

BAY AREA HOSPITAL DISTRICT BOARD MEETING MINUTES

July 8, 2025, Bay Area Hospital Myrtle Conference Room @ 6:05 pm

BOARD WORK SESSION at 5:30 pm – Officer and Committee Planning**CALL TO ORDER**

Tom McAndrew, Acting Board Chairperson, called the Bay Area Hospital (BAH) District Board meeting to order at 6:05 pm. A quorum was present. Public comment guidelines were read aloud, emphasizing respectful behavior and the purpose of the session.

BOARD ATTENDANCE

Tom McAndrew, MD; Simon Alonzo; Patrice Parrott; Brandon Saada; Kyle Stevens; John Uno, MD

STAFF ATTENDANCE

Brian Moore, CEO; Jennifer Collins, CNO; Kelli Dion, CQO; Tom Fredette; Gretchen Nichols, COO; Karen Miller, interim CFO; Kim Winker, Marketing & Communications Director; Dr. Paavani Atluri, MD, COS (Chief of Staff); Tina Warlick, EA; Aaron Orchard, IT Support Tech IV ; Troy Shumaker, IT Support Tech 1; Denise Bowers, EA

ABSENT: None

LEGAL COUNSEL

Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE AND INPUT

The public input session commenced immediately after the call to order, with 76 in-person public attendees, and 45 persons attending virtually.

During the public comment session, hospital staff and community members expressed a range of perspectives centered on the importance of stability, collaboration, and transparency in leadership and decision-making at Bay Area Hospital. Several speakers, including nurses and clinical leaders, shared personal stories reflecting their deep commitment to the hospital and its mission. They described the emotional toll of recent events, the challenges of working under strained conditions, and the pride they take in serving the community. Many emphasized the hospital's critical role as a regional provider, serving not only Coos County but also neighboring counties through emergency, critical care, pediatric, and obstetric services. There was strong support voiced for the current executive leadership team, with multiple speakers highlighting their accessibility, compassion, and hands-on involvement during crises. Concerns were raised about the potential disruption and financial cost of leadership changes during a time of operational and financial strain. Staff urged the board to consider the broader impact of its decisions on morale, patient care, and the hospital's ability to recruit and retain qualified personnel. Community members also called for greater transparency and public access to board materials, including finance committee packets, to foster trust and informed engagement. While some welcomed the new board's vision for change, they encouraged thoughtful, inclusive approaches that involve frontline staff and medical professionals in shaping the hospital's future.

Overall, the comments reflected a shared desire to preserve the hospital's strengths, protect essential services, and work collaboratively to address the challenges ahead.

The public input session closed at 6:40 p.m.

NEW BOARD MEMBERS SWEARING IN AND OATH OF OFFICE

The following newly elected board members were formally sworn in and took their oath of office, which was witnessed and executed by a notary public:

- Simon Alonzo
- Kyle Stevens
- Brandon Saada
- Dr. John Uno

Each member raised their right hand and took the oath of office, affirming their commitment to support the Constitution of the United States, the Constitution of the State of Oregon, and the laws thereof, as well as the policies of the Bay Area Hospital District. They pledged to faithfully and impartially perform the duties of the Board of Directors to the best of their abilities.

ELECTION OF BOARD OFFICERS

The Board discussed the current procedural guidelines related to leadership succession, specifically the requirement that the Chair must have served as Vice Chair for at least one year. While this guideline is intended to support a smooth and gradual leadership transition, it was noted that it would currently make four out of six board members ineligible for the Chair role. It was clarified that this is a procedural guideline—not a bylaw—and is based on best practices recommended by The Governance Institute through its education and training programs. The Board acknowledged the value of these guidelines as helpful guardrails, while also recognizing the need to balance them with the practical realities of board composition and leadership development.

Mr. Alonzo stated that he would entertain a motion to waive the recommended requirements.

Action Taken by the Board:

Tom McAndrew, MD moved to waive the recommended requirements as discussed. The motion was seconded and passed with all board members present voting with approval. Nominations for the four open board roles followed.

Nominations were opened for the position of **board chair**.

Kyle Stevens nominated Simon Alonzo.

Action Taken by the Board:

- Brandon Saada moved to elect Simon Alonzo as board chair; the motion was seconded by Kyle Stevens.
- Patrice Parrott nominated Tom McAndrew.
Patrice Parrott moved to elect Tom McAndrew as board chair; the motion was seconded by Tom McAndrew.

