0				0	0	0	0				0	0	0	0				0		0	0				0	0
	Pts. Per Available Hour			0.9	0.5	0.4	1.1				0.7	0.6	1.4	1.0				1.3	1.6	1.5	0.8				0.6		1.5	1.5				0.4	0.9
	No Show Rate			13%	0%	25%	0%				0%	0%	0%	0%				9%	0%	0%	45%				29%		8%	0%				25%	9%
	Patient Cancel Rate			0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%		0%	0%				0%	0%
	Clinic Cancel Rate			0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%		0%	0%				0%	0%



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

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

Full Name	Address
Janet Greenup	225 W Baltimore, Heppner
Phone	Email
541*561*6768	janetgreenup@gmail.com

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

Please tell us about your leadership qualities: I was the Office Manager, District Manager of the Morrow Soil & Water District for over 40 years with full time, part time & temporary employees. I planned many Annual Meetings of the District and created agendas for monthly meetings with the Chair of the Board. I was elected by the voters of the County as a Board Member of and I am currently the President of the Heppner Cemetery Maintenance District. I am the Parish Coordinator for St. Patrick Church, scheduling activities in our Parish Hall.

Please tell us about any previous board experience you may have: As stated in the above statement, I worked for a Board of Directors for over 40 years and am currently President of the Heppner CMD. In the past, I was a Board Member of the Oregon Employees Association of Conservation Districts, a statewide Board and account L assisted in planning statewide convertions. I was also a member of a statewide committee of Soil & Water Conservation

non-profit. I assisted in planning statewide conventions. I was also a member of a statewide committee of Soil & Water Conservation District Boards. I am currently the President of St. Patrick Altar Society.

Please tell us about any experience you may have with a health district or healthcare in general: I don't have any experience with a health district, but healthcare has been a part of my life for for more than 50 years. Many relatives are Registered Nurses, Xray technicians, Nurse Managers and hospital administrators. Myself and family members have visited the ER and stayed in the hospital. All four of our daughters were born at PMH.

Please describe your community involvement:

I am very involved with St. Patrick Catholic Church. I was a member of and the Willow Creek Singers. I visited the Assisted Living monthly before COVID playing games with the residents. I was on the board of the Heppner Housing Authority.

Please share any other information you would like us to know (education, experience, etc.): Morrow County Health District is a high priority for me. Pioneer Memorial Hospital is an enduring fixture of our community and is very important to me to see it continue into the future as a viable and profitable organization.

What is your vision for Morrow County Health District over the next five years? My vision is that MCHD is an important, viable & profitable district for the tax payers & voters of the county. Because the location of the hospital is near the recreation center for this area, it is so important for visitors with health care emergencies. Many of our community members are elderly and have medical needs that can be met locally. My vision includes the ability to meet those needs.

Please describe any conflicts of interest you may have: I don't believe I have any conflicts of interest with the health district

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-15-2025

Page 1 of 1



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

Full Name	Address
Jason L. Hanna	76871 Hwy 74 Lena, Heppner, OR 97836
Phone	Email
541-371-7323	Justaskhanna@gmail.com

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

Please tell us about your leadership qualities:

I excel at conveying ideas clearly and actively listening to others, ensuring alignment and mutual understanding within the team. I strive to foster a collaborative environment by addressing the needs of others and encouraging open communication. When disputes or conflicts arise, my focus is on identifying amicable and practical solutions that maintain productivity and positive relationships.

Please tell us about any previous board experience you may have:

2010-2014 Board member, Heppner Youth Baseball

2014-current President, Heppner Youth Baseball 2022- current League President, Blue Mountain Little League

2019-2024 President, North Eastern Oregon Home Builders Association 2024-current Threemile Canyon Farms 4-H Heifer Program

Please tell us about any experience you may have with a health district or healthcare in general: I bring direct experience in healthcare as a former volunteer firefighter and EMT-Basic in Heppner, where I provided critical emergency services to the community. Additionally, I have personal connection to healthcare through my mother, who served as a registered nurse at PMH/MCHD for over 30 years. As a lifelong resident of Morrow County and a patient of PMH/MCHD for nearly 50 years, I am deeply familiar with the district's services and its impact on the community.

Please describe your community involvement: My community invovlemant includes serving in the Rural Fire Department and as an EMT-Basic, where I provided critical emergency services to the community. Additionally, I am an active member of the Heppner Elks Lodge #358, contributing to various community service projects. I have also coached and hold leadership positions in Heppner Youth Baseball, including board member and president, fostering youth development and sportsmanship. Furthermore, I serve as a board member and president of Blue Mountain Little League, overseeing operations and promoting baseball in Morrow and Umatilla Counties. These roles have allowed me to contribute to the well-being and cohesion of our local community.

Please share any other information you would like us to know (education, experience, etc.): I am a 4th generation business owner in South Morrow County, farming/ranching. My work in North Morrow County, combined with my residence in South Morrow County, has provided me with a unique perspective and a diverse network of relationships across the region. This background has given me a deep understanding of our community's values and needs.

What is your vision for Morrow County Health District over the next five years? My vision for Morrow County Health District over the next five years is to strengthen local staffing, reducing reliance on contracted and temporary personnel. I aim to preserve and enhance the efficiency and profitability of current facilities and operations to ensure their sustainability. Ultimately, my goal is to leave MCHD in a stronger position at the end of my tenure, better equipped to meet the evolving healtcare needs of our community.

