

**Board Meeting Agenda  
May 23, 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/83872805449?pwd=NlIUZkF5QXVyQWJtalVsV3ZNcldHUT09">https://us06web.zoom.us/j/83872805449?pwd=NlIUZkF5QXVyQWJtalVsV3ZNcldHUT09</a> Meeting ID: 838 7280 5449 Passcode: 176478

**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. Budget Hearing – FY 2022-23**

**4. Approval of Meeting Minutes**

A. April 25, 2022 – Regular Session

**5. Promise of Excellence Review – John Murray**

**6. CEO Report & Executive Team Dashboard – Emily Roberts**

**7. New Business**

- A. Lease Agreement
- B. Relias Renewal
- C. Otis Elevator Service Contract
- D. Medical Staff Appointments
  - a. New Appointments
    - i. Rodney Schaffer, MD
    - ii. Amanda Roy, PA-C
    - iii. Jillian Webb, FNP
    - iv. Edward Piepmeier, MD
  - b. Additional Privileges
    - i. Christine Seals, MD
    - ii. Eileen McElligott, FNP
- E. SDAO Best Practices
- F. Diversity, Equity, Inclusion Program
- G. Additions to Agenda:
  - a. 3M Software Agreement
  - b. Jogan Health Nurse Staffing Agreement
  - c. Vehicle Purchase
  - d. NP Compensation Scale

**8. Old Business**

**9. Executive Session**

A. ORS 192.660(2)(f) To consider information or records that are exempt from public inspection.

**10. Adjourn**



# 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>	April 25, 2022 @ 6:30 p.m.	<b>Board Members:</b>	John Murray, 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, Patti Allstott, Jamie Houck (Zoom), Troy Soenen, Katelin Tellechea (Zoom), Sam Van Laer (Zoom), Donna Sherman, Donna Irons, Richard Hernandez, LeAnn Wright (Zoom), Judith Hall (Zoom), Natalia Wight (Zoom), Tina Davidson (Zoom), Jesse Reynen (Zoom), <b>Guests:</b> Jim Doherty, Ana Pineyro, Susie Thompson, Karen Thompson, Betsy Anderson, Joyce Colvin, Bruce Young, Victoria Waltz, Marcia Anderson, Ivy Zimmerman, Tamra Mabbott, Unidentified Zoom User (7) <b>Press:</b> April Sykes	
<b>Video Dial In:</b>	Zoom	<b>Leader:</b>	John Murray, Board Chairman	<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>Chairman John Murray called the meeting to order at 6:30 p.m.</li> </ul>
2. Public Comments	<ul style="list-style-type: none"> <li>None.</li> </ul>
3. Approval of Minutes	<b>MOTION: Carrie Grieb moved to approve the minutes for the March 28, 2022 regular session as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b>
4. Promise of Excellence Review	<ul style="list-style-type: none"> <li>John Murray reviewed some of the topics of the District's Promise of Excellence.</li> </ul>
5. CEO Report	<ul style="list-style-type: none"> <li>CEO report was presented by Emily Roberts (see board packet).</li> <li>New dashboard report was presented and feedback was requested for future updates.</li> </ul>
6. Financial Report	<ul style="list-style-type: none"> <li>Financials for March were presented by Nicole Mahoney. The district had a \$186,525 gain for the month.</li> </ul>
7. New Business	

<p>A. Community Benefit Project – Countywide Well Water Testing Initiative</p>	<ul style="list-style-type: none"> <li>Emily presented a Countywide Well Water Testing Initiative proposal as part of the District’s mission to achieve a healthier Morrow County. The District proposes to initiate free well water testing to residential well owners/users countywide in partnership with Morrow County.</li> <li>Jim Doherty, Morrow County Commissioner and Ana Pineyro, Communicable Disease and Emergency Preparedness Coordinator presented, “Know Your Water Well.”</li> <li>The board expressed unanimous support for the well water testing initiative.</li> </ul>
<p>B. Proposed Budget Presentation FY 2022-2023</p>	<ul style="list-style-type: none"> <li>Nicole presented the proposed budget for FY 2022-2023.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the Proposed Budget for FY 2022-2023 to go to public hearing as presented. Carrie Grieb seconded the motion. The motion passed unanimously by all board members present.</b></p>
<p>C. USDA Loan Refinance</p>	<ul style="list-style-type: none"> <li>Nicole presented USDA Loan Refinance information with the Bank of Eastern Oregon due to the lowest interest rates available.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have Emily Roberts and John Murray approved to sign for the refinance of the USDA loan. Marie Shimer seconded the motion. The motion passed unanimously by all board members present.</b></p>
<p>D. Vendor Selection for Electronic Medical Record (EMR)</p>	<ul style="list-style-type: none"> <li>Emily presented pricing and information about three potential EMR vendors/systems with a recommendation to proceed with Thrive from CPSI.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have staff move forward with the Thrive EMR Product. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>
<p>E. Equipment Purchases</p>	<ul style="list-style-type: none"> <li>Emily presented information on four equipment purchase requests.</li> <li>Three bids were presented for the purchase of a portable x-ray machine using COVID funds with a recommendation to proceed with the machine from Turn Key Medical.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have staff proceed with the purchase of a portable x-ray machine from Turn Key Medical for \$157,248. Marie Shimer seconded. The motion passed unanimously by all board members present.</b></p> <ul style="list-style-type: none"> <li>Bids were solicited from five companies for the purchase of a hospital water softener, however, Blue Mountain Plumbing was the only company that responded.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have staff proceed with the purchase of a replacement water softener through Blue Mountain Plumbing for \$66,793.10. Carrie Grieb seconded. The motion passed unanimously by all board members present.</b></p> <ul style="list-style-type: none"> <li>Three bids were presented for the purchase of a hospital bathtub using PMH Foundation grant funds with a recommendation to proceed with the bathtub from Master Care.</li> </ul> <p><b>MOTION: Carrie Grieb moved to have staff proceed with the purchase of a replacement bathtub through Master Care for \$17,394. Aaron Palmquist seconded. The motion passed unanimously by all board members present.</b></p> <ul style="list-style-type: none"> <li>Three bids were presented for the purchase of a Pulmonary Function Test (PFT) machine using COVID funds with a recommendation to proceed with the MGC Diagnostics Platinum Elite DX Body Plethysmograph with RTD bid.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to have staff proceed with the MGC Diagnostics Platinum Elite DX Body Plethysmograph with RTD bid for \$70,569.50. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p>
<p>8. Provider Contracts</p>	<ul style="list-style-type: none"> <li>Emily presented a provider contract for Edward Piepmeier, MD.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contract for Edward Piepmeier, MD as presented. Carrie Grieb seconded. The motion passed unanimously by all board members present.</b></p>

	<ul style="list-style-type: none"> <li>Emily presented a provider contract for Jillian Webb, FNP.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contract for Jillian Webb, FNP as presented. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p> <ul style="list-style-type: none"> <li>Emily presented a provider contract for Christine Seals, MD.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contract for Christine Seals, MD as presented. Carrie Grieb seconded. The motion passed unanimously by all board members present.</b></p>
9. Professional Service Agreement	<ul style="list-style-type: none"> <li>Emily presented a professional service agreement with Radiology Specialists of the Northwest, P.C.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the service agreement with Radiology Specialists of the Northwest, P.C. as presented. Marie Shimer seconded. The motion passed unanimously by all board members present.</b></p>
10. SDAO Best Practices	<ul style="list-style-type: none"> <li>SDAO Best Practices was tabled until the next meeting.</li> </ul>
11. Morrow County EMS Advisory Committee Application	<ul style="list-style-type: none"> <li>Emily presented the Morrow County EMS Advisory Committee application for Jamie Houck as the Interim CNO for MCHD.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the EMS Advisory Committee application for Jamie Houck, Interim CNO as presented. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p>
12. Old Business	<ul style="list-style-type: none"> <li>Emily reported that the title company is reviewing documents for the purchase of the property in Irrigon for the construction of the Irrigon Ambulance Hall.</li> </ul>
13. Executive Session	<ul style="list-style-type: none"> <li>John Murray called to order an Executive Session under ORS 192.660(2)(f) to consider information or records that are exempt from public inspection at 8:12 p.m. The executive session adjourned at 8:41 p.m. and then immediately returned to regular session.</li> </ul>
14. Regular Session	<p><b>MOTION: Marie Shimer made a motion that John Murray, Emily Roberts, and Donna Sherman work on a joint response regarding the ASA plan to Boardman Fire. Aaron Palmquist seconded. The motion passed unanimously by all board members present.</b></p>
15. Adjourn	<p>With no further business to come before the board, the meeting adjourned at 8:44 p.m.</p> <p>Minutes taken and submitted by Jodi Ferguson. Approved _____</p>





May 23, 2022

**To:** Morrow County Health District Board of Directors

**From:** Emily Roberts, CEO

**Re:** CEO Board Report

**Provider Recruitment:**

The District is currently recruiting for the following provider positions:

- Pioneer Memorial Clinic
  - (1) Family Practice Physician (MD/DO)
  - (1) Behavioral Health Consultant (LCSW/Psychologist)
- Irrigon Medical Clinic:
  - (1) Family Practice Physician (MD/DO)

**Service Excellence Initiative:**

- The District will be completing a Year 1 Accountability Audit with Custom Learning Systems at the beginning of July. This will help to identify areas of improvement for the District's service excellence efforts in Year 2.

**Irrigon Ambulance Hall:**

- The deed of trust needs to be cleared prior to purchase completion.

## May 2022



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

FINANCIAL	
Days Cash on Hand	69
Days in AR	49

Goal ≥ 90

Goal ≤ 60

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months - February to April 2022)	5.5%
Number of Open Positions	19

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)	20	21	4
Total Visits (Previous Month)	135	259	88

"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 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	60% N = 20	80% N = 25	74% N = 19
Irrigon Medical Clinic	73% N = 15	73% N = 15	84% N = 19
Ione Community Clinic	100% N = 5	100% N = 12	92% N = 12
NRC Average	83%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	95% N = 19	88% N = 24	95% N = 19
Irrigon Medical Clinic	87% N = 15	87% N = 15	79% N = 19
Ione Community Clinic	100% N = 6	100% N = 13	100% N = 12
NRC Average	91%		

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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>85%</b>	<b>81%</b>	<b>81%</b>
	N = 13	N = 37	N = 31
<b>NRC Average</b>	66%		
<b>Bed Size 6 - 24 Average</b>	77%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>83%</b>	<b>78%</b>	<b>77%</b>
	N = 12	N = 37	N = 30
<b>NRC Average</b>	67%		
<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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>50%</b>	<b>No Data</b>	<b>No Data</b>
	N = 2	N = 0	N = 0
<b>NRC Average</b>	67%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>50%</b>	<b>No Data</b>	<b>No Data</b>
	N = 2	N = 0	N = 0
<b>NRC Average</b>	71%		

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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>85%</b>	<b>40%</b>	<b>100%</b>
	N = 3	N = 5	N = 5
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	81%		

Would you recommend this hospital to your friends and family?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>75%</b>	<b>60%</b>	<b>60%</b>
	N = 4	N = 5	N = 5
<b>NRC Average</b>	73%		
<b>Bed Size 6 - 24 Average</b>	80%		

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

April 2022



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

FINANCIAL	
Days Cash on Hand	69
Days in AR	47

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months)	5%
New Hire (< 1 Year) Turnover Rate (Rolling 3 Months)	5%
Number of Open Positions	12

RURAL HEALTH CLINICS			
MEASURE	PMC	IMC	ICC
Third Next Available (Current Month)	28	23	2
Total Visits (Previous Month)	343	406	92

## 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 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	54% N = 13	80% N = 25	74% N = 19
Irrigon Medical Clinic	56% N = 9	73% N = 15	84% N = 19
Ione Community Clinic	100% N = 2	100% N = 12	92% N = 12
NRC Average	83%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Pioneer Memorial Clinic	100% N = 13	88% N = 24	95% N = 19
Irrigon Medical Clinic	78% N = 9	87% N = 15	79% N = 19
Ione Community Clinic	100% N = 2	100% N = 12	100% N = 12
NRC Average	91%		

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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>78%</b>	<b>81%</b>	<b>81%</b>
	N = 9	N = 37	N = 31
<b>NRC Average</b>	66%		
<b>Bed Size 6 - 24 Average</b>	77%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Adult</b>	<b>75%</b>	<b>78%</b>	<b>77%</b>
	N = 8	N = 37	N = 30
<b>NRC Average</b>	67%		
<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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	67%		

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

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>ER Pediatric</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	71%		

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 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 0	N = 0	N = 1
<b>NRC Average</b>	73%		
<b>Bed Size 6 - 24 Average</b>	82%		

Would you recommend this hospital to your friends and family?

