



**Board Meeting Agenda**  
**August 29, 2022 at 6:30 p.m.**

<b>In Person</b>	Ione Community Church 395 East Main Street, Ione, OR 97843
<b>Zoom</b>	<a href="https://us06web.zoom.us/j/81120798539?pwd=cTVRdzRPZEtLakwvYmhEZWtWajZqQT09">https://us06web.zoom.us/j/81120798539?pwd=cTVRdzRPZEtLakwvYmhEZWtWajZqQT09</a> Meeting ID: 811 2079 8539 Passcode: 351884

**1. Call to Order**

**2. Public Comments**

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

**3. Approval of Meeting Minutes**

A. July 25, 2022

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

**5. Financial Report – Michael Lieuallen**

**6. Consent Agenda**

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

**7. New Business**

- A. Promise of Excellence
- B. Central Oregon Radiology Associates Agreement
- C. LCSW Contracts

**8. Old Business**

**9. Executive Session**

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

**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>	July 25 <sup>th</sup> , 2022 @ 6:30 p.m.	<b>Board Members:</b>	<b>Present:</b> John Murray, Carri Grieb, Aaron Palmquist, Diane Kilkenny, Marie Shimer	
<b>Location</b>	Irrigon City Hall 500 NE Main Ave Irrigon, OR 97844	<b>Guests:</b>	<b>Staff Members:</b> Emily Roberts, Nicole Mahoney, Jamie Houck, Sam Van Laer, Richard Hernandez, Donna Sherman, J.R. Lieuallen <b>Guests:</b> Ken Grieb, Paul Keefer, Rick Stokoe (Zoom), Shari Stokoe (Zoom), Lisa Pratt (Zoom) <b>Press:</b> David Sykes	
<b>Video Dial In:</b>	Zoom	<b>Leader:</b>	Marie Shimer, Board Chair	<b>Recorder:</b> Jodi Ferguson

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

**Mission:**  
Working together to provide excellence in healthcare

**Values:**  
Integrity, Compassion, Quality, Respect, Teamwork, Financial Responsibility

Agenda Item	Notes/Minutes
<b>1. Call to Order</b>	<ul style="list-style-type: none"> <li>Chair Marie Shimer called the meeting to order at 6:30 p.m.</li> </ul>
<b>2. Public Comments</b>	<ul style="list-style-type: none"> <li>Boardman Mayor Paul Keefer made public comment in disagreement with the letter that he received from MCHD concerning emergency services in Morrow County.</li> </ul>
<b>3. Approval of Minutes</b>	<p><b>MOTION: John Murray moved to approve the minutes for the July 8, 2022 special session and the June 27, 2022 regular session as presented. Aaron Palmquist seconded the motion. The motion passed unanimously by all board members present.</b></p>
<b>4. CEO Report &amp; Executive Team Dashboard</b>	<ul style="list-style-type: none"> <li>The executive team dashboard was presented by Emily Roberts (see board packet).</li> <li>Marie Shimer noted the great response times from Boardman EMS and thanked EMS Lead Richard Hernandez and all Boardman EMS personnel for their work to improve response times.</li> </ul>
<b>5. New Business</b>	
A. Promise of Excellence Updates	<ul style="list-style-type: none"> <li>In 2022, as part of the District's Service Excellence Initiative, the Promise of Excellence was updated and clarified to better reflect efforts Districtwide to welcome patients and provide exceptional care.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the updated Promise of Excellence as presented. Diane Kilkenny seconded the motion. The motion passed unanimously by all board members present.</b></p>

B. AFSCME Union Agreement	<ul style="list-style-type: none"> <li>AFSCME Union Agreement for July 1, 2022 – July 30, 2024 was presented.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the AFSCME Union Agreement as presented. John Murray seconded the motion. The motion passed unanimously by all board members present.</b></p>
C. Community Benefit Request	<ul style="list-style-type: none"> <li>Emily presented a community benefit request for \$5000 to help fund the Morrow County Broadband Action Team.</li> </ul> <p><b>MOTION: Carrie Grieb moved to approve the \$5000 community benefit request for Morrow County Broadband Action Team as presented. Aaron Palmquist seconded the motion. The motion passed unanimously by all board members present.</b></p>
D. Skyline Medical Staff Contract	<ul style="list-style-type: none"> <li>Emily presented a contract with Skyline Medical Staff to provide Home Health and Hospice Nurse staffing.</li> </ul>
E. Jogan Health Contract	<ul style="list-style-type: none"> <li>Emily presented a contract with Jogan Health Contract to provide Home Health and Hospice Nurse staffing.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the contracts with Skyline Medical Staff and Jogan Health for Home Health Hospice nurse staffing as presented. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p>
F. Medical Staff Appointments	<ul style="list-style-type: none"> <li>Emily presented the medical staff appointments and privileges that were approved by the medical staff committee on 7/20/2022.</li> </ul> <p><b>MOTION: Carri Grieb moved to approve 3 appointments and 1 request for privileges approved by the medical staff committee on 07/20/2022 as presented. Aaron Palmquist seconded. The motion passed unanimously by all board members present.</b></p>
G. Surplus Items	<ul style="list-style-type: none"> <li>Emily presented a list of surplus items.</li> </ul> <p><b>MOTION: John Murray moved to approve the list of surplus items as presented. Diane Kilkenny seconded. The motion passed unanimously by all board members present.</b></p>
H. Ventilator Purchase	<ul style="list-style-type: none"> <li>Emily presented an estimate for a ventilator purchase to replace equipment that is no longer in working order. The District is working on obtaining an updated quote.</li> </ul> <p><b>MOTION: Aaron Palmquist moved to approve the purchase of a ventilator not to exceed \$22,000. John Murray seconded. The motion passed unanimously by all board members present.</b></p>
<b>6. Old Business</b>	<ul style="list-style-type: none"> <li>None.</li> </ul>
<b>7. Executive Session</b>	<ul style="list-style-type: none"> <li>Marie Shimer announced Executive Sessions under: <ul style="list-style-type: none"> <li>ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1); and</li> <li>ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to trade secrets exempt from disclosure under ORS 192.345(2)</li> </ul> </li> <li>With no further business to come before the board, the regular session adjourned at 6:55 p.m. Executive session was called to order at 7:00 p.m. and adjourned at 7:39 p.m.</li> </ul>
<b>8. Adjourn</b>	<p>With no further business to come before the board, regular session adjourned at 6:55 p.m.</p> <p>Minutes taken and submitted by Jodi Ferguson. Approved _____.</p>

## August 2022



# MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

FINANCIAL	
Days Cash on Hand	47
Days in AR	50

Goal ≥ 90

Goal ≤ 60

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months - May to July 2022)	8.4%
Vacancy Rate	10.0%
Number of Open Positions	13

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).

\*Turnover rate includes six temporary positions, which ended as planned.

RURAL HEALTH CLINICS			
MEASURE	PMC	IMC	ICC
Third Next Available (Current Month)	7	23	4
Total Visits (Previous Month)	167	223	63

"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 2 2022	Qtr 1 2022	Qtr 4 2021
Pioneer Memorial Clinic	73% N = 15	65% N = 23	80% N = 25
Irrigon Medical Clinic	73% N = 15	67% N = 18	73% N = 15
Ione Community Clinic	87% N = 15	100% N = 5	100% N = 12
NRC Average	83%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
Pioneer Memorial Clinic	93% N = 15	91% N = 23	88% N = 24
Irrigon Medical Clinic	93% N = 14	83% N = 18	87% N = 15
Ione Community Clinic	93% N = 15	100% N = 6	100% N = 13
NRC Average	90%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>ER Adult</b>	<b>77%</b>	<b>88%</b>	<b>81%</b>
	N = 22	N = 16	N = 37
<b>NRC Average</b>	64%		
<b>Bed Size 6 - 24 Average</b>	77%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>ER Adult</b>	<b>82%</b>	<b>80%</b>	<b>78%</b>
	N = 22	N = 15	N = 37
<b>NRC Average</b>	66%		
<b>Bed Size 6 - 24 Average</b>	78%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>ER Pediatric</b>	<b>33%</b>	<b>50%</b>	<b>No Data</b>
	N = 3	N = 2	N = 0
<b>NRC Average</b>	65%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>ER Pediatric</b>	<b>0%</b>	<b>50%</b>	<b>No Data</b>
	N = 3	N = 2	N = 0
<b>NRC Average</b>	69%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>Inpatient</b>	<b>60%</b>	<b>100%</b>	<b>40%</b>
	N = 5	N = 3	N = 5
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	81%		

Would you recommend this hospital to your friends and family?

