



**Board Meeting Agenda
November 25, 2024 at 6:30 p.m.**

In Person	Ione Community Church 395 East Main Street, Ione, OR 97843
Zoom	https://us06web.zoom.us/j/82596645192?pwd=TefyPKTjoXH9Eu51X87cl6n399vKFJ.1 Meeting ID: 825 9664 5192 Passcode: 211730

1. Call to Order

2. Public Comments

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

3. Approval of Meeting Minutes

- A. October 28, 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. CAHPS Update
- C. Medical Staff Privileges
- D. Public Comment Information

6. Adjourn

Promise of Excellence

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

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

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

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

Meeting	Board of Directors		
Date / Time	October 28, 2024 at 6:30 pm	Location	Pioneer Memorial Clinic Conference Room 130 Thompson Street, Heppner, OR 97836
Chair	Diane Kilkenny	Recorder	Julie Baker
Board Members	Present: Diane Kilkenny, Stephen Munkers, Trista Seastone, Scott Ezell		
Attendees	Staff: Emily Roberts, Nicole Mahoney, Julie Baker, Dr. Metzler, Katelin Tellechea, Lisa Spencer, Linda Tuggle Guests: Eric Volk, Wipfli LLP Press: Gazette Times		

<p>Mission Bring essential health services to our rural communities that meet the unique needs of the people we serve.</p>	<p>Vision Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.</p>	<p>Values Integrity, Compassion, Quality, Respect, Financial Responsibility</p>
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Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order a 6:34 pm. Kilkenny stated that public comment is not on the agenda for this meeting due to the time allowed for the District’s financial audit presentation by Wipfli. Kilkenny stated that public comment can be submitted in writing or at the next meeting. Wipfli will present before the other agenda items.
2. Audited Financial Presentation FY 2023-24	Eric Volk, Independent Auditor of Wipfli, presented the District’s financial audit (see Board packet). MOTION: Stephen Munkers moved to approve the audited financials. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present.
3. Approval of Meeting Minutes A. September 30, 2024 – Regular Session	MOTION: Seastone moved to approve the minutes for the September 30, 2024 meeting as presented. Scott Ezell seconded the motion. The motion passed unanimously by all Board members present.
4. Reports A. CEO Dashboard – Emily Roberts B. Financial Report – Nicole Mahoney C. EMS Stats – Emily Roberts	A. Emily Roberts presented the CEO Dashboard (see packet). Roberts reported that the days in accounts receivables (A/R) is higher due to two EHR transitions, adding the District is starting to receive Medicare payments in Cerner, which will improve this number. Roberts added that CAHPS scores have been delayed in Cerner, which is being fixed and should start to roll out soon. B. Nicole Mahoney presented the District’s monthly financials (see Board packet). Mahoney reported to the board that the gross patient revenue is budgeted flat across the year, and utilization increases in the winter months will be reflected in the numbers. Total revenue deductions will improve as we see collections come in on contractual adjustments, numbers are expected to be better than projected. Operating Expenses overall under by approximately \$105,000 with a monthly loss of \$213,000. Mahoney reported the District

	<p>sold a residential property, which has been removed from assets. She noted on page two of the balance sheet reflects the settlement payable of \$173,596.</p> <p>C. Emily Roberts presented the EMS Stats for August (see Board packet). Roberts noted the presentation layout has changed slightly, Boardman was removed as they are no longer part of the District's service area and Lexington has been added to reflect the ambulance parked there. Roberts noted the stats look good. She stated the County had the first EMS Advisory Committee meeting this month.</p>
<p>5. New Business</p>	
<p>A. Contract Renewal – Physician Associate</p>	<p>A. Roberts presented a contract renewal for Jon Watson, Physician Associate to provide patient care services.</p> <p>MOTION: Munkers moved to allow Emily to adjust contract language with Jon Watson and approve the contract. Ezell seconded the motion. The motion passed unanimously by all Board members present.</p>
<p>B. Contract Renewal – Licensed Clinical Social Worker</p>	<p>B. Roberts presented a contract renewal for Rebecca Humphreys, Licensed Clinical Social Worker, to provide behavioral health services.</p> <p>MOTION: Munkers moved to allow Emily to adjust contract language with Rebecca Humphreys and approve the contract. Ezell seconded the motion. The motion passed unanimously by all Board members present.</p>
<p>C. Resolution 148-1024 (Check Signers)</p>	<p>C. Roberts presented Resolution 1048-1024 which would remove Samantha Van Laer from the District check signers list.</p> <p>MOTION: Ezell moved to approve Resolution 1048-1024 which would remove Samantha Van Laer from the District check signers list. Seastone seconded the motion. The motion passed unanimously by all Board members present.</p>
<p>D. Tax Anticipation Notice</p>	<p>D. Mahoney asked the Board to consider a loan from Bank of Eastern Oregon based on current cash on hand, to serve as a Tax Anticipation Loan, as the Board had approved last year for the District. This would allow the District to draw on the line, if needed until tax revenues are received. Mahoney states the loan would be approximately 1.5 million, taxes are anticipated to come in at over 3 million. Mahoney reports it is a common practice for public Districts to get revenue anticipation notes and it was not because of a budget shortfall.</p> <p>MOTION: Ezell moved to authorize the loan from Bank of Eastern Oregon and authorize Mahoney and Roberts to execute. Munkers seconded the motion. The motion passed unanimously by all Board members present.</p>

E. Community Benefit Request	<p>E. South Morrow County Seniors Matter is requesting an AED and LifeVac for the Heppner Senior Center location.</p> <p>MOTION: Seastone moved to approve the AED and LifeVac community benefit for South Morrow County Seniors Matter for the Heppner Senior Center location and assist in training. Munkers seconded the motion. The motion passed unanimously by all Board members present.</p>
6. Adjourn	<p>With no further business to come before the Board, regular session adjourned at 7:36 pm</p> <p>Minutes taken and submitted by Julie Baker. Approved _____.</p>

Promise of Excellence

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MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

November 2024

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	5.5%
Vacancy Rate	11.8%
Number of Open Positions	13
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).

