



**Board Meeting Agenda
August 30, 2021
Provider Dinner at 6 p.m.
Board Meeting at 6:30 p.m.**

| | |
|------------------|---|
| In Person | Pioneer Memorial Clinic Conference Room 130 Thompson Ave. Heppner, OR 97836 |
| Zoom | https://us06web.zoom.us/j/86746513634?pwd=WVlxYlNrcEovZ2RmUGIxMDVKYW9EUT09 Meeting ID: 867 4651 3634 Passcode: 327497 Call-in: 1-346 248 7799 |

- 1. Call to Order**
- 2. Public Comments**
- 3. Approval of Meeting Minutes from July 26, 2021**
- 4. Promise of Excellence Review – John Murray**
- 5. Medical Staff Report – Dr. Betsy Anderson**
- 6. CEO Report – Emily Roberts**
- 7. CNO Report – Kathleen Greenup, RN**
- 8. HR Director Report – Patti Allstott**
- 9. Financial Report – Nicole Mahoney**
- 10. New Business**
 - A. Home Health & Hospice Quality Measures – Molly Rhea
 - B. Duplex Deck Quote
 - C. Omnicell Service Agreement
 - D. PA Temporary Contract Addendum
 - E. Healthcare Recruitment Link Proposal
 - F. Surplus Items
 - G. Provider Recruitment
- 11. Old Business**
- 12. Executive Session**

ORS 192.660(2)(f) To consider information or records that are exempt from public inspection.
- 13. New Business (Continued)**
- 14. Adjourn**



MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Board of Directors Meeting Minutes

| Meeting Information | | Committee Members | | |
|---------------------------|---------------------------|-----------------------|---|--------------------------------|
| Meeting Date/Time: | July 26, 2021 @ 7 p.m. | Board Members: | John Murray, Carri Grieb, Marie Shimer, Aaron Palmquist, Diane Kilkenny | |
| Location: | Irrigon City Hall | Guests: | Staff Members: Emily Roberts, Nicole Mahoney, Kris Jones by Zoom, Patti Allstott, Kathleen Greenup, Molly Rhea, Karma Ezell, Scott Ezell, Danielle Mateleska, Todd Schmidt by Zoom, Betsy Anderson by Zoom Guests: Richard Hernandez, Tom Wolff, Karen Wolff, Mary Sheahen of Impact Communications by Zoom Press: April Sykes | |
| Video Dial In: | Zoom | Leader: | John Murray, Board Chairman | Recorder: Jodi Ferguson |
| Audio Only: | | | | |

Vision:

Be the first choice for quality, compassionate care and lead the way in promoting wellness and improving health in Morrow County

Mission:

Working together to provide excellence in healthcare

Values:

Integrity, Compassion, Quality, Respect, Teamwork, Financial Responsibility

| Agenda Item | Notes/Minutes |
|---|---|
| Call to Order | <ul style="list-style-type: none"> Chairman John Murray called the meeting to order at 7:00 p.m. |
| Public Comments | <ul style="list-style-type: none"> Scott Ezell, resident of Irrigon, relayed concerns he has about a presentation to the Boardman City Council by Boardman Fire Chief Mike Hughes concerning the District's ambulance service. |
| Residential Lease Agreement Contract Review (Addition to Agenda) | <ul style="list-style-type: none"> A residential lease agreement with a 1-year term between MCHD and Thomas and Karen Wolff was presented. The lease is for a 2 bedroom, 1 office, 1 bathroom fully furnished house that would be used for Locum Providers. The district is in need of additional housing by August of 2021. Motion included the following stipulations: <ul style="list-style-type: none"> Term not to exceed one year. Contract to be brought before the board in 9 months. Contract to be reviewed by legal counsel. Pet deposit and damage liability to be the sole responsibility of pet owner. District to pursue estimates to renovate the residential property recently purchased by the District as part of the Nazarene church purchase. <p>MOTION: Aaron Palmquist moved to approve the 1-year lease agreement with Thomas & Karen Wolff with stipulations as noted above. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</p> |
| Approval of Minutes | <p>MOTION: Aaron Palmquist moved to approve the minutes for June 28, 2021 meeting as presented. Marie Shimer seconded the motion. The motion passed unanimously by all board members present.</p> |
| Promise of Excellence Review | <ul style="list-style-type: none"> John Murray reviewed some of the topics of the District's Promise of Excellence. |

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| <p>Medical Staff Report</p> | <ul style="list-style-type: none"> • <i>Dr. Content Anderson reported on the following medical staff appointments:</i> <ul style="list-style-type: none"> ○ <i>Providence Telestroke Providers</i> <ul style="list-style-type: none"> ▪ <i>Hanbing Wang, MD</i> ▪ <i>Maria Recio Restrepo, MD</i> ▪ <i>Rabi U Pande, MD</i> ▪ <i>Madeline Tuong-Vi Nguyen, MD</i> ▪ <i>Mimi Shishou Lee, MD</i> ▪ <i>George Arthur Lopez, MD</i> ○ <i>Other</i> <ul style="list-style-type: none"> ▪ <i>Antoinette Teixeira, LCSW</i> ▪ <i>Jamie Reed, CSWA</i> ▪ <i>Kenneth Lindsay, MD</i> ▪ <i>Taylor Muenchow, PA</i> ▪ <i>Edward Berretta, MD (Re-Appointment)</i> |
| <p>CEO Report</p> | <ul style="list-style-type: none"> • <i>Mary Sheahen, Impact Communications has been conducting initial meetings with executive team members and board members.</i> • <i>Impact Communications is tentatively scheduled to be on site October 4-7, 2021.</i> • <i>Currently recruiting for permanent MD/DO at IMC, Locum MD/DO at PMC, Compliance Officer, and Chief Operating Officer.</i> • <i>Emily asked if the board would like to be present for the Chief Operating Officer interviews. Diane Kilkenny, Marie Shimer and John Murray volunteered to be present at these interviews as their schedules allow.</i> • <i>Currently recruiting for a new Administrator at Willow Creek Terrace. Samarra VanDoorn is serving as the Administrator on an interim basis.</i> |
| <p>CNO Report</p> | <ul style="list-style-type: none"> • <i>Currently have an opening for a full-time RN. The position has been posted for statewide exposure.</i> • <i>Currently have a CNA who has been out on long-term FMLA and those shifts are being filled with the per diem CNA pool.</i> • <i>Sean Andrasik, RN has completed orientation and is doing well.</i> • <i>Rachel Hudson, RN has been working with Good Shepherd in their ER to get more exposure to a higher volume emergency room and code situations.</i> • <i>PPE and COVID-19 testing supplies remain adequate.</i> |
| <p>COO Report</p> | <ul style="list-style-type: none"> • <i>Custom Learning Solutions Leadership College was held on July 7, 2021. The Service Excellence teams were picked and the “How to Win Back Every Patient” webinar for all staff was held July 26, 2021. The next event is a two-day event August 9-10.</i> • <i>Dietary - Andrew “Drew” Quittschreiber started on July 19, 2021 as the new Dietary Director.</i> • <i>IT – Recruiting for Director.</i> • <i>EMS – Boardman EMS is running same channel testing with Boardman Fire.</i> • <i>IMC – Kate Sandoval has been named the Care Coordinator and her position as Discharge Coordinator is posted in house.</i> • <i>PMC – Recruiting for Clinic Director.</i> • <i>ICC – No updates.</i> |
| <p>HR Director Report</p> | <ul style="list-style-type: none"> • <i>The District has recently hired the following:</i> <ul style="list-style-type: none"> ○ <i>Tamie Norris, IMC Medical Assistant</i> ○ <i>Andrew Quittschreiber, Dietary Director</i> ○ <i>Karrizima Luna, IMC Screener & Backup Receptionist</i> ○ <i>Joe Sherman, Summer Maintenance Helper</i> ○ <i>David Cribbs, Part-time Summer Maintenance Helper</i> ○ <i>Wayne Wilson, Lab Courier</i> ○ <i>Tonja Lemmon, Patient Business Office Admitting Clerk</i> ○ <i>Samantha Van Laer, Compliance/Privacy Officer</i> • <i>New Physicians:</i> <ul style="list-style-type: none"> ○ <i>William Everts, DO through CompHealth</i> ○ <i>Peter Viavant, MD private contracted physician</i> • <i>Currently / continuing to recruit for a Home Health & Hospice RN, Hospital RN, Maintenance Technician, Chief Operating Office, Clinic</i> |

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| | <i>Director for PMC.</i> |
| NEW BUSINESS (Continued) | |
| Community Benefit Fund Request - AED | <ul style="list-style-type: none"> Emily presented a letter from the Blake Ranch community requesting an AED machine. The District's EMS department is in support of the request. <p>MOTION: Aaron Palmquist moved to accept the community benefit purchase of an AED machine as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</p> |
| Approval of Locum Tenens Physician Services Agreement | <ul style="list-style-type: none"> Emily presented a locum tenens physician services agreements for Peter Viavant, MD. <p>MOTION: Carri Grieb moved to approve the Physician Service Agreements for Peter Viavant, MD. Aaron Palmquist seconded the motion. The motion passed unanimously by all board members present.</p> |
| Approval Medical Staff Appointments | <ul style="list-style-type: none"> Dr. Anderson presented medical staff appointments previously approved by medical staff. <p>MOTION: Marie Shimer moved to approve the medical staff appointments. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</p> |
| Surplus Equipment | <ul style="list-style-type: none"> Emily recommended surplus of 9 of the 11 old Stryker beds. <p>MOTION: Aaron Palmquist moved to approve nine Stryker beds for surplus. Marie Shimer seconded the motion. The motion passed unanimously by all board members present.</p> |
| Impact Communications Invoice | <ul style="list-style-type: none"> Emily presented an invoice of already incurred charges from Impact Communications. <p>MOTION: Marie Shimer moved to approve the payment of the Impact Communication invoices for \$13,800. Aaron Palmquist seconded the motion. The motion passed unanimously by all board members present.</p> |
| Washer Purchase | <ul style="list-style-type: none"> Emily presented a quote from Dynamic Sales and Service for a new washer for environmental services at \$15,485.50. <p>MOTION: Aaron Palmquist moved to approve the purchase of new washer for \$15,485.50. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</p> |
| OLD BUSINESS | <ul style="list-style-type: none"> Board packets contained stats for the hospital, clinics, and EMS services. Aaron Palmquist requested revisions to the format of the EMS stats. |
| ADJOURNMENT | <p>With no further business to come before the board, the meeting adjourned at 8:30 pm.</p> <p>Minutes taken and submitted by Jodi Ferguson</p> <p>Approved _____</p> |



August 30, 2021

To: Morrow County Health District Board of Directors

From: Emily Roberts, Interim CEO

Re: CEO Board Report

COVID-19:

- Despite the capacity issues regionally, the District does have capacity to treat patients at all locations, including the hospital.
- The District currently has an adequate stock of PPE and other necessary supplies and equipment.
- Governor Brown recently issued a COVID-19 vaccine mandate for healthcare workers. The District is working to ensure that all employees and volunteers are vaccinated or have received an appropriate religious or medical accommodation as defined by EEOC.

Custom Learning Solutions:

- Implementation of the 5-Star Patient Experience initiative is ongoing. In September, the Service Excellence Advisors (our frontline champions) will receive a two-day training, which will prepare them to champion the program and provide training to all District employees.
- There will be a graduation ceremony for the Service Excellence Advisors on Tuesday, September 14, 2021 from 4 p.m. – 5:30 p.m. Board members are invited to come celebrate the accomplishments and commitment of our SEAs.

Impact Communications:

- Mary Sheahen and Michelle Rathman are scheduled to be on site October 4 – 7, 2021. An itinerary for their visit is being developed.

Willow Creek Terrace:

- Samarra VanDoorn was hired as the new Administrator.



August 24, 2021

To: Morrow County Health District Board of Directors

From: Kathleen Greenup, RN, CNO

RE: CNO Board Report

NURSE STAFFING UPDATES:

- Shanan Carter is slated to sit for the NCLEX exam in early September and will then join our team as a new graduate RN.
- Additionally, we currently have an opening for a full time RN.
- Rachel Hudson, RN is doing well and scheduled to come off orientation on September 1.
- We added Hayley LaPage, RN to our per diem pool.
- We currently have one CNA who has been out on long-term FMLA and we have been filling her shifts with the per diem CNA pool.
- We added Kaitlyn Zinter, CNA to our per diem pool.