	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<b>Hospital</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>
	N = 0	N = 0	N = 1
<b>NRC Average</b>	74%		
<b>Bed Size 6 - 24 Average</b>	82%		

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

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>ACUTE (INPATIENT)</b>													
ADMISSIONS	3	4	1	1	0	3	1	2	3	6			24
DISCHARGES	3	3	2	1	0	0	4	1	3	7			24
Admits- MEDICARE	3	1	1	1	0	2	1	1	1	5			16
MEDICAID	0	1	0	0	0	1	0	0	2	0			4
OTHER	0	2	0	0	0	0	0	1	0	1			4
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>24</b>
Dschgs -MEDICARE	3	0	2	1	0	0	3	0	1	6			16
MEDICAID	0	1	0	0	0	0	1	0	2	0			4
OTHER	0	2	0	0	0	0	0	1	0	1			4
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>24</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	10	0	11	3	0	0	12	0	5	15			56
MEDICARE ADVANTAGE	0	0	0	0	0	0	0	0	0	0			0
MEDICAID	0	0	0	0	0	0	0	0	0	0			0
MEDICAID MANAGED CARE	0	2	0	0	0	0	10	0	6	0			18
OTHER	0	4	0	0	0	0	0	3	0	4			11
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>10</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>3</b>	<b>11</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>85</b>
<b>PATIENT ADMISSION DAYS</b>													
Adults	10	10	7	3	0	7	15	5	11	17			85
Pediatric	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>15</b>	<b>5</b>	<b>11</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>85</b>
AVG LENGTH OF STAY	3.3	3.3	3.5	3.0	#DIV/0!	#DIV/0!	3.8	5.0	3.7	2.4	#DIV/0!	#DIV/0!	3.5
AVG DAILY CENSUS	0.3	0.3	0.2	0.1	0.0	0.2	0.5	0.2	0.4	0.6	0.0	0.0	0.3
DEATHS	0	0	0	0	0	0	0	1	0	0			1
<b>SWING BED (Skilled)</b>													
ADMISSIONS	1	3	4	3	5	3	1	2	5	4			31
DISCHARGES	2	1	4	4	4	3	1	4	4	4			31
Dschgs -MEDICARE	2	1	3	4	3	2	1	4	3	4			27
MEDICAID	0	0	0	0	1	0	0	0	1	0			2
OTHER	0	0	1	0	0	1	0	0	0	0			2
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>31</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	18	12	37	72	19	42	19	93	18	84			414
MEDICARE ADVANTAGE	0	0	18	0	0	0	0	0	21	0			39
MEDICAID	0	0	0	0	0	0	0	0	0	0			0
MEDICAID MANAGED CARE	0	0	0	0	14	0	0	0	10	0			24
OTHER	0	0	14	0	0	3	0	0	0	0			17
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>18</b>	<b>12</b>	<b>69</b>	<b>72</b>	<b>33</b>	<b>45</b>	<b>19</b>	<b>93</b>	<b>49</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>494</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICARE	13	30	62	47	35	44	67	27	59	73			457
MEDICAID	0	0	0	11	3	0	0	0	10	0			24
OTHER	0	0	14	0	0	3	0	0	0	0			17
SELF PAY	0	0	0	0	0	0	0	0	0	0			0
<b>TOTAL</b>	<b>13</b>	<b>30</b>	<b>76</b>	<b>58</b>	<b>38</b>	<b>47</b>	<b>67</b>	<b>27</b>	<b>69</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>498</b>
AVG DAILY CENSUS	0.42	0.97	2.53	1.87	1.27	1.52	2.16	0.96	2.23	2.43	0.00	0.00	1.64
SWING BED REVENUE	\$ 5,044	\$ 11,640	\$ 29,488	\$ 22,504	\$ 14,744	\$ 18,236	\$ 25,996	\$ 10,088	\$ 26,772	\$ 26,384			\$190,896
SWING \$ DAYS	<b>13</b>	<b>30</b>	<b>76</b>	<b>58</b>	<b>38</b>	<b>47</b>	<b>67</b>	<b>27</b>	<b>69</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>493</b>
DEATHS	0	0	1	1	0	0	0	1	0	0			3

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>OBSERVATION</b>													
ADMISSIONS	3	4	4	6	2	5	8	6	6	4			48
DISCHARGES	4	4	4	6	2	5	6	7	7	4			49
HOURS	69	98	64	233	72	89	344	253	108	139			1469
REVENUE	\$ 9,105	\$ 12,383	\$ 8,975	\$ 28,949	\$ 9,009	\$ 11,805	\$ 41,932	\$ 32,838	\$ 14,819	\$ 17,453	\$ -	\$ -	\$ 187,269
AVG LENGTH OF STAY (hours)	23.0	24.5	16.0	38.8	36.0	17.8	43.0	42.2	18.0	34.8	#DIV/0!	#DIV/0!	30.6
DEATHS	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>HOSPITAL RESPITE</b>													
ADMISSIONS	2	0	0	1	2	0	0	1	2	0			8
DISCHARGES	2	0	0	0	3	0	0	0	2	1			8
PATIENT ADMISSION DAYS	10	0	0	3	3	0	0	1	21	3			41
DEATHS	0	0	0	0	1	0	0	0	0	1			2
<b>SWING (Non-Skilled)</b>													
ADMISSIONS	1	0	0	1	0	0	0	1	0	0			3
DISCHARGES	1	0	1	1	0	0	1	0	0	0			4
Dschgs -MEDICAID	1	0	0	0	0	0	0	0	0	0			1
SELF PAY	0	0	1	1	0	0	1	0	0	0			3
<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</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>4</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICAID	6	0	0	0	0	0	0	0	0	0			6
SELF PAY	0	0	140	297	0	0	470	0	0	0			907
<b>TOTAL</b>	<b>6</b>	<b>0</b>	<b>140</b>	<b>297</b>	<b>0</b>	<b>0</b>	<b>470</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>913</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICAID	6	0	0	11	30	31	31	49	62	60			280
SELF PAY	124	124	111	92	60	62	43	28	31	60			735
<b>TOTAL</b>	<b>130</b>	<b>124</b>	<b>111</b>	<b>103</b>	<b>90</b>	<b>93</b>	<b>74</b>	<b>77</b>	<b>93</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>1015</b>
AVG DAILY CENSUS	4.2	4.0	3.7	3.3	3.0	3.0	2.4	2.8	3.0	4.0	0.0	0.0	3.3
SWING BED REVENUE	\$ 45,709	\$ 43,600	\$ 39,029	\$ 36,216	\$ 31,665	\$ 32,700	\$ 26,019	\$ 29,047	\$ 35,083	\$ 45,269	\$ -	\$ -	\$ 364,336
SWING \$ DAYS	130	124	111	103	90	93	74	77	93	120	0	0	1015
DEATHS	0	0	1	1	0	0	1	0	0	0	0	0	3
<b>SUMMARY STATS</b>													
TOTAL/AVERAGE % OCCUPANCY	25.0%	25.2%	30.8%	25.7%	20.8%	22.6%	24.0%	18.7%	29.8%	33.8%	0.0%	0.0%	27.0%
<b>TOTAL OUTPATIENTS (Admits) w/ ER</b>													
	613	739	651	635	528	600	680	574	662	422			6104
<b>TOTAL ER (Encounters)</b>													
	98	110	89	96	95	100	80	70	100	89			927
<b>LAB TESTS</b>													
INPATIENT	22	73	91	65	67	112	87	31	81	57			686
OUTPATIENT	1604	1592	1419	1272	1340	1344	1587	1368	1671	1136			14333
<b>TOTAL</b>	<b>1626</b>	<b>1665</b>	<b>1510</b>	<b>1337</b>	<b>1407</b>	<b>1456</b>	<b>1674</b>	<b>1399</b>	<b>1752</b>	<b>1193</b>	<b>0</b>	<b>0</b>	<b>15019</b>
<b>XRAY/ULTRASOUND TESTS</b>													
INPATIENT	1	8	7	3	7	6	2	2	4	8			48
OUTPATIENT	108	114	82	116	88	120	87	76	94	82			967
<b>TOTAL</b>	<b>109</b>	<b>122</b>	<b>89</b>	<b>119</b>	<b>95</b>	<b>126</b>	<b>89</b>	<b>78</b>	<b>98</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>1015</b>
<b>CT SCANS</b>													
	36	44	25	28	39	39	38	54	37	32			372
<b>MRI SCANS</b>													
	4	4	1	4	1	4	7	1	5	2			33
<b>EKG TESTS</b>													
	36	32	30	22	32	24	42	24	31	29			302
<b>TREADMILL PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0	0			0
<b>LOWER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0	0			0
<b>UPPER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0	0			0
<b>LOWER/UPPER ENDOSCOPY PROCEDURES</b>													
	0	0	0	0	0	0	0	0	0	0			0
<b>RESPIRATORY THERAPY</b>													
INPATIENT	6	8	5	10	1	0	0	1	10	9			50
OUTPATIENT	3	0	1	1	2	2	1	0	3	2			15
<b>TOTAL</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>65</b>