FINANCIAL		
Days Cash on Hand	14	Goal ≥ 90
Days in AR	139	Goal ≤ 60

Days cash on hand as of 10/31/24 prior to receiving tax distribution in November.

Cerner-only AR is 87.4 days.

RURAL HEALTH CLINICS				
MEASURE	PMC	ICC	IMC	BIC
Third Next Available (Current Month)	21	2	7	N/A
Total Visits (Previous Month)	252	187	391	120

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

CAHPS (PATIENT SATISFACTION SCORES)

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

	Qtr 3 2024	Qtr 2 2024	Qtr 1 2024
Boardman Immediate Care	75% N = 4	63% N = 8	86% N = 14
Ione Community Clinic	100% N = 10	97% N = 31	98% N = 42
Irrigon Medical Clinic	91% N = 21	84% N = 31	81% N = 47
Pioneer Memorial Clinic	88% N = 8	84% N = 49	89% N = 54
NRC Average	86%		

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

	Qtr 3 2024	Qtr 2 2024	Qtr 1 2024
Boardman Immediate Care	75% N = 4	63% N = 8	100% N = 13
Ione Community Clinic	100% N = 10	97% N = 30	98% N = 43
Irrigon Medical Clinic	86% N = 21	86% N = 29	87% N = 46
Pioneer Memorial Clinic	75% N = 8	93% N = 45	89% N = 53
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 3 2024	Qtr 2 2024	Qtr 1 2024
ER Adult	85%	40%	86%
	N = 13	N = 10	N = 21
NRC Average	69%		
Bed Size 6 - 24 Average	81%		

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

	Qtr 3 2024	Qtr 2 2024	Qtr 1 2024
ER Adult	77%	71%	80%
	N = 13	N = 7	N = 20
NRC Average	69%		
Bed Size 6 - 24 Average	78%		

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.		

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 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%		

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%		

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 hospital to your friends and 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%		

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

CURRENT MONTH	LAST MONTH	DOLLAR VARIANCE		CURRENT YEAR TO DATE	BUDGET YEAR TO DATE	DOLLAR VARIANCE
PATIENT SERVICES REVENUE						
198,168	151,420	46,748	INPATIENT REVENUE	693,206	688,746	4,460
700,106	582,423	117,683	OUTPATIENT REVENUE	2,368,732	2,367,254	1,478
276,391	249,571	26,820	CLINIC REVENUE	1,014,160	1,087,621	(73,461)
41,250	65,132	(23,881)	HOME HEALTH & HOSPICE REVENUE	237,932	383,598	(145,666)
8,750	2,912	5,839	ORACLE HEALTH UNALIASED	10,009	-	10,009
1,224,665	1,051,457	173,208	TOTAL GROSS PATIENT REVENUE	4,324,039	4,527,219	(203,180)
3,824	3,908	(84)	PROVISION FOR BAD DEBTS	19,347	-	19,347
7,623	(23,811)	31,434	CONTRACTUALS & ADJUSTMENTS	10,002	818,559	(808,557)
11,447	(19,903)	31,350	TOTAL REVENUE DEDUCTIONS	29,349	818,559	(789,210)
1,236,113	1,031,554	204,558	TOTAL NET PATIENT REVENUE	4,353,388	5,345,778	(992,390)
300,681	300,681	-	TAX REVENUE	1,202,724	1,202,724	-
10,322	12,441	(2,119)	OTHER OPERATING REVENUE	50,010	55,267	(5,257)
1,547,116	1,344,676	202,439	TOTAL OPERATING REVENUE	5,606,121	6,603,768	(997,647)
OPERATING EXPENSES						
896,116	809,699	86,417	SALARIES & WAGES	3,231,662	3,365,704	(134,043)
236,937	232,021	4,917	EMPLOYEE BENEFITS & TAXES	925,105	1,191,242	(266,137)
111,430	105,992	5,438	PROFESSIONAL FEES	523,883	519,034	4,849
131,504	121,856	9,648	SUPPLIES & MINOR EQUIPMENT	477,427	462,564	14,863
3,629	3,115	514	EDUCATION	14,424	23,459	(9,035)
730	149	581	RECRUITING & ADVERTISING	1,291	35,836	(34,545)
19,940	15,645	4,296	REPAIRS & MAINTENANCE	75,879	71,654	4,226
257,797	272,859	(15,062)	PURCHASED SERVICES	1,015,159	425,124	590,035
57,085	55,720	1,365	DEPRECIATION	231,592	341,726	(110,133)
20,338	10,690	9,648	TRAVEL	58,272	62,244	(3,972)
13,211	16,912	(3,701)	UTILITIES, PHONE & PROPANE	62,635	70,399	(7,763)
17,926	17,318	608	INSURANCE	69,880	72,809	(2,929)
507	507	-	TAXES & LICENSES	6,524	8,163	(1,640)
8,649	9,627	(978)	INTEREST	33,277	103,335	(70,059)
3,034	8,822	(5,788)	DUES & SUBSCRIPTIONS	22,045	13,308	8,737
15,699	25,775	(10,075)	OTHER EXPENSES	74,627	80,025	(5,398)
1,794,532	1,706,705	87,827	TOTAL OPERATING EXPENSES	6,823,682	6,846,627	(22,945)
(247,417)	(362,029)	114,612	GAIN/LOSS FROM OPERATIONS	(1,217,560)	(242,859)	(974,702)
143,503	149,001	(5,498)	NON-OPERATING NET GAIN/LOSS	426,692	258,680	168,012
(103,914)	(213,028)	109,114	NET INCOME/LOSS	(790,868)	15,821	(806,689)

