Bay Area Hospital District Board Meeting Agenda*

August 12, 2025 @ Bay Area Hospital, Myrtle Conference Room

***** ***exempt from public disclosure under ORS 192.355(9)***

TIME

5:30 Board Education Session

6:05 Call to Order **Simon Alonzo, Chairperson**

- Public Input—3 minutes per speaker

6:20 2nd Quarter Compliance Report **ACTION ITEM** **Linda Howard, The Fox Group**

6:30 Consent Agenda **ACTION ITEM** **Simon Alonzo, Chairperson**

- Board Meeting Minutes of July 8, 2025
- Board Education Session Minutes of July 8, 2025
- Board Work Session Minutes of July 9, 2025
- Board Work Session Minutes of July 16, 2025
- Board Meeting of July 21, 2025
- Board Meeting of July 22, 2025
- Finance Approved Minutes of June 24, 2025
- MEC Approved Minutes of June 25, 2025* ***exempt from public disclosure under ORS 192.355(9)***
- QPSC Approved Minutes of June 26, 2025* ***exempt from public disclosure under ORS 192.355(9)***

6:40 Report of the Chief Executive Officer **Kelly Morgan, interim CEO**

- Operational Update
- Legislative Advocacy Update
- Strategic Direction
- Bank Update
- Land Feasibility Study **ACTION ITEM** **Gretchen Nichols, COO**

6:55 Quality and Patient Safety Committee Report (QPSC) **Patrice Parrott, Secretary**

- Executive Summary* ***exempt from public disclosure under ORS 192.355(9)***
- Scope of Services and Agenda Item Summary **ACTION ITEM** **Kelli Dion, CQO**

7:10 Finance **Doug Dickson, interim CFO**

Karen Miller, Controller

- Finance Executive Summary
- Finance Committee Narrative and Financials

7:25 Board Member Comments **Simon Alonzo, Chairperson**

- Report of the Chairperson
- Board Member Comments

7:35 Medical Staff Report **Paavani Atluri MD, Chief of Staff**

7:45 Executive Session ORS 192.660(2)

(c) consider matters pertaining to the function of the medical staff at a public hospital
(f) consider information or records that are exempt by law from public inspection

7:55 Credentialing Report* ***exempt from public disclosure under ORS 192.355(9)*** **ACTION ITEM**

"Does every clinician on this list for reappointment to staff faithfully follow all of our patient safety protocols and requirements"?

8:00 Adjourn – next regular meeting - Tuesday, September 9, 2025

Bay Area Hospital

QUARTERLY COMPLIANCE BOARD REPORT

SECOND QUARTER 2025

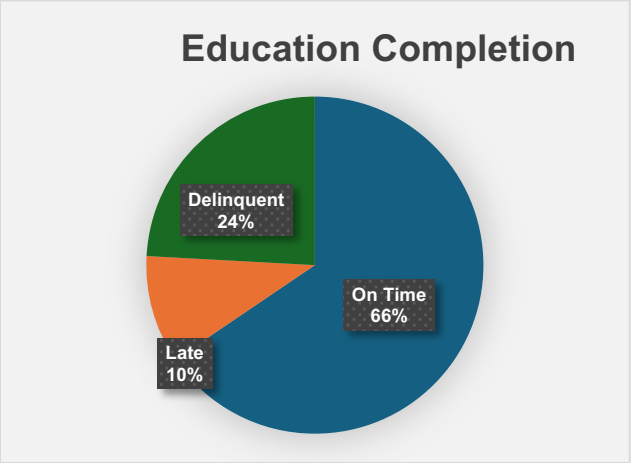
TO: District Board Members

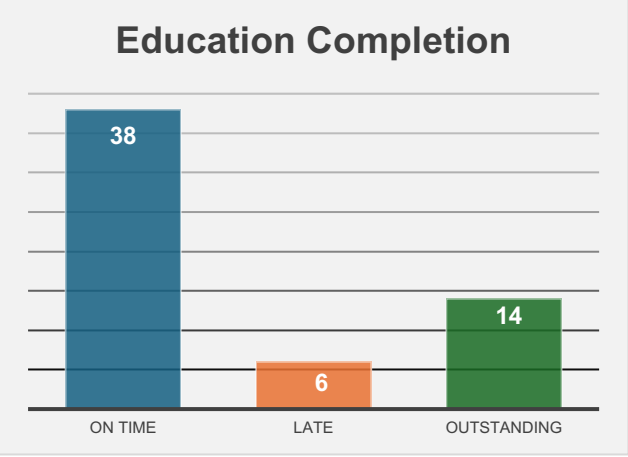
FROM: Linda Howard, Compliance Officer, The Fox Group
Kellie Jones, Privacy Officer, The Fox Group

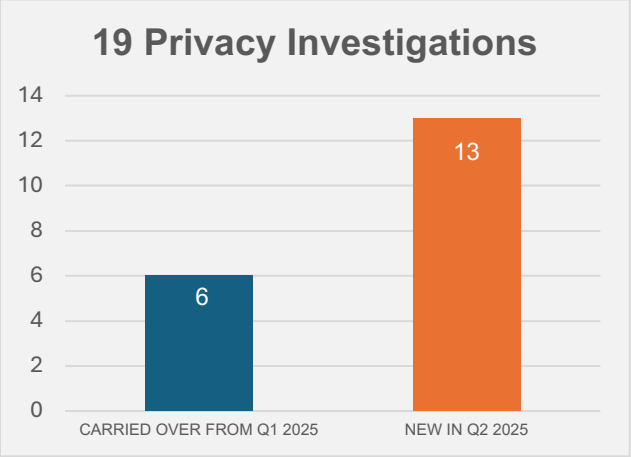
SUBJECT: Quarterly Compliance Board Report, 2nd Quarter 2025

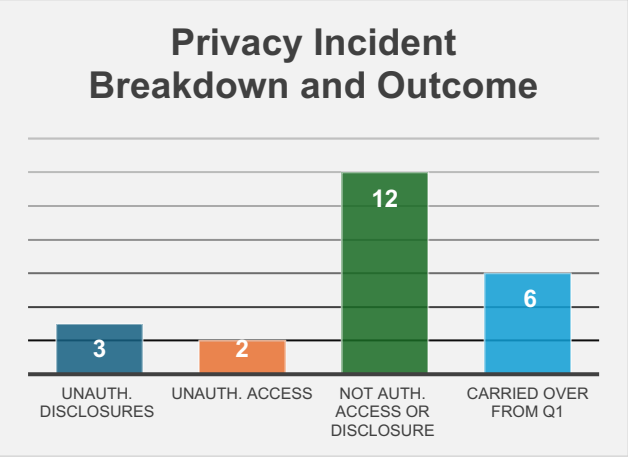
DATE: July 28, 2025

COMPLIANCE OVERVIEW DASHBOARD









Bay Area Hospital

Industry Compliance Watch

1. **Record-Breaking Enforcement Activity**

   Spring 2025 OIG Semiannual Report (Oct 2024 - Mar 2025):

   - $16.61 billion total monetary impact
   - 744 enforcement actions
   - 1,500+ excluded from federal programs
   - 46% of hospitals failed price transparency requirements

   June 2025 National Health Care Fraud Takedown:

   - 324 defendants charged ($14.6 billion alleged fraud)
   - Largest healthcare fraud takedown in DOJ history
   - Key targets: telehealth fraud, unnecessary services, kickbacks

2. **Patient Safety Reporting Crisis**

   Upcoming OIG Reports (Released July 2025):

   - **50% Capture Gap**: Hospitals fail to capture half of patient harm events
   - **Under-reporting**: Minimal reporting of captured events to CMS/States
   - **Risk**: Potential quality program deficiencies and penalties
   - **Action Required**: Immediate review of incident reporting systems

Program Elements Summary Update

Program Element	Activity/Document	Status
Written Policies and Procedures	Review and update policy	• The Committee approved no new compliance policies • BAH updated no existing compliance policies
Compliance Leadership and Oversight	Conduct regular Compliance Committee Meetings	• No formal meetings held during Q2 due to leadership transitions and departure of key committee members • Compliance Officer maintained direct communication with CEO and leadership team • Committee restructuring completed; first meeting under new structure held late June 2025
Education & Training	Assign Annual Compliance Refresher and New Hire Training and provide compliance updates	• Employees completed 75.9% of assigned trainings during Q2 • Compliance published two (2) articles in the Pulse Newsletter

Effective Lines of Communication	Maintain open channels for employees to ask questions, report potential compliance issues, and share concerns with the compliance department	• Compliance and Privacy received notification of thirteen (13) privacy incidents
Enforcing Standards: Consequences and Incentives	Publicize consequences of failing to follow compliance guidelines and administer consistent consequences for misconduct	• BAH makes policies available for employees to review • BAH administered consequences for misconduct in accordance with polices
Risk Assessment, Auditing, and Monitoring	Conduct auditing, internal monitoring, and risk assessments	• Current audit results were not submitted as no committee meetings were held during Q2
Responding to Detected Offenses and Developing Corrective Action Initiatives	Conduct investigations, implement corrective actions, enforce disciplinary measures, monitor effectiveness, and document and communicate outcomes to prevent future violations	• No committee meetings during Q2

Quarter-over-Quarter Comparison

Metric	Q1 2025	Q2 2025	Trend
Training Completion	83%	75.9%	↓ 7.1%
Privacy Incidents	19	13	↓ 31.6%
Committee Meetings	2	0*	N/A
Policies Updated	0	0	N/A
Corrective Actions	9	5	↓ 44.4%

*Due to leadership transition and committee restructuring.

Bay Area Hospital

DETAIL REPORT

- This report presents a comprehensive overview of the compliance activities and findings for Bay Area Hospital (BAH) during the 2nd Quarter of 2025. It highlights the essential elements of an effective compliance program, including developing and reviewing policies and procedures, program oversight, education and training initiatives, monitoring and auditing processes, and enforcement and disciplinary actions.
- Additionally, a detailed privacy report is included, summarizing investigations and corrective actions taken to address privacy-related incidents, ensuring the protection of patient information and adherence to regulatory standards.

Compliance Program Elements

1. Policies and Procedures

- New Policies: Compliance approved no new policies.
- Policy Reviews & Updates: BAH updated no existing compliance policies.

2. Compliance Leadership and Oversight

- The Compliance Officer functions are supported by an outside consultant (The Fox Group, LLC).
- During the 2nd Quarter of 2025, no formal Compliance Committee meetings were held due to rapid leadership changes and the departure of several key committee members, which prevented adequate attendance and quorum.
- Despite the absence of formal meetings, the Compliance Officer maintained constant communication with the former CEO and other members of the leadership team to ensure continuity of compliance operations throughout the transition.
- Significant time during Q2 was dedicated to restructuring the committee and developing a strategic path forward to maintain BAH's effective compliance program during this period of change.

3. Education and Training

- HR assigned fifty-eight (58) staff (43 clinical and 15 non-clinical) regulatory and compliance program training.
- 75.9% completed training.
  - 65.5% (38) completed training on time.
  - 10.3% (6) completed training late.
  - 24.1% (14) were either past due or received an exemption.

76% Completed Training

4. Effective Lines of Communication

During the 2nd Quarter, Privacy and Compliance received notification of thirteen (13) privacy incidents through various channels, including emails and compliance voicemails. For more information, please refer to the Privacy Report.

5. Enforcing Standards: Consequences and Incentives

BAH's compliance policies are readily accessible to all staff. In the 2nd Quarter BAH issued sanctions and implemented corrective actions for five (5) incidents, which were

in line with these policies.

6. Risk Assessment, Auditing, and Monitoring

Audits scheduled for the 2nd quarter are still on-going.

7. Responding to Detected Offenses and Developing Corrective Action Initiatives

Multiple privacy investigations resulted in various levels of employee discipline. See, Privacy Report outlined below.

Other Compliance Matters

The second quarter of 2025 required significant adaptation as BAH navigated leadership transitions while maintaining compliance program effectiveness. The following activities ensured continuity during this challenging period:

Compliance Program Restructuring

The hospital is actively strengthening its compliance infrastructure in response to OIG's General Compliance Program Guidance, BAH restructuring, and recent leadership changes. The Compliance Committee underwent restructuring and held its first meeting under the new structure last month.

Recent Activities

Compliance education sessions completed for committee members and leadership team. Education highlighted:

- OIG enforcement trends and new regulatory focus areas
- Integration of quality metrics with compliance oversight
- Risks specific to BAH's current environment

Upcoming Initiatives

- Schedule Board compliance education session
- Goal: Ensure board-level understanding of compliance risks and oversight responsibilities
- Update Compliance Work Plan in response to BAH restructuring, and recent regulatory guidance.

This proactive approach to compliance education and committee restructuring positions the hospital to better respond to the heightened enforcement environment and evolving regulatory requirements outlined in this report.

Privacy Report (04/01/2025-06/30/2025)

Privacy Investigations and Outcomes

A. NUMBER OF INVESTIGATIONS

Nineteen (19) investigations in Q2

- Privacy carried six (6) investigations over from Q1 2025

- Privacy identified and investigated a total of thirteen (13) new incidents during Q2, with two (2) reported via emails/compliance voicemails/phone calls and eleven (11) detected through Quantros and Imprivata/FairWarning monitoring.

B. FINDINGS/OUTCOMES

3 Unauthorized Disclosures

1) **Unauthorized Disclosures –** Three (3) unauthorized disclosures

- ***Case 1 – Background***
  A billing error by third-party vendor Savista resulted in an incorrect insurance disclosure. The issue involved a Savista employee.

  Corrective Action/Discipline
  Savista will address the issue internally through employee education and appropriate disciplinary action.

- ***Case 2 – Background***
  An RN covering for the discharge nurse inadvertently left referral paperwork and face sheets for other patients in a patient room. The patient returned the documents shortly thereafter.

