



**Board Meeting Agenda**  
**October 24, 2022 at 6:30 p.m.**

<b>In Person</b>	Morrow County Grain Growers – Conference Room 350 Main Street, Lexington, OR 97839
<b>Zoom</b>	<a href="https://us06web.zoom.us/j/83430353195?pwd=SzY2SDhvV2dEOXk2MkQwSzVLVXFwUT09">https://us06web.zoom.us/j/83430353195?pwd=SzY2SDhvV2dEOXk2MkQwSzVLVXFwUT09</a> Meeting ID: 834 3035 3195 Passcode: 447825

**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. September 26, 2022

**4. CEO Report & Executive Team Dashboard – Emily Roberts****5. Financial Report – Michael Lieuallen****6. Consent Agenda**

- A. EMS Advisory Committee Meeting Minutes
- B. EMS Stats

**7. New Business**

- A. Custom Learning Systems Year II Engagement
- B. Dynamic Computer Consulting Security Camera Quote
- C. Zoll Defibrillator Quote
- D. Carestream Service Quote

**8. Old Business****9. Executive Session** *(News media may attend, but may not report about executive sessions.)*

- A. ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to trade secrets exempt from disclosure under ORS 192.345(2).
- B. ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1).

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**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!



**10. Open Session**

**11. Adjourn**

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# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

<b>Board of Directors Meeting Minutes</b>
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Meeting Information		Committee Members			
<b>Meeting Date/Time:</b>	September 26, 2022 @ 6:30 p.m.	<b>Board Members:</b>	<b>Present:</b> John Murray (Zoom), Carri Grieb, Aaron Palmquist, Diane Kilkenny, Marie Shimer		
<b>Location</b>	Port of Morrow Sand Hollow Room 2 East Marine Drive Boardman, OR 97818	<b>Guests:</b>	<b>Staff Members:</b> Emily Roberts, Nicole Mahoney, Sam Van Laer (Zoom), Patti Allstott, J.R. Lieuallen, Janis Beardsley, Richard Hernandez, Donna Sherman, Natalia Wight, Dr. Edward Berretta (Zoom), Jamie Houck (Zoom) <b>Guests:</b> Ken Grieb, JoyceKay Hollomon, Evelyn Carroll, Verna Mudie <b>Press:</b> David Sykes (Zoom)		
<b>Video Dial In:</b>	Zoom	<b>Leader:</b>	Marie Shimer, Board Chair	<b>Recorder:</b>	Jodi Ferguson

**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
1. Call to Order	<ul style="list-style-type: none"> <li>Chair Marie Shimer called the meeting to order at 6:31 p.m.</li> </ul>
2. Public Comments	<ul style="list-style-type: none"> <li>None</li> </ul>
3. Approval of Minutes	<p><b>MOTION: Aaron Palmquist moved to approve the minutes for the August 30, 2022 regular session as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
4. CEO Report & Executive Team Dashboard	<ul style="list-style-type: none"> <li>The executive team dashboard was presented by Emily Roberts (see board packet).</li> </ul>
5. CFO Financial Report	<ul style="list-style-type: none"> <li>Financials for August 2022 were presented by J.R. Lieuallen. The District had a \$460,464 loss for the month.</li> </ul>
6. Consent Agenda	<ul style="list-style-type: none"> <li>The EMS Advisory Committee would like the EMS Advisory Committee meeting minutes and the EMS stats to be included in the MCHD board meeting packet monthly.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to acknowledge the minutes from the August 19, 2022 EMS Advisory Committee meeting and EMS stats as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
7. New Business	
A. Hospice Quality Program	<ul style="list-style-type: none"> <li>Molly Rhea presented hospice quality measure Hospice Visits in the Last Days of Life (HVLDL). The District's board is responsible for approving hospice quality measures.</li> </ul>

	<p><b>MOTION: Aaron Palmquist moved to accept the hospice quality measure as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
B. Update on Boardman Immediate Care	<ul style="list-style-type: none"> <li>Emily presented the site map, which shows that there are currently 17 parking spots available.</li> <li>There is a community open house on 9/29 from 8 a.m. – 11 a.m. and the ribbon cutting ceremony is scheduled for 10/18 at 11 a.m.</li> <li>BIC is on track to open on 10/11.</li> </ul>
C. Malpractice Insurance	<ul style="list-style-type: none"> <li>Emily presented a new contract for malpractice insurance replacing current carrier Coverys with OHI Optima at a \$42,852 annual premium.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contract with OHI Optima as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
D. AMN Healthcare Staffing Agreement Amendment	<ul style="list-style-type: none"> <li>Emily presented a contract amendment for AMN Healthcare Staffing agreement, which reflects an increase in rates per hour.</li> </ul> <p><b>MOTION: Carri Grieb moved to approve the contract with AMN Healthcare Staffing as presented. Aaron Palmquist seconded the motion. The motion passed unanimously by all board members present.</b></p>
E. Smith Security Proposal	<ul style="list-style-type: none"> <li>Emily presented a proposal from Smith Security LLC to update the District's security system for \$67,701.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the proposal with Smith Security LLC as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
F. Shelco Communications Proposal	<ul style="list-style-type: none"> <li>Emily presented a proposal from Shelco Communications to install cabling as part of the security system update for \$49,060.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the proposal with Shelco Communications as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
G. EMS Advisory Committee Application	<ul style="list-style-type: none"> <li>Emily presented an application for Janis Beardsley, CNO to become a member of the EMS Advisory Committee.</li> </ul> <p><b>MOTION: Carri Grieb moved to approve the application for Janis Beardsley, CNO to the EMS Advisory Committee as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
H. Community Benefit Request – AED for MCSD	<ul style="list-style-type: none"> <li>Emily presented a request from Morrow County School District requesting an AED Unit for the lower hallway at Heppner High School. Marie Shimer recused herself from the voting due to being a MCSD employee.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the community benefit request as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
I. Clinic Medical Director Contract Addendum	<ul style="list-style-type: none"> <li>Emily presented a contract addendum for Dr. Rodney Schaffer to serve as the District's Clinic Medical Director for Pioneer Memorial Clinic, Irrigon Medical Clinic (including Boardman Immediate Care), and Lone Community Clinic (including School-Based Health Center duties).</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contract addendum for Dr. Rodney Schaffer as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
J. Medical Staff Appointments	<ul style="list-style-type: none"> <li>Emily presented appointments to Medical Staff for Dr. Lary Stieglitz, Jennifer Barden, NP, Shelley McCabe, PT,DPT, which were approved by the District's medical staff committee.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the appointments to medical staff as presented. Carri Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
8. Old Business	<ul style="list-style-type: none"> <li>None.</li> </ul>
9. Executive Session	<ul style="list-style-type: none"> <li>Marie Shimer announced the following executive sessions:</li> <li>ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to trade secrets exempt from disclosure under ORS 192.345(1).</li> </ul>

	<ul style="list-style-type: none"> <li>• ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(2)</li> <li>• Executive session was called to order at 7:12 p.m. and adjourned at 8:09 p.m.</li> </ul>
<b>10. Adjourn</b>	<p>With no further business to come before the board, regular session adjourned at 8:10 p.m.</p> <p>Minutes taken and submitted by Jodi Ferguson. Approved _____.</p>

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### **Promise of Excellence**

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## October 2022



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

FINANCIAL	
Days Cash on Hand	39
Days in AR	50

Goal ≥ 90

Goal ≤ 60

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	5.7%
Vacancy Rate	11.0%
Number of Open Positions	16

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

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

RURAL HEALTH CLINICS			
MEASURE	PMC	IMC	ICC
Third Next Available (Current Month)	8	11	6
Total Visits (Previous Month)	327	254	68

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

## CAHPS (PATIENT SATISFACTION SCORES)

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

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
Pioneer Memorial Clinic	77% N = 17	73% N = 15	65% N = 23
Irrigon Medical Clinic	60% N = 10	71% N = 17	67% N = 18
Ione Community Clinic	100% N = 4	87% N = 15	100% N = 5
NRC Average	83%		

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

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
Pioneer Memorial Clinic	88% N = 16	93% N = 15	91% N = 23
Irrigon Medical Clinic	80% N = 10	94% N = 16	83% N = 18
Ione Community Clinic	100% N = 5	93% N = 15	100% N = 6
NRC Average	90%		

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 2022	Qtr 2 2022	Qtr 1 2022
<b>ER Adult</b>	<b>61%</b> N = 18	<b>77%</b> N = 22	<b>88%</b> N = 16
<b>NRC Average</b>	64%		
<b>Bed Size 6 - 24 Average</b>	77%		

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

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
<b>ER Adult</b>	<b>67%</b> N = 15	<b>82%</b> N = 22	<b>80%</b> N = 15
<b>NRC Average</b>	66%		
<b>Bed Size 6 - 24 Average</b>	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 3 2022	Qtr 2 2022	Qtr 1 2022
<b>ER Pediatric</b>	<b>100%</b> N = 3	<b>50%</b> N = 4	<b>50%</b> N = 2
<b>NRC Average</b>	65%		

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

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
<b>ER Pediatric</b>	<b>67%</b> N = 3	<b>25%</b> N = 4	<b>50%</b> N = 2
<b>NRC Average</b>	69%		

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 2022	Qtr 2 2022	Qtr 1 2022
<b>Inpatient</b>	<b>75%</b> N = 4	<b>60%</b> N = 5	<b>100%</b> N = 3
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	81%		

Would you recommend this hospital to your friends and family?

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
<b>Inpatient</b>	<b>0%</b> N = 5	<b>60%</b> N = 5	<b>75%</b> N = 4
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	80%		

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

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
<b>Hospital</b>	<b>No Data</b> N = 0	<b>100%</b> N = 1	<b>No Data</b> N = 0
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	81%		

Would you recommend this hospital to your friends and family?