ASSETS	CURRENT YTD
<i>CURRENT ASSETS</i>	
TOTAL CASH & INVESTMENTS	1,473,509
ORACLE HEALTH A/R	3,142,356
THRIVE A/R	1,673,340
CENTRIQ HOSPITAL, SWING & CLINICS A/R	164,780
CENTRIQ HOME HEALTH & HOSPICE A/R	779
GROSS PATIENT RECEIVABLES	4,981,256
LESS CLEARING ACCOUNTS	50
LESS ALLOWANCE FOR UNCOLLECTABLE	(689,590)
LESS ALLOWANCE FOR CONTRACTUALS	151,429
NET PATIENT ACCOUNTS RECEIVABLE	4,443,145
ASSIGNED ACCOUNTS	-
EMPLOYEE ADVANCES	4,499
EMPLOYEE PURCHASES RECEIVABLE	19
RECEIVABLE-340B FR/SUN RX	41,606
TAXES RECEIVABLE-PRIOR YR	73,377
TAXES RECEIVABLE-CURRENT YEAR	1,202,724
OTHER RECEIVABLES	(175,691)
GRANTS RECEIVABLE	-
MC/MD RECEIVABLE	160,930
ASSISTED LIVING RECEIVABLE	11,140
TOTAL OTHER RECEIVABLES	1,318,602
INVENTORY-GENERAL	157,340
INVENTORY LAB & RX	292,876
PREPAID EXPENSES	8,748
PREPAID INSURANCE	28,595
PREPAID-OTHER	155,327
TOTAL INVENTORY & PREPAID	642,884
TOTAL CURRENT ASSETS	7,878,141
<i>LONG TERM ASSETS</i>	
LAND	119,671
LAND IMPROVEMENTS	321,575
BUILDING & IMPROVEMENTS	5,922,706
EQUIPMENT	7,822,281
CONSTRUCTION IN PROGRESS	614,518
LESS ACCUMULATED DEPRECIATION	(10,605,761)
TOTAL LONG TERM ASSETS	4,194,989
TOTAL ASSETS	12,073,130

LIABILITIES

CURRENT LIABILITIES

TOTAL ACCOUNTS PAYABLE 418,928

MISC PAYABLE -

SHORT TERM NOTES PAYABLE -

TOTAL OTHER PAYABLE -

TOTAL ACCRUED WAGES & LIABILITIES 839,735

ACCRUED INTEREST 2,949

SUSPENSE ACCOUNT 81,632

TCAA SUSPENSE 2,260

DEFERRED INCOME 1,506

MC/MD SETTLEMENT PAYABLE 173,596

CONTINGENCY SETTLEMENT PAYABLE 100,000

TOTAL OTHER LIABILITIES 361,942

TOTAL CURRENT LIABILITIES 1,620,605

LONG TERM LIABILITIES

BEO 2019 BOILER LOAN 4,918

BEO 2018 BOARDMAN BLDG LOAN 64,555

BEO LOAN FOR AMBULANCE 13,464

MORROW CO 2018 BRDMAN BLDG LN 35,016

BEO IMC EXPANSION 2018 224,184

GEODC 2021 HOUSE LOAN -

MORROW CO 2021 CHURCH LOAN 46,612

BEO REFINANCE OF USDA LOAN 734,660

BEO 2024 CAPITAL LOAN 981,879

TOTAL LONG TERM LIABILITIES 2,105,287

NET INCOME/LOSS (790,868)

EQUITY/FUND BALANCE

GENERAL FUND UNRESTRICTED BAL 9,138,106

EQUITY/FUND BALANCE 8,347,237

TOTAL LIABILITIES & EQUITY/FUND BALANCE 12,073,130

2024	IRRIGON								HEPPNER								IONE				LEXINGTON			
	299				298				599				598				699				499			
	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
January	1.2	2.0	41		2.0	2.0	1		1.3	10.0	30		2.0	7.5	11		0.0	0.0	0	0	0.0	0.0	0	0
Transfers January	0.0	0.0	0		2.0	21.0	1		3.0	18.6	10		4.5	19.6	4		0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 February	1.0	2.1	30		0.0	0.0	0		2.0	4.9	24		0.5	3.6	1		0.0	0.0	0	0	0.0	0.0	0	0
Transfers February	0.0	0.0	0		0.5	26.8	2		4.0	23.3	3		1.0	12.7	9		0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 March	0.8	1.0	10		0.0	0.0	0		1.6	4.9	7		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		2.1	18.5	5		0.5	0.5	3		0.0	0.0	0	0	0.0	0.0	0	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
Transfers April	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
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
Transfers May	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
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
Transfers June	0.0	0.0	0		0.0	0.0	0		1.0	15.6	10		0.4	38.4	3		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
Transfers July	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
9-1-1 August	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
Transfers August	0.0	0.0	0		0.0	0.0	0		8.5	30.0	8		0.5	1.0	2		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																								
Transfers November																								
9-1-1 December																								
Transfers December																								
TOTAL			95	10			56	31			196	44			41	8			0	0			0	0