  Corrective Action/Discipline
  Level 1 violation, recommend coaching.

- ***Case 3 – Background***
  Savista, a third-party billing company, submitted an appeal letter with the wrong member's name; however, the enclosed PHI pertained to the correct patient.

  Corrective Action/Discipline
  Savista will address the issue with their employee and provide discipline and education.
  Breach notification was issued to the affected individual.

2 Unauthorized Access

2) **Unauthorized Access –** Two (2) unauthorized access

- ***Case 1 – Background***
  An employee made a copy of a co-worker RN's medical record and stored it in her personal locker with the intent to use it during a management meeting to seek disciplinary action against the RN.

  Corrective Action/Discipline
  Level 3 privacy violation—intent for personal gain and malice.
  Recommended action: 5-day suspension up to termination.

- ***Case 2 – Background***
  An employee removed patient records from the facility and brought them home with the intent to file complaints against staff and leadership, believing her clinical perspective was being dismissed. She denied the action during two separate privacy meetings and only admitted it after being presented with video evidence.

  Corrective Action/Discipline
  Level 3 privacy violation—intent for personal gain and malice.
  Recommended action: Minimum 5-day suspension.

3) **Other Incidents:**

- Twelve (12) incidents were reviewed and determined not to involve unauthorized access or disclosure.
- Two (2) investigations remain open and are continuing into Q3.

Other Privacy Matters

- None.

Industry Compliance Watch

During the second quarter of 2025, several notable regulatory developments occurred that may influence BAH's compliance priorities in the coming months. Key updates include:

The Spring 2025 OIG Semiannual Report demonstrates unprecedented enforcement activity with $16.61 billion in monetary impact and 744 enforcement actions. Hospitals face heightened scrutiny in two critical areas: Medicare Advantage arrangements ($13.6 million in overpayments identified), price transparency compliance (46% failure rate) and Telehealth arrangements with third-party companies. The June 2025 National Health Care Fraud Takedown, charging 324 defendants with $14.6 billion in alleged fraud, signals aggressive enforcement will continue through 2025.

While the below-mentioned reports were released during the July (after the 2nd quarter) they are noted as they may impact compliance focus for the 3rd and 4th quarters.

Two OIG reports on adverse event capture and reporting practices, OEI-06-18-00401 and OEI-06-18-00402, reveal that hospitals capture only 50% of patient harm events and report even fewer to required agencies. This systemic failure creates immediate compliance risks as OIG increases focus on quality metrics tied to reimbursement. Rural hospitals, often operating with manual systems and limited staff, face particular challenges in meeting the industry benchmark of 80-90% event capture rates.

Other Compliance Activities

The Compliance Department provides routine support to important BAH initiatives, such as researching questions about billing guidelines, confirming compliance with other laws and regulations.

Summary

The 2nd Quarter of 2025 focused on training, audits, and addressing privacy concerns. The Compliance team remains actively engaged in supporting BAH's adherence to regulatory requirements and high standards of integrity.

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.

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, VD 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 Patrice Parrott, Secretary

Date: _____ Date: _____

BAH AREA HOSPITAL DISTRICT BOARD EDUCATION SESSION MINUTES

July 8, 2025

SPRUCE FIR CONFERENCE ROOM/TEAMS HYBRID @ 5:30 PM

CALL TO ORDER

Tom Mc Andrew, MD, Acting Board Chairperson, called the Bay Area Hospital (BAH) District Board Education Session to order at 5:26 pm.

BOARD ATTENDANCE

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

ABSENT

STAFF ATTENDANCE

Brian Moore, CEO; Jennifer Collins,CNO; Kelli Dion, CQO; Gretchen Nichols, COO; Mitch Watson, interim CFO; Kim Winker, Marketing & Communications Director; Dr. Paavani Atluri, COS; Denise Bowers, EA

LEGAL COUNSEL

Megan Kronsteiner, Esq. not present.

PUBLIC ATTENDANCE

Members of the public were in attendance in person.

Dr. McAndrew introduced the session, explaining that it aims to introduce new board members to the unique aspects of being an elected official of a hospital district. He explained that Megan Kronsteiner, BAH Legal Counsel, would provide insights on public meeting laws at this evening's session.

Public Meeting Laws:

Quorum Rules: Megan emphasized the importance of avoiding deliberations with a quorum outside of declared public meetings, explaining that any meeting with more than three out of six members requires public notice.

Expanded Definition: Megan explained that the definition of public meetings has been expanded to include serial communications, such as text messages and emails, which can be considered public meetings if they involve deliberations among board members.

Enforcement and Training: Megan noted that the Oregon Governmental Ethics Commission enforces public meeting laws and provides required training for district board members, emphasizing the importance of compliance.

Governance Institute and Educational Resources: Megan mentioned the use of the Governance Institute for nationwide governance education for hospital systems. They explained that many documents in their work packets are modeled after the institute's resources.

Public Records and Meeting Notices: Megan explained the requirements for public records and meeting notices, including the need for public notice of meetings and the importance of avoiding serial communications that could be considered public meetings.

- **Public Records:** Megan explained that board members are considered entities under public records laws and may receive public records requests, which must be handled appropriately.
- **Meeting Notices:** Megan emphasized the importance of providing public notice for meetings, including posting on the Oregon Transparency website, the hospital's website, and social media platforms like Facebook.
- **Serial Communications:** Megan highlighted the importance of avoiding serial communications, such as text messages and emails, that could be considered public meetings, advising board members to avoid "reply all" in emails and to be cautious with text chains.
- **Record Keeping:** Megan advised board members to keep their electronic communications to a minimum and to be aware that notes taken during meetings can also be subject to public records requests.

Executive Sessions: Megan clarified the distinction between open board meetings and executive sessions, explaining the limited matters that can be discussed in executive sessions and the requirements for holding them.

- **Open vs. Executive:** Megan explained that while everything can be done in an open board meeting, executive sessions are permitted for discussing certain limited matters away from the public.
- **Discussion Topics:** Megan listed the topics that can be discussed in executive sessions, including medical competency, exempt records, litigation, and certain personnel matters.
- **Requirements:** Megan noted that executive sessions must be noticed with the specific exemption being used, and the news media is generally allowed to attend, except in specific circumstances.
- **Confidentiality:** Megan emphasized the importance of confidentiality in executive sessions, explaining that while the news media can attend, they are instructed not to report on the discussions, although there are no legal repercussions if they do.

Conflicts of Interest: Megan discussed the importance of declaring conflicts of interest, both actual and potential, and the need to avoid voting on matters where there is an actual conflict.

- **Declaration:** Megan emphasized the importance of declaring both actual and potential conflicts of interest, explaining that board members must announce these conflicts before engaging in discussions.
- **Voting Restrictions:** Megan explained that board members with actual conflicts of interest should not vote on related matters, although there are exceptions if their vote is needed to make a quorum.
- **Family Members:** Megan noted that conflicts of interest also extend to immediate family members and household members, particularly if they could profit from the board's decisions.

- **Guidance:** Megan offered to provide a handbook on conflicts of interest to help board members navigate these complex rules.

Board Officer Roles: Concerns were addressed about the eligibility criteria for board officer roles, explaining that the policies and procedures are guidelines and can be amended or waived as needed.

- **Eligibility Criteria:** Spruce explained that the policies and procedures regarding eligibility for board officer roles are guidelines based on best practices and can be amended or waived if necessary.
- **Amendment Process:** Megan clarified that the board can either amend the procedures or decide to waive them for specific instances, ensuring flexibility in their application.

Audio Quality and Meeting Accessibility: Participants discussed the need to improve audio quality for remote attendees and suggested using microphones to enhance sound clarity during meetings.

- **Audio Issues:** Participants noted that audio quality for remote attendees is sometimes poor, with background noise making it difficult to hear speakers clearly.
- **Microphone Use:** Suggestions were made to use microphones during meetings to improve sound clarity and ensure better audio quality for remote participants.

Introductions: Participants introduced themselves, including their roles and backgrounds, to familiarize new board members with the team.

Follow-up tasks:

- **Public Meeting Laws:** Send out a handbook on public meeting laws and conflicts of interest to the board members. (Megan)
- **Hospital Emails:** Provide hospital email addresses and passwords to the board members. (The team)
- **Audio Quality:** Investigate and improve the audio quality for remote participants by looking into microphone setup and IT solutions. (The team)
- **Board Member Introduction:** Schedule a meet and greet session for new board members with the MEC members. (The team)

ADJOURNMENT

As the District Board Education Session meeting was at time, it was adjourned at 5:58 pm.

_____ _____

Simon Alonzo, Board Chairperson Patrice Parrott, Secretary

Date:_____ Date:_____

BAY AREA HOSPITAL DISTRICT BOARD WORK SESSION
JULY 9, 2025 MINUTES
SpruceFir Conference Room @ 11:30 am

CALL TO ORDER
Chairperson Simon Alonzo, called the Bay Area Hospital (BAH) District Board Work Session to order at 11:33 am.

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

ABSENT *(excused)*

STAFF ATTENDANCE
Brian Moore, CEO; Jennifer Collins, CNO; Kelli Dion, CQO; Tom Fredette, HR Director; Karen Miller, interim CFO; Gretchen Nichols, COO; Kim Winker, Marketing and Communications Director; Denise Bowers, EA

LEGAL COUNSEL
Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE AND INPUT
Members of the public were in attendance during the meeting.

FY26 Budget and Staffing Reductions
The board discussed the 5.9% staffing reduction outlined in the FY26 budget, noting that implementation has not yet begun despite the start of the fiscal year. Management emphasized the urgency of proceeding with the reductions to align with the approved budget and address the hospital's ongoing financial challenges. The staffing reduction plan was developed through a structured position control process and executive review, with a focus on minimizing impacts to safety, quality, and patient experience. While the decision to reduce staffing was made by the previous board, the current board acknowledged its responsibility to oversee the implementation. Leadership confirmed that the reduction process will begin this month, with union engagement and legal review in progress. Implementation timelines will vary depending on union contract requirements.

Key Points:
- 62 FTEs are targeted for reduction, with a mix of clinical and non-clinical roles.
- Voluntary resignation and early retirement options are being explored to reduce involuntary layoffs.
- Communication with unions has been general to date; detailed discussions are forthcoming.

Revenue Cycle and Savista Contract
The board expressed significant concern regarding the Savista revenue cycle outsourcing contract, citing a $4 million annual cost increase without corresponding improvements in performance. Leadership explained that the decision to outsource was driven by workforce shortages and the complexity of hospital billing. While Savista is currently meeting the baseline contractual metrics, they have not delivered the anticipated revenue enhancements. In response, the board requested that the executive team prioritize a thorough review of the contract, explore options for breach or renegotiation, and consider transitioning some billing functions back in-house. Additional suggestions included partnering with local institutions, such as SWOCC, for workforce development and exploring regional billing collaborations to strengthen internal capabilities.

Bank Relations and Debt Obligations
Management provided an update on ongoing communications with the hospital's lender, noting that a formal forbearance agreement has not yet been established. The bank has proposed a $25 million payment to reduce the hospital's interest rate from 7.5% to 5%; however, management is weighing the legal costs and the impact such a payment would have on cash reserves. The board expressed concern about the absence of a clear contingency plan should the proposed affiliation with Quorum not proceed. In response, leadership acknowledged the need for backup planning and indicated that alternative financing options and consulting support are actively being explored.

Budget Implementation Status
Aside from the staffing reductions, most other budget components are on track:

- Commercial payer rate increases (6%) went into effect July 1.
- Negotiations with Advanced Health are ongoing, with a potential $2.4M impact.
- Federal reimbursement assumptions will be tested in October.
- Department-led cost-saving initiatives from the "Spring Sprint" are in progress.

Employee Engagement and Communication
The board discussed the importance of staff morale and the broader perception of the hospital, particularly during a time of financial and operational transition. Leadership acknowledged the need for improved communication and greater transparency with staff. It was noted that a staff-wide engagement survey has not been conducted in recent years due to cost and timing constraints. In response, the board suggested exploring more affordable alternatives or potential collaboration with labor unions to support the implementation of a future survey.

Capital Needs
Leadership identified the need for a second cath lab as a high-priority capital investment (~$6M), which could generate significant revenue and support regional service expansion.

Regional Partnerships and Alternative Solutions
Board members expressed interest in exploring regional partnerships with other hospitals and healthcare entities. A proposal was made to invite Brightworks, a consulting group working with Southern Coos Hospital, to present regional collaboration opportunities. Leadership acknowledged prior discussions with local partners and welcomed further exploration.The board emphasized the need for transparency, collaboration, and urgency in addressing financial challenges. Leadership acknowledged the board's concerns and committed to improved communication and timely updates. This portion of the work session concluded with a call by the board for management's continued focus on financial recovery and community trust.

Dr. Paavani Atluri, attending the session as guest staff in the absence of a Chief Medical Officer, provided input on the proposed addition of a second cath lab. Dr. Atluri emphasized the strategic importance of this investment, citing the following:

- The cardiology program has grown significantly, now including a third electrophysiologist.
- The hospital serves a wide regional catchment area, including patients from Coos, Curry, and Douglas counties, as well as referrals from Florence, Cottage Grove, and Newport.
- The program has established strong clinical partnerships with OHSU, particularly for advanced heart failure and pulmonary hypertension cases.
- A second Cath lab would support expanded EP coverage, reduce patient transfers, and enhance the hospital's role as a regional cardiac care center.

Dr. Atluri also addressed the tone of the meeting, encouraging unity between the current and prior board members. She acknowledged the new board's commitment to financial stabilization and urged that discussions avoid creating a sense of division or blame. Board Chair Simon acknowledged Dr. Atluri's comments and thanked her for her perspective. He affirmed the board's shared goal of financial recovery and maintaining high-quality patient care. He also agreed with the importance of improving communication and perception, both internally and externally.

