



**Board Meeting Agenda  
February 24, 2025 at 6:30 p.m.**

<b>In Person</b>	Irrigon Library, 490 NE Main Ave, Irrigon, OR 97844
<b>Zoom</b>	<a href="https://us06web.zoom.us/j/88292693313?pwd=gynXgjmIv8pYPTAWuUTYbn2v4HAOqs.1">https://us06web.zoom.us/j/88292693313?pwd=gynXgjmIv8pYPTAWuUTYbn2v4HAOqs.1</a> Meeting ID: 882 9269 3313 Passcode: 060745

**1. Call to Order**

**2. New Board Member Oath of Office**

**3. Public Comments**

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

- A. Chair Statement
- B. Public Comment Period

**4. Approval of Meeting Minutes**

- A. January 27, 2025 – Regular Session

**5. Reports**

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

**6. New Business**

- A. Approve Supplemental Budget
- B. Emergency Department Physician Contract
- C. Board Conflict of Interest Disclosures

**7. Old Business**

- A. Public Comment Structure

**8. Executive Session**

Members of the news media may attend executive sessions, with limited exceptions. News media are instructed not to report about what happened in executive sessions.

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

**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!

## 9. Adjourn

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<b>Meeting</b>	Board of Directors		
<b>Date / Time</b>	January 27, 2025 at 6:30 pm	<b>Location</b>	Port of Morrow – Sand Hollow Room
<b>Chair</b>	Diane Kilkenny	<b>Recorder</b>	Julie Baker
<b>Board Members</b>	<b>Present:</b> Diane Kilkenny, Stephen Munkers, Donna Rietmann, Scott Ezell		
<b>Attendees</b>	<b>Staff:</b> Emily Roberts, Nicole Mahoney, Julie Baker, Paul Martin, Natalia Wight, Lisa Spencer <b>Guests:</b> None <b>Press:</b> Heppner Gazette Times		

<p><b>Mission</b> Bring essential health services to our rural communities that meet the unique needs of the people we serve.</p>	<p><b>Vision</b> Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.</p>	<p><b>Values</b> Integrity, Compassion, Quality, Respect, Financial Responsibility</p>
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Agenda Item	Minutes
<b>1. Call to Order</b>	Chair Kilkenny called the meeting to order a 6:31 pm
<b>2. Public Comments</b>	Chair Kilkenny made a statement about expectations and format for public comment. A public comment period was held.
<b>3. Approval of Meeting Minutes</b> A. November 25, 2024 – Regular Session	Donna Rietmann proposed a correction to the minutes on page 2, 5C, concerning the motion made. Minutes state Ms. Rietmann proposed and seconded the motion. The record should state Ms. Rietmann proposed a motion, and Mr. Munkers seconded. <b>MOTION:</b> Rietmann moved to approve the minutes for the November 25, 2024 meeting with the proposed correction. Ezell seconded the motion. The motion passed unanimously by all Board members present.
<b>4. Reports</b> A. CEO Dashboard – Emily Roberts B. Financial Report – Nicole Mahoney C. EMS Stats – Emily Roberts	A. Emily Roberts presented the CEO Dashboard (see packet). Roberts provided an update on the District’s implementation of a new survey methodology for patient satisfaction surveys through the District’s current vendor, NRC. Roberts provided an update on provider recruitment; the District engaged an additional recruiting agency, CompHealth for provider recruitment. B. Nicole Mahoney presented Financial Report (see packet). C. Roberts presented the EMS Stats (see packet).

**5. New Business**

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

A. Chair Kilkenny reported that the Board received four applications for the open position. Roberts reported the application deadline had closed on 1/17/25. A discussion was held. Chair Kilkenny noted the good response the Board had geographically and also in professional applicants. She thanked all applicants for their application. Munkers said he was happy to see the interest in the position and it would not be easy to decide. Rietmann stated she was pleased with the qualified group of applicants. Ezell stated it would not be easy to choose due to the broad range of knowledge and experience presented in the applicants.

**MOTION:** Rietmann moved to nominate Lea Mathieu for the open Board position. Rietmann then retracted her nomination so discussion could continue prior to a vote.

Discussion continued.

**MOTION:** Ezell moved to nominate Laura Torres for the open Board position. Munkers seconded the motion. The motion passed unanimously by all Board members present.

B. Roberts presented a revised contract with Central Oregon Radiology Association (CORA) to include billing services.

**MOTION:** Ezell moved to accept the contract as presented. Munkers seconded the motion. The motion passed unanimously by all Board members present.

C. Roberts presented Medical Staff privileges approved by the medical executive committee on 1/16/2025 for the Board's approval.

**MOTION:** Munkers moved to accept privileges presented, Rietmann seconded the motion. The motion passed unanimously by all Board members present.

D. Roberts presented proposed amendments to the Medical Staff Bylaws approved by the medical staff committee on 1/16/2025.

**MOTION:** Rietmann moved to the proposed amendments to Article 2(b)(ii)(4) in the Medical Staff Bylaws as presented, Ezell seconded the motion. The motion passed unanimously by all Board members present.

Discussion held regarding proposed amendment two for Article 9(d) of the Medical Staff Bylaws. Munkers questioned whether providers from CORA are invited or in attendance. Roberts and Mahoney clarified that they may attend, however, they would be more likely to be represented by the CORA medical director assigned to MCHD.

**MOTION:** Munkers moved to the proposed amendment to Amend Article 9(d) in the Medical Staff Bylaws as presented, Rietmann seconded the motion. The motion passed unanimously by all Board members present.

	E. Roberts presented a revised 2025 Board Calendar.
<b>6. Old Business</b> A. Public Comment	<p>A. The Board discussed information contained in the board packet with regard to legal counsel advice on form and format of public comment and board minutes.</p> <p>The Board discussed pros and cons of moving the public comment. Munkers stated he would like to see public comment before an executive session. Ezell said he doesn't like comment to be restricted to only agenda items, Munkers agreed. Chair Kilkenny shared concerns for historical comments being directed towards staff members. She noted the District has a process for complaints regarding staff members or patient care, which are to be directed to the Compliance Officer, Julie Baker, who reports directly to the Board. She added the Board has a duty to protect personnel. Roberts stated the District and the Board have a duty to protect privacy and patients. Comments made concerning patients can cause an issue of civil liability. Ezell would like to see language added to the signup sheets that personnel attacks and patient related comments are not tolerated, and to set up expectations for public comments. Chair Kilkenny stated any Board member can object to the comments in real time as they can't be condoned in a public meeting. Munkers stated he is in support of the sign-up sheet, and directing complaints to the Compliance Officer.</p> <p>Roberts stated the District could provide informative handouts with expectations and contact information for Compliance. The Board was supportive of the handouts and would like to review a draft at the February meeting.</p>
<b>7. Executive Session</b>	<p>Chair Kilkenny called to order Executive Session under:</p> <p>A ORS 41.675 to consider information or records that are part of a quality assurance process, which is privileged and protected by Oregon's peer review statute.</p> <p>News media were instructed not to report about what happened in Executive Session.</p> <p>The Executive Session adjourned at 8:04 p.m.</p>
<b>8. Adjourn</b>	<p>With no further business to come before the Board, regular session adjourned at 8:04 p.m.</p> <p>Minutes taken and submitted by Julie Baker. Approved _____.</p>

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DRAFT



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

February 2025

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	*13.0%
Vacancy Rate	16.8%
Number of Open Positions	18
Newly Created Open Positions	1

FINANCIAL		
Days Cash on Hand	47	Goal ≥ 90
Days in AR	129	Goal ≤ 60

\*The turnover rate includes occasional part-time employees no longer available for work, which accounts for 55% of the rate above.

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

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

RURAL HEALTH CLINICS				
MEASURE	PMC	ICC	IMC	BIC
Third Next Available (Current Month)	8	12	5	N/A
Total Visits (Previous Month)	228	175	213	124

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

## CAHPS (PATIENT SATISFACTION SCORES)

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
Boardman Immediate Care	40%	63%	63%
	N = 5	N = 8	N = 8
Ione Community Clinic	100%	100%	97%
	N = 7	N = 16	N = 31
Irrigon Medical Clinic	64%	76%	84%
	N = 11	N = 33	N = 31
Pioneer Memorial Clinic	93%	76%	84%
	N = 15	N = 21	N = 49
<b>NRC Average</b>	<b>86%</b>		

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
Boardman Immediate Care	80%	63%	63%
	N = 5	N = 8	N = 8
Ione Community Clinic	100%	100%	97%
	N = 6	N = 16	N = 30
Irrigon Medical Clinic	82%	76%	86%
	N = 11	N = 33	N = 29
Pioneer Memorial Clinic	93%	86%	93%
	N = 14	N = 21	N = 45
<b>NRC Average</b>	<b>92%</b>		

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
<b>ER Adult</b>	<b>100%</b>	<b>90%</b>	<b>40%</b>
	N = 6	N = 19	N = 10
<b>NRC Average</b>	69%		
<b>Bed Size 6 - 24 Average</b>	81%		

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

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

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

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
<b>Inpatient</b>	<b>0%</b>	<b>67%</b>	<b>40%</b>
	N = 1	N = 3	N = 5
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	82%		

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

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

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

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

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

	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
<b>ER Pediatric</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>
	N = 1	N = 1	N = 1
<b>NRC Average</b>	*Insufficient data to benchmark.		