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

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

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

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
ACUTE (INPATIENT)													
ADMISSIONS	0	2	1	3									6
DISCHARGES	0	2	1	2									5
Admits- MEDICARE	0	1	1	3									5
MEDICAID	0	0	0	0									0
OTHER	0	1	0	0									1
SELF PAY	0	0	0	0									0
TOTAL	0	2	1	3	0	0	0	0	0	0	0	0	6
Dschgs -MEDICARE	0	1	1	2									4
MEDICAID	0	0	0	0									0
OTHER	0	1	0	0									1
SELF PAY	0	0	0	0									0
TOTAL	0	2	1	2	0	0	0	0	0	0	0	0	5
PATIENT DISCHARGE DAYS													
MEDICARE	0	7	3	4									14
MEDICARE ADVANTAGE	0	0	0	0									0
MEDICAID	0	0	0	0									0
MEDICAID MANAGED CARE	0	0	0	0									0
OTHER	0	4	0	0									4
SELF PAY	0	0	0	0									0
TOTAL	0	11	3	4	0	0	0	0	0	0	0	0	18
PATIENT ADMISSION DAYS													
Adults	0	11	2	7									20
Pediatric	0	0	0	0									0
TOTAL	0	11	2	7	0	0	0	0	0	0	0	0	20
AVG LENGTH OF STAY	#DIV/0!	5.5	2.0	3.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.0
AVG DAILY CENSUS	0.0	0.4	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
DEATHS	0	0											0
SWING BED (Skilled)													
ADMISSIONS	1	6	1	5									13
DISCHARGES	2	4	3	4									13
TOTAL	3	10	4	9	0	0	0	0	0	0	0	0	26
Dschgs -MEDICARE	2	4	3	3									12
MEDICAID	0	0	0	1									1
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	2	4	3	4	0	0	0	0	0	0	0	0	13
PATIENT DISCHARGE DAYS													
MEDICARE	62	48	35	17									162
MEDICARE ADVANTAGE	0	19	20	0									39
MEDICAID	0	0	0	0									0
MEDICAID MANAGED CARE	0	0	0	9									9
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	62	67	55	26	0	0	0	0	0	0	0	0	210
PATIENT ADMISSION DAYS													
MEDICARE	43	87	46	53									229
MEDICAID	0	0	6	3									9
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	43	87	52	56	0	0	0	0	0	0	0	0	238
AVG DAILY CENSUS	1.39	2.81	1.73	1.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.93
SWING BED REVENUE	\$ 17,966	\$ 34,756	\$ 21,816	\$ 26,096									\$100,635
SWING \$ DAYS	42	83	51	54									230
DEATHS	0	0	0	0									0

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
OBSERVATION													
ADMISSIONS	4	0	1	1									6
DISCHARGES	4	0	1	0									5
HOURS	80	0	10	7									97
REVENUE	\$ 9,970	\$ -	\$ 1,246	\$ 872									\$ 12,088
AVG LENGTH OF STAY (hours)	20.0	#DIV/0!	10.0	7.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	16.2
DEATHS	0	0	0	0									0
HOSPITAL RESPITE													
ADMISSIONS	0	0	0	0									-
DISCHARGES	0	0	0	0									-
PATIENT ADMISSION DAYS	0	0	0	0									-
DEATHS	0	0	0	0									0
SWING (Non-Skilled)													
ADMISSIONS	1	0	1	0									2
DISCHARGES	2	0	0	0									2
Dschgs -MEDICAID	0	0	0	0									0
SELF PAY	2	0	0	0									2
TOTAL	2	0	0	0	0	0	0	0	0	0	0	0	2
PATIENT DISCHARGE DAYS													
MEDICAID	0	0	0	0									0
SELF PAY	396	0	0	0									396
TOTAL	396	0	0	0	0	0	0	0	0	0	0	0	396
PATIENT ADMISSION DAYS													
MEDICAID	31	31	40	62									164
SELF PAY	118	93	90	93									394
TOTAL	149	124	130	155	204	0	0	0	0	0	0	0	558
AVG DAILY CENSUS	4.8	4.0	4.3	5.0	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5
SWING BED REVENUE	\$ 71,723	\$ 57,378	\$ 59,769	\$ 71,723									\$ 260,592
SWING \$ DAYS	150	120	125	150									545
DEATHS	2	0	0	0									2
SUMMARY STATS													
TOTAL/AVERAGE % OCCUPANCY	29.5%	34.1%	29.2%	33.5%	32.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	31.6%
TOTAL OUTPATIENTS (Admits) w/ ER													
	397	340	377	466									1580
TOTAL ER (Encounters)													
	115	103	99	115									432
LAB TESTS													
INPATIENT	83	82	44	79									288
OUTPATIENT	958	1132	1111	1159									4360
TOTAL	1041	1214	1155	1238	0	0	0	0	0	0	0	0	4648
XRAY/ULTRASOUND TESTS													
INPATIENT	3	6	6	5									20
OUTPATIENT	88	75	77	60									300
TOTAL	91	81	83	65	0	0	0	0	0	0	0	0	320
CT SCANS													
	65	32	33	43									173
MRI SCANS													
	1	1	1	2									5
EKG TESTS													
	21	34	27	35									117
TREADMILL PROCEDURES													
	0	0	0	0									0
RESPIRATORY THERAPY													
INPATIENT	49	0	39	13									101
OUTPATIENT	0	4	1	2									7
TOTAL	49	4	40	15	0	0	0	0	0	0	0	0	108