The two nominees for BAHD Board Chair were both given an opportunity to talk about their qualifications and experience.

Tom McAndrew's Comments:

1. Expressed that he doesn't typically seek leadership roles but feels strongly about continuity during a critical time, especially with the hospital facing potential bank foreclosure.
2. Emphasized the importance of stability to reassure the community, staff, and financial partners.
3. Shared his extensive background:
 1. Doctoral student in public health before attending medical school.
 2. 40 years as a physician, 37 of those in family medicine within the community.
 3. 25 years of service on the hospital board.

4. Spoke about the value of experience, judgment, and wisdom in leadership, noting that wisdom often comes from learning through failure.
5. Advocated for his candidacy based on his deep ties to the community and long-standing service.

Simon Alonzo's Comments:

1. Introduced himself as a small business owner with experience in operations and team leadership.
2. Acknowledged he does not have decades of medical experience but brings relevant skills in organizational leadership.
3. Highlighted the Chair's role as a liaison between the board, CEO, and community.
4. Expressed willingness to serve if elected and emphasized his commitment to the role.

As there were two motions on the floor for separate candidates, a vote was conducted.

The result was as follows:

4 votes in favor of Simon Alonzo, 2 votes opposed. Simon Alonzo was thereby elected as board chair.

Nominations were opened for the position of **board vice-chair**.

Simon Alonzo nominated Tom McAndrew, MD as board vice-chair.

Action Taken by the Board:

- Patrice Parrott moved to elect Tom McAndrew, MD as board vice-chair; the motion was seconded by Kyle Stevens.

The result was as follows:

6 votes in favor of Tom McAndrew, MD. Tom McAndrew, MD was thereby elected as board vice-chair.

Nominations were opened for the position of **board secretary**.

Simon Alonzo nominated Patrice Parrott as board secretary.

Action Taken by the Board:

Simon Alonzo moved to elect Patrice Parrott as board secretary; the motion was seconded by Brandon Saada.

The result was as follows:

Patrice Parrott was elected as board secretary by call of vote.

Nominations were opened for the position of **board treasurer**.

Tom McAndrew, MD nominated Kyle Stevens as board treasurer.

Action Taken by the Board:

Tom McAndrew, MD moved to elect Kyle Stevens as board treasurer; the motion was seconded by Patrice Parrott.

The result was as follows:

4 votes were cast for Kyle Stevens as board treasurer, representing a majority vote by a quorum of the board of directors. Kyle Stevens was thereby elected as board treasurer.

COMMITTEE APPOINTMENTS**Quality and Patient Safety Committee (QPSC)**

Chairperson Alonzo appointed John Uno, MD and Patrice Parrott as the board members assigned to the QPSC, with Patrice remaining as the committee chairperson. Arlene Roblan was appointed as a community member of the QPSC.

Finance Committee

Chairperson Alonzo appointed Brandon Saada to the Finance Committee, joining Kyle Stevens who is automatically the committee chair as he holds the position of board treasurer. Alonzo further appointed Judy Moody, as a community member for the committee. Tom McAndrew has asked to remain on the committee and Renee Nelson was recommended but not in attendance at this evening's meeting. Alonzo will follow up with Renee Nelson to discern interest in the role.

CONSENT AGENDA**The consent agenda included:**

- Board Meeting Minutes of June 10, 2025; Board Education Session Minutes of June 10, 2025; Board Work Session Minutes of June 11, 2025; QPSC Approved Minutes of May 22, 2025; Finance Approved Minutes of May 27, 2025; MEC Approved Minutes of May 28, 2025

Action Taken by the Board:

Dr. Tom McAndrew moved to approve the Consent Agenda as cited above and as included in the board packet. Ms. Patrice Parrott seconded, and the motion carried on call of vote with all board members present casting a vote of approval.