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>PROVIDER VISITS</b>													
HEPPNER CLINIC	327	249	226	203	224	202	240	268	343	135			2417
IRRIGON CLINIC	340	425	427	340	317	299	358	271	406	259			3442
IONE CLINIC	56	60	75	72	62	65	82	65	92	88			717
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	133	146	121	136	119	123	130	106	148	140			1302
<b>TOTAL</b>	<b>856</b>	<b>880</b>	<b>849</b>	<b>751</b>	<b>722</b>	<b>689</b>	<b>810</b>	<b>710</b>	<b>989</b>	<b>622</b>	<b>0</b>	<b>0</b>	<b>7878</b>
REVENUE OF HOSPITAL ENCOUNTERS	\$ 65,997	\$ 82,304	\$ 63,913	\$ 75,078	\$ 69,005	\$ 72,194	\$ 72,146	\$ 60,512	\$ 73,405	\$ 63,546	\$ -	\$ -	\$ 698,098
<b>AMBULANCE</b>													
HEPPNER AMBULANCE TRANSPORTS	19	38	19	21	21	26	23	20	18	12			217
BOARDMAN AMBULANCE TRANSPORTS	17	35	14	22	25	25	36	29	22	20			245
IRRIGON AMBULANCE TRANSPORTS	24	29	31	20	14	22	25	11	15	16			207
IONE AMBULANCE TRANSPORTS	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>60</b>	<b>102</b>	<b>64</b>	<b>63</b>	<b>60</b>	<b>73</b>	<b>84</b>	<b>60</b>	<b>55</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>669</b>
HEPPNER AMB REVENUE	\$ 31,774	\$ 66,467	\$ 32,368	\$ 33,579	\$ 36,341	\$ 46,576	\$ 39,426	\$ 36,196	\$ 36,830	\$ 23,270			\$ 382,826
BOARDMAN AMB REVENUE	\$ 33,969	\$ 71,133	\$ 29,319	\$ 45,241	\$ 50,102	\$ 56,478	\$ 80,363	\$ 62,996	\$ 48,469	\$ 43,390			\$ 521,459
IRRIGON AMB REVENUE	\$ 42,648	\$ 51,881	\$ 54,689	\$ 35,265	\$ 23,779	\$ 39,378	\$ 45,936	\$ 20,441	\$ 28,352	\$ 28,490			\$ 370,858
IONE AMB REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 0
<b>TOTAL</b>	<b>\$ 108,391</b>	<b>\$ 189,480</b>	<b>\$ 116,376</b>	<b>\$ 114,084</b>	<b>\$ 110,221</b>	<b>\$ 142,432</b>	<b>\$ 165,725</b>	<b>\$ 119,633</b>	<b>\$ 113,650</b>	<b>\$ 95,150</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,275,142</b>
<b>HOME HEALTH VISITS</b>													
SKILLED NURSING VISITS	82	87	55	34	30	70	91	78	63	61			651
AIDE VISITS	5	5	5	10	8	16	36	27	18	23			153
MSW VISITS	0	0	0	0	0	0	0	0	0	0			0
OCCUPATIONAL THERAPY	10	9	6	16	8	5	13	10	0	11			88
PHYSICAL THERAPY	23	42	18	33	26	19	24	40	42	39			306
SPEECH THERAPY	3	4	4	2	5	4	6	5	1	0			34
IN HOME CARE VISITS-PRIVATE PAY	32	27	37	42	44	32	33	35	29	21			332
<b>TOTAL</b>	<b>155</b>	<b>174</b>	<b>125</b>	<b>137</b>	<b>121</b>	<b>146</b>	<b>203</b>	<b>195</b>	<b>153</b>	<b>155</b>	<b>0</b>	<b>0</b>	<b>1564</b>
<b>HOSPICE</b>													
ADMITS	3	3	4	5	4	1	2	2	2	3			29
DISCHARGE	1	0	0	0	1	1	0	0	1	0			4
DEATHS	2	4	4	4	5	4	2	1	0	3			29
<b>TOTAL DAYS</b>	<b>192</b>	<b>201</b>	<b>168</b>	<b>216</b>	<b>198</b>	<b>79</b>	<b>40</b>	<b>55</b>	<b>79</b>	<b>102</b>			<b>1330</b>
<b>PHARMACY</b>													
DRUG DOSES	1563	2431	2368	3087	2357	3316	2185	1978	2331	2299			23,915
DRUG REVENUE	\$ 137,123	\$ 110,214	\$ 143,635	\$ 148,267	\$ 114,441	\$ 169,514	\$ 155,535	\$ 126,442	\$ 93,128	\$ 92,540			\$ 1,290,839



**PIONEER MEMORIAL CLINIC - APRIL 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				8.25	8.25	8					9	8.25	8												7.5	7.5	7.5				72.25	
	Patients Seen				6	6	10					6	7	12												3	8	8				66	
	No Shows				2	3	2					1	1	1												3	1	1				15	
	Patient Cancellations				0	0	1					1	1	1												1	1	1				7	
	Clinic Cancellations				2	2	0					3	4	0												3	0	1				15	
	Pts. Per Available Hour				0.7	0.7	1.3					0.7	0.8	1.5												0.4	1.1	1.1				0.9	
	No Show Rate				20%	27%	15%					9%	8%	7%												30%	10%	9%				15%	
	Patient Cancel Rate				0%	0%	8%					9%	8%	7%												10%	10%	9%				7%	
Clinic Cancel Rate				20%	18%	0%					27%	31%	0%												30%	0%	9%				15%		
Dr. Sirucek	Patient Hours Available								4							4						8	8	8				8.5	8	7			55.5
	Patients Seen								5							3						8	13	10				9	11	10			69
	No Shows								0							1						1	0	2				1	1	1			7
	Patient Cancellations								0							0						1	1	0				0	1	1			4
	Clinic Cancellations								0							0						5	0	1				5	0	0			11
	Pts. Per Available Hour								1.3							0.8						1.0	1.6	1.3				1.1	1.4	1.4			1.2
	No Show Rate								0%							25%						7%	0%	15%				7%	8%	8%			8%
	Patient Cancel Rate								0%							0%						7%	7%	0%				0%	8%	8%			4%
Clinic Cancel Rate								0%							0%						33%	0%	8%				33%	0%	0%			12%	
PMC TOTALS	Patient Hours Available				8.25	8.25	8		4			9	8.25	8		4						8	8	8				16	15.5	14.5			127.75
	Patients Seen				6	6	10		5			6	7	12		3						8	13	10				12	19	18			135
	No Shows				2	3	2		0			1	1	1		1						1	0	2				4	2	2			22
	Patient Cancellations				0	0	1		0			1	1	1		0						1	1	0				1	2	2			11
	Clinic Cancellations				2	2	0		0			3	4	0		0						5	0	1				8	0	1			26
	Pts. Per Available Hour				0.7	0.7	1.3		1.3			0.7	0.8	1.5		0.8						1.0	1.6	1.3				0.8	1.2	1.2			1.1
	No Show Rate				20%	27%	15%		0%			9%	8%	7%		25%						7%	0%	15%				16%	9%	9%			11%
	Patient Cancel Rate				0%	0%	8%		0%			9%	8%	7%		0%						7%	7%	0%				4%	9%	9%			6%
Clinic Cancel Rate				20%	18%	0%		0%			27%	31%	0%		0%						33%	0%	8%				32%	0%	4%			13%	

**IRRIGON MEDICAL CLINIC - April 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	Patient Hours Available	6.5			6.5	4	6.5	6.5	2.5			6.5	6.5	5	6.5	3			6.5	6.5	1.5	6.5	5			4.5	6.5	5.5	6.5	6.5		115.5	
	Patients Seen	2			0	1	1	1	1			1	0	0	1	0			1	1	0	2	2			3	3	0	0	3		23	
	No Shows	0			0	0	0	0	1			2	2	1	0	0			1	1	0	1	0			0	0	0	0	1		10	
	Patient Cancellations	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0		0	
	Clinic Cancellations	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0		0	
	Pts. Per Available Hour	0.3			0.0	0.3	0.2	0.2	0.4			0.2	0.0	0.0	0.2	0.0			0.2	0.2	0.0	0.3	0.4			0.7	0.5	0.0	0.0	0.5		0.2	
	No Show Rate	0%			N/A	0%	0%	0%	50%			67%	100%	100%	0%	N/A			50%	50%	N/A	33%	0%			0%	0%	N/A	N/A	25%		30%	
	Patient Cancel Rate	0%			N/A	0%	0%	0%	0%			0%	0%	0%	0%	N/A			0%	0%	N/A	0%	0%			0%	0%	N/A	N/A	0%		0%	
Clinic Cancel Rate	0%			N/A	0%	0%	0%	0%			0%	0%	0%	0%	N/A			0%	0%	N/A	0%	0%			0%	0%	N/A	N/A	0%		0%		
Jon Watson	Patient Hours Available				7.5	8.5	8.5	8.5				8.5	8.5	8.5												8.5	8.5	7.5	8.5			91.5	
	Patients Seen				11	12	10	11				15	14	15												14	13	14	8			137	
	No Shows				1	2	2	3				2	2	3												3	3	1	0			22	
	Patient Cancellations				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	
	Pts. Per Available Hour				1.5	1.4	1.2	1.3				1.8	1.6	1.8												1.6	1.5	1.9	0.9			1.5	
	No Show Rate				8%	14%	17%	21%				12%	13%	17%												18%	19%	7%	0%			14%	
	Patient Cancel Rate				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%		
Vicki Kent	Patient Hours Available	8.5						8.5	8.5						8.5	8.5													8.5	8.5			76.5
	Patients Seen	13						6	9						13	13													11	8			86
	No Shows	0						4	2						0	1													2	2			18
	Patient Cancellations	0						0	0						0	0													0	0			0
	Clinic Cancellations	0						0	0						0	0													0	0			0
	Pts. Per Available Hour	1.5						0.7	1.1						1.5	1.5					0.9	0.9	1.2						1.3	0.9			1.1
	No Show Rate	0%						40%	18%						0%	7%					33%	27%	0%						15%	20%			17%
	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%	
IMC TOTALS	Patient Hours Available	15			14	12.5	15	23.5	11			15	15	13.5	15	11.5			6.5	15	1.5	15	13.5			13	15	13	23.5	15		292	
	Patients Seen	15			11	13	11	18	10			16	14	15	14	13			1	9	0	10	12			17	16	14	19	11		259	
	No Shows	0			1	2	2	7	3			4	4	4	0	1			1	5	0	4	0			3	3	1	2	3		50	
	Patient Cancellations	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0		0	
	Clinic Cancellations	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0		0	
	Pts. Per Available Hour	1.0			0.8	1.0	0.7	0.8	0.9			1.1	0.9	1.1	0.9	1.1			0.2	0.6	0.0	0.7	0.9			1.3	1.1	1.1	0.8	0.7		0.9	
	No Show Rate	0%			8%	13%	15%	28%	23%			20%	22%	21%	0%	7%			50%	36%	N/A	29%	0%			15%	16%	7%	10%	21%		16%	
	Patient Cancel Rate	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	N/A	0%	0%			0%	0%	0%	0%	0%		0%	
Clinic Cancel Rate	0%			0%	0%	0%	0%	0%			0%	0%	0%	0%	0%			0%	0%	N/A	0%	0%			0%	0%	0%	0%	0%		0%		

**IONE COMMUNITY CLINIC - APRIL 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				8			8				8			8				8			8				8			8			64
	Patients Seen				11			10				11			12				12			9				11			12			88
	No Shows				1			0				0			1				0			0				0			0			2
	Patient Cancellations				0			4				1			0				0			0				0			0			5
	Clinic Cancellations				0			0				0			0				1			0				0			0			1
	Pts. Per Available Hour				1.4			1.3				1.4			1.5				1.5			1.1				1.4			1.5			1.4
	No Show Rate				8%			0%				0%			8%				0%			0%				0%			0%			2%
	Patient Cancel Rate				0%			29%				8%			0%				0%			0%				0%			0%			5%
	Clinic Cancel Rate				0%			0%				0%			0%				8%			0%				0%			0%			1%

## RESIDENTIAL LEASE AGREEMENT

THIS RESIDENTIAL LEASE AGREEMENT, (hereinafter "Agreement") made and entered in this \_\_\_ day of \_\_\_\_\_, 2022 by and between SOUTH MORROW ENTERPRISES, LLC, represented by THOMAS F. WOLFF and/or KAREN E. WOLFF, whose address is P.O. Box 702, Heppner, OR 97836 ("Lessor") and MORROW COUNTY HEALTH DISTRICT, P.O. Box 9, Heppner, OR 97836 ("Lessee").