	Qtr 3 2022	Qtr 2 2022	Qtr 1 2022
<b>Hospital</b>	<b>No Data</b> N = 0	<b>100%</b> N = 1	<b>No Data</b> N = 0
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	80%		

**Score is equal to or greater than the NRC Average**

**Score is less than the NRC Average, but may not be significantly**

**Score is significantly less than the NRC Average**



Through September 2022

Current Month	Last Month	Dollar Variance		Current Year to Date	Budget Year to Date	Dollar Variance
PATIENT SERVICES REVENUE						
49,542	71,469	-21,927	Inpatient Ancillary Revenue	208,293	175,317	32,976
52,664	75,385	-22,721	Hospital Inpatient Revenue	205,033	306,042	-101,009
726,280	749,455	-23,175	Outpatient Revenue	2,221,516	2,713,803	-492,287
240,129	248,941	-8,812	Clinic Revenue	648,764	1,018,369	-369,604
94,287	70,284	24,004	Home Health/Hospice Revenue	279,437	304,315	-24,878
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1,162,903	1,215,534	-52,631	Gross Patient Revenue	3,563,044	4,517,846	-954,802
LESS DEDUCTIONS FROM REVENUE						
6,690	2,793	3,897	Provision for Bad Debts	37,593	0	37,593
-41,773	192,160	-233,934	Contractual & Other Adjustment	-268,453	318,727	-587,181
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-35,083	194,953	-230,036	Total Revenue Deductions	-230,860	318,727	-549,588
1,197,986	1,020,580	177,405	NET PATIENT REVENUE	3,793,904	4,199,118	-405,214
256,557	256,557	0	Tax Revenue	769,670	769,670	0
2,299	5,912	-3,613	Other Operating Revenue	25,958	292,850	-266,892
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1,456,841	1,283,049	173,792	TOTAL OPERATING REVENUE	4,589,533	5,261,638	-672,106
OPERATING EXPENSES						
894,849	1,056,834	-161,985	Salaries & Wages	3,045,044	2,774,847	270,197
282,692	283,250	-558	Employee Benefits & Taxes	856,869	1,115,552	-258,682
62,359	62,275	83	Professional Fees	185,896	193,314	-7,418
135,910	131,079	4,830	Supplies & Minor Equipment	396,733	371,288	25,445
8,504	4,885	3,619	Education	16,467	44,056	-27,589
12,243	8,986	3,257	Repairs & Maintenance	34,037	54,451	-20,414
21,134	18,996	2,138	Recruitment & Advertising	47,763	40,638	7,125
108,397	89,152	19,246	Purchased Services	282,171	277,147	5,024
56,753	56,727	26	Depreciation	170,278	184,221	-13,943
18,140	15,878	2,262	Utilities, Phone & Propane	51,314	55,720	-4,406
8,943	11,860	-2,917	Insurance	32,645	35,366	-2,721
1,038	2,523	-1,485	Taxes & Licenses	3,561	5,505	-1,945
5,764	5,858	-93	Interest	17,397	16,029	1,368
3,176	2,051	1,125	Dues & Subscriptions	8,167	9,594	-1,427
13,591	10,570	3,021	Travel	36,287	52,007	-15,720
37,841	12,878	24,963	Other Expenses	73,308	48,955	24,354
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1,671,335	1,773,801	-102,466	Total Operating Expenses	5,257,936	5,278,690	-20,753
-214,494	-490,752	276,259	GAIN/LOSS FROM OPERATIONS	-668,404	-17,051	-651,352
31,087	30,289	798	NON-OPERATING NET GAIN/LOSS	86,273	228,347	-142,074
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-183,407	-460,464	277,057	GAIN/LOSS	-582,130	211,296	-793,426
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September 2022

Description	Current Year
<b>Assets</b>	
<b>Current Assets</b>	
Cash & Investments	6,003,980
A/R Hospital, Swing, Clinic	1,649,077
A/R Home Health & Hospice	284,003
Gross Patient Receivables	1,933,080
Less: Clearing Accounts	-50
Less: Allow for Contractual	124,053
Less: Allow for Uncollectible	270,503
	-----
Net Patient Accounts Receivabl	1,538,574
Employee Advances	9,851
Employee Purchases Receivable	5,100
Receivable 340B SunRx	37,956
Taxes Receivable - Prior Year	50,329
Taxes Receivable - Current Yr	769,670
Other Receivable	13,163
Grants Receivable	0
MC/MD Receivable	28,214
Assisted Living Receivable	5,766
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Other Receivable Total	0
Inventory and Prepaid	510,680
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Total Current Assets	8,973,282
<b>Long Term Assets</b>	
Land	135,701
Land Improvements	312,782
Building & Improvements	5,869,836
Equipment	7,911,160
Amortizable Loan Costs	0
Construction in Progress	744,832
Less: Accum Depreciation	9,933,577
	-----
Total Long Term Assets	5,040,734
	-----
Total Assets	14,014,016
	=====

UNAUDITED FINANCIALS - SUBJECT TO CHANGE

September 2022

Description	Current Year
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	218,308
Refunds Payable-Hospital	0
Refunds Payable-Clinic	0
Misc Payable	0
Short Term Notes Payable	0
	-----
Accounts Payable Total	218,308
Accrued Wages & Liabilities	790,918
Accrued Interest	3,052
Suspense Account	3,080
TCAA Suspense	0
Deferred Income	1,506
Unearned Revenue for COVID 19	1,586,680
MC/MD Settlement Payable	344,276
Contingency Settlement Payable	200,000
	-----
Other Liabilities	2,138,594
	-----
<b>Total Current Liabilities</b>	<b>3,147,821</b>
	=====
<b>Longterm Liabilities</b>	
STRYKER CAPITAL LEASE	0
BEO 2019 BOILERS LOAN	64,222
BEO 2018 BOARDMAN BLDG LOAN	101,766
BEO 2018 OMNICELL/US LOAN	65,786
BEO 2020 AMBULANCE LOAN	77,662
Morrow Co 2016 Annex Loan	0
BEO Loan AMB/LAB 2016	0
MORROW CO 2018 BOARDMAN BLDG	56,025
BEO ENDO RM/MISC LOAN 2017	3,275
Morrow Co 2013 IMC Loan	6,913
BEO IMC EXPANSION 2018	321,471
GEODC 2021 HOUSE LOAN	80,346
MORROW CO 2021 CHURCH LOAN	60,086
BEO 2008 Hosp Remodel Loan	37,592
BEO REFINANCE LOAN	791,312
USDA Remodel Loan	0
	-----
<b>Total Long Term Liabilities</b>	<b>1,666,476</b>
<b>Equity/Fund Balance</b>	
General Fund Unrestricted Bal	9,781,849
Equity/Fund Bal Period End	-582,130
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<b>Total Liab+Equity/Fund Bal</b>	<b>14,014,016</b>
	=====

UNAUDITED FINANCIALS - SUBJECT TO CHANGE

**MORROW COUNTY HEALTH DISTRICT  
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
FISCAL YEAR 2022-2023**

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>ACUTE (INPATIENT)</b>													
ADMISSIONS	4	1	1										6
DISCHARGES	5	1	1										7
Admits- MEDICARE	3	0	1										4
MEDICAID	1	1	0										2
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
Dschgs -MEDICARE	4	0	0										4
MEDICAID	1	1	1										3
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	12	0	1										13
MEDICARE ADVANTAGE	0	0	0										0
MEDICAID	0	0	0										0
MEDICAID MANAGED CARE	2	6	0										8
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>14</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>
<b>PATIENT ADMISSION DAYS</b>													
Adults	12	6	1										19
Pediatric	0	0	0										0
<b>TOTAL</b>	<b>12</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>
AVG LENGTH OF STAY	2.4	6.0	1.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.7
AVG DAILY CENSUS	0.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
DEATHS													0
<b>SWING BED (Skilled)</b>													
ADMISSIONS	4	2	0										6
DISCHARGES	3	3	2										8
Dschgs -MEDICARE	3	3	2										8
MEDICAID	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	35	59	77										171
MEDICARE ADVANTAGE	26	0	0										26
MEDICAID	0	0	0										0
MEDICAID MANAGED CARE	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>61</b>	<b>59</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>197</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICARE	53	74	39										166
MEDICAID	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>53</b>	<b>74</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166</b>
AVG DAILY CENSUS	1.71	2.39	1.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.45
SWING BED REVENUE	\$ 21,592	\$ 30,148	\$ 15,889										\$67,628
SWING \$ DAYS	<b>53</b>	<b>74</b>	<b>39</b>										<b>166</b>

MORROW COUNTY HEALTH DISTRICT  
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
 FISCAL YEAR 2022-2023

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
DEATHS	0	0	0										0
<b>OBSERVATION</b>													
ADMISSIONS	6	1	5										12
DISCHARGES	6	1	5										12
HOURS	158	41	102										301
REVENUE	\$ 21,495	\$ 5,323	\$ 14,391										\$ 41,209
AVG LENGTH OF STAY (hours)	26.3	41.0	20.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	25.1
DEATHS	0	0											0

**MORROW COUNTY HEALTH DISTRICT  
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
FISCAL YEAR 2022-2023**

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>HOSPITAL RESPITE</b>													
ADMISSIONS	2	0	0										2
DISCHARGES	2	0	0										2
PATIENT ADMISSION DAYS	8	0	0										8
DEATHS	1	0	0										1
<b>SWING (Non-Skilled)</b>													
ADMISSIONS	0	0	0										0
DISCHARGES	0	0	0										0
Dschgs -MEDICAID	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICAID	0	0	0										0
SELF PAY	0	0	0										0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICAID	62	62	60										184
SELF PAY	31	31	33										95
<b>TOTAL</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>279</b>
AVG DAILY CENSUS	3.0	3.0	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0
SWING BED REVENUE	\$ 35,083	\$ 35,083	\$ 35,083										\$ 105,250
SWING \$ DAYS	<b>93</b>	<b>93</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>279</b>
DEATHS	0	0	0										0
<b>SUMMARY STATS</b>													
TOTAL/AVERAGE % OCCUPANCY	<b>25.5%</b>	<b>26.6%</b>	<b>21.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>6.5%</b>
<b>TOTAL OUTPATIENTS (Admits) w/ ER</b>													
	558	610	558										<b>1726</b>
<b>TOTAL ER (Encounters)</b>													
	108	101	89										<b>298</b>
<b>LAB TESTS</b>													
INPATIENT	121	81	48										<b>250</b>
OUTPATIENT	1172	1623	1501										<b>4296</b>
<b>TOTAL</b>	<b>1293</b>	<b>1704</b>	<b>1549</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4546</b>
<b>XRAY/ULTRASOUND TESTS</b>													
INPATIENT	12	3	1										<b>16</b>
OUTPATIENT	84	113	104										<b>301</b>
<b>TOTAL</b>	<b>96</b>	<b>116</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>317</b>
<b>CT SCANS</b>													
	37	32	38										107
<b>MRI SCANS</b>													
	1	1	6										8
<b>EKG TESTS</b>													
	26	34	40										100
<b>TREADMILL PROCEDURES</b>													
	0	0	0										0
<b>RESPIRATORY THERAPY</b>													
INPATIENT	4	0	2										<b>6</b>
OUTPATIENT	39	57	68										<b>164</b>
<b>TOTAL</b>	<b>43</b>	<b>57</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>170</b>
<b>PROVIDER VISITS</b>													
HEPPNER CLINIC	167	313	327										807
IRRIGON CLINIC	223	282	254										759
IONE CLINIC	63	65	68										196
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	157	100	92										349

MORROW COUNTY HEALTH DISTRICT  
 PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
 FISCAL YEAR 2022-2023

	TOTAL	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
REVENUE OF HOSPITAL ENCOUNTERS	\$ 80,158	\$ 80,158	\$ 64,134	\$ 65,670	0	0	0	0	0	0	0	0	0	\$209,962

**MORROW COUNTY HEALTH DISTRICT  
PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS  
FISCAL YEAR 2022-2023**

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>AMBULANCE</b>													
HEPPNER AMBULANCE TRANSPORTS	26	28	22										76
BOARDMAN AMBULANCE TRANSPORTS	27	26	23										76
IRRIGON AMBULANCE TRANSPORTS	22	28	17										67
IONE AMBULANCE TRANSPORTS	0	0	0										0
<b>TOTAL</b>	<b>75</b>	<b>82</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>219</b>
HEPPNER AMB REVENUE	\$ 46,160	\$ 47,261	\$ 34,739										\$128,160
BOARDMAN AMB REVENUE	\$ 62,644	\$ 60,143	\$ 52,612										\$175,399
IRRIGON AMB REVENUE	\$ 39,811	\$ 56,418	\$ 35,712										\$131,941
IONE AMB REVENUE	\$ -	\$ -	\$ -										\$0
<b>TOTAL</b>	<b>\$ 148,615</b>	<b>\$ 163,822</b>	<b>\$ 123,063</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$435,499</b>
<b>HOME HEALTH VISITS</b>													
SKILLED NURSING VISITS	55	59	62										176
AIDE VISITS	15	12	23										50
MSW VISITS	0	0	0										0
OCCUPATIONAL THERAPY	11	7	10										28
PHYSICAL THERAPY	26	26	34										86
SPEECH THERAPY	0	0	0										0
IN HOME CARE VISITS-PRIVATE PAY	36	4	0										40
<b>TOTAL</b>	<b>143</b>	<b>108</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>380</b>
<b>HOSPICE</b>													
ADMITS	4	2	3										9
DISCHARGE	0	0	0										0
DEATHS	6	2	3										11
<b>TOTAL DAYS</b>	<b>182</b>	<b>78</b>	<b>120</b>										<b>380</b>
<b>PHARMACY</b>													
DRUG DOSES	3305	5848	8119										17,272
DRUG REVENUE	\$ 145,027	\$ 116,579	\$ 121,372										<b>\$382,978</b>