MEDICAL STAFF REPORT – Dr. Paavani Atluri, Chief of Staff

Dr. Atluri, speaking on behalf of the medical staff, extended a warm welcome to the newly elected board members and expressed appreciation for their service. He acknowledged the challenges ahead and emphasized the importance of the board's leadership in navigating complex decisions in the coming weeks. She highlighted that Bay Area Hospital serves not only Coos County but also patients from Lincoln and Douglas Counties, including those transferred from critical access hospitals throughout the region. As such, the hospital's commitment to high-quality care extends across a broad geographic area, and its role as a regional referral center is vital. Dr. Atluri expressed pride in the dedication and professionalism of the hospital's medical staff, including physicians, providers, nurses, and leadership. She emphasized that their shared mission is to provide the best possible care to patients. She urged the board to carefully consider the impact of upcoming decisions, particularly those that could affect patient care and community health, noting the current strain on the hospital's capacity to secure beds for patients requiring higher levels of care and cautioned that any further limitations could push the hospital toward a regional health crisis. Dr. Atluri concluded by noting that members of the Medical Executive Committee (MEC) and representatives from North Bend Medical Center (NBMC) were present and invited them to share their perspectives with the board.

Dr. Derrick Oaxaca, Emergency Medicine Director, highlighted the emergency department's role as a safety net for the region, particularly when patients are unable to access primary care. The speaker noted the increasing demands on emergency services due to an aging population and a shortage of specialists. They expressed concern about the sustainability of current operations and urged the board to consider long-term strategies for modernizing care delivery and addressing workforce shortages.

Dr. Wendy Haack, Medical Director of the Critical Care Unit, emphasized the unit's vital role in serving patients from across the coastal region, including communities as far as Astoria and Crescent City. She highlighted the importance of maintaining the hospital's partnership with Oregon Health & Science University (OHSU) through the virtual ICU program, which enhances care quality and supports physician development. Dr. Park urged the board to involve physicians in decision-making processes, noting that their clinical insights are essential to sustaining high-quality, community-based care.

Dr. Kim James, Chair of the Department of Obstetrics and Gynecology, welcomed the new board members and shared her personal connection to the hospital and community. She underscored the importance of protecting existing services, particularly obstetrics, given the region's geographic isolation and limited alternatives for maternal care. Dr. James stressed the need to address the primary care shortage and to prioritize physician recruitment and retention to maintain the hospital's culture of compassionate, high-quality care.

Dr. Jenny DeLeon, Chief of Pediatrics and Medical Director of the Kids' Hope Center, expressed concern about the national trend of pediatric service closures and emphasized the importance of preserving pediatric care at Bay Area Hospital. She noted that while pediatric admissions are lower due to preventive care, the hospital must remain prepared to serve children in a rural setting. Dr. DeLeon also advocated for continued support of the Kids' Hope Center, which is primarily funded through grants and fundraising. She requested that any decisions affecting pediatric services be made in consultation with those directly impacted.

Dr. Steve Tersigni, General Surgeon and CEO of North Bend Medical Center, reflected on his 30 years of service in the community and the evolution of surgical services at the hospital. He emphasized that the hospital's past success was built on strong collaboration between physicians and administration. Now serving in an administrative role, Dr. Tersigni reiterated that physicians are central to hospital operations and urged the board to prioritize collaboration in all strategic decisions.

Dr. Derek Rogalsky, Trauma Medical Director, reinforced the message that the hospital is operating at full capacity with limited resources. He noted that departments such as general surgery, emergency medicine, and obstetrics are all functioning under staffing constraints, with providers exceeding average workloads to meet community needs. Dr. Rogalsky cautioned that there is little room for service cuts and advocated for growth-oriented solutions, including service expansion and investment in infrastructure. He echoed the call for collaboration and thanked the board for engaging with the medical staff.

CHIEF EXECUTIVE OFFICER REPORT – Mr. Brian Moore, CEO

Mr. Brian Moore began his remarks by acknowledging the recent election cycle and the resulting tension and uncertainty that has emerged between the board and the hospital administration. He recognized that there has been a breakdown in trust, communication, and mutual understanding, and expressed his commitment to rebuilding those relationships through open dialogue and collaboration. He emphasized the urgency of defining a clear strategic direction for Bay Area Hospital. Using a metaphor, he likened the hospital to a large ship drifting on the Niagara River—stating that without decisive action and a clear plan, the organization risks being pulled toward crisis. He stressed that the hospital cannot rely on inertia alone and that proactive leadership is essential.

Mr. Moore proposed that the board and administration consider going beyond the standard monthly meeting cadence. He suggested the possibility of strategic retreats or a series of working sessions to align on long-term goals. He underscored the importance of asking the right questions and following up with data and analysis from the administrative team to support informed decision-making.