COVID-19 Vaccination and Updates:

- Rolled out a master COVID protocol that is linked directly to the CDC for all staff.
- Utilizing numbered parking spots at clinic to avoid gathering in the lobby of clinics.
- Scaled up visiting regulations.
- MCHD PPE and testing supplies remain adequate.

Human Resources Report
Morrow County Health District Board of Directors
August 23, 2021

The Human Resources Department remains very busy with recruitment, interviews, onboarding, training and various issues.

New hires since the July board meeting include:

- Tonja Lemmon, Patient Business Office Clerk.
- Rinley “Nikki” Lepon, rehired as a Temporary Housekeeper while a full-time housekeeper is on FMLA leave.
- Hayley LePage, rehired as an RN. Previously worked for us as a CNA.

Employees who have had changes in positions include:

- Jamie Houck, added Information Systems Director duties to her Clinical Infomatics Analyst position.
- Kate Sandoval transferred from the Irrigon Medical Clinic Discharge Coordinator to the Patient Care Coordinator at IMC
- Marie Romero transferred from the Referral Coordinator to the Discharge Coordinator position.

We are offering a Home Health and Hospice RN a position this week, and are currently/continuing to recruit for a full-time Hospital RN, a Maintenance Technician, the Chief Operating Officer position, a Clinic Director for Pioneer Memorial Clinic and a Dietary Director for Pioneer Memorial Hospital.

I have a call this week with our health insurance brokers to discuss renewal information, so more information will follow.

Patti Allstott, SHRM-CP
HR Director



12:56

Profit & Loss Statement

Application Code : GL

User Login Name:mahoneni

Budget to Actual Comparison

Through July 2021

| Current Month | Current Budget | Dollar Variance | | Actual Year to Date | Budget Year to Date | Dollar Variance |
|------------------------------|-------------------|--------------------|--------------------------------|------------------------|------------------------|--------------------|
| PATIENT SERVICES REVENUE | | | | | | |
| 64,761 | 93,950 | -29,189 | Hospital Inpatient Revenue | 64,761 | 93,950 | -29,189 |
| 24,114 | 68,326 | -44,212 | Inpatient Ancillary Revenue | 24,114 | 68,326 | -44,212 |
| 747,501 | 761,517 | -14,016 | Outpatient Revenue | 747,501 | 761,517 | -14,016 |
| 219,534 | 406,407 | -186,873 | Clinic Revenue | 219,534 | 406,407 | -186,873 |
| 118,717 | 95,669 | 23,048 | Home Health/Hospice Revenue | 118,717 | 95,669 | 23,048 |
| 1,174,627 | 1,425,869 | -251,241 | Gross Patient Revenue | 1,174,627 | 1,425,869 | -251,241 |
| LESS DEDUCTIONS FROM REVENUE | | | | | | |
| 1,654 | 0 | 1,654 | Provision for Bad Debts | 1,654 | 0 | 1,654 |
| 112,965 | 117,884 | -4,919 | Contractual & Other Adjustment | 112,965 | 117,884 | -4,919 |
| 114,618 | 117,884 | -3,266 | Total Revenue Deductions | 114,618 | 117,884 | -3,266 |
| 1,060,009 | 1,307,984 | -247,975 | NET PATIENT REVENUE | 1,060,009 | 1,307,984 | -247,975 |
| 197,710 | 197,631 | 79 | Tax Revenue | 197,710 | 197,631 | 79 |
| 18,858 | 32,195 | -13,336 | Other Operating Revenue | 18,858 | 32,195 | -13,336 |
| 1,276,577 | 1,537,810 | -261,233 | TOTAL OPERATING REVENUE | 1,276,577 | 1,537,810 | -261,233 |
| OPERATING EXPENSES | | | | | | |
| 774,437 | 834,528 | -60,092 | Salaries & Wages | 774,437 | 834,528 | -60,092 |
| 253,660 | 307,748 | -54,088 | Employee Benefits & Taxes | 253,660 | 307,748 | -54,088 |
| 112,826 | 69,781 | 43,045 | Professional Fees | 112,826 | 69,781 | 43,045 |
| 91,820 | 116,801 | -24,981 | Supplies & Minor Equipment | 91,820 | 116,801 | -24,981 |
| -679 | 15,713 | -16,392 | Education | -679 | 15,713 | -16,392 |
| 9,250 | 13,726 | -4,476 | Repairs & Maintenance | 9,250 | 13,726 | -4,476 |
| 3,607 | 15,181 | -11,575 | Recruitment & Advertising | 3,607 | 15,181 | -11,575 |
| 79,070 | 75,525 | 3,545 | Purchased Services | 79,070 | 75,525 | 3,545 |
| 58,319 | 67,397 | -9,078 | Depreciation | 58,319 | 67,397 | -9,078 |
| 15,024 | 15,827 | -803 | Utilities, Phone & Propane | 15,024 | 15,827 | -803 |
| 10,318 | 11,222 | -904 | Insurance | 10,318 | 11,222 | -904 |
| 0 | 2,202 | -2,202 | Taxes & Licenses | 0 | 2,202 | -2,202 |
| 7,564 | 6,847 | 717 | Interest | 7,564 | 6,847 | 717 |
| 3,273 | 4,454 | -1,181 | Dues & Subscriptions | 3,273 | 4,454 | -1,181 |
| 8,061 | 13,025 | -4,964 | Travel | 8,061 | 13,025 | -4,964 |
| 21,418 | 13,265 | 8,153 | Other Expenses | 21,418 | 13,265 | 8,153 |
| 1,447,968 | 1,583,242 | -135,275 | Total Operating Expenses | 1,447,968 | 1,583,242 | -135,275 |
| -171,391 | -45,433 | -125,958 | GAIN/LOSS FROM OPERATIONS | -171,391 | -45,433 | -125,958 |
| 23,797 | 59,806 | -36,009 | NON-OPERATING NET GAIN/LOSS | 23,797 | 59,806 | -36,009 |
| -147,594 | 14,373 | -161,967 | GAIN/LOSS | -147,594 | 14,373 | -161,967 |

July 2021

| Description | Current Year |
|--------------------------------|-----------------|
| Assets | |
| Current Assets | |
| Cash & Investments | 7,160,790 |
| A/R Hospital, Swing, Clinic | 1,882,299 |
| A/R Home Health & Hospice | 295,572 |
| Gross Patient Receivables | 2,177,872 |
| Less: Clearing Accounts | 0 |
| Less: Allow for Contractual | 95,000 |
| Less: Allow for Uncollectible | 163,000 |
| | ----- |
| Net Patient Accounts Receivabl | 1,919,872 |
| Employee Advances | 5,095 |
| Employee Purchases Receivable | -49 |
| Receivable 340B SunRx | 38,187 |
| Taxes Receivable - Prior Year | 60,284 |
| Taxes Receivable - Current Yr | 197,710 |
| Other Receivable | 11,408 |
| Grants Receivable | 0 |
| MC/MD Receivable | 7,157 |
| Assisted Living Receivable | 13,446 |
| | ----- |
| Other Receivable Total | 0 |
| Inventory and Prepaid | 467,607 |
| | ----- |
| Total Current Assets | 9,881,505 |
| Long Term Assets | |
| Land | 135,701 |
| Land Improvements | 291,596 |
| Building & Improvements | 5,852,175 |
| Equipment | 7,431,053 |
| Amortizable Loan Costs | 0 |
| Construction in Progress | 514,403 |
| Less: Accum Depreciation | 9,258,461 |
| | ----- |
| Total Long Term Assets | 4,966,466 |
| | ----- |
| Total Assets | 14,847,971 |
| | ===== |

12:29

Balance Sheet

Application Code : GL

User Login Name:mahoneni

July 2021

| Description | Current Year |
|--------------------------------|-----------------|
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | 248,189 |
| Refunds Payable-Hospital | 0 |
| Refunds Payable-Clinic | 0 |
| Misc Payable | 0 |
| Short Term Notes Payable | 0 |
| | ----- |
| Accounts Payable Total | 248,188 |
| Accrued Wages & Liabilities | 692,681 |
| Accrued Interest | 4,389 |
| Suspense Account | 11,016 |
| TCAA Suspense | 1,980 |
| Deferred Income | 1,506 |
| Unearned Revenue for COVID 19 | 4,313,229 |
| MC/MD Settlement Payable | 388,168 |
| Contingency Settlement Payable | 100,000 |
| | ----- |
| Other Liabilities | 4,820,288 |
| | ----- |
| Total Current Liabilities | 5,761,158 |
| | ===== |
| Longterm Liabilities | |
| STRYKER CAPITAL LEASE | 0 |
| BEO 2019 BOILERS LOAN | 95,253 |
| BEO 2018 BOARDMAN BLDG LOAN | 121,278 |
| BEO 2018 OMNICELL/US LOAN | 153,766 |
| BEO 2020 AMBULANCE LOAN | 111,282 |
| Morrow Co 2016 Annex Loan | 0 |
| BEO Loan AMB/LAB 2016 | 3,589 |
| MORROW CO 2018 BOARDMAN BLDG | 66,687 |
| BEO ENDO RM/MISC LOAN 2017 | 44,817 |
| Morrow Co 2013 IMC Loan | 17,995 |
| BEO IMC EXPANSION 2018 | 372,062 |
| GEODC 2021 HOUSE LOAN | 88,676 |
| MORROW CO 2021 CHURCH LOAN | 66,922 |
| BEO 2008 Hosp Remodel Loan | 92,289 |
| USDA Remodel Loan | 821,155 |
| | ----- |
| Total Long Term Liabilities | 2,055,769 |
| Equity/Fund Balance | |
| General Fund Unrestricted Bal | 7,178,638 |
| Equity/Fund Bal Period End | -147,594 |
| | ----- |
| Total Liab+Equity/Fund Bal | 14,847,971 |
| | ===== |

July 2021

| | | Current |
|---|--|-----------|
| Description | | Year |
| Assets | | |
| Current Assets | | |
| 1002-100 GENERAL CHECKING (S NOW) | | -248,344 |
| 1002-102 CHECKING-PAYROLL | | 1,199 |
| 1002-104 PREMIUM CHECKING (E BEST) | | 1,110,840 |
| 1002-106 SAVINGS | | 0 |
| 1002-108 WELLS FARGO ACCOUNT | | 0 |
| 1002-110 LOCAL GOVT INVESTMENT POOL | | 6,296,294 |
| 1002-112 CERT. OF DEPOSIT | | 0 |
| 1002-114 PETTY CASH | | 800 |
| <hr style="border-top: 1px dashed black;"/> | | |
| Cash & Investments | | 7,160,790 |