**PIONEER MEMORIAL CLINIC - SEPTEMBER 2022**

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	Total
Dr. Lion	Patient Hours Available	8	8										7	8	7.5					7	8	7					7	8	7.5			83
	Patients Seen	11	13										5	8	12					4	3	8					4	1	7			76
	No Shows	0	0										0	1	0					0	0	0					0	0	0			1
	Patient Cancellations	0	1										0	0	0					0	1	0					0	1	2			5
	Clinic Cancellations	0	0										2	2	0					1	1	0					0	1	0			7
	Pts. Per Available Hour	1.4	1.6										0.7	1.0	1.6					0.6	0.4	1.1					0.6	0.1	0.9			0.9
	No Show Rate	0%	0%										0%	9%	0%					0%	0%	0%					0%	0%	0%			1%
	Patient Cancel Rate	0%	7%										0%	0%	0%					0%	20%	0%					0%	33%	22%			6%
Clinic Cancel Rate	0%	0%										29%	18%	0%					20%	20%	0%					0%	33%	0%			8%	

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	Total	
Dr. Sirucek	Patient Hours Available		7.5							7.5							7.5					7.5	8	7.5				8	8	8			69.5
	Patients Seen		1							0							0						10	12	3			7	7	1			41
	No Shows		0							0							0						0	0	0			0	1	1			2
	Patient Cancellations		0							0							0						0	1	0			0	0	0			1
	Clinic Cancellations		2							0							0						0	0	0			0	0	0			2
	Pts. Per Available Hour		0.1								0.0						0.0						1.3	1.5	0.4			0.9	0.9	0.1			0.6
	No Show Rate		0%								N/A						N/A						0%	0%	0%			0%	13%	50%			4%
	Patient Cancel Rate		0%								N/A						N/A						0%	8%	0%			0%	0%	0%			2%
Clinic Cancel Rate		67%								N/A						N/A						0%	0%	0%			0%	0%	0%			4%	

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	Total
Dr. Schaffer	Patient Hours Available	8					8						8	8	7.5	7.5				8	8	7	7.5				8	8	7.5	8		109
	Patients Seen	5					5						10	13	5	3				14	6	4	4				11	9	2	6		97
	No Shows	1					0						0	0	1	0				0	1	1	0				1	1	0	0		6
	Patient Cancellations	0					0						1	0	0	0				0	1	0	0				1	1	0	0		4
	Clinic Cancellations	0					5						0	0	2	0				0	0	0	0				0	0	2	2		11
	Pts. Per Available Hour	0.6					0.6						1.3	1.6	0.7	0.4				1.8	0.8	0.6	0.5				1.4	1.1	0.3	0.8		0.9
	No Show Rate	17%					0%						0%	0%	13%	0%				0%	13%	20%	0%				8%	9%	0%	0%		5%
	Patient Cancel Rate	0%					0%						9%	0%	0%	0%				0%	13%	0%	0%				8%	9%	0%	0%		3%
Clinic Cancel Rate	0%					50%						0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	50%	25%		9%	

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	Total
Amanda Roy, PA	Patient Hours Available	7.5	8					7.5	7.5	8					7.5	7.5	8					7	7.5	8					7.5	7.5	3.5	102.5
	Patients Seen	8	8					10	9	9					2	9	16					5	5	8				8	10	6		113
	No Shows	0	0					1	0	1					1	0	0					0	1	0				0	0	0		4
	Patient Cancellations	1	2					0	0	0					1	0	0					1	0	0				1	1	0		7
	Clinic Cancellations	0	0					0	0	0					3	0	0					0	0	0				0	0	0		3
	Pts. Per Available Hour	1.1	1.0					1.3	1.2	1.1					0.3	1.2	2.0					0.7	0.7	1.0					1.1	1.3	1.7	1.1
	No Show Rate	0%	0%					9%	0%	10%					14%	0%	0%					0%	17%	0%				0%	0%	0%		3%
	Patient Cancel Rate	11%	20%					0%	0%	0%					14%	0%	0%					17%	0%	0%				11%	9%	0%		6%
Clinic Cancel Rate	0%	0%					0%	0%	0%					43%	0%	0%					0%	0%	0%				0%	0%	0%		2%	

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	Total
	Patient Hours Available	23.5	23.5				8	7.5	7.5	15.5			15	16	22.5	15	15.5			15	16	28.5	23	15.5			23	24	30.5	15.5	3.5	364
	Patients Seen	24	22				5	10	9	9			15	21	19	12	16			18	9	27	21	11			22	17	18	16	6	327
	No Shows	1	0				0	1	0	1			0	1	2	0	0			0	1	1	1	0			1	2	1	0	0	13
	Patient Cancellations	1	3				0	0	0	0			1	0	1	0	0			0	2	1	1	0			1	2	3	1	0	17
	Clinic Cancellations	0	2				5	0	0	0			2	2	5	0	0			1	1	0	0	0			0	1	2	2	0	23
	Pts. Per Available Hour	1.0	0.9				0.6	1.3	1.2	0.6			1.0	1.3	0.8	0.8	1.0			1.2	0.6	0.9	0.9	0.7			1.0	0.7	0.6	1.0	1.7	0.9
	No Show Rate	4%	0%				0%	9%	0%	10%			0%	4%	7%	0%	0%			0%	8%	3%	4%	0%			4%	9%	4%	0%	0%	3%
	Patient Cancel Rate	4%	11%				0%	0%	0%	0%			6%	0%	4%	0%	0%			0%	15%	3%	4%	0%			4%	9%	13%	5%	0%	4%
	Clinic Cancel Rate	0%	7%				50%	0%	0%	0%			11%	8%	19%	0%	0%			5%	8%	0%	0%	0%			0%	5%	8%	11%	0%	6%

**IRRIGON MEDICAL CLINIC - SEPTEMBER 2022**

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	Total	
Jamie Reed, CSWA	Patient Hours Available	6.5	6.5				5.5	6.5	6.5	6.5			6.5	6.5	5.5	6.5	6.5			6.5	6.5		5.5	5.5								93.5	
	Patients Seen	3	2				2	2	4	1			1	2	3	2	3			2	2		4	3								36	
	No Shows	0	0				0	0	0	0			2	0	1	0	0			0	0		1	1								5	
	Patient Cancellations	0	0				1	0	0	1			0	1	0	0	1			0	0		1	1								6	
	Clinic Cancellations	0	0				0	0	0	0			0	0	0	0	0			0	0		0	0								0	
	Pts. Per Available Hour	0.5	0.3				0.4	0.3	0.6	0.2			0.2	0.3	0.5	0.3	0.5			0.3	0.3		0.7	0.5								0.4	
	No Show Rate	0%	0%				0%	0%	0%	0%			67%	0%	25%	0%	0%			0%	0%		17%	20%								11%	
	Patient Cancel Rate	0%	0%				33%	0%	0%	50%			0%	33%	0%	0%	25%			0%	0%		0%	0%								13%	
Clinic Cancel Rate	0%	0%				0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%		0%	0%									0%	
Jon Watson, PA	Patient Hours Available						8	8	8				8	8	8	3					8	8	7.5					8	8	8		98.5	
	Patients Seen						14	16	9				11	6	13	3					14	14	12				11	13	14		150		
	No Shows						2	0	0				2	5	1	2					1	2	2				3	1	2		23		
	Patient Cancellations						3	2	2				3	3	3	0					3	3	1				2	4	1		30		
	Clinic Cancellations						0	0	0				0	0	0	3					0	0	0				0	0	0		3		
	Pts. Per Available Hour						1.8	2.0	1.1				1.4	0.8	1.6	1.0					1.8	1.8	1.6				1.4	1.6	1.8		1.5		
	No Show Rate						11%	0%	0%				13%	36%	6%	25%					6%	11%	13%				19%	6%	12%		11%		
	Patient Cancel Rate						16%	11%	18%				19%	21%	18%	0%					17%	16%	7%				13%	22%	6%		15%		
Clinic Cancel Rate						0%	0%	0%				0%	0%	0%	38%					0%	0%	0%				0%	0%	0%			1%		
Vicki Kent, FNP	Patient Hours Available	8	8						8	7.5													8	8						8	8	47.5	
	Patients Seen	8	11						9	5													9	7						10	9	49	
	No Shows	3	0						1	2													3	2					1	2	11		
	Patient Cancellations	0	0						1	2													0	2					4	3	12		
	Clinic Cancellations	0	0						0	0													0	0					0	0	0		
	Pts. Per Available Hour	1.0	1.4						1.1	0.7													1.1	0.9					1.3	1.1	1.0		
	No Show Rate	27%	0%						9%	22%													25%	18%					7%	14%	15%		
	Patient Cancel Rate	0%	0%						9%	22%													0%	18%					27%	21%	17%		
Clinic Cancel Rate	0%	0%						0%	0%													0%	0%					0%	0%	0%			
Justin Cameron, PA	Patient Hours Available	8	8				0	8	8	8				8	8	8	8															56	
	Patients Seen	8	6				0	4	6	3				7	7	8	9															44	
	No Shows	3	2				0	4	1	0				1	1	0	1															8	
	Patient Cancellations	2	0				0	0	0	2				1	0	1	0															4	
	Clinic Cancellations	0	0				2	0	0	0				0	0	0	0															2	
	Pts. Per Available Hour	1.0	0.8				N/A	0.5	0.8	0.4				0.9	0.9	1.0	1.1															0.8	
	No Show Rate	23%	25%				0%	50%	14%	0%				11%	13%	0%	10%															14%	
	Patient Cancel Rate	15%	0%				0%	0%	0%	40%				11%	0%	11%	0%															7%	
Clinic Cancel Rate	0%	0%				100%	0%	0%	0%				0%	0%	0%	0%															3%		
IMC TOTALS	Patient Hours Available	14.5	14.5				13.5	14.5	22.5	14			14.5	14.5	13.5	9.5	6.5				14.5	14.5	7.5	13.5	13.5		8	8	8	8	8	255.5	
	Patients Seen	11	13				16	18	22	6			12	8	16	5	3					16	16	12	13	10		11	13	14	10	9	254
	No Shows	3	0				2	0	1	2			4	5	2	2	0					1	2	2	4	3		3	1	2	1	2	42
	Patient Cancellations	0	0				4	2	3	3			3	4	3	0	1					3	3	1	1	3		2	4	1	4	3	48
	Clinic Cancellations	0	0				0	0	0	0			0	0	0	3	0					0	0	0	0	0		0	0	0	0	0	3
	Pts. Per Available Hour	0.8	0.9				1.2	1.2	1.0	0.4			0.8	0.6	1.2	0.5	0.5					1.1	1.1	1.6	1.0	0.7		1.4	1.6	1.8	1.3	1.1	1.0
	No Show Rate	21%	0%				9%	0%	4%	18%			21%	29%	10%	20%	0%					5%	10%	13%	22%	19%		19%	6%	12%	7%	14%	12%
	Patient Cancel Rate	0%	0%				18%	10%	12%	27%			16%	24%	14%	0%	25%					15%	14%	7%	6%	19%		13%	22%	6%	27%	21%	14%
Clinic Cancel Rate	0%	0%				0%	0%	0%	0%			0%	0%	0%	30%	0%					0%	0%	0%	0%	0%		0%	0%	0%	0%	0%	1%	