### WITNESSETH:

WHEREAS, Lessor is the owner of certain real property being, lying and situated in Heppner, Morrow County, Oregon, having a street address 175 Rock Street, Heppner, OR 97836. and

WHEREAS, Lessor is desirous of leasing the Premises to Lessee upon the terms and conditions as contained herein; and

NOW THEREFORE, for and in consideration of the covenants and obligations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto hereby agree as follows:

1. **TERM AND RENT.** Lessor leases to Lessee and Lessee leases from Lessor the above-described Premises and furnishings together with any and all appurtenances thereto, on an annual basis, for the period of August 1, 2022 to July 31, 2023 at a rental of \$1,100.00 monthly, payable in advance on the first day of each and every month. Rents are payable at the following address: P.O. Box 702, Heppner, OR 97836 or deposited by ACH directly into Lessor's Bank of Eastern Oregon account. If rent is not received by the fifth day of each month for which it is due Lessee shall pay a late charge of \$25.00. Any dishonored check shall be treated as unpaid rent and be subject to the same late charge plus a \$50.00 special handling fee and must be made good by cash, money order or certified check within 24 hours of notification. In case two or more rent payments are late, Lessor reserves the right to require Lessee to pay rent in cash or money order only, upon reasonable notice to Lessee of such requirement. Furthermore, if rent is not paid when rent is due and Lessee fails for any reason to pay rent within 7 days after its due date, Lessor may terminate this agreement in the manner provided by ORS 90.394 and take possession of the premises in the manner provided by ORS 105.105 to 105.168.
2. **USE OF PREMISES.** The Premises shall be used and occupied by Lessee and Lessee's employees, contracted employees, and medical students exclusively, as a private single family dwelling, and no part of the Premises shall be used at any time during the term of this Agreement by Lessee for the purpose of carrying on any business, profession, or trade of any kind, or for any purpose other than as a

private single family dwelling. Premises shall be occupied by no more than 4 adults. Lessee shall not allow any other person, other than Lessee's employees, contract employees, medical students, and friends who are guests of employees, to use or occupy the Premises without first obtaining Lessor's written consent to such use. Lessee shall comply with any and all laws, ordinances, rules and orders of any and all governmental authorities affecting the cleanliness, use, occupancy and preservation of the Premises.

3. **CONDITION OF PREMISES.** Lessor stipulates, represents and warrants that Lessee has examined the Premises, and that they are at the time of this Agreement in good order, repair, and in a safe, clean and tenantable condition.
4. **ASSIGNMENT AND SUB-LETTING.** Lessee shall not assign this Agreement, or sub-let or grant any license to use the Premises or any part thereof without the prior written consent of Lessor. A consent by Lessor to one such assignment, sub-letting or license shall not be deemed to be a consent to any subsequent assignment, sub-letting or license. An assignment, sub-letting or license without the prior written consent of the Lessor or an assignment or sub-letting by operation of law shall be absolutely null and void and shall, at Lessor's option, terminate this Agreement.
5. **ALTERATIONS AND IMPROVEMENTS.** Lessee shall make no alterations to the buildings or improvements on the Premises or construct any building or make any other improvement on the Premises without the prior written consent of Lessor. Any and all alterations, changes, and/or improvements built, constructed or placed on the Premises by Lessee shall, unless otherwise provided by written agreement between Lessor and Lessee, be and become the property of Lessor and remain on the Premises at the expiration or earlier termination of this Agreement.
6. **HAZARDOUS MATERIALS.** Lessee shall not keep on the Premises any item of a dangerous, flammable or explosive character that might unreasonably increase the danger of fire or explosion on the Premises or that might be considered hazardous or extra hazardous by any responsible insurance company.
7. **UTILITIES.** Lessee shall be responsible for arranging for and paying for the following utility services: electricity, telephone (if any), television (if any), and internet service (if any). Lessor shall be responsible for arranging for and paying for the following utility services: water, sewer, and garbage.
8. **LESSEE RESPONSIBILITY.** Lessee shall maintain the premises in a clean and sanitary condition at all times, and upon the termination of the tenancy shall surrender the premises to Lessor in as good condition as when received, ordinary wear and tear and damage by elements excepted. Without limiting the generality of the foregoing, Lessee shall:

- a. Keep all windows, glass, window coverings, doors, locks and hardware in good, clean order and repair;
- b. Not obstruct or cover the windows or doors;
- c. Not leave windows or doors in an open position during any inclement weather;
- d. Not cause or permit any locks or hooks to be placed upon any door or window without the prior written consent of Lessor;
- e. Keep all air conditioning filter clean and free from dirt;
- f. Keep all lavatories, sinks, toilets, and all other water and plumbing apparatus in good order and repair and shall use same only for the purposes for which they were constructed. Lessee shall not allow any sweepings, rubbish, sand, rags, ashes or other substances to be thrown or deposited therein. Any damage to any such apparatus and the cost of clearing stopped plumbing resulting from misuse shall be borne by Lessee;
- g. Lessee's employees, contracted employees, family and guests shall at all times maintain order in the Premises and at all places on the Premises, and shall not make or permit any loud or improper noises;
- h. Keep all radios, television sets, stereos, phonographs, etc. turned down to a level of sound that does not annoy or interfere with other residents;
- i. Deposit all trash, garbage, rubbish or refuse in the locations provided therefore and shall not allow any trash, garbage, rubbish or refuse to be deposited or permitted to stand on the exterior of any building or within the common elements;
- j. Abide by and be bound by any and all rules and regulations affecting the Premises which may be adopted or promulgated by the Lessor;
- k. Clean up pet waste outside the premises; and
- l. Allow Lessor access to the exterior of the Premises for the purpose of yard and lawn irrigation and maintenance.

9. **DAMAGE TO PREMISES**. In the event the Premises are destroyed or rendered wholly untenable by fire, storm, earthquake, or other casualty not caused by the negligence of Lessee, this Agreement shall terminate from such time except for the purpose of enforcing rights that may have then accrued hereunder. The rental provided for herein shall then be accounted for by and between Lessor and Lessee up to the time of such injury or destruction of the Premises, Lessee paying rentals up to such date and Lessor refunding rental collected beyond such date. Should a portion of the Premises thereby be rendered untenable, the Lessor shall have the option of either repairing such injured or damaged portion or terminating this Agreement. In the event that Lessor exercises its right to repair such untenable portion, the rental shall abate in the proportion that the injured parts bears to the whole Premise, and such part so injured shall be restored by Lessor as speedily as practicable, after which the full rent shall recommence and the Agreement continue according to its terms.

10. **INSPECTION OF PREMISES**. Lessee shall permit Lessor or Lessor's agents at any and all reasonable times, upon 24 hours' notice to Lessee, to enter and go



upon the premises for the purpose of examining its condition, or to make such repairs and alterations as Lessor shall deem necessary or to show the premises to prospective purchasers, mortgagees, Lessee, workers or contractors, provided always that in case of emergency Lessor may enter Premises without notice.

11. **LOCKS AND KEYS.** There shall be working locks on all outside doors, and Lessor shall provide Lessee with access codes at the beginning of the tenancy.
12. **LESSEE'S HOLD OVER.** If Lessee remains in possession of the Premises with the consent of Lessor after the natural expiration of this Agreement, a new tenancy from month-to-month shall be created between Lessor and Lessee which shall be subject to all of the terms and conditions hereof except that rent shall then be due and owing at \$1,200.00 per month.
13. **SURRENDER OF PREMISES.** Upon the expiration of the term hereof, Lessee shall surrender the Premises in as good a state and condition as they were at the commencement of this Agreement, reasonable use and wear and tear thereof and damages by the elements excepted.
14. **ANIMALS.** Lessee shall be entitled to keep no more than ONE (1) domestic dog; however, at such time as Lessee shall actually keep any such animal on the Premises, Lessee shall pay to Lessor a pet deposit of \$500.00 (five hundred dollars). \$400.00 (four hundred dollars) of which shall be non-refundable and shall be used upon the termination or expiration of this Agreement for the purposes of cleaning the carpets and furnishings of the building. An addendum entitled "Pet Agreement" may be provided herewith.
15. **QUIET ENJOYMENT.** Lessee, upon payment of all of the sums referred to herein as being payable by Lessee and Lessee's performance of all Lessee's agreements contained herein and Lessee's observance of all rules and regulations, shall and may peacefully and quietly have, hold and enjoy said premises for the term hereof.
16. **GOVERNING LAW.** This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Oregon.
17. **SEVERABILITY.** If any provision of this Agreement or the application thereof shall, for any reason and to any extent, be invalid or unenforceable, neither the remainder of this Agreement nor the application of the provision to other persons, entities or circumstances shall be affected thereby, but instead shall be enforced to the maximum extent permitted by law.
18. **BINDING EFFECT.** The covenants, obligations and conditions herein contained shall be binding on and inure to the benefit of the heirs, legal representatives, and assigns of the parties hereto.

19. **DESCRIPTIVE HEADINGS**. The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations of the Lessor or Lessee.
20. **CONSTRUCTION**. The pronouns used herein shall include, where appropriate, either gender or both, singular or plural.
21. **NON-WAIVER**. No indulgence, waiver, election or non-election by Lessor under this agreement shall affect Lessee's duties and liabilities hereunder.
22. **MODIFICATION**. The parties hereby agree that this document contains the entire agreement between the parties and this agreement shall not be modified, changed, altered or amended in any way except through a written amendment signed by all of the parties hereto.
23. **LESSEE DAMAGE**. Lessee agrees to assume all liability for, and to hold Lessor harmless from, all damages and all costs and fees in the defense thereof, caused by the negligence or willful act of Lessee or Lessee's invitee's or guests, in or upon any part of the premises, and to be responsible for any damage or breakage to Lessee's equipment, fixtures or appliances therein or thereon, not caused by Lessor's misconduct or willful neglect.
24. **LESSOR'S 24-HOUR NOTICE**. The Lessor, after 24 hours' written notice specifying the causes, may immediately terminate this Agreement and take possession in the manner provided by ORS 105.105 to 105.168, if (a) Lessee, someone in Lessee's control or Lessee's pet seriously threatens to inflict substantial personal injury, or inflicts substantial personal injury, upon a person on the premises other than the Lessee; (b) Lessee, someone in Lessee's control recklessly endangers a person on the premises other than Lessee by creating a serious risk of substantial personal injury; (c) Lessee, someone in Lessee's control or Lessee's pet inflicts any substantial personal injury upon a neighbor living in the immediate vicinity of the premises; (d) Lessee or someone in Lessee's control inflicts any substantial damage to the premises; (e) Lessee intentionally provided substantial false information on the application for the lease within the past year; the false information was with regard to a criminal conviction of Lessee that would have been material to Lessor's acceptance of the application; and Lessor terminates the rental agreement within 30 days after discovering the falsity of the information; (f) Lessee has vacated the premises, the person in possession is holding contrary to a written rental agreement that prohibits subleasing the premises to another or allowing another person to occupy the premises without the written permission of the Lessor, and Lessor has not knowingly accepted rent from the person in possession; or (g) Lessee or someone in Lessee's control commits any act that is outrageous in the extreme, on the premises or in the immediate vicinity of the premises.



25. **UNAUTHORIZED PERSON.** If an unauthorized person is in possession of the premises, after at least 24 hours' written notice specifying the cause and the date and time by which a person must vacate, Lessor may take possession as provided in OR 105.105 to 105.168 If Lessee has vacated the premises, the rental Agreement prohibits subleasing or allowing another person to occupy the premises without Lessor's written consent, and Lessor has not knowingly accepted rent from the person in possession of the premises.
26. **UNDRIVEABLE VEHICLES AND CAR REPAIR.** Lessee shall not allow any undriveable vehicles to remain on the premises for more than 24 hours. No car repairs are to be made on the premises, including minor maintenance such as an oil change.
27. **LESSEE'S EXTENDED ABSENCE.** Lessee agrees to notify Lessor of Lessee's anticipated absence from the premises in excess of 14 days, no later than the first day of the extended absence.
28. **WRITTEN NOTICE.** Written notices may be served personally, by first class mail, or by mailing and posting as set forth herein.
29. **SERVICE OF NOTICE ON LESSEE BY MAIL AND ATTACHMENT.** If Lessor chooses to serve a written notice on Lessee by mail and attachment, such service is deemed serviced on the day that it is both mailed by first class mail to lessee at their address of record and also attached securely to the main entrance on that portion of the premises of which Lessee has possession and/or has leased hereby.
30. **SERVICE OF NOTICE ON LESSOR.** A written notice from Lessee to Lessor is deemed served on the day it is mailed by first class mail to Lessor at the address stated above.
31. **TERMINATION OF TENANCY.** Lessee may terminate at any time after July 31, 2023 by giving Lessor 30 days' written notice prior to the date designated in the termination notice, whereupon the tenancy shall terminate on the date designated.
32. **ABANDONED PERSONAL PROPERTY.** Upon termination of this Agreement or the surrender or abandonment of the premises, and it reasonably appearing to Lessor that Lessee has left property upon the premises with no intention of asserting further claim to such property or the premises, or if Lessee has been continually absent for 7 days after termination of the tenancy by an unexecuted court order, or if Lessor elects to remove such property, Lessor may give Lessee notice in accordance with ORS 90.425 that the property is consider abandoned and unless the property is removed from the premises or place of safekeeping by a date specified in the notice, the property will be sold or otherwise disposed of and the proceeds of sale, if any, applied as provided by law.