\$ 171,661 Board Designated
\$ 3,822,538 Covid Funds - Pending Year-end Reclassification
\$ 621,231 other Restricted funds

| Account Name | GL # | 1 - Jul 2021 Budget | 1 - Jul 2021 Actual | Variance | YTD Budget | YTD Actual | YTD Variance |
|--|----------|------------------------|------------------------|------------|------------|------------|--------------|
| Department: HEPPNER CLINIC | | | | | | | |
| PIONEER MEMORIAL CLINIC OP SELF PAY | 4070-020 | 5853.38 | 6391.90 | 538.52 | 5853.38 | 6391.90 | 538.52 |
| PIONEER MEMORIAL CLINIC OP COMMERCIAL | 4070-022 | 78832.00 | 33668.17 | -45163.83 | 78832.00 | 33668.17 | -45163.83 |
| PIONEER MEMORIAL CLINIC OP WORK COMP | 4070-023 | 3342.20 | 1045.31 | -2296.89 | 3342.20 | 1045.31 | -2296.89 |
| PIONEER MEMORIAL CLINIC OP MEDICARE | 4070-024 | 88555.98 | 41437.99 | -47117.99 | 88555.98 | 41437.99 | -47117.99 |
| PIONEER MEMORIAL CLINIC OP MEDICAID | 4070-025 | 34336.64 | 12389.52 | -21947.12 | 34336.64 | 12389.52 | -21947.12 |
| PIONEER MEMORIAL CLINIC TOTAL REVENUE | 4070-998 | 210920.20 | 94932.89 | -115987.31 | 210920.20 | 94932.89 | -115987.31 |
| PIONEER MEMORIAL CLINIC WAGES MANAGEMENT | 7070-101 | 6233.58 | 11945.66 | 5712.08 | 6233.58 | 11945.66 | 5712.08 |
| PIONEER MEMORIAL CLINIC WAGES PHYSICIAN | 7070-105 | 29046.59 | 5172.17 | -23874.42 | 29046.59 | 5172.17 | -23874.42 |
| PIONEER MEMORIAL CLINIC WAGES OTHER PROVIDER | 7070-110 | 20379.89 | 16247.59 | -4132.30 | 20379.89 | 16247.59 | -4132.30 |
| PIONEER MEMORIAL CLINIC WAGES RN | 7070-120 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC WAGES LPN | 7070-130 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC WAGES CLERICAL | 7070-150 | 18196.45 | 12142.07 | -6054.38 | 18196.45 | 12142.07 | -6054.38 |
| PIONEER MEMORIAL CLINIC WAGES ENVIRONMENTAL | 7070-160 | 323.76 | 564.73 | 240.97 | 323.76 | 564.73 | 240.97 |
| PIONEER MEMORIAL CLINIC OTHER MED PERS | 7070-180 | 24818.44 | 31811.88 | 6993.44 | 24818.44 | 31811.88 | 6993.44 |
| PIONEER MEMORIAL CLINIC FICA | 7070-200 | 7140.80 | 3950.61 | -3190.19 | 7140.80 | 3950.61 | -3190.19 |
| PIONEER MEMORIAL CLINIC UNEMPLOYMENT TAX | 7070-211 | 104.92 | -51.87 | -156.79 | 104.92 | -51.87 | -156.79 |
| PIONEER MEMORIAL CLINIC PAID TIME OFF | 7070-220 | 972.12 | -29275.82 | -30247.94 | 972.12 | -29275.82 | -30247.94 |
| PIONEER MEMORIAL CLINIC HEALTH INS | 7070-230 | 27779.19 | 20023.98 | -7755.21 | 27779.19 | 20023.98 | -7755.21 |
| PIONEER MEMORIAL CLINIC LIFE/DISABILITY INS | 7070-240 | 260.97 | 450.09 | 189.12 | 260.97 | 450.09 | 189.12 |
| PIONEER MEMORIAL CLINIC RETIREMENT | 7070-250 | 5600.61 | 4148.18 | -1452.43 | 5600.61 | 4148.18 | -1452.43 |
| PIONEER MEMORIAL CLINIC WORK COMP INS | 7070-260 | 833.00 | 651.47 | -181.53 | 833.00 | 651.47 | -181.53 |
| PIONEER MEMORIAL CLINIC WORK COMP TAX | 7070-270 | 24.36 | 16.51 | -7.85 | 24.36 | 16.51 | -7.85 |
| PIONEER MEMORIAL CLINIC PROFESSIONAL FEES | 7070-301 | 18742.50 | 17370.30 | -1372.20 | 18742.50 | 17370.30 | -1372.20 |
| PIONEER MEMORIAL CLINIC COLLECTION FEES | 7070-306 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC CHARGEABLE SUPPLIES | 7070-410 | 541.45 | 57.69 | -483.76 | 541.45 | 57.69 | -483.76 |
| PIONEER MEMORIAL CLINIC DRUGS | 7070-425 | 791.35 | 106.25 | -685.10 | 791.35 | 106.25 | -685.10 |
| PIONEER MEMORIAL CLINIC OFFICE SUPPLIES | 7070-460 | 979.59 | 1036.06 | 56.47 | 979.59 | 1036.06 | 56.47 |
| PIONEER MEMORIAL CLINIC MINOR MED EQUIP | 7070-482 | 416.50 | 308.63 | -107.87 | 416.50 | 308.63 | -107.87 |
| PIONEER MEMORIAL CLINIC MINOR OTH EQUIP | 7070-490 | 124.95 | 0.00 | -124.95 | 124.95 | 0.00 | -124.95 |
| PIONEER MEMORIAL CLINIC NONCHARGE SUPPLIES | 7070-500 | 833.00 | 1030.59 | 197.59 | 833.00 | 1030.59 | 197.59 |
| PIONEER MEMORIAL CLINIC OXYGEN / MED GASES | 7070-510 | 33.32 | 20.83 | -12.49 | 33.32 | 20.83 | -12.49 |
| PIONEER MEMORIAL CLINIC EDUCATION | 7070-570 | 1332.80 | -3148.90 | -4481.70 | 1332.80 | -3148.90 | -4481.70 |
| PIONEER MEMORIAL CLINIC REPAIR/MAINT BLDG | 7070-621 | 41.65 | 0.00 | -41.65 | 41.65 | 0.00 | -41.65 |
| PIONEER MEMORIAL CLINIC REPAIR/MAINT MED EQP | 7070-622 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC REPAIR/MAINT EQUIP | 7070-627 | 0.00 | -271.35 | -271.35 | 0.00 | -271.35 | -271.35 |
| PIONEER MEMORIAL CLINIC ADVERTISING | 7070-663 | 416.50 | 333.51 | -82.99 | 416.50 | 333.51 | -82.99 |
| PIONEER MEMORIAL CLINIC PURCHASED SERVICES | 7070-680 | 1915.90 | 1759.11 | -156.79 | 1915.90 | 1759.11 | -156.79 |
| PIONEER MEMORIAL CLINIC DEPR LAND IMPROVE | 7070-710 | 106.68 | 92.19 | -14.49 | 106.68 | 92.19 | -14.49 |
| PIONEER MEMORIAL CLINIC DEPR BLDG IMPROVE | 7070-720 | 478.16 | 478.37 | 0.21 | 478.16 | 478.37 | 0.21 |

| | | | | | | | | |
|---|----------|-----------|----------|-----------|-----------|----------|----------|-----------|
| PIONEER MEMORIAL CLINIC DEPR FIXED EQUIP | 7070-725 | 120.72 | 120.73 | 0.01 | 120.72 | 120.73 | 120.73 | 0.01 |
| PIONEER MEMORIAL CLINIC DEPR MAJOR MOVE EQP | 7070-741 | 394.13 | 394.37 | 0.24 | 394.13 | 394.37 | 394.37 | 0.24 |
| PIONEER MEMORIAL CLINIC DEPR MINOR EQUIP | 7070-742 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC TELEPHONE | 7070-755 | 249.90 | 168.99 | -80.91 | 249.90 | 168.99 | 168.99 | -80.91 |
| PIONEER MEMORIAL CLINIC UTILITIES | 7070-770 | 791.35 | 722.95 | -68.40 | 791.35 | 722.95 | 722.95 | -68.40 |
| PIONEER MEMORIAL CLINIC MALPRACTICE INS | 7070-811 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC INSURANCE | 7070-820 | 424.08 | 424.54 | 0.46 | 424.08 | 424.54 | 424.54 | 0.46 |
| PIONEER MEMORIAL CLINIC TAXES & LICENSES | 7070-830 | 416.50 | 0.00 | -416.50 | 416.50 | 0.00 | 0.00 | -416.50 |
| PIONEER MEMORIAL CLINIC INTEREST EXPENSE | 7070-846 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PIONEER MEMORIAL CLINIC DUES & SUBSCRIPTION | 7070-860 | 416.50 | 0.00 | -416.50 | 416.50 | 0.00 | 0.00 | -416.50 |
| PIONEER MEMORIAL CLINIC TRAVEL GENERAL | 7070-880 | 1141.21 | 802.72 | -338.49 | 1141.21 | 802.72 | 802.72 | -338.49 |
| PIONEER MEMORIAL CLINIC TRAVEL EDUCATION | 7070-882 | 666.40 | 0.00 | -666.40 | 666.40 | 0.00 | 0.00 | -666.40 |
| PIONEER MEMORIAL CLINIC POSTAGE/FREIGHT | 7070-898 | 16.66 | 8.55 | -8.11 | 16.66 | 8.55 | 8.55 | -8.11 |
| PIONEER MEMORIAL CLINIC MISCELLANEOUS | 7070-900 | 916.30 | 95.87 | -820.43 | 916.30 | 95.87 | 95.87 | -820.43 |
| PIONEER MEM CLINIC TOTAL EXPENSES | 7070-998 | 174022.78 | 99709.25 | -74313.53 | 174022.78 | 99709.25 | 99709.25 | -74313.53 |
| PIONEER MEM CLINIC GAIN/LOSS | 7070-999 | 36897.42 | -4776.36 | -41673.78 | 36897.42 | -4776.36 | -4776.36 | -41673.78 |

Account Name GL # 1 - Jul 2021 Budget 1 - Jul 2021 Actual Variance YTD Budget YTD Actual YTD Variance