Action Items

- Cath Lab Consideration: The board will continue to evaluate the feasibility and timing of investing in a second Cath lab as part of broader capital planning.
- Physician Participation: Dr. Atluri requested advance notice when physician input is needed for future work sessions, given the difficulty of attending lengthy meetings during clinical hours.
- Coordination: Leadership will coordinate with Dr. Atluri and incoming Chief of Staff Dr. Qadir to ensure physician engagement is targeted and efficient.
- Next Work Session: Denise will send out a Doodle poll to schedule the next 90-minute work session within two weeks. Brian will assist Simon in developing the agenda.

ADJOURNMENT

There being no further business, the board work session was adjourned at 1:12 pm.

_____ _____

Simon Alonzo, Board Chairperson Patrice Parrott, Secretary

Date: _____ Date: _____

BAY AREA HOSPITAL DISTRICT BOARD MEETING MINUTES

July 16, 2025, Bay Area Hospital Myrtle Conference Room @ 11:00 am

CALL TO ORDER

Simon Alonzo, Board Chairperson, called the Bay Area Hospital (BAH) District Board meeting to order at 11:01 am. A quorum was present.

BOARD ATTENDANCE

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

STAFF ATTENDANCE

Brian Moore, CEO; Jennifer Collins, CNO; Kelli Dion, CQO; Tom Fredette, HR Director; Gretchen Nichols, COO; Karen Miller, interim CFO; Kim Winker, Marketing & Communications Director; Denise Bowers, EA

ABSENT: None

LEGAL COUNSEL

Megan Kronsteiner, Esq.

Prior to the start of the meeting call into executive session, Dr. Tom McAndrew, Vice Chairperson, addressed the board and emphasized the importance of moving cautiously regarding the potential dismissal of the CEO, given the high financial risk and the relatively new board members. He also provided context on the recent election, noting that 17% of registered voters participated, driven by a well-mobilized minority. He expressed concern over the unprecedented amount of money spent by UFCW to elect the new board members and the disinformation in the campaign. He differentiated governance from management, stating that governance is about strategic thinking rather than" Monday morning quarterbacking". He urged the board to approach the conversation with humility and focus on strategic decisions. Chairperson Alonzo noted that UFCW funds were not accepted or used by him for his election campaign and moved the board into executive session.

Enter Executive Session:

Chairperson Alonzo announced the start of the executive session, and Megan Kronsteiner, BAH Legal Counsel read out the necessary legal provisions for the session, citing ORS 192.660(2) and starting the executive session at 11:01 AM

(a) To consider the employment of a public officer, employee, staff member or individual agent.
(b) To consider the dismissal or disciplining of, or to hear complaints or charges brought against, a public officer, employee, staff member or individual agent who does not request an open hearing.
(f) To consider information or records that are exempt by law from public inspection

Return to Regular Session: at 12:15 pm.

Brian Moore, CEO, entered the room at 12:15 pm having been unavoidably delayed.

ACTION TAKEN BY THE BOARD:
Simon Alonzo moved to approve the separation agreement and general release accepting Brian Moore's resignation and providing contracted benefits subject to final revisions that do not materially modify the agreement, approved by Mr. Moore and Simon Alonzo, Board Chair. The motion was seconded by Kyle Stevens, Board Treasurer, and passed with five votes in favor by Alonzo, McAndrew, Saada, Stevens, Uno and one abstention by Parrott.

ADJOURNMENT
There being no further business, the District Board meeting was adjourned at 12:17 pm.

_____	_____
Simon Alonzo , Board Chairperson	Patrice Parrott, Secretary
Date: _____	Date: _____

BAY AREA HOSPITAL DISTRICT BOARD MEETING MINUTES

July 21, 2025, Bay Area Hospital Myrtle Conference Room @ 3:00 pm

CALL TO ORDER

Simon Alonzo, Board Chairperson, called the Bay Area Hospital (BAH) District Board meeting to order at 3:00 pm. A quorum was present.

BOARD ATTENDANCE

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

STAFF ATTENDANCE

Jennifer Collins, CNO; Kelli Dion, CQO *(via Teams*); Tom Fredette, HR Director; Gretchen Nichols, COO; Karen Miller, interim CFO; Kim Winker, Marketing & Communications Director; Denise Bowers, EA

ABSENT:

John Uno, MD *(excused)*

LEGAL COUNSEL

Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE:

44 attendees from the public, 24 of which were on Teams.

Agenda Items

Status Update from BMO (Current Lender)

Simon reported on a recent meeting with BMO. The lender is aware of the leadership transition and expressed interest in continuing the relationship. They emphasized the importance of financial recovery and loan prioritization.

Interview and Potential Appointment of Interim CEO

Kelly Morgan was introduced as the candidate for Interim CEO. He shared his background in hospital turnarounds, leadership at Mercy Roseburg, and his approach to financial recovery. Board members asked about his recent activities, relationships with board or clinic leadership, and his views on hospital independence versus system affiliation. Kelly emphasized his short-term commitment, local roots, and readiness to stabilize operations.

Simon opened the floor up for questions and comments from the public, addressing Mr. Morgan, at 3:25 pm.

Public Comment:

- **Tracy Sweeley (Coos Bay):** Asked for clarification on "disciplined stakeholders." Kelly explained it means staying focused and consistent in advocacy messaging to legislators.
- **Catherine Fisher (Coos Bay):** Asked about the 2022 Common Spirit ransomware attack. Kelly confirmed Mercy Roseburg was unaffected due to using Meditech instead of Epic.

- **Chandler Marcotte (Nurse Clinical Manager):** Voiced concern about the rapid leadership transition and noted that many of Kelly's proposed strategies were already underway under former CEO Brian Moore.

Public Comment was closed at 3:28 pm.

ACTION TAKEN BY THE BOARD

Brandon Saada moved to proceed with hiring Kelly Morgan as Interim CEO and direct acting executives and HR to draft and negotiate his employment contract, subject to board approval and hiring prerequisites. Kyle Stevens seconded the motion. There was some comment made by Tom McAndrew and Patrice Parrott**,** who expressed concerns about the speed and transparency of the process but who ultimately supported the motion due to the need for immediate leadership and Kelly's qualifications. Alonzo, McAndrew, Parrott, Saada and Stevens all casted a yes vote, making the motion pass unanimously.

Good of the Order:

Next Meetings

- Finance Meeting: Scheduled for the following day
- Regular Board Meeting: August 12

Closing Remarks:

Simon thanked attendees and emphasized the importance of community involvement and transparency.

ADJOURNMENT

There being no further business, the District Board meeting was adjourned at 3:36 pm.

_____ _____

Simon Alonzo , Board Chairperson Patrice Parrott, Secretary

Date: _____ Date: _____

BAY AREA HOSPITAL DISTRICT BOARD MEETING MINUTES

July 22, 2025, Bay Area Hospital Myrtle Conference Room @ 6:30 pm

CALL TO ORDER

Simon Alonzo, Board Chairperson, called the Bay Area Hospital (BAH) District Board meeting to order at 6:30 pm. A quorum was present.

BOARD ATTENDANCE

Simon Alonzo; Patrice Parrott; Brandon Saada; Kyle Stevens

STAFF ATTENDANCE

Gretchen Nichols, COO; Jennifer Collins, CNO; Kelli Dion, CQO (via Teams); Tom Fredette, HR Director; Karen Miller, interim CFO; Kim Winker, Marketing & Communications Director; Denise Bowers, EA

ABSENT: *(excused)*

Tom McAndrew, MD

John Uno, MD

LEGAL COUNSEL

Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE:

16 attendees from the public, 9 of which were on Teams.

Board Chair Comments:

Status Update from BMO

Simon reported on a recent meeting with BMO. The lender is aware of the leadership transition and expressed interest in continuing the relationship. They emphasized the importance of financial recovery and loan prioritization.

Review and Discussion of Contract for Kelly Morgan, Interim CEO

Enter Into Executive Session

Executive session entered at **6:38 pm** by Megan Kronsteiner at the request of the board chair.

Executive Session ORS 192.660(2)

(c) consider matters pertaining to the function of the medical staff at a public hospital

(f) consider information or records that are exempt by law from public inspection

Return to Regular Session

Exited executive session and returned to regular session at **7:19 pm**

ACTION TAKEN BY THE BOARD:
Kyle Stevens moved to accept the contract as amended during executive session and designate Board Chair Simon Alonzo to facilitate execution of the contract with Mr. Morgan on behalf of Bay Area Hospital. Patrice Parrott and Brandon Saada simultaneously seconded the motion, which passed with all members voting yes, resulting in a unanimous vote.

ADJOURNMENT
There being no further business, the District Board meeting was adjourned at 7:22 pm.

_____	_____
Simon Alonzo, Board Chairperson	Patrice Parrott, Secretary
Date: _____	Date: _____

BAY AREA HOSPITAL
FINANCE COMMITTEE MEETING
June 24, 2025, MINUTES
Myrtle Conference Room / Microsoft Teams

CALL TO ORDER
Acting Finance Chair Tom McAndrew called the meeting to order at 5:15 p.m.; he requested the administrative assistant to take roll call. The administrative assistant did so and established there was a quorum in attendance at this time.

FINANCE COMMITTEE MEMBER ATTENDANCE
Acting Finance Committee Chair, Tom McAndrew, MD, Jim Hough, Taylor Cribbins, Barb Taylor, and Eric Farm

ABSENT *(excused)*
Fred Messerle; and Linet Samson

BAHD BOARD OF DIRECTORS ATTENDANCE
Arlene Roblan, Troy Cribbins, and Renee Nelson

STAFF ATTENDANCE
Mark Hadley, Senior Finance Analyst; Karen Miller, CFO; Brian Moore, CEO; Jenn Collins, CNO; Carla Ballou, Dir. Revenue Cycle Kelli Dion, CQO; Gretchen Nichols, COO; Jeanie Ortiz, Accountant IV; Denise Bowers, Executive Assistant; and Claudia Wells, Clinical Analyst and Support Specialist

LEGAL COUNSEL
Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE
The public was in Attendance

APPROVAL OF FINANCE COMMITTEE MINUTES – Mr. Tom McAndrew, Acting Chairperson
Ms. Barb Taylor moved to approve the Finance Committee minutes for May 27, 2025, as presented in the packet. Mr. Taylor Cribbins, MD, seconded. The motion carried on a call of a vote.

Old Business – There wasn't any old business to address.

New Business – Mr. Brian Moore, CEO
Mr. Brian Moore, CEO, introduced Karen Miller to the committee as the Interim Chief Finance Officer. Sherri Horne will be providing help on a part-time basis for the finance team.

He also said that the Human Resources Director, Tom Fredette, would be starting on Monday. Tom has worked for the VA in Walla Walla, Washington, for the last 12 years. He has a strong background in Human Resources. The role was downsized to a director level.

Mr. Moore went on to talk about the financial performance. BAH has seen a protracted slowdown in volumes in years as we got to the end of May and the beginning of June. Since labor was one of the largest controllable expenses was something that was immediately jumped on. Mitch Watson, the previous CFO, had helped us to augment and expand our productivity tool. The productivity report was being produced at the end of the pay period and is now being distributed to the leaders daily. There is still a two-day lag between hours and when it gets posted. Training on how to use the new productivity tool was presented to the leaders. We are implementing in June, non-contractual, and leaders to take additional time off between now and the end of the month to align our expenses with reduced revenues. Union members were also asked to volunteer to take time off.

A conversation has been started with Advanced Health, the largest Medicaid payor, in terms of the CCO. We've been seeing a gap in reimbursement levels between other Medicaid payors and the largest payor. Advanced Health would be paying the same rate as the State Open Care Medicaid. We shared some of our patient information so they could do some comparison, and are in the process of following up to see what can be agreed upon as a cost. Mr. McAndrew asked, "How far back does this discrepancy go?" About 1.5 years ago, we moved from a capitated rate to a fee for service, which was after an actuarial study validated that we should move to a fee for service. Our rates would have been enhanced over what we received from a capitated rate. Capitated meant that we received a monthly payment, whereas the fee-for-service would mean that we would bill

for each line item. Mr. McAndrew wanted to know if there was any legislative ombudsman who supervises the CCO? There is a contract out to the legal counsel to understand the ORS and rules surrounding this matter to determine if there is any recourse for payment. OHA is a starting point, and then the court for enforcement.

CFO Update
The patient discharge is below budget. This is happening across the state. Ms. Taylor asked what the cause of the lower volume was. The answer was lower admissions from the Emergency Department and lower discharges.

Overall

- Volume had a big impact for the month. We'll talk about this more as we go through the individual pieces.

Gross Revenues

- **Patient discharges** - were below budget 28, down 3 compared to prior year and decreased about 431 to date compared to budget. This decline is primarily due to the overall patient volume.

- **Emergency Department Room Visits** – there has been an increase in ED. Unfortunately, less convert to admits. It was asked why the fewer admits and what the reason was. It was probably due to lower acuity or not needing to be admitted as a patient. It was noted that across the state that there are lower volumes starting in June.

- **Operating Room** – volume decreased by 5.5% compared to budget and 3.4% compared to prior year. The year-over-year decline was primarily driven by reduction of 13 Podiatry cases.

- **Cath Lab** – Cath Lab patient visits are tracking to budget got month-to-date and year-to-date. They have had an increase by 21 compared to the prior year. The current year-to-date performance reflects a variance of 7 under budget.

- **Outpatient Visits** – month-to-date, visits are down 1056 compared to budget, and down 4756 year-to-date. When compared to the 3-month run rate, the most significant visit decline occurred in Cardiology Clinic by 364, Radiation Oncology 153, and Laboratory 143.