Would you recommend this hospital to your friends and family?

	Qtr 4 2024	Qtr 3 2024	Qtr 2 2024
<b>Inpatient</b>	<b>0%</b>	<b>100%</b>	<b>60%</b>
	N = 1	N = 3	N = 5
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	82%		

Would you recommend this hospital to your friends and family?

	Qtr 2 2024	Qtr 1 2024	Qtr 4 2023
<b>Hospital</b>	<b>60%</b>	<b>100%</b>	<b>50%</b>
	N = 5	N = 6	N = 4
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	79%		



CURRENT MONTH	LAST MONTH	DOLLAR VARIANCE		CURRENT YEAR TO DATE	BUDGET YEAR TO DATE	DOLLAR VARIANCE
<b>PATIENT SERVICES REVENUE</b>						
209,574	289,323	(79,749)	INPATIENT REVENUE	1,375,453	1,205,306	170,147
637,402	509,225	128,177	OUTPATIENT REVENUE	4,020,042	4,622,208	(602,166)
271,795	253,154	18,640	CLINIC REVENUE	1,782,708	1,903,336	(120,628)
111,100	112,492	(1,392)	HOME HEALTH & HOSPICE REVENUE	609,398	671,296	(61,898)
361	(2,094)	2,455	ORACLE HEALTH UNALIASED	21,238	-	21,238
<b>1,230,232</b>	<b>1,162,100</b>	<b>68,132</b>	<b>TOTAL GROSS PATIENT REVENUE</b>	<b>7,808,840</b>	<b>8,402,147</b>	<b>(593,307)</b>
2,225	1,882	343	PROVISION FOR BAD DEBTS	27,498	-	27,498
(39,825)	39,827	(79,652)	CONTRACTUALS & ADJUSTMENTS	117,759	1,876,263	(1,758,503)
<b>(37,600)</b>	<b>41,710</b>	<b>(79,310)</b>	<b>TOTAL REVENUE DEDUCTIONS</b>	<b>145,257</b>	<b>1,876,263</b>	<b>(1,731,005)</b>
<b>1,192,632</b>	<b>1,203,809</b>	<b>(11,178)</b>	<b>TOTAL NET PATIENT REVENUE</b>	<b>7,954,097</b>	<b>10,278,409</b>	<b>(2,324,312)</b>
<b>300,681</b>	<b>300,681</b>	-	<b>TAX REVENUE</b>	<b>2,104,766</b>	<b>2,104,766</b>	-
<b>3,617</b>	<b>23,373</b>	<b>(19,757)</b>	<b>OTHER OPERATING REVENUE</b>	<b>70,356</b>	<b>96,717</b>	<b>(26,361)</b>
<b>1,496,929</b>	<b>1,527,864</b>	<b>(30,934)</b>	<b>TOTAL OPERATING REVENUE</b>	<b>10,129,219</b>	<b>12,479,892</b>	<b>(2,350,673)</b>
<b>OPERATING EXPENSES</b>						
905,592	873,008	32,584	SALARIES & WAGES	5,915,954	6,859,028	(943,074)
265,105	238,893	26,212	EMPLOYEE BENEFITS & TAXES	1,657,248	2,518,656	(861,408)
139,295	94,136	45,159	PROFESSIONAL FEES	856,453	908,310	(51,857)
105,824	85,942	19,882	SUPPLIES & MINOR EQUIPMENT	785,723	832,099	(46,377)
2,617	3,712	(1,096)	EDUCATION	24,899	43,011	(18,112)
4,714	454	4,260	RECRUITING & ADVERTISING	7,284	62,713	(55,429)
20,357	19,077	1,280	REPAIRS & MAINTENANCE	138,879	130,994	7,885
199,617	214,472	(14,854)	PURCHASED SERVICES	1,662,950	745,220	917,731
93,235	227,251	(134,016)	DEPRECIATION	606,921	598,169	8,751
15,544	9,547	5,998	TRAVEL	96,106	121,333	(25,227)
17,335	17,812	(477)	UTILITIES, PHONE & PROPANE	116,070	128,998	(12,928)
18,707	17,926	781	INSURANCE	124,439	127,383	(2,944)
507	327	180	TAXES & LICENSES	14,428	13,100	1,328
28,024	24,475	3,549	INTEREST	173,963	180,591	(6,628)
2,920	3,772	(852)	DUES & SUBSCRIPTIONS	33,889	25,314	8,575
13,415	21,364	(7,949)	OTHER EXPENSES	162,441	142,214	20,227
<b>1,832,809</b>	<b>1,852,167</b>	<b>(19,358)</b>	<b>TOTAL OPERATING EXPENSES</b>	<b>12,377,648</b>	<b>13,437,135</b>	<b>(1,059,487)</b>
<b>(335,879)</b>	<b>(324,303)</b>	<b>(11,576)</b>	<b>GAIN/LOSS FROM OPERATIONS</b>	<b>(2,248,428)</b>	<b>(957,243)</b>	<b>(1,291,185)</b>
<b>410,386</b>	<b>136,127</b>	<b>274,259</b>	<b>NON-OPERATING NET GAIN/LOSS</b>	<b>1,091,939</b>	<b>948,206</b>	<b>143,733</b>
<b>74,507</b>	<b>(188,176)</b>	<b>262,682</b>	<b>NET INCOME/LOSS</b>	<b>(1,156,490)</b>	<b>(9,037)</b>	<b>(1,147,453)</b>

<b>ASSETS</b>	<b>CURRENT YTD</b>
<i>CURRENT ASSETS</i>	
<b>TOTAL CASH &amp; INVESTMENTS</b>	<b>3,330,350</b>
ORACLE HEALTH A/R	3,619,608
THRIVE A/R	1,158,722
CENTRIQ HOSPITAL, SWING & CLINICS A/R	120,302
CENTRIQ HOME HEALTH & HOSPICE A/R	779
GROSS PATIENT RECEIVABLES	<b>4,899,412</b>
LESS CLEARING ACCOUNTS	50
LESS ALLOWANCE FOR UNCOLLECTABLE	(689,590)
LESS ALLOWANCE FOR CONTRACTUALS	151,429
<b>NET PATIENT ACCOUNTS RECEIVABLE</b>	<b>4,361,301</b>
ASSIGNED ACCOUNTS	-
EMPLOYEE ADVANCES	10,440
EMPLOYEE PURCHASES RECEIVABLE	19
RECEIVABLE-340B FR/SUN RX	25,141
TAXES RECEIVABLE-PRIOR YR	63,424
TAXES RECEIVABLE-CURRENT YEAR	(1,259,169)
OTHER RECEIVABLES	(177,354)
GRANTS RECEIVABLE	-
MC/MD RECEIVABLE	171,993
ASSISTED LIVING RECEIVABLE	6,104
<b>TOTAL OTHER RECEIVABLES</b>	<b>(1,159,403)</b>
INVENTORY-GENERAL	156,245
INVENTORY LAB & RX	292,876
PREPAID EXPENSES	5,467
PREPAID INSURANCE	119,499
PREPAID-OTHER	143,720
<b>TOTAL INVENTORY &amp; PREPAID</b>	<b>717,807</b>
<b>TOTAL CURRENT ASSETS</b>	<b>7,250,053</b>
<i>LONG TERM ASSETS</i>	
LAND	119,671
LAND IMPROVEMENTS	321,575
BUILDING & IMPROVEMENTS	5,922,706
EQUIPMENT	7,822,281
SUBSCRIPTION BASED ASSETS	3,518,584
CONSTRUCTION IN PROGRESS	365,242
LESS ACCUMULATED DEPRECIATION	(10,981,089)
<b>TOTAL LONG TERM ASSETS</b>	<b>7,088,968</b>
<b>TOTAL ASSETS</b>	<b>14,339,022</b>

**LIABILITIES**

*CURRENT LIABILITIES*

**TOTAL ACCOUNTS PAYABLE** 338,004

MISC PAYABLE -

SHORT TERM NOTES PAYABLE -

**TOTAL OTHER PAYABLE** -

**TOTAL ACCRUED WAGES & LIABILITIES** 748,610

ACCRUED INTEREST 2,949

SUSPENSE ACCOUNT 2,706

TCAA SUSPENSE 2,215

DEFERRED INCOME 1,506

MC/MD SETTLEMENT PAYABLE 708

CONTINGENCY SETTLEMENT PAYABLE 100,000

**TOTAL OTHER LIABILITIES** 110,084

**TOTAL CURRENT LIABILITIES** 1,196,697

*LONG TERM LIABILITIES*

SUBSCRIPTION BASED LIABILITIES 3,115,059

BEO 2019 BOILER LOAN -

BEO 2018 BOARDMAN BLDG LOAN 59,883

BEO LOAN FOR AMBULANCE 5,380

MORROW CO 2018 BRDMAN BLDG LN 32,453

BEO IMC EXPANSION 2018 211,905

GEODC 2021 HOUSE LOAN -

MORROW CO 2021 CHURCH LOAN 44,970

BEO REFINANCE OF USDA LOAN 727,585

BEO 2024 CAPITAL LOAN 963,474

**TOTAL LONG TERM LIABILITIES** 5,160,708

**EQUITY/FUND BALANCE**

GENERAL FUND UNRESTRICTED BAL 9,138,106

NET INCOME/LOSS (1,156,490)