Department: IRRIGON CLINIC

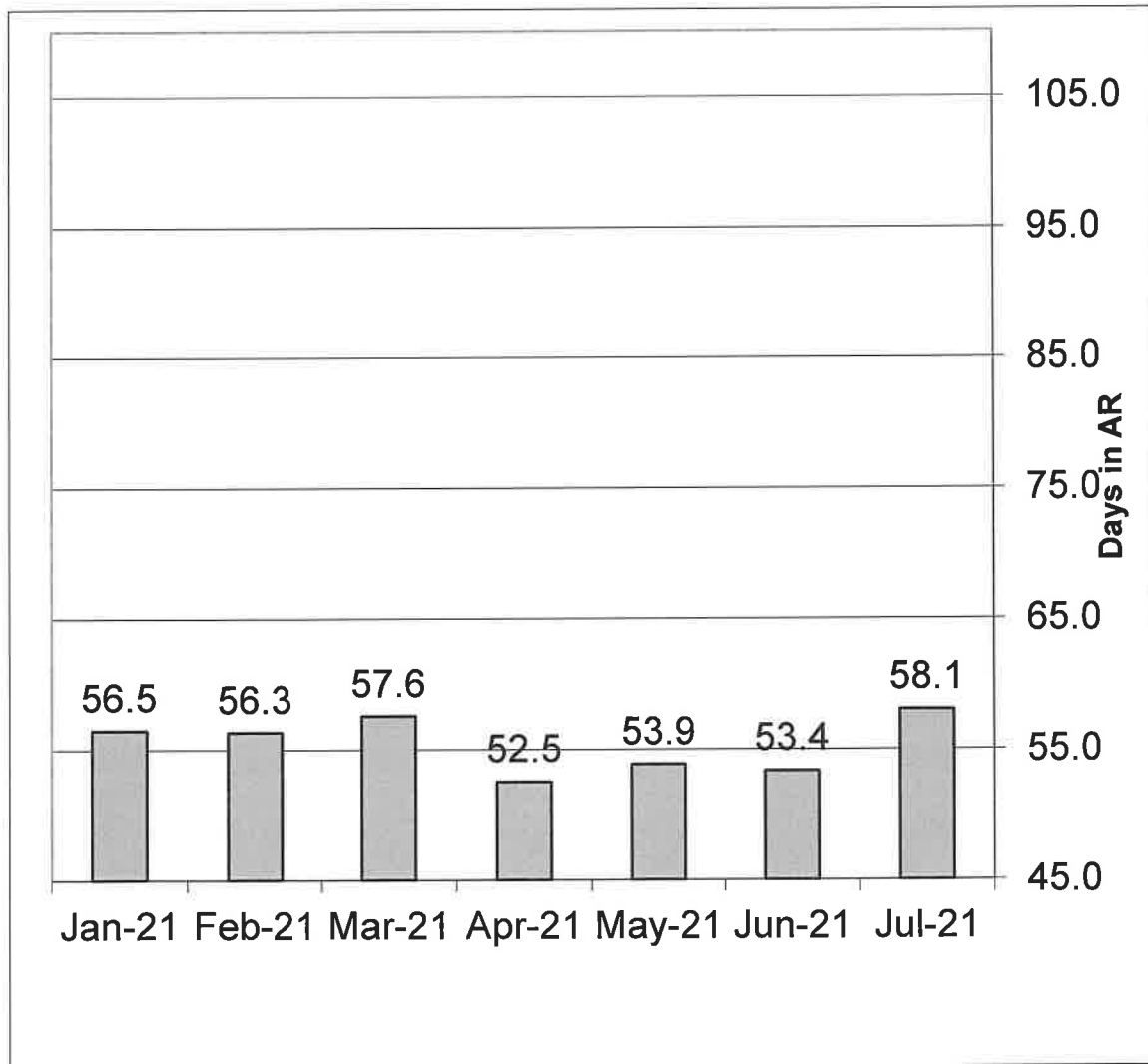
| | | | | | | | |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| IRRIGON MEDICAL CLINIC OP SELF PAY | 4085-020 | 5367.13 | 2903.52 | -2463.61 | 5367.13 | 2903.52 | -2463.61 |
| IRRIGON MEDICAL CLINIC OP COMMERCIAL | 4085-022 | 74917.53 | 42289.10 | -32628.43 | 74917.53 | 42289.10 | -32628.43 |
| IRRIGON MEDICAL CLINIC OP WORK COMP | 4085-023 | 3210.90 | 233.56 | -2977.34 | 3210.90 | 233.56 | -2977.34 |
| IRRIGON MEDICAL CLINIC OP MEDICARE | 4085-024 | 43741.46 | 25441.52 | -18299.94 | 43741.46 | 25441.52 | -18299.94 |
| IRRIGON MEDICAL CLINIC OP MEDICAID | 4085-025 | 45352.25 | 34415.25 | -10937.00 | 45352.25 | 34415.25 | -10937.00 |
| IRRIGON MED CLINIC TOTAL REVENUE | 4085-998 | 172589.27 | 105282.95 | -67306.32 | 172589.27 | 105282.95 | -67306.32 |
| IRRIGON MEDICAL CLINIC WAGES MANAGEMENT | 7085-101 | 6125.90 | 0.00 | -6125.90 | 6125.90 | 0.00 | -6125.90 |
| IRRIGON MEDICAL CLINIC WAGES PHYSICIAN | 7085-105 | 17859.52 | 7040.00 | -10819.52 | 17859.52 | 7040.00 | -10819.52 |
| IRRIGON MEDICAL CLINIC WAGES OTHER PROVIDER | 7085-110 | 23461.15 | 29723.30 | 6262.15 | 23461.15 | 29723.30 | 6262.15 |
| IRRIGON MEDICAL CLINIC WAGES RN | 7085-120 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC WAGES LPN | 7085-130 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC WAGES CLERICAL | 7085-150 | 18139.75 | 22900.80 | 4761.05 | 18139.75 | 22900.80 | 4761.05 |
| IRRIGON MEDICAL CLINIC WAGES ENVIRONMENTAL | 7085-160 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC OTHER MED PERS | 7085-180 | 22688.68 | 24680.62 | 1991.94 | 22688.68 | 24680.62 | 1991.94 |
| IRRIGON MEDICAL CLINIC FICA | 7085-200 | 6549.01 | 6451.79 | -97.22 | 6549.01 | 6451.79 | -97.22 |
| IRRIGON MEDICAL CLINIC UNEMPLOYMENT TAX | 7085-211 | 95.86 | 84.43 | -11.43 | 95.86 | 84.43 | -11.43 |
| IRRIGON MEDICAL CLINIC PAID TIME OFF | 7085-220 | 833.00 | -2950.39 | -3783.39 | 833.00 | -2950.39 | -3783.39 |
| IRRIGON MEDICAL CLINIC HEALTH INS | 7085-230 | 24052.19 | 16819.94 | -7232.25 | 24052.19 | 16819.94 | -7232.25 |
| IRRIGON MEDICAL CLINIC LIFE/DISABILITY INS | 7085-240 | 300.26 | 504.37 | 204.11 | 300.26 | 504.37 | 204.11 |
| IRRIGON MEDICAL CLINIC RETIREMENT | 7085-250 | 5136.51 | 4396.59 | -739.92 | 5136.51 | 4396.59 | -739.92 |
| IRRIGON MEDICAL CLINIC WORK COMP INS | 7085-260 | 491.60 | 591.07 | 99.47 | 491.60 | 591.07 | 99.47 |
| IRRIGON MEDICAL CLINIC WORK COMP TAX | 7085-270 | 27.61 | 22.57 | -5.04 | 27.61 | 22.57 | -5.04 |
| IRRIGON MEDICAL CLINIC PROFESSIONAL FEES | 7085-301 | 416.50 | 44.00 | -372.50 | 416.50 | 44.00 | -372.50 |
| IRRIGON MEDICAL CLINIC COLLECTION FEES | 7085-306 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC CHARGEABLE SUPPLIES | 7085-410 | 499.80 | 1931.16 | 1431.36 | 499.80 | 1931.16 | 1431.36 |
| IRRIGON MEDICAL CLINIC DRUGS | 7085-425 | 1249.50 | 122.52 | -1126.98 | 1249.50 | 122.52 | -1126.98 |
| IRRIGON MEDICAL CLINIC OFFICE SUPPLIES | 7085-460 | 1124.55 | 43.34 | -1081.21 | 1124.55 | 43.34 | -1081.21 |
| IRRIGON MEDICAL CLINIC MINOR MED EQUIP | 7085-482 | 99.96 | 1497.13 | 1397.17 | 99.96 | 1497.13 | 1397.17 |
| IRRIGON MEDICAL CLINIC MINOR OTH EQUIP | 7085-490 | 62.42 | 0.00 | -62.42 | 62.42 | 0.00 | -62.42 |
| IRRIGON MEDICAL CLINIC NONCHARGE SUPPLIES | 7085-500 | 1249.50 | 583.75 | -665.75 | 1249.50 | 583.75 | -665.75 |
| IRRIGON MEDICAL CLINIC EDUCATION | 7085-570 | 541.45 | 0.00 | -541.45 | 541.45 | 0.00 | -541.45 |
| IRRIGON MEDICAL CLINIC REPAIR/MAINT BLDG | 7085-621 | 41.65 | 1486.00 | 1444.35 | 41.65 | 1486.00 | 1444.35 |
| IRRIGON MEDICAL CLINIC REPAIR/MAINT MED EQP | 7085-622 | 208.25 | 0.00 | -208.25 | 208.25 | 0.00 | -208.25 |
| IRRIGON MEDICAL CLINIC REPAIR/MAINT EQUIP | 7085-627 | 41.65 | 0.00 | -41.65 | 41.65 | 0.00 | -41.65 |
| IRRIGON MEDICAL CLINIC REPAIR/MAINT VEHICLE | 7085-628 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC ADVERTISING | 7085-663 | 458.15 | 150.00 | -308.15 | 458.15 | 150.00 | -308.15 |
| IRRIGON MEDICAL CLINIC PURCHASED SERVICES | 7085-680 | 3456.95 | 3554.84 | 97.89 | 3456.95 | 3554.84 | 97.89 |
| IRRIGON MEDICAL CLINIC DEPR LAND IMPROVE | 7085-710 | 1223.40 | 1223.90 | 0.50 | 1223.40 | 1223.90 | 0.50 |
| IRRIGON MEDICAL CLINIC DEPR BLDG IMPROVE | 7085-720 | 5874.01 | 5876.37 | 2.36 | 5874.01 | 5876.37 | 2.36 |

| | | | | | | | |
|--|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| IRRIGON MEDICAL CLINIC DEPR FIXED EQUIP | 7085-725 | 313.80 | 313.97 | 0.17 | 313.80 | 313.97 | 0.17 |
| IRRIGON MEDICAL CLINIC DEPR MAJOR MOVE EQP | 7085-741 | 1480.63 | 0.00 | -1480.63 | 1480.63 | 0.00 | -1480.63 |
| IRRIGON MEDICAL CLINIC DEPR MINOR EQUIP | 7085-742 | 384.42 | 79.03 | -305.39 | 384.42 | 79.03 | -305.39 |
| IRRIGON MEDICAL CLINIC TELEPHONE | 7085-755 | 1332.80 | 1961.65 | 628.85 | 1332.80 | 1961.65 | 628.85 |
| IRRIGON MEDICAL CLINIC UTILITIES | 7085-770 | 916.30 | 1225.01 | 308.71 | 916.30 | 1225.01 | 308.71 |
| IRRIGON MEDICAL CLINIC GAS & OIL | 7085-780 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC MALPRACTICE INS | 7085-811 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC INSURANCE | 7085-820 | 416.50 | 446.56 | 30.06 | 416.50 | 446.56 | 30.06 |
| IRRIGON MEDICAL CLINIC TAXES & LICENSES | 7085-830 | 208.25 | 0.00 | -208.25 | 208.25 | 0.00 | -208.25 |
| IRRIGON MEDICAL CLINIC INTEREST EXPENSE | 7085-846 | 1359.78 | 1451.49 | 91.71 | 1359.78 | 1451.49 | 91.71 |
| IRRIGON MEDICAL CLINIC DUES & SUBSCRIPTION | 7085-860 | 62.42 | 0.00 | -62.42 | 62.42 | 0.00 | -62.42 |
| IRRIGON MEDICAL CLINIC TRAVEL GENERAL | 7085-880 | 374.85 | 52.64 | -322.21 | 374.85 | 52.64 | -322.21 |
| IRRIGON MEDICAL CLINIC TRAVEL EDUCATION | 7085-882 | 624.75 | 0.00 | -624.75 | 624.75 | 0.00 | -624.75 |
| IRRIGON MEDICAL CLINIC VEHICLE GAS & OIL | 7085-888 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IRRIGON MEDICAL CLINIC POSTAGE/FREIGHT | 7085-898 | 20.88 | 0.00 | -20.88 | 20.88 | 0.00 | -20.88 |
| IRRIGON MEDICAL CLINIC MISCELLANEOUS | 7085-900 | 833.00 | 835.14 | 2.14 | 833.00 | 835.14 | 2.14 |
| IRRIGON MED CLINIC TOTAL EXPENSES | 7085-998 | 150637.16 | 133143.59 | -17493.57 | 150637.16 | 133143.59 | -17493.57 |
| IRRIGON MED CLINIC GAIN/LOSS | 7085-999 | 21952.11 | -27860.64 | -49812.75 | 21952.11 | -27860.64 | -49812.75 |