33. **SMOKING POLICY.** “Smoking” is defined as carrying, inhaling, exhaling, burning or handling of any kind of lighted pipe, cigar, cigarette, or any other lighted smoking equipment containing any burning substance or product, including tobacco, that is intended for human consumption by means of inhaling the smoke therefrom. Lessee and all persons on the premise with the consent of Lessee or under Lessee’s control shall comply with this smoking policy. (check one)  Smoking is prohibited anywhere on the entire premises.
34. **MARIJUANA.** Lessee may not grow medical and/or recreational marijuana on the premises.
35. **ATTORNEY FEES AND COURT COSTS.** In the event any suit or action is brought to collect rents or to enforce any provision of this Agreement or to repossess the premises, reasonable attorney fees, costs and disbursements may be awarded to the prevailing party in both trial and appellate courts.
36. **FAILURE TO REQUIRE PERFORMANCE.** Failure by Lessor at any time to require performance by Lessee of any provision hereof shall in no way affect Lessor’s right hereunder to enforce the same, nor shall any waiver by Lessor of any breach of any provision hereof be held to be a waiver of any succeeding breach of any provision, or as a waiver of the provision itself.
37. **PERSONAL PROPERTY.** The personal property listed on the attached addendum titled “Leased Personal Property” is owned by Lessor and is included and to be left upon the premises when tenancy is terminated.
38. **SECURITY DEPOSIT.** Lessor acknowledges receipt of \$ -0- as a security deposit, of which Lessor may claim all or part thereof reasonably necessary to remedy Lessee’s default in the performance of this Agreement and to repair damage to the premises caused by Lessee, not including ordinary wear and tear. To claim all or part of this deposit, Lessor shall give Lessee, within 31 days after termination of the tenancy and delivery of possession of the premises to Lessor, a written accounting which states specifically the basis or bases of the claim and the portion not so claimed shall be returned within 31 days. Lessor may recover damages in excess of the security deposit to which Lessor may be entitled.

39. **TIME/ESSENCE**. Time is of the essence of this Agreement.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed; As to Lessor this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

Karen Wolff DATE 4/28/2022  
SOUTH MORROW ENTERPRISES, LLC

\_\_\_\_\_  
DATE  
MORROW COUNTY HEALTH DISTRICT



# NEW!

## Two- 3 Bedroom 2 Bath Duplexes \$750,000



New- Two -3 bedroom 2 bath 1,270 sq ft duplexes (four total units) in Heppner, Oregon. Each unit rented for \$1150 per month. Will make a great investment. Strong rental market has given these two duplexes an almost 100% occupancy rate with a cap rate of 5.44 and a gross rent multiplier of 12.07. Renters pay own water and sewer. Quality construction. P&Ls reports available. Call me for details.



Owner/Broker  
David Sykes



Phone: (541) 676-9228

Cell: (541) 980-6674

Fax: (541) 676-9211

188 W. Willow

P.O. Box 337

Heppner, OR 97836

[david@sykesrealestate.net](mailto:david@sykesrealestate.net)



## Renewal Document

### Pioneer Memorial Hospital

384 Se Combs Flat Rd  
Prineville, OR 97754

The term of this agreement is: 60 Months

Method of Payment: Check

Billing Frequency: Annually

Renewal Subscription Start Date is: 8/1/2022

Subscription Services Name	Subscription Metric	Subscription Quantity
Management Platform	Per User	240

### Acute Solutions

Subscription Services Name	Subscription Metric	Subscription Quantity
Regulatory and Compliance for Acute	Per User	240
Continuing Education	Per User	240
Professional Development for Acute	Per User	240

### Subscription Services Name

Subscription Services Name	Subscription Metric	Subscription Quantity
24/7 Support (101-400)	Flat Fee	1

**Year 1 Annual Subscription Total**

**USD 11,261.21**

### PRICING EXPIRES IF NOT EXECUTED BY 7/31/2022

This Ordering Document, together with the Master Services Agreement and the Schedules linked below, form the entire Agreement between the parties.

Prices quoted do not include taxes. Please consult with the tax advisors within your state if you have questions about local tax requirements. If required by local law, Relias must collect taxes and pay them on your behalf.

[Contract Document](#)

[Link to Contract Document](#)

**CONFIDENTIAL**



<b>MSA</b>	<a href="https://www.relias.com/legal/2020-relias-msa">https://www.relias.com/legal/2020-relias-msa</a>
<b>MSA Schedule A</b>	<a href="https://www.relias.com/legal/2020-relias-schedule-a">https://www.relias.com/legal/2020-relias-schedule-a</a>



**CUSTOMER SIGNATURE PAGE**

This Agreement (as hereinafter defined) is entered into between Relias LLC ("Company") and the customer identified in the signature block below ("Customer"), effective as of 8/1/2022 ("Effective Date"). This Agreement establishes the general terms and conditions to which the parties have agreed in order to facilitate the provision of certain services as more fully described herein and in each Ordering Document.

By signing below, the Customer acknowledges that they have read and understood the Agreement and agree to be bound by all the terms and conditions contained therein.

**Pioneer Memorial Hospital**

**Relias LLC**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

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

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

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

**Address for Notices:**  
Pioneer Memorial Hospital  
384 Se Combs Flat Rd  
Prineville, OR97754

**Address for Notices:**  
Relias LLC  
1010 Sync Street, Suite 100  
Morrisville, NC 27560

**Liaison Contact :**

**Billing Contact :**

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

Address:



## Otis Elevator Contract Extension

May 4, 2022

**Equipment Location:**

564 E. Pioneer  
Hepner,  
97836

**Contract Number:**

SRP04137

Hello Dan,

In an effort to not only thank you for your continued business, but also to ensure our future relationship with you, Otis Elevator Company would like to offer you **one month free for a 5 year extension** to your existing maintenance contract term at 564 E. Pioneer.

Accordingly, you will receive a credit on your account for **one month of free maintenance service** and the term of your contract will be **extended for five years from the current expiration date**. The effective date of this contract renewal offer will be the first day of the following calendar month from the date of your signature approval.

Please feel free to call me with any questions. We appreciate your business and look forward to a continued successful business partnership.

Sincerely,

Dustin Enevold

Otis Elevator Company





The term extension selected will extend your current term by the number of years selected. At the end of the initial extended contract term, the contract will automatically renew for successive periods equal to the extension term selected. Either party may terminate the contract at the end of the initial extended contract term or at the end of any subsequent term by giving the other party at least 90 days but no more than 120 days written notice prior to the end of the then current term. The applicable discount identified above will come into effect on the first day of the month following the date of the customer's signature after the building address and contract number have been verified by Otis. Your existing billing cycle and all other contract terms and conditions shall remain the same.

**CUSTOMER**

Approved by Authorized Representative

**Otis Elevator Company**

Approved by Authorized Representative

Dan Sharp

PIONEER MEMORIAL HOSP

# OTIS ELEVATOR COMPANY

North American Operations

To: **PIONEER HOSPITAL**  
**564 East Pioneer Drive**  
**Heppner, OR 97836**

Dated At: **0110 SW Porter Street**  
**Portland, OR 97201**  
**November 30, 1983**

Building Name and Location:

**Pioneer Hospital**  
**564 East Pioneer Drive**  
**Heppner, OR 97836**  
Equipment Covered:

**One (1) Passenger Geared Traction Elevator**

## Services Provided

We propose to furnish OTIS SERVICE on the above described elevator equipment. This service will consist of regular examinations, lubrication, adjustments and parts replacement as outlined under "Scope of Service" herein.

Regular examinations will be performed every other month (six times annually.)

We will perform the work with men trained, supervised and employed by Otis Elevator Company. All work will be performed during regular working hours of our regular working days, unless otherwise specified in this agreement.

*Handwritten initials:*  
C.M.L.  
E.S.S.  
J.P.S.

Examinations and adjustments included in this agreement will be made according to the established procedures prescribed in our service and field engineering manuals and the design drawings for this equipment.

Lubricants and greases furnished under this agreement will be Otis lubricants, compounded to our rigid specifications and applied to our recommended procedures.

Parts furnished under this agreement or any repair order outside the scope of this agreement, will be genuine Otis replacements parts especially designed or selected by Otis Elevator Company for use on this equipment.

The Otis Service Representative assigned to you will, at your request, assist you with your elevator problems in the areas of modernization, traffic handling ability, recommendations and requirements of code authorities, and proper use and care of your equipment.

### EMERGENCY CALLBACK SERVICE

Should trouble develop between regular examinations, we will, upon receipt of notification by you, dispatch a service mechanic to perform necessary minor adjustments. There will be no charge for emergency minor adjustment callback service performed during regular working hours. If there are overtime callbacks...in each calendar year we will absorb the cost of the first three (3) multiplied by the number of units in this contract. Should there be overtime calls in excess of that total within a calendar year, you will be charged extra for all costs at regular billing rates.



Subsidiary of

**UNITED  
TECHNOLOGIES.**



# Scope of Service

## DURING REGULARLY SCHEDULED OTIS SERVICE EXAMINATIONS, AS REQUIRED WE WILL:

**Clean** the elevator machine, including motor and brake; control equipment including controller, selector, hoistway and car operating devices; safety equipment including car safeties, overspeed governor, safety linkages, releasing devices, interlocks and automatic door protective device; door operator equipment including linkages, drive motor, speed reduction units and electro-mechanical or motor operated cam devices. In addition we will periodically brush down and vacuum the hoistway, divider beams, door hangers, car top and bottom, door sills (beyond opening) and pit.

**Lubricate** bearings, gear reduction units, selector, governor, tension frame, sheaves, hoist ropes, cam equipment, door operator, hangers, interlocks, safety and door operator linkages, roller guides and guide rails.

**Adjust** associated equipment and devices, including the following, providing the adjustment can be performed by the examiner as part of his normal routine:

Operating switches and relays on the following: controller, selector, brake, governor, leveling device, car safety systems, door operator system including door protective device, car and hall button operating stations, and in the hoistway and pit.

Mechanical and electro-mechanical devices (not requiring disassembly for adjustment) including brake, machine, safety shoe and door operator linkages, hangers, interlocks, pit equipment, cams and rollers, roller guides and guide shoes.

## IN ADDITION THIS CONTRACT PROVIDES:

**Parts and supplies** as follows: lubricating oils and greases; cleaning materials; operating switch and relay components (including metal and carbon contacts, insulators, springs, connectors, holders, arc deflectors and barriers, and distance pieces); motor brushes, special lamps for car and hall signal fixtures; and fuses (except main line disconnect).

**Spare lending parts** inventoried in the Otis Service Center or strategically located warehouses, will be available to you for emergency situations upon receipt of your signed order to perform repairs or replacements outside the scope of this contract.

**Wiring diagrams** for the equipment covered by this contract will be provided by us and mounted in the machine room for the term of this contract.

**Otis parts cabinet** for the storage of parts and supplies included in this contract will be maintained in the machine room for the term of this contract.

## EXCLUSIONS:

Cleaning, adjustments, parts, and repairs which are not included above are specifically excluded. Such work, when necessary, and authorized by you, shall be performed at our regular billing rates for material and labor including travel time and expenses.

## SPECIAL PROVISIONS:

We also agree to examine periodically all safety devices and governors and conduct our customary no load test, and in each 5th year perform full load, full speed test of safety mechanism, overhead speed governors, car and counterweight buffers.