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>Inpatient</b>	<b>60%</b>	<b>75%</b>	<b>60%</b>
	N = 5	N = 4	N = 5
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	80%		

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

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>Hospital</b>	<b>100%</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	71%		
<b>Bed Size 6 - 24 Average</b>	81%		

Would you recommend this hospital to your friends and family?

	Qtr 2 2022	Qtr 1 2022	Qtr 4 2021
<b>Hospital</b>	<b>100%</b>	<b>No Data</b>	<b>No Data</b>
	N = 1	N = 0	N = 0
<b>NRC Average</b>	72%		
<b>Bed Size 6 - 24 Average</b>	80%		

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

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

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

15:57

## Profit &amp; Loss Statement

Application Code : GL

User Login Name:lieuallenmj

## Budget to Actual Comparison

Through July 2022

Current Month	Current Budget	Dollar Variance		Actual Year to Date	Budget Year to Date	Dollar Variance
PATIENT SERVICES REVENUE						
76,984	102,014	-25,030	Hospital Inpatient Revenue	76,984	102,014	-25,030
87,282	58,439	28,843	Inpatient Ancillary Revenue	87,282	58,439	28,843
745,781	904,601	-158,820	Outpatient Revenue	745,781	904,601	-158,820
159,694	339,456	-179,762	Clinic Revenue	159,694	339,456	-179,762
114,866	101,439	13,428	Home Health/Hospice Revenue	114,866	101,439	13,428
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1,184,607	1,505,949	-321,342	Gross Patient Revenue	1,184,607	1,505,949	-321,342
LESS DEDUCTIONS FROM REVENUE						
28,110	0	28,110	Provision for Bad Debts	28,110	0	28,110
-418,840	106,242	-525,083	Contractual & Other Adjustment	-418,840	106,242	-525,083
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-390,731	106,242	-496,973	Total Revenue Deductions	-390,731	106,242	-496,973
1,575,338	1,399,706	175,631	NET PATIENT REVENUE	1,575,338	1,399,706	175,631
256,557	256,557	0	Tax Revenue	256,557	256,557	0
17,748	97,617	-79,869	Other Operating Revenue	17,748	97,617	-79,869
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1,849,642	1,753,880	95,762	TOTAL OPERATING REVENUE	1,849,642	1,753,880	95,762
OPERATING EXPENSES						
1,093,361	924,949	168,412	Salaries & Wages	1,093,361	924,949	168,412
290,928	371,851	-80,923	Employee Benefits & Taxes	290,928	371,851	-80,923
61,262	64,438	-3,176	Professional Fees	61,262	64,438	-3,176
129,744	123,763	5,981	Supplies & Minor Equipment	129,744	123,763	5,981
3,078	14,686	-11,608	Education	3,078	14,686	-11,608
12,808	18,150	-5,342	Repairs & Maintenance	12,808	18,150	-5,342
7,632	13,546	-5,914	Recruitment & Advertising	7,632	13,546	-5,914
84,622	92,382	-7,761	Purchased Services	84,622	92,382	-7,761
56,798	61,407	-4,609	Depreciation	56,798	61,407	-4,609
17,296	18,573	-1,278	Utilities, Phone & Propane	17,296	18,573	-1,278
11,842	11,789	53	Insurance	11,842	11,789	53
0	1,835	-1,835	Taxes & Licenses	0	1,835	-1,835
5,775	5,343	432	Interest	5,775	5,343	432
2,939	3,198	-259	Dues & Subscriptions	2,939	3,198	-259
12,125	17,336	-5,211	Travel	12,125	17,336	-5,211
22,589	16,318	6,271	Other Expenses	22,589	16,318	6,271
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1,812,800	1,759,563	53,237	Total Operating Expenses	1,812,800	1,759,563	53,237
36,842	-5,683	42,525	GAIN/LOSS FROM OPERATIONS	36,842	-5,683	42,525
24,898	76,116	-51,218	NON-OPERATING NET GAIN/LOSS	24,898	76,116	-51,218
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61,740	70,433	-8,693	GAIN/LOSS	61,740	70,433	-8,693

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## Balance Sheet

Application Code : GL

User Login Name:lieuallenmj

July 2022

Description	Current Year
<b>Assets</b>	
<b>Current Assets</b>	
Cash & Investments	7,559,316
A/R Hospital, Swing, Clinic	1,632,643
A/R Home Health & Hospice	229,498
Gross Patient Receivables	1,862,142
Less: Clearing Accounts	-50
Less: Allow for Contractual	124,053
Less: Allow for Uncollectible	270,503
	-----
Net Patient Accounts Receivabl	1,467,636
Employee Advances	25,527
Employee Purchases Receivable	0
Receivable 340B SunRx	36,364
Taxes Receivable - Prior Year	63,728
Taxes Receivable - Current Yr	255,028
Other Receivable	65,408
Grants Receivable	0
MC/MD Receivable	28,214
Assisted Living Receivable	4,370
	-----
Other Receivable Total	0
Inventory and Prepaid	501,318
	-----
Total Current Assets	10,006,908
<b>Long Term Assets</b>	
Land	135,701
Land Improvements	301,596
Building & Improvements	5,869,836
Equipment	7,884,776
Amortizable Loan Costs	0
Construction in Progress	576,726
Less: Accum Depreciation	9,820,097
	-----
Total Long Term Assets	4,948,538
	-----
Total Assets	14,955,446
	=====

UNAUDITED - SUBJECT TO CHANGE



15:57

## Balance Sheet

Application Code : GL

User Login Name:lieuallenmj

July 2022

Description	Current Year
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	309,421
Refunds Payable-Hospital	0
Refunds Payable-Clinic	0
Misc Payable	0
Short Term Notes Payable	0
	-----
Accounts Payable Total	309,421
Accrued Wages & Liabilities	945,202
Accrued Interest	3,052
Suspense Account	-50
TCAA Suspense	1,710
Deferred Income	1,506
Unearned Revenue for COVID 19	1,586,680
MC/MD Settlement Payable	344,276
Contingency Settlement Payable	200,000
	-----
Other Liabilities	2,137,174
	-----
Total Current Liabilities	3,391,798
	=====
<b>Longterm Liabilities</b>	
STRYKER CAPITAL LEASE	0
BEO 2019 BOILERS LOAN	68,740
BEO 2018 BOARDMAN BLDG LOAN	104,598
BEO 2018 OMNICELL/US LOAN	78,620
BEO 2020 AMBULANCE LOAN	82,573
Morrow Co 2016 Annex Loan	0
BEO Loan AMB/LAB 2016	0
MORROW CO 2018 BOARDMAN BLDG	57,675
BEO ENDO RM/MISC LOAN 2017	6,531
Morrow Co 2013 IMC Loan	8,633
BEO IMC EXPANSION 2018	328,822
GEODC 2021 HOUSE LOAN	81,642
MORROW CO 2021 CHURCH LOAN	61,143
BEO 2008 Hosp Remodel Loan	45,545
BEO REFINANCE LOAN	795,535
USDA Remodel Loan	0
	-----
Total Long Term Liabilities	1,720,059
<b>Equity/Fund Balance</b>	
General Fund Unrestricted Bal	9,781,849
Equity/Fund Bal Period End	61,740
	-----
Total Liab+Equity/Fund Bal	14,955,446
	=====

UNAUDITED - SUBJECT TO CHANGE

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>ACUTE (INPATIENT)</b>													
ADMISSIONS	4												4
DISCHARGES	5												5
Admits- MEDICARE	3												3
MEDICAID	1												1
OTHER	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Dschgs -MEDICARE	4												4
MEDICAID	1												1
OTHER	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	12												12
MEDICARE ADVANTAGE	0												0
MEDICAID	0												0
MEDICAID MANAGED CARE	0												0
OTHER	2												2
SELF PAY	0												0
<b>TOTAL</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
<b>PATIENT ADMISSION DAYS</b>													
Adults	12												12
Pediatric	0												0
<b>TOTAL</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
AVG LENGTH OF STAY	2.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.4
AVG DAILY CENSUS	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
DEATHS													0
<b>SWING BED (Skilled)</b>													
ADMISSIONS	4												4
DISCHARGES	4												4
Dschgs -MEDICARE	3												3
MEDICAID	1												1
OTHER	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICARE	35												35
MEDICARE ADVANTAGE	26												26
MEDICAID	0												0
MEDICAID MANAGED CARE	0												0
OTHER	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICARE	53												53
MEDICAID	0												0
OTHER	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>
AVG DAILY CENSUS	1.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.15
SWING BED REVENUE	\$ 21,592												\$21,592
SWING \$ DAYS	53												53
DEATHS	0												0