- **Operating Income** – With the decline in volume, we came in with a negative $4m.

- **Gross Healthcare Revenue** – inpatient gross revenue is down 14.8% compared to budget and 11.6% compared to the prior year. Outpatient Gross Revenue is 0.8% below budget but shows a 6.4% increase over the prior year. Overall Gross Revenue is 6.8% below budget and 1.4% lower than the prior year.

- **Payor Mix** – Medicare Advantage volumes declined 2% to the three-month run rate and 4% year-over-year, resulting in gross charge shortfalls of $1.4M and $2.8M. This was partially offset by a 3.2% increase in Medicare Basic volumes versus the three-month run rate, contributing to $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.

- **Net Healthcare Revenue** – Net Healthcare Revenues were down $3.1M to budget and down $1.3M to prior year. Net Revenue margin for the month is 32.7% vs. a budgeted 35% and 34% prior year.

- **Presumptive Charity (HB3320)** – Bad debt catch-up in February 2024. May reflected a decrease of 42.83% over the previous 3-month run rate. Estimated annual impact of $5M.

- **Salary/Contract Labor** – MTD Salaries were unfavorable 3.6% to budget and 10.6% to prior year; Contract Labor unfavorable to budget by 22.9% and favorable to prior year by 20.7%. Rolling 12-month SWB+C reflect an upward trend that includes hourly rate market adjustments and annual increases.

- **Supplies** – MTD Supplies are up 8.1% to budget and 9.2% to prior year. As a percentage of Gross Revenue, supplies are up 1% compared to both the budget and prior year.

- **Physician and Purchased Services** - Physician and Purchased Services Fees exceeded budget by $726K month-to-date and are $1.1M higher than the prior year. The current year variance is primarily due to a $480K increase in legal expenses, with the year-over-year increase also driven by higher legal costs and revenue cycle outsourcing.

- **Other Operating Expense** - Other operating expenses are consistent with the budget but have increased by $130K yearover-year, driven by higher relocation expense, employee engagement activities, education, and freight expenses.

- **Cash/Investments and Total Debt** - Total cash decreased ($9.3M) from the prior year and ($3M) to the 3-month run rate. Total debt owed $48.3M; $45M bank loan • Current Ratio is 2.48 • Debt to Capitalization is 41.8%, up 3.18% to the prior year.

- **Current Liabilities** - May liabilities $35M • Increase of $3M to 3-month run rate. • $600K increase in Payroll/PTO. • $15K increase in accounts payable. • $150K increase in third-party payable. • $2.4M increase in other.

Compared to our industry's benchmarks, we're still falling short in some areas and even to our 24-goal. There is no change in capital. On the income statement, net income and net operating income are down $4M, and actual year-to-date down $21M. Currently, we have 62 days' cash on hand, which equals out to $43M cash and equivalent.

Questions were asked and answered.

GOOD OF THE ORDER
The next meeting will be July 22, 2025, at 5:15 p.m.

ADJOURNMENT
There being no further business, the Finance Committee was adjourned at 5:53 p.m.

Kyle Stevens
Finance Committee Chairperson

Date: June 24, 2025

Bay Area Hospital
Opportunity Site Feasibility Study

July 2025

Prepared for:
Bay Area Hospital
The City of Coos Bay
Oregon Transportation and
Growth Management Program

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Rhey Haggerty, Senior Associate, Cascadia Partners

Finley Heeb, Associate, Cascadia Partners

Scott Shumaker, Portland Engineering Manager, Apex Companies (Formerly PBS Engineering and Environmental, Inc)

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The Project Team extends a warm thank you to the Bay Area Hospital, its leadership and board, and its Facilities Management team for their guidance and assistance with this study, as well as to all of the civic and governmental partners who met with the Project Team and contributed to the study's vision and findings.

Table of Contents

Executive Summary

The Bay Area Hospital (BAH) in Coos Bay recently completed a campus master-planning process and identified a 16-acre parcel it owns south of the hospital as surplus land. BAH worked with the Department of Land Conservation and Development (DLCD) and City of Coos Bay to secure a Transportation and Growth Management (TGM) grant to study the feasibility of developing the surplus parcel. The study explores how the site could help meet the community's need for housing while also incorporating TGM smart-development principles, such as promoting the efficient use of land resources, the full utilization of urban services, a mix of land uses and transportation options, and human-scale design. This report describes the results of that study, covering the site's existing conditions, community input collected, design development concepts considered, and approaches for maximizing financial feasibility.

Key Findings

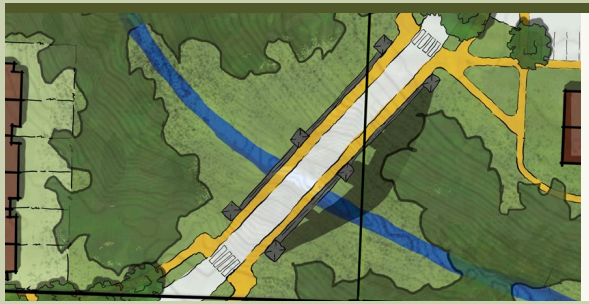
The "Through Hike" — A Development Concept for the Site Created to Reflect Community Input and Maximize Feasibility

The Through Hike site concept calls for a walkable neighborhood in the woods and a design that supports a unique way of life for residents. In the concept, homes of various styles and types follow the site's rising slope and link directly into a network of trails and green spaces. Residents step outside and see stands of established pines. They walk their dogs–or perhaps walk to the hospital for a day of seeing patients–passing ravines hung with ferns and flowing with the previous night's rain. They drop in at the small retail hub and see a mix of their neighbors, hospital staff and visitors, and other members of the Coos Bay community. They enjoy convenient access to Woodland Drive and the rest of the Bay Area via a new bridge that allows them to move east-to-west through the site rather than having only one way in and out. Residents enjoy the best of both worlds: a natural respite from urban surroundings, but also connections to the broader community and to the hospital, the region's largest employer.

BAY AREA HOSPITAL
THROUGH HIKE SITE DESIGN

The Through Hike concept is a strong, useful fit for the site for a few reasons:

It creates a unique value proposition for residents: a chance to live at a trailhead. In order to be feasible to develop, the site likely needs to transform its characteristics that are traditionally obstacles to development (e.g. slopes, ravines, woods) into assets that make the real estate valuable. Through Hike does this by offering direct access into natural areas and forging a neighborhood identity around them, while also taking seriously the interest some community members have in preservation and leaving about half the site as recreation and green space.



It leverages a streamlined approach to infrastructure that adds to neighborhood identity. The site presents two major engineering challenges: it currently abuts a single road but needs two access points, and its slope means a lift station or ravine crossing is needed to connect into the City's sanitary sewer system. The Through Hike concept cost-effectively solves those two engineering challenges with a single piece of infrastructure–a bridge along the site's southwestern edge–which can also serve as a visual symbol of the neighborhood's unique identity.

A mix of housing types and retail. The site's Medical Park zoning designation allows up to three stories of housing with no density restriction if a mix of uses is present on site. Through Hike leverages that code provision by providing a small retail hub. This strengthens financial feasibility by maximizing the allowed housing while reflecting community input in favor of a small commercial element like a coffee shop. Affordable apartments are included in Through Hike's housing mix in response to community input in favor of a variety of housing types and pricepoints. For those apartments to be financially viable, they would need to unlock access to additional financial support (e.g. housing and infrastructure funds) that more-than-offset the profit foregone by not building market-rate housing.

Even with Through Hike's solutions, the obstacles explored below hinder near-term feasibility

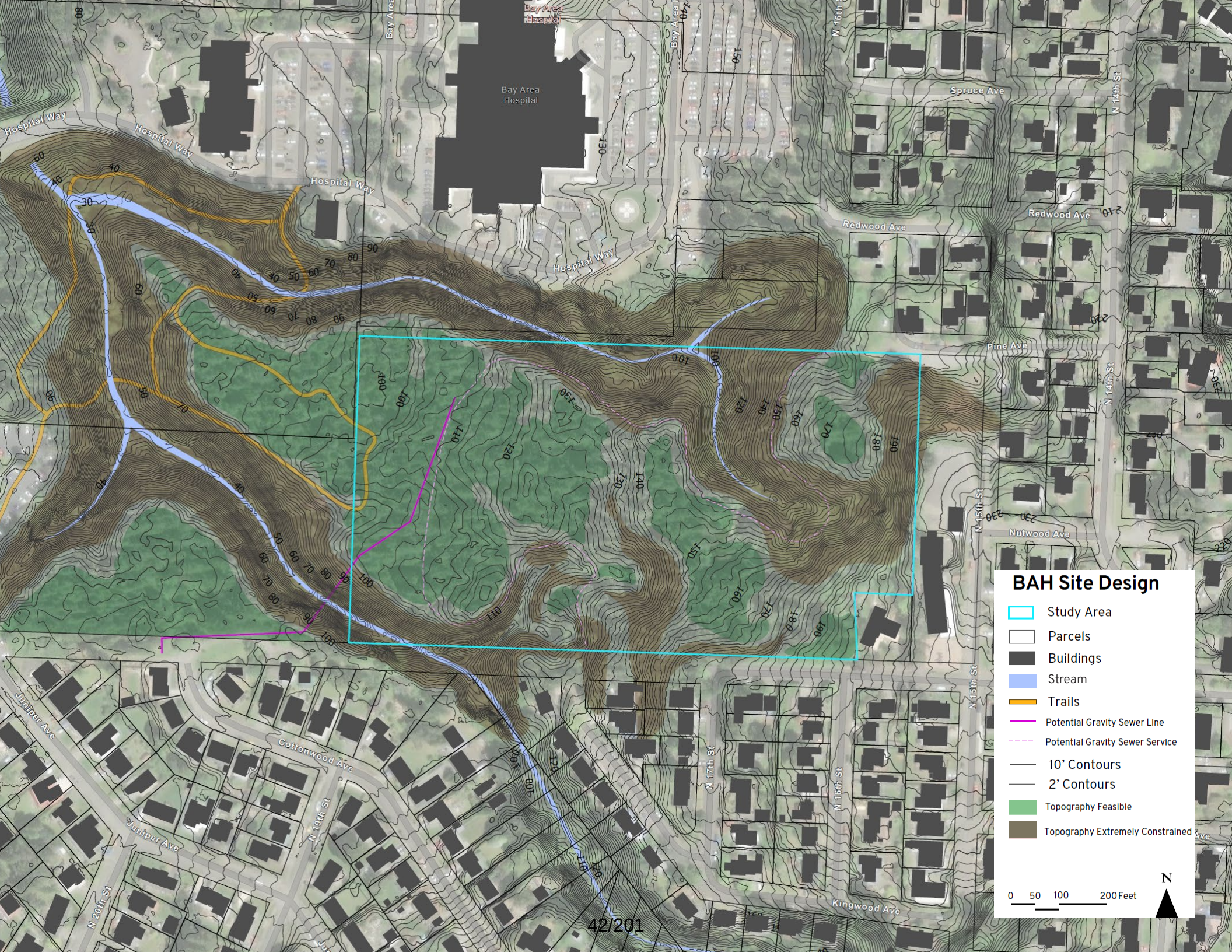
Residential development is not likely to be feasible in the near term, though market conditions will evolve and future opportunities may arise. At that point, this study's technical findings and the Though Hike concept may be useful for interested parties and development partners.

Slope and ravines. These reduce the developable area and necessitate costly grading and infrastructure (i.e. a bridge or lift station) to connect the site to the City's sanitary sewer system. It's a literal uphill battle.

Competition. Two major developments are underway to provide homes that would compete with the Through Hike concept for market absorption in the near-term: Timber Cove, a 400-unit for-sale project in Coos Bay, and North Bend Family Housing, a 176-unit affordable housing development in North Bend. The surplus hospital site will also face competition from other vacant land parcels that are similar or simpler to develop.

Difficult market conditions. Since 2020, the cost of construction has risen substantially, largely due to increased interest rates and material costs. This, combined with the fact that the Bay Area has modest incomes and relatively modest housing prices, dampers the feasibility of building new market-rate housing. Nationally, housing starts have fallen since 2021. Coos Bay is experiencing those market conditions too.

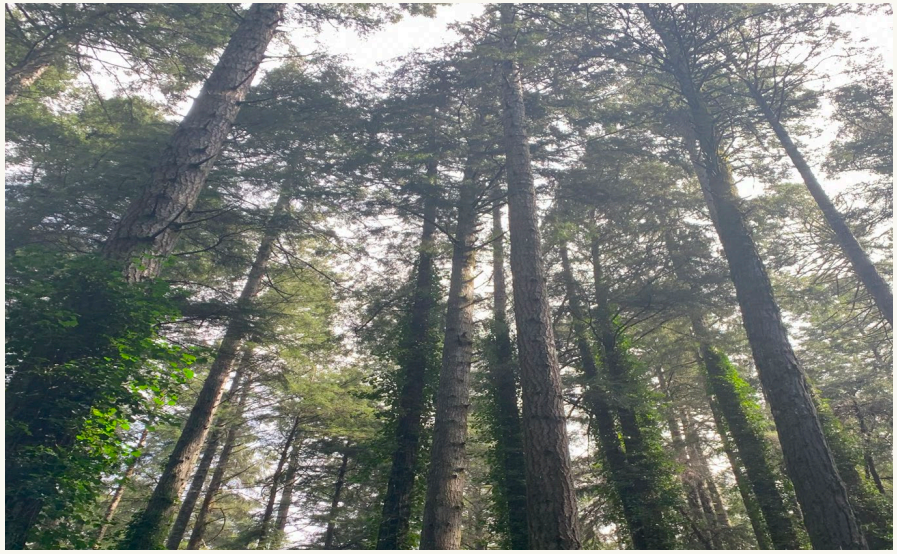
North Bend Medical Center (NBMC) ownership. The Through Hike concept creates a connection through the site to the surrounding neighborhood via a bridge to the southwest toward Woodland Drive. This bridge requires access to the parcel to the west of the site, which is owned by NBMC. NBMC is open to a sale of that portion of the parcel, but the exact price and the ability for the parties to agree on sale terms are uncertain and pose key risks to the concept.