**EQUITY/FUND BALANCE** 7,981,616

**TOTAL LIABILITIES & EQUITY/FUND BALANCE** 14,339,022

2025	IRRIGON								HEPPNER								IONE				LEXINGTON			
	299				298				599				598				699				499			
	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports
January	0.0	0.0	0	0	1.1	2.0	31	20	1.0	2.6	25	16	1.7	5.0	3	1	0.0	0.0	0	0	0.0	0.0	0	0
Transfers January	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	2.4	10.8	5	5	0.0	0.0	0	0	0.0	0.0	0	0
9-1-1 February																								
Transfers February																								
9-1-1 March																								
Transfers March																								
9-1-1 April																								
Transfers April																								
9-1-1 May																								
Transfers May																								
9-1-1 June																								
Transfers June																								
9-1-1 July																								
Transfers July																								
9-1-1 August																								
Transfers August																								
9-1-1 September																								
Transfers September																								
9-1-1 October																								
Transfers October																								
9-1-1 November																								
Transfers November																								
9-1-1 December																								
Transfers December																								
<b>TOTAL</b>			0	0			31	20			25	16			8	6			0	0			0	0

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

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

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

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>ACUTE (INPATIENT)</b>													
ADMISSIONS	0	2	1	3	5	5	7						23
DISCHARGES	0	2	1	2	5	5	8						23
Admits- MEDICARE	0	1	1	3	5	4	4						18
MEDICAID	0	0	0	0	0	0	0						0
OTHER	0	1	0	0	0	1	2						4
SELF PAY	0	0	0	0	0	0	1						1
<b>TOTAL</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>
Dschgs -MEDICARE	0	1	1	2	5	4	5						18
MEDICAID	0	0	0	0	0	0	0						0
OTHER	0	1	0	0	0	1	2						4
SELF PAY	0	0	0	0	0	0	1						1
<b>TOTAL</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	0	7	3	4	23	10	7						54
MEDICARE ADVANTAGE	0	0	0	0	0	0	2						2
MEDICAID	0	0	0	0	0	0	0						0
MEDICAID MANAGED CARE	0	0	0	0	0	0	0						0
OTHER	0	4	0	0	0	3	5						12
SELF PAY	0	0	0	0	0	0	2						2
<b>TOTAL</b>	<b>0</b>	<b>11</b>	<b>3</b>	<b>4</b>	<b>23</b>	<b>13</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>
<b>PATIENT ADMISSION DAYS</b>													
Adults	0	11	2	7	21	17	17						75
Pediatric	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>0</b>	<b>11</b>	<b>2</b>	<b>7</b>	<b>21</b>	<b>17</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>
AVG LENGTH OF STAY	#DIV/0!	5.5	2.0	3.5	4.2	3.4	2.1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.3
AVG DAILY CENSUS	0.0	0.4	0.1	0.2	0.7	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.3
DEATHS	0	0	0	1	0	0	1						2
<b>SWING BED (Skilled)</b>													
ADMISSIONS	1	6	1	5	7	3	2						25
DISCHARGES	2	4	3	4	7	3	3						26
<b>TOTAL</b>	<b>3</b>	<b>10</b>	<b>4</b>	<b>9</b>	<b>14</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>
Dschgs -MEDICARE	2	4	3	3	7	3	2						24
MEDICAID	0	0	0	1	0	0	0						1
OTHER	0	0	0	0	0	0	1						1
SELF PAY	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	62	48	35	17	91	46	5						304
MEDICARE ADVANTAGE	0	19	20	0	0	0	0						39
MEDICAID	0	0	0	0	0	0	0						0
MEDICAID MANAGED CARE	0	0	0	9	0	0	0						9
OTHER	0	0	0	0	0	0	25						25
SELF PAY	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>62</b>	<b>67</b>	<b>55</b>	<b>26</b>	<b>91</b>	<b>46</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>377</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICARE	43	87	46	53	84	38	55						406
MEDICAID	0	0	6	3	0	0	0						9
OTHER	0	0	0	0	0	26	2						28
SELF PAY	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>43</b>	<b>87</b>	<b>52</b>	<b>56</b>	<b>84</b>	<b>64</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>443</b>
AVG DAILY CENSUS	1.39	2.81	1.73	1.81	2.80	2.06	1.84	0.00	0.00	0.00	0.00	0.00	2.06
SWING BED REVENUE	\$ 17,966	\$ 34,756	\$ 21,816	\$ 22,677	\$ 23,421	\$ 24,853	\$ 25,602						\$171,092
SWING \$ DAYS	<b>42</b>	<b>83</b>	<b>51</b>	<b>39</b>	<b>53</b>	<b>58</b>	<b>57</b>						<b>383</b>
DEATHS	0	0	0	0	1	0	0						1

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>OBSERVATION</b>													
ADMISSIONS	4	0	1	1	1	0	1						8
DISCHARGES	4	0	1	0	2	1	1						9
HOURS	80	0	10	31	45	5	40						211
REVENUE	\$ 9,970	\$ -	\$ 1,246	\$ 3,863	\$ 5,608	\$ 623	\$ 5,234						\$ 26,544
AVG LENGTH OF STAY (hours)	20.0	#DIV/0!	10.0	31.0	45.0	#DIV/0!	40.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	26.4
DEATHS	0	0	0	0	0	0	0						0
<b>HOSPITAL RESPITE</b>													
ADMISSIONS	0	0	0	0	0	1	2						3
DISCHARGES	0	0	0	0	0	0	2						2
PATIENT ADMISSION DAYS	0	0	0	0	0	3	2						5
DEATHS	0	0	0	0	0	0	0						0
<b>SWING (Non-Skilled)</b>													
ADMISSIONS	1	0	1	0	1	0	1						4
DISCHARGES	2	0	0	0	0	1	0						3
Dschgs -MEDICAID	0	0	0	0	0	1	0						1
SELF PAY	2	0	0	0	0	0	0						2
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICAID	0	0	0	0	0	2	0						2
SELF PAY	396	0	0	0	0	0	0						396
<b>TOTAL</b>	<b>396</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>398</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICAID	31	31	40	62	60	62	62						348
SELF PAY	118	93	90	93	94	120	99						707
<b>TOTAL</b>	<b>149</b>	<b>124</b>	<b>130</b>	<b>155</b>	<b>204</b>	<b>182</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1055</b>
AVG DAILY CENSUS	4.8	4.0	4.3	5.0	6.8	5.9	5.2	0.0	0.0	0.0	0.0	0.0	6.9
SWING BED REVENUE	\$ 71,723	\$ 57,378	\$ 59,769	\$ 74,113	\$ 73,635	\$ 98,977	\$ 102,324						\$ 537,919
SWING \$ DAYS	150	120	125	155	154	207	214						1125
DEATHS	2	0	0	0	0	0	1						3
<b>SUMMARY STATS</b>													
TOTAL/AVERAGE % OCCUPANCY	29.5%	34.1%	29.2%	33.5%	49.0%	40.9%	36.4%	0.0%	0.0%	0.0%	0.0%	0.0%	22.4%
<b>TOTAL OUTPATIENTS (Admits) w/ ER</b>													
	397	340	377	466	382	365	411						2738
<b>TOTAL ER (Encounters)</b>													
	115	103	99	116	64	80	99						676
<b>LAB TESTS</b>													
INPATIENT	79	60	33	40	103	87	69						471
OUTPATIENT	749	909	879	990	658	588	799						5572
<b>TOTAL</b>	<b>828</b>	<b>969</b>	<b>912</b>	<b>1030</b>	<b>761</b>	<b>675</b>	<b>868</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6043</b>
<b>XRAY/ULTRASOUND TESTS</b>													
INPATIENT	3	6	6	4	5	11	5						40
OUTPATIENT	88	75	77	66	73	63	62						504
<b>TOTAL</b>	<b>91</b>	<b>81</b>	<b>83</b>	<b>70</b>	<b>78</b>	<b>74</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>544</b>
<b>CT SCANS</b>													
	65	32	33	43	28	34	24						259
<b>MRI SCANS</b>													
	1	1	1	2	3	3	0						11
<b>EKG TESTS</b>													
	21	34	27	35	32	30	31						210
<b>TREADMILL PROCEDURES</b>													
	0	0	0	0	0	0	0						0
<b>RESPIRATORY THERAPY</b>													
INPATIENT	0	0	0	0	0	0	0						0
OUTPATIENT	0	0	0	0	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>