**IONE COMMUNITY CLINIC - SEPTEMBER 2022**

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	Total
Eileen McElligott	Patient Hours Available	7.5							8				8			7.5				8			8				8			7		62
	Patients Seen	6							12				9			7				9			13				3			9		68
	No Shows	0							1				1			1				1			1				2			2		9
	Patient Cancellations	2							0				0			0				0			1				1			0		4
	Clinic Cancellations	0							0				0			0				0			1				0			0		1
	Pts. Per Available Hour	0.8							1.5				1.1			0.9				1.1			1.6				0.4			1.3		1.1
	No Show Rate	0%							8%				10%			13%				10%			6%				33%			18%		11%
	Patient Cancel Rate	25%							0%				0%			0%				0%			6%				17%			0%		5%
	Clinic Cancel Rate	0%							0%				0%			0%				0%			6%				0%			0%		1%

# MORROW COUNTY EMS ADVISORY COMMITTEE MEETING

Minutes of Meeting held August 31, 2022

Pioneer Memorial Clinic Conference Room, Heppner, Oregon

**MEMBERS PRESENT:** Judi Gabriel (Zoom), Adam McCabe, Jamie Houck (Zoom), Eric Chick, Josie Foster, Dr. Berretta (Zoom), Donna Sherman, Richard Hernandez

**MEMBERS ABSENT:** Charlie Sumner, Kristen Bowles

**PUBLIC PRESENT:** Emily Roberts, Diane Kilkenny, Troy Bundy (Zoom), Lisa Pratt (Zoom), Sam Van Laer

**MEDIA PRESENT:** David Sykes (Heppner Gazette)

## Call to Order

The meeting was called to order at 6:30 p.m. by Donna Sherman.

## Business

**1. PUBLIC COMMENTS:** None.

**2. AGENDA CHANGE:** Move executive session before new business.

**3. APPROVAL OF MINUTES:**

Richard Hernandez made a motion to approve the minutes from August 18, 2022 as written. Josie Foster seconded the motion. Motion passed unanimously by all board members present.

**4. EXECUTIVE SESSION**

- a. Donna Sherman called to order an Executive Session under ORS 192.660(2)(f) to consider information or records that are exempt from public inspection at 6:33 p.m.
- b. Executive Session adjourned at 7:06 p.m.

**5. NEW BUSINESS:**

- a. QA Problem Resolution
  - The Morrow County Sheriff's Office sent a response to the EMS Advisory Committee. Justin Nelson, counsel for MCSO, brought up concerns that the EMS Advisory Committee did not endorse the notice that was sent. The EMS Advisory Committee clarified that the Committee did endorse the notices that were sent.
  - Boardman Fire Rescue District did not respond in the allotted time frame.
  - Richard Hernandez made a motion to send another notice to Boardman Fire Rescue District and Morrow County Sheriff's Office for continued non-compliance with the ASA Plan giving 10 days to respond with a plan to become compliant. Josie Foster seconded the motion. Motion passed by all members present.

**6. OLD BUSINESS:**

a. No old business.

**7. ADJOURN:** With no further business to come before the board, the meeting was adjourned at 7:12 p.m.

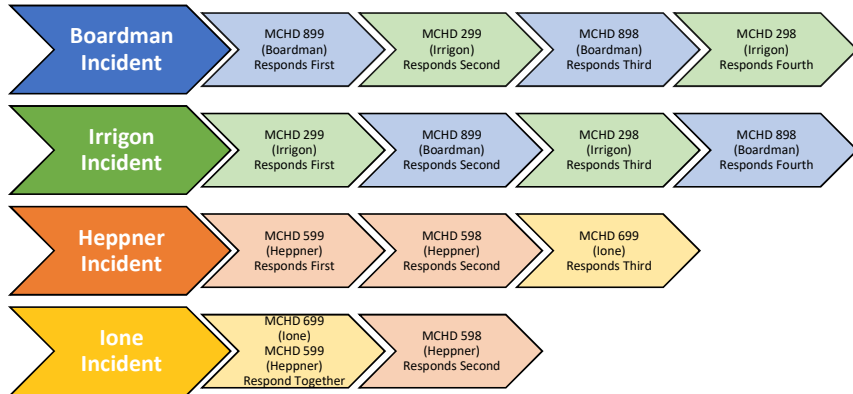
Minutes typed by Donna Sherman, EMS Advisory Committee Chair

2022	BOARDMAN						IRRIGON						HEPPNER						IONE		
	899			898			299			298			599			598			699		
	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs	Dispatch to En Route	Response Time	Number of Runs
January	1.0	5.1	51.0	0.5	6.5	2.0	8.0	12.0	43.0	N/A	N/A	0.0	5.0	12.5	20.0	4.0	8.0	9.0	N/A	N/A	0.0
February	1.2	5.0	48.0	5.2	7.0	2.0	5.5	8.9	18.0	N/A	N/A	0.0	6.0	15.0	23.0	10.1	15.0	2.0	N/A	N/A	0.0
March	1.0	4.7	46.0	0.1	3.1	1.0	5.6	8.5	22.0	8.5	10.0	2.0	7.0	9.9	16.0	2.7	11.2	2.0	7.1	11.3	1.0
April	1.0	3.8	34.0	0.5	3.7	10.0	6.2	9.0	22.0	N/A	N/A	0.0	7.0	17.0	16.0	7.0	29.0	2.0	N/A	N/A	0.0
May	0.6	4.0	46.0	0.0	0.0	1.0	6.0	8.9	34.0	N/A	N/A	0.0	6.0	12.6	18.0	18.6	29.5	6.0	N/A	N/A	0.0
June	0.6	3.7	38.0	1.1	2.7	8.0	6.0	8.6	36.0	8.0	13.0	1.0	6.0	4.0	41.0	1.0	5.0	5.0	N/A	N/A	0.0
July	0.9	5.0	48.0	1.0	5.0	4.0	6.0	8.8	34.0	0.0	20.0	1.0	6.0	17.0	31.0	29.0	30.6	1.0	N/A	N/A	1.0
August	0.5	2.7	7.0	0.5	3.8	31.0	5.5	8.1	39.0	7.0	11.9	1.0	5.0	13.0	35.0	0.5	5.5	2.0	N/A	N/A	0.0
September	N/A	N/A	0.0	0.8	5.2	49.0	5.2	7.6	20.0	5.4	7.6	11.0	6.0	11.0	24.0	11.0	13.5	2.0	N/A	N/A	0.0
October																					
November																					
December																					

**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 and in some instances (598) include non-emergent transfers.





September 27, 2022

Emily Reynolds Roberts  
Chief Executive Officer  
Morrow County Health District  
564 East Pioneer Drive  
Heppner, OR 97836

**Re: Morrow County Health District Year II – Rural Hospital of Choice Service Excellence Initiative™**

Dear Emily,

We're pleased to provide you with this summary for Year II of the Rural Hospital of Choice Service Excellence Initiative™ as the 2<sup>nd</sup> step of the three-year commitment your organization made. We look forward to continuing to pursue the achievement of your priority goals for this process and building on the success of this past year.

As noted in the enclosed draft calendar, we have scheduled an October start date. Please note: This is a suggested curriculum and can be customized to your needs at any time. Included with this letter is your invoice for Year II with two payment options for your consideration. Please select your desired option, sign, scan and email the page back to me at your earliest convenience.

Please note that as part of this agreement we have allocated 2 delegate registrations plus 1 board member registration to Morrow County Health District for use at the 22<sup>nd</sup> annual HealthCare Service Excellence Conference as part of your agreement.

**Highlights of this document include:**

- Review of the training components for Year II
- An overview of our 2022 HealthCare Service Excellence Conference
- A complete draft of the Service Excellence Timetable
- An invoice indicating payment plan

Please contact me at 1-800-667-7325 ext. 2201 with any questions or suggestions for changes.

Enthusiastically yours,

Pat Goodberry  
Chief Operating Officer

cc: Brian Lee CSP, Chief Executive Officer & Founder  
cc: Conrad Yun, Chief Financial Officer  
cc: Chelan MacMillan, Director of Client Services

## **Leadership Briefing**

Similar to Year I, this Leadership Briefing will provide your entire Management Team with an overview of this year's process, as well as additional skills training for leadership.

## **Service Excellence Council Refocus & Review Year II Workshop Workbook**

Your Service Excellence Council will have an opportunity to review the Year II Workshop Workbook training materials and select the actual content that your Service Excellence Advisors will teach to the entire organization. This will also be an opportunity to review the previous year in a "What Worked Best/Better Next Time" format.

## **Service Excellence Advisor Orientation**

A new group of Service Excellence Advisors will be chosen for Year II, and we will orient them on their roles and responsibilities.

## **Service Empowerment Leadership Course**

This half-day leadership training will provide critical tools every leader should have to guide their team in successfully collaborating in the new era of change. Content will also include recommendations, skills, and best practices to responsively acknowledge feedback from the frontline.

## **The Service Excellence Ambassador Course**

Selected returning SEAs become Service Excellence Ambassadors. The role of the Service Excellence Ambassador is to coach new SEAs, as well as continue to teach the Service Excellence Workshops. This course utilizes the DISC Personality Profile instrument and is designed to further develop their coaching and communication skills to fully support them in their new role as champions of customer service and mentors to new SEAs.

## **OASIS Team Launch**

Members of your management team will be in this session with the purpose of launching your Year II OASIS Teams.

## **Service Excellence Advisor Train-The Facilitator Course**

Your new group of Service Excellence Advisors will be trained in their role of preparing and teaching the Year II Service Excellence Workshop to the entire organization, as well as the facilitation of the Everyone's a Caregiver® modules throughout your facility.

## **Materials Organization Meeting**

Your new Service Excellence Advisors will attend the Materials Organization Meeting to receive their revised teaching materials (if applicable), and all the necessary details to allow them to present the Year II Service Excellence Workshop effectively and efficiently. This will be facilitated by your Implementation Coordinator.

## **Service Communication Team Effectiveness**

This half-day course focuses on a training instrument (DISC Personality Profile) that identifies the different personality styles of participants. What results from utilizing this training instrument is a coaching tool for the participant in dealing with all their staff by understanding why "people do what they do".

## **Workshop Pilot**

During the Workshop Pilot, your Service Excellence Advisors will have the opportunity to watch, participate, and practice their teaching skills in front of their peers.



## **Secrets of Conflict Management**

This half-day seminar for managers and SEAs teaches advanced techniques on how to reduce conflict and create a more positive and unified workplace.

## **Year II Service Excellence Workshop**

Again, you will have a choice for this year's Service Excellence Workshop. This workshop will be custom designed in collaboration with your team to ensure the needs of your organization are met. The workshop is presented by your Service Excellence Advisors to your entire organization.