UNAUDITED - SUBJECT TO CHANGE

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>OBSERVATION</b>													
ADMISSIONS	6												6
DISCHARGES	6												6
HOURS	158												158
REVENUE	\$ 21,495												\$ 21,495
AVG LENGTH OF STAY (hours)	26.3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	26.3
DEATHS	0												0
<b>HOSPITAL RESPITE</b>													
ADMISSIONS	2												2
DISCHARGES	2												2
PATIENT ADMISSION DAYS	8												8
DEATHS	1												1
<b>SWING (Non-Skilled)</b>													
ADMISSIONS	0												0
DISCHARGES	0												0
Dschgs -MEDICAID	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PATIENT DISCHARGE DAYS</b>													
MEDICAID	0												0
SELF PAY	0												0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PATIENT ADMISSION DAYS</b>													
MEDICAID	62												62
SELF PAY	31												31
<b>TOTAL</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93</b>
AVG DAILY CENSUS	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
SWING BED REVENUE	\$ 35,083												\$ 35,083
SWING \$ DAYS	93	0	0	0	0	0	0	0	0	0	0	0	93
DEATHS	0	0	1	1	0	0	1	0	0	0	0	0	3
<b>SUMMARY STATS</b>													
TOTAL/AVERAGE % OCCUPANCY	25.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%
<b>TOTAL OUTPATIENTS (Admits) w/ ER</b>	<b>558</b>												<b>558</b>
<b>TOTAL ER (Encounters)</b>	<b>108</b>												<b>108</b>
<b>LAB TESTS</b>													
INPATIENT	121												121
OUTPATIENT	1172												1172
<b>TOTAL</b>	<b>1293</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1293</b>
<b>XRAY/ULTRASOUND TESTS</b>													
INPATIENT	12												12
OUTPATIENT	84												84
<b>TOTAL</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>
<b>CT SCANS</b>													
	37												37
<b>MRI SCANS</b>													
	1												1
<b>EKG TESTS</b>													
	26												26
<b>TREADMILL PROCEDURES</b>													
	0												0
<b>RESPIRATORY THERAPY</b>													
INPATIENT	4												4
OUTPATIENT	39												39
<b>TOTAL</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43</b>

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

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
<b>PROVIDER VISITS</b>													
HEPPNER CLINIC	167												167
IRRIGON CLINIC	223												223
IONE CLINIC	63												63
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	157												157
<b>TOTAL</b>	<b>610</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>610</b>
REVENUE OF HOSPITAL ENCOUNTERS	\$ 80,158												\$80,158
<b>AMBULANCE</b>													
HEPPNER AMBULANCE TRANSPORTS	26												26
BOARDMAN AMBULANCE TRANSPORTS	27												27
IRRIGON AMBULANCE TRANSPORTS	22												22
IONE AMBULANCE TRANSPORTS	0												0
<b>TOTAL</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>
HEPPNER AMB REVENUE	\$ 46,160												\$46,160
BOARDMAN AMB REVENUE	\$ 62,644												\$62,644
IRRIGON AMB REVENUE	\$ 39,811												\$39,811
IONE AMB REVENUE	\$ -												\$0
<b>TOTAL</b>	<b>\$ 148,615</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$148,615</b>
<b>HOME HEALTH VISITS</b>													
SKILLED NURSING VISITS	55												55
AIDE VISITS	15												15
MSW VISITS	0												0
OCCUPATIONAL THERAPY	11												11
PHYSICAL THERAPY	26												26
SPEECH THERAPY	0												0
IN HOME CARE VISITS-PRIVATE PAY	36												36
<b>TOTAL</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>143</b>
<b>HOSPICE</b>													
ADMITS	4												4
DISCHARGE	0												0
DEATHS	6												6
<b>TOTAL DAYS</b>	<b>182</b>												<b>182</b>
<b>PHARMACY</b>													
DRUG DOSES	3305												3,305
DRUG REVENUE	\$ 145,027												\$145,027

UNAUDITED - SUBJECT TO CHANGE

**PIONEER MEMORIAL CLINIC - JULY 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	31	Total			
Dr. Lion	Patient Hours Available					8	7.5												7.5	8	7.5					7.5	8	8					62			
	Patients Seen					6	13												4	2	9						5	5	7					51		
	No Shows					0	0												2	0	0						0	1	1					4		
	Patient Cancellations					3	0												0	1	0						1	1	0					6		
	Clinic Cancellations					1	0												2	5	1						1	2	0					12		
	Pts. Per Available Hour					0.8	1.7													0.5	0.3	1.2					0.7	0.6	0.9					0.8		
	No Show Rate					0%	0%													25%	0%	0%					0%	11%	13%					5%		
	Patient Cancel Rate					30%	0%													0%	13%	0%					14%	11%	0%					8%		
Clinic Cancel Rate					10%	0%													25%	63%	10%					14%	22%	0%					16%			
Dr. Sirucek	Patient Hours Available	5.5										8	8	8	8	8			8	8	8												75			
	Patients Seen	4										8	8	0	1	9			7	10	8													61		
	No Shows	1										1	0	0	0	0			1	0	1													4		
	Patient Cancellations	1										0	0	0	0	1			3	0	1													7		
	Clinic Cancellations	0										0	1	10	8	0			0	0	0													20		
	Pts. Per Available Hour	0.7										1.1		1.0	1.0	0.0	0.1	1.1		0.9	1.3	1.0												0.8		
	No Show Rate	17%										0%		11%	0%	0%	0%	0%		9%	0%	10%												4%		
	Patient Cancel Rate	17%										13%		0%	0%	0%	0%	10%		27%	0%	10%													8%	
Clinic Cancel Rate	0%										13%		0%	11%	100%	89%	0%		0%	0%	0%													22%		
Dr. Seals	Patient Hours Available																			2														4		
	Patients Seen																			0															0	
	No Shows																			0															0	
	Patient Cancellations																			0															0	
	Clinic Cancellations																			0															0	
	Pts. Per Available Hour																			0.0															0.0	
	No Show Rate																			N/A															#####	
	Patient Cancel Rate																			N/A																#####
Clinic Cancel Rate																			N/A																	#####
Amanda Roy, PA	Patient Hours Available																				7.5	7.5	8											60		
	Patients Seen																				6	7	7												55	
	No Shows																				0	0	1												4	
	Patient Cancellations																				0	0	1												4	
	Clinic Cancellations																				0	0	1												3	
	Pts. Per Available Hour																				0.8	0.9	0.9												0.9	
	No Show Rate																				0%	0%	11%												6%	
	Patient Cancel Rate																				0%	0%	11%													5%
Clinic Cancel Rate																				0%	0%	0%														2%
PMC TOTALS	Patient Hours Available	5.5				8	7.5					8	8	8	14	16			15.5	18	23	7.5	8			7.5	10	15.5	7.5	8			201			
	Patients Seen	4				6	13					8	8	0	8	18			11	12	23	7	7			5	5	13	7	6			167			
	No Shows	1				0	0					1	0	0	0	0			3	0	1	0	1			0	1	1	0	3				12		
	Patient Cancellations	1				3	0					0	0	0	1	1			3	1	1	0	1			1	1	1	0	0				16		
	Clinic Cancellations	0				1	0					0	1	10	8	0			2	5	2	0	0			1	2	0	0	0				33		
	Pts. Per Available Hour	0.7				0.8	1.7					1.0	1.0	0.0	0.6	1.1			0.7	0.7	1.0	0.9	0.9			0.7	0.5	0.8	0.9	0.8				0.8		
	No Show Rate	17%				0%	0%					11%	0%	0%	0%	0%			16%	0%	4%	0%	11%			0%	11%	7%	0%	33%				5%		
	Patient Cancel Rate	17%				30%	0%					0%	0%	0%	6%	5%			16%	6%	4%	0%	11%			14%	11%	7%	0%	0%				7%		
Clinic Cancel Rate	0%				10%	0%					0%	11%	100%	47%	0%			11%	28%	7%	0%	0%			14%	22%	0%	0%	0%				14%			