Bay Area Hospital
Hospital Way
Spruce Ave
Redwood Ave
Pine Ave
Nutwood Ave
Kingwood Ave
Cottonwood Ave
Juniper Ave
N 14th St
N 15th St
N 16th St
N 17th St
N 19th St
N 20th St
BAH Site Design
Study Area
Parcels
Buildings
Stream
Trails
Potential Gravity Sewer Line
Potential Gravity Sewer Service
10' Contours
2' Contours
Topography Feasible
Topography Extremely Constrained
N
0 50 100 200 Feet

Key Recommendations

The BAH Health District is at a crossroads for its long-term strategic direction. Remember that the surplus property is a long-term asset that may one day have a role in that strategy, even if not right away.

Unfortunately, this study has not concluded that an immediate use of BAH's surplus land for residential development is financially feasible or would significantly improve BAH's financial situation. However, as the BAH redefines its way of operating and perhaps even its role in the community, decision-makers should remember the availability of the surplus land and be creative in considering what part it might play in the district's or broader community's future.



Find a long-term champion to assess development opportunities and coordinate partners as the market improves.

A champion inside or connected with the BAH organization can continue the work of assessing development opportunities and coordinating with partners as market conditions change. The most important moment to have such a champion would be if the region's economic and growth trajectory seems very likely to move in a strong new direction, such as if key funding and approvals are granted for the Pacific Coast Intermodal Port project.

Conduct developer and contractor outreach and use this study's findings to inform them regarding existing conditions, community desires, and design possibilities.

Developers and contractors are ultimately the team members that would implement a vision like the Through Hike concept. This study contains information useful to them on the site's existing conditions and potential. The City, DLCD, and BAH should continue to have informal conversations with the development community to inform them of these findings and stay apprised to changing conditions that might unlock future development feasibility.

Monitor legislature for infrastructure funding. Infrastructure is often a last-remaining obstacle to achieving financial feasibility for a housing development, particularly on challenging sites like this one.

The City should seek to understand how to qualify for, apply for, and win such existing funds and any approved by the legislature in the future. The City and BAH should communicate the prospect of infrastructure funds–and the requirements that come with them–when conducting outreach to developers.

01

Introduction

Background

The Coos Bay region needs housing, and this study explores the development potential of a site owned by the region's largest employer

In 2020, the City of Coos Bay's Housing Needs Analysis determined that the City will likely need at least 604 housing units by 2040 to meet the community's needs. The need could be even larger depending on the economic development and growth of the region. However, large-scale housing development has not been common in the region in recent decades. The identification of the expected housing needs paired with the existence of several large, unique economic development initiatives–the potential development of the Pacific Coast Intermodal Port as well as renewable energy along the South Oregon coastline–have raised public officials' urgency in promoting and preparing for housing development.

Figure 1. Bay Area Hospital, via Bay Area Hospital Website

In 2023, the Bay Area Hospital (BAH)–the region's largest employer–completed a Facilities Master Plan and determined that a 16-acre parcel it owns south of the hospital is not needed to accommodate future expansion plans. BAH subsequently began exploring possible uses for the site and connected with representatives from the City and the Oregon Department of Land Conservation and Development (DLCD). In 2024, DLCD was awarded a grant from the Transportation and Growth Management (TGM) Program to complete this study.

The TGM Program aims to integrate transportation and land use planning to encourage efficient land uses that support model choice and walkable design. The study aims to evaluate the development potential of BAH's surplus parcel, particularly for residential use, and engage the community and civic partners regarding the site's future. The study is intended to articulate a vision for the site's development shared by BAH, the City, and the community, and gather information future development partners will need to implement that vision.

Figure 2. Opportunity Site in Coos Bay

Study Approach

The project team—comprised of representatives from the City, BAH, DLCD, Cascadia Partners, and APEX Companies LLC—undertook the following study approach.

Assess the site's existing conditions

First, the team sought to understand the existing conditions on and around the site. The team:

- Interviewed local utility providers, hospital facilities staff, and City officials
- Reviewed available imagery and site-conditions data (e.g. topography, wetlands)
- Reviewed City zoning and development code
- Walked the site to corroborate the data and interviews
- Prepared high-level assessments of the core engineering challenges to developing the site

Start a community conversation about the site's future

Next, the team conducted a series of engagement activities to surface new ideas and public opinion regarding the site's future. The team:

- Convened a virtual meeting of key civic partners and partner governments, who represent various aspects of the region's community and economy, introducing them to the site and identifying shared goals for the site's future use
- Convened an in-person meeting of the key partners and representatives of BAH and its Board of Directors to discuss ways to use the site in line with the shared goals established in the prior meeting. At the meeting, the project team shared two high-level approaches to developing the site based on the existing conditions assessment, gathering reactions and new ideas.
- Presented at the City's public Planning Commission meeting and heard public comment
- Conducted an online public survey to solicit opinions about the site's future use and preliminary site concepts created so far

Assess the feasibility of two development concepts

Finally, the team examined the feasibility of different approaches to developing the site, exploring several different aspects of feasibility. The team:

- Designed two development concepts, exploring uses, access and circulation, utilities, and parcelization.
- Tested the two concepts for financial and physical feasibility.
- Explored sources of public funding that might be available to financially assist with the site's development.

The project team concluded the study by creating this report and delivering the findings to the BAH Board of Directors and the City Council.

The remainder of this report offers a detailed review of study findings in the order described above.

02

Existing Conditions

In This Chapter

The purpose of this chapter was to gather and analyze all the background information available about the site so that the project team could create realistic and informed concepts for the site's development. The chapter contains the following components:

1. Key findings regarding the site's existing conditions
2. Overview of the site
3. Analysis of the site's current zoning allowances
4. Engineering assessments

Key Findings

- The site has mature tree cover, with two drainage ravines at the north and southwest edges.
- The steep terrain and ravines will complicate development and the ability to provide access to all areas of the parcel.
- The site is in the Medical Park zone, which allows housing without a density restriction if the development is mixed-use.
- The sanitary sewer network is not well positioned to serve the majority of the site. To realize full development potential, a sewer lift station or a bridge to support gravity flow will be needed.
- Under state fire code, a secondary emergency access point will be needed to unlock the site's highest density and financial potential.

Site Overview

A promising, yet challenging parcel beside the region's largest employer

The site is a 16-acre parcel owned by the Bay Area Hospital (BAH) Health District, located south of the hospital and roughly 1-mile northwest of downtown Coos Bay. The site has no existing development. It is bordered by Myrtle Ave to the south, parcels owned by North Bend Medical Center and the BAH to the west, Christ Lutheran Church and residential homes along Pine Ave to the east, and an intermittent stream and BAH to the north.

The site has several obvious impediments to development. It is fully forested and maintains an average 9% uphill grade from its western edge (low) to eastern edge (high). It has several significant ravines that channel intermittent streams to Pony Creek and ultimately the bay. Adjacent roads (Myrtle and Pine Avenue) are several blocks deep into existing neighborhoods, removed by a ¼ or ½ mile from larger collector or arterial roads including Broadway Avenue/Woodland Drive and Koos Bay Boulevard. Despite these impediments, the site's development potential is supported by its proximity to existing infrastructure, amenities, and the BAH, the region's largest employer and the largest hospital on the Oregon Coast.

In 2023, the BAH completed a Facilities Master Plan that explored future facilities reinvestment scenarios, such as a hospital rebuild, significant expansions, or the addition of one or more medical office buildings. That exercise led to this 16-acre site being deemed surplus. Other plans for hospital expansion may move forward in the years to come.

Figure 3. Basemap of the Opportunity Site and Surrounding Area

Zoning Analysis

The Site's Medical Park zoning allows for multiple likely uses

The site falls within the Medical Park (MP) zone. The zone allows for "desirable mixtures of medically-related professional, limited complementary commercial, administrative business offices, and residential uses." Single-unit dwellings are permitted, multi-unit dwellings are permitted (subject to supplementary standards), and non-residential uses "deemed to be compatible with MP district and adjacent land uses" are conditionally permitted.

Table 1. Development and Lot Standards Table

Standard	Nonresidential	Multi-Unit Dwellings	Single-Unit Dwellings	
			Attached	Detached
Dwelling units per gross area	No minimum and no maximum as a part of a mixed use project. Noncommercial uses must comprise a minimum of 30% of the lot coverage.	Maximum 12 dua	Maximum 10 dua	
Minimum lot size	NA	3,360 sf	4,300 sf	
Maximum lot coverage	50%			
Maximum height	35' and not greater than three stories			
Minimum parking requirements	1-2 spaces per 400 sf of floor area (depends on exact use)	1.5 spaces per unit	2 spaces per unit	

Medical Park zoning allows dense mixed-use development, but limits density for single-use residential developments

The MP zone limits residential unit density for single-family and multi-unit dwellings to 10 and 12 units per acre, respectively. In contrast, mixed-use developments face no limit to the allowed density, with the caveat that non-commercial uses (such as residential) must comprise at least 30% of the parcel's lot coverage area. A brief summary table of those standards and other basic dimensional standards is included on the previous page.

The City also offers affordable housing density bonuses and maintains supplementary standards for multi-unit developments. Even accounting for those nuances, there are still two main paths forward for site development: 1) low density single-use residential or 2) higher density mixed-use. A mix of those two development typologies may be possible, depending on how the site is parceled. Horizontal mixed-use meets the intent of the code and is generally less costly to build than vertical mixed-use, so should be pursued as the primary approach for achieving mixed-use designation and higher housing density.

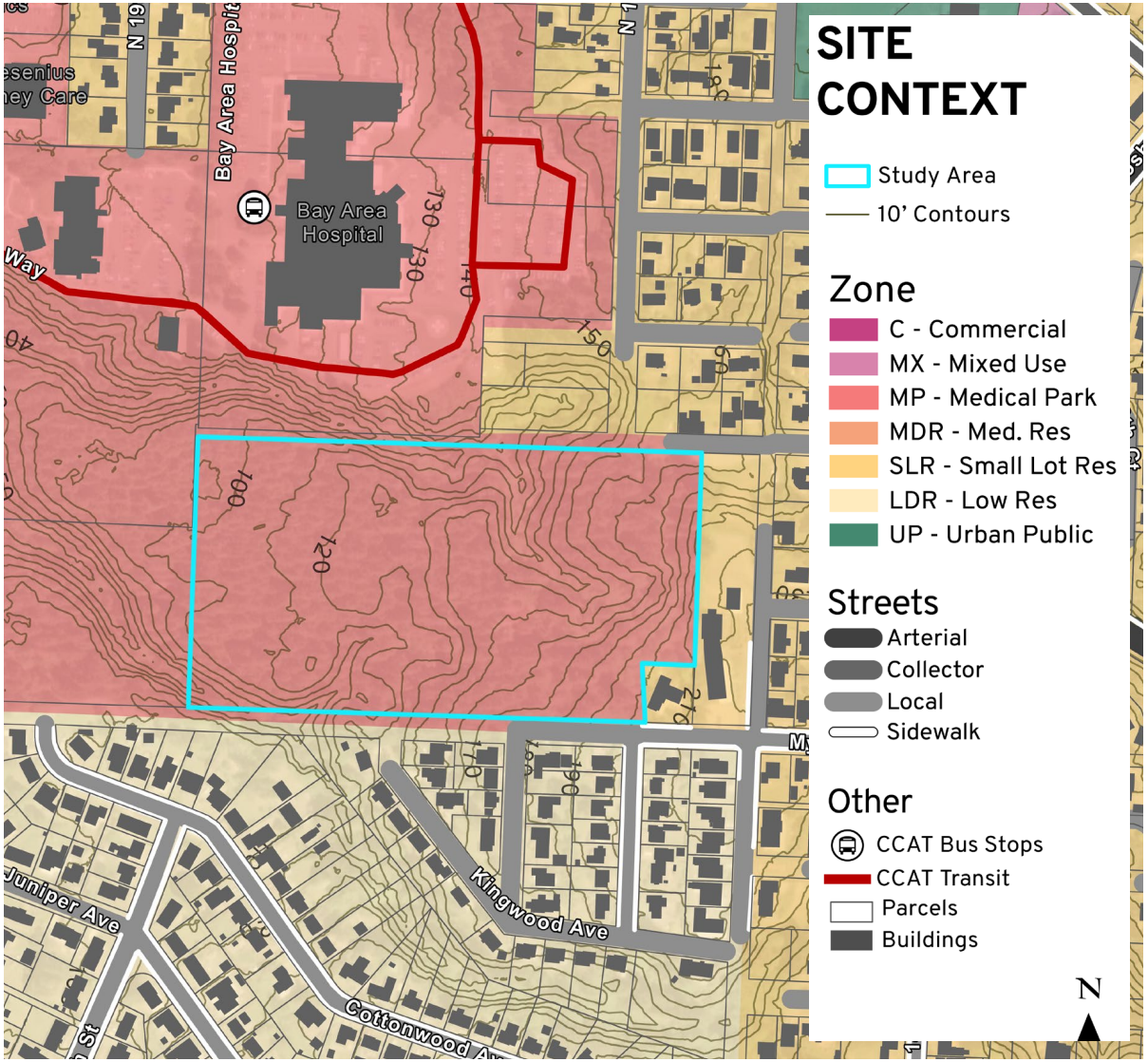


Figure 4. Land Use Designations of the Study Area

Supplementary standards require that large sites be developed as complete blocks, which impacts potential subdivision and street configuration

Multi-unit and mixed-use developments are subject to supplementary standards, though those standards do not immediately appear so restrictive as to prevent development. However, one supplementary standard that could constrain how the site is developed is the complete blocks requirement, which stipulates that multi-unit developments of 8 or more acres shall be developed as a series of complete blocks no greater than 4 acres in size. Blocks must be bounded by public right of way or private drive aisles or streets. Natural areas, waterways, high voltage power lines, and other substantial physical features may form up to two sides of a block. Careful arrangement of the site's street network will be required to abide by this standard.