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>PROVIDER VISITS</b>													
PIONEER MEMORIAL CLINIC-HEPPNER	335	174	250	252	230	143	287						1671
IRRIGON MEDICAL CLINIC	232	351	378	391	311	269	265						2197
BOARDMAN IMMEDIATE CARE	96	141	94	120	75	149	133						808
IONE COMMUNITY CLINIC	93	187	153	187	155	181	175						1131
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	138	143	124	153	118	133	137						946
<b>TOTAL</b>	<b>894</b>	<b>996</b>	<b>999</b>	<b>1103</b>	<b>889</b>	<b>875</b>	<b>997</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6753</b>
REVENUE OF HOSPITAL ENCOUNTERS	\$76,205	\$ 83,331	\$ 75,389	\$ 86,880	\$ 62,961	\$ 66,894	\$ 73,082.09						\$524,741
<b>AMBULANCE</b>													
HEPPNER AMBULANCE TRANSPORTS	4	9	18	30	13	14	21						109
BOARDMAN AMBULANCE TRANSPORTS	0	0	0	0	0	0	0						0
IRRIGON AMBULANCE TRANSPORTS	0	0	2	27	20	29	19						97
IONE AMBULANCE TRANSPORTS	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>4</b>	<b>9</b>	<b>20</b>	<b>57</b>	<b>33</b>	<b>43</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>206</b>
HEPPNER AMB REVENUE	\$ 9,630	\$ 25,614	\$ 48,945	\$ 53,578	\$ 23,381	\$ 24,801	\$ 37,391						\$223,340
BOARDMAN AMB REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$0
IRRIGON AMB REVENUE	\$ -	\$ 4,206	\$ 48,561	\$ 35,214	\$ 51,779	\$ 34,172							\$173,932
IONE AMB REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$0
<b>TOTAL</b>	<b>\$ 9,630</b>	<b>\$ 25,614</b>	<b>\$ 53,151</b>	<b>\$ 102,139</b>	<b>\$ 58,595</b>	<b>\$ 76,580</b>	<b>\$ 71,563</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$397,272</b>
<b>HOME HEALTH VISITS</b>													
SKILLED NURSING VISITS	57	44	42	42	33	33	39						290
AIDE VISITS	8	16	29	30	21	11	11						126
MSW VISITS	0	1	1	3	1	1	1						8
OCCUPATIONAL THERAPY	0	0	0	0	0	0	0						0
PHYSICAL THERAPY	43	22	32	43	26	28	28						222
SPEECH THERAPY	1	0	0	0	0	0	0						1
IN HOME CARE VISITS-PRIVATE PAY	0	0	0	0	0	0	0						0
<b>TOTAL</b>	<b>109</b>	<b>83</b>	<b>104</b>	<b>118</b>	<b>81</b>	<b>73</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>647</b>
<b>HOSPICE</b>													
ADMITS	2	2	4	1	3	2	3						17
DISCHARGE	0	0	0	0	0	1	0						1
DEATHS	5	2	1	1	1	2	1						13
<b>TOTAL HOSPICE DAYS</b>	<b>125</b>	<b>75</b>	<b>123</b>	<b>159</b>	<b>184</b>	<b>239</b>	<b>228</b>						<b>1133</b>
<b>PHARMACY</b>													
DRUG DOSES	1298	2609	1847	1867	3213	1285	1719						13,838
DRUG REVENUE	\$ 47,029	\$ 53,181	\$ 36,521	\$ 29,496	\$ 35,212	\$ 35,644	\$ 30,782						\$267,865

**PIONEER MEMORIAL CLINIC - JANUARY 2025**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Amanda Roy PA-C	Patient Hours Available		8	8					8	8	8				8	8	8	8				8	8	8	8				8	8	8	128		
	Patients Seen		15	16					16	14	17				11	12	17	12				7	15	12	18				17	16	13	228		
	No Shows		0	0					1	0	0				0	2	0	0				0	0	1	0				0	1	1	6		
	Patient Cancellations		0	0					0	0	0				0	0	0	0				0	0	0	0				0	0	0	0		
	Clinic Cancellations		0	0					0	0	0				0	0	0	0				0	0	0	0				0	0	0	0		
	Pts. Per Available Hour		1.9	2.0					2.0	1.8	2.1				1.4	1.5	2.1	1.5				0.9	1.9	1.5	2.3				2.1	2.0	1.6	1.8		
	No Show Rate		0%	0%					6%	0%	0%				0%	14%	0%	0%				0%	0%	8%	0%				0%	6%	7%	3%		
	Patient Cancel Rate		0%	0%					0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%		
Clinic Cancel Rate		0%	0%					0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%			
Rebecca Humphries LCSW	Patient Hours Available			8					8	8						8		8				8	8						8	8		8	88	
	Patients Seen			7					6	5						7		3				6	6						1	6		9	59	
	No Shows			0					0	0						0		1				0	1						1	0		0	3	
	Patient Cancellations			0					0	0						0		0				0	0						0	0		0	0	
	Clinic Cancellations			0					0	0						0		0				0	0						0	0		0	0	
	Pts. Per Available Hour			0.9					0.8	0.6						0.9		0.4					0.8	0.8					0.1	0.8		1.1	0.7	
	No Show Rate			0%					0%	0%						0%		0%				0%	14%						50%	0%		0%	5%	
	Patient Cancel Rate			0%					0%	0%						0%		0%				0%	0%						0%	0%		0%	0%	
Clinic Cancel Rate			0%					0%	0%						0%		0%				0%	0%						0%	0%		0%	0%		
Medical Assistant MA Visit	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
	Patients Seen		0	0					0	0	2	1				0	1	0	1				1	0	1	0				0	1	0	0	8
PMC TOTALS	Patient Hours Available		8	16					8	16	8	16				8	16	8	16				16	16	8	8				8	16	8	16	216
	Patients Seen		15	23					6	21	14	20				11	19	17	15				13	21	12	18				1	23	16	22	287
	No Shows		0	0					0	1	0	1				0	2	0	0				0	1	1	0				1	0	1	1	9
	Patient Cancellations		0	0					0	0	0	0				0	0	0	0				0	0	0	0				0	0	0	0	0
	Clinic Cancellations		0	0					0	0	0	0				0	0	0	0				0	0	0	0				0	0	0	0	0
	Pts. Per Available Hour		1.9	1.4					0.8	1.3	1.8	1.3				1.4	1.2	2.1	0.9				0.8	1.3	1.5	2.3				0.1	1.4	2.0	1.4	1.3
	No Show Rate		0%	0%					0%	5%	0%	5%				0%	10%	0%	0%				0%	5%	8%	0%				50%	0%	6%	4%	3%
	Patient Cancel Rate		0%	0%					0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%
Clinic Cancel Rate		0%	0%					0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%	



**IONE COMMUNITY CLINIC - JANUARY 2025**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Eileen McElligott ARNP	Patient Hours Available		8				8	8		8				8	8		8					8		8				8	8	0	8		96
	Patients Seen		13				17	13		18				16	12		19					15		14				14	10	1	13		175
	No Shows		0				1	0		0				0	0		0					1		0				4	0	0	0		6
	Patient Cancellations		0				0	0		0				0	0		0					0		0				0	0	0	0		0
	Clinic Cancellations		0				0	0		0				0	0		0					0		0				0	0	0	0		0
	Pts. Per Available Hour		1.6				2.1	1.6		2.3				2.0	1.5		2.4					1.9		1.8				1.8	1.3	N/A	1.6		1.8
	No Show Rate		0%				6%	0%		0%				0%	0%		0%					6%		0%				22%	0%	N/A	0%		3%
	Patient Cancel Rate		0%				0%	0%		0%				0%	0%		0%					0%		0%				0%	0%	N/A	0%		0%
Clinic Cancel Rate		0%				0%	0%		0%				0%	0%		0%					0%		0%				0%	0%	N/A	0%		0%	
<b>Medical Assistant</b>	<b>Measure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>Total</b>
MA Visit	Patients Seen		0				1	0		0				0	1		2					0		2				0	1	0	1		8

**IRRIGON MEDICAL CLINIC - JANUARY 2025**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Jamie Reed LCSW	Patient Hours Available						8	8	8	8				8	8	8	8						8	8				8	8	8	8		112	
	Patients Seen						5	1	4	6				1	4	3	3						6	3				3	4	3	6		52	
	No Shows						1	3	0	0				2	0	0	3						0	4				0	0	0	1		14	
	Patient Cancellations						0	0	0	0				0	0	0	0						0	0				0	0	0	0		0	
	Clinic Cancellations						0	0	0	0				0	0	0	0						0	0				0	0	0	0		0	
	Pts. Per Available Hour						0.6	0.1	0.5	0.8				0.1	0.5	0.4	0.4							0.8	0.4				0.4	0.5	0.4	0.8		0.5
	No Show Rate						17%	75%	0%	0%				67%	0%	0%	50%							0%	57%				0%	0%	0%	14%		21%
	Patient Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%							0%	0%				0%	0%	0%	0%		0%
Clinic Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%							0%	0%				0%	0%	0%	0%		0%	
Jon Watson PA-C	Patient Hours Available						8	8	8	8				8	8	8	8											8	8	8	8		96	
	Patients Seen						17	16	13	21				19	18	17	19												21	18	17	17		213
	No Shows						5	3	2	0				2	2	3	4											2	2	1	2		28	
	Patient Cancellations						0	0	0	0				0	0	0	0											0	0	0	0		0	
	Clinic Cancellations						0	0	0	0				0	0	0	0											0	0	0	0		0	
	Pts. Per Available Hour						2.1	2.0	1.6	2.6				2.4	2.3	2.1	2.4												2.6	2.3	2.1	2.1		2.2
	No Show Rate						23%	16%	13%	0%				10%	10%	15%	17%												9%	10%	6%	11%		12%
	Patient Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%												0%	0%	0%	0%		0%
Clinic Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%												0%	0%	0%	0%		0%	
Medical Assistant MA Visit	Patients Seen						2	3	5	0				2	4	2	2							2	1				0	3	3	0		29
IMC TOTALS	Patient Hours Available						16	16	16	16				16	16	16	16											16	16	16	16		208	
	Patients Seen						22	17	17	27				20	22	20	22								6	3			24	22	20	23		265
	No Shows						6	6	2	0				4	2	3	7							0	4			2	2	1	3		42	
	Patient Cancellations						0	0	0	0				0	0	0	0							0	0			0	0	0	0		0	
	Clinic Cancellations						0	0	0	0				0	0	0	0							0	0			0	0	0	0		0	
	Pts. Per Available Hour						1.4	1.1	1.1	1.7				1.3	1.4	1.3	1.4								0.8	0.4			1.5	1.4	1.3	1.4		1.3
	No Show Rate						21%	26%	11%	0%				17%	8%	13%	24%								0%	57%			8%	8%	5%	12%		14%
	Patient Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%								0%	0%			0%	0%	0%	0%		0%
Clinic Cancel Rate						0%	0%	0%	0%				0%	0%	0%	0%								0%	0%			0%	0%	0%	0%		0%	