## **DO IT Facilitator's Course 2.0**

Managers come together again at this training to learn additional details for the running and supporting of productive DO IT meetings. This will also help new managers better understand the process of DO IT meetings currently taking place in their departments.

## **Engage Extraordinary Speaker Series**

Live-streamed presentations available through our video-on-demand library. The library will be added to monthly, with content focusing on both leadership and frontline caregivers. Currently available:

- Resilience, Energy & Self-Care
- How to Gain a Buy-in From Everyone for Anything
- The Star Struck Factor in Survey Mastery
- Operation Uplift
- Empathy & Self-Care for Caregiver Heroes
- The Magic of Engagement
- Love 'Em or Loose 'Em
- How to Thrive in the Next Normal
- How Hospitals Can Win Back Every Single Patient
- Proactive Planning to Regain Lost Ground and Grow
- The Top 6 Reasons Rural Hospitals Risk Closure and How to Avoid them All
- Reignite Your Community Reputation

## **Accountability Audit**

Like Year I, small groups will meet with a CLS Vice-President of Process Improvement to debrief and review the year's success and outcomes and agree upon improvements for the future.

## **Additional Tools**

Included in the Rural Hospital of Choice Service Excellence Initiative™ are the continuation of the Everyone's a Caregiver® App processes, as well as the introduction of our CareSay™ Suite. Please contact Custom Learning Systems to set-up these tools if you haven't already done so.



# The Rural Hospital of Choice Initiative™ Timetable – Year II

## Morrow County Health District, Heppner, OR

AT – Admin Team, SEC – Service Excellence Council, SEA – Service Excellence Advisors, AMB – Service Excellence Ambassadors, ASC – Ambassador Super Coach, MT – Management Team (includes all Department Heads, Managers, Supervisors), SSC – SEA Super Coach, BIO – By Invitation Only, IC – Implementation Coordinator, TC – OASIS Team Captains, OSC – OASIS Super Coach, AC – OASIS Assistant Captain, OASIS (Organizationally Advanced Service Improvement Systems) Teams, LEAD (Leadership, Execution, Accountability, Discipline) Teams, LTC – LEAD Team Captains, LATC – LEAD Assistant Team Captains, LSC – LEAD Super Coach

\*\*\*Implementation Specialist: Michael Bayer, MBA, CSP, AS; \*VP Process Improvement: Albert Pilkington III, FACHE Draft: September 26, 2022

Month/Year	Event	Attendees	Location
<b>ENGAGE</b>			
1.	Tuesday., October 25, 2022	<b>Service Summit***</b> 8:00 - 10:00 am	AT, SEA, AMB, ASC, SSC, MT, SEC, IC
		<b>1A. Year II Leadership Briefing***</b> 10:30 am - 12:30 pm	AT, MT, SEC, IC
		<b>1B. Service Excellence Council Refocus and Review Year II Service Excellence Workshop Workbook***</b> 12:30 - 3:30 pm	SEC, IC
		<b>1C. Service Excellence Advisor Orientation***</b> 3:45 - 5:00 pm	SEA, SSC, IC
	Wednesday, October 26, 2022	<b>1D. Service Empowerment Leadership Course***</b> 8:00 am - 12:00 pm	AT, MT, IC
		<b>1E. Service Excellence Ambassador Course***</b> 1:00 - 5:00 pm	AMB, SSC, ASC, IC
	Nov. 14-16, 2022	<b>HealthCare Service Excellence Conference (22<sup>nd</sup> Annual)</b>	BIO
Monday, Nov. 21, 2022	<b>1F. LEAD Team Launch***</b> 10:30 am - 12:30 pm	LTC, LATC, LSC, LEAD, IC	Via Zoom
	<b>1G. OASIS Team Launch***</b> 1:00 pm - 4:00 pm	OASIS, TC, ATC, OSC, IC	
<b>EMPOWER</b>			
2.	Tues. & Wed., Dec. 13 & 14, 2022	<b>2A. Service Excellence Advisor (Train-the-Facilitator) Course ***</b> Day 1, 8:00 am - 5:00 pm (Meet & Greet/Coffee Daily 7:45 - 8:00 am) Day 1, AMB to attend 8:30 am -12:00 pm only Day 2, 8:00 am - 3:30 pm	SEA, AMB, SSC, ASC, IC
		Day 2, 4:00 - 5:30 pm SEA Graduation	SEA, SSC, IC
	Wednesday, December 21, 2022	<b>2B. Materials Organization Meeting</b> (Facilitated by IC) 10:30 am - 1:00 pm	SEA, IC & SSC
3.	Tuesday, January 10, 2023	<b>3A. Service Communication Team Effectiveness ***</b> 8:00 am - 12:00 pm	AT, MT, IC
		<b>3B. Workshop Pilot</b> – Presented by SEAs *** 1:00 pm - 5:00 pm	SEA, SSC, AMB, ASC, IC
	Wednesday, January 11, 2023	<b>3C. Secrets of Conflict Management***</b> 8:00 am - 12:00 pm	SEA, SSC, SEC, MT, AMB, ASC, IC
		<b>3D. SEC Meeting to Review SEI Hardwiring Dashboard***</b> 12:00 - 1:00 pm	SEC, IC
January/February 2023	<b>Year II Service Excellence Workshops</b> Roll out to everyone. Each workshop is 2 hours in length. Based on 15-30 employees/workshop.	Anyone Wearing a Badge	
<b>TRANSFORM</b>			
4.	Thursday, March 23, 2023	<b>4A. DO IT Facilitator’s Course***</b> 8:00 am - 12:00 pm	MT, SEC, IC
		<b>4B. SEA Celebration!***</b> 1:00 - 2:00 pm	AT, MT, SEA, SSC, AMB, ASC, IC, BIO
		<b>4C. Everyone’s a Caregiver Facilitation Refresh***</b> 2:00 - 3:00 pm	SEA, SSC, IC
		<b>4D. SEC Meeting to Review SEI Hardwiring Dashboard***</b> 3:30 - 4:30 pm	SEC, IC
Tuesday, April 25, 2023	<b>OASIS Hardwiring Support***</b> 8:00 - 9:30 am	OASIS, OSC, TC, ATC, IC	Via Zoom
	<b>LEAD Team Support***</b> 10:30 am - 12:00 pm	LTC, LATC, LSC, LEAD, IC	
	<b>DO IT Team Support***</b> 1:00 - 2:30 pm	AT, MT, SEC, IC	
May 2023	<b>Engage Extraordinary Speaker Series</b> (Video on Demand)	Anyone Wearing a Badge	
5.	Tuesday, July 11, 2023	<b>5. Year II Accountability Audit*</b> 8:00 - 4:00 pm - Separate Sessions w/ SEAs, AMBs, OASIS, LEAD, SEC & AT	SEA, AMB, TC, AC, LTC, LATC, SEC, AT, CEO, Dept. Mgr. & IC
	Tuesday, August 22, 2023	<b>Year II Transition Support Call***</b> 10:30 am - 12:30 pm	AT, SEC, IC
6.	Tues. & Wed., Oct. 24 & 25, 2023	<b>6. Year II Service Summit</b> (Facilitated by IC) 8:00 - 10:00 am	SEA, SSC, AT, MT, SEC, AMB, ASC, IC
		<b>Year III Program Start***</b>	

**Internally Scheduled Items:**

- Webinars,  DO IT Meetings,  CEO Service Accountability Roundtables,  Synergy Meetings,  Service Huddles,
- Service Excellence Council Meetings,  Leadership Empowerment Survey,  Board Accountability Briefings

## HEALTHCARE SERVICE EXCELLENCE CONFERENCE

[www.HealthCareServiceExcellence.com](http://www.HealthCareServiceExcellence.com)

The 22<sup>nd</sup> annual HealthCare Service Excellence Conference will be a great source of expert Customer Service information. It is a gathering of all levels of staff that are focused in achieving the highest standard of customer service delivery, both to customers/patients and amongst staff/employees.

**A delegation of 2 attendees plus 1 Board Member registration has been allocated to Morrow County Health District for the 2022 HealthCare Service Excellence Conference.**



- Discover leading edge strategies and skills to take your own program to World-Class levels.
- Revitalize enthusiasm and momentum for your Customer and Employee Satisfaction programs.
- Develop a mastermind network of peers for future problem solving.
- Refresh your spirit to continue your work as an inspiring healthcare leader.
- Implement high performance retention and recruitment techniques, skills, and systems.
- Enhance the commitment and morale of your Leadership team.
- Take away advanced training and implementation skills by learning from OPS "Other People's Success."
- Demonstrate your long-term commitment to a customer driven culture. Recognize and show appreciation for your team's hard work and dedication via the Summit Awards program.

***"So many inspirational ideas to take home and not only introduce to our team, but to also internalize and incorporate in my own life. Thanks!"***

*- Alana Willis, Sioux Falls Specialty Hospital*

# INVOICE

**Invoice Number: 22-077**  
**Date: September 27, 2022**

**Custom Learning Systems Group Ltd.**  
**c/o Conrad Yun**  
**51 West Springs Road SW**  
**Calgary, AB, T3H 4P4**  
**Canada**  
**Phone: 1-800-667-7325**

Emily Reynolds Roberts  
 Chief Executive Officer  
 Morrow County Health District  
 564 East Pioneer Drive  
 Heppner, OR 97836

REPRESENTATIVE	YEAR	SOURCE	TERMS
Pat Goodberry	SEI Year II of III	ORH	As Below

QTY.	DESCRIPTION	UNIT PRICE	TOTAL
	<i>Rural Hospital of Choice – Service Excellence Initiative™</i> Training, Licensing, Conference - Year II		\$68,700.00
	Implementation Specialist: Michael Bayer		
	DISC Personality Profile instruments (booklets) to be used during the Service Excellence Ambassador & Service Communication Team Effectiveness Courses		\$375.00
	Includes 2 HCSEC delegate and 1 Board member registrations for the 22 <sup>nd</sup> annual HealthCare Service Excellence Conference November 14-16, 2022 in Orlando, FL		
	Travel/Per Diem		\$8,900.00
	<b><u>Payment Options:</u></b>		
	<input type="checkbox"/> A check for <b>\$38,987.50</b> (50% deposit) to be paid on or before <b>October 15, 2022</b> and balance of <b>\$38,987.50</b> paid on or before <b>November 15, 2022</b> .		
	<input type="checkbox"/> A check for <b>\$75,914.00</b> (Full program price less a <b>3.0% pre-payment discount</b> plus travel) to be paid on or before <b>October 15, 2022</b> .		
	Please send payment via FedEx overnight courier using the account number 261 500 353		
	<b>TOTAL DUE</b>		<b>\$77,975.00</b>

Please sign, scan and email to Chelan MacMillan at [chelan@customlearning.com](mailto:chelan@customlearning.com)

Accepted by **Emily Reynolds Roberts**  
 on Behalf of Morrow County Health District

Date \_\_\_\_\_



At the Morrow County Health District's September Board meeting, the Board of Directors suggested ordering the cameras needed to complete the next phase of the District's security update, which is part of the approved 2022-2023 capital budget items.

Attached are the quotes for the purchase of cameras and needed equipment for installation at all MCHD locations.