# Terms and Conditions

This OTIS SERVICE will commence on 1st day of December, 1983 and shall continue thereafter until terminated. Either party may terminate this agreement either at the end of the first five years or at the end of any subsequent five year period by giving the other party ninety (90) days prior written notice. **See Paragraph B-3 on Page 4.**

CONTRACT PRICE EIGHTY FIVE AND NO/100 (\$85.00) DOLLARS per month, payable monthly. As soon as practicable after we have received notice of change in labor cost, this price will be decreased or increased in direct proportion to the percentage of decrease or increase in straight time hourly labor cost including fringe benefits for the month within which the charge occurs as compared to the labor cost including fringe benefits for the month this proposal is dated. For purposes of calculation, the labor cost in effect on the date of this proposal was ~~\$19.735~~ per hour which includes fringe costs of \$5.42

\$25.155

You will pay, in addition to the price, any tax imposed upon you by any existing or future law and the amount of any tax imposed upon us, our suppliers or you under any statute, court decision, rule or regulation becoming effective after the date of this proposal which is based upon or incident to the transfer, use, ownership or possession of the materials or equipment involved in the performance hereof or the service rendered hereunder.

It is agreed that we do not assume possession or control of any part of the equipment but such remains yours exclusively as the owner (or leasee) thereof. We shall not be liable for any loss, damage or delay due to any cause beyond our reasonable control including, but not limited to, acts of governments, strikes, lockouts, fire, explosion, theft, floods, riots, civil commotion, war, malicious mischief or act of God. Under no circumstances shall we be liable for consequential damages.

This proposal, when accepted by you below and approved by our authorized representative, will constitute the contract between us and all prior representations or agreements not incorporated herein are superseded.

MACHINE NUMBER(S):

275124

OTIS ELEVATOR COMPANY

By Wayne Staab  
Wayne Staab - Service Representative

Accepted in Duplicate 10/28 19 83 As amended on p. 1

Pioneer Memorial Hospital  
By E. B. Smith Title Acting Administrator

Approved for Otis Elevator Company

JANUARY 31 1984

T. M. Dever  
T. M. DEVER Authorized Representative



PARAGRAPH B-3

FOR EACH CALLBACK WE WILL ABSORB THE COST OF ALL REGULAR TIME HOURS SPENT AT THE BUILDING. YOU ARE TO PAY US EXTRA AT OUR REGULAR BILLING RATES FOR TRAVEL EXPENSES AND FOR TRAVEL TIME (SINGLE TIME HOURS AND OVERTIME ~~HOURS~~ HOURS) INVOLVED WITH THE CALLBACK WHEN OUR LOCAL REPRESENTATIVE IS AWAY FROM NEFFNER.



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

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

**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Rodney W. Schaffer, MD

DATE: 04/13/2022

OFFICE ADDRESS: 564 E. Pioneer Drive Heppner OR 97836

TELEPHONE: 541-676-9133

RESIDENCE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

PRIVILEGES DESIRED: Full Privileges Family Medicine and Emergency

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

[Signature] APPLICANT SIGNATURE 4.26.22 DATE

Edward S. Benetta M.D. CHIEF OF STAFF SIGNATURE 5-13-2022 DATE

BOARD CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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

MCHD is An Equal Opportunity Provider and Employer



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

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

**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Amanda Roy DATE: 04/15/2022  
 OFFICE ADDRESS: 130 Thompson Ave Heppner, OR 97836 TELEPHONE: 541-676-5504  
 RESIDENCE ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 PRIVILEGES DESIRED: Family Practice - Clinics & Emergency Medicine

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

Amanda A Roy P.A.-C 5/4/22  
 APPLICANT SIGNATURE DATE

Edward S. Beretta M.D. 5-13-2022  
 CHIEF OF STAFF SIGNATURE DATE

\_\_\_\_\_  
 BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:   
 APPOINTMENT NOT RECOMMENDED:   
 APPOINTMENT DEFERRED:

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

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www.morrowcountyhealthdistrict.org

**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Jillian Graycie Webb DATE: 04/15/2022  
 OFFICE ADDRESS: 220 N Main St., Irrigon OR 97844 TELEPHONE: 541-922-5880  
 RESIDENCE ADDRESS: [REDACTED] TELEPHONE: [REDACTED]  
 PRIVILEGES DESIRED: Family Practice - Clinics

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

[Signature] DATE: 5/15/22  
 APPLICANT SIGNATURE DATE

Edward S. Bennett M.D. DATE: 5-16-2022  
 CHIEF OF STAFF SIGNATURE DATE

BOARD CHAIR SIGNATURE DATE

APPOINTMENT RECOMMENDED:   
 APPOINTMENT NOT RECOMMENDED:   
 APPOINTMENT DEFERRED:

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





**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Edward Harman Piepmeier JR MD DATE: 05/11/22  
 OFFICE ADDRESS: 564 E Pioneer Drive Heppner, OR 97836 TELEPHONE: 541-676-9133  
 RESIDENCE ADDRESS: [REDACTED] TELEPHONE: \_\_\_\_\_  
 PRIVILEGES DESIRED: Locum ER and Hospital

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

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Edward S. Benetta M.D.* 5-13-2022  
 CHIEF OF STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOARD CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPOINTMENT RECOMMENDED:   
 APPOINTMENT NOT RECOMMENDED:   
 APPOINTMENT DEFERRED:

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 576-9133 F - (541) 576-2901



**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Christine Seals, MD

DATE: 05/09/2022

OFFICE ADDRESS: 130 Thompson Ave Heppner OR 97836

TELEPHONE: 541-676-5504

RESIDENCE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

PRIVILEGES DESIRED: Primary Care, Hospice, Hospital

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

APPLICANT SIGNATURE

DATE

*Edward S. Bennett*

*5-17-2022*

CHIEF OF STAFF SIGNATURE

DATE

BOARD CHAIR SIGNATURE

DATE

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



**APPOINTMENT TO THE MEDICAL STAFF**

NAME IN FULL: Eileen McElligott

DATE: 05/16/2022

OFFICE ADDRESS: 365 SW 3rd St Ione, OR 97843

TELEPHONE: 541-422-7145

RESIDENCE ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

PRIVILEGES DESIRED: Primary Care, Hospice, Hospital

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

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Edward S. Bennett* \_\_\_\_\_ 5-17-2022

CHIEF OF STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOARD CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPOINTMENT RECOMMENDED:

APPOINTMENT NOT RECOMMENDED:

APPOINTMENT DEFERRED:

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



## Diversity, Equity, and Inclusion Program Proposal

### Initiative

Morrow County Health District is committed to providing a healing environment that understands, embraces, and leverages the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported.

### Proposal

In pursuit of this mission, the District proposes the implementation of a Diversity, Equity, and Inclusion (DEI) Program. The purpose of the program will be to identify and find solutions to health inequities among underrepresented populations in an effort to improve health outcomes and patient care experiences.

### Definitions

- Diversity - Encompasses the range of similarities and differences each individual brings, including but not limited to, national origin, language, race, color, disability, ethnicity, gender, age, religion and belief, sexual orientation, gender identity, socioeconomic status, veteran status, family structure, and diversity of thought, all of which is shaped by culture, background, experiences, and other elements. The characteristics and experiences, both seen and unseen, that make everyone unique.
- Equity - Ensuring fair access to opportunities and resources, while taking into consideration individuals' barriers and eliminating those barriers.
- Inclusion - A set of behaviors that promote equal access to opportunities and resources for individuals who might otherwise be excluded or marginalized. The actions taken to understand, embrace, and leverage the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported.
- Culturally and Linguistically Appropriate Services (CLAS) - Services that are respectful of and responsive to individual cultural health beliefs, practices, preferred languages, health literacy levels and communication needs.
- Trauma Informed Care - The open-mindedness and compassion for all patients, because anyone can have a history that impacts their encounter with the medical system. Trauma informed care is defined as practices that promote a culture of safety, empowerment, and healing.

## **In Action**

- Organizing a DEI workgroup to tailor the program to fit the Community's needs (see attached flyer).
- Identifying health disparities in the Community and finding solutions to improve health outcomes.
- Reviewing policies and procedures with a DEI lens.
- Evaluating the District's forms, EHR workflows, and communications to promote inclusion.
- Staff education and training regarding diverse populations to improve patient care.
- Ensuring the spirit of DEI is incorporated into the District's daily operations.

## **Target Populations**

The District has received feedback from community members, patients, and staff regarding populations and areas the District may strive to improve patient care:

- **Culture and Language**
  - Providing culturally and linguistically appropriate services. Ensuring staff are proficient in the use of interpretation and translation services for individuals who are deaf, hard of hearing, or have limited English proficiency.
  - Providing District forms and other patient and community correspondence in multiple languages to be inclusive of underrepresented populations in the Community.
- **Behavioral Health and Intellectual/Developmental Disabilities**
  - Removing the stigma associated with behavioral health diagnosis or treatment.
  - Recognizing and accommodating communication or environmental needs for patients with Intellectual/Developmental Disabilities.
  - Ensuring staff are educated on correct terminology.
- **Race and Ethnicity**
  - Understanding and recognizing unconscious bias and how this may impact patient care.
  - Identifying health disparities among underrepresented populations and striving to improve patient health outcomes.
  - Ensuring the District conveys an inclusive and inviting atmosphere.
- **Sexual Orientation and Gender Identity (SOGI)**
  - Understanding diverse patient care needs and providing trauma informed care.
  - Providing appropriate preventative screenings and assessments.
  - Ensuring staff are educated on the use of patient preferred names, pronouns, and other SOGI terminology and concepts.



- Socioeconomic Status
  - Identifying and eliminating barriers to accessing healthcare.
  
- Underserved Geographical Locations
  - Striving to improve access to and utilization of preventative care.
  - Community outreach and education.

### **Closing Comments**

Implementing a DEI program directly aligns with the District’s Promise of Excellence. A DEI program is not political, nor does it aim to alter individuals’ beliefs. In fact, DEI is exactly the opposite with the mission to provide an inclusive and accepting atmosphere for all. To truly uphold the True North Statement of “welcoming patients and providing exceptional care,” we must ensure this initiative encompasses *everyone* in our community.



# DIVERSITY EQUITY INCLUSION

Morrow County Health District is committed to providing a healing environment that understands, embraces, and leverages the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported.

In pursuit of this mission, the District is implementing a Diversity, Equity, and Inclusion (DEI) Workgroup. The purpose of the Workgroup will be to identify and find solutions to health inequities among underrepresented populations in an effort to improve health outcomes and patient care experiences.

The District invites any interested staff to join the DEI Workgroup which will review District policies and workflows with a DEI lens and provide staff education and training to meet the diverse needs of the Community.

If you are interested in joining the DEI Workgroup or would like more information, please contact the District's Compliance Officer, Sam Van Laer, via email at [samanthav@moco hd.org](mailto:samanthav@moco hd.org) or by phone at 541-676-2935.



**PROPRIETARY 3M CONFIDENTIAL TRADE SECRET, COMMERCIAL OR FINANCIAL INFORMATION.**

Do not release or disclose any information under any Open Records Act, Freedom of Information Act, or equivalent law. Release or disclosure is prohibited without 3M consent. Immediately report any request to 3M.

# Software Agreement Options

Pioneer Memorial Hospital  
Heppner, Oregon

Quote Issue Date: May 13, 2022  
Pricing is valid through May 31, 2022

PRODUCT/SERVICE DESCRIPTION	LICENSE QUANTITY	LIST PRICE	5 YEAR ANNUAL FEE
<b>Pioneer Memorial Hospital HEPPNER, OR 6001411</b>			
Fluency Direct Subscription Solution	9	\$11,880.00	\$10,098.00
Includes:			
<i>Fluency Direct</i>			
<i>Cloud Intel Access (CIA)</i>			
<i>Maintenance and Support (M&amp;S)</i>			
<b>CURRENTLY LICENSED TOTAL: <sup>1</sup></b>		<b>\$11,880.00</b>	<b>\$10,098.00</b>

<sup>1</sup> Subject to annual increases when committing to a multiple year term.