| Account Name | GL # | 1 - Jul 2021 Budget | 1 - Jul 2021 Actual | Variance | YTD Budget | YTD Actual | YTD Variance |
|--|----------|------------------------|------------------------|----------|------------|------------|--------------|
| Department: IONE CLINIC | | | | | | | |
| IONE COMMUNITY CLINIC OP SELF PAY | 4090-020 | 790.35 | 443.04 | -347.31 | 790.35 | 443.04 | -347.31 |
| IONE COMMUNITY CLINIC OP COMMERCIAL | 4090-022 | 11774.39 | 7673.47 | -4100.92 | 11774.39 | 7673.47 | -4100.92 |
| IONE COMMUNITY CLINIC OP WORK COMP | 4090-023 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC OP MEDICARE | 4090-024 | 5952.60 | 5797.54 | -155.06 | 5952.60 | 5797.54 | -155.06 |
| IONE COMMUNITY CLINIC OP MEDICAID | 4090-025 | 4380.34 | 5404.07 | 1023.73 | 4380.34 | 5404.07 | 1023.73 |
| IONE COMMUNITY CLINIC TOTAL REVENUE | 4090-998 | 22897.68 | 19318.12 | -3579.56 | 22897.68 | 19318.12 | -3579.56 |
| IONE COMMUNITY CLINIC WAGES MANAGEMENT | 7090-101 | 833.00 | 0.00 | -833.00 | 833.00 | 0.00 | -833.00 |
| IONE COMMUNITY CLINIC WAGES PHYSICIAN | 7090-105 | 499.80 | 0.00 | -499.80 | 499.80 | 0.00 | -499.80 |
| IONE COMMUNITY CLINIC WAGES PA/FNP | 7090-110 | 4556.76 | 4165.59 | -391.17 | 4556.76 | 4165.59 | -391.17 |
| IONE COMMUNITY CLINIC WAGES CLERICAL | 7090-150 | 4289.31 | 4086.93 | -182.38 | 4289.31 | 4086.93 | -182.38 |
| IONE COMMUNITY CLINIC WAGES OTHER MED PERS | 7090-180 | 1721.70 | 2584.89 | 863.19 | 1721.70 | 2584.89 | 863.19 |
| IONE COMMUNITY CLINIC FICA | 7090-200 | 908.58 | 825.33 | -83.25 | 908.58 | 825.33 | -83.25 |
| IONE COMMUNITY CLINIC UNEMPLOY TAX | 7090-211 | 11.18 | 10.83 | -0.35 | 11.18 | 10.83 | -0.35 |
| IONE COMMUNITY CLINIC PAID TIME OFF | 7090-220 | 66.89 | 236.81 | 169.92 | 66.89 | 236.81 | 169.92 |
| IONE COMMUNITY CLINIC HEALTH INS | 7090-230 | 2833.58 | 2312.97 | -520.61 | 2833.58 | 2312.97 | -520.61 |
| IONE COMMUNITY CLINIC LIFE/DISABILITY INS | 7090-240 | 30.58 | 37.09 | 6.51 | 30.58 | 37.09 | 6.51 |
| IONE COMMUNITY CLINIC RETIREMENT | 7090-250 | 682.56 | 355.29 | -327.27 | 682.56 | 355.29 | -327.27 |
| IONE COMMUNITY CLINIC WORKERS COMP INS | 7090-260 | 63.90 | 0.00 | -63.90 | 63.90 | 0.00 | -63.90 |
| IONE COMMUNITY CLINIC WORKERS COMP TAX | 7090-270 | 4.22 | 3.62 | -0.60 | 4.22 | 3.62 | -0.60 |
| IONE COMMUNITY CLINIC PROFESSIONAL FEES | 7090-301 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC CHARGEABLE SUPPLIES | 7090-410 | 37.54 | 69.79 | 32.25 | 37.54 | 69.79 | 32.25 |
| IONE COMMUNITY CLINIC DRUGS | 7090-425 | 208.25 | 25.16 | -183.09 | 208.25 | 25.16 | -183.09 |
| IONE COMMUNITY CLINIC OFFICE SUPPLIES | 7090-460 | 416.50 | 0.00 | -416.50 | 416.50 | 0.00 | -416.50 |
| IONE COMMUNITY CLINIC MINOR MED EQUIP | 7090-482 | 299.88 | 0.00 | -299.88 | 299.88 | 0.00 | -299.88 |
| IONE COMMUNITY CLINIC MINOR OTHER EQUIP | 7090-490 | 166.60 | 0.00 | -166.60 | 166.60 | 0.00 | -166.60 |
| IONE COMMUNITY CLINIC NONCHARG SUPPLIES | 7090-500 | 333.20 | 388.41 | 55.21 | 333.20 | 388.41 | 55.21 |
| IONE COMMUNITY CLINIC EDUCATION | 7090-570 | 83.30 | 0.00 | -83.30 | 83.30 | 0.00 | -83.30 |
| IONE COMMUNITY CLINIC REPAIR/MAINT MED EQUIP | 7090-622 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC REPAIR/MAINT NON MED EQUIP | 7090-627 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC ADVERTISING | 7090-663 | 20.88 | 0.00 | -20.88 | 20.88 | 0.00 | -20.88 |
| IONE COMMUNITY CLINIC PURCHASED SERVICES | 7090-680 | 124.95 | 21.70 | -103.25 | 124.95 | 21.70 | -103.25 |
| IONE COMMUNITY CLINIC DEPR MAJOR MOVE EQUIP | 7090-741 | 49.85 | 49.85 | 0.01 | 49.85 | 49.85 | 0.01 |
| IONE COMMUNITY CLINIC DEPR MINOR EQUIP | 7090-742 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC RENT | 7090-750 | 599.76 | 600.00 | 0.24 | 599.76 | 600.00 | 0.24 |
| IONE COMMUNITY CLINIC TELEPHONE | 7090-755 | 499.80 | 617.17 | 117.37 | 499.80 | 617.17 | 117.37 |
| IONE COMMUNITY CLINIC UTILITIES | 7090-770 | 166.60 | 180.71 | 14.11 | 166.60 | 180.71 | 14.11 |
| IONE COMMUNITY CLINIC INSURANCE | 7090-820 | 10.45 | 10.22 | -0.23 | 10.45 | 10.22 | -0.23 |
| IONE COMMUNITY CLINIC TAXES & LICENSES | 7090-830 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IONE COMMUNITY CLINIC TRAVEL GENERAL | 7090-880 | 24.99 | 0.00 | -24.99 | 24.99 | 0.00 | -24.99 |
| IONE COMMUNITY CLINIC TRAVEL EDUCATION | 7090-882 | 83.30 | 0.00 | -83.30 | 83.30 | 0.00 | -83.30 |
| IONE COMMUNITY CLINIC POSTAGE | 7090-898 | 8.33 | 0.00 | -8.33 | 8.33 | 0.00 | -8.33 |
| IONE COMMUNITY CLINIC MISCELLANEOUS | 7090-900 | 374.85 | 15.05 | -359.80 | 374.85 | 15.05 | -359.80 |
| IONE COMMUNITY CLINIC TOTAL EXPENSES | 7090-998 | 19991.09 | 16597.42 | -3393.67 | 19991.09 | 16597.42 | -3393.67 |
| IONE COMMUNITY CLINIC GAIN/LOSS | 7090-999 | 2506.59 | 2720.70 | -185.89 | 2506.59 | 2720.70 | -185.89 |

**PIONEER MEMORIAL HOSPITAL, CLINICS, HOME HEALTH & HOSPICE
NUMBER OF DAYS IN ACCOUNTS RECEIVABLE**

| Months | Days in A/R | A/R BAL | Charges | Days in Month |
|--------|-------------|-------------|-------------|---------------|
| Aug-20 | | \$1,879,289 | \$1,025,963 | 31 |
| Sep-20 | | \$1,977,258 | \$1,244,157 | 30 |
| Oct-20 | 52.0 | \$1,993,178 | \$1,258,906 | 31 |
| Nov-20 | 51.6 | \$2,103,576 | \$1,204,898 | 30 |
| Dec-20 | 58.1 | \$2,494,669 | \$1,485,896 | 31 |
| Jan-21 | 56.5 | \$2,352,651 | \$1,141,279 | 31 |
| Feb-21 | 56.3 | \$2,314,761 | \$1,071,642 | 28 |
| Mar-21 | 57.6 | \$2,233,276 | \$1,278,369 | 31 |
| Apr-21 | 52.5 | \$2,090,962 | \$1,193,166 | 30 |
| May-21 | 53.9 | \$2,120,199 | \$1,149,644 | 31 |
| Jun-21 | 53.4 | \$2,034,366 | \$1,127,228 | 30 |
| Jul-21 | 58.1 | \$2,177,872 | \$1,174,627 | 31 |



Morrow County Health District
Period End Aging Analysis Report - Summary as of July, 2022
Summarized by Financial Class

| Application Code: AR | | User Login Name: mahoneni | | | | | |
|-----------------------------|-------------|---------------------------|--------------|---------------|---------------|------------|--|
| Financial Class | 0 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Balance | |
| 3C - Blue Cross/Blue | 60,161.59 | 12,237.60 | 732.82 | 1,014.38 | 10,988.89 | 85,135.28 | |
| UnBilled | 2,936.52 | 0.00 | 0.00 | 0.00 | 0.00 | 2,936.52 | |
| 3C | 63,098.11 | 12,237.60 | 732.82 | 1,014.38 | 10,988.89 | 88,071.80 | |
| 3D - Bad Debt | 0.00 | 0.00 | 0.00 | 0.00 | -16.64 | -16.64 | |
| UnBilled | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 3D | 0.00 | 0.00 | 0.00 | 0.00 | -16.64 | -16.64 | |
| 3O - Commercial | 149,007.77 | 85,147.01 | 51,713.95 | 44,880.39 | 75,435.88 | 406,185.00 | |
| UnBilled | 30,712.32 | 3,588.24 | 2,885.58 | 0.00 | 0.00 | 37,186.14 | |
| 3O | 179,720.09 | 88,735.25 | 54,599.53 | 44,880.39 | 75,435.88 | 443,371.14 | |
| 4A - Medicare Advan | 30,723.89 | 18,582.50 | 2,278.73 | 2,691.36 | 8,454.76 | 62,731.24 | |
| UnBilled | 2,017.06 | 291.56 | 0.00 | 0.00 | 0.00 | 2,308.62 | |
| 4A | 32,740.95 | 18,874.06 | 2,278.73 | 2,691.36 | 8,454.76 | 65,039.86 | |
| 4C - Medicare | 422,637.46 | 104,675.31 | 4,806.48 | 7,203.72 | 3,795.97 | 543,118.94 | |
| UnBilled | 212,669.25 | 1,722.89 | 917.04 | 0.00 | 138.01 | 215,447.19 | |
| 4C | 635,306.71 | 106,398.20 | 5,723.52 | 7,203.72 | 3,933.98 | 758,566.13 | |
| 4D - Medicaid | 4,463.15 | 12,359.95 | 4,490.64 | 330.67 | 2,173.52 | 23,817.93 | |
| UnBilled | 5,918.26 | 0.00 | 0.00 | 0.00 | 0.00 | 5,918.26 | |
| 4D | 10,381.41 | 12,359.95 | 4,490.64 | 330.67 | 2,173.52 | 29,736.19 | |
| 4O - Medicaid CCO | 99,841.75 | 26,443.34 | 11,359.94 | 2,098.47 | 37,596.92 | 177,340.42 | |
| UnBilled | 18,124.53 | 0.00 | 0.00 | 0.00 | 0.00 | 18,124.53 | |
| 4O | 117,966.28 | 26,443.34 | 11,359.94 | 2,098.47 | 37,596.92 | 195,464.95 | |
| 4P - Monthly Paymei | 1,534.28 | 3,160.14 | 7,166.21 | 6,127.96 | 241,270.72 | 259,259.31 | |
| UnBilled | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 4P | 1,534.28 | 3,160.14 | 7,166.21 | 6,127.96 | 241,270.72 | 259,259.31 | |
| 5P - Self Pay | 68,387.05 | 73,598.92 | 53,608.70 | 39,563.69 | 42,858.64 | 278,017.00 | |
| UnBilled | 43,783.30 | 0.00 | 0.00 | 0.00 | 0.00 | 43,783.30 | |
| 5P | 112,170.35 | 73,598.92 | 53,608.70 | 39,563.69 | 42,858.64 | 321,800.30 | |

Morrow County Health District
Period End Aging Analysis Report - Summary as of July, 2022
Summarized by Financial Class

Application Code: AR

User Login Name: mahoneni

| Financial Class | 0 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Balance |
|-----------------------|----------------------------|--------------------------|-------------------------|-------------------------|--------------------------|---------------------|
| WC - Work Comp | 11,178.55 67.43% | 816.90 4.93% | 2,302.33 13.89% | 1,556.50 9.39% | 724.34 4.37% | 16,578.62 |
| UnBilled | 0.00 0.00% | 0.00 0.00% | 0.00 0.00% | 0.00 0.00% | 0.00 0.00% | 0.00 |
| NC | 11,178.55 67.43% | 816.90 4.93% | 2,302.33 13.89% | 1,556.50 9.39% | 724.34 4.37% | 16,578.62 |
| Billed Total: | 847,935.49 45.78% | 337,021.67 18.20% | 138,459.80 7.48% | 105,467.14 5.69% | 423,283.00 22.85% | 1,852,167.10 |
| Outstanding Charges: | 316,161.24 97.07% | 5,602.69 1.72% | 3,802.62 1.17% | 0.00 0.00% | 138.01 0.04% | 325,704.56 |
| Grand Totals: | 1,164,096.73 53.45% | 342,624.36 15.73% | 142,262.42 6.53% | 105,467.14 4.84% | 423,421.01 19.44% | 2,177,871.66 |