**IRRIGON MEDICAL CLINIC - JULY 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	31	Total	
Jamie Reed, CSWA	Patient Hours Available					4.5	6	6.5				6.5	6.5		6.5	6.5				6.5	6.5	6.5	6	6.5			4.5	6.5	6.5		6.5		99	
	Patients Seen					1	2	2				0	1		4	1				2	1	1	1	2			1	0	0		1		20	
	No Shows					1	0	1				1	0		0	0				2	0	1	0	0			0	0	0		0		6	
	Patient Cancellations					1	0	0				0	0		0	0				0	0	0	0	1			0	0	0		0		2	
	Clinic Cancellations					0	0	0				0	0		0	0				0	0	0	0	0			0	0	0		0		0	
	Pts. Per Available Hour					0.2	0.3	0.3				0.0	0.2		0.6	0.2				0.3	0.2	0.2	0.2	0.3			0.2	0.0	0.0		0.2		0.2	
	No Show Rate					33%	0%	33%				100%	0%		0%	0%				50%	0%	50%	0%	0%			0%	N/A	N/A		0%		21%	
	Patient Cancel Rate					33%	0%	0%				0%	0%		0%	0%				0%	0%	0%	0%	33%			0%	N/A	N/A		0%		7%	
Clinic Cancel Rate					0%	0%	0%				0%	0%		0%	0%				0%	0%	0%	0%	0%			0%	N/A	N/A		0%		0%		
Jon Watson, PA	Patient Hours Available					8.5	8	8.5				8.5	8.5	8.5	8.5				8.5	8.5	8.5	7.5											92	
	Patients Seen					13	12	13				14	14	12	13				13	14	11	11												140
	No Shows					3	3	0				3	2	2	3				3	1	4	1												25
	Patient Cancellations					1	0	0				0	1	1	0				1	1	0	3												8
	Clinic Cancellations					0	0	0				0	0	0	0				0	0	0	0												0
	Pts. Per Available Hour					1.5	1.5	1.5				1.6	1.6	1.4	1.5				1.5	1.6	1.3	1.5											1.5	
	No Show Rate					18%	20%	0%				18%	12%	13%	19%				18%	6%	27%	7%											14%	
	Patient Cancel Rate					6%	0%	0%				0%	6%	7%	0%				6%	6%	0%	20%											5%	
Clinic Cancel Rate					0%	0%	0%				0%	0%	0%	0%				0%	0%	0%	0%											0%		
Vicki Kent, FNP	Patient Hours Available	8.5						0	0						0	0					3.5	4	8.5	8.5					8.5	8.5		41.5		
	Patients Seen	8						0	0					0	0						5	7	11	10					11	11		55		
	No Shows	1						0	0					0	0						0	0	1	2					0	1		4		
	Patient Cancellations	2						3	1					0	1						0	0	0	0					1	2		8		
	Clinic Cancellations	0						4	4					7	9						0	0	0	0					0	0		24		
	Pts. Per Available Hour	0.9						0.0	0.0					0.0	0.0						1.4	1.8	1.3	1.2					1.3	1.3		1.3		
	No Show Rate	9%						0%	0%					0%	0%						0%	0%	8%	17%					0%	7%		4%		
	Patient Cancel Rate	18%						43%	20%					0%	10%						0%	0%	0%	0%					8%	14%		9%		
Clinic Cancel Rate	0%						57%	80%					100%	90%						0%	0%	0%	0%					0%	0%		26%			
IMC TOTALS	Patient Hours Available	8.5				13	14	15	0			15	15	8.5	15	6.5				15	18.5	19	22	15			4.5	6.5	6.5	8.5	15		241	
	Patients Seen	8				14	14	15	0			14	15	12	17	1				15	20	19	23	12			1	0	0	11	12		223	
	No Shows	1				4	3	1	0			4	2	2	3	0				5	1	5	2	2			0	0	0	0	1		36	
	Patient Cancellations	2				2	0	3	1			0	1	1	0	1				1	1	0	3	1			0	0	0	1	2		20	
	Clinic Cancellations	0				0	0	4	4			0	0	0	7	9				0	0	0	0	0			0	0	0	0	0		24	
	Pts. Per Available Hour	0.9				1.1	1.0	1.0	0.0			0.9	1.0	1.4	1.1	0.2				1.0	1.1	1.0	1.0	0.8			0.2	0.0	0.0	1.3	0.8		0.9	
	No Show Rate	9%				20%	18%	4%	0%			22%	11%	13%	11%	0%				24%	5%	21%	7%	13%			0%	N/A	N/A	0%	7%		12%	
	Patient Cancel Rate	18%				10%	0%	13%	20%			0%	6%	7%	0%	9%				5%	5%	0%	11%	7%			0%	N/A	N/A	8%	13%		7%	
Clinic Cancel Rate	0%				0%	0%	17%	80%			0%	0%	0%	26%	82%				0%	0%	0%	0%	0%			0%	N/A	N/A	0%	0%		8%		

**IONE COMMUNITY CLINIC - JULY 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	31	Total
Eileen McElligott	Patient Hours Available							8				8			8				8			8			8			8				56	
	Patients Seen							12				8			11				8			9			6			9				63	
	No Shows							1				0			0				0			0			0			0				1	
	Patient Cancellations							1				0			0				0			0			0			1				2	
	Clinic Cancellations							0				0			0				0			0			0			0				0	
	Pts. Per Available Hour							1.5				1.0			1.4				1.0			1.1			0.8			1.1				1.1	
	No Show Rate							7%				0%			0%				0%			0%			0%			0%				2%	
	Patient Cancel Rate							7%				0%			0%				0%			0%			0%			10%				3%	
	Clinic Cancel Rate							0%				0%			0%				0%			0%			0%			0%				0%	

# MORROW COUNTY EMS ADVISORY COMMITTEE MEETING

Minutes of Meeting held July 18, 2022  
Pioneer Memorial Clinic Conference Room, Heppner, Oregon

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

**MEMBERS ABSENT:** Charlie Sumner

**PUBLIC PRESENT:** Del Turner, Rick Stokoe (Zoom), Emily Roberts, Diane Kilkenny, Troy Bundy (Zoom), Mark Keith (Zoom), Paul Keefer, Amy Loughlin (Zoom), John Bowles, Justin Nelson

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

## Call to Order

The meeting was called to order at 6:31 p.m. by Donna Sherman.

## Business

### **1. PUBLIC COMMENTS:**

- a. Paul Keefer, Boardman Mayor, expressed support for BFRD to operate ambulances in Boardman.
- b. Del Turner requested to be retained on the EMS Advisory Committee.
- c. Justin Nelson, Morrow County Counsel, provided information about executive session regulations.
- d. John Bowles, Morrow County Undersheriff, stated that the Morrow County Sheriff's Office is a neutral party.
- e. Diane Kilkenny, MCHD Board Member, pointed out that EMS services are countywide and must take into consideration the wellbeing of the entire county.

### **2. COMMITTEE CHANGES:** It is necessary to appoint new members or reappoint current members every 2 years or due to vacancies. The following appointment/reappointments have been made by the MCHD Board of Directors:

- a. Jamie Houck is newly appointed as the Pioneer Memorial Hospital CNO representative, replacing Kathleen Greenup.
- b. Richard Hernandez is newly appointed as the EMT representative from Boardman, replacing Del Turner.

### **3. APPROVAL OF MINUTES:**

Eric Chick made a motion to approve the minutes from March 31, 2022 as written. Josie Foster seconded. Motion passed unanimously by all board members present.



**4. EXECUTIVE SESSION**

- a. Donna Sherman called to order an Executive Session under ORS 192.660(2)(f) to consider information or records that are exempt from public inspection at 6:55 p.m.
- b. Executive Session adjourned at 7:38 p.m.

**5. NEW BUSINESS:**

- a. Non-Compliance with Morrow County ASA Plan
  - Richard Hernandez made a motion to issue a letter to the Morrow County Sheriff's Office and to Boardman Fire Rescue District informing the entities that they are not in compliance with the Morrow County Ambulance Service Area Plan. Josie Foster seconded the motion. Motion passed with Judi Gabriel, Adam McCabe, Jamie Houck, Eric Chick, Josie Foster, Dr. Berretta, Donna Sherman, and Richard Hernandez in favor. Kristen Bowles abstained from voting.

**6. OLD BUSINESS:**

- a. No old business.

**7. EXECUTIVE SESSION**

- a. Donna Sherman called to order an Executive Session under ORS 192.660(2)(f) to consider information or records that are exempt from public inspection at 7:44 p.m.
- b. Executive Session adjourned at 8:18 p.m.

- 8. ADJOURN:** With no further business to come before the board, the meeting was adjourned at 8:18 p.m.

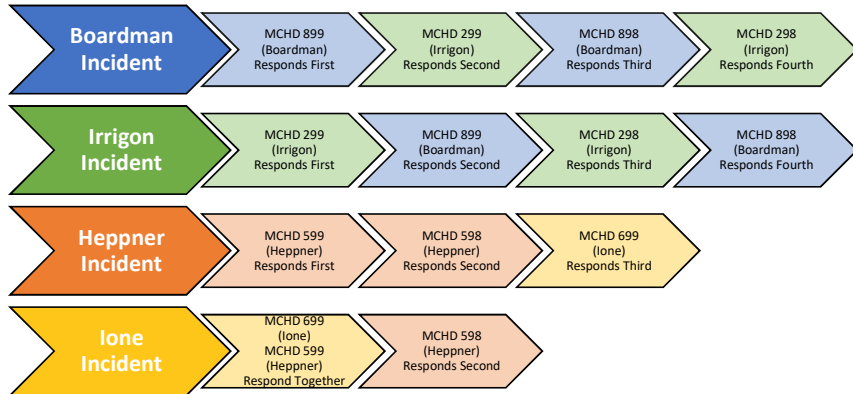
Minutes taken by Josie Foster and typed by Donna Sherman, EMS Advisory Committee Chair.  
Minutes approved by EMS Advisory Committee August 9, 2022.