The quotes are as follows:

- Pioneer Memorial Hospital - \$11,610.00
- Pioneer Memorial Clinic - \$6,580.00
- Heppner Home Health & Hospice - \$5,038.00
- Lone Community Clinic - \$4,528.00
- Irrigon Medical Clinic - \$5,030.00

Total: \$31,786.00

The executive team recommends the board move to approve the purchase of the cameras and related equipment to finish the District's security update.



**Dynamic Computer Consulting, Inc**  
 P.O. Box 1133  
 Pendleton, OR. 97801

# Estimate

Date	Estimate #
7/27/2022	3467

Name / Address
Morrow County Health District 564 E Pioneer Drive Heppner, OR 97836

Computer hardware prices are volatile and subject to change daily.

			Project
Description	Qty	Rate	Total
HeppnerHomeHospice -Does NOT include wiring for new camera's			
UVC-G4-Bullet, 4k infrared camera, inside/outside	2	245.00	490.00T
Ubiquiti Unifi UVC-Dome Camera	2	285.00	570.00T
Ubiquiti Networks 4 Bay Network Video Recorder	2	510.00	1,020.00T
Seagate Ironwolf 12TB Hard Drive, ST12000VN008	3	280.00	840.00T
Labor-Install camera's, UNVR and configure. Add firewall rules.	3.5	140.00	490.00T
Tripp Lite Smart1500RM2U	1	856.00	856.00T
Tripp Lite SNMP Web Management WEBCARDLX	1	572.00	572.00T
Travel Time	2.5	80.00	200.00
Out-of-state sale, exempt from sales tax		0.00%	0.00

<b>Total</b>			\$5,038.00
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**Dynamic Computer Consulting,  
Inc**  
P.O. Box 1133  
Pendleton, OR. 97801

# Estimate

Date	Estimate #
7/27/2022	3466

Name / Address
Morrow County Health District 564 E Pioneer Drive Heppner, OR 97836

Computer hardware prices are volatile and subject to change daily.

			Project
Description	Qty	Rate	Total
Ione Clinic -Does NOT include wiring for new camera's			
UVC-G4-Bullet, 4k infrared camera, inside/outside	2	245.00	490.00T
Ubiquiti Unifi UVC-Dome Camera	2	285.00	570.00T
Ubiquiti Networks 4 Bay Network Video Recorder	1	510.00	510.00T
Seagate Ironwolf 12TB Hard Drive, ST12000VN008	3	280.00	840.00T
Labor-Install camera's, UNVR and configure. Add firewall rules.	3.5	140.00	490.00T
Tripp Lite Smart1500RM2U	1	856.00	856.00T
Tripp Lite SNMP Web Management WEBCARDLX	1	572.00	572.00T
Travel Time	2.5	80.00	200.00
Out-of-state sale, exempt from sales tax		0.00%	0.00
<b>Total</b>			<b>\$4,528.00</b>



**Dynamic Computer Consulting,  
Inc**  
P.O. Box 1133  
Pendleton, OR. 97801

# Estimate

Date	Estimate #
7/27/2022	3465

Name / Address
Morrow County Health District 564 E Pioneer Drive Heppner, OR 97836

Computer hardware prices are volatile and subject to change daily.

			Project
Description	Qty	Rate	Total
IMC -Does NOT include wiring for new camera's			
UVC-G4-Bullet, 4k infrared camera, inside/outside	4	245.00	980.00T
Ubiquiti Unifi UVC-Dome Camera	4	285.00	1,140.00T
Ubiquiti Networks 4 Bay Network Video Recorder	1	510.00	510.00T
Seagate Ironwolf 12TB Hard Drive, ST12000VN008	4	280.00	1,120.00T
Labor-Install camera's, UNVR and configure. Add firewall rules.	8	140.00	1,120.00T
Travel Time	2	80.00	160.00
Out-of-state sale, exempt from sales tax		0.00%	0.00
<b>Total</b>			<b>\$5,030.00</b>





**Dynamic Computer Consulting,  
Inc**  
P.O. Box 1133  
Pendleton, OR. 97801

# Estimate

Date	Estimate #
7/27/2022	3464

Name / Address
Morrow County Health District 564 E Pioneer Drive Heppner, OR 97836

Computer hardware prices are volatile and subject to change daily.

			Project
Description	Qty	Rate	Total
PMC -Does NOT include wiring for new camera's			
UVC-G4-Bullet, 4k infrared camera, inside/outside	5	245.00	1,225.00T
Ubiquiti Unifi UVC-Dome Camera	3	285.00	855.00T
Ubiquiti (UNVR Pro), 7 HDD MAX Capacity	1	1,500.00	1,500.00T
Seagate Ironwolf 12TB Hard Drive, ST12000VN008	6	280.00	1,680.00T
Labor-Install camera's, UNVR and configure. Add firewall rules.	8	140.00	1,120.00T
Travel Time	2.5	80.00	200.00
Out-of-state sale, exempt from sales tax		0.00%	0.00
<b>Total</b>			<b>\$6,580.00</b>



**Dynamic Computer Consulting,  
Inc**  
P.O. Box 1133  
Pendleton, OR. 97801

# Estimate

Date	Estimate #
7/27/2022	3463

Name / Address
Morrow County Health District 564 E Pioneer Drive Heppner, OR 97836

Computer hardware prices are volatile and subject to change daily.

			Project
Description	Qty	Rate	Total
PMH -Does NOT include wiring for new camera's			
UVC-G4-Bullet, 4k infrared camera, inside/outside	8	245.00	1,960.00T
Ubiquiti Unifi UVC-Dome Camera	16	285.00	4,560.00T
Ubiquiti (UNVR Pro), 7 HDD MAX Capacity AMAZON	1	1,450.00	1,450.00T
Seagate Ironwolf 12TB Hard Drive, ST12000VN008	7	280.00	1,960.00T
Labor-Install camera's, UNVR and configure. Add firewall rules.	12	140.00	1,680.00T
Out-of-state sale, exempt from sales tax		0.00%	0.00
<b>Total</b>			\$11,610.00



## Zoll Defibrillator

Pioneer Memorial Hospital currently has two M series Zoll Defibrillators. One is located in room 206 and one is in the ER. The current Zoll Defibrillator in room 206 has a broken battery case and cannot be repaired, as the existing M series model is no longer being manufactured and replacement parts are not available.

A grant was received from PMH Foundation to assist with the purchase of the Zoll Defibrillator.

The recommendation is for the board to approve the purchase of Bid # 2 the R Series Plus Zoll defibrillator and the additional equipment outlined below for a total of \$22,054.13

BID	Zoll Defibrillator Model	Additional Equipment Needed	Price for Defibrillator plus additional equipment
Bid #1	R Series ALS	4-bay charging station, Extra Battery, Sure Power Charger Adaptor	\$21,230.13
Bid #2	R Series Plus	4-bay charging station, Extra Battery, Sure Power Charger Adaptor	\$22,054.13
Bid #3	X Series	4-bay charging station, Extra Battery (Sure Power Charger Adaptor not needed with this model)	\$26,327.13

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

**BID #1****ZOLL Medical Corporation**

269 Mill Road  
 Chelmsford, MA 01824-4105  
 Federal ID# 04-2711626

Phone: (800) 348-9011  
 Fax: (978) 421-0015  
 Email: esales@zoll.com

Quote No: Q-42224 Version: 1

Pioneer Memorial Hospital  
 564 E. Pioneer Dr.  
 Heppner, OR 97836

ZOLL Customer No: 100934  
 Janice Beardsley

Quote No: Q-42224  
 Version: 1

Issued Date: October 5, 2022  
 Expiration Date: December 31, 2022

Terms: 2%10, NET 30

FOB: Shipping Point  
 Freight: Prepay & Add

Prepared by: Mike Coco  
 Hospital Account Manager  
 mcoco@zoll.com  
 (503) 307-8901

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	993468	30720005201310012	<p><b>R Series ALS Defibrillator with Expansion Pack - SpO2, OneStep Pacing, EtCO2 (mainstream), NIBP</b></p> <p>Includes: Guidelines 2020 compatible, Code Readiness testing system, High current Rectilinear Biphasic Waveform, OneStep 3 lead ECG cable, Advisory Defibrillation, Built-in test port, AC Power Cord, Operators manual, and 5-year hospital warranty.</p> <p>Parameter Details: Real CPR Help® - Numeric display of CPR Depth and Rate for Adult and Pediatric patients, Visual and audio prompts to coach CPR depth (Adult patient only), Release bar to ensure adequate release off the chest, Metronome to coach rate for Adult and Pediatric patients. See-Thru® CPR artifact filtering, Defib Mentor • OneStep Pacing with OneStep Pacing Cable (also supports CPR) • NIBP with 23-33cm reusable cuff &amp; 3 meter air hose • Masimo Pulse Oximetry with Signal Extraction Technology (SET) and Reusable adult sensor &amp; reusable 4 ft ext. cable • EtCO2 CAPNOSTAT® 5 Mainstream CO2 Cable and sensor. For use with adult, pediatric, and neonatal patients. Airway adapter sold separately •</p>	2	\$26,648.00	\$18,816.04	\$37,632.08
2	993468	8019-0535-01	<p><b>SurePower Rechargeable Lithium Ion Battery Pack</b></p> <p>5.8 Ah Capacity, High density lithium ion chemistry, RunTime™ Indicator, Automatic calibration ready, Stores history of use and maintenance</p>	2	\$565.00	\$374.06	\$748.12
3	993468	8009-0020	<p><b>CPR-D-padz and CPR Stat Padz Connector for R Series</b></p>	2	\$438.00	\$315.00	\$630.00



**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

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Email: esales@zoll.com

Pioneer Memorial Hospital  
Quote No: Q-42224 Version: 1

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
4		7900-9902	<b>ZOLL ALS Equipment M &amp; E Series Trade In Allowance (Hospital Group)</b>  See Trade Unit Considerations.	2		(\$100.00)	(\$200.00)

Subtotal: \$38,810.20

**Total: \$38,810.20**

Contract Reference	Description
993468	Reflects Vizient - Defib CE7361 Tier 2 contract Pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in Vizient Contract No. CE7361 shall apply to the customer's purchase of the products set forth on this quote.

Trade Unit Considerations
Trade-In values valid through December 31, 2022 if all equipment purchased is in good operational and cosmetic condition and includes all standard accessories. Trade-In values are dependent on the quantity and configuration of the ZOLL devices listed on this quotation. Customer assumes responsibility for shipping trade-in equipment at the quantities listed on the trade line items in this quotation to ZOLL's Chelmsford Headquarters within 60 days of receipt of new equipment. Customer agrees to pay cash value for trade-in equipment not shipped to ZOLL on a timely basis.

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/about-zoll/invoice-terms-and-conditions> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. This Quote expires on December 31, 2022. Pricing is subject to change after this date.
2. Applicable tax, shipping & handling will be added at the time of invoicing.
3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to [esales@zoll.com](mailto:esales@zoll.com) or via fax to 978-421-0015.
5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting [www.zollwebstore.com](http://www.zollwebstore.com).