Number of Bills Processed: 3,457

Report Type : Period End Aging Analysis Summarized by Financial Class

Financial Class : All

Facility : All

Patient Type : All

Patient Class : All

Bad Debt Status : All bills, except bad debt bills

Period : 1 Fiscal Year: 2022

MORROW COUNTY HEALTH DISTRICT
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
 FISCAL YEAR 2021-2022

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|----------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| ACUTE (INPATIENT) | | | | | | | | | | | | | |
| ADMISSIONS | 3 | | | | | | | | | | | | 3 |
| DISCHARGES | 3 | | | | | | | | | | | | 3 |
| Admits- MEDICARE | 3 | | | | | | | | | | | | 3 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Dischgrs- MEDICARE | 3 | | | | | | | | | | | | 3 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| PATIENT DISCHARGE DAYS | | | | | | | | | | | | | |
| MEDICARE | 10 | | | | | | | | | | | | 10 |
| MEDICARE ADVANTAGE | 0 | | | | | | | | | | | | 0 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| MEDICAID MANAGED CARE | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| PATIENT ADMISSION DAYS | | | | | | | | | | | | | |
| Adults | 10 | | | | | | | | | | | | 10 |
| Pediatric | 0 | | | | | | | | | | | | 0 |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| AVG LENGTH OF STAY | 3.3 | | | | | | | | | | | | 3.3 |
| AVG DAILY CENSUS | 0.3 | | | | | | | | | | | | 0.3 |
| DEATHS | 0 | | | | | | | | | | | | 0 |
| SWING BED (Skilled) | | | | | | | | | | | | | |
| ADMISSIONS | 1 | | | | | | | | | | | | 1 |
| DISCHARGES | 2 | | | | | | | | | | | | 2 |
| Dischgrs- MEDICARE | 2 | | | | | | | | | | | | 2 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| PATIENT DISCHARGE DAYS | | | | | | | | | | | | | |
| MEDICARE | 18 | | | | | | | | | | | | 18 |
| MEDICARE ADVANTAGE | 0 | | | | | | | | | | | | 0 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| MEDICAID MANAGED CARE | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| PATIENT ADMISSION DAYS | | | | | | | | | | | | | |
| MEDICARE | 13 | | | | | | | | | | | | 13 |
| MEDICAID | 0 | | | | | | | | | | | | 0 |
| OTHER | 0 | | | | | | | | | | | | 0 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| AVG DAILY CENSUS | 0.42 | | | | | | | | | | | | 0.42 |
| SWING BED REVENUE | \$ 5,044 | | | | | | | | | | | | \$5,044 |
| SWING \$ DAYS | 13 | | | | | | | | | | | | 13 |
| DEATHS | 0 | | | | | | | | | | | | 0 |

MORROW COUNTY HEALTH DISTRICT
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
 FISCAL YEAR 2021-2022

| OBSERVATION | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|
| ADMISSIONS | 3 | | | | | | | | | | | | 3 |
| DISCHARGES | 4 | | | | | | | | | | | | 4 |
| HOURS | 69 | | | | | | | | | | | | 69 |
| REVENUE | \$ 9,105 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ 9,105 |
| AVG LENGTH OF STAY (hours) | 23.0 | | | | | | | | | | | | 23.0 |
| DEATHS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HOSPITAL RESPITE | | | | | | | | | | | | | |
| ADMISSIONS | 2 | | | | | | | | | | | | 2 |
| DISCHARGES | 2 | | | | | | | | | | | | 2 |
| PATIENT ADMISSION DAYS | 10 | | | | | | | | | | | | 10 |
| DEATHS | 0 | | | | | | | | | | | | 0 |
| SWING (Non-Skilled) | | | | | | | | | | | | | |
| ADMISSIONS | 1 | | | | | | | | | | | | 1 |
| DISCHARGES | 1 | | | | | | | | | | | | 1 |
| Dischgs-MEDICAID | 1 | | | | | | | | | | | | 1 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| PATIENT DISCHARGE DAYS | | | | | | | | | | | | | |
| MEDICAID | 6 | | | | | | | | | | | | 6 |
| SELF PAY | 0 | | | | | | | | | | | | 0 |
| TOTAL | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| PATIENT ADMISSION DAYS | | | | | | | | | | | | | |
| MEDICAID | 6 | | | | | | | | | | | | 6 |
| SELF PAY | 124 | | | | | | | | | | | | 124 |
| TOTAL | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 130 |
| PATIENT ADMISSION DAYS | | | | | | | | | | | | | |
| AVG DAILY CENSUS | 4.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4.2 |
| SWING BED REVENUE | \$ 43,600 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ 43,600 |
| SWING \$ DAYS | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 130 |
| DEATHS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUMMARY STATS | | | | | | | | | | | | | |
| TOTAL/AVERAGE % OCCUPANCY | 25.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 26.3% |
| TOTAL OUTPATIENTS (Admits) w/ ER | 613 | | | | | | | | | | | | 613 |
| TOTAL ER (Encounters) | 98 | | | | | | | | | | | | 98 |
| LAB TESTS | | | | | | | | | | | | | |
| INPATIENT | 22 | | | | | | | | | | | | 22 |
| OUTPATIENT | 1,604 | | | | | | | | | | | | 1,604 |
| TOTAL | 1,626 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,626 |
| XRAY/ULTRASOUND TESTS | | | | | | | | | | | | | |
| INPATIENT | 1 | | | | | | | | | | | | 1 |
| OUTPATIENT | 108 | | | | | | | | | | | | 108 |
| TOTAL | 109 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 109 |
| CT SCANS | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | 36 |
| MRI SCANS | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | 4 |
| EKG TESTS | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | 36 |
| TREADMILL PROCEDURES | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | 0 |
| LOWER ENDOSCOPY PROCEDURES | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | 0 |
| UPPER ENDOSCOPY PROCEDURES | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | 0 |
| LOWER/UPPER ENDOSCOPY PROCEDURES | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | 0 |
| RESPIRATORY THERAPY | | | | | | | | | | | | | |
| INPATIENT | 6 | | | | | | | | | | | | 6 |
| OUTPATIENT | 3 | | | | | | | | | | | | 3 |
| TOTAL | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |

MORROW COUNTY HEALTH DISTRICT
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS
 FISCAL YEAR 2021-2022

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---------------------------------------|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------|
| PROVIDER VISITS | | | | | | | | | | | | | |
| HEPPNER CLINIC | 327 | | | | | | | | | | | | 327 |
| IRRIGON CLINIC | 340 | | | | | | | | | | | | 340 |
| IONE CLINIC | 56 | | | | | | | | | | | | 56 |
| ALL PROVIDER ENCOUNTERS AT HOSPITAL** | 133 | | | | | | | | | | | | 133 |
| TOTAL | 856 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 856 |
| REVENUE OF HOSPITAL ENCOUNTERS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 0 |
| AMBULANCE | | | | | | | | | | | | | |
| HEPPNER AMBULANCE TRANSPORTS | 19 | | | | | | | | | | | | 19 |
| BOARDMAN AMBULANCE TRANSPORTS | 17 | | | | | | | | | | | | 17 |
| IRRIGON AMBULANCE TRANSPORTS | 24 | | | | | | | | | | | | 24 |
| IONE AMBULANCE TRANSPORTS | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| TOTAL | 60 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61 |
| HEPPNER AMB REVENUE | \$ 31,774 | | | | | | | | | | | | \$ 31,774 |
| BOARDMAN AMB REVENUE | \$ 33,969 | | | | | | | | | | | | \$ 33,969 |
| IRRIGON AMB REVENUE | \$ 42,648 | | | | | | | | | | | | \$ 42,648 |
| IONE AMB REVENUE | \$ - | | | | | | | | | | | | \$ 0 |
| TOTAL | \$ 108,391 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 108,391 |
| HOME HEALTH VISITS | | | | | | | | | | | | | |
| SKILLED NURSING VISITS | 82 | | | | | | | | | | | | 82 |
| AIDE VISITS | 5 | | | | | | | | | | | | 5 |
| MSW VISITS | 0 | | | | | | | | | | | | 0 |
| OCCUPATIONAL THERAPY | 10 | | | | | | | | | | | | 10 |
| PHYSICAL THERAPY | 23 | | | | | | | | | | | | 23 |
| SPEECH THERAPY | 3 | | | | | | | | | | | | 3 |
| IN HOME CARE VISITS-PRIVATE PAY | 32 | | | | | | | | | | | | 32 |
| TOTAL | 155 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 155 |
| HOSPICE | | | | | | | | | | | | | |
| ADMITS | 3 | | | | | | | | | | | | 3 |
| DISCHARGE | 1 | | | | | | | | | | | | 1 |
| DEATHS | 2 | | | | | | | | | | | | 2 |
| TOTAL DAYS | 192 | | | | | | | | | | | | 192 |
| PHARMACY | | | | | | | | | | | | | |
| DRUG DOSES | 1563 | | | | | | | | | | | | 1,563 |
| DRUG REVENUE | \$ 137,123 | | | | | | | | | | | | \$ 137,123 |

| DATE | Anderson | Danielle | Taylor | Milstein | A.T. | Westin | TOTAL | NP | Nurse | NS |
|--------------|-----------|------------|-----------|------------|-----------|----------|------------|----------|-----------|-----------|
| 07/01/21 | | 7 | NDO | 8 | 2 | | 17 | 0 | 0 | 2 |
| 07/02/21 | | 9 | NDO | 9 | OUT | | 18 | 0 | 2 | 0 |
| 07/06/21 | | 9 | 7 | NDO | OUT | | 16 | 1 | 2 | 2 |
| 07/07/21 | | 10 | NDO | 8 | 4 | | 22 | 0 | 0 | 2 |
| 07/08/21 | | 8 | NDO | 9 | 4 | | 21 | 0 | 3 | 1 |
| 07/09/21 | | 10 | NDO | 10 | 0 | | 20 | 0 | 2 | 0 |
| 07/12/21 | 8 | 10 | OUT | NDO | 0 | 0 | 18 | 0 | 1 | 0 |
| 07/13/21 | 4 | 8 | 2 | NDO | 3 | 0 | 17 | 0 | 2 | 4 |
| 07/14/21 | IRRIGON | OUT | 3 | 6 | 3 | | 12 | 0 | 0 | 1 |
| 07/15/21 | 6 | OUT | OUT | 10 | 1 | 4 | 21 | 0 | 1 | 2 |
| 07/19/21 | OUT | OUT | 5 | NDO | 0 | | 5 | 0 | 3 | 0 |
| 07/20/21 | | 10 | 3 | NDO | 2 | | 15 | 0 | 1 | 0 |
| 07/21/21 | | 7 | NDO | 6 | 2 | | 15 | 0 | 1 | 1 |
| 07/22/21 | | BRDMN | NDO | 11 | 1 | | 12 | 0 | 0 | 1 |
| 07/23/21 | | 8 | CME | 10 | 0 | | 18 | 0 | 0 | 0 |
| 07/26/21 | | 4 | 3 | NDO | 0 | | 7 | 1 | 1 | 4 |
| 07/27/21 | | 7 | 5 | NDO | 5 | | 17 | 1 | 0 | 2 |
| 07/28/21 | | 7 | NDO | 9 | 1 | | 17 | 1 | 1 | 3 |
| 07/29/21 | | 9 | NDO | 6 | 5 | | 20 | 1 | 2 | 1 |
| 07/30/21 | | 6 | NDO | 10 | 2 | 1 | 19 | 2 | 0 | 0 |
| | | | | | | | 0 | | | |
| | | | | | | | 0 | | | |
| | | | | | | | 0 | | | |
| TOTAL | 18 | 129 | 28 | 112 | 35 | 5 | 327 | 7 | 22 | 26 |