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

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

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

\*Note that response times are not adjusted for miles traveled and in some instances (598) include non-emergent transfers.



## PROFESSIONAL SERVICES AGREEMENT

### “Radiology”

This professional services agreement (“Agreement”) is made October 1, 2022 (the Effective Date”), by Morrow County Health District , an Oregon special district and nonprofit municipal corporation (“MCHD”) and Central Oregon Radiology Associates, PC, an Oregon professional corporation (“CORA”).

#### RECITALS

- A. MCHD owns and operates a hospital and primary care clinics in Morrow County. Pioneer Memorial Hospital and Clinic in Heppner, Oregon; Irrigon Medical Clinic in Irrigon, Oregon; and Lone Community Clinic in Lone, Oregon.
- B. CORA is in the private practice of medicine and specializing in radiology. CORA offers its services to the general public, including individual patients, other physicians and hospitals seeking radiology services.
- C. CORA is willing to provide radiology services to MCHD physicians via Cascade Medical Imaging, LLC’s (“CMI”) PACS system.

NOW THEREFORE, for good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

#### SECTION 1. TERM

The term of this Agreement shall be from October 1, 2022, to November 30, 2025. Upon expiration of this term this Agreement may be renewed for an additional 3 year term upon the mutual agreement in a writing executed by both parties at least 90 days prior to the expiration of the term.

#### SECTION 2. IMAGING SERVICES

**2.1** CORA will read radiology images via CMI’s PACS system 24 hours a day, 7 days a week. CORA will provide or will cause to be provided dictation to MCH and the attending physician of the radiological results. The dictation will be in medical terminology. CORA will make a good faith effort to provide its dictation promptly. Radiology images labeled STAT will be given priority in the queue along with other images labeled STAT.

**2.2** CORA’s Turn Around Time (TAT) commitment is as follows:

2.2.1 Routine Exams (Non Stat/ Emergent) within 24 hours from the time the imaging study is received and ready for interpretation.

2.2.2 Stat/Emergent exams within 30 minutes (on average) from the time the imaging study is received and ready for interpretation.

**2.3** CORA will not be providing any on-site radiology services.

2.24 In the event of a trauma case at Pioneer Memorial Hospital, CORA will provide critical information deemed to immediately affect patient care verbally to the trauma team in a timely manner. The final report must accurately reflect the chronology and content of the communications with the trauma team, including changes between the preliminary and final interpretations.

### **SECTION 3. CONSULTING SERVICES**

**3.1** Assist MCHD in the development and maintenance of medical policies and procedures regarding radiology services at MCHD.

**3.2** Assist MCHD in the review and audit of MCHD's radiology department and provision of radiology services and assist MCHD in the development of procedures to address the effectiveness, quality, safety, and appropriateness of radiology services provided at MCHD.

**3.3** Designate a hospital representative from its accredited staff and be available to provide technologist performance feedback.

**3.4** Provide education materials and services to attending physicians and other medical providers regarding trends in imaging, appropriateness, and other issues identified by CORA as an area of need; however, CORA will determine both the quantity of education provides as well as the method of delivery.

**3.5** Assist MCHD in planning for expanded radiology services commensurate with service area needs.

**3.6** Assist MCHD in meeting all requirements of Medicare and Medicaid or other regulatory bodies.

### **SECTION 4. MCHD REQUIREMENTS**

**4.1** Continuous access to its radiology images via CORA's PACS system.

**4.2** Provide for the selection, termination, supervision, training, scheduling and employment of non-physician personnel necessary for the operation of MCHD, including without limitation adequate clerical support services as needed by CORA to perform the imaging services.

**4.3** Maintain MCHD's state license and accreditation.

**4.4** Maintain standard form commercial general and professional liability insurance against claims of bodily injury, death, and property damage occurring in or about MCHD, including without limitation, claims arising from the acts or omissions of those employed by MCHD or related to defects in or malfunction of MCHD's equipment. MCHD shall also provide statutory worker's compensation insurance covering its employees.

### **SECTION 5. CONSIDERATION**

**5.1** MCHD will provide revenue cycle management for both the technical services and the professional services as provide by CORA. The industry term for these two service billings on a consolidated basis is “Global Billing”.

**5.2** CORA will invoice MCHD monthly based upon the two factors:

5.2.1 Prevailing Medicare Fee Schedule: This schedule defines the amount of work rvu’s plus malpractice rvu’s per billable cpt code and,

5.2.2 The consolidated work and malpractice rvu’s will be billed at a rate of ninety (\$90) dollars per total rvu’s.

Example:

- Patient receives a CT head w/o dye/contrast.
- Total of work and malpractice rvu’s is .89
- .89 (x) 90 = Eighty dollars and ten cents (\$80.10)

2022 Medicare Physicians Fee Schedule							
HCCPS/CPT Code	Modifier	Short Description	Work RVU	MP RVU	Work + MP RVU	Non-FAC PE	Facility PE
70450	Global	Ct head/brain w/o dye	0.85	0.05	0.90	3.50	3.50
70450	TC-Tech	Ct head/brain w/o dye	-	0.01	0.01	3.20	3.20
70450	26-Pro	Ct head/brain w/o dye	0.85	0.04	0.89	-	-

**5.3** The rate per rvu is a melded (average) rate of payment therefore the rate has already taken into consideration the following: hospital billing costs, DRG’s and bad debt.

**5.4** Should any changes in state or federal reimbursement laws or regulations occur which adversely affect third-party reimbursement of MCHD or CORA during the term of this Agreement, either party may request renegotiation of the applicable terms of this Agreement by written notice to the other party. In the event no new agreement is reached with sixty (60) days of receipt of such notice, then either party may, terminate this Agreement.

**5.5** CORA will bill monthly for its services and payment is expected within twenty-one (21) days of receipt of invoice.

**5.6** CORA and MCHD agree to work cooperatively to implement new procedures, controls, or systems as the other may consider necessary in connection with Diagnosis-Related Groups (DRGs) or any other form of prospective reimbursement system, such as that which may be required by the Social Security Amendment of 1983.

**SECTION 6. REPRESENTATIONS, WARRANTIES AND COVENANTS**

CORA agrees, represents, and warrants as follows:

**6.1** Based solely on inquiry to its existing employees, none of CORA’s employees are or have ever been excluded from participation in Medicare and Medicaid reimbursement programs.

**6.2** CORA will conduct its business as a participating provider in Medicare and Medicaid and will meet the requirements of Medicare and Medicaid with respect to participating providers.

**6.3** CORA warrants that all of its Medicare, Medicaid, billings (if any) for professional services and other services hereunder shall be consistent with the then current Medicare and Medicaid billing, documentation and coding requirements.

**6.4** If MCHD anticipates entering or enters any managed care contracts, CORA agrees to enter into good faith negotiations to become a participating provider under such contracts.

**6.5** CORA agrees to assure availability of its radiologists for consultation with MCH medical staff and referring physicians regarding general and interventional radiology services.

**6.6** CORA has a peer review process as defined by ORS 41.675.

## **SECTION 7. TERMINATION**

**7.1** This Agreement may be terminated without cause by either party upon sixty (60) days written notice to the other party.

**7.2** A party may terminate this Agreement if the other party fails to comply with any term or condition of this Agreement within 30 days following written notice to the other party specifying the failure (except in the case of emergency, in which event a party will be required only to give such notice as is reasonable under the circumstances).

**7.3** A party may immediately terminate this Agreement in case of emergency, including but not limited to material breach involving professional conduct or competence.

## **SECTION 8. PHYSICIAN QUALIFICATIONS**

CORA physicians serving MCHD shall be board certified by the American Board of Radiology and shall have been granted appropriate privileges for the practice of radiology by the Medical Staff and Board of Directors of MCHD. CORA physicians serving MCHD shall have demonstrated by training or medical practice competence in radiology services and in administrative capabilities. CORA physicians serving MCHD shall meet continuing medical education requirements as reasonable established by MCHD as well as any applicable regulatory agency.