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
PROVIDER VISITS													
PIONEER MEMORIAL CLINIC-HEPPNER	335	174	250	252									1011
IRRIGON MEDICAL CLINIC	232	351	378	391									1352
BOARDMAN IMMEDIATE CARE	96	141	94	120									451
IONE COMMUNITY CLINIC	93	187	153	187									620
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	142	152	144	148									586
TOTAL	898	1005	1019	1098	0	0	0	0	0	0	0	0	4020
REVENUE OF HOSPITAL ENCOUNTERS	\$ 76,811	\$ 84,231	\$ 77,389	\$ 76,520									\$314,950
AMBULANCE													
HEPPNER AMBULANCE TRANSPORTS	4	9	18	31									62
BOARDMAN AMBULANCE TRANSPORTS	0	0	0	0									0
IRRIGON AMBULANCE TRANSPORTS	0	0	2	24									26
IONE AMBULANCE TRANSPORTS	0	0	0	0									0
TOTAL	4	9	20	55	0	0	0	0	0	0	0	0	88
HEPPNER AMB REVENUE	\$ 9,630	\$ 25,614	\$ 48,945	\$ 55,376									\$139,565
BOARDMAN AMB REVENUE	\$ -	\$ -	\$ -	\$ -									\$0
IRRIGON AMB REVENUE	\$ -	\$ -	\$ 4,206	\$ 43,165									\$47,371
IONE AMB REVENUE	\$ -	\$ -	\$ -	\$ -									\$0
TOTAL	\$ 9,630	\$ 25,614	\$ 53,151	\$ 98,542	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$186,937
HOME HEALTH VISITS													
SKILLED NURSING VISITS	57	44	42	42									185
AIDE VISITS	8	16	29	30									83
MSW VISITS	0	1	1	3									5
OCCUPATIONAL THERAPY	0	0	0	0									0
PHYSICAL THERAPY	43	22	32	43									140
SPEECH THERAPY	1	0	0	0									1
IN HOME CARE VISITS-PRIVATE PAY	0	0	0	0									0
TOTAL	109	83	104	118	0	0	0	0	0	0	0	0	414
HOSPICE													
ADMITS	2	2	4	1									9
DISCHARGE	0	0	0	0									0
DEATHS	5	2	1	1									9
TOTAL HOSPICE DAYS	125	75	123	159									482
PHARMACY													
DRUG DOSES	1421	1799	1466	2076									6,762
DRUG REVENUE	\$ 115,309	\$ 88,038	\$ 76,449	\$ 117,881									\$397,678

PIONEER MEMORIAL CLINIC - OCTOBER 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, PA	Patient Hours Available		8	8	8				8	8	8	8												8	8	8				8	8	8	104
	Patients Seen		17	15	17				17	14	17	12												12	17	6				14	13	17	188
	No Shows		1	0	0				0	1	0	1												1	0	0				0	1	0	5
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour		2.1	1.9	2.1				2.1	1.8	2.1	1.5												1.5	2.1	0.8				1.8	1.6	2.1	1.8
	No Show Rate		6%	0%	0%				0%	7%	0%	8%												8%	0%	0%				0%	7%	0%	3%
Patient Cancel Rate		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%	

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	5	8	8	8			8		8	6.5					8	8	1.6					8			5				8	8	1.2	99.3
	Patients Seen	5	3	4	3			1		7	4					6	5	2					5			4				6	7	2	64
	No Shows	0	0	0	0			1		0	0					0	1	0					1			0				1	0	0	4
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour	1.0	0.4	0.5	0.4			0.1		0.9	0.6					0.8	0.6	1.3						0.6			0.8			0.8	0.9	1.7	0.6
	No Show Rate	0%	0%	0%	0%			50%		0%	0%					0%	17%	0%						17%			0%			14%	0%	0%	6%
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%	

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

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	5	16	16	16			8	8	16	14.5	8				8	8	1.6					8	8	8	13				16	16	9.2	203.3
	Patients Seen	5	20	19	20			1	17	21	21	12				6	5	2					5	12	17	10				20	20	19	252
	No Shows	0	1	0	0			1	0	1	0	1				0	1	0					1	1	0	0				1	1	0	9
	Patient Cancellations	0	0	0	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	0	0	0
	Pts. Per Available Hour	1.0	1.3	1.2	1.3			0.1	2.1	1.3	1.4	1.5				0.8	0.6	1.3					0.6	1.5	2.1	0.8			1.3	1.3	2.1	1.2	
	No Show Rate	0%	5%	0%	0%			50%	0%	5%	0%	8%				0%	17%	0%					17%	8%	0%	0%			5%	5%	0%	3%	
	Patient Cancel Rate	0%	0%	0%	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%	0%	0%	0%	