NDO-NORMAL DAY OFF

TRO-TIME REQUESTED OFF

FE- FAMILY EMERGENCY

PHD-PUBLIC HEALTH DEPT

CME-EDUCATION

S-SICK

H-HOLIDAY

| DATE | Taylor | Jon | Katie | Reed | Total | NP | Nurse | NS |
|--------------|-----------|------------|------------|-------------|------------|----------|-----------|-----------|
| 07/01/21 | 9 | TRO | 7 | 1 | 17 | 1 | 5 | 4 |
| 07/02/21 | 7 | NDO | NDO | 2 | 9 | 0 | 1 | 2 |
| 07/05/21 | H | H | H | H | 0 | H | H | H |
| 07/06/21 | HEP | 9 | TRO | TRO | 9 | 1 | 7 | 1 |
| 07/07/21 | HEP | 9 | TRO | 4 | 13 | 0 | 4 | 1 |
| 07/08/21 | 7 | 10 | TRO | 3 | 20 | 1 | 7 | 5 |
| 07/09/21 | ACLS | 11 | TRO | 4 | 15 | 0 | 4 | 0 |
| 07/12/21 | NDO | 9 | 10 | 2 | 21 | 1 | 3 | 7 |
| 07/13/21 | HEP | 14 | 8 | tro 1/2 day | 22 | 0 | 6 | 4 |
| 07/14/21 | HEP | 13 | 6 | 0 | 19 | 1 | 4 | 3 |
| 07/15/21 | BLS | TRO | 12 | TRO | 12 | 0 | 2 | 2 |
| 07/16/21 | 11 | NDO | NDO | 3 | 14 | 0 | 2 | 1 |
| 07/19/21 | HEP | 11 | 12 | 1 | 24 | 0 | 6 | 3 |
| 07/20/21 | HEP | 11 | 8 | CME | 19 | 0 | 7 | 3 |
| 07/21/21 | HEP | 11 | 9 | 5 | 25 | 0 | 5 | 3 |
| 07/22/21 | 9 | 7 | 5 | 4 | 25 | 0 | 8 | 2 |
| 07/23/21 | CME | NDO | 8 | TRO | 8 | 0 | 2 | 2 |
| 07/26/21 | HEP | 12 | TRO | TRO | 12 | 1 | 8 | 2 |
| 07/27/21 | HEP | 10 | 8 | S | 18 | 1 | 7 | 3 |
| 07/28/21 | HEP | 12 | 7 | S | 19 | 0 | 2 | 5 |
| 07/29/21 | 3 | 3 | 4 | S | 10 | 2 | 5 | 0 |
| 07/30/21 | 9 | NDO | NDO | S | 9 | 0 | 3 | 1 |
| | | | | | 0 | | | |
| TOTAL | 55 | 152 | 104 | 29 | 340 | 9 | 98 | 54 |

NDO-NORMAL DAY OFF
TRO-TIME REQUESTED OFF
FE- FAMILY EMERGENCY
PHD-PUBLIC HEALTH DEPT
H-HOLIDAY

CME-EDUCATION
S-SICK
W-Weather



EMERGENCY MEDICAL SERVICES STATS

| <i>July 2021</i> | <i>HEPPNER</i> | <i>BOARDMAN</i> | <i>IRRIGON</i> | <i>IONE</i> | <i>TOTAL</i> | <i>FLIGHTS</i> |
|-------------------------------------|----------------|-----------------|----------------|-------------|--------------|----------------|
| <i>ALS Transports</i> | 3 | 8 | 10 | | 21 | |
| <i>BLS Transports w / Paramedic</i> | 7 | 3 | 0 | | 10 | |
| <i>BLS Transports</i> | 5 | 6 | 15 | 0 | 26 | |
| <i>ALS Transfers w / Paramedic</i> | 4 | 0 | 0 | | 4 | |
| <i>ALS Transfers w / Nurse</i> | 0 | 0 | 0 | | 0 | |
| <i>BLS Transfers</i> | 0 | 0 | 0 | | 0 | |
| TOTAL TRANSPORTS | 15 | 17 | 25 | 0 | 57 | |
| TOTAL TRANSFERS | 4 | | | | | |
| TOTAL PAGE OUTS | 22 | 44 | 38 | 2 | 106 | 4 |

DEFINITIONS

Advanced life support, level 1 (ALS1) means transportation by ground ambulance vehicle, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

Basic life support (BLS) means transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by at least two people who meet the requirements of state and local laws where the services are being furnished. Also, at least one of the staff members must be certified, at a minimum, as an emergency medical technician-basic (EMT-Basic) by the State or local authority where the services are furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

Transfer means taking a patient to another location (home, facility, etc.) via ambulance from a hospital.

Transport means EMS is paged out and takes a patient to the hospital.

Page out means EMS is paged out and responds (whether or not patient is transported).



Quality Performance Improvement: Hospice

Date of Quality Report: June 2021

1. Percent of patients who have pain identified on initial screening with a targeted comprehensive pain assessment within 24 hours of admission Compliance expected: 90% Compliance noted: 100% (2/2)

Denominator: Patients stays, except for those with exclusions, where the patient's pain severity at the pain screening was rated mild, moderate, or severe.

Numerator: Patient stays from the denominator who received a comprehensive pain assessment within 1 day of the pain screening and the pain assessment included at least 5 of the following characteristics: location, severity, character, duration, frequency, what relieves or worsens that pain, and the effect on function or quality of life.

Exclusions: If patient denies pain; patient stays are excluded from the denominator if they are under 18 years of age.

2. Percent of patients who have Shortness of Breath identified on the initial screening who receive treatment within 24 hours of admission. Compliance expected: 80% Compliance noted: NA

One admission exempt due to denial of SOB, one exempt for refusing any treatment for family's perceived SOB

Denominator: Patient stays from the denominator who received treatment within 1 day of screening positive for dyspnea.

Numerator: Equals the every patient identified on the initial screening that received treatment within 24 hours of admission.

Exclusions: Patient denies SOB, and none noted by RN/caregivers; Patients under the age of 18.



Do

Trend –

| Indicator | Goal | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2021 |
|--|------|---------------------|-------------|---------------------|-----|---------------------|---------------------|-----|-----|-----|-----|-----|-----|------|
| Percent of patients who have pain identified on initial screening will have a targeted comprehensive assessment within 24 hours of admission | 90% | 100% 2/2 1 ex | 100% 1/1 | 100% 2/2 1 ex | NA | 100% 1/1 2 ex | 100% 2/2 0 ex | | | | | | | |
| Percent of patients who have Shortness of Breath identified on the initial screening will receive treatment within 24 hours of admission. | 90% | 100% 2/2 1 ex | NA 1 ex | 100% 2/2 1 ex | NA | 100% 2/2 1 ex | NA | | | | | | | |

Study

Analyze data and describe fallouts or successes

Compare your data to the performance level

Trend – Are you reaching your goal?



Act

Continue to monitor and update the PI Plan

Performance Improvement Plan

| Date | Action Item | Leader | Status |
|-------------------------------|---|--------|--------|
| Present at July 15 RN meeting | Present QA results and measures to Hospice team | Molly | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Allstott Construction LLC
P.O. Box 691 - 200 N. Chase St.
Heppner, Or. 97836
CCB # 147551**

**Morrow County Health District
PO Box 9
Heppner, Or 97836**

The Following is an estimate to rebuild the back deck on the duplex located on S E Gilmore Street, Heppner Oregon. The deck is at the second story approximately 100 SF with 15 step staircase to 1st floor.

This estimate is all materials and labor for the following items.

1) Testing -- Because of the age of the structure this will have to have an asbestos testing (\$800.00, this cost is in the estimate). If asbestos is found it will be taken care of and those costs will be billed as invoiced. If this was built pre 1978 we will also have to do lead paint testing. My company can do the testing on this and removal if necessary. If found will add around \$500.00 to the project

2) Demolition -- Demolition of existing deck and stairway. Disposal of all construction debris.

3) Deck Frame -- Deck Beams -- 2/ 4x10 running perpendicular to the duplex supported by metal bracket on the house side and 4x4 posts on existing concrete wall (bracketing as needed). Joists -- 2x10 and 1' on center supported by hangers on each end. New 2x12 stair stringers (4).

Note: This deck frame will slope and least 1/8" per foot away from duplex.

4) Decking -- Lock-Dry aluminum waterproof decking (see attached). This product will also be used for stair treads. This was priced using there solid color. Using wood grain will add \$2.44 per lineal foot to decking costs.

5) Rail - Deckorators ALX Classic Aluminum Railing -- Black powder coat finish aluminum rail to meet code requirements, 42" tall (see attached)

Note: We will try to save existing storage area under stairway (not sure if possible). If needed to be rebuilt those cost will need to be added.

Estimate as Priced -- \$12,060.00

You are here: [Home](#) / [Products](#) / [Decking](#) / [LockDry® Waterproof Decking](#)

- [LockDry Home](#)
- [How LockDry Works](#)
- [Features & Benefits](#)
- [Profiles and Specs](#)
- [Finishes](#)
- [Installation](#)
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Waterproof Aluminum Decking - The One Step Roof Deck System

Expanding a home's outdoor living space is a big trend, and so many newer homes have second or third level decks with space underneath that is basically lost. *LockDry®* Decking not only creates a beautifully finished and gapless deck - but when installed on a 2nd or 3rd level deck, the area underneath is instantly transformed into a dry outdoor patio, carport or storage. This allows home owners the added advantage of having more usable outdoor deck space no matter the weather.

Installing *LockDry®* decking is an investment that also yields returns beyond just added outdoor living space. *LockDry's®* powder-coated aluminum construction means you'll never have to replace rotted, cracked or warped boards or paint, stain or waterproof ever again – tasks all too common with wood or composite decking. Homeowners immediately capture savings of both time and money that are no longer lost in expensive maintenance and extensive repairs.

LockDry® decking is also a great fit for screened in porches and single level decks. The construction and maintenance-free finish are ideal for any climate — it stays cooler than most composite decking products in extreme sun exposure and supports up to 240 pounds per square foot of live load for heavy snow fall. Because of aluminum's unique qualities, *LockDry®* decking will not absorb water that freezes and cracks other decking materials. Nexan's aluminum products are fireproof, non-combustible and do not emit any toxic fumes, even when exposed to high temperatures.

The uses for the area under your new deck are limited only by your imagination. Turn it into a game room for the kids, storage for lawn and garden equipment, or a second entertaining space with no worries of leaks that are typical with conventional roof decks.



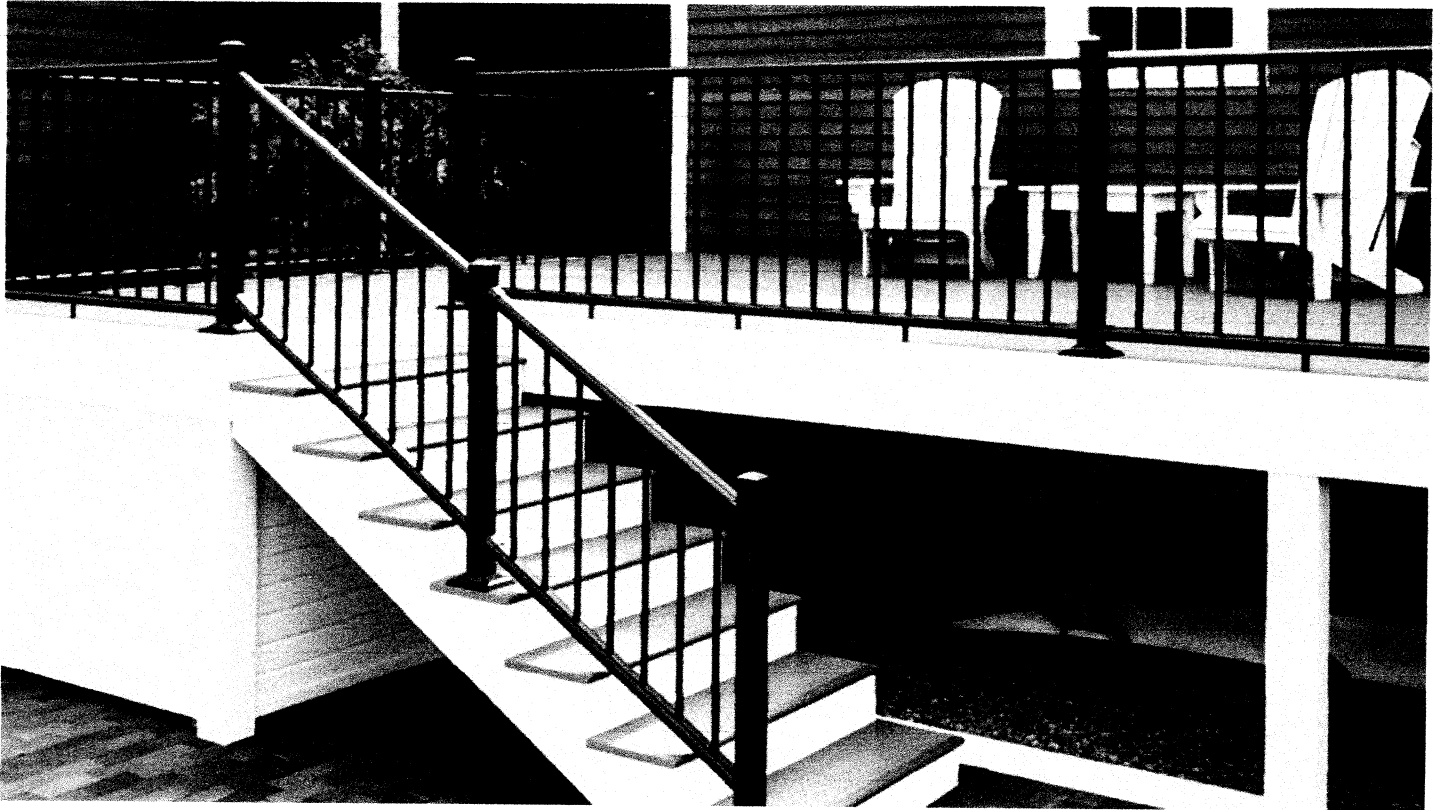
LockDry® is available in 6 solid colors and Dakota Oak wood grain.