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Pioneer Memorial Hospital  
Quote No: Q-42224 Version: 1

**Order Information (to be completed by the customer)**

- Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)
- Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

- Yes      PO Number: \_\_\_\_\_      PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)
- No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Pioneer Memorial Hospital**

Authorized Signature:

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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



Quote No: Q-42226 Version: 1

Pioneer Memorial Hospital  
564 E. Pioneer Dr.  
Heppner, OR 97836

ZOLL Customer No: 100934  
Janice Beardsley

Quote No: Q-42226  
Version: 1

Issued Date: October 5, 2022  
Expiration Date: December 31, 2022

Terms: 2%10, NET 30

FOB: Shipping Point  
Freight: Prepay & Add

Prepared by: Mike Coco  
Hospital Account Manager  
mcoco@zoll.com  
(503) 307-8901

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	993468	30520005201310013	<p><b>R Series Plus Defibrillator with Expansion Pack - SpO2, OneStep Pacing, EtCO2 (mainstream), NIBP</b></p> <p>Includes: Guidelines 2020 compatible, AED w/ manual override, Code Readiness testing system, High current Rectilinear Biphasic Waveform, OneStep 3 lead ECG cable, Advisory Defibrillation, Built-in test port, AC Power Cord, Operators manual, and 5-year hospital warranty.</p> <p>Parameter Details: Real CPR Help® - Numeric display of CPR Depth and Rate for Adult and Pediatric patients, Visual and audio prompts to coach CPR depth (Adult patient only), Release bar to ensure adequate release off the chest, Metronome to coach rate for Adult and Pediatric patients. See-Thru® CPR artifact filtering, Defib Mentor • OneStep Pacing with OneStep Pacing Cable (also supports CPR) • NIBP with 23-33cm reusable cuff &amp; 3 meter air hose • Masimo Pulse Oximetry with Signal Extraction Technology (SET) and Reusable adult sensor &amp; reusable 4 ft ext. cable • EtCO2 CAPNOSTAT® 5 Mainstream CO2 Cable and sensor. For use with adult, pediatric, and neonatal patients. Airway adapter sold separately •</p>	2	\$27,815.00	\$19,640.04	\$39,280.08
2	993468	8019-0535-01	<p><b>SurePower Rechargeable Lithium Ion Battery Pack</b></p> <p>5.8 Ah Capacity, High density lithium ion chemistry, RunTime™ Indicator, Automatic calibration ready, Stores history of use and maintenance</p>	2	\$565.00	\$374.06	\$748.12
3	993468	8009-0020	<p><b>CPR-D-padz and CPR Stat Padz Connector for R Series</b></p>	2	\$438.00	\$315.00	\$630.00



**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011  
Fax: (978) 421-0015  
Email: esales@zoll.com

Pioneer Memorial Hospital  
Quote No: Q-42226 Version: 1

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
4		7900-9902	<b>ZOLL ALS Equipment M &amp; E Series Trade In Allowance (Hospital Group)</b>  See Trade Unit Considerations.	2		(\$100.00)	(\$200.00)

Subtotal: \$40,458.20

**Total: \$40,458.20**

Contract Reference	Description
993468	Reflects Vizient - Defib CE7361 Tier 2 contract Pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in Vizient Contract No. CE7361 shall apply to the customer's purchase of the products set forth on this quote.

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To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/about-zoll/invoice-terms-and-conditions> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

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Fax: (978) 421-0015  
Email: esales@zoll.com

Pioneer Memorial Hospital  
Quote No: Q-42226 Version: 1

**Order Information (to be completed by the customer)**

- Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)
- Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

- Yes      PO Number: \_\_\_\_\_      PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)
- No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Pioneer Memorial Hospital**

Authorized Signature:

\_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_



**ZOLL Medical Corporation**

269 Mill Road  
 Chelmsford, MA 01824-4105  
 Federal ID# 04-2711626

Phone: (800) 348-9011  
 Fax: (978) 421-0015  
 Email: esales@zoll.com

Quote No: Q-42228 Version: 1

Pioneer Memorial Hospital  
 564 E. Pioneer Dr.  
 Heppner, OR 97836

ZOLL Customer No: 100934  
 Janice Beardsley

Quote No: Q-42228  
 Version: 1

Issued Date: October 5, 2022  
 Expiration Date: December 31, 2022

Terms: 2%10, NET 30

FOB: Shipping Point  
 Freight: Prepay & Add

Prepared by: Mike Coco  
 Hospital Account Manager  
 mcoco@zoll.com  
 (503) 307-8901

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	993468	603-0221011-01	<p><b>X Series Monitor/Defibrillator with Expansion Pack - SpO2, Pacing, NIBP, EtCO2</b></p> <p>Includes: 4 trace tri-mode display monitor/ defibrillator/ printer, advisory algorithm, advanced communications package (Wi-Fi, Bluetooth, USB cellular modem capable) USB data transfer capable and large 6.5in( 16.5cm) diagonal screen.            Accessories Included: Six (6) foot 3- Lead ECG cable, OneStep Patient Cable, AC Power Cord, one (1) roll printer paper, 6.6 Ah Li-ion battery, Operator Manual, Quick Reference Guide, and Five (5)-year Hospital warranty.</p> <p>Parameter Details: Real CPR Help - Dashboard display of CPR Depth and Rate for Adult and Pediatric patients, Visual and audio prompts to coach CPR depth (Adult patient only), Release bar to ensure adequate release off the chest, Metronome to coach rate for Adult and Pediatric patients. See-Thru ® CPR artifact filtering • ZOLL Noninvasive Pacing Technology • Welch Allyn NIBP with Smartcuff. 10 foot Dual Lumen hose and SureBP Reusable Adult Medium Cuff • Masimo Pulse Oximetry with Signal Extraction Technology (SET), Rainbow SET® • EtCO2 Oridion Microstream Technology. Microstream tubing set sold separately •</p>	2	\$34,572.00	\$24,411.00	\$48,822.00
2		8778-0048	<p><b>4 Year Factory Warranty</b></p> <p>Included with the Device Part number above to provide a total 5-Year Factory Warranty.</p>	2	\$0.00	\$0.00	\$0.00
3	993468	8009-0020	<p><b>CPR-D-padz and CPR Stat Padz Connector for R Series</b></p>	2	\$438.00	\$315.00	\$630.00



**ZOLL Medical Corporation**

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Fax: (978) 421-0015  
Email: [esales@zoll.com](mailto:esales@zoll.com)

Pioneer Memorial Hospital  
Quote No: Q-42228 Version: 1

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
4		7900-9902	<b>ZOLL ALS Equipment M &amp; E Series Trade In Allowance (Hospital Group)</b>  See Trade Unit Considerations.	2		(\$100.00)	(\$200.00)

Subtotal: \$49,252.00

**Total: \$49,252.00**

Contract Reference	Description
993468	Reflects Vizient - Defib CE7361 Tier 2 contract Pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in Vizient Contract No. CE7361 shall apply to the customer's purchase of the products set forth on this quote.

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To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <https://www.zoll.com/about-zoll/invoice-terms-and-conditions> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

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3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to [esales@zoll.com](mailto:esales@zoll.com) or via fax to 978-421-0015.
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Email: esales@zoll.com

Pioneer Memorial Hospital  
Quote No: Q-42228 Version: 1

**Order Information (to be completed by the customer)**

- Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)
- Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

- Yes      PO Number: \_\_\_\_\_      PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)
- No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Pioneer Memorial Hospital**

Authorized Signature:

\_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Additional Equipment Needed**



**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011  
Fax: (978) 421-0015  
Email: esales@zoll.com

Quote No: Q-42231 Version: 1

Pioneer Memorial Hospital  
564 E. Pioneer Dr.  
Heppner, OR 97836

Quote No: Q-42231  
Version: 1

ZOLL Customer No: 100934  
Janice Beardsley

Issued Date: October 5, 2022  
Expiration Date: December 31, 2022

Terms: 2%10, NET 30

FOB: Shipping Point  
Freight: Prepay & Add

Prepared by: Mike Coco  
Hospital Account Manager  
mcoco@zoll.com  
(503) 307-8901

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	993468	8050-0030-01	<b>SurePower Charging Station</b>  4 Charging bays, Multiple chemistry compatible, 200 watt capacity, Graphic driven user interface, RS-232 Communication port, Standard one (1) year warranty	1	\$2,706.00	\$1,911.00	\$1,911.00
2	993468	8019-0535-01	<b>SurePower Rechargeable Lithium Ion Battery Pack</b>  5.8 Ah Capacity, High density lithium ion chemistry, RunTime™ Indicator, Automatic calibration ready, Stores history of use and maintenance	1	\$565.00	\$374.06	\$374.06
3	993468	8200-000100-01	<b>Single Bay Charger for the SurePower and SurePower II batteries</b>	1	\$1,124.00	\$793.80	\$793.80
4	993468	8300-0250-01	<b>SurePower Charger Adapter</b>	1	\$351.00	\$247.80	\$247.80

Subtotal: \$3,326.66

**Total: \$3,326.66**

Contract Reference	Description
993468	Reflects Vizient - Defib CE7361 Tier 2 contract Pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in Vizient Contract No. CE7361 shall apply to the customer's purchase of the products set forth on this quote.



**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011  
Fax: (978) 421-0015  
Email: esales@zoll.com

Pioneer Memorial Hospital  
Quote No: Q-42231 Version: 1

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5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting [www.zollwebstore.com](http://www.zollwebstore.com).

**Order Information (to be completed by the customer)**

- Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)
- Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

- Yes      PO Number: \_\_\_\_\_      PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)
- No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Pioneer Memorial Hospital**

Authorized Signature:

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**MAINTENANCE SERVICE AGREEMENT**



CONTRACT NUMBER: **PMH-DR\_02-01B**  
 CUSTOMER PO#: \_\_\_\_\_  
 TYPE: **NEW - POINT OF PURCHASE** SALES AE: **AK**

**CUSTOMER LOCATION:**

Pioneer Memorial Hospital  
 564 E. Pioneer Dr.  
 Heppner, OR 97836

**BILLING ADDRESS:**

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

**WARRANTY LENGTH:** 12 Months  
**CONTRACT LENGTH:** 48 Months - Post Warranty

**START DATE:** 6/13/2022      **END DATE:** 6/12/2023  
**START DATE:** 6/13/2023      **END DATE:** 6/12/2027

**SERVICE AGREEMENT PRICE:**

**MONTHLY \$ 1,453.07    ANNUALLY \$ 17,436.84**

PAYMENTS ARE MADE 30 DAYS IN ADVANCE AS FOLLOWS (PLEASE CHOOSE ONE):

**MONTHLY** \_\_\_\_\_      **ANNUALLY** \_\_\_\_\_

Turn-Key Medical, Inc. agrees to inspect, adjust and maintain for the customer, subject to the terms and conditions set forth on the face and back of this Agreement, the equipment listed below or on the attachment, if any. Any changes to system configuration or services coverage noted in this agreement will require a revised Maintenance Service Agreement.