Additional development-standard flexibility is available for income-restricted affordable housing developments or developments that utilize an adjustment review process

Multi-unit dwellings that include affordable housing can qualify for bonuses for density, lot coverage, height, and lot area and dimensions, plus a parking reduction. The two most impactful bonuses appear to be:

- A height bonus, which allows an additional one or two stories, depending on whether the residential or commercial zone district bonus is applied
- Parking reductions, which require only 1 space per affordable unit

Developments may also utilize an adjustment review process to request deviations from specific zoning standards that create practical difficulties. Potential adjustments include up to five percent increase in allowed density or increases or decreases to any numerical development standard. Adjustment review may not be used to modify allowed uses or definitions.

Conceptual plans in this report aim for high-level compliance with the MP zone standards described above

Conceptual plans described in the Executive Summary and Chapters 4-6 are designed to be consistent with the City's current zoning and development standards. The recommended development concept adheres to the mixed-use density requirement, minimum lot sizes, height standards, and parking standards for various uses, including the reduced parking standard of 1.0 space per unit for multi-unit developments that are affordable. There are no recommended deviations, variances, or zoning changes at this time. In the future, a development partner may find that various details of the development code—including code provisions not reviewed in this report—inhibit financially viable or otherwise good design. The City should remain open to the possibility of providing variances or another form of regulatory flexibility in order to facilitate the site's development.

Traffic Engineering Assessment

Access and Circulation

Access represents a significant development issue, but it remains early in the process to fully understand how this will affect development potential. Several key issues stand out:

Multiple access points will be needed to allow significant housing unit density

Fire officials have indicated that Myrtle Avenue, classified as a local street, is the only existing improved street adjacent to the site capable of accommodating a fire vehicle. Subdivisions with one access point are limited to 30 detached units and 100 multifamily units or commercial buildings under 62,000 square feet. Sprinklering all buildings in the development can increase the allowance to 200 multifamily units with a single access. If a second access is provided, the unit limits are waived, but the second access must be separated from the main access by a specified distance (Oregon Fire Code D104.3). The engineering team identified physically feasible and compliant secondary accesses to consider, the most attractive ones crossing the ravine to the southwest toward Woodland Drive or heading northeast to Redwood Ave (Figure 5). A conversation with the neighboring property owner–North Bend Medical Center–is required to understand the possibilities for the access to the southwest of the site.

Using Myrtle Avenue's existing right of way as the primary access creates traffic concerns.

A connection to Myrtle Avenue would likely route traffic through the existing residential neighborhood east to N 14th Street, then either north to eventually connect with Koos Bay Boulevard or south to eventually connect with Ocean Boulevard SE. Both Koos Bay Boulevard and Ocean Boulevard SE are classified as arterials.

Alternatives to the existing Myrtle Avenue may be even more challenging to realize.

Community preference appears to lean towards most vehicle trips being directed westward along Myrtle Ave to a direct connection to Woodland Drive, which is classified as an arterial roadway by the City. This is technically achievable, given that Myrtle Avenue has an existing unimproved ROW; however, topographical challenges, a need to acquire property from the North Bend Medical Center for the drainage crossing and local residential encroachment in the right of way pose obstacles for direct westward access. Establishing a primary connection to Hospital Way to the north, while favorable for fire access, would necessitate easements from the Hospital and a crossing of the stream channel. It is also possible to build a road to the site's northeastern corner, then build a culverted new road along 16th Avenue connecting Pine and Redwood Avenues, which then connect to 14th Avenue. This is shown in Figure 5, which confirms this route also fulfills the fire code's requirements for an emergency access and egress. Like other options, this comes at considerable expense. At this stage, it is premature to definitively determine how to navigate the difficulty of providing secondary access. As described in the financial feasibility section, providing secondary access via a bridge westward along Myrtle Avenue to Woodland Drive is likely the most cost-efficient approach. Future investigation should confirm the costs and viability of providing a westward access to Woodland Drive and City approval to provide primary access to the south and east via Myrtle Avenue.

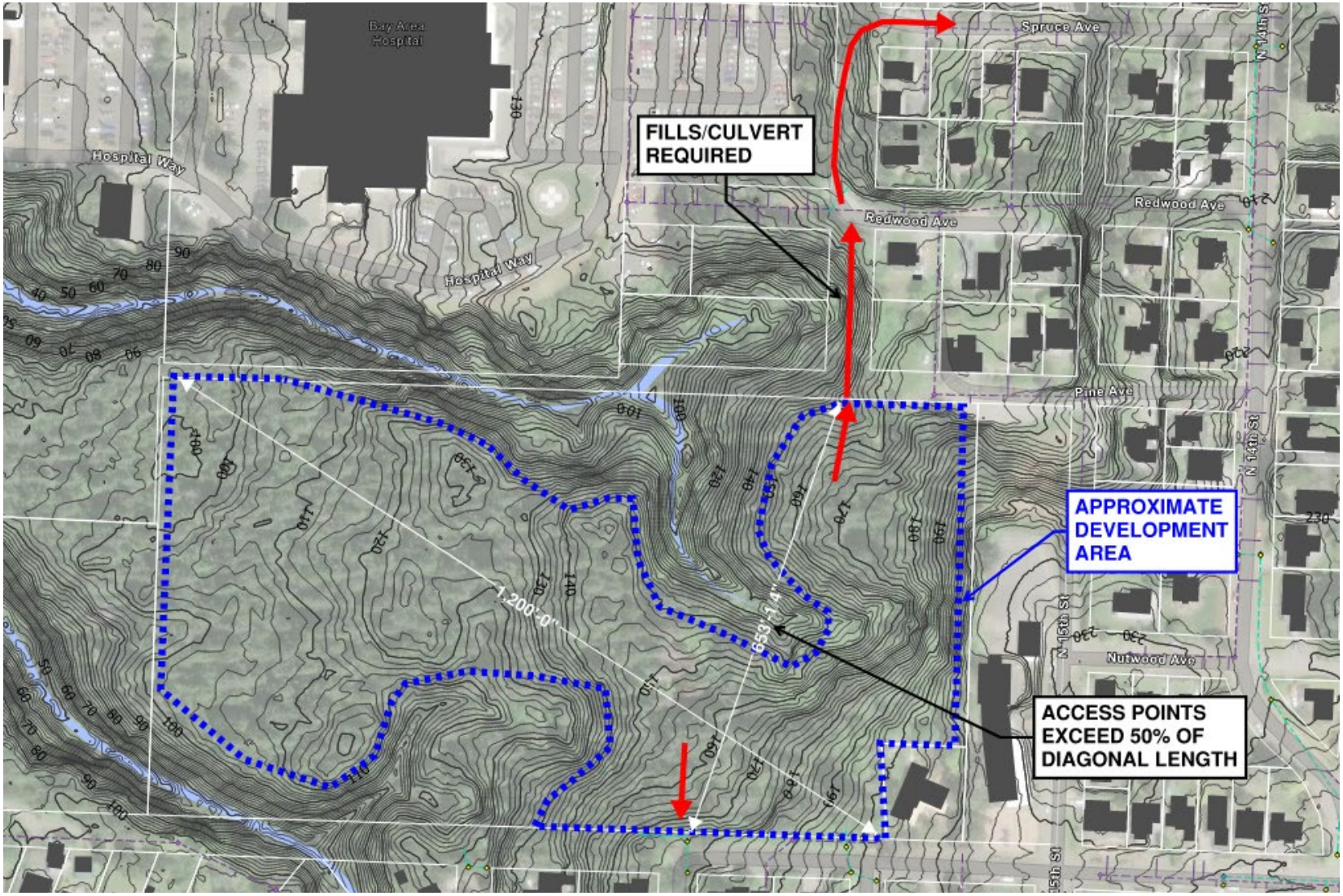


Figure 5. Engineering Study for Potential Fire Code Compliant Accesses to the South and North

Utilities Assessments

Sanitary Sewer Service

The majority of that site can be served either with a pressurized sewer system or a gravity-sewer system *with* a ravine crossing

A gravity-fed sewer system cannot serve the majority of the site without doing one of two things: crossing the ravine on the west side of the site or crossing two private residences' backyards. Without doing either of those things, a pressurized sewer system will need to be built in order to serve areas of the site below the approximate elevation of 190', leaving a very small area of the subject parcel served by gravity sewer. With a gravity sewer extension and a drainage crossing to the west or southwest, the site could be gravity-served to an approximate elevation of 110' and above–a majority of the site (Figure 6). Portions of the site below 110' will require a pressure system in any scenario. A pressurized system that serves only one legal parcel could be private, but would still be expensive. If the pressurized system would serve two or more parcels, it would have to be a public system, approved and built to state standards, and maintained by the city. This would typically be more expensive to install than a private system. A private system would be maintained by the parcel owner via a Home Owner Association (HOA) or similar legal agreement.

Storm Sewer Service

No major concerns to providing service to the site

We note no unusual or major concerns noted for storm sewer infrastructure. Typical stormwater treatment for both water quantity and quality would be expected onsite prior to discharge into the two existing drainage areas on the site.

Water Service

Site's northeastern corner would require a water main extension

For water service, we note no major concerns but a few minor obstacles. There are some water main extensions that would need to occur to serve the site but they should not be a significant obstacle to development. Serving just the northeastern portion of the site accessible off of Pine Street would require an extension of a sufficiently pressurized water main from the nearby neighborhood to serve new homes and a new hydrant at the bottom of the hill at Pine Street. This would require roughly 700' of water main extension through existing street ROW. If the whole site is being developed, an alternative to explore is providing water service to the northeastern portion of the site through the site from Myrtle Ave.

Electricity, Telecom and Natural Gas Services

No major concerns providing service to the site

We note no major concerns serving the site with electricity, telecommunications or natural gas.

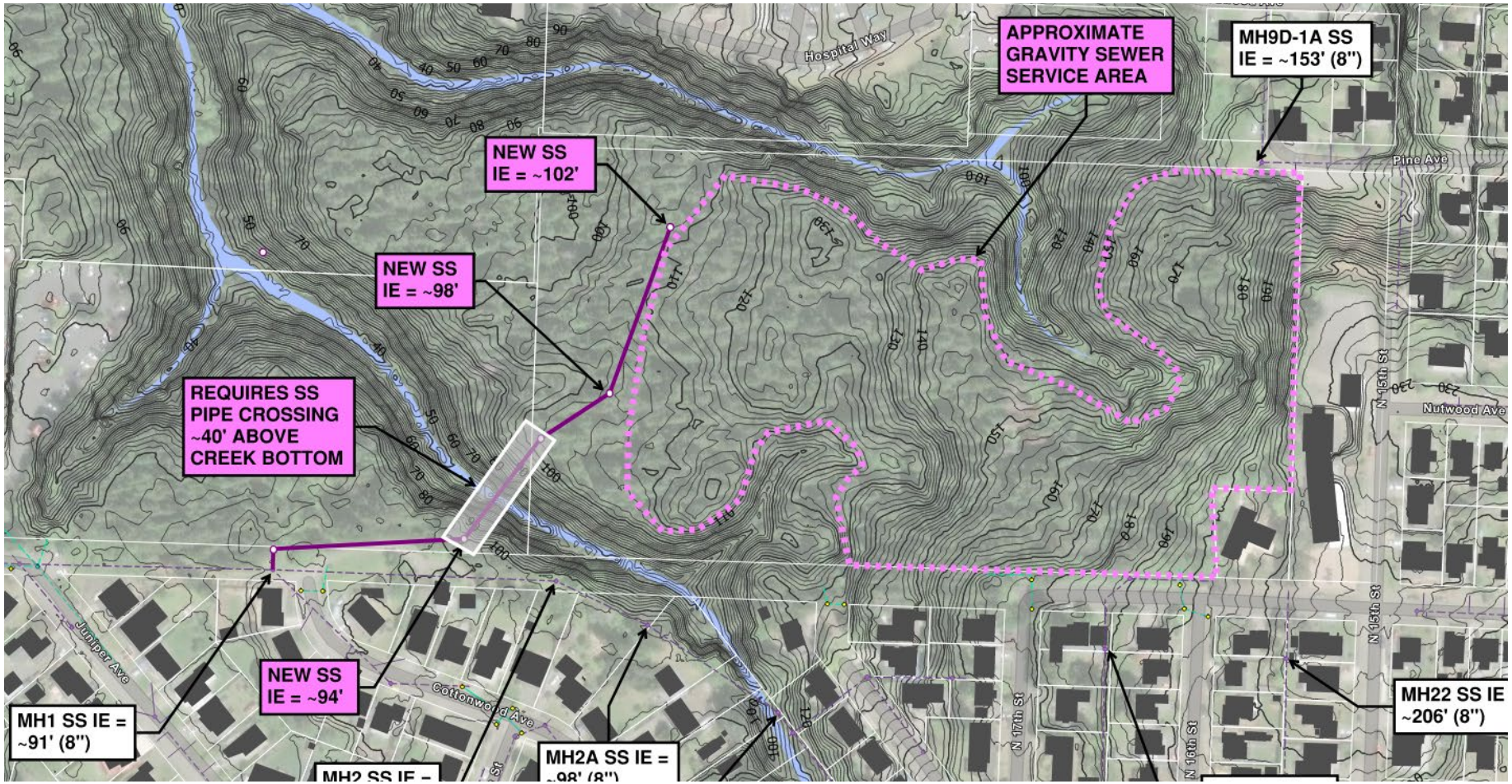


Figure 6. Potential Gravity Sewer Service Area

Natural Features Assessments

Slopes, Drainages and Trees

Slopes and potentially fish-bearing streams will complicate development and raise costs

The two major concerns are steep slopes and two onsite drainages. The steep slopes will add site work and complicate infrastructure design, as detailed in the Access and Sewer sections above. The drainages may be fish-bearing despite their urban location and degraded habitat quality. Any crossings will likely require State and potentially Federal permits. A bridge spanning the drainage would be the easiest option to gain approval for, though it is also the most expensive. Additionally, the community may be sensitive to tree removal on this site, though it is allowed by code with a development meeting approval standards. See Appendix A for more information.