Please describe any conflicts of interest you may have: I do not have any conflicts of interest.

# 01/14/2024



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

Full Name	Address
Lea Mathieu	65528 Halvorsen Lane, Ione OR 97843
Phone	Email
541-561-5883	leamathieu@mac.com

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

Please tell us about your leadership qualities: I am honest yet relatively kind, and tend to work toward a vision for the future informed but not contolled by the past.

Please tell us about any previous board experience you may have: Current: Ione School Board; Central Pacific Conference, United Church of Christ (past Moderator). Past: Board of Directors, Blue Mountain Community College (including a term as chair).

Please tell us about any experience you may have with a health district or healthcare in general: I am an ordained minister with experience as a hospital chaplain and as a hospice volunteer. I slso served for the past four years as a Medical Reserve Corps volunteer in Wasco County.

Please describe your community involvement:

I have just retired from ministry, following retirement from teaching for 20 years in Morrow County, including lone, Boardman, and Heppner. My husband and I own a farm south of lone, so I am literally rooted here.

Please share any other information you would like us to know (education, experience, etc.): I hold a BA in English and three master's degrees: theoloy, education, and English.

What is your vision for Morrow County Health District over the next five years? I would like to see us retain highly qualified providers while meeting the most pressing needs of our population, including vulnterable seniors in rural areas. Relatedly, I would like us to be known as a great place to work.

Please describe any conflicts of interest you may have:

My son, Gus Peterson, is a Morrow County Commissioner; I don't know if that's any sort of conflict. Also, I intend to volunteer with Pioneer Memorial Hospice in the near future. Not a conflict of interest, but do be aware that I am a frequent world traveler, and would need to attend meetings online at

Lea Mathieu

December 2, 2024



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

Full Name	Address
LAURA TORRES	110 PHEASANT COURT, BOARDMAN
Phone	Email
5419228484	lauratorres.vcc@gmail.com

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

Please tell us about your leadership qualities:

I am a dynamic leader with over 15 years of experience in marketing, operations, administration, and program management. I thrive on fostering collaboration, driving results, and inspiring teams through a strategic vision and an inclusive leadership style. With a background in sales and workforce development initiatives, I excel at identifying growth opportunities, mentoring diverse talent, and implementing innovative solutions. I am deeply committed to empowering others through career coaching, advocating for military families, emerging diverse skills in the workplace, and building meaningful networks. My leadership is rooted in adaptability, authenticity, and a steadfast focus on achieving shared goals.

#### Please tell us about any previous board experience you may have:

I have enjoyed multiple community involvement projects on boards and committees. In my most recent position on the Veterans Chamber of Commerce board, I contributed to advancing initiatives supporting veteran entrepreneurs and their businesses. I collaborated with board members to develop programs, foster partnerships, and create opportunities for economic growth within the veteran community.

Please tell us about any experience you may have with a health district or healthcare in general: I previously held the role of a "home visitor" with the Morrow County Health Department, I provided personalized support and guidance to families, fostering health and wellness through education and resources. My role involved building trusting relationships, assessing needs, and empowering individuals to create healthier environments for kids to thrive. I currently support our family as a "Military" caregiver with the VA Caregiver Program; I help my veteran husband by addressing his unique needs and ensuring his well-being. Both roles reflect my commitment to service and ability to provide empathetic, client-centered care decisions.

#### Please describe your community involvement:

. I currently lead "Látinas Leading Northwest", a network of professionals in the area and support with professional development and community involvement. I am part of the Rosie Network, leading and supporting small businesses that embrace entrepreneurship life. I am involved with Parade Deck, an online media network for creators where we promote content and bring the community together.

Please share any other information you would like us to know (education, experience, etc.): I am a local Boardman resident who returned to the area after navigating military life. I am a savvy individual with a strong social media presence and can leverage my network to create storytelling campaigns to inform our local community and create an impact. When I get involved, I drive a strong commitment and research to make sound decisions that can impact the lives of our communities and move them toward positive outcomes.

#### What is your vision for Morrow County Health District over the next five years?

My vision for Morrow County Health District over the next five years is to enhance access to quality healthcare services, prioritize community health education, and strengthen partnerships with local organizations. I envision a district that leverages innovation and collaboration to address emerging health challenges, supports preventive care initiatives, and fosters a culture of wellness for all residents. With my valued involvement, we can focus on inclusivity and sustainability, and together, we can help build a healthier, more resilient community.

Please describe any conflicts of interest you may have: None

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1.9.25

Morrow County Health District Board of Directors PO Box 9, Heppner OR 97836

Januray 9th, 2025

Dear Members of the Selection Committee,

I am writing to express my interest in serving on the Morrow County Health District Board of Directors. I am committed to working alongside Board to identify ways to improving the health and well-being of our residents.

As a former home visitor with the Morrow County Health Department, I gained valuable insights into our community's health needs and the importance of accessible, preventative care. My experience as a caregiver with the VA Caregiver Program further underscores my dedication to serving diverse populations with compassion.

I am passionate about community involvement and enhancing healthcare access, fostering community partnerships, and supporting the District's mission to provide exceptional care. I would be honored to contribute my skills and collaborate with the Board to ensure our District continues to grow and adapt to meet the evolving needs of our community.

Thank you for considering my application. I look forward to contributing to the Health District's future.