Upon 3M’s receipt of Customer’s written notification to renew, 3M will promptly provide an Agreement to execute the final renewal.

Any change to the current software schedule may result in a change of fees. The fees listed do not include the following fees:

- State, county, or federal taxes
- Finance charges for monthly, quarterly, or semiannual billings

The second and subsequent years of the term shall not exceed 5% of the immediately preceding year’s annual license fee.

The contract term officially expires **May 31, 2022**; however, we request that all paperwork (signed agreement and PO) be finalized no later than **May 31, 2022**, to allow time for correct invoicing and ensure there are no interruptions in your service(s). In the event the signed renewal agreement and purchase order are not returned by **May 31, 2022**, your organization will incur and be invoiced a late fee until your executed term agreement has been received by 3M. The late fee will be separately invoiced each month in the amount of one point five percent (1.5%) of your annual license fee beginning one (1) month after the out of term date for which 3M has not received your executed agreement. The late fee is in addition to your annual license fees for the Software and/or Services currently in use in the amount of **\$11,880.00**. If 3M has still not received your executed agreement within three (3) months following the out of term date, in addition to the late fee(s) above, 3M has the right to increase the fees set forth above for the first year of the Renewal Term to list price, less any applicable discount, and failure to pay fees may be considered a breach of the Agreement. In the event the signed agreement or Agreement is not returned prior to the out of term date, any invoice adjustment(s) will be made following receipt by 3M.

This Rate Agreement, effective 5/23/2022, applies to Pioneer Memorial Hospital located in Oregon.

**DEFINITIONS**

- A. THP is a temporary healthcare professional working as an employee of Jogan Health on assignment at Client.
- B. Per Diem THP is any THP not regarded as a Traveler under this agreement.
- C. Traveler is any THP provided by Jogan Health for whom a Confirmation of terms of an assignment of not less than 13 weeks in duration has been made by the Client.
- D. Confirmation is the Client's written acceptance of a particular Traveler to fill a specific Client need.

**1. RATES**

See attached Rate Schedule

Rates are subject to change with a written notice.

Transportation is billed separately based upon specific needs (rideshare, taxi, rental cars, vans, shuttles, buses, etc.)

All other allied clinical and non-clinical classes not included can be negotiated upon need.

**2. OVERTIME**

Work week begins Sunday at 7:00 AM. Overtime rates will apply as indicated by local labor statute.

Hours in Excess of:	Per:	Overtime Multiplier:
40.00	Week	1.50

**3. CANCELLATIONS**

A. Per Diem

Minimum billing rate once supplemental personnel have started to work is 4 hours.

Client may cancel 2.00 hours prior to the start of the shift. If Client cancels with less than a 2.00 hour notice, Jogan Health will bill for 2.00 hours at the regular hourly rate.

B. Travel

- 1. Client may cancel an assignment prior to starting with a two (2) week prior written notice. If Client gives less than a two (2) week prior notice, Jogan Health will bill Client for one (1) week at the appropriate bill rate.

2. In the event Client finds it necessary to terminate a Traveler's assignment during the assignment, for no fault of Jogan Health or Traveler, the Client shall reimburse Jogan Health for one (1) week at the appropriate bill rate, and for all contractual obligations for transportation and housing incurred as a result of Jogan Health's placement of Traveler with Client.
3. Client acknowledges that reimbursement or other expense allowance arrangement exists between the parties with respect to housing and meals paid to healthcare professionals who are on travel assignments. Jogan Health will provide a statement to the Client on an annual basis of the reimbursement amount which may be subject to tax deduction limitations.
4. Traveler will be guaranteed Between 36 - 48 hours per week. Please refer to the chart located on page 4, titled "Current Surge Market Rates."

**4. OTHER**

- A. Orientation  
Jogan Health will bill Client the hourly rate.
- B. All THP bonuses provided by Client are subject to deductions for payroll burden and miscellaneous expenses.
- C. Unless otherwise agreed upon in writing, Jogan Health's Standard Terms and Conditions of Service and Standard Hiring Practices, shall apply and are published at [www.joganhealth.com](http://www.joganhealth.com). All of these current Terms and Conditions have already been incorporated into this agreement.
- D. This Agreement may be modified or amended by written agreement and supersedes all prior Agreements of the parties.
- E. In the event services are provided to Client by Jogan Health, and this agreement is not signed, Client's acceptance of our services will be deemed as acceptance of the terms of this agreement.

*Jogan Health and CLIENT agree that rates will be reviewed annually and will be subject to incremental adjustments at a minimum rate in accordance with the current Consumer Price Index. Such adjustments shall apply when applicable as an offset to increasing overhead costs attributable to expenses such as but not limited to: payroll taxes, workmen's compensation, unemployment expenses, health benefits, meals/incidentals and lodging, etc. Rate adjustments will be provided with a written notice, and agreed upon by mutual written agreement.*

**5. SIGNATURES**

**Jogan Health, LLC**  
**("Jogan")**

**("Client")**

**Signature:**

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Name:**

**Name:**

\_\_\_\_\_

\_\_\_\_\_

**Please Print**

**Please Print**

**Title:**

**Title:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

## STANDARD TERMS AND CONDITIONS OF SERVICE

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This document describes the standard terms and conditions for the provision of services by Jogan Health, LLC. to its clients. In the event that any of these terms and conditions conflict with other arrangements agreed upon in writing or stated in a Jogan Health, LLC. agreement or rate agreement, such other terms and conditions shall apply. Changes to these standard terms and conditions of service may occur from time to time and will be published at the [www.joganhealth.com](http://www.joganhealth.com) public website.

### DEFINITIONS

- A. THP is a temporary healthcare professional working as an employee of Jogan Health on assignment at Client.
- B. Per Diem THP is any THP not regarded as a Traveler under this agreement.
- C. Traveler is any THP provided by Jogan Health for whom a Confirmation of terms of an assignment of not less than 4 weeks in duration has been made by Client.
- D. Confirmation is the Client's written acceptance of a particular Traveler to fill a specific Client need.

**The Responsibilities of Jogan Health, LLC:** It is Jogan Health, LLC's responsibility to:

1. Provide services in conformance with all Joint Commission standards applicable to Health Care Staffing Services.
2. Provide service coordinator staff on a 24 hour per day, 365 day per year basis to receive and process service requests and changes.
3. Match client service requests with Temporary Healthcare Personnel (THPs) who are properly screened and qualified in accordance with our standard hiring practices.
4. Provide clients, upon request, with documentation of the skills and qualifications of assigned personnel, either via e-mail or facsimile.
5. Instruct all THPs to always carry on their person an original license, evidence of current CPR and any applicable specialty certifications, for immediate client inspection.
6. Assume sole responsibility as the employer of record for the payment of wages to THPs and for the withholding of applicable federal, state and local income taxes, the making of required Social Security tax contributions, and the meeting of all other statutory employer responsibilities (including, but not limited to, unemployment and worker's compensation insurance, payroll excise taxes, etc.).
7. Comply with federal, state and local labor and employment laws applicable to Assigned Employees, including the Immigration Reform and Control Act of 1986; the Internal Revenue Code ("Code"); the Employee Retirement Income Security Act ("ERISA"); the Health Insurance Portability and Accountability Act ("HIPAA"); the Family Medical Leave Act; Title VII of the Civil Rights Act of 1964; the Americans with Disabilities Act; the Fair Labor Standards Act; the Consolidated Omnibus Budget Reconciliation Act ("COBRA"); the Uniformed Services Employment and Reemployment Rights Act of 1994; as set forth in subparagraph h. below, the Patient Protection and Affordable Care Act (ACA); and the Occupational Safety and Health Act of 1970.
8. Comply with all provisions of the ACA applicable to Assigned Employees, including the employer shared responsibility provisions relating to the offer of "minimum essential coverage" to "full-time" employees (as those terms are defined in Code §4980H and related regulations) and the applicable employer information reporting provisions under Code §6055 and §6056 and related regulations.
9. Maintain a system documenting, tracking, and reporting unexpected incidents, including errors, unanticipated deaths and other events, injuries, and safety hazards relating to the care and services provided. (It is the Clients' responsibility to promptly notify Jogan Health within 24 hours of when an incident occurs. Upon notification, Jogan Health will then implement incident tracking/resolution processes and communicate with the client as needed.) The client may be required to provide written documentation to Jogan Health to facilitate the investigation and potential corrective actions of incidents. Depending on the severity of the incident; Jogan Health will also have our Risk Oversight Committee review and make recommendations.
10. Maintain general liability insurance and professional liability insurance with limits equal to or greater than \$1,000,000 per occurrence and \$3,000,000 aggregate. Maintain workers compensation in the amounts mandated by law in the state or states in which services are being performed. Jogan Health will provide certificates of insurance on request.
11. May use subcontractors in the usual course of providing staffing services.
12. Not discriminate in employment with respect to race, religion, sex, creed, disability or national origin in compliance with all applicable laws including Title VII of the Civil Rights Acts of 1964, or any of its amendments, and the Americans with Disabilities Act.
13. Comply with Section 1861(v) of the Social Security Act, and, therefore, for a period of four years, make available upon written request such books, documents and records as are necessary to certify the nature and extent of the cost of providing services.

## STANDARD TERMS AND CONDITIONS OF SERVICE

### The Roles/Responsibilities of Client:

1. Make final determination of the suitability of THP documented competencies and experience as presented by Jogan Health, LLC. for the designated assignment.
2. Provide orientation which, at minimum, includes the review of policies and procedures regarding medication administration, documentation procedures, patient rights, Infection Prevention, and Fire and Safety, OSHA and EMR/Charting (if applicable).
3. Manage Jogan Health, LLC's THPs consistent with their own policies and procedures and address any incident consistent with those policies and procedures. Promptly notify (within 24 hours) Jogan Health, LLC. by written documentation of any unexpected incidents, errors and sentinel events that involve THPs and of any occupational safety hazards or events that involve THPs.
4. Recognize Jogan Health, LLC's policy regarding the floating of staff whereby THPs are instructed not to accept a floating assignment if they do not have the skills required to perform a competent level of care.
5. Assist Jogan Health, LLC. with the periodic evaluation (no less than annually) of THP job performance. Travelers will be evaluated after each assignment.
6. If applicable, when advanced practice services are requested (NPs and/or PAs), it is the responsibility of the CLIENT to have an executed copy of the Collaborative Agreement between the advanced practice personnel and the collaborating physician.
7. Promptly notify (within 24 hours) Jogan Health, LLC. by written documentation of any unsatisfactory job performance or action taken to terminate the services of a THP due to incompetence, negligence, or misconduct. In such event the client shall only be obligated to compensate Jogan Health, LLC. for actual time worked by the THP.
8. If unable to resolve a problem or complaint at the branch or department level, please refer to our Client Grievance Policy located on our website at [www.joganhealth.com](http://www.joganhealth.com) for instructions on how to submit a grievance to Jogan Health or to report concerns to The Joint Commission. Client may submit a grievance in writing to the corporate office by mail or by email to [dan.dietrich@joganhealth.com](mailto:dan.dietrich@joganhealth.com) or by calling our corporate office Human Resources/Quality Assurance Director at 303-374-4988.
9. Provide at least two hours' notice of any cancellation of assignment or accept responsibility for payment of two hours of service at the applicable rate for Per Diem shifts. Travelers should not be cancelled unless rescheduled within the same week. Minimum billing once THP has started to work a four (4) hour or greater assignment is 4 hours.
10. Timely and accurately approve THP's time via Jogan Health's Timecard Mobile App. THP will provide the shift information via mobile phone to the Client and Client will review, approve and sign on the THP's mobile phone. Once a THP's timecard has been approved it will be submitted to Jogan Health electronically and an email confirmation will be sent to the Supervisor if they choose to receive one. Weekly invoices will include a copy of the Supervisor's signature along with the approval details for each shift. A copy of our Timecard Mobile App Instructions can be found on our website at [www.joganhealth.com](http://www.joganhealth.com) for Client's convenience and reference. If the Client requires the THP to provide additional information such as nursing notes, narratives, etc., the Client approval acknowledges the receipt of such additional information.
11. Remit payment for services directly to Jogan Health, LLC. upon receipt of invoice, **no later than 7 days**. In the event the client questions any amounts invoiced, an explanation of any items in question must be received by Jogan Health, LLC's Accounts Receivable department within 5 days. This notification must be made by one of the following means:

By email to:

[ap@joganhealth.com](mailto:ap@joganhealth.com)

By U.S. mail to:

Jogan Health, LLC  
Attn.: Accounts Receivable  
84 Inverness Circle East  
Englewood, CO 80112

12. Pay interest equal to the annual maximum allowable by state law, plus cost and disbursements, including reasonable attorney and/or collection fees, incurred in the collection of the client's account in the event client fails to remit payment within 7 days from the invoice date.
13. To help offset the additional administrative and compliance costs attributable to the Affordable Care Act, an ACA surcharge will be applied at a minimal cost of \$0.35 per hour for the total hours billed on each invoice as a separate line item for the services we provide to your facility. This minimal cost is to cover the expenses of compliance and avoid any concerns by our clients that they may be liable under co-employment laws. We are committed to being fully compliant with ACA to give our clients peace of mind. We feel the surcharge will make for ease of implementation with the least amount of complication. Our goal is that the surcharge will have minimal impact on your facility.

## STANDARD TERMS AND CONDITIONS OF SERVICE

### The Roles/Responsibilities of Client Cont'd:

14. **Flipping.** During the term of this Agreement, if, and to the extent that, any THP whose profile is submitted by Jogan Health to Client and is working at Client's facility for Jogan Health, Client agrees that it will not, and will cause its affiliates not to, interfere with the business of Jogan Health by inducing that candidate to become employed by any other party at Client's facility (e.g. no "flipping").
15. Client will not hire a per diem or travel THP from Jogan Health 12 months from their last worked shift at the Client facility. If the 12- month period is not honored, Jogan Health will invoice for a conversion fee based on the Temp-to-Perm conversion fee schedule.

**These terms shall apply unless this right is specifically protected in accordance with state and/or local law.** (In accordance with the MN Statute 144A.72 Jogan Health will not, in any MN contract, with any MN employee or MN health care facility, require the payment of liquidated damages, employment fees, or other compensation should the employee be hired as a permanent employee of a health care facility. *The following Direct Hire/Temp to Perm terms will apply for all allied personnel and/or personnel not providing "direct patient care"; excluding clinical RNs, LPNs, and CNAs in the State of Minnesota*)

### The Following Policy and Fee Schedule Shall Apply to Direct Hire Placements:

The direct hire fee shall be equal to the following percent of the candidate's first year's annualized salary for any candidate presented to Client by Jogan Health who accepts a position with any clinic, group, healthcare facility or organization owned, operated, or affiliated with Client whether or not in Client's actual local community. Salary amount will be listed on the employment letter for the candidate. In the event Jogan Health submits a candidate that has been in Client's database, but has not been contacted by Client within 45 days, the candidate is considered eligible to be presented through Jogan Health.

Position Level	Job Specification	Direct Hire Fees
Staff Position	Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant, Case Manager, Charge RN, Health Informatics	18%
Mid-Level	Nurse Practitioner, Physician Assistant, Department Manager/Director	20%
Executive Level	Director of Nursing, VP Operations and C-Level Healthcare Personnel	25%
Physicians		\$20,000

**A. Client agrees to make payment to Jogan Health in the following manner:**

- i. Client will be invoiced upon confirmation of placement for each candidate.
- ii. Full payment of the direct hire fee will be due to Jogan upon receipt of the invoice date.

**B. Direct Hire Guarantee:**

The Direct Hire Guarantee will apply if payment is received within ten (10) days of the date on the invoice. In the unlikely event that the client is unsatisfied with a candidate provided by Jogan Health prior to completion of ninety (90) days of the start date the client may choose to end the candidate's employment. Jogan Health will work with Client to replace the candidate, or Client will be issued a credit on a replacement as follows:

0 – 30 days	75% credit
31 – 60 days	50% credit
61 – 90 days	25% credit

- i. No replacement will be offered in the event of layoff, a substantial change in the original job description, or elimination of the position.
- ii. Credits may be used immediately or within twelve (12) months beginning at the termination date. A credit may be used for the original candidate search; any deviation from this will need to be approved in advance by Jogan Health.
- iii. Client will not directly hire a candidate from Jogan Health or another staffing agency for 12 months from when Jogan Health initially presented the candidate for hire. If the 12-month period is not honored, the full Direct Hire Fee's associated above shall apply.
- iv. If applicable, and if/when advanced practice services are requested (NPs and/or PAs), it is the responsibility of the CLIENT to have an executed copy of the Collaborative Agreement between the advanced practice personnel and the collaborating physician.

**C. Temp-to-Perm Option:**

A Temp-to-Perm position will include a temporary hourly bill rate and a reduced permanent placement (conversion) fee upon the successful completion of the temporary portion of the assignment based on the fee schedule as shown below. Full payment of the placement fee and invoices for services prior to conversion are due within 30 days of the Temporary Healthcare Professional's start date as an 'employee' of the client. These terms shall apply unless this right is specifically protected in accordance with state and/or local law.

Hours Worked at Facility Through Jogan		Permanent Placement Fee:
0-249	=	100% of Direct Hire Fee
250-579	=	75% of Direct Hire Fee
580-1079	=	50% of Direct Hire Fee
1080+	=	25% of Direct Hire Fee



**Joint Commission**

The Joint Commission standards under which Jogan Health is certified relate to quality and safety of care issues as impacted by Jogan Health's temporary healthcare professionals. Anyone believing that he or she has pertinent and valid concerns about such matters should report these to the management of Jogan Health either at the branch office or the corporate office (please see our web site at [www.joganhealth.com](http://www.joganhealth.com) for contact information). If the concerns cannot be resolved through Jogan Health, the individual is encouraged to contact The Joint Commission.

Phone: 800-994-6610  
E-Mail: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)  
Fax: 630-792-5636

Mail: Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Online: [www.jointcommission.org](http://www.jointcommission.org)

**CURRENT SURGE MARKET RATES**

Position Title	Position Hourly Rate	Minimum Hours
CNA	\$57.00 Per Hour	37.5
RN	\$97.00 Per Hour	37.5

**1. THE FOLLOWING DOCUMENTATION WAS COLLECTED AND RETAINED IN THE PERSONNEL FILE FOR ALL PERSONNEL:**

- A. Pre-Employment Screening: All applicants are subjected to a 10-panel drug screen and otherwise tested in accordance with applicable regulatory requirements (within 6 Weeks or by client). Verification of COVID Vaccination Status is completed prior to deployment.
- B. Criminal Background Investigation: Employees are checked in a manner compliant with the requirements of Client and always in accordance with government regulations.
- C. Work History: Documentation of work history associated with profession/class or as required by client. (Accepted if it is
- D. License Verification: Primary Sour
- E. documented on the application) A. ce On-Line Verification of the employee's license/certification verified with the state, unless the state does not offer verification.
- B. Certifications: C.P.R. card and/or other certifications (ACLS, PALS, etc.) as required by policy and client requirements.



# McCurley Integrity Subaru

Name: MMORROW CO HEALTH DISTRICT HOSPIATAL Address: 564 E Pioneer Dr Heppner, OR 97836

Phone: (541) 561-8369

Email: DANS@MOCOHD.ORG

Sales Manager:

Sales Person: Rafael Torres

DMS Number:



## Used 2019 Subaru Forester

Stock: SEY220321

VIN: JF2SKACC6KH544961

Odometer: 37869

Color: Crystal Black Silica / gray

Engine:

Transmission: Lineartronic CVT

MPG: 26 city / 33 hwy

## Finance

Term	60 mo.
Interest rate	5.49% APR

Cash Down	\$ 0.00	\$ 540.04
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*O.A.C.*

\* Monthly payments are an estimate and may vary among lending institutions. Sales tax may vary per state. The final terms of your loan may differ depending on the actual terms of the financial institution's acceptance and maybe negotiable \*\*The Documentary Fee is a negotiable fee. The above offer is contingent due to ever changing manufacture incentives, limited time offers from lending institutions and factors and/or condition's beyond our control. All vehicle inventory will remain for sale until this agreement is accepted and signed. Non-acceptance of the offer today to purchase or lease constitutes rejection of said offer.

## FINANCE DETAILS

Retail Price	\$ 29,008.00
Discount	(\$ 1,218.00)
<b>NET SELLING PRICE</b>	<b>\$ 27,790.00</b>
License Fee Autoplex	\$ 275.00
Documentation Service Fee	\$ 150.00
<b>TOTAL FEES</b>	<b>\$ 425.00</b>
<b>SALES SUB TOTAL</b>	<b>\$ 28,215.00</b>
<b>TOTAL AMOUNT DUE</b>	<b>\$ 28,215.00</b>

X

Customer Signature

X

Sales Signature



### Harley Swain Subaru

1915 N 1st Street  
Hermiston, OR 97838

Time, Trust, and Tra Select Language ▼

Sales 888-473-0523  
Service 888-702-6101  
Parts 888-840-5750

\$29,500



Certified Pre-Owned 2018 Subaru

## Forester 2.5i Premium

near Umatilla OR

7 views in the past 7 days

VIN: JF2SJAGC9JH486890 Stock: 7381

### Detailed Pricing

Price

Please Call

We're here to help

888-473-0523

Exterior Color

Dark Gray

Interior Color

Other

Odometer

54,107 miles

Fuel Economy

26/32 MPG City/Hwy

[Details](#)

Body/Seating

SUV/5 seats

Transmission

continuously variable automatic

Drivetrain

All-wheel Drive

Engine

2.5L H-4 cyl



[Message Us](#)

## Highlighted Features

- Automatic temperature control
- Emergency communication system
- Power moonroof
- Wireless phone connectivity
- Exterior parking camera rear
- Split folding rear seat
- Remote keyless entry
- Steering wheel mounted audio controls


[Text Us](#)

## ailed Specifications

### Convenience Features



**Harley Swain Subaru**

**Sales 888-473-0523** 

asking 36,500

\$35,200



**Certified Pre-Owned 2020 Subaru**

## **Forester Premium**

for Sale near Umatilla OR

VIN: JF2SKAGC9LH495797 Stock: 14975A

### **Detailed Pricing**

Price

**Please**

**Call**

We're here to help

**888-473-0523**



Exterior Color

Black

Interior Color

Other

Odometer

32,915 miles

Fuel Economy

26/33 MPG City/Hwy

[Details](#)

Body/Seating

SUV/5 seats

Transmission

continuously variable automatic

Drivetrain

All-wheel Drive

Engine

2.5L H-4 cyl



[Message Us](#)

## Highlighted Features

- Lane departure
- Automatic temperature control
- Emergency communication system
- Power moonroof
- Wireless phone connectivity
- Exterior parking camera rear
- Split folding rear seat
- Heated front seats

[Text Us](#)

## Detailed Specifications

### Convenience Features

1-touch down

1-touch up



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

**NURSE PRACTITIONER  
COMPENSATION SCALE**

<b>Years in Practice</b>	<b>Annual Rate for 2022</b>
0 - 2	\$120,000.00
2 - 5	\$130,000.00
5 - 10	\$140,000.00
10+	\$150,000.00