## **SECTION 9. INDEPENDENT CONTRACTOR**

**9.1** In the performance of its responsibilities hereunder, CORA is and at all times shall be an independent contractor and CORA and its physicians shall have no claim for employee benefits of any kind from MCHD. CORA shall retain sole and absolute discretion and judgment as to the manner and means of providing its services, free of any direction or control by MCHD; provided that such services are provided in a manner consistent with currently approved methods and practices in the professional medical specialty of radiology.

**9.2** CORA shall be responsible for payment of all employee benefits, taxes and withholdings for its employees providing services under this Agreement. CORA and MCHD further agree to notify other party if any governmental agency assert that CORA is not an

independent contractor with respect to MCHD, and MCHD agrees to permit CORA to participate in any negotiations or proceedings involved in such matters. CORA and MCHD shall have no power or authority to bind the other party or to assume or create any obligation or responsibility, express or implied, on behalf or in the name of the other party, except as expressly authorized by the other party.

**9.3** The obligations of CORA may be performed by employed or contracted physicians. CORA, in its sole discretion, may use physicians on locum tenens and/or independent contractor basis in those situations where such usage is required to fill personnel shortages, to meet increases in surgical scheduling and peak patient loads, or to provide coverage during periods of vacation, sickness or disability. All such contracting physicians shall meet the minimum qualification set forth in this Agreement, unless otherwise agreed to by MCHD, as well as the minimum requirements of the Medical Staff Bylaws of MCHD. Such contracting physicians are exempted from participation in attendance at meetings and other responsibilities required of active medical staff members.

## **SECTION 10. HIPAA**

The parties will comply with the HIPAA privacy regulations and that such regulations may evolve and change over time. The parties agree in advance to amend the contract as needed for compliance, so long as such amendments are commercially reasonable. It is understood that CORA may use protected health information (PHI) for the following purposes: proper management and administration and to carry out legal responsibilities; use of the de-identified information; and assist MCHD in activities defined as treatment, payment, and health care operations such as data aggregation, limited fund raising, and quality assurance without specific patient authorization.

## **SECTION 11. INSURANCE**

CORA shall be responsible for obtaining and maintain in full force and effect throughout the term of this Agreement a public liability and professional liability insurance policy or policies in an amount of not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. CORA shall deliver to MCHD certificates of insurance or other satisfactory written evidence that the premium on such policies is prepaid and that the policy cannot be reduced in limits or in coverage and cannot be canceled or revoked without at least ten (10) days prior written notice to MCHD. MCHD prefers the insurance be in "occurrence" form, but if "claims made" coverage is secured by CORA, then CORA shall secure a "tail policy" (extended coverage reporting endorsement) with identical limits and coverage for all acts or omissions during the term of this Agreement upon the occurrence of any of the following: (a) termination or expiration of claims made coverage; (b) change of coverage by CORA if such change will result in a gap of coverage; or (c) amendment, reduction, or other material change in the then-existing professional liability insurance coverage, if such amendment, reduction, or other material change will result in a gap in coverage. This section shall survive the termination or expiration of this Agreement.

## **SECTION 12. NON-DISCRIMINATION**

CORA agrees that no person shall, on the grounds of race, color, religion, national origin, gender, marital status, sexual orientation, disability or age, suffer discrimination in the performance of this Agreement.

### **SECTION 13. DISPUTE RESOLUTION**

The parties agree at any time an event or action by either party could adversely affect the other, that a prompt notice of the dispute be presented to the other party and that the leadership of each party agrees to meet to discuss the issue and in good faith attempt to work out a resolution of the issue. If the meeting of the leadership of the parties fails to resolve the dispute then the parties may attempt to resolve such dispute concerning this Agreement or arising in any way out of the performance of this Agreement through nonbinding mediation. Any dispute or claim that arises out of or that relates to this Agreement, or to the interpretation or breach thereof, or to the existence, scope or validity of this Agreement that is not resolved in direct discussions or mediation, shall be resolved by arbitration in accordance with the then effective arbitration rules of (and by filing a claim with) Arbitration Service of Portland, Inc., and judgment upon the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof. Any arbitration will take place in Heppner, Oregon. The cost of this arbitration shall be shared equally by the parties; however, each party shall pay their own attorney fees in connection with this dispute resolution.

### **SECTION 14. MISCELLANEOUS**

**14.1** Time Essence. Time is of the essence in the performance of this Agreement.

**14.2** No Third Party Rights. Nothing in this Agreement shall be construed as creating or giving rise to any rights in any third parties or any persons other than the parties hereto.

**14.3** Assignment. Neither this Agreement nor any of the rights, interests, or obligations under this Agreement may be assigned by any party without the prior written consent of the other party, which consent will not be unreasonably withheld. Notwithstanding the foregoing, CORA may use one or more subcontractors selected in CORA's sole discretion.

**14.4** Regulatory Compliance. The parties agree to comply with all applicable state and federal laws, regulations, and requirements, including without limitation, those applicable to physicians, MCHD, Medicare/Medicaid participants, and/or health care providers.

**14.5** No Requirement to Refer. Although radiologists generally do not refer patients, nonetheless CORA shall not be required to refer Medicare, Medicaid or other patients to MCHD as a result of this Agreement or otherwise.

**14.6** Access Clause. In accordance with Public Law 96-499, CORA and Department Director as independent contractors agree to allow the Secretary of Health and Human Services and the U.S. Comptroller General access to this Agreement and all



books, documents, and records necessary to verify the cost of the Agreement for medical reimbursement purposes.

**14.7 Notice.** All notices under this Agreement must be in writing and will be deemed to have been given if delivered personally, sent by email (with confirmation), mailed by certified mail, or delivered by an overnight delivery service (with confirmation) to the parties at the following addresses (or at such other address or individual as a party may designate by like notice to the other parties):

To: **Morrow County Health District**  
**564 E Pioneer Drive**  
**Heppner, OR 97836**  
**Attention: Emily Roberts**  
**Email Address: emilyr@mocohd.org**

To: Central Oregon Radiology Assoc., P.C.  
1460 NE Medical Center Drive., Bend, OR 97701  
Attention: Dennis Carter, CEO  
Email: dcarter@cmillc.org

Any notice or other communication will be deemed to be given (a) on the date of personal delivery, (b) at the expiration of the 3 day after the date of deposit in the United States mail, (c) on the date of confirmed delivery by email or overnight delivery service. Any notice sent via email will also be mailed by certified mail.

**14.8 Counterparts.** This Agreement may be executed in counterparts, each of which will be considered an original and all of which together will constitute one and the same agreement.

**14.9 Facsimile Signatures.** Facsimile transmission of any signed original of this Agreement, and retransmission of any signed facsimile transmission, will be the same as delivery of an original. At the request of any party, the parties will confirm facsimile transmitted signatures by signing an original Agreement.

**14.10 Further Assurances.** Each party agrees (a) to execute and deliver such other documents and (b) to do and perform such other acts and things, as any other party may reasonably request, to carry out the intent and accomplish the purposes of this Agreement.

**14.11 Entire Agreement.** This Agreement constitutes the entire understanding and agreement between MCHD and CORA with respect to the subject matter of this Agreement. This Agreement supersedes any prior written or oral representations, promises and agreements which are not expressly contained herein.

**14.12 Amendments.** Amendments may be made to this Agreement only upon the unanimous approval in writing by the MCHD and CORA.

**14.13 Severability.** If any term or provision of this Agreement is held to be void or unenforceable, that term or provision shall be severed from this Agreement, the balance of the Agreement shall survive, and the balance of this Agreement shall be reasonably construed to carry out the intent of the parties as evidenced by the terms of this Agreement.

**14.14 Waivers.** The waiver by any party of any breach or violation of this Agreement or any provisions of this Agreement shall not constitute a waiver of any subsequent breach or violation of such provision or any other provision hereof, and the

failure of any party to exercise any rights under this Agreement in a particular instance shall not operate as a waiver of such party's right to exercise the same or different right in subsequent instances. All waivers shall be in writing to be effective.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

MORROW COUNTY HEALTH DISTRICT  
RADIOLOGY

CENTRAL OREGON

ASSOC., P.C.

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

By: \_\_\_\_\_  
**Dennis Carter, CEO**

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**LICENSED CLINICAL SOCIAL WORKER SERVICES AGREEMENT  
BETWEEN  
MORROW COUNTY HEALTH DISTRICT  
AND  
REBECCA HUMPHREYS, LCSW**

This is an agreement between the MORROW COUNTY HEALTH DISTRICT (“District”) and Rebecca Humphreys, LCSW (“Provider”). The District requires the services of behavioral health professionals to adequately serve patients in the District area. The District wishes to employ Provider to provide such services. Provider is a Licensed Clinical Social Worker, who is licensed to practice in the state of Oregon, and is qualified to provide such services. This contract is subject to state licensure by Provider. In the event of failure to maintain licensure in Oregon, this contract becomes null and void.