Sincerely,

Laura Torres

## LAURATORRES

Boardman, OR ★ (541) 922-8484 ★ lauratorres.vcc@gmail.com

https://www.linkedin.com/in/lauragtorres1/

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#### PROFESSIONALSUMMARY

#### Strategic DEIB Recruitment Leader, Workforce Development Leader, Event Facilitator & Business Partner:

Experienced recruiting manager executing and managing diverse recruitment initiatives for over 15+ years. A strong business demeanor to meet recruitment marketing and employer branding goals. Familiar with sourcing operations while working with partners and stakeholders on critical strategies to attract diverse talent and build robust pipelines. A customer-obsessed innovator who gets excited about delivering value to members, customers, employees, and stakeholders. An adaptable candidate who can work across the enterprise to establish personal credibility while collaborating with others to achieve goals, build strong teams, and influence the thinking of critical decision-makers. Bilingual: read, write, and speak Spanish.

#### **RECENT CAREER ACHIEVEMENTS:**

- Since 2016, I have led successful Military Spouse hiring initiatives, infusing over 86 million into local economies across the United States,
- Creator of "*Verano Bilingue/Bilingual Summer*, targeting bilingual military talent, which grew programs' bilingual pipeline up to 346%,
- In 2021, led 85 virtual events while coordinating and collaborating on 45 in-person events, securing over 14K registrations with diverse backgrounds (ages, races and ethnicities, genders, and cultures).
- In 2021, secured over 100 essential resources and employer partnerships, meeting fundraising goals.
- Coached teams of 10+ diverse talent recruiters, targeting diverse student enrollment to exceed the recruitment goal by 10%,

#### PROFESSIONALEXPERIENCE

#### ASSOCIATE DIRECTOR OF WORKFORCE ENGAGEMENT & DIVERSE TALENT SOURCING Blue Star Families, National - Remote Nov. 2016-Present

Responsible for delivering all facets of recruitment and referrals for the spouse employment initiative, which has infused local economies 86 million through successful spouse job placements.

- Play a critical role in ensuring successful spousal transition into the workforce hiring initiatives.
- Oversee the training and execution of essential job functions for Workforce Development Consultants or volunteers.
- Maintain, develop, and organize training procedure manuals, SOPs, and guides to execute talent recruitment strategies using employer marketing brands,
- Develop and maintain career marketing materials, websites, and Facebook group via quarterly updates.
- Manage inputs for grant submissions and lead career-related grant reports to meet goals.
- Develop, strengthen, and sustain relationships with organizations, agencies, and individuals to increase financial and programmatic support to military spouses and enhance BSF branding.
- In collaboration with key stakeholders, program managers, or employer partners, develop local and national sourcing strategies and recruitment plans to build effective, diverse pipelines.

- Cultivating resources to create new recruiting ideas based on labor projections and growing 
   demographics
- Partner with local workforce development teams, staffing agencies, community organizations, schools, and program managers to leverage sourcing strategies
- Track and monitor statistics, run reports and data analysis to meet grant metrics, and utilize data for presentations to chambers, the Board of Directors, and upper leadership,

#### CHAPTER LEAD & ENTREPRENEURSHIP TRAINING FACILITATOR The Rosie Network, National - Remote

#### (contract) Jan. 2022 to Present

Chapter Lead facilitates all facets of small business creation and is an accountability partner for the success of future cohort participants.

- Facilitate "Entrepreneurship" training for early start-ups and new small business owners with Military connections.
- Leading a cohort of 15 entrepreneurs to launch their businesses and successfully position themselves in the community.
- Support SMEs, collaborate with external partners, and facilitate a rich virtual classroom environment.
- Oversee participant's graduation and delivery of final projects.

#### CAREER COACH & CONSULTANT, LHH Recruitment Solutions, National - Remote May 2023 - Present

- Coach active job seekers: VP and Director level professionals by assisting in determining new career direction.
- Develop and suggest communication strategies for current career translation.
- Utilize and identify networking options to uncover new opportunities.
- Facilitate 1:1 candidate coaching sessions through interviewing and negotiating techniques.
- Utilize technology and social media methodologies for a successful job search strategy.
- As a consultant, facilitate training and other group sessions to maximize adult learning.

#### **EDUCATION / TRAINING**

- New Politics Leadership Academy Participant Graduate
- DEIB Certification & Training certificate | Talent Acquisition Certificate | Recruitment Analytics Training – Ongoing through AIHR Academy 2022- 2023
- Master's Degree, Business Administration with HR Specialization National University
- Bachelor's Degree, Education Eastern Oregon University
- Associate degree, Arts & Humanities, Delgado Community College
- Human Recourses Training ★ CompTIA A+ Training ★ Salesforce Training ★ CTEC Tax Certified ★ Service2CEO – Entrepreneur training ★ Diversity Across Generations: Supporting Workplace Inclusion

#### COMMUNITY INVOLVEMENT AND PERSONAL LEADERSHIP

- Successfully established over 5500+ combined community relations with Businesses, Employers, Colleges, and Veteran programs to support and exchange community resources.
- Remote Volunteer for the Veteran Chamber of Commerce, Outreach and Fundraising coordinator.
- Member of MANA, participant of the 2<sup>nd</sup>Cohort Latina Success Leadership Program.
- Entrepreneurship facilitator and trainer for the Rosie Network Service2CEO program.
- Board Member of Parade Deck, online social platform for military-connected businesses,

#### MEDICAL DIRECTOR AND PROFESSIONAL SERVICES AGREEMENT BETWEEN MORROW COUNTY HEALTH DISTRICT AND CENTRAL OREGON RADIOLOGY ASSOC., P.C.