**BOARDMAN IMMEDIATE CARE - JANUARY 2025**

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Justin Cameron PA-C	Patient Hours Available		8	8				8	8	8	8				8	8	8	8				8	8	8	8	8			8	8			136
	Patients Seen		11	2				8	12	4	7				9	4	2	11				10	10	6	6	10			10	2			124
	No Shows		1	0				1	0	0	0				1	0	1	0				2	0	0	2	0			0	0			8
	Patient Cancellations		0	0				0	0	0	0				0	0	0	0				0	0	0	0	0			0	0			0
	Clinic Cancellations		0	0				0	0	0	0				0	0	0	0				0	0	0	0	0			0	0			0
	Pts. Per Available Hour		1.4	0.3				1.0	1.5	0.5	0.9				1.1	0.5	0.3	1.4				1.3	1.3	0.8	0.8	1.3			1.3	0.3			0.9
	No Show Rate		8%	0%				11%	0%	0%	0%				10%	0%	33%	0%				17%	0%	0%	25%	0%			0%	0%			6%
	Patient Cancel Rate		0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%			0%	0%			0%
Clinic Cancel Rate		0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%			0%	0%			0%	

Provider	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Terri Dickens LCSW	Patient Hours Available							8	8						8							8											32
	Patients Seen							4	1						2								2										9
	No Shows							0	0						0								0										0
	Patient Cancellations							0	0						0								0										0
	Clinic Cancellations							0	0						0								0										0
	Pts. Per Available Hour							0.5	0.1						0.3								0.3										0.3
	No Show Rate							0%	0%						0%								0%										0%
	Patient Cancel Rate							0%	0%						0%								0%										0%
Clinic Cancel Rate							0%	0%						0%								0%										0%	

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

BIC TOTALS	Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
	Patient Hours Available		8	8				16	16	8	8				16	8	8	8				16	8	8	8	8			8	8			168
	Patients Seen		11	2				12	13	4	7				11	4	2	11				12	10	6	6	10			10	2			133
	No Shows		1	0				1	0	0	0				1	0	1	0				2	0	0	2	0			0	0			8
	Patient Cancellations		0	0				0	0	0	0				0	0	0	0				0	0	0	0	0			0	0			0
	Clinic Cancellations		0	0				0	0	0	0				0	0	0	0				0	0	0	0	0			0	0			0
	Pts. Per Available Hour		1.4	0.3				0.8	0.8	0.5	0.9				0.7	0.5	0.3	1.4				0.8	1.3	0.8	0.8	1.3			1.3	0.3			0.8
	No Show Rate		8%	0%				8%	0%	0%	0%				8%	0%	33%	0%				14%	0%	0%	25%	0%			0%	0%			6%
	Patient Cancel Rate		0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%			0%	0%			0%
	Clinic Cancel Rate		0%	0%				0%	0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%	0%			0%	0%			0%



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

## SUPPLEMENTAL BUDGET OVERVIEW For FY 2024-2025

February 20, 2025

Since the contractual arrangement to provide ambulance services was completed after the original Fiscal Year 2024 – 2025 budget was adopted, a supplemental budget has been presented for approval by the board to appropriate for the additional expenses to provide ambulance services and present the additional anticipated revenue. The projected annual operating results including the supplemental budget are presented below:

### *Budgeted FY 24-25 Operating/Income Statement Before and After Supplemental Budget*

	<u>As Adopted</u>	<u>With Supplemental</u>
<b>GROSS PATIENT REVENUE</b>	\$13,581,656	\$14,475,923
Net Contractual & Cost Adjustments	<u>2,455,678</u>	<u>3,216,450</u>
<b>NET PATIENT REVENUE</b>	\$16,037,334	\$17,692,373
<b>TAX REVENUE</b>	\$ 3,608,171	\$ 3,608,171
<b>OTHER REVENUE</b>	<u>991,839</u>	<u>1,982,871</u>
<b>TOTAL ANNUAL REVENUE</b>	<u>\$20,637,344</u>	<u>\$23,283,415</u>
<b>SALARY &amp; BENEFITS EXPENSE</b>	\$13,670,838	\$16,264,687
<b>OTHER OPERATING EXPENSE</b>	5,843,865	5,941,351
<b>DEPRECIATION EXPENSE</b>	1,025,327	1,025,327
<b>COMMUNITY BENEFIT GRANT EXP</b>	<u>50,000</u>	<u>50,000</u>
<b>TOTAL ANNUAL EXPENSES</b>	<u>\$20,589,880</u>	<u>\$23,281,365</u>
<b>PROJECTED GAIN</b>	<u>\$ 47,464</u>	<u>\$ 2,050</u>

**MORROW COUNTY HEALTH DISTRICT  
MORROW COUNTY, OREGON**

**IN THE MATTER OF ADOPTING A )  
SUPPLEMENTAL BUDGET FOR ) RESOLUTION  
FISCAL YEAR 2024-2025 AND )  
REVISING APPROPRIATIONS ) No. 148-0225**

**WHEREAS**, certain conditions and situations have arisen since the initial adoption of the fiscal year budget for 2024-2025 with respect to the provision of ambulance services; and

**WHEREAS**, the District will receive additional ambulance contract revenue up to \$991,033, expects to generate additional patient revenue up to \$ 894,267, and receive additional cost based government ambulance reimbursement up to \$760,772 for fiscal year 2024 – 2025; and

**THEREFORE**, the supplemental budget adjustments for the fiscal year 2024 -2025 for the purposes of providing ambulances services are hereby appropriated as follows:

<b>GENERAL FUND</b>	<b>Adopted</b>	<b>Revised</b>	<b>Difference</b>
Personal Services	\$ 13,670,838	16,264,687	2,593,849
Materials & Supplies	\$ 5,843,865	5,941,351	97,486

**NOW, THEREFORE, BE IT RESOLVED THAT:**

The above resolution statements and supplemental budget appropriations were approved and declared adopted on this 24th day of February, 2025.

\_\_\_\_\_  
Boardmember: \_\_\_\_\_ Boardmember: \_\_\_\_\_

## PHYSICIAN AGREEMENT

This Physician Agreement ("Agreement") is entered into this 1st day of March 2025 by and between the Morrow County Health District, a political subdivision of the State of Oregon ("District") and Jack Bertman, MD ("Physician"). The commencement date of this Agreement shall be as set forth in Section 4.1.

### RECITALS

- A. Physician shall be licensed to practice medicine in Oregon. Failure to become licensed or maintain license shall render this contract NULL AND VOID.
- B. District owns and manages rural health care clinics ("Clinics"); located at 130 Thompson, Heppner; 220 North Main, Irrigon; 365 West 3rd Street, Ione; 101 Kinkade Road, Boardman; and Pioneer Memorial Hospital and Nursing Facility ("Hospital") P.O. Box 9, 564 E. Pioneer Drive, Heppner. District provides physician medical services ("Professional Services") for patients of Clinics and Hospital.
- C. District has a demonstrated need to contract with Physician to provide Professional Services for patients of District and Physician desires to provide Professional Services for persons presenting at facilities of District, upon terms and conditions set forth herein.
- D. It is the intent of the parties to comply with all laws, regulations, and requirements applicable to physicians, clinics, hospitals, Medicare/Medicaid participants, and health care providers in general and they have endeavored to fashion this Agreement in compliance therewith.

### AGREEMENT

#### ARTICLE I – DUTIES

- 1.1**        **Assignment:** The District hereby contracts Physician to provide Professional Services for patients of District, and Physician hereby accepts such assignment, upon terms and conditions set forth herein. The Physician shall provide the following:

<b>Pioneer Memorial Clinic</b>	N/A
<b>Irrigon Medical Clinic</b>	N/A
<b>Ione Community Clinic</b>	N/A
<b>Boardman Immediate Care</b>	N/A

<b>ER (On Call)</b>	Shared call with other providers as agreed upon.
<b>Hospital Patients</b>	As agreed upon / and required if taking ER call.
<b>Procedures</b>	As needed and qualified to perform.