He also clarified the critical role of the CEO—not just in managing day-to-day operations, but in shaping the hospital's five- to ten-year future. He noted that the current pause in strategic direction has made it difficult for him to fulfill that forward-looking responsibility. Mr. Moore expressed his desire to work closely with the new board chair and members to chart a shared path forward. He reiterated his commitment to constructive engagement and to helping the board regain momentum in guiding the organization through this pivotal period.

Mr. Moore acknowledged the significant recent developments on the legislative front and noted their potential impact on the organization's strategic direction. He referenced an update that had been circulated in advance and emphasized that, given the abbreviated agenda for the evening, the primary objective should be to initiate a focused discussion on the next steps. Specifically, he encouraged the board to begin aligning on a framework for determining the organization's strategic path forward.

Motion to Establish a Transparency and Outreach Committee

Mr. Brandon Saada introduced a motion to establish a standing Transparency and Outreach Committee. The purpose of the committee would be to strengthen communication between the hospital and the public, and to improve community engagement and feedback mechanisms. He further moved to appoint Dr. John Uno as the initial board representative on the committee. The committee would be tasked with returning to the board a

proposed charter outlining its specific responsibilities and composition. The motion was seconded by Kyle Stevens. Discussion followed as below.

Mr. Saada elaborated on the motivation behind the proposal, citing repeated concerns from community members regarding transparency, communication gaps, and mistrust—both between the public and hospital staff, and internally among staff. He emphasized the need for a dedicated body to investigate these issues and to establish a mechanism for consistent, proactive information sharing. Mr. Simon Alonzo responded by expressing support for the intent of the motion but raised concerns about the structure. He suggested that forming a standing committee might introduce unnecessary bureaucracy and proposed instead the formation of a temporary task force. He noted that such a structure might be more appropriate for the initial phase of addressing transparency concerns. Additional board members echoed the importance of legal oversight to ensure that any transparency initiatives comply with hospital regulations and confidentiality requirements. There was also clarification that the intent was to improve access to information already deemed public, and to facilitate more open dialogue around such content.

Action Taken By The Board:

The board acknowledged the motion and discussion. Further deliberation on the structure—whether as a standing committee or a temporary task force—was recommended, with legal counsel to be consulted. **No final vote was recorded in this session.**

Legal Guidance on Formation of Transparency and Outreach Committee Provided by: Megan Kronsteiner, Legal Counsel

Ms. Kronsteiner confirmed that the board does have the authority to establish a Transparency and Outreach Committee. However, to formally create such a committee, an amendment to the hospital district's bylaws would be required. That amendment would need to clearly define the committee's purpose, scope, membership—whether it includes board members, community members, or both—its meeting frequency, and its reporting structure, particularly if it reports directly to the board. If the committee does report to the board, it would be subject to Oregon's public meeting laws, which include requirements for advance notice and open access, similar to other standing committees. While the board could choose to vote on forming the committee immediately, legal counsel recommended a more deliberate approach. Specifically, she advised that the board first work through the structure and responsibilities of the committee, draft a resolution along with proposed bylaw amendments, and then return with a formal plan for approval at a future meeting. Finally, she clarified that the current motion on the table is understood to be an initiation of the process—not a final action. The specifics of the committee's design and function will be developed collaboratively and brought back to the board for formal consideration.

Action Items & Next Steps:

- Continue discussion and place the item on the agenda for the next board meeting.
- Gather input from board members to shape the committee's design.
- Draft a resolution and proposed bylaw amendments.
- Consider forming the committee by resolution and amending the bylaws simultaneously.
- Ensure legal counsel is involved in reviewing transparency-related disclosures to ensure compliance with hospital regulations.

Chairperson Alonzo expressed his support for the creation of a Transparency Committee, stating that the community has clearly called for greater openness and that the board has a responsibility to respond accordingly. Considering the legal guidance provided during the meeting by Megan Kronsteiner, he agreed that it would be appropriate to allow additional time to plan and structure the committee thoughtfully. Mr. Alonzo proposed amending the original motion to place the formation of the committee on the agenda for the next board meeting, allowing for further input and development prior to formal action.

Action Taken By The Board:

Patrice Parrott made a motion for the board to investigate the development of a committee for improved transparency, and details to be listed and then voted on in the next board meeting.” The motion was seconded by Chairperson Alonzo and passed without opposition, indicating consensus to revisit the committee’s formation with a more defined structure at a future meeting.