This Medical Director and Professional Services Agreement ("Agreement") is entered into by and between **Morrow County Health District**, an Oregon nonprofit corporation ("MCHD"), and **Central Oregon Radiology Assoc.**, **P.C.**, an Oregon professional corporation ("CORA"). MCHD and CORA may be referred to individually as a "Party" and collectively referred to as the "Parties." This Agreement becomes effective as of February 1, 2025 (the "Effective Date").

#### **RECITALS:**

1. MCHD has asked CORA to provide a physician to serve as Medical Director of Imaging at Pioneer Memorial Hospital, located at 564 E Pioneer Drive, Heppner, OR 97836 (the "Hospital"). As part of the Medical Director's services, the Medical Director shall appoint a panel to read imaging studies generated by MCHD.

2. MCHD has agreed to use CORA physicians exclusively as members of the panel reading imaging studies generated by MCHD.

**NOW, THEREFORE,** in consideration of the foregoing and of the promises and covenants hereinafter set forth, it is hereby agreed by and between the Parties as follows:

#### 1. MEDICAL DIRECTOR ENGAGEMENT

MCHD hereby engages CORA to provide one physician to serve as Medical Director of Imaging at the Hospital, and CORA hereby accepts such engagement. CORA shall provide the Medical Director services that are the subject of this Agreement in a manner that complies with the provisions of this Agreement, the laws of the State of Oregon, and with generally accepted professional standards for Medical Director services in Central Oregon. The initial Medical Director will be \_\_\_\_\_\_, MD, and CORA will not change the Medical Director without notice to MCHD.

#### 2. MEDICAL DIRECTOR RESPONSIBILITIES

**A. General Responsibilities**. While providing Medical Director services hereunder, the Medical Director shall report to MCHD's Chief Executive Officer or their designated representative(s). The Medical Director shall be guided by, conform to, and enforce the directives of MCHD specifically applicable to the Medical Director's services. During the term of this Agreement, the Medical Director shall discharge their duties and functions efficiently, orderly, and promptly.

**B. Specific Responsibilities.** The Medical Director accepts the following specific responsibilities:

- **1.** Supervising the quality and coverage of all imaging studies generated at the Hospital.
- 2. Sole responsibility for appointing panel members to read images generated at the Hospital.

**C. Exclusions.** MCHD's qualified and licensed mid-level providers or physicians will supervise imaging generated at the Hospital and provide day-to-day supervision of MCHD's radiology technicians and other employees. The Medical Director will not supervise imaging generated at the hospital, nor will the Medical Director provide day-to-day supervision of MCHD physicians, mid-level providers, radiology technicians, or other employees.

#### 3. **PROFESSIONAL SERVICES**

MCHD hereby engages CORA to provide physicians to serve on the panel reading studies generated by MCHD at the Hospital. MCHD agrees that it will not hire or contract with non-CORA physicians or providers

to read images generated at the Hospital. For clarity, this Agreement does not limit the ability of MCHD's employee physicians to read images generated at the Hospital.

#### 4. PHYSICIAN QUALIFICATIONS

CORA shall ensure that the Physicians providing the services to MCHD will meet the following requirements:

- **A.** Each Physician shall have such Hospital experience, skills, qualifications, training, and expertise as is necessary to carry out the duties and responsibilities herein;
- **B.** Each Physician shall be fully licensed and otherwise qualified, without restrictions, to practice medicine in the State of Oregon;
- **C.** Each physician shall possess all necessary federal and state narcotics and controlled substance licenses;
- D. Each Physician shall be board-certified or board-eligible in radiology;
- **E.** Each Physician shall have a clean criminal and regulatory record, having never been convicted of a criminal offense related to health care or listed as excluded or otherwise ineligible for participation in any federally-funded health care program; and
- **F.** Each Physician shall participate in continuing education as the Board of Medicine of the State of Oregon requires.
- **G.** In addition to the foregoing, the Medical Director shall meet all of the 10 criteria established by the Intersocietal Accreditation Commission.

#### 5. **COMPENSATION**

A. Medical Director Compensation. In consideration of the Medical Director services provided by CORA, MCHD shall pay CORA a per month fee as follows:

February and March 2025: \$2,500 per month April, May, and June 2025: \$3,000 per month July 2025 and thereafter: \$4,000 per month

**B. Professional Service Compensation.** CORA shall not receive any compensation from MCHD for reading images generated by MCHD. CORA's sole compensation shall be payment received from the patient and/or appropriate persons or third-party payers.

#### 6. LIABILITY INSURANCE

While this Agreement remains in effect, liability insurance with limits of ONE MILLION DOLLARS (\$1,000,000) per occurrence and THREE MILLION DOLLARS (\$3,000,000) aggregate will be provided by MCHD to each Physician acting as Medical Director under the provisions of the MCHD liability insurance policy, which is a claims made policy. The insurance will include departed health care provider coverage after the term of this Agreement for incidents that occurred during the term of this Agreement. CORA shall provide its workers' compensation coverage, which shall be maintained per applicable state laws and regulations.