**1.2 Physician's Professional Qualifications:** Physician represents and warrants to District as follows:

- a. Physician is or will become licensed to practice medicine in Oregon, and such license is in good standing, without restriction, probation, limiting condition or institution, or threat thereof, or of a proceeding seeking to impose a limitation;
- b. Physician is has adequate training in Emergency Medicine and/or is Board certified in Emergency Medicine.
- c. Physician holds an unrestricted DEA permit and an unrestricted right to participate in Medicare and Medicaid programs; and
- d. The Medical Staff application executed by Physician, a copy of which is attached hereto as Schedule A, is complete, true, accurate, and correct.

**1.3 Physician's General Duties:** The following shall be among Physician's general duties:

- a. "Physician shall abide by all policies, procedures, rules and regulations adopted, from time to time, by the District" that does not mitigate, violate, obstruct, compromise, or thwart Physician's professional, ethical, or moral tenants, ideals, or beliefs.
- b. Ensure that any person accepted by the District for treatment receives prompt and appropriate medical treatment;
- c. Conduct Physician's medical practice in a professional manner consistent with the applicable standards of care in the geographic area serviced by District (the "Community"), in accordance with the standards of applicable accrediting and certification bodies;
- d. Follow the administrative written directives established from time to time by District;

- e. Actively participate in District's initiatives to maintain and improve the quality, success, and reputation of the medical services provided by District;
- f. Maintain an unrestricted DEA permit;
- g. Maintain the right to participate in Medicare and Medicaid programs, without restriction, probation, or limiting condition;
- h. Provide Professional Services to District's patients who are enrollees of HMOs, PPOs or other third party payer sponsored health plans (collectively the "Plans") in which District is a participating provider, and fully comply with all administrative requirements as well as requirements imposed upon District by such plans, unless such plan compromise medical care of the enrollee;
- i. Such other duties as shall be mutually agreed upon by Physician and District.

**1.4 Status as Independent Contractor:**

Physician is an Independent Contractor and as such is responsible for all tax liabilities associated with payments made under this agreement. District shall assume responsibility for patients for treatment at District and Physician shall provide Professional Services to patients accepted for treatment by District unless in the Physician's best medical judgment determines it is in the patient's best interest to not accept said patient for care. Except as required by law, District shall not control or direct the specific medical decisions of Physician. In all matters concerning the performance and administration of this Agreement, the District shall act through the Chief Executive Officer.

**1.5 Physician's Schedule:**

- a. Physician shall be available to provide Professional Services at District for such patient contact hours as agreed upon by Physician and District.
- b. On call schedule for Physician and all Physicians subsequently contracted after the date of this Agreement will be mutually agreed upon. The District endeavors to publish ER schedules at least three months in advance. Physician shall work in good faith with District personnel to reach a mutually agreeable schedule.
- c. Physician is expected to report to the Emergency Department no later than 20 minutes from the time Physician is notified that a patient has presented for care.



- d. Physician may provide Professional Services for entities other than District ("Outside Services") but will not compete against District. Income generated from Physician performance of **approved** Outside Services shall belong to Physician. Physician shall be solely responsible for all obligations and liabilities related to Outside Services. District consent to Physician providing Outside Services, however, shall not in any way be construed as a waiver of its rights under the covenant not to compete referred to in Article V below.
- e. District may assign, with consent, Physician to provide Professional Services at any District facility.

**1.6 Compliance with Quality Standards Applicable to District Medical Staff Members:**

- a. Physician shall, in the performance of Physician's duties and obligations hereunder, comply with all bylaws, rules and regulations, policies, procedures and standards of conduct adopted, from time to time, by the Medical Staff of District.
- b. Physician performance will be reviewed by District annually. The standards or criteria for such review shall be mutually agreeable by the District and the Physician. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.

**1.7 Inspection of Books:** Physician may, upon minimum of 48 hours advance notice to District, inspect during normal business hours those books and records of District which are necessary to determine Physician's compensation.

**1.8 Quality Assurance Programs:** Physician shall cooperate with and participate in all quality assurance programs that may be established, created, or adopted for District.

**1.9 Education:** Physician shall attend continuing medical education programs as necessary to maintain Physician's license to practice medicine in Oregon, and other necessary permits and certifications.

**1.10 Reports and Records:** Physician shall promptly, completely, and accurately prepare and maintain (or cause to be promptly, completely, and accurately prepared and maintained) all reports, claims, correspondence, and records, including all medical records, as required by District related to Professional Services rendered by Physician at District, which reports, claims, correspondence records, and medical

records shall belong solely to District. Failure to comply may result in suspension, termination, or fines pursuant to District policies.

Copies of all reports and records shall be made available to Physician at their request. Physician agrees to protect the confidentiality thereof pursuant to District policies.

**1.11**      **Notice of Actions:** Physician shall immediately notify District of any of the following actions:

- a. Loss, suspension, or imposition of probationary status with respect to Physician's license to practice medicine in Oregon or any other jurisdiction or the scheduling of a hearing or conference regarding the same;
- b. Any notice regarding the potential imposition or the actual imposition of a sanction upon Physician's right to practice medicine in Oregon or any other jurisdiction, including, but not limited to, the placing of Physician on monitored status;
- c. Any notice regarding the potential imposition or the actual imposition of a sanction by any professional medical organization in which Physician is a member;
- d. Probation, loss, suspension or reduction of Physician's clinical privileges at any other hospital or any other actions that affect Physician's medical practice at any other hospital;
- e. Any notice regarding the potential or actual loss, suspension, or restriction upon Physician's DEA permit or the scheduling of a hearing or conference regarding the same;
- f. Any notice regarding the potential or actual loss, suspension, or restriction upon Physician's ability to practice in Medicare or Medicaid programs or the scheduling of a hearing or conference regarding the same;
- g. Physician conviction of a criminal offense; and
- h. Physician's knowledge of any potential threatened or actual claim against Physician, District, or its employees.

## **ARTICLE II - RIGHTS AND DUTIES OF DISTRICT**

- 2.1**        **Rights and Duties of District:** District shall manage District in all aspects of operation. Such authority shall include, but not be limited to, the determination of Physician and non-physician staffing levels. District shall provide all equipment, supplies, and non-physician personnel required for operations of District as determined by District.

### **ARTICLE III - PHYSICIAN COMPENSATION AND BENEFITS**

**3.1**        **Physician Compensation:**

- a. For weekend and weekday coverage of the Hospital and Emergency Room, reimbursement shall be \$135.00 per hour.
- b. The brokerage fee payable to CompHealth per hour worked by the physician, will be paid directly to CompHealth by the DISTRICT.
- c. PHYSICIAN shall be reimbursed at the current IRS mileage rate for one round trip, from Physician's home to Heppner, Oregon, each time Physician provides coverage to the DISTRICT.
- d. Compensation for services and mileage as an independent contractor will typically be paid on a weekly basis every Monday, provided that all charting is current. Physician will need to submit a detailed invoice with hours of each department worked in to the Accounting office by noon on Monday for payment that week.
- e. District shall provide accommodations (generally in District-owned housing). Physician may bring pets if Physician has executed a Pet Addendum and remains in compliance with such Addendum.

- 3.4**        **Malpractice Insurance:** District shall provide Physician with medical malpractice insurance, current and extended endorsement (tail coverage), in amount, in form, and with an insurance company to be determined by District in its sole and absolute discretion but to be no less than \$1 million/\$3 million. As of the date of the Agreement, insurance limits are \$5,000,000 per claim with a \$15,000,000 annual limit.

### **ARTICLE IV - TERM AND TERMINATION**

- 4.1**        **Term:** This Agreement shall commence no later than March 1, 2025 and shall continue through February 29, 2028 unless either party gives 90 days' notice of

termination or resignation. Physician's contract may be terminated only for good cause shown or if District provides 90 days' notice of termination.

**4.2      Termination:**

- a. Either party may terminate this Agreement for good cause without advance notice. "Good cause" shall include material breach of or failure to perform the terms of this Agreement; an unfavorable performance evaluation as provided in Section 1.6b; misconduct, including but not limited to conviction of a felony; or material misrepresentation or misstatement on the Medical Staff application incorporated herein by this reference or otherwise attached hereto as Schedule A. Upon such termination, Physician shall be paid all compensation due to the date of termination.
- b. This Agreement shall automatically terminate upon death of Physician or inability of District or Physician to complete any portion of this Agreement.

**4.3      Vacation of Premises:** Physician shall vacate District premises immediately upon termination of this Agreement and surrender to District all property of District, including but not limited to keys to District premises and all storage areas therein, computers, pagers, and cellular telephones.

**ARTICLE VI - MISCELLANEOUS**

**5.1      Patient Fees:**

- a. District, in its sole and absolute discretion, shall establish fees to be charged to patients of District. All such fees will be billed and collected solely by District and will belong to it.
- b. Physician hereby assigns all rights, title, and interest Physician may have in payments for Professional Services to District and agrees not to bill separately or to in any way impair the right or ability of District to bill and collect for such services.
- c. Physician shall cooperate with the District and execute any documentation necessary to effectuate the assignment of fees described herein.

**5.2      Patient Records:** District is the owner of all patient records. District shall have the right, subject to applicable law, to freely transfer patient records and other assets of District to any other party.