Therefore, the parties agree as follows:

1. **Employment:** The District hereby employs Provider to provide Professional Services for patients of District, and Provider hereby accepts such employment, upon terms and conditions set forth herein. The Provider shall provide the following:

Pioneer Memorial Clinic	Normal workweek is 4-5 days (40 hours) to be determined by Provider and District.
Irrigon Medical Clinic	Occasionally may be asked to fill in based on need/volumes.
Ione Community Clinic	Occasionally may be asked to fill in based on need/volumes.

Provider shall assume and discharge all of their responsibilities hereunder on an ethical and professional basis consistent with the policies and objectives of the District, the Medical Staff Bylaws, the requirements of Provider’s professional societies, and all applicable laws and regulations governing the services to be provided.
2. **Supervision:** In all matters concerning the performance and administration of this agreement, the District shall act through the CEO of the District (“CEO”). In administrative matters, Provider shall conform to the policies prescribed by the District’s Board of Directors and the CEO and shall report to the CEO. In regard to medical matters, Provider shall conform to the policies and directions of the Board, the CEO, and the Medical Staff.
3. **Paid Time Off and Continuing Education:** In each 12-month period of employment, Provider shall be entitled to paid time off and continuing education benefits as described in the attached ‘APP Paid Time Off & Continuing Education’ document. Time off and CME may be pro-rated for part-time personnel.
4. **Oregon Registration:** During the term of this agreement, Provider shall maintain their license in Oregon. District will pay any fees required to maintain Provider’s Oregon

license. Other fees may be covered upon approval from CEO. Failure on the part of Provider to keep their Oregon license current shall render this agreement null and void.

5. **Assistance with Collections:** All professional fees due or collected from Clinic patients for services rendered during the term of this Agreement shall be the property of the District. If necessary, Provider agrees to cooperate with the administration to facilitate the billing process. Patient discounted services or charity care are the sole responsibility of the Administration.
6. **Compensation:** The District shall pay Provider compensation for their services hereunder in equal bi-weekly installments in accordance with the attached Licensed Clinical Social Worker wage scale, which is subject to annual cost of living (COLA) increases each July.

COLA increases are driven by the union contract and the present floor is 3% but it may be higher based on inflation. The rate may also change when a new union contract is negotiated.

Provider shall receive medical and dental and vision insurance coverage for provider, their spouse, and their dependents. Premiums will be paid by the District.

In addition, Provider shall receive all other benefits provided to non-union District employees including Life and Long Term disability insurance, Life Flight Family Membership and Tri-County Ambulance ground membership with premiums paid for by the District. Other benefits include, but are not limited to the District's contribution to a 401(a) plan and having the option to make personal contributions to a 457 deferred compensation plan or a 403(b) tax-sheltered annuity plan, to provide for their retirement needs.

Provider shall receive a one-time sign-on bonus of \$10,000. The sign-on bonus is payable in Provider's first check for hours worked. Bonus is contingent upon a two-year employment agreement. If Provider voluntarily terminates prior to the end of this contract, Provider will receive credit for each month worked and will be responsible for repaying the remainder of the bonus.

7. **Space, Utilities, Supplies and Equipment:** All space, utilities, office furniture, equipment and supplies for Provider to provide medical services hereunder shall be furnished by the District.
8. **Non-Physician Personnel:** All personnel required for Provider to meet their responsibilities hereunder shall be employed by the District and shall be subject to established District policies. The District shall determine, in consultation with Provider, the necessity for employment of additional personnel, if any.
9. **Insurance:** As to all activities of Provider within the scope of their responsibilities hereunder, Provider will be included within the public liability and malpractice insurance coverage carried by the District for its officers and employees. If, at the District's discretion, existing plans and procedures relating to public liability and malpractice insurance coverage are revised during the term of this agreement, Provider shall be

subject to such revised plans and procedures. Provider shall not be responsible for any fees in connection herewith; any such fee shall be the responsibility of the District. If the District switches to another carrier and tail coverage would be needed for Provider, all fees associated with the switch would be paid for by the District.

10. **Reports and Records**: Provider shall promptly, completely and accurately prepare and maintain or cause to be promptly, completely and accurately prepared and maintained all reports, claims, correspondence and records including all medical records, as required by District related to Professional Services rendered by Provider at District, which reports, claims, correspondence records and medical records shall belong solely to District. Failure to comply may result in suspension or fines pursuant to district policies.
11. **Evaluations**: Provider's performance will be reviewed by District annually. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.
12. **Term**: Unless otherwise terminated per this agreement, the term of this agreement shall be for the period beginning November 1, 2022 and shall expire two years later, October 31, 2024. The agreement may be renewed by consent of both parties.
13. **Termination**: This agreement may be terminated by either party without cause upon 120 days written notice. This agreement may be terminated for good cause at any time without notice. If either party is unable to fulfill its part of the agreement due to circumstances beyond its control, or if the District's annual tax base fails to provide sufficient funds to meet its obligations hereunder, this agreement may be terminated without obligation on the part of either party.
14. **Governing Law**: This agreement shall be governed by, and construed in accordance with, the laws of the state of Oregon. To the extent permitted by law, all disputes arising from this agreement shall be filed in the Circuit Court of Morrow County, Oregon, to the exclusion of all courts, which might have jurisdiction apart from this provision.
15. **Severability**: If any provision of this agreement or the application of any such provision shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby.
16. **Attorney Fees**: In any litigation arising out of this agreement, the prevailing party shall be entitled to recover all reasonable expenses of litigation, including such attorney fees as the court may judge reasonable at trial and on any appeal.
17. **Assignment**: Neither party's rights and obligations pursuant to this agreement may be assigned or delegated without the other party's written consent.
18. **Entire Agreement**: As of the date of execution hereof, the provisions contained in this agreement set forth the entire agreement of the parties. No other document, agreement, understanding, or otherwise shall be of any effect with respect to the parties unless specifically made a written part of this agreement. The District's personnel policies shall apply to the extent they do not conflict with this agreement, but such policies are not contractual and may be amended from time-to-time by the District.

19. **Notices:** Any notice required or permitted under this agreement shall be given in writing and shall be deemed effectively given upon personal delivery or upon deposit with the United States Post Office, by certified mail, postage prepaid, addressed as follows:

If to: Rebecca Humphreys

If to: Morrow County Health District  
Attention: CEO  
PO Box 9  
Heppner, Oregon 97836

Or at such other address as a party may designate by notice given in the manner provided herein

**IN WITNESS WHEREOF**, the parties have executed or caused to be executed this agreement on the dates set forth below.

---

Rebecca Humphreys, LCSW

Date

---

Emily Roberts, CEO  
Morrow County Health District

Date



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

**LICENSED CLINICAL SOCIAL WORKER  
WAGE SCALE**

<b>Years in Practice</b>	<b>Annual Rate for FY 2022/23</b>
0 - 2	\$95,000.00
2 - 5	\$100,000.00
5 - 10	\$110,000.00
10+	\$125,000.00

APP Paid Time Off & Continuing Education

<b>Physician Assistant / Nurse Practitioner / Behavioral Health Consultant</b>				
<b>Contract Years</b>	<b>PTO (Sick &amp; Vacation)</b>	<b>Holidays</b>	<b>CME Days</b>	<b>CME Benefit</b>
1-3	26 days annual dump	11 paid holidays, including 1 floating holiday	7	\$2,000
4-6	28 days annual dump	11 paid holidays, including 1 floating holiday	7	\$2,500
7-9+	30 days annual dump	11 paid holidays, including 1 floating holiday	7	\$3,000

- Sick, vacation, and CME time shall not be carried over from year to year or contract to contract.
- Providers shall be entitled to paid time for all District holidays applicable to non-union employees.
- For the purposes of PTO payout upon termination of the employment relationship, 40% of PTO is considered “sick time” and will not be paid out.
- Receipts and expense reports must be submitted to receive reimbursement for CME expenses. For medical providers, paid CME must include required courses such as ACLS, PALS, and ATLS (as applicable).
- Benefits will be pro-rated for part-time employees.



**LICENSED CLINICAL SOCIAL WORKER SERVICES AGREEMENT  
BETWEEN  
MORROW COUNTY HEALTH DISTRICT  
AND  
TERRI LANDRETH (DICKENS), LCSW**

This is an agreement between the MORROW COUNTY HEALTH DISTRICT (“District”) and Terri Landreth, LCSW (“Provider”). The District requires the services of behavioral health professionals to adequately serve patients in the District area. The District wishes to employ Provider to provide such services. Provider is a Licensed Clinical Social Worker, who is licensed to practice in the state of Oregon, and is qualified to provide such services. This contract is subject to state licensure by Provider. In the event of failure to maintain licensure in Oregon, this contract becomes null and void.