#### 7. TERM AND TERMINATION

A. Term. The initial term of this Agreement shall commence as of the Effective Date and continue for one (1) year. Thereafter, the term shall automatically renew for periods of one (1) year unless either Party provides written notice of non-renewal to the other Party at least one hundred and twenty (120) days before the expiration of the applicable renewal period.

- **B. Termination without Cause**. Either Party may terminate this Agreement at any time, without cause, upon not less than ninety (90) days prior written notice to the other Party.
- **C. Immediate Termination for Cause (MCHD)**. MCHD shall, upon written notice to CORA, have the right to terminate this Agreement immediately if any of the following occurs:
  - 1. The Medical Director's or a panel physician's license to practice medicine, Hospital privileges, or credentials are revoked, suspended, restricted, or otherwise limited as a result of improper, immoral, or illegal acts or omissions on the part of Physician,
  - **2.** The Medical Director or a panel physician is convicted in a court of law of a felony or misdemeanor involving moral turpitude,
  - **3.** The Medical Director or a panel physician engages in improper, abusive, harassing, or other behaviors that, in the sole discretion of MCHD, place at undue risk the health and safety of the Hospital's patients, staff, or visitors or reflect poorly on MCHD, the Hospital or the care environment that the Hospital is working to establish,
  - 4. CORA, the Medical Director or a panel physician is, or has ever been: (1) excluded from participation in any federal or state health care program, including but not limited to Medicare and Medicaid, for having engaged in any activity set forth in 42 U.S.C. § 1320a-7 (LEIE list); (2) excluded from participation for fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in other than a health care program operated in whole or in part by any federal, state, or local government agency (EPLS list); (3) a specially designated national set forth in 31 C.F.R. § 501.701 (SDN list); or (d) debarred by the General Services Administration (ARNET list).

Notwithstanding the foregoing, if the breach at issue involves the Medical Director or a panel physician, and if CORA promptly assigns that individual's duties hereunder to another qualified CORA physician within three (3) days of receiving written notice of the breach from MCHD, then this Agreement shall remain in full force and effect.

- D. Termination for Cause (MCHD). If CORA breaches this Agreement in a manner that does not give rise to a right of immediate termination for cause under subsection C above, then MCHD shall deliver to CORA a written notice describing the breach and giving CORA fifteen (15) days to cure the same. If CORA does not cure the breach before the end of the cure period, then MCHD may terminate this Agreement immediately by providing written confirmation of termination to CORA. If CORA cures the breach before the end of the cure period, then this Agreement shall remain in full force and effect. Notwithstanding the foregoing, if the breach at issue involves an individual physician, and if CORA assigns that physician's duties hereunder to another physician within fifteen (15) days of receiving written notice of the breach, then the breach shall be deemed cured this Agreement shall remain in full force and effect.
- E. Termination for Cause (CORA). If MCHD breaches this Agreement, then CORA shall deliver to MCHD a written notice describing the breach and giving MCHD fifteen (15) days to cure the same. If MCHD does not cure the breach to the satisfaction of CORA before the end of the cure period, then CORA may terminate this Agreement immediately by providing written confirmation of termination to MCHD. If MCHD cures the breach to the satisfaction of CORA within the cure period, this Agreement shall remain in full force and effect.
- **F. Return of Information**. Upon termination of this Agreement, for any reason, the Parties shall return to the other Party any confidential information disclosed or made available by the other Party, excluding billing records and medical records related to reading images.

#### 8. COMPLIANCE WITH LAW AND ACCREDITATION STANDARDS

Each Party shall perform this Agreement in a manner that complies with all applicable federal, state, and local laws and regulations, Medicare Conditions of Participation, and other applicable rules and regulations.

#### 9. ACCESS TO RECORDS

If applicable, the Parties shall comply with the provisions of Section 1861(v)(1)(i) of the Social Security Act (as amended) and any regulations promulgated thereunder and shall make available, upon written request of the Comptroller General of the United States or the Secretary of the Department of Health and Human Services or any of their duly authorized representatives, any books, documents, and records that are necessary to verify the nature and extent of costs incurred by either party under this Agreement.

#### 10. LEGAL EVENT

The Parties agree that this Agreement is intended to comply with all applicable laws and regulations. It is possible that, during the term of this Agreement, applicable laws and regulations will be changed through the passage of new legislation or regulations, the amendment of current legislation or regulations, or a change in the way that the courts are interpreting existing legislation or regulations (each, a "Legal Event"). If a Legal Event causes any portion of this Agreement to be illegal, unethical, or unenforceable or causes this Agreement to be significantly less advantageous for either party, then the Parties shall work together in good faith to avoid or limit the adverse consequence of the Legal Event. If the Parties agree upon a mutually acceptable amendment to the Agreement, then the Agreement to the Agreement, the Agreement to the Agreement, the Agreement to the Agreement, the Agreement to the Agreement shall remain in effect as amended. If the Parties do not agree upon a mutually acceptable amendment to the Agreement shall terminate within thirty (30) days of the affected party first notifying the other party of the Legal Event.

#### 11. **DEBARMENT**

CORA represents and warrants that neither it nor any of its physicians have ever been sanctioned by the Office of Inspector General ("OIG") of the Department of Health and Human Services, barred from federal or state procurement programs, or convicted of a criminal offense concerning health care reimbursement. CORA shall notify MCHD immediately if the foregoing representation becomes untrue or if the OIG or other enforcement agencies notify CORA that an investigation has begun that could lead to such sanction, debarment, or conviction.