**5.3**        **Arbitration:** Any dispute concerning the interpretation, enforcement, implementation, termination, or damages for breach of this Agreement or agreements ancillary hereto shall be submitted to binding arbitration. All arbitration hearings shall be held in Heppner, Oregon and conducted pursuant to rules of the American Arbitration Association. The parties shall select an Arbitrator, and if the parties cannot agree on an Arbitrator within 30 days of a demand for arbitration, an Arbitrator shall be selected by the Presiding Judge of the Morrow County Circuit Court. The decision of the Arbitrator shall be enforced with the same effect as a decree of a court having competent jurisdiction. Any fees and expenses of the Arbitrator or Court Reporter assisting in any hearing shall be included in the award of damages to the prevailing party. The parties will pay their own respective costs and expenses, including attorney fees; provided, however, if a party fails to proceed with the arbitration, unsuccessfully challenges the Arbitrator's award, or fails to comply with arbitrator's award, the other party is entitled to costs of suit, including reasonable attorney fees, for having to compel arbitration or defend or enforce the award.

**5.4**        **Assignments:** This Agreement is personal to Physician. Nothing contained in this Agreement shall be construed to permit assignment of any Physician's rights or delegation of Physician's duties under this Agreement and such assignment is expressly prohibited.

**5.5**        **Illegality/Severability:** If, for any reason, any part, or provision of this Agreement, including but not limited to, the covenant not to compete, or any provision relating to termination of this Agreement, shall be deemed by a court or by an Arbitrator pursuant to Section 6.3 above to be legally invalid or unenforceable, the validity of the remaining parts and provisions of this Agreement shall not be affected thereby and such provision(s) shall be deemed modified to the minimum extent necessary to make such provision(s) consistent with the applicable law. In its modified form, such provision(s) shall be enforceable.

**5.6**        **Notice:** Any notice or consent required or desired to be given with respect to this Agreement shall be in writing and shall be deemed delivered effective when personally delivered or three (3) days after it is deposited in the United States Mail, postage prepaid, registered or certified, and correctly addressed to the party intended to receive notice at the party's address set forth below, or such other addresses as a party may have specified by a prior written notice to the other party:

District:  
Chief Executive Officer  
Morrow County Health District

P.O. Box 9  
564 E. Pioneer Drive Heppner, OR 97836

Physician:  
Jack Bertman, MD

[REDACTED]  
[REDACTED]

**5.7 Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding the subject matter described herein, and it supersedes and replaces all written and oral agreements heretofore made or existing by and between the parties, or their representatives insofar as the subject matter of this Agreement is concerned. There shall be no modifications hereunder unless it is in written form and signed by the parties. It is agreed by each of the parties that there have been no representations or warranties except those expressly contained in this Agreement.

**5.8 Compliance with Law:**

- a. Medicare Disclosure Provision. For the purpose of implementing Section 1861(v) (1) (i) of the Social Security Act, as amended and any written regulation thereto, District agrees to comply with the following statutory requirement governing the maintenance of documentation to verify the cost of services rendered pursuant to this Agreement. Until the expiration of four years after furnishing of the services provided under this Agreement, Physician shall, upon written request, make available to the Secretary of the US Department of Health and Human Services or, upon written or oral request make available to the US Comptroller General, and their representatives, this Agreement and all books, documents, and records necessary to certify the nature and extent of the cost of those services. If District, through its employee physicians, or contract physicians, carries out the duties of this Agreement through a subcontract for ten thousand dollars (\$10,000) or more, over a twelve (12) month period, with a related organization, the subcontract will also contain an access clause to permit the Secretary, Comptroller General, and their representatives access to the related organizations, books, and records.
- b. No Reciprocation Outside Agreement. The parties hereby acknowledge and agree that none of the benefits derived hereunder require or are in any way contingent upon the admission, recommendation, referral, or any other arrangement for the provision of any item or service by any of the parties to any entity or person, including but not limited to District. Further, no party hereto has entered into this Agreement with the intention of inducing or accepting inducement for such referrals.

c. Safe Harbor Regulations. The Department of Health and Human Services has promulgated final rules (the "Regulations") setting out certain "safe harbors," defining practices which will not be considered in violation of 42 CFR Section 1320(a)-7(b). The parties hereby wish to comply with these rules and have endeavored to fashion this Agreement in compliance therewith. Further, the parties hereby agree that this Agreement will automatically be amended so that its terms conform to any changes in the Regulations, or any future final rules establishing new "Safe Harbors." If, within sixty (60) days following issuance of such changes in the regulations or issuance of new rules, such amendments cannot be made or if the parties cannot agree how such amendments should be properly made, this Agreement will terminate immediately upon written notice by either party to the other party.

**5.9 Termination in the Event of Government Action:** If any legislation, rules, regulations or procedures are duly passed, adopted or implemented by any federal, state or local government or legislative body, or private agency, or if District or Physician receives notice of any actual or threatened decision, finding, or action by any governmental or private agency, court, or other third party (collectively referred to as "Action") which, if and when implemented, would have the effect of (i) denying expected reimbursement for all or a substantial portion of the professional fees charged for professional services rendered by District, or (ii) subjecting Physician or District or any of their officers, directors, employees or agents to civil or criminal prosecution, or other adverse proceeding in relation to this Agreement, Physician and District shall attempt to amend this Agreement or alter the operation of District or Physician's practice herein in order to avoid the action. If the parties hereto, acting in good faith, are unable to make amendments or alterations to meet the requirements of the agency, court or third party in question in sufficient time to avoid the Action, or alternatively, the parties determine in good faith that compliance with such requirements is impractical or unfeasible, this Agreement shall immediately terminate.

**5.10 Governing Law:** The validity, interpretation, performance, remedies, and all other issues arising under or out of this Agreement shall be governed by Oregon law.

**5.11 Heading:** Headings have been inserted solely for the ease of use and shall not be used to interpret, qualify, or restrict provisions, which appear there under.

**5.12 Waiver:** Neither party shall be deemed to have waived any rights hereunder unless such waiver shall be in writing and signed by the party. No delay or omission on the part of any party in exercising any right shall waive such right. A waiver by a

party of a breach of any provision of this Agreement shall not waive or prejudice the party's right to otherwise demand strict compliance with that or any other provision in the future.

**5.13 Physician May Not Act on Behalf of District:** It is specifically understood and agreed that Physician shall have no authority to act on behalf of or bind District with respect to any contract or agreement.

**5.14 Confidentiality:**

- a. Except as required by law, no party hereto shall disclose this Agreement, the substance of either this Agreement or any information it shall acquire in the course of its performance hereunder to any person or entity who or which is not a party hereto, except to those employees or agents of either party, including accountants and attorneys, whose assistance is necessary to either party's performance of its respective duties and obligations hereunder. In the event that one of the parties hereto discloses the terms of this Agreement to any third party not authorized to receive said disclosures, such shall be grounds for immediate termination of this Agreement, as determined by District in its sole discretion.
- b. All patient lists and demographic and marketing information regarding District's medical practice is the personal property of District and constitutes confidential trade secrets of District, which comprise the substance of District's business. The unauthorized use, reproduction, or dissemination or publication of such information constitutes a violation of District's exclusive right to the use of such information, and any action or attempt on the part of Physician to utilize such records for any purpose not specifically permitted hereunder shall give rise to a right to recover damages and obtain injunctive and any other relief available under Oregon law on the part of District. Physician expressly acknowledges and agrees that all patients to whom medical services may be rendered under the terms of this agreement are and will remain District's patients.
- c. Any patient information received by or divulged to Physician with respect to patients of District is privileged and shall not be divulged except as required by law or as permitted by law for medical professional purposes, and in accordance with any applicable rules and regulations of District, without the prior express written permission of the patient.

**5.15 District Right To Hire Other Physicians and Engage in Other Businesses:** District, at its sole and absolute discretion, shall have the right at any time to enter into agreements with any other physician with whom District wishes to employ or



contract with for the purpose of providing professional services to District's patients and to engage in any business or professional activities of any kind or nature whatsoever.

**5.16 Agreement Creates No Ownership Rights:** Except as specifically provided in this Agreement, Physician shall have no interest arising from or by reason of this Agreement in the ownership of the equipment, accounts receivable, medical and other patient records, books of account or other property of the District, including both tangible and intangible assets (including but not limited to any goodwill or going concern value associated with District's or any clinic's business or logos).

**5.17 No Third-Party Liability:** Except as otherwise provided by law or as specifically agreed by any person against whom a claim for payment may be asserted, the obligations of District hereunder shall be solely those of District and shall not be deemed or construed to create any obligation or liability on the part of any member of the District Board, officer, or physician of District, any other individual or any other corporation or other entity or organization, regardless of any preexisting relationship between such individual, corporation, entity, or organization and District.

**5.18 Cooperation with Other District Physicians:** Physician agrees to reasonably cooperate with the other physicians who are on the Medical Staff of District.