IONE COMMUNITY CLINIC - OCTOBER 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	2	8				8	8		8				8	8		8				8	8		6.5				8	8		8	112.5
	Patients Seen	10	2	11				10	15		15				18	10		12				12	14		11				17	15		15	187
	No Shows	0	0	0				0	0		1				0	0		1				0	0		0				0	0		0	2
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour	1.3	1.0	1.4				1.3	1.9		1.9				2.3	1.3		1.5				1.5	1.8		1.7				2.1	1.9		1.9	1.7
	No Show Rate	0%	0%	0%				0%	0%		6%				0%	0%		8%				0%	0%		0%				0%	0%		0%	1%
	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%	

IRRIGON MEDICAL CLINIC - OCTOBER 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, LCSW	Patient Hours Available	8	8	8					8	8	8	8			8	8		8				8	8	8	8				8	8			128
	Patients Seen	2	4	5					7	6	3	3			2	2		5				2	3	5	5				0	4			58
	No Shows	0	0	0					0	0	0	1			0	2		0				0	1	0	0				1	0			5
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour	0.3	0.5	0.6					0.9	0.8	0.4	0.4			0.3	0.3		0.6				0.3	0.4	0.6	0.6				0.0	0.5			0.5
	No Show Rate	0%	0%	0%					0%	0%	0%	25%			0%	50%		0%				0%	25%	0%	0%				100%	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
Jon Watson, PA	Patient Hours Available	8	8	8				8	8	8	8				8	8	8	8				8	8	8	8				8	8	8		144
	Patients Seen	11	15	16				18	18	17	13				11	13	16	15				21	16	16	16				16	17	17		282
	No Shows	1	1	4				2	1	7	3				2	2	1	1				1	5	4	0				3	3	4		45
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour	1.4	1.9	2.0				2.3	2.3	2.1	1.6				1.4	1.6	2.0	1.9				2.6	2.0	2.0	2.0				2.0	2.1	2.1		2.0
	No Show Rate	8%	6%	20%				10%	5%	29%	19%				15%	13%	6%	6%				5%	24%	20%	0%				16%	15%	19%		14%
Patient Cancel Rate	0%	0%	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%	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
Vicki Kent, FNP	Patient Hours Available			8	8																					0.6					8	8	32.6
	Patients Seen			13	12																					1				11	14	51	
	No Shows			3	1																					0				2	1	7	
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour			1.6	1.5																						1.7				1.4	1.8	1.6
	No Show Rate			19%	8%																						0%				15%	7%	12%
Patient Cancel Rate			0%	0%																						0%				0%	0%	0%	
Clinic Cancel Rate			0%	0%																						0%				0%	0%	0%	

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

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
	Patient Hours Available	16	16	24	8			8	16	16	16	8			16	16	8	16				16	16	16	16	0.6			16	16	16	8	304.6
	Patients Seen	13	19	34	12			18	25	23	16	3			13	15	16	20				23	19	21	21	1		16	21	28	14	391	
	No Shows	1	1	7	1			2	1	7	3	1			2	4	1	1				1	6	4	0	0			4	3	6	1	57
	Patient Cancellations	0	0	0	0			0	0	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	0			0	0	0	0	0
	Pts. Per Available Hour	0.8	1.2	1.4	1.5			2.3	1.6	1.4	1.0	0.4			0.8	0.9	2.0	1.3				1.4	1.2	1.3	1.3	1.7			1.0	1.3	1.8	1.8	1.3
	No Show Rate	7%	5%	17%	8%			10%	4%	23%	16%	25%			13%	21%	6%	5%				4%	24%	16%	0%	0%			20%	13%	18%	7%	13%
	Patient Cancel Rate	0%	0%	0%	0%			0%	0%	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%	0%			0%	0%	0%	0%	0%

BOARDMAN IMMEDIATE CARE - OCTOBER 2024

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Justin Cameron, PA	Patient Hours Available	8	8	8	8				8	8	8	8				8	8	8	8				8	8	8	3				8	8	8	147
	Patients Seen	4	7	6	7				7	5	4	9				10	4	3	3				6	3	6	3				6	7	4	104
	No Shows	2	0	0	2				0	1	0	0				0	1	1	1				0	0	0	0				1	0	0	9
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour	0.5	0.9	0.8	0.9				0.9	0.6	0.5	1.1				1.3	0.5	0.4	0.4				0.8	0.4	0.8	1.0				0.8	0.9	0.5	0.7
	No Show Rate	33%	0%	0%	22%				0%	17%	0%	0%				0%	20%	25%	25%				0%	0%	0%	0%				14%	0%	0%	8%
	Patient Cancel Rate	0%	0%	0%	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%	0%	0%	0%	

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Terri Dickens, LCSW	Patient Hours Available		8						8							8	8						8	8						8	8		64
	Patients Seen		4						0							3	0						2	2						4	1		16
	No Shows		0						0							0	1						1	0						1	0		3
	Patient Cancellations																																0
	Clinic Cancellations																																0
	Pts. Per Available Hour		0.5						0.0							0.4	0.0						0.3	0.3						0.5	0.1		0.3
	No Show Rate		0%						0%							0%	100%						33%	0%						20%	0%		16%
	Patient Cancel Rate		0%						0%							0%	0%						0%	0%						0%	0%		0%
Clinic Cancel Rate		0%						0%							0%	0%						0%	0%						0%	0%		0%	