#### 12. MISCELLANEOUS

- A. Independent Contractor. CORA and each physician providing medical director services shall be independent contractors of MCHD. Accordingly, CORA and the Physicians shall control the method and means of performing their work. MCHD shall not withhold from the amounts payable to CORA any amounts needed to cover applicable income taxes and other assessments. Nothing in this Agreement shall entitle any Physician to employee benefits.
- **B. Entire Agreement**. This Agreement constitutes the entire agreement of the Parties as to the subject matter herein and supersedes all prior agreements, negotiations, or representations concerning its subject matter, whether written or oral.
- **C. Assignment**. This Agreement is personal in nature and may not be assigned by CORA. MCHD may assign this Agreement to any affiliate or successor entity.
- D. HIPAA. The Parties intend for this Agreement and their performance hereunder to comply with the HIPAA privacy and security regulations, which may evolve and change over time. The Parties agree to amend this Agreement as needed for compliance, so long as amendments are commercially reasonable. It is understood that it shall not be necessary for CORA to obtain prior patient authorization to use protected health information (PHI) for activities falling within the definitions in the HIPAA regulations of treatment, payment, and healthcare operations, such as data aggregation, limited fundraising, and quality assurance activities. Moreover, it shall not be necessary for CORA to obtain prior patient authorization

to use and disclose information that has been de-identified within the meaning of 45 CFR Sec. 164.514.

- E. Omnibus Budget Reconciliation Act. To the extent required by Section 1395x(v)(l)(l) of Title 42 of the United States Code, the clauses contained in such section are incorporated herein by reference with like effect as though set forth at length.
- F. Compliance with Law. The Parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable state, local, and federal laws, rules, and regulations (collectively "the Law"), including without limitation Section 1128B(b) of the Social Security Act (the "Anti- Kickback Statute"), Section 1877 of the Social Security Act (the "Stark Bill"), and Medicare and Medicaid rules and regulations. Notwithstanding any unanticipated effect of any of the provisions herein, neither party will intentionally conduct itself under the terms of this agreement in a manner that constitutes a violation of the Law, specifically including the Anti-Kickback Statute, the Stark Bill, or Medicare and Medicaid rules and regulations. Further, if any Law is passed, interpreted, or adopted, the effect of which would cause either party to violate the Law due to the existence of any provision of this agreement to comply with the Law. Should the Parties fail to agree upon modified terms to this agreement within this period, either party may immediately terminate this agreement.
- **G.** No Requirement to Refer. Although radiologists generally do not refer patients, CORA shall not be required to refer Medicare, Medicaid, or other patients to MCHD due to this Agreement or otherwise.
- **H.** Liability. Each Party agrees to be liable for its own conduct and that of its officers, directors, shareholders, members, and employees. In the event that loss or damage results from the conduct of more than one Party, each Party agrees to be responsible for its own proportionate share of the claimant's damages under the laws of the State of Oregon.
- **I. Amendment**. This Agreement may be modified only by a writing signed by both Parties.
- J. Notices. Any notice required or permitted by this Agreement shall be deemed given upon delivery to the party, or in lieu of personal delivery, three (3) days after being mailed by certified or registered mail, return receipt requested, postage prepaid, to the following addresses or to such other address that a party may designate from time to time in writing:

If to MCHD:	Morrow County Health District PO Box 9 Heppner, OR 427 Attn. Chief Executive Officer
If to CORA:	Central Oregon Radiology Assoc., P.C. 1460 NE Medical Center Drive Bend, OR 97701 Attn. Chief Executive Officer

**K. Applicable Law**. This Agreement shall be construed and governed by the laws of the State of Oregon.

#### L. Dispute Resolution.

**1. Informal Resolution of Disputes.** The Parties shall attempt to resolve all disputes through informal discussions and negotiations; if such discussions or negotiations fail to result in a resolution, the Parties shall mediate the dispute using a trained mediator acceptable to both parties.

2. Arbitration. Any dispute or claim that arises out of or that relates to this Agreement, or the interpretation or breach thereof, or to the existence, validity, or enforceability of this Agreement, shall be resolved by arbitration in accordance with the then effective arbitration rules of (and by filing a claim with) the Arbitration Service of Portland, Inc., and judgment upon the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof.

- **M. Severability**. If any provision of this Agreement is or becomes invalid, illegal, or unenforceable in any respect, it shall be ineffective to the extent of such invalidity, illegality, or enforceability, and the validity, legality, and enforceability of the remaining provisions contained in this Agreement shall remain in effect.
- N. Facsimile and/or Email Signatures. Counterparts of this Agreement may be delivered by facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., <u>www.rightsignature.com</u>) or other transmission method, and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective. Date.

MCHD
Morrow County Health District
P.C.