Legislative Update Summary – Brian Moore, CEO

Mr. Brian Moore provided an update on recent Medicaid policy developments and their anticipated impact on Bay Area Hospital. He noted that the Oregon legislative session concluded prior to the passage of the federal “Big, Beautiful Bill,” which includes significant changes to Medicaid eligibility and requalification processes beginning in 2026. A major financial impact is expected in 2028, when the current 6% provider tax cap will begin to decrease incrementally by 0.5%, reducing the total Medicaid funding available to the state. Mr. Moore explained that Oregon hospitals, including Bay Area Hospital, contribute to Medicaid funding through a quarterly provider tax. These funds are matched and multiplied by the federal government; a standard mechanism used nationwide. While Bay Area Hospital is not among the largest Medicaid providers in the state, it is a significant participant and will face financial challenges because of the reduced funding.

He also noted the likelihood of a special legislative session focused on transportation, which may present an opportunity to advocate for enhanced Medicaid support, particularly for rural hospitals. The federal legislation includes a rural hospital carve-out provision, and Mr. Moore recommended that the hospital proactively identify the responsible parties in Oregon for allocating this funding and explore how Bay Area Hospital might qualify as a beneficiary. Despite the legislative session having ended, Mr. Moore emphasized the importance of continued advocacy throughout the summer to ensure the hospital’s needs—and those of the broader community—are represented in future Medicaid funding decisions. He estimated that approximately 20% of the hospital’s overall patient mix is covered by Medicaid, with pediatric services being more heavily impacted at around 60%.

While no immediate board action is required, Mr. Moore encouraged the board to remain informed and engaged as the policy landscape evolves.

Board Discussion: Strengthening Community and Stakeholder Partnerships

Mr. Simon Alonzo referenced a discussion item on the agenda regarding the need to strengthen partnerships with the community and other healthcare stakeholders in support of the hospital’s strategic goals. He expressed support for continued collaboration between the executive team and local healthcare providers, echoing earlier comments made by Dr. Tersigni. Mr. Alonzo emphasized that a lack of trust appears to exist within the system—both among staff and between the hospital and the public—and encouraged the executive team to continue efforts to rebuild and reinforce those relationships. The board directed Mr. Brian Moore, CEO, to prioritize ongoing engagement with local healthcare partners and community stakeholders. The executive team is expected to report back on progress and strategies for improving trust and collaboration across the system.

QUALITY AND PATIENT SAFETY COMMITTEE (QPSC) REPORT – Ms. Patrice Parrott

The board received a report summarizing the Quality Committee’s activities and presentations from the June meeting.

The committee heard updates from several departments, including Laboratory; Environmental Services; The Family Birth Center; The Level III Trauma Program. All departments were commended for their excellent work and informative presentations. Ms. Kelli Dion, CQO, provided a summary of the most recent CQC meeting, which included a review of Leapfrog safety scores and quality oversight metrics; Presentation of the quarterly Board Report Card, covering key performance indicators such as: Catheter-associated urinary tract infections (CAUTI); Central line-associated bloodstream infections (CLABSI); 30-day readmission rates for heart failure and general medical conditions; DFA-90 compliance. All metrics met or exceeded minimum benchmarks, with the exception

of the hospital's mortality index, which remains below benchmark. It was noted that the mortality index is a risk-adjusted metric and not a direct count and has been a persistent challenge.

The board was informed of several recent achievements in quality and performance:

- The American College of Cardiology elevated the hospital's Chest Pain and MI Registry performance from a Silver to a Platinum Performance Achievement Award for 2024.
- The American Heart Association awarded the hospital a 2025 Silver Achievement Award for Rural Heart Failure Resuscitation Care.
- Multiple departments received Silver, Gold, and Platinum recognitions for quality initiatives.
- Ms. Michelle Merrick, a nurse closely involved with the Comprehensive Primary Care (CPC) program, earned her Certified Professional in Healthcare Quality (CPHQ) credential, recognizing her expertise in healthcare quality assurance.

The board expressed appreciation for the continued efforts of staff across departments to improve quality outcomes and maintain high standards of care. The committee will continue to monitor performance metrics and support initiatives aimed at advancing patient safety and clinical excellence.