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

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	8	16	8	8				8	16	8	8				16	16	8	8				16	16	8	3				16	16	8	211
	Patients Seen	4	11	6	7				7	5	4	9				13	4	3	3				8	5	6	3				10	8	4	120
	No Shows	2	0	0	2				0	1	0	0				0	2	1	1				1	0	0	0				2	0	0	12
	Patient Cancellations	0	0	0	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	0	0	0
	Pts. Per Available Hour	0.5	0.7	0.8	0.9				0.9	0.3	0.5	1.1				0.8	0.3	0.4	0.4				0.5	0.3	0.8	1.0				0.6	0.5	0.5	0.6
	No Show Rate	33%	0%	0%	22%				0%	17%	0%	0%				0%	33%	25%	25%				11%	0%	0%	0%				17%	0%	0%	9%
	Patient Cancel Rate	0%	0%	0%	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%	0%	0%	0%

Emily Roberts

From: Trista Seastone
Sent: Sunday, November 10, 2024 9:20 PM
To: Diane Kilkenny; Emily Roberts
Subject: MCHD Board Resignation

MCHD Board Members,

Please accept this letter as my formal resignation from the Morrow County Health District Board of Directors, effective immediately.

As you know I have been in the medical field in one capacity or another for most of my working career. Serving on the MCHD Board reignited my own passion to shift my focus where I can be more effective. The position for Primary Care Director for MCHD came available, I had to throw my hat into the ring. Working so closely with leadership and the executive team from the boards point of view, they have proven themselves to be beyond invested in the health and wellness of the district they represent. These attributes are in line with my own values which brought me to accept the position and continue my work with the district.

Regards,

Trista L. Seastone

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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Rebecca Humphreys

DATE: 11/12/2024

OFFICE ADDRESS: 130 Thompson St Heppner, OR 97836

TELEPHONE: 541-676-5504

RESIDENCE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

PRIVILEGES DESIRED: LCSW

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

R Humphreys LCSW 11/14/24
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
Vice CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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



APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Terri L. Dickens Landreth DATE: 11/12/2024
 OFFICE ADDRESS: 220 N Main Street, Irrigon, OR 97844 TELEPHONE: 541-922-5880
 RESIDENCE ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 PRIVILEGES DESIRED: LCSW

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

Terri L. Dickens Landreth 11/12/2024
 APPLICANT SIGNATURE DATE

[Signature] 11/20/24
 CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
 APPOINTMENT NOT RECOMMENDED:
 APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Travis Abele, MD

DATE: 11/18/2024 | 2:33 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: [Signature] 11/18/2024 | 2:33 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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F - (541) 676-2901	F - (541) 676-9017	F - (541) 676-9025	F - (541) 922-5881	F - (541) 422-7145	F - (541) 676-2901
TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Matthew Bentz, MD

DATE: 11/18/2024 | 2:33 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Matthew Bentz, M.D. 11/18/2024 | 2:33 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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F - (541) 676-2901	F - (541) 676-9017	F - (541) 676-9025	F - (541) 922-5881	F - (541) 422-7145	F - (541) 676-2901
TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Ryan Berecky, MD

DATE: 11/18/2024 | 3:27 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

IN APPLYING FOR APPOINTMENT TO THE MEDICAL STAFF OF MORROW COUNTY HEALTH DISTRICT, I AGREE TO ABIDE BY IT'S BYLAWS AND BY SUCH RULES AND REGULATIONS AS IT MAY FROM TIME TO TIME ENACT. 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.

Signed by: Ryan Berecky, M.D. 11/18/2024 | 3:27 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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F - (541) 676-2901	F - (541) 676-9017	F - (541) 676-9025	F - (541) 922-5881	F - (541) 422-7145	F - (541) 676-2901
TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Nicholas Branting, MD

DATE: 11/18/2024 | 2:43 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

DocuSigned by: [Signature] 11/18/2024 | 2:43 PM PST
APPLICANT SIGNATURE _____ DATE _____

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE _____ DATE _____

BOARD CHAIR SIGNATURE _____ DATE _____

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Jozef Brozyna, DO

DATE: 11/18/2024 | 7:41 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633


RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:  _____
APPLICANT SIGNATURE DATE 11/18/2024 | 7:41 PM PST

 _____
CHIEF OF STAFF SIGNATURE DATE 11/20/24

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Stephen Carroll, MD

DATE: 11/18/2024 | 5:00 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

DocuSigned by: [Signature] 11/18/2024 | 5:00 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Christopher Coleman, MD

DATE: 11/19/2024 | 5:36 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/19/2024 | 5:36 PM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

DATE

11/20/24

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Casey Curren, MD

DATE: 11/19/2024 | 1:14 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

DocuSigned by:

11/19/2024 | 1:14 PM PST

APPLICANT SIGNATURE

DATE

11/20/24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Traci Clautice-Engle MD

DATE: 11/18/2024 | 2:42 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Traci Clautice-Engle MD 11/18/2024 | 2:42 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Benjamin English, MD

DATE: 11/18/2024 | 4:47 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/18/2024 | 4:47 PM PST

Benjamin English

APPLICANT SIGNATURE

DATE

[Handwritten Signature]

11/20/24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Amber Faast, MD

DATE: 11/18/2024 | 3:02 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Amber Faast MD

11/18/2024 | 3:02 PM PST

APPLICANT SIGNATURE

DATE

[Signature]

11/20/24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

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

APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: David Greenberg, MD

DATE: 11/19/2024 | 10:55 AM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/19/2024 | 10:55 AM PST

David Greenberg, M.D.