**CORA** Central Oregon Radiology Assoc.,

By:	
Print Name:	
Print Title:	

By:\_\_\_\_\_ Dennis Carter, CEO



## APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Jianming Song, MD	DATE: 11/19/2024
OFFICE ADDRESS:	TELEPHONE:
RESIDENCE ADDRESS:	TELEPHONE:
PRIVILEGES DESIRED: Emergency Room and In	patient Hospital

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

APPLICANT SIGNATURE

AFFLICANT SIGNALON

CHIEF OF STAFF SIGNATURE

BOARD CHAIR SIGNATURE

DATE

DATE

11/19/2024

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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

MCHD Is An Equal Opportunity Provider and Employer



## **APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Michael Metzler	DATE: 01/09/2025
OFFICE ADDRESS:	TELEPHONE:
RESIDENCE ADDRESS:	TELEPHONE:
PRIVILEGES DESIRED: ER	

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

$\gamma_{1}\gamma_{2}$	1/11/2025
APPLICANT SIGNATURE	DATE

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT	NOT	RECOMMENDED:	
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APPOINTMENT DEFERRED:

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

MCHD is An Equal Opportunity Provider and Employer



## **APPOINTMENT TO THE MEDICAL STAFF**

the states of th	DATE: 1.9-25
OFFICE ADDRESS: 550 17th AUC 300 Seattle WA 98122	TELEPHONE: 206-861-7257
RESIDENCE ADDRESS:	TELEPHONE:
PRIVILEGES DESIRED: Active	

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

97	97 01/09/2025				
APPLICANT SIGNA	TURE		DATE		
WCE.	F		1/1-	7 25	
CHIEF OF STAFF SI	GNATURE		DATE	N.	
BOARD CHAIR SIG	NATURE		DATE		
APPOINTMENT RE	COMMENDED:				
APPOINTMENT NO	OT RECOMMENDE	D: 🗆			
APPOINTMENT DE	EFERRED:	¥2			
Pioneer Memorial Hospital & Nursing	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	lone Community Clinic	Morrow County Ambulance
Facility P – (541) 676-9133 E – (541) 676-2901	P – (541) 676-2946 F – (541) 676-9017	P – (541) 676-5504 F – (541) 676-9025	P — (541) 922-5880 F — (541) 922-5881	P – (541) 422-7128 F – (541) 422-7145	P — (541) 676-9133 F — (541) 676-2901

F-(541)676-9025

F-(541) 676-2901

TDD - (541) 676-2908

F-(541) 676-9017



## **ROSTER APPOINTMENT OF TELEMEDICINE PROVIDERS**

Pioneer Memorial Hospital has entered into an agreement with Oregon Health & Science University, hereinafter referred to as OHSU, to provide TeleStroke Services. Pioneer Memorial Hospital and it's governing body in accordance with its Medical Staff Bylaws and 42 CFR 482.22(a)(3), desire to rely upon the credentialing and privileging decisions of OHSU to grant privileges for Practitioners to provide Telemedicine Services at Pioneer Memorial Hospital under an agreement executed by both parties on January 25, 2023.

In Exhibit 1.5, Practitioner Credentialing Agreement With Oregon Health & Science University, attached hereto, and is incorporated into the TELEMEDICINE COLLABORATION AGREEMENT BETWEEN PIONEER MEMORIAL HOSPITAL AND OREGON HEALTH & SCIENCE UNIVERSITY dated January 25, 2023, OHSU's governing body agreed to ensure that OHSU's credentialing and privileging process for Practitioners meets the requirements set forth at 42 CFR 482.12(a)(1) through (a)(9) and 42 CFR 482.22(a)(1) through (a)(4), as applicable and can therefore be relied upon by Pioneer Memorial Hospital's governing bodies. Agreed upon credentialing file information has been provided by OHSU.

The following physicians are hereby granted privileges to provide telemedicine services under the written agreement with OHSU for Pediatric Critical Care services, with OHSU as the distant-site Medicare approved hospital, to patients located at Pioneer Memorial Hospital, as allowed in a roster format:

Straka, Nadine MD

MCHD Board of Directors

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

MCHD Medical Staff

Date:

#### **Proposed Changes to Medical Staff Bylaws**

https://morrowcountyhealthdistrict.policystat.com/policy/9862754/latest

#### 1. Amend Article 2(b)(ii)(4)

#### **Current Language:**

4. If practicing clinical medicine, have certifications as follows or must obtain as soon as possible:

- a. ACLS
- b. PALS
- c. ATLS or Emergency Medicine Board Certification if practicing emergency medicine

#### **Proposed Language:**

4. If practicing clinical medicine, have certifications as follows or must obtain as soon as possible. Providers with current Emergency Medicine Board Certification are exempted from the requirements below except that all providers must demonstrate completion of ATLS at least once.

- a. ACLS b. PALS c. ATLS
- 2. Amend Article 9(d)

#### Current Language:

The presence of 50% of the voting Medical Staff Members at any regular or special meeting shall constitute a quorum.

#### Proposed Language:

The presence of at least two providers holding privileges in the emergency department **and** at least one provider holding privileges at the clinics shall constitute a quorum.

**Rationale:** 

The current Medical Staff Bylaws allow voting privileges for all active members of medical staff, which includes a significant number of providers that are not actively engaged in the day to day operations of the District.