FINANCE REPORT – Ms. Karen Miller, interim CFO

Ms. Karen Miller, Interim Chief Financial Officer, addressed the board and began welcoming new board members attending their first meeting. She noted that this was also her first board meeting in the role of Interim CFO, having joined the organization in March as Controller. Ms. Miller reported that the hospital experienced a net loss of approximately \$4 million for the month of May, contributing to a year-to-date loss of \$21 million through May. She indicated that financial data for June was not yet finalized and would be presented at a future meeting. She emphasized the urgency of the hospital's financial situation and echoed earlier comments made by Mr. Brian Moore regarding the need for timely and decisive action. Ms. Miller informed the board that a call with the hospital's banking partner is forthcoming and stressed the importance of receiving strategic direction from the board to guide financial planning and decision-making. She concluded by expressing appreciation for the board's engagement and reiterated the need for prompt guidance to support the hospital's path forward.

FINANCIAL PERFORMANCE REVIEW

Comprehensive financials were included in the board packet; highlights

Overall, Bay Area Hospital reported a loss of \$4M in May, against budgeted gain of \$445K. May Gross Revenue was \$61M and Net Revenue ended the month at \$20M, with a Net to Gross Revenue Margin of 32.7%. May Gross Revenue totaled \$60.5M, \$4.4M decrease to budget and \$852K decrease to prior year. Gross Revenue Variance of \$4.4M vs budget is driven by an unfavorable volume decrease of \$9.4M and favorable rate increase of \$5M. As a %, Deductions from Revenue, increase to budget 67.3% vs. 65.1% (32.7% vs 35.0% revenue realization rates). Medicare Advantage volumes declined 2% compared to the three-month run rate and 4% year-over year, resulting in gross charge shortfalls of \$1.4M and \$2.8M, respectively. This was partially offset by a 3.2% increase in Medicare Basic volumes versus the three-month run rate, contributing \$1.5M in gross charges.

Overall Medicaid volume decreased 3.3% compared to the three-month run rate, with a resulting gross charge impact of \$2.2M. Commercial volume saw a modest 1.42% increase, adding \$696K in gross charges. Commercial payor mix continues to trend downward YOY; FY22: 16.40%, FY23: 15.91%, FY24: 14.36%, FY25 YTD: 14.02%. *Total Net Revenue* May is below budget \$2.9M and down to prior year by \$1.1M (\$20M vs. \$23M vs. \$21M). YTD is below budget by \$23M and down to prior year by \$832K (\$222M vs. \$245M vs. \$223M). *Cash and Cash Equivalents* are \$7M at the end of May and Assets limited to use are \$36.7M for an overall cash balance of \$43.7M. Overall cash and investments decreased about \$2.1M to prior month. Days Cash on Hand is 62 days. Account Receivable (net) decreased \$500K from prior month to close at \$27M for May. Current liabilities increased \$2.3M compared to prior month. The Current Ratio is 2.48 and Debt to Capitalization is 41.8%.

REPORT OF THE BOARD CHAIRPERSON and BOARD COMMENTS

Simon Alonzo

Mr. Alonzo introduced himself as a lifelong resident of the community and the owner of a small business investment and management company. He emphasized that his decision to join the board was driven by a commitment to serve the community, particularly during a time when the hospital—an essential institution for the region—is facing challenges. He acknowledged public concerns about the direction of the new board and assured attendees that all new members are approaching their responsibilities with care, thoughtfulness, and a collaborative spirit.

Brandon Saada

Mr. Saada expressed agreement with Mr. Alonzo's remarks and expanded on the complexity of the board's role. He noted that each community member brings a unique perspective and set of experiences, and the board must thoughtfully consider all viewpoints to arrive at informed decisions. He highlighted the difficulty of discerning the full truth when multiple narratives exist and emphasized the importance of empathy, transparency, and open communication. Mr. Saada reiterated his support for forming a transparency committee to help bridge gaps in understanding and rebuild trust.

Dr. John Uno

Dr. Uno shared his longstanding connection to the hospital as a former urologist and expressed a deep personal commitment to its success. He affirmed his willingness to contribute in any way possible to support and preserve the hospital's future.

Kyle Stevens

Mr. Stevens welcomed the new board members and echoed the sentiment that collaboration and mutual understanding will be essential as the board works together to determine the best path forward for Bay Area Hospital. He emphasized that the hospital's well-being must remain the board's central focus.