Soil Conditions

Ground testing will be needed in the future

The steep slopes and drainages may also bring complexities to prepare the existing soils sufficiently for development of roads, infrastructure and buildings. Steep terrain may be subject to localized landslide risks. Future on-the-ground testing and investigation will be needed in order to understand the existing soils and to determine what types of soil conditioning may be needed for the areas of the site to be developed.

Figure 7. On Site Stream

Figure 8. On Site Foliage

03

Community Engagement

In This Chapter

This chapter describes the community engagement progress undertaken in this study and its findings. The chapter contains the following components:

- Overview of the engagement process
- Takeaways from engagement events
- Takeaways from the community survey

Key Findings

- Both the public community survey and meeting with key civic partners and partner governments identified “supporting a variety of housing options” as the highest priority site-development goal.
- Both the public community survey and meeting with key civic partners and partner governments concluded that a site development concept with a bridge and multiple access points was the preferred approach for developing the site.
- Traffic impacts and environmental preservation are the largest potential concerns related to the site’s development.

Overview of the Engagement Process

The project team completed a series of community engagement activities in March and April 2025. The activities sought to establish shared goals for the site's future and solicit ideas and public perspective on potential development approaches for the site. The series of activities drew from collaboration between City and DLCD staff on a Public Involvement Plan, which identified underserved populations, strategized on engagement to reach potentially affected and interested collaborators, and complied with civil rights, social equity goals, and Title VI requirements.

Engagement Events

- **Key Partners Meeting (March 25)**: The project team held a virtual meeting of key civic partners and partner governments. The 90-minute meeting introduced attendees to the site and led an exercise to identify shared goals for the site's future use.
- **Site Walk (March 31):** The project team convened at BAH to walk the network of informal and hospital-maintained trails into and adjacent to the site. The purpose of the site walk was to gauge whether ground conditions on the site matched those present in the available data on elevations, slopes, and streams. The site walk also provided the opportunity for staff representatives from the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI) and the Coquille Indian Tribe to visit the site.
- **Design Workshop (April 2):** The project team reconvened for a design workshop at BAH, attended by roughly local civic leaders and representatives from BAH. The event explored ways to develop the site in line with the goals identified at the Key Partners meeting, including a discussion of possible uses, challenges and opportunities expected when developing, and the design approaches.
- **Public Meeting at City Planning Commission (April 8):** The project team presented to the City Planning Commission regarding the study's background, the site's existing conditions, and potential development approaches. Attendees were given the opportunity to offer public comment on the study and future vision for the site.

Community Online Survey

The project team administered an online survey from April 8, 2025 through May 1, 2025. The survey was housed within an ArcGIS StoryMap, an interactive tool used for visual storytelling through a mix of text and media. Storymaps are accessible on phones, tablets, and computers. The StoryMap—titled "Bay Area Hospital Opportunity Site"— provided background on the project and TGM grant, outlined the project's goals and priorities, and provided detailed information about the opportunity site. It included context on the site's location, surrounding land uses, environmental conditions, and development opportunities and constraints. After reviewing the site's context, the StoryMap, introduced two site concepts and the seven-question, five-minute survey. The survey aimed to collect input on the community's future development priorities for Coos Bay, and how these priorities relate to the BAH site and the two design concepts. The survey collected 47 responses.

Takeaways from Engagement Events

Key Partners Meeting

Supporting a variety of housing options is the highest priority site development goal

The Key Partners completed a goal-setting exercise, building atop goals already shared by BAH, DLCD, and the City. The group's input on goals fell into six high-level categories:

1. Supporting a variety of housing options
    - Various price points, types, and tenures
2. Promoting livable and sustainable communities
    - Human-scaled design and architecture that aligns with nature
    - Recreational opportunities
    - Retail/third spaces
3. Supporting residents at various life stages
    - Supporting youth, education, job training and access
    - Supporting seniors and aging with housing suited to life stage
4. Promoting health and healthcare
    - Healthcare facilities and jobs training
    - Promoting mental and physical health
    - Creating a healthy environment
5. Supporting active transportation
6. Emphasizing feasibility
    - Financial sustainability and stability
    - Community partnerships to support the work to fruition

Figure 9. Goals Identified in the Key Partners Meeting

The group identified the first goal–supporting a variety of housing options–as the highest priority goal, with nearly all participants identifying it as their number one goal for the site. The next highest priority goal was promoting a livable and sustainable community on the site.

Site Walk

On-the-ground conditions matched available data

The site walk confirmed that on-the-ground conditions–such as elevations, slopes, ravines, streams, tree cover, absence of structures, and available access points–generally matched the information described in the Existing Conditions chapter and mapped in Figure 3. The site walk helped emphasize the significant scale and depth of the ravines, the value they offer to the site through their uniqueness and beauty, the challenge of building within the difficult terrain, and the challenge of crossing any of the streams or ravines with roads or other infrastructure.

In separate conversations in the lead up to the site walk, a representative from DLCD shared a map of the site with staff representatives of CTCLUSI and the Coquille Indian Tribe. Staff representatives of the tribes did not indicate the site was of known tribal significance during those lead-up conversations or when the representatives attended the site walk itself.

Figure 10. Site Walk (Right)

Design Workshop

The design workshop—attended by roughly 15-20 local civic leaders and key partners—yielded the following high level takeaways:

Workshop attendees expressed strong support for housing of various types and pricepoints

The group voiced the following ideas:

- Support for a continuum of housing types and price points
  - A mix of units, from townhomes and tiny homes
  - A mix of incomes
  - A variety of housing models, owner and renter, as well as land trust models
  - Concern that exclusive or high-end-only development could reduce housing access
- Support for workforce housing:
  - Hospital employee recruitment and retention hinges on housing availability and affordability. The site provides a good opportunity to provide needed housing for the local workforce, particularly workers at BAH
- Support for a mix of uses on site:
  - Such as residential, commercial, and even civic uses.
- Interest in shorter-term leased housing:
  - Finding housing as a new arrival to the community is difficult, there's a need for "landing pads" for new arrivals.
  - Residents, traveling nurses, and other temporary staff at BAH are an example of such arrivals.

Attendees preferred a site development concept with a bridge and multiple access points

"Through Hike," a site development concept with two points of access connected via a bridge, was generally the preferred urban design concept for the site. Attendees felt the bridge could add to the neighborhood's identity as well as improve traffic and circulation issues.

The site's potential is best realized by leveraging infrastructure and environmental opportunities

The group voiced interest and support for the following opportunities:

- Infrastructure
  - Bridges across the ravine to connect neighborhoods
  - Use of elevation and slope creatively
  - Possibility to create an emergency access to N 16th and Redwood Ave (which, on the flipside, would require a culvert and significant soil fill)
- Environment
  - Natural features are assets to preserve and highlight (e.g. creeks)
  - Consider environmentally beneficial approaches such as invasive species removal, stream restoration, hillside stabilization, native planting

Other creative ideas and inspiration

- Attendees felt the following could be useful models for the site
    - Bandon Dunes, Sunriver, Mingus Park in Coos Bay, Kincaid Park in Anchorage
- Attendees believed providing a unique experience/aesthetic would maximize value, sharing ideas such as:
    - Building with landscape in mind—e.g., stilts, treehouse aesthetic – to create unique experiences.
    - Resort, camp-style layouts, clustering, and even recreational features (e.g. exercise amenities, a zipline)
    - Walkable, bikeable communities without heavy car dependence and with access to trails. Homes could even front homes.
    - Third spaces: All-weather public gathering areas such as civic or arts spaces, parks and recreation areas, small-scale commercial, like grocery stores.
    - Training/lab areas for workforce development
- Attendees emphasized the importance of partnership:
    - Engagement of local institutions (hospital, schools, government) to ensure development meets resident and workforce needs

Figure 11. Site Map with Community Comments

Figure 12. Current Stream Crossing

Public Meeting at City Planning Commission

Traffic impacts were the largest potential concern of the site's development, though the need for housing was also recognized

The project team presented background on the project, site, and potential development approaches to the Planning Commission. Commission discussion and public comment:

Raised traffic concerns:

- One attendee indicated that Myrtle may not be wide enough for more traffic. The project team indicated the Fire Marshal had indicated the road was wide enough for a fire truck.
- One attendee indicated support for the project and bicycles across town, noting that this site could be a good connector for cross-town cycling
- One attendee recognized that two nearby neighbors are a church and daycare and wondered how they would be impacted. The project team indicated that they were already within a neighborhood of hundreds of homes, so development would add into that existing ecosystem. One possible outcome is that, because of the slopes on the site, some or perhaps even a majority of development might be visually screened from neighbors by trees and natural areas
- Another attendee suggested that traffic could perhaps be directed to flow through the hospital's circulation network to the larger roads

Discussed the need for housing:

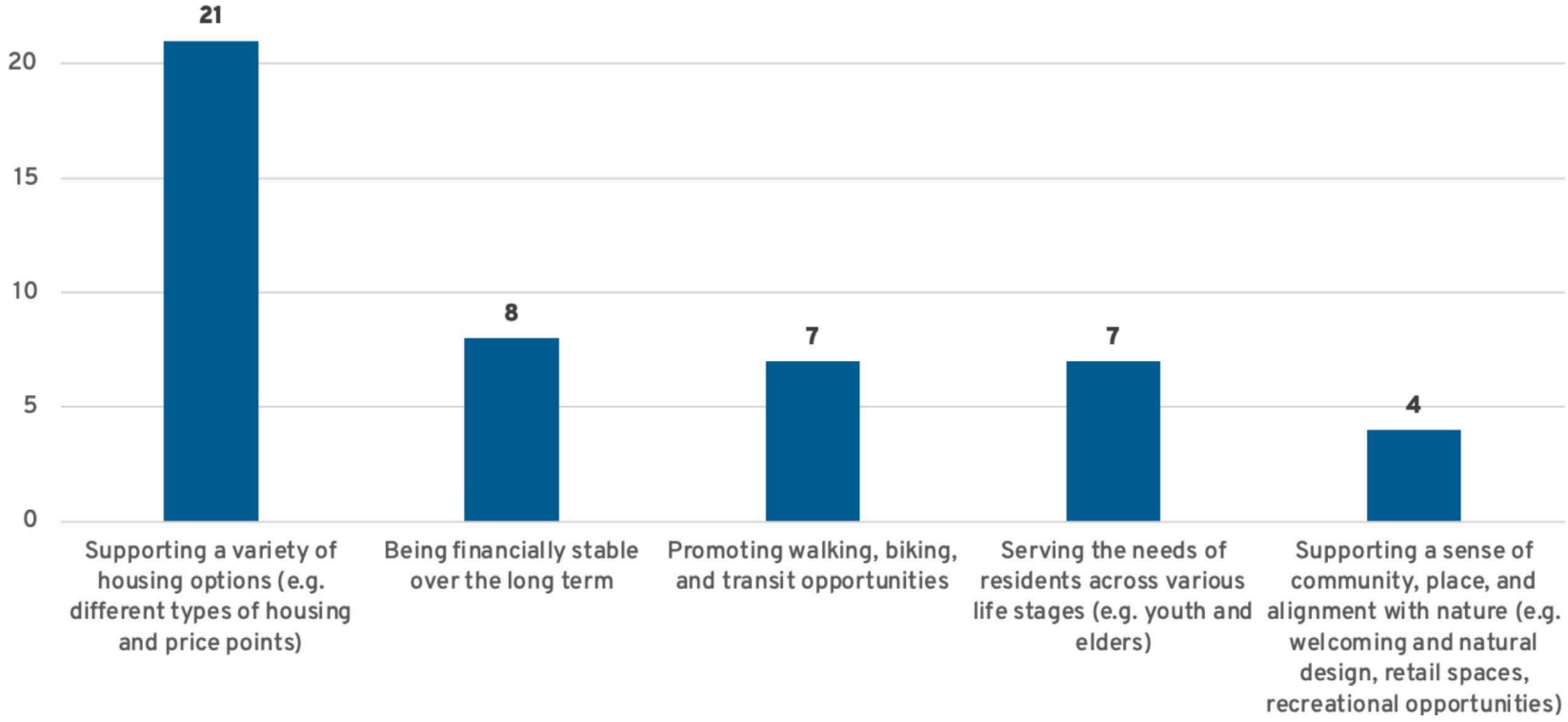
- One attendee described the housing need they experience in the community and expressed support for the project
- A commissioner asked how many units would be built. The project team indicated that no specific amount had yet been identified, but any eventual developer will need to create enough financial value and they do that by including more units and creating a unique product (e.g. homes fronting trails)

Community Survey

Result 1: Housing is a top community goal.

For Question 4, "Which of the community goals would you most prioritize on the "opportunity site"? 45% of respondents selected housing as their most important community goal, making it the most common top priority. This priority was reiterated in responses to other questions as well, and in written comments respondents specified that they were interested in affordable and workforce housing (Question 7, see Appendix). This public opinion matched the perspective shared at the Key Partners meeting, which also emphasized a variety of housing types and options as the top priority for the site.