**COVERAGE DETAILS**

**SERVICE COVERAGE TYPE:** Parts - Labor - PM  
**PM SCHEDULE:** Semi-Annual  
**COVERAGE HOURS:** 8:00 AM - 5:00 PM M-F, Excluding Federal Holidays  
**RESPONSE TIMES:** 30 Minutes Phone Response - 4 Hours On-Site Response  
**UPTIME GUARANTEE:** 97%  
**LABOR AND TRAVEL CHARGES:** Labor and Travel rates outside of coverage hours will be:  
 Standard Overtime - 1/2 regular hourly rate - Premium Overtime - regular hourly rate

**EQUIPMENT INFORMATION**

SYSTEM ID #	EQUIPMENT DESCRIPTION	EFFECTIVE DATES	YEARS	ANNUAL	TOTAL
6762918REV1	Carestream Revolution Console	6/13/2023 to 6/12/2027	4.00	\$ 14,631.58	\$ 58,526.32
	<i>Basic Software Refresh</i>			included	included
				\$ -	\$ -
				\$ -	\$ -
<b>15% Preferred Customer Discount:</b>				<b>\$ 2,194.74</b>	<b>\$ 8,778.95</b>
6762918REV1-D	Carestream LUX 35 Detector with Detector Protection Plan* (10% discount)	6/13/2023 to 6/12/2027	4.00	\$ 5,000.00	\$ 20,000.00
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
<b>TOTALS</b>				<b>\$ 17,436.84</b>	<b>\$ 69,747.37</b>

**MISC. / ADDITIONAL:**

- \* DRX Protection Plan covers drops and liquid damage
  - \* Replacement panel is at a fixed cost of \$6,000, with the return of the defective detector. This rider resets after each occurrence.
  - \* Applications support is included while system is under Service Agreement
- Sales Quote: AK22-05-10-01

**EXCLUSIONS:**

Supply Items & Batteries

**INCLUDES:**


On-site applications support

We are pleased to offer you the services listed in this agreement on the condition that the terms hereof are the exclusive terms of sales. This quotation supersedes all previous quotations for these services. This offer shall remain open for 45 days after the quotation date unless otherwise specified and is subject to change or withdrawal by Turn-Key Medical prior to acceptance. To accept this offer, please sign and return within the time period for acceptance.

**CUSTOMER ACCEPTANCE:**

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**TURN-KEY MEDICAL, INC.:**

Signature:   
 Name: Mike Dingel  
 Title: VP of Service  
 Date: 5/13/2022

**TERMS OF AGREEMENT**

This Agreement is effective upon signature by both parties. The terms contained in the Service Quote and the Terms and Conditions govern the repair and maintenance services for equipment listed and the use of related software. In the event of a conflict between this Service Quote and the Terms, this Service Quote prevails.

The Agreement terms apply to the entire service coverage period. If the Quote is for Point of Purchase Services, the coverage period will begin upon expiration of the applicable system warranty period. Prior to the end date of the coverage period, Customer will receive a document for renewal or termination of agreement. Customer must provide a signed copy of the new agreement or written notice of intent not to sign to Turn-Key Medical a minimum of thirty (30) days before End Date on the face of current Agreement. To provide for continuity of service, if no notification is received by Turn-Key Medical, the current Agreement will automatically renew on a month to month basis for a period of up to six (6) months until a signed copy of the new agreement or written notice of intent not to sign the new agreement is received. If a signed agreement is not received from the Customer at the end of 6 months, all service and billing will be cancelled, and notice of termination will be sent to the Customer.

**PAYMENT, TERMINATION, AND CHANGES TO AGREEMENT**

**(a) Payment:** Service pricing and payment schedule are listed on the Service Quote. Payments are due net thirty (30) days from the invoice date and are invoiced thirty (30) days in advance of service.

**1. Delinquent Payment.** Service and repairs may be suspended if Customer's account is past due for a period of more than thirty (30) days. PMs and service not requiring parts may continue to be performed at the discretion of Turn-Key Medical. Turn-Key Medical shall have the option to terminate this Agreement if Customer's account is past due for a period of more than sixty (60) days.

**2. Taxes.** State and Local taxes may be added to Customer invoices based on tax status. If Customer is tax-exempt, Customer will provide a valid tax-exemption certificate to Turn-Key Medical prior to the invoice date, otherwise Customer shall be invoiced for applicable taxes.

**3. For Carestream DRX detectors,** the Detector Protection Plan may be included with Agreement. With Protection Plan, replacement panel is a fixed cost of \$5,000, with the return of the defective detector. This rider resets after each occurrence. Detector Protection Plan covers accidental drops and liquid damage. It does not cover customer misuse/abuse. Agreement must be signed a minimum of 30 days before end of warranty. If not signed 30 days before end of warranty, the unit must be inspected to confirm proper functionality. If the unit is found to be fully or partially non-functional, customer is responsible for cost of repairs to bring unit to full functionality prior to activation of Protection Plan.

**(b) Termination:** Either Party may terminate this Agreement, with or without cause, after providing the other with sixty (60) days' prior written notice. On the event of termination, Customer agrees to pay for all services properly performed in accordance with Agreement up to the effective date of termination that has not been previously paid or reimbursed.

**1. Termination Without Cause.** In case of such termination by Customer, (unless Customer sells its business, or Customer's business merges with or is acquired by another entity who will have a controlling interest of 50% or greater), Customer will be assessed a cancellation fee of 25% of the residual Agreement price, based on the effective termination date. If cancellation occurs in the final year of coverage, the fee will be reduced to 15%.

**2. Termination With Cause.** This Agreement may be terminated if either Party is in breach of any material term of the Agreement, provided that the Party wishing to terminate will first give the other party written notice describing such breach in reasonable detail and such breach remains uncured (if curable) for a period of thirty (30) days.

**3. Replacement or Removal of system.** Contract will be terminated without penalty if equipment is replaced or upgraded by Turn-Key Medical, or if the system is completely taken out of service. Termination date will be based off notice date for systems being taken out of service or removal date for systems being replaced by Turn-Key Medical.

**4. End-Of-Life.** In cases where equipment is deemed End-Of-Life by the manufacturer, many times parts are still available. If parts or a specific part are unavailable, Turn-Key Medical retains the right to terminate this agreement immediately, effective the end of the month previous to the month the service call was opened.

**(c) Changes to Agreement:** Contract modifications will be effective on a go forward basis only and may not be applied to the contract retroactively. Changes will reflect Turn-Key Medical's current pricing and must be requested via a written notice from the Customer.

**1.** A customer with a CT agreement may elect to upgrade or downgrade Variable Glass Coverage level once a year, effective on the next contract anniversary date. Requests must be presented at least thirty (30) days prior to the contract anniversary date.

**2.** Other changes to scope of service, including Service Coverage Type and Coverage Hours must be requested via a written notice from the Customer. Requests must be presented at least thirty (30) days prior to the requested date of change.

**EXCLUSIONS**

**(a)** This Agreement does not cover expendable supply items, including batteries, unless specifically noted.

**(b)** When mutually agreed upon between the Customer and Turn-Key Medical, it is necessary to have equipment rebuilt at the factory because repair or parts replacement cannot maintain it in satisfactory operating condition, the cost of such factory reconditioning will be assumed by the Customer. Customer requires in all such cases a quoted price and issuance of P.O.

**(c)** This Agreement does not include installation of new equipment or accessories, moving the specified equipment to a new location, or relocation of the equipment within a room.

**(d)** This Agreement does not cover maintenance, repairs, or replacement parts required due to loss or damage to the equipment caused by fire, lightning, water, tornado, windstorm, hail, earthquake, explosion, smoke, smudge, aircraft, motor vehicle, collapse of building, strike, riot, vandalism, power failure or fluctuations, air-conditioning failure, or any other cause beyond the reasonable control of Turn-Key Medical. It does not include any maintenance, repairs, or replacements caused or required by or resulting from the fault or negligence of the Customer or Customer Representative.

**MAINTENANCE SERVICE**

Turn-Key Medical will provide the maintenance service described herein during a normal day shift work week consisting of five (5) eight (8) hour days, Monday through Friday, excluding Turn-Key Medical observed Holidays. The maintenance service includes:

**(a)** Planned maintenance service inspections, as specified by Turn-Key Medical, to be performed as scheduled on the face of this Agreement. These inspections include such items as lubrication, counterweight cable inspections, functional tests, leakage current test, and adjustments. One such inspection annually by a qualified Turn-Key Medical service representative shall include radiation measurements, where appropriate, to determine compliance with U.S. Bureau of Radiological Health standards. The inspection time shall be mutually agreed to in advance. Turn-Key Medical service personnel will be given full and free access to the equipment to perform these inspections. Failure to provide this access at the agreed to time may void the inspection requirement.

**(b)** On-call remedial maintenance service as required due to equipment malfunction.

**(c)** Unserviceable parts will be replaced by new parts or, at Turn-Key Medical's option, by parts equivalent to new in performance. Such replacement parts will be furnished on an exchange basis. Labor to install replacement parts is included. Unserviceable parts which have been replaced become the property of Turn-Key Medical.

**(d)** Subject to the availability of personnel, Turn-Key Medical will provide, at Customer's request, emergency maintenance service outside the hours of the normal day shift work week described above. Charges for service rendered at such times will be billed at Turn-Key Medical's applicable rates in effect at the time of service, including round trip travel time. The Customer will be charged for a minimum of two (2) hours per call. Other travel expenses and overnight living expenses incurred, if any, will be charged at actual cost in accordance with Turn-Key Medical's standards for expense remuneration of its employees on Company business. In cases where Turn-Key Medical is able to remote connect to a system and perform repairs, the Customer may be charged a minimum of one (1) hour per call.

**(e)** Software Updates / Upgrades. Except where listed as "Exclusions" Turn-Key Medical will furnish to Customer, free of charge for the life of the Equipment, all software or hardware updates to the Equipment purchased by Customer, which are intended to correct a safety risk. Software updates offering enhancements to previously purchased software features may be covered under this service agreement if they do not require hardware modifications or additions. Software upgrades providing new features or capabilities not originally purchased will be made available for purchase by Customer upon request when compatible with the originally purchased hardware. The equipment manufacturer retains the sole right to determine whether a software release is considered an update or an upgrade for which the Customer will be charged. The above items will be performed only during the Coverage Hours stated on the face of this document. Service required outside these hours will be billed at Turn-Key Medical's applicable rates in effect at the time such items are provided to Customer.

**(f)** Uptime Guarantee is specified under Coverage Details on the Maintenance Service Agreement. Uptime guarantees are measured based on Coverage Hours, excluding Turn-Key Medical's recognized holidays. Uptime will be calculated using the following formula:  $Uptime = (Base\ Time - Downtime) / Base\ Time$

Definitions:

• Base Time: Total covered hours.

• Downtime: Time when the specified imaging equipment is unavailable for scanning or diagnosing images due to equipment malfunction and is immediately available for service repairs.

Downtime will be calculated during the Coverage Hours and commence when the Customer's call is logged to Turn-Key Medical. Downtime concludes once repairs are completed and the imaging system is available for clinical use. Downtime does not include time spent for preventive maintenance, routine part replacements or repair of any malfunction caused by operator error, accidents or other elements outside the control of Turn-Key Medical and the manufacturer, such as accidents, fires, floods, and Acts of God.

The Uptime Guarantee will be voided if Turn-Key Medical is not given access to the Equipment for preventive maintenance or other types of service required during the term of this Agreement. Uptime statistics will be measured over a 12-month period. If the Equipment fails to achieve the specified uptime percentage, the service agreement will be extended by one month for no extra charge for each percent of downtime below the stated percentage.

**LIMITATION OF LIABILITY**

Turn-Key Medical shall not be liable for failure to keep any equipment in working order when such failure is due to causes beyond its reasonable control. In no event shall Turn-Key Medical be liable to the Customer for special or consequential damages. Turn-Key Medical's liability to the Customer on any claim for loss or liability arising out of or connected with this Agreement, or the use of any equipment covered by this Agreement (including, but not limited to, loss or liability arising from breach of contract or warranty or negligence) shall in no case exceed one (1) year's maintenance charges for the particular equipment involved in the claim. This provision is not intended to apply to Turn-Key Medical's possible liability to third parties resulting from the negligence or willful misconduct of employees of Turn-Key Medical.