Additional Public Comment – Dr. Philip Michael, Medical Director of the Adult Psychiatric Unit (APU)

Dr. Michael addressed the board to express his strong support for preserving psychiatric services at Bay Area Hospital. He noted that he has served in this role full-time since January, following part-time work at the hospital in prior years, and considers it a privilege to lead the unit. Dr. Michael emphasized the critical importance of the psychiatric unit to the region, noting that it is the only inpatient psychiatric facility along the coast. He described the unit as small but highly effective, supported by a dedicated and growing team of providers. He acknowledged past financial challenges but shared that the team, in collaboration with consultant firm Signet, is actively working to improve operational efficiency and financial sustainability. He also referenced the community's historical support for the unit, including significant financial contributions, and highlighted the strong partnerships the unit maintains with local organizations such as Coos Health & Wellness and Waterfall Clinic. Dr. Michael expressed his willingness to provide honest, transparent information to the board and invited board members to engage with him directly to better understand the unit's value and operations.

EXECUTIVE SESSION

The Board went into Executive Session as authorized by ORS 192.660(2) (c) consider matters pertaining to the function of the medical staff at a public hospital and (f) consider information or records that are exempt by law from public inspection at 7:39 pm.

RETURN TO REGULAR SESSION

Chairperson Alonzo reopened the meeting into public session at 7:48 pm.

MEDICAL STAFF CREDENTIALS REPORT

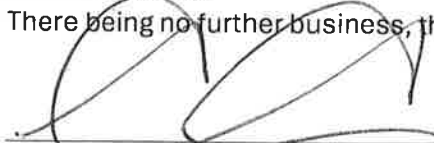
This report was reviewed in the Executive Session.

APPROVAL OF CREDENTIALING REPORT

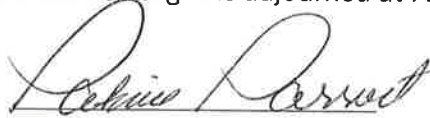
Action taken by the Board: Dr. Tom McAndrew moved to approve the Credentialing Report as discussed in the Executive Session and presented in the packet. Patrice Parrott seconded, and the motion was carried out on call of vote by all board members.

ADJOURNMENT

There being no further business, the District Board meeting was adjourned at 7:52 pm.


Simon Alonzo, Board Chairperson

Date: 8/12/2025


Patrice Parrott, Secretary

Date: 8/12/2025

Bay Area Health District

RESOLUTION

A RESOLUTION ADOPTING THE BAY AREA HEALTH DISTRICT HOUSING OPPORTUNITY SITE FEASIBILITY STUDY

WHEREAS, Bay Area Health District, in partnership with the City of Coos Bay, collaborated for a mixed-use neighborhood within the medical park district that safely connects multi-modal transportation facilities to and through the district to provide needed housing, economic, and recreational opportunities for people of all ages, incomes, and abilities in line with Transportation Growth Management goals and objectives; and

WHEREAS, the City's adopted Housing Needs Analysis identifies a mix of housing types is needed to accommodate current and future demand; and

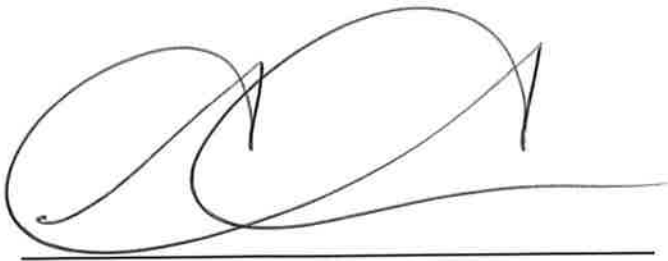
WHEREAS, the Bay Area Hospital's own master planning efforts find that the subject project site is not necessary for expansion of medical facilities; and

WHEREAS, the City applied for and received a Transportation Growth Management grant to facilitate housing and mixed-use development on Bay Area Hospital property and worked with consultant Cascadia Partners, LLC to evaluate the development potential of the project area; and

WHEREAS, after city, hospital, and stakeholder input, a Bay Area Health District Opportunity Site Feasibility Study was created.

NOW, THEREFORE BE IT RESOLVED THAT Bay Area Health District HEREBY adopts the Bay Area Health District Opportunity Site Feasibility Study, attached hereto as Exhibit A and incorporated herein by reference.

The foregoing resolution was duly adopted by the Bay Area Health District, Oregon, this 12th day of August, 2025.

A handwritten signature in black ink, appearing to read 'Simon Alonzo', written over a horizontal line.

Simon Alonzo

Bay Area Health District Board Chair