Figure 13. Question 4. Which of the community goals would you most prioritize on the "opportunity site"? (Pick one)



Result 2: The “Through Hike” is largely favored over the “Out and Back”.

64% of respondents favored “Concept 2: The Through Hike”, a site development concept with two points of access connected via a bridge. Only 17% preferred the single-access concept “Concept 1: The “Out and Back.” This mirrored the preferences voiced by attendees at the Design Workshop.

Result 3: Nature and the environment are top community priorities.

Preserving the environment and access to nature and recreation was a top priority among respondents, second to housing. Natural spaces and trails in particular were desirable potential features for the future site, and several written comments (Question 7, see Appendix) advocated for habitat preservation and environmental conservation. This suggested the concept that will achieve the highest support and deliver the greatest value to residents will offer a variety of housing types and options while also highlighting and preserving natural spaces, particularly in and along undevelopable areas like ravines.

Figure 14. Question 5. Which of the two development diagrams appeals to you most? (Pick one)

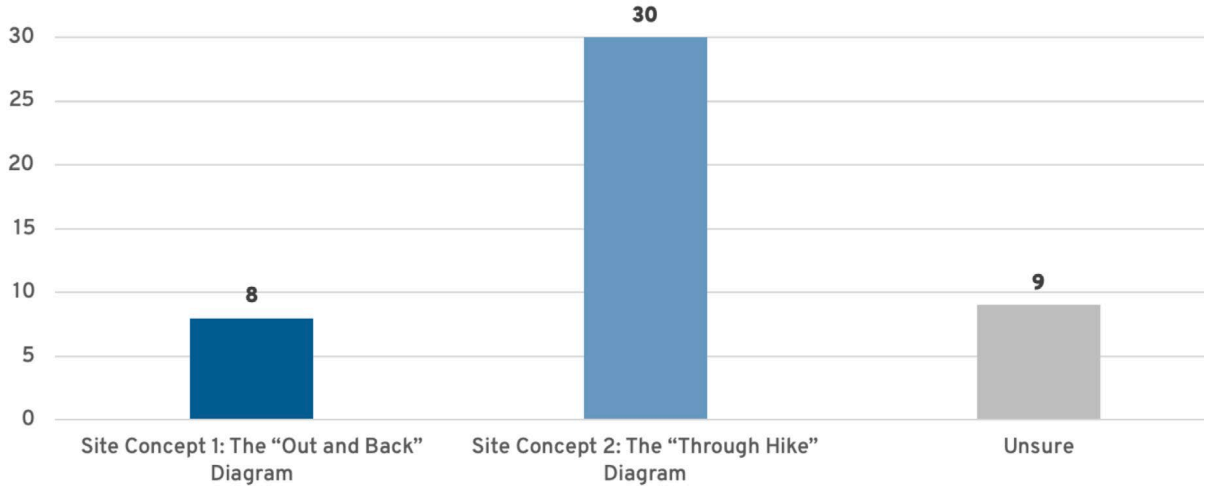
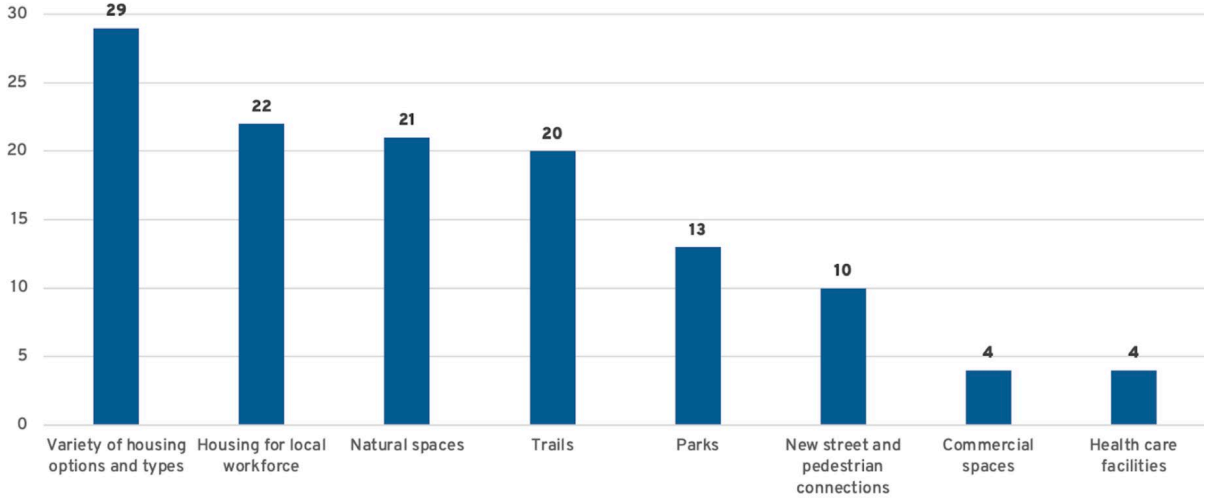


Figure 15. Question 6. What potential features of a development on the site appeal to you most? (Pick up to three)



04

Design Framework

In This Chapter

This chapter reviews two site design concepts, exploring the elements that comprise them, and the opportunities and constraints they present. This chapter also describes additional opportunities that may add value to the overall development's placemaking and connectivity, though they may not ultimately be necessary and are not all included in the preferred development concept in Chapter 6.

1. Site Design Elements
    - Building Typologies
    - Right of Way Design
    - Sewer Systems
2. Site Opportunities
3. Site Development Concepts

Key Findings

The project team created two high-level concepts for site development. These concepts are called Though Hike and Out and Back.

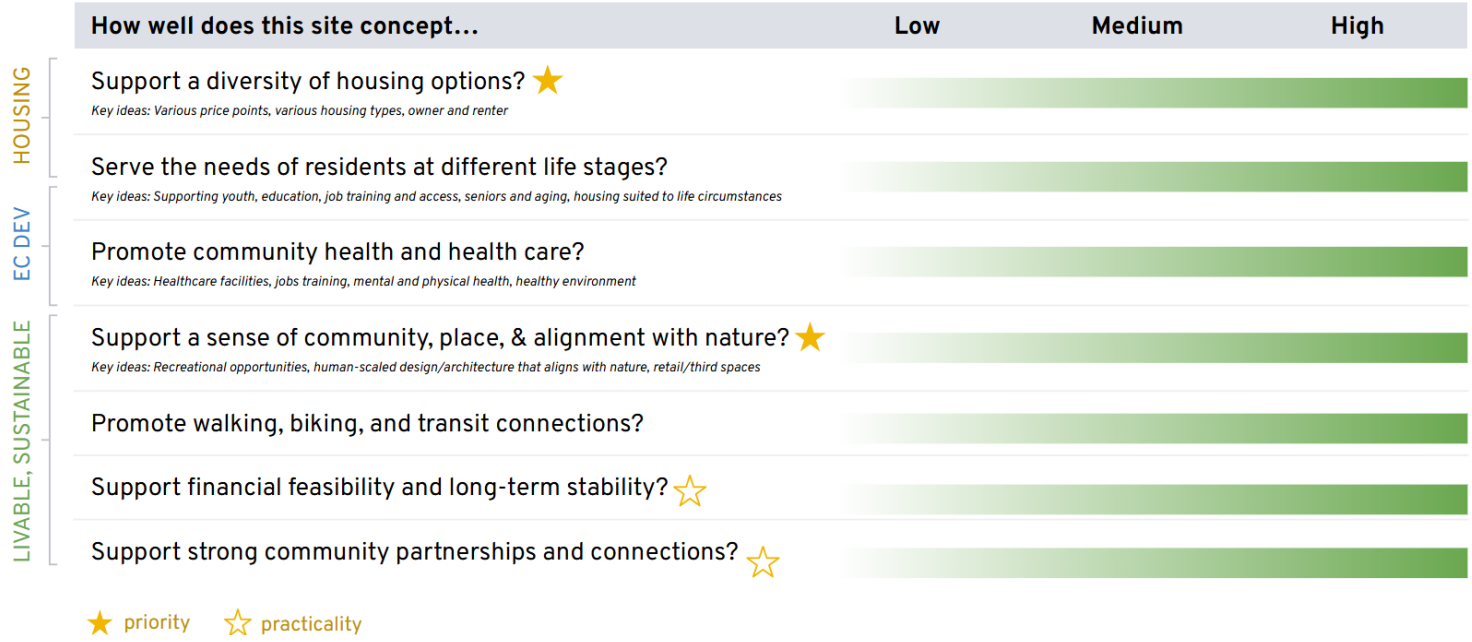
- Through Hike is a connected neighborhood concept. It includes a bridge to connect the site's southwest corner to the unbuilt Myrtle Avenue right-of-way, neighborhood, and street network to the west. The bridge provides a key second point of access, allows the site to use a more affordable gravity-flow sewer system, and creates a central piece of infrastructure core to the site's function and identity.
- Out and Back a pocket neighborhood concept. It includes two points of access as well, but both are located on the site's eastern side. That necessitates a cul-de-sac turnaround at the site's western edge. This design concept handles sewer service through a lift station located at a low point of the site. This allows the full flat area of the site to be developed for housing, but comes with a multi-million dollar cost.

Community-Informed Design

The site's two design concepts each respond to the site's physical conditions as well as to community feedback gathered in the engagement process. The goal of incorporating that feedback is producing a community-informed site vision. Importantly, the Key Partners meeting identified the goals in Figure 16 below: supporting housing options, promoting livable and sustainable communities, supporting all life stages, promoting health and healthcare, supporting active transportation, and emphasizing feasibility. These served as guiding principles for the two initial design concepts, with the concepts diverging on how they connected into the neighborhood and navigated the financial challenge of infrastructure provision.

After preliminary designs were created, a community survey was administered to understand respondents' preferences and concerns. Respondents preferred a design that provided more access points, directed traffic flow to the West, provided access to the hospital, preserved green space, and had a mix of apartments and for sale housing. This feedback was taken into consideration and incorporated into the final design.

Figure 16. Evaluation Criteria Used to Guide Design Concept Iteration and Selection



Site Design Elements

Each concept for developing the site consists of a collection of elements, such as buildings, streets, underground infrastructure, and open spaces. The following subsections describe these building blocks and how they fit into a final site concept.

Building Typologies

Single Detached Dwelling

Single detached dwellings are units built on a single lot without shared walls to adjacent structures. These dwellings are a low density building type and they're most often sold as ownership housing. They may play a part within a successful concept for this site, but likely not as the primary building typology on site. This is because they likely cannot achieve sufficient density to pay for the sitework and infrastructure to serve them. They also tend to be the most expensive type of housing and available only to homebuyers with sufficient income. Providing this housing type along doesn't align well with the highest community priority for the site being to offer a variety of housing options.

Figure 17. Single Detached Dwelling, via Zillow

Figure 18. Single Detached Dwelling, via Zillow

Figure 19. Single Detached Dwelling, via Zillow

Middle Housing

Middle housing dwellings refer to types of dwellings that offer housing options between single detached dwellings and multi-unit apartments. Middle housing includes plexes, townhouses, ADUs, and cottage clusters. This housing type may offer sufficient unit density to support development. Townhouses are a primary dwelling type considered for the site.

Figure 20. Townhouse, via Zillow

Figure 21. Townhomes, via Apartments.com

Multi-unit Housing

Multi-unit dwelling structures are typically, but not solely, apartment buildings. The size of these buildings may vary substantially, including everything from small, single story complexes to mid- and high-rises. Multi-unit housing offers a higher density that can help support more affordable price points. Garden-style apartments are a primary dwelling type considered for the site. These garden-style apartments are planned as 3 story buildings with stairs for walk-up access.

Figure 22. Multi-unit Housing, via Zillow

Figure 23. Multi-Unit Housing, via Apartments.com

Right of Way Design

Primary Street

The primary street in each design is a complete street built to City of Coos Bay standards. The primary street will be publicly accessible and provide pedestrian sidewalk, street trees, emergency access, and on-street parking where applicable.

Secondary Street

Secondary Streets will function similarly to alleys where access for private vehicles, emergency vehicles, pedestrians and cyclists is maintained in a shared, narrower right of way.

Paths and Trails

The site's existing network of paths and trails is the primary way that the community can currently interact with the site. To maintain and enhance this, the site designs incorporate a path and trail network that provides pedestrian access throughout the site and fosters connection to the preserved natural areas of the site. This unique opportunity to orient urban life harmoniously to the natural environment is one of the guiding principles that shapes potential site designs.

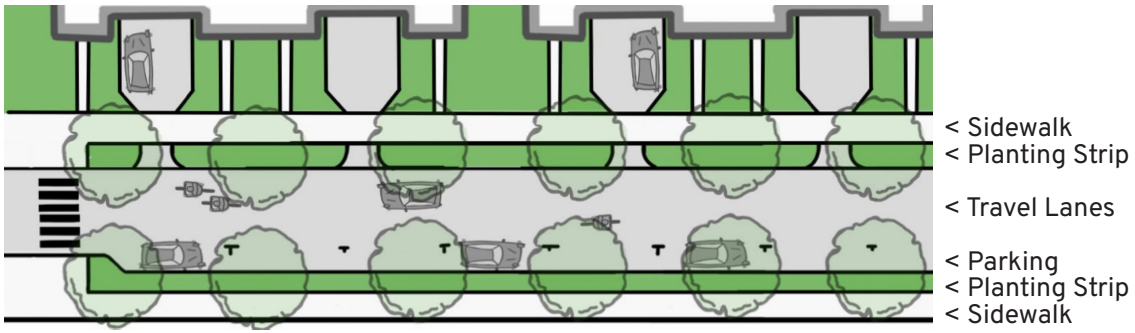


Figure 24. Example Primary Street Section