APPLICANT SIGNATURE

DATE

[Handwritten Signature]

11/20/24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Stephen Haltom, MD

DATE: 11/19/2024 | 6:11 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/19/2024 | 6:11 PM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

11/20/24

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 676-9133 F - (541) 676-2901



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Steven Kjobech, MD

DATE: 11/19/2024 | 6:04 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

Steven Kjobech, M.D.

11/19/2024 | 6:04 PM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

DATE

11/20/24

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Kai Kinder, MD

DATE: 11/19/2024 | 7:38 AM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Kai Kinder 11/19/2024 | 7:38 AM PST
APPLICANT SIGNATURE _____ DATE _____

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE _____ DATE _____

BOARD CHAIR SIGNATURE _____ DATE _____

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Thomas Koehler, MD

DATE: 11/18/2024 | 3:30 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:  11/18/2024 | 3:30 PM PST
APPLICANT SIGNATURE DATE

 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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F - (541) 676-2901	F - (541) 676-9017	F - (541) 676-9025	F - (541) 922-5881	F - (541) 422-7145	F - (541) 676-2901
TDD - (541) 676-2908					



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Daniel Lerner, MD

DATE: 11/19/2024 | 6:48 AM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

DocuSigned by:

Daniel Lerner, M.D.

11/19/2024 | 6:48 AM PST

APPLICANT SIGNATURE

DATE

[Handwritten Signature]

CHIEF OF STAFF SIGNATURE

11/20/24

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Karen Lynn, MD

DATE: 11/18/2024 | 4:13 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/18/2024 | 4:13 PM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

11/20/24
DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Dana Mann, MD

DATE: 11/19/2024 | 6:28 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/19/2024 | 6:28 PM PST

APPLICANT SIGNATURE

DATE

11/20/24

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Laurie Martin, MD

DATE: 11/19/2024 | 6:17 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Laurie Martin, M.D. 11/19/2024 | 6:17 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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



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Toll free: 1-800-737-4113
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Michael McLaughlin, MD

DATE: 11/18/2024 | 2:28 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Michael McLaughlin, M.D. 11/18/2024 | 2:28 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Steven Michel, MD

DATE: 11/18/2024 | 2:22 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: 
APPLICANT SIGNATURE

11/18/2024 | 2:22 PM PST

DATE


CHIEF OF STAFF SIGNATURE

11/20/24

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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Toll Free: 1-800-737-4113
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Garrett Schroeder, MD

DATE: 11/19/2024 | 5:40 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: Garrett Schroeder, M.D. 11/19/2024 | 5:40 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: John Stassen, M.D.

DATE: 11/18/2024 | 3:42 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr, Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

DocuSigned by:

11/18/2024 | 3:42 PM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

11/20/24

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Daymen Tuscano, MD

DATE: 11/19/2024 | 9:28 AM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by:

11/19/2024 | 9:28 AM PST

APPLICANT SIGNATURE

DATE

CHIEF OF STAFF SIGNATURE

11/20/24

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

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

APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: William H. Wheir, MD

DATE: 11/19/2024 | 10:56 AM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: [Signature] 11/19/2024 | 10:56 AM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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



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APPOINTMENT TO THE MEDICAL STAFF

NAME IN FULL: Brant Wommack, MD

DATE: 11/18/2024 | 3:12 PM PST

OFFICE ADDRESS: 1460 NE Medical Center Dr Bend OR 97701

TELEPHONE: 541-382-6633

RESIDENCE ADDRESS: _____

TELEPHONE: _____

PRIVILEGES DESIRED: Radiology

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

Signed by: [Signature] 11/18/2024 | 3:12 PM PST
APPLICANT SIGNATURE DATE

[Signature] 11/20/24
CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:
APPOINTMENT NOT RECOMMENDED:
APPOINTMENT DEFERRED:

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

PUBLIC MEETINGS OVERVIEW & RECOMMENDATIONS

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

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

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 community@mocohd.org 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.

<p>Recommendation: Implement a sign-up sheet for public comment.</p>	
<p>Pros:</p> <ul style="list-style-type: none"> • Improved record keeping ability. • Streamlined process for calling on individuals to make comment. • Aligns with processes used by other public entities. 	<p>Cons:</p> <ul style="list-style-type: none"> • For Zoom participants, someone in the room will need to record the information on the form. • This is a change from how MCHD has organized public comment historically.
<p>Recommendation: Move the public comment period to the end of the board meeting.</p>	
<p>Pros:</p> <ul style="list-style-type: none"> • Agenda items are prioritized so that the board has sufficient time to complete required duties. • Individuals have the opportunity to comment on specific items after hearing the board’s discussion about each item. • Individuals arriving late to the meeting still have an opportunity to comment. • This aligns with the process used by other Eastern Oregon public health districts. 	<p>Cons:</p> <ul style="list-style-type: none"> • Individuals wishing to make public comment must attend the entire board meeting before commenting. • This is a change from how MCHD has organized public comment historically.