LockDry® Waterproof Aluminum Decking Photos

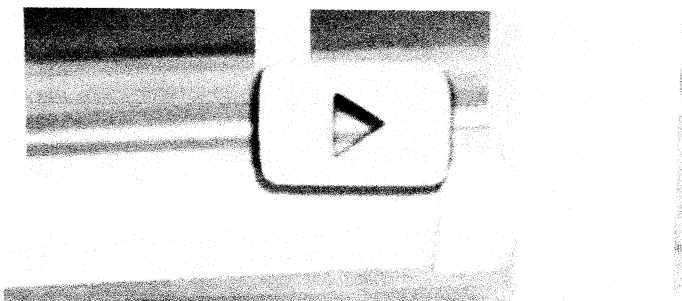
View the embedded image gallery online at:
<http://www.nexaninc.com/products/decking/lockdry-waterproof-decking#sigProGalleria2023ab91b8>

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Deckorators ALX Classic Aluminum Railing



ALX Classic Railing from Deckorators offers a modern rail profile with the built-in convenience of pre-attached baluster connectors. Choose your baluster shape, powder-coat finish, and railing height to find the perfect, low-maintenance solution your home has been looking for.



Decks Direct
Helping People Build Better Decks

Deckorators ALX Classic Railing



Decks Direct
Helping People Build Better Decks

Personal Truck Delivery

Need Help?



**Pricing Supplement - Support Services Renewal
Summary By Product**

Master Agreement ID: 24074-01

Issued On: Jul 21, 2021

Contract Note:

Quote Expires On: Oct 19, 2021

Quote: 84491

Ship To: 24074

Sold To ID: 24074

Pioneer Memorial Hospital
564 E Pioneer Drive
Heppner OR 97836
United States

Pioneer Memorial Hospital
564 E Pioneer Drive
Heppner OR 97836
United States

Support Services Term: 12 months

Service Effective Dates: Oct 1, 2021 to Sep 30, 2022

Service Level: Advantage

| Products | | | | Monthly Services | | | |
|--------------------|-------------|--|------|------------------|----------------------|-------------------|------------------|
| Service Start Date | Product | Description | Qty | Unit Services | Service Term (month) | Extended Services | Service End Date |
| Oct 1, 2021 | MED-FRM-102 | SERVICE-MED-XT 2-CELL | 1.00 | \$124.00 | 12 | \$1,488.00 | Sep 30, 2022 |
| Oct 1, 2021 | SRD-OPT-012 | SV-FLEX LOCK 3.0 WITH 50 FT CABLE,INSTL | 1.00 | \$20.00 | 12 | \$240.00 | Sep 30, 2022 |
| Oct 1, 2021 | MED-AUX-102 | SERVICE-MED AUX-XT 2-CELL | 1.00 | \$52.00 | 12 | \$624.00 | Sep 30, 2022 |
| Oct 1, 2021 | MED-FRM-101 | SERVICE-MED-XT 1-CELL | 1.00 | \$109.00 | 12 | \$1,308.00 | Sep 30, 2022 |
| Oct 1, 2021 | OMC-SRV-083 | SERVICE-VIRTUAL TEST SERVER (VMWARE) | 2.00 | \$0.00 | 12 | \$0.00 | Sep 30, 2022 |
| Oct 1, 2021 | MSA-LIC-001 | SERVICE-ANYWHEREERN | 2.00 | \$18.00 | 12 | \$432.00 | Sep 30, 2022 |
| Oct 1, 2021 | SRD-OPT-011 | SV-XT FLEXLOCK,WIRELESS,ALACARTE | 1.00 | \$20.00 | 12 | \$240.00 | Sep 30, 2022 |
| Oct 1, 2021 | NAC-BDL-001 | SV-NAC BUNDLE, HYPER-V VIRTUAL SRV & INF | 1.00 | \$322.00 | 12 | \$3,864.00 | Sep 30, 2022 |



| Products | Monthly Services | | |
|---|-------------------|--|--|
| Grand Total (USD) | \$8,196.00 | | |
| <p>To continue your Support Services coverage pursuant to the terms and conditions of the mutually negotiated Master Agreement #24074-01. Complete, sign and send this Support Services Renewal Confirmation, along with a copy of your purchase order (if needed) and Tax Exemption Certificate, to your Service Contract Specialist <i>before</i> your expiration date.</p> <p style="text-align: center;">PLEASE NOTE</p> <p>Support Services Coverage is billed as a Lump Sum invoice. Please note that Omnicell is hereby relying to its detriment upon customer's representation and certification by its submission of this Renewal that the assets listed are currently in service and in use such that if it is found at a later date not to be the case, the customer has therefore forfeited any claim to a refund, reimbursement or credit based upon such overpayment for service upon assets not in service.</p> | | | |



| Service Start Date | Product Name | Product Description | Age | Qty | Serial Number | Service End Date |
|---------------------------|---------------------|--|------------|------------|----------------------|-------------------------|
| Oct 1, 2021 | MED-FRM-102 | XT MED 2-CELL CABINET | 3 | 1 | 146706 | Sep 30, 2022 |
| Oct 1, 2021 | SRD-OPT-012 | XT FLEXLOCK WITH 50 FT CABLE,INSTALLED | 3 | 1 | 1415002EST006217 | Sep 30, 2022 |
| Oct 1, 2021 | MED-AUX-102 | XT MED AUX 2-CELL CABINET | 3 | 1 | 146781 | Sep 30, 2022 |
| Oct 1, 2021 | MED-FRM-101 | XT MED 1-CELL CABINET | 3 | 1 | 146782 | Sep 30, 2022 |
| Oct 1, 2021 | PRM-SFW-001 | VMWARE BASE SERVER | 3 | 1 | VA02868 | Sep 30, 2022 |
| Oct 1, 2021 | OMC-SRV-083 | VIRTUAL TEST SERVER VMWARE | 3 | 1 | 3772010040658 | Sep 30, 2022 |
| Oct 1, 2021 | SRD-OPT-011 | XT FLEXLOCK,WIRELESS,ALACARTE | 2 | 1 | 1415004EST000490 | Sep 30, 2022 |



Pricing Supplement - Support Services Renewal Supplement

Master Agreement ID: 24074-01

Quote: 84491

Ship To ID: 24074

Pioneer Memorial Hospital
564 E Pioneer Drive
Heppner OR 97836
United States

Issued On: Jul 21, 2021

Quote Expires On: Oct 19, 2021

Sold To ID: 24074

Pioneer Memorial Hospital
564 E Pioneer Drive
Heppner OR 97836
United States

Support Services Term: 12 months

Service Effective Dates: Oct 1, 2021 to Sep 30, 2022

Service Level: Advantage

1. The Pricing Supplement is subject to and incorporates by reference all of the terms and conditions as set forth within the Master Agreement identified above.
2. Any terms and conditions on any Purchase Order issued in conjunction with this Pricing Supplement shall be for reference purposes only and shall not become a part of the terms and conditions of this Pricing Supplement.
3. Customer acknowledges and agrees that it is Customer's obligation to pay the amounts as set forth on this Pricing Supplement and that such payment obligations are governed by the terms and conditions of the above referenced Master Agreement including all applicable scheduled, attachments and exhibits.
4. The undersigned hereby acknowledges that he/she has the authority to sign this Pricing Supplement and bind the Customer to the terms and conditions of this Pricing Supplement.

| | |
|-------------------|-------------------|
| OMNICELL INC. | CUSTOMER |
| Signature: _____ | Signature: _____ |
| Print Name: _____ | Print Name: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

***Please fax all the document pages to
Karen Kolesar
OMNICELL INC.
3661 BURWOOD DR
WAUKEGAN, IL 60085*

**PHYSICIAN ASSISTANT SERVICE AGREEMENT
CONTRACT ADDENDUM**

This addendum accompanies the agreement commencing March 1, 2019 by and between Morrow County Health District (District), a Special District in the State of Oregon, and Danielle Mateleska (Provider), a licensed physician assistant in the State of Oregon.

Effective September 1, 2021 and continuing through December 31, 2021, the District shall compensate Provider on an hourly basis at the currently approved rate of pay. The change to an hourly rate of pay is intended to temporarily increase Provider's compensation to reflect additional work performed.

This addendum does not otherwise modify the terms of the original contract.

DISTRICT:

PHYSICIAN:

Emily Roberts, Interim CEO
Morrow County Health District

Danielle Mateleska, PA-C

Date

Date



Recruitment Proposal for Morrow County Health District – 8.5.21

| | Clinical Providers (Physicians/Adv. Practitioners) | Administrative (Managers/Directors) | Executive (C-Suite) |
|--|--|---|---|
| Recruitment Services (Applies to Clinical, Administrative, and Executive searches) | <ul style="list-style-type: none"> A dedicated recruitment team assigned to your search project(s) (includes two senior search consultants) Development of comprehensive written marketing materials describing the opportunity, organization, and community Multichannel marketing targeting active and passive candidates In-depth candidate interviews/vetting Comprehensive written summary and CV/Resume for each candidate submitted to client in a rolling presentation fashion Monthly search update calls to review marketing/sourcing activities and candidates in process <p>Remaining Recruitment Services Conducted by Client*</p> <ul style="list-style-type: none"> Schedule phone interview with candidate(s) Site visit coordination Candidate referencing Contract negotiation <p>*For a nominal fee, H-R-L is available to provide these additional services, if requested.</p> | | |
| Professional Fees | \$2,400/month for 1 specialty* \$4,600/month for 2 specialties* \$6,800/month for 3 specialties* | \$1,750/month for 1 position \$3,000/month for 2 positions \$4,500/month for 3 positions | \$2,500/month for 1 position \$4,000/month for 2 positions |
| Marketing/Advertising | Included in Professional Fee | \$2,500 per position at search initiation | \$2,500 per position at search initiation |
| Comments | <ul style="list-style-type: none"> *No limit on number of clinical providers hired in a specialty. No additional placement or success fees for Clinical, Administrative, or Executive searches. This service requires minimum 4-months of billing for each specialty/position initiated. If search is filled in, for instance, Month 5, search and billing ends. Max. 10 billable months. If one placement is not made within the 10-mo. period, H-R-L will continue the search, with no additional professional fee charges. Typically, professional fees for Executive Searches range between 30% and 33-1/3% of first year's annual salary; Administrative Searches typically range between 20% and 25% of first year's annual salary. An additional discount of 10% will be applied toward the professional fees if Morrow County Health District initiates the 5 searches discussed at time of signing a recruitment agreement. | | |

Surplus Items for Board Approval:

- Wheelchair (4)
- Walker / Sitter (3)
- Walker (4)
- IV Pole (3)

PROVIDER RECRUITMENT