Therefore, the parties agree as follows:

1. **Employment:** The District hereby employs Provider to provide Professional Services for patients of District, and Provider hereby accepts such employment, upon terms and conditions set forth herein. The Provider shall provide professional services part-time in the following locations:

Pioneer Memorial Clinic

Normal workweek is 1 day to be determined by Provider and District.

Irrigon Medical Clinic

Normal workweek is 1-2 days to be determined by Provider and District.

Ione Community Clinic

Occasionally may be asked to fill in based on need/volumes.

Provider shall assume and discharge all of their responsibilities hereunder on an ethical and professional basis consistent with the policies and objectives of the District, the Medical Staff Bylaws, the requirements of Provider’s professional societies, and all applicable laws and regulations governing the services to be provided.

2. **Supervision:** In all matters concerning the performance and administration of this agreement, the District shall act through the CEO of the District (“CEO”). In administrative matters, Provider shall conform to the policies prescribed by the District’s Board of Directors and the CEO and shall report to the CEO. In regard to medical matters, Provider shall conform to the policies and directions of the Board, the CEO, and the Medical Staff.
3. **Paid Time Off and Continuing Education:** In each 12-month period of employment, Provider shall be entitled to paid time off and continuing education benefits as described in the attached ‘APP Paid Time Off & Continuing Education’ document. Time off and CME may be pro-rated for part-time personnel.

4. **Oregon Registration:** During the term of this agreement, Provider shall maintain their license in Oregon. District will pay any fees required to maintain Provider's Oregon license. Other fees may be covered upon approval from CEO. Failure on the part of Provider to keep their Oregon license current shall render this agreement null and void.
5. **Assistance with Collections:** All professional fees due or collected from Clinic patients for services rendered during the term of this Agreement shall be the property of the District. If necessary, Provider agrees to cooperate with the administration to facilitate the billing process. Patient discounted services or charity care are the sole responsibility of the Administration.
6. **Compensation:** The District shall pay Provider compensation for their services hereunder in equal bi-weekly installments in accordance with the attached Licensed Clinical Social Worker wage scale, which is subject to annual cost of living (COLA) increases each July.

COLA increases are driven by the union contract and the present floor is 3% but it may be higher based on inflation. The rate may also change when a new union contract is negotiated.

Provider shall receive medical and dental and vision insurance coverage for provider, their spouse, and their dependents. Premiums will be paid by the District.

In addition, Provider shall receive all other benefits provided to non-union District employees including Life and Long Term disability insurance, Life Flight Family Membership and Tri-County Ambulance ground membership with premiums paid for by the District. Other benefits include, but are not limited to the District's contribution to a 401(a) plan and having the option to make personal contributions to a 457 deferred compensation plan or a 403(b) tax-sheltered annuity plan, to provide for their retirement needs.

District shall contribute 5-6% of employee's salary to 401(a) plan based on District's year-end financial statement.

Provider shall receive a one-time sign-on bonus of \$5,000. The sign-on bonus is payable in Provider's first check for hours worked. Provider may choose to direct bonus payment into retirement account subject to contribution limits.

Bonus is contingent upon a three-year employment agreement. If Provider voluntarily terminates prior to the end of this contract, Provider will receive credit for each month worked and will be responsible for repaying the remainder of the bonus. Bonus shall not be required to be repaid in the event that the District terminates this contract.

7. **Space, Utilities, Supplies and Equipment:** All space, utilities, office furniture, equipment and supplies for Provider to provide medical services hereunder shall be furnished by the District.
8. **Non-Physician Personnel:** All personnel required for Provider to meet their responsibilities hereunder shall be employed by the District and shall be subject to

established District policies. The District shall determine, in consultation with Provider, the necessity for employment of additional personnel, if any.

9. **Insurance**: As to all activities of Provider within the scope of their responsibilities hereunder, Provider will be included within the public liability and malpractice insurance coverage carried by the District for its officers and employees. If, at the District's discretion, existing plans and procedures relating to public liability and malpractice insurance coverage are revised during the term of this agreement, Provider shall be subject to such revised plans and procedures. Provider shall not be responsible for any fees in connection herewith; any such fee shall be the responsibility of the District. If the District switches to another carrier and tail coverage would be needed for Provider, all fees associated with the switch would be paid for by the District.
10. **Reports and Records**: Provider shall promptly, completely and accurately prepare and maintain or cause to be promptly, completely and accurately prepared and maintained all reports, claims, correspondence and records including all medical records, as required by District related to Professional Services rendered by Provider at District, which reports, claims, correspondence records and medical records shall belong solely to District. Failure to comply may result in suspension or fines pursuant to district policies.
11. **Evaluations**: Provider's performance will be reviewed by District annually. District shall not be in breach of this Agreement if it fails to conduct the performance evaluation within the stated time periods.
12. **Term**: Unless otherwise terminated per this agreement, the term of this agreement shall be for the period beginning October 1, 2022 and shall expire three years later, September 30, 2025. The agreement may be renewed by consent of both parties.
13. **Termination**: This agreement may be terminated by either party without cause upon 120 days written notice. This agreement may be terminated for good cause at any time without notice. If either party is unable to fulfill its part of the agreement due to circumstances beyond its control, or if the District's annual tax base fails to provide sufficient funds to meet its obligations hereunder, this agreement may be terminated without obligation on the part of either party.
14. **Governing Law**: This agreement shall be governed by, and construed in accordance with, the laws of the state of Oregon. To the extent permitted by law, all disputes arising from this agreement shall be filed in the Circuit Court of Morrow County, Oregon, to the exclusion of all courts, which might have jurisdiction apart from this provision.
15. **Severability**: If any provision of this agreement or the application of any such provision shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby.
16. **Attorney Fees**: In any litigation arising out of this agreement, the prevailing party shall be entitled to recover all reasonable expenses of litigation, including such attorney fees as the court may judge reasonable at trial and on any appeal.

17. **Assignment**: Neither party's rights and obligations pursuant to this agreement may be assigned or delegated without the other party's written consent.
18. **Entire Agreement**: As of the date of execution hereof, the provisions contained in this agreement set forth the entire agreement of the parties. No other document, agreement, understanding, or otherwise shall be of any effect with respect to the parties unless specifically made a written part of this agreement. The District's personnel policies shall apply to the extent they do not conflict with this agreement, but such policies are not contractual and may be amended from time-to-time by the District.
19. **Notices**: Any notice required or permitted under this agreement shall be given in writing and shall be deemed effectively given upon personal delivery or upon deposit with the United States Post Office, by certified mail, postage prepaid, addressed as follows:

If to: Terri Landreth

If to: Morrow County Health District  
Attention: CEO  
PO Box 9  
Heppner, Oregon 97836

Or at such other address as a party may designate by notice given in the manner provided herein

**IN WITNESS WHEREOF**, the parties have executed or caused to be executed this agreement on the dates set forth below.

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Terri Landreth, LCSW

Date

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Emily Roberts, CEO  
Morrow County Health District

Date



**MORROW COUNTY  
HEALTH DISTRICT**  
Excellence in Healthcare

**LICENSED CLINICAL SOCIAL WORKER  
WAGE SCALE**

<b>Years in Practice</b>	<b>Annual Rate for FY 2022/23</b>
0 - 2	\$95,000.00
2 - 5	\$100,000.00
5 - 10	\$110,000.00
10+	\$125,000.00

APP Paid Time Off & Continuing Education

<b>Physician Assistant / Nurse Practitioner / Behavioral Health Consultant</b>				
<b>Contract Years</b>	<b>PTO (Sick &amp; Vacation)</b>	<b>Holidays</b>	<b>CME Days</b>	<b>CME Benefit</b>
1-3	26 days annual dump	11 paid holidays, including 1 floating holiday	7	\$2,000
4-6	28 days annual dump	11 paid holidays, including 1 floating holiday	7	\$2,500
7-9+	30 days annual dump	11 paid holidays, including 1 floating holiday	7	\$3,000

- Sick, vacation, and CME time shall not be carried over from year to year or contract to contract.
- Providers shall be entitled to paid time for all District holidays applicable to non-union employees.
- For the purposes of PTO payout upon termination of the employment relationship, 40% of PTO is considered “sick time” and will not be paid out.
- Receipts and expense reports must be submitted to receive reimbursement for CME expenses. For medical providers, paid CME must include required courses such as ACLS, PALS, and ATLS (as applicable).
- Benefits will be pro-rated for part-time employees.