## **Board Meeting Calendar**

## 2025

Date	Time	Location
January 27, 2025	6:30 p.m.	Port of Morrow – Sand Hollow Room 2 East Marine Drive, <b>Boardman</b> , OR 97818
February 24, 2025	6:30 p.m.	Morrow County Grain Growers – Conference Room 350 Main Street, <b>Lexington</b> , OR 97839
March 31, 2025	6:30 p.m.	Irrigon - TBD
April 28, 2025	6:30 p.m.	Pioneer Memorial Clinic – Conference Room 130 Thompson Street, <b>Heppner</b> , OR 97836
May 19, 2025	6:30 p.m.	lone - TBD
June 30, 2025	6:30 p.m.	Port of Morrow – Sand Hollow Room 2 East Marine Drive, <b>Boardman</b> , OR 97818
July 28, 2025	6:30 p.m.	Morrow County Grain Growers – Conference Room 350 Main Street, <b>Lexington</b> , OR 97839
August 25, 2025	6:30 p.m.	Irrigon - TBD
September 29, 2025	6:30 p.m.	lone - TBD
October 27, 2025	6:30 p.m.	Pioneer Memorial Clinic – Conference Room 130 Thompson Street, <b>Heppner</b> , OR 97836
November 24, 2025	6:30 p.m.	Port of Morrow – Sand Hollow Room 2 East Marine Drive, <b>Boardman</b> , OR 97818
December 29, 2025	6:30 p.m.	Morrow County Grain Growers – Conference Room 350 Main Street, <b>Lexington</b> , OR 97839

#### **PUBLIC MEETINGS OVERVIEW & RECOMMENDATIONS**

#### UPDATE

On 12/20/24, the Board of Directors received a grievance from a community member with regard to how public comment is documented in meeting minutes. The District consulted with legal counsel and what follows is a brief summary of comments and recommendations:

- 1. The Board is not required to hear off-topic public comment and such comments are not material.
- 2. The public comment period is not a time for dialogue between Board members and members of the public. Communication is intended to be one-way (from the public to the Board).
- 3. The ultimate decision about how to record public comment is up to the Board. The Board currently uses Roberts Rules of Order. In adherence with Roberts Rules of Order, the District should focus on what is done by the Board rather than what is said by attendees during the meeting. Best practice would be to record that, "A public comment period was held."
- 4. Publishing unvetted documents from the public could give rise to civil liability under defamation laws.

#### **REGULATORY BACKGROUND**

#### **Open Meetings**

#### ORS 192.630

All meetings of the governing body of a public body shall be open to the public and all persons shall be permitted to attend any meeting except as otherwise provided by ORS 192.610

#### **Public Participation**

<u>https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/ii-public-meetings/</u>

The right of public attendance guaranteed by the Public Meetings Law does not include the right to participate by public testimony or comment. (Note that public meetings and public hearings have separate rules.)

Other statutes, rules, charters, ordinances, and bylaws outside the Public Meetings Law may require governing bodies to hear public testimony or comment on certain matters, but in the absence of such a requirement, a governing body may conduct a meeting without any public participation.

Governing bodies voluntarily may allow limited public participation at their meetings.

The presiding officer has inherent authority to keep order and to impose any reasonable restrictions necessary for the efficient and orderly conduct of a meeting. If public participation is to be a part of the meeting, the presiding officer may regulate the order and length of appearances and limit appearances to presentations of relevant points. Any person who fails to comply with reasonable rules of conduct or who causes a disturbance may be asked or required to leave.

For the past few years, MCHD has issued these guidelines for public comment: 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.

MCHD accepts written public comment at any time directed to <u>community@mocohd.org</u> or PO Box 9, Heppner, OR 97836.

#### **Meeting Minutes**

A governing body must provide for written minutes of its meetings and executive sessions, or sound, video, or digital recording. The written minutes or recording must include at least the following information:

- members present;
- motions, proposals, resolutions, orders, ordinances and measures proposed and their disposition;
- results of all votes; and, the vote of each member by name, except for public bodies consisting of more than 25 members unless recording by name is requested by a member of that body;
- the substance of any discussion on any matter; and
- a reference to any document discussed at the meeting, unless even a reference to the document is exempt under Public Records Law.

Written minutes need not be a verbatim transcript, and a sound, video, or digital recording is not required to contain a full recording of the meeting, except as otherwise provided by law. However, the minutes or recording must contain the above information and must give "a true reflection of the matters discussed at the meeting and the views of the participants."

MCHD has followed the guidance that, "detailed public comment should not be included in the minutes. It is sufficient to say, *Public comment was given*."

#### RECOMMENDATIONS

After MCHD's board meeting in October of 2024, it was pointed out by Wipfli that MCHD's structure for public comment is atypical as compared to other public hospitals with which they are familiar. Below are recommendations to improve MCHD's public comment process including anticipated pros and cons.

Recommendation:
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Implement a sign-up sheet for public comment.

Pros:	Cons:
<ul> <li>Improved record keeping ability.</li> <li>Streamlined process for calling on individuals to make comment.</li> <li>Aligns with processes used by other public entities.</li> </ul>	<ul> <li>For Zoom participants, someone in the room will need to record the information on the form.</li> <li>This is a change from how MCHD has organized public comment historically.</li> </ul>

### Recommendation:

Move the public comment period to the end of the board meeting.

Pros:	Cons:
<ul> <li>Agenda items are prioritized so that the board has sufficient time to complete required duties.</li> <li>Individuals have the opportunity to comment on specific items after hearing the board's discussion about each item.</li> <li>Individuals arriving late to the meeting still have an opportunity to comment.</li> <li>This aligns with the process used by other Eastern Oregon public health districts.</li> </ul>	<ul> <li>Individuals wishing to make public comment must attend the entire board meeting before commenting.</li> <li>This is a change from how MCHD has organized public comment historically.</li> </ul>