**5.19 Conduct:**

- a. In accordance with District's zero tolerance to drugs policy, Physician agrees to abstain from the use of alcohol or drugs and from being under the influence of same during work hours, including while on call. Further, Physician acknowledges that the District's reputation would be adversely affected by any possession, manufacture, sale, or use of illegal substances or legal prescription medications without the appropriate license or prescription and illegal-use or abuse of alcohol even during non-working hours. Physician agrees to abstain from all such activities. Physician acknowledges that District conducts alcohol and drug screening for all new employees, and thereafter reserves the right to test for the use of alcohol or drugs for cause.
- b. Physician agrees to conduct themselves at all times in a professional and ethical manner, reasonably calculated to build and maintain good relationships with other professionals, referral sources, coworkers, patients and patients' family members. Ability to work harmoniously and efficiently and effectively with others is a condition to Physician's contract.

**5.20      Resignation:** At no time, including during the notification period following a contract termination, shall Physician:

- a. Solicit District patients or inform District patients of their impending departure other than through District-authorized communication methods and content;
- b. Offer employment or a contract to any District employee or contractor prior to one year after Physician's termination from employment by District or solicit or encourage any such person to leave the District;
- c. Use District time to compete or to prepare to compete.

**5.21      Communications:** The parties agree to the following processes for an orderly separation of Physician and District in the event of termination of Physician's contract for any reason. District and Physician shall jointly prepare one or more written communications, which may be used by either party to inform patients and others of Physician's departure and the effective date, and the name of the continuing District physician who will assume responsibility for the specified patient's care or that of a group of patients. Such statements shall be without attribution of cause or reason for Physician's termination and without promotion or identification of any subsequent intended practice plans or employment or contract relationships with Physician. No other communication shall be made by Physician to District patients, managed care plans, self-insured employers, the media, or to business organizations concerning the matters of Physician's prior affiliation with the District, their termination or the reasons therefore, nor shall any such communication be made to other physicians within District's referral area except to the extent Physician is making a specific application for employment or contract with such a Physician and is required in the course thereof to explain the circumstances of their termination except for the purposes of future Physician credentialing. For a period of one year following their termination, Physician shall not solicit or otherwise seek to induce or encourage transfer of the business or patronage of any patient, third party payer, or arranger of medical care with whom Physician has had any contact during their District employment or for whose patients Physician has provided care in their District employment. The parties agree that the above provisions are reasonable and necessary to protect legitimate District interests in its reputation and its relationship with patients and other business sources, and that District would be irreparably injured by Physician's breach of these obligations and, District shall be entitled to an injunction in court or in arbitration to prevent such breach. District shall further be entitled to recover damages in the amount of injury to its reputation and lost revenue from Physician in the event of their breach of these obligations.

**5.22 Survival:** The covenants, representations, warranties, and provisions of this agreement shall survive termination and shall be fully enforceable thereafter in accordance with their terms.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

**PHYSICIAN**

**MORROW COUNTY HEALTH DISTRICT**

**By:** \_\_\_\_\_  
Jack Bertman, MD

**By:** \_\_\_\_\_  
Emily Roberts, CEO

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

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



Conflicts of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by an individual's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Disclosure Form should indicate whether you have an economic interest in, or acts as a director or officer of, any outside entity whose financial interests would reasonably appear to conflict with the best interest of the District. You should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

Name: Scott A. Ezell

Position: Director

Please describe the below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest (attach additional pages as needed):

- I have no conflicts of interest to report.
[X] I have the following conflict(s) of interest to report.

- 1. my wife Karma Ezell is an Opt. Employee of Macott's
2. I currently work for POM all though I don't
3. Believe this is a conflict. I do wish to declare it.
4.
5.

I attest that I have reviewed Morrow County Health District's Conflicts of Interest policy and that the above information is true and complete to the best of my knowledge.

Signature: [Handwritten Signature]

Date: 3/25/24



**Conflicts of Interest Disclosure Form**

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Name: Diane Gillingham / Diane Killbenny

Position: Vice Chair / Board of Directors Morrow County Health Dist.

Please describe the below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest (attach additional pages as needed):

I have no conflicts of interest to report.

I have the following conflict(s) of interest to report.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I attest that I have reviewed Morrow County Health District's *Conflicts of Interest* policy and that the above information is true and complete to the best of my knowledge.

Signature: Diane Gillingham

Date: 8/3/23



Conflicts of Interest Disclosure Form

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Name: STEPHEN L. MUNIKERS

Position: MCHD BOARD

Please describe the below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest (attach additional pages as needed):

- I have no conflicts of interest to report.
I have the following conflict(s) of interest to report.

- 1. JOSIE FOSTER EMT IRRIGON AMBULANCE
2. JOEY MUNIKERS MCHD-MAINT. DIRECTOR, AMBULANCE ATTENDANT
3.
4. ASHLEY MUNIKERS IRRIGON - FIRE BOARD
5.

I attest that I have reviewed Morrow County Health District's Conflicts of Interest policy and that the above information is true and complete to the best of my knowledge.

Signature: [Handwritten Signature]

Date: 7-31-23



Conflicts of Interest Disclosure Form

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This Conflict of Interest Disclosure Form should indicate whether you have an economic interest in, or acts as a director or officer of, any outside entity whose financial interests would reasonably appear to conflict with the best interest of the District. You should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

Name: Donna Rietmann

Position: Board

Please describe the below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest (attach additional pages as needed):

- X I have no conflicts of interest to report.
I have the following conflict(s) of interest to report.

- 1.
2.
3.
4.
5.

I attest that I have reviewed Morrow County Health District's Conflicts of Interest policy and that the above information is true and complete to the best of my knowledge.

Signature: Donna Rietmann

Date: 04-30-24



### Conflicts of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by an individual's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This *Conflict of Interest Disclosure Form* should indicate whether you have an economic interest in, or acts as a director or officer of, any outside entity whose financial interests would reasonably appear to conflict with the best interest of the District. You should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

Name: Laura Torres

Position: Board of Directors, Position #4

Please describe the below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest (attach additional pages as needed):

- I have no conflicts of interest to report.
- I have the following conflict(s) of interest to report.

1. NA
2. NA
3. NA
4. NA
5. NA

I attest that I have reviewed Morrow County Health District's *Conflicts of Interest* policy and that the above information is true and complete to the best of my knowledge.

Signed by:  
Signature: Laura Torres  
B09D04E56BFF450...

Date: 2/6/2025



## **PUBLIC COMMENT GUIDELINES**

### **Goal**

The MCHD Board values public input and wishes to receive public comment in a productive manner.

### **Background**

The right of public attendance guaranteed by the Public Meetings Law does not include the right to participate by public testimony or comment. The MCHD Board of Directors has adopted the practice of holding a public comment period at regular meetings of the Board. The Board has inherent authority to keep order and to impose reasonable restrictions necessary for the efficient and orderly conduct of the meeting; this includes moderating and limiting the public comment period.

### **Guidelines**

1. Members of the public wishing to make comment shall sign up and list the topic they wish to comment on.
2. The public comment period is not a time for dialogue between board members and members of the public. Communication is intended to be one-way (from the public to the Board).
3. Persons wishing to make comment shall have a maximum of 3 minutes to make comment. Members of the public may not interject during Board deliberations or other agenda items.
4. Multiple comments on the same topic need to be combined through one speaker.
5. Public comment is not the appropriate forum to make complaints about patient care or District personnel. All such complaints should be directed to the District's Compliance Officer, Julie Baker, at [julieb@mocohd.org](mailto:julieb@mocohd.org) or 541-676-2935. The Board will not entertain public comments about specific patients or personnel.
6. A maximum of 30 minutes may be allocated for public comment at the end of the Board meeting prior to entering executive session.
7. The public comment period will be conducted in a civil manner at all times.
8. Members of the public who repeatedly violate these guidelines may be prohibited from making public comment in the future.
9. Any person who fails to comply with reasonable rules of conduct or who causes a disturbance may be asked or required to leave.
10. Any Board member may object to public comments not following these guidelines, which may result in limiting the commentary in question and/or other limitations to the public comment period necessary to maintain order and productive discourse.

# PUBLIC MEETINGS OVERVIEW & RECOMMENDATIONS

## UPDATE

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

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

## REGULATORY BACKGROUND

### Open Meetings

*ORS 192.630*

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

### Public Participation

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

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

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

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

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

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

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

MCHD accepts written public comment at any time directed to [community@moco hd.org](mailto:community@moco hd.org) or PO Box 9, Heppner, OR 97836.

### Meeting Minutes

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

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

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

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

### RECOMMENDATIONS

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

<b>Recommendation:</b> Implement a sign-up sheet for public comment.	
<b>Pros:</b> <ul style="list-style-type: none"><li>• Improved record keeping ability.</li><li>• Streamlined process for calling on individuals to make comment.</li><li>• Aligns with processes used by other public entities.</li></ul>	<b>Cons:</b> <ul style="list-style-type: none"><li>• For Zoom participants, someone in the room will need to record the information on the form.</li><li>• This is a change from how MCHD has organized public comment historically.</li></ul>

**Recommendation:**

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

**Pros:**

- Agenda items are prioritized so that the board has sufficient time to complete required duties.
- Individuals have the opportunity to comment on specific items after hearing the board's discussion about each item.
- Individuals arriving late to the meeting still have an opportunity to comment.
- This aligns with the process used by other Eastern Oregon public health districts.

**Cons:**

- Individuals wishing to make public comment must attend the entire board meeting before commenting.
- This is a change from how MCHD has organized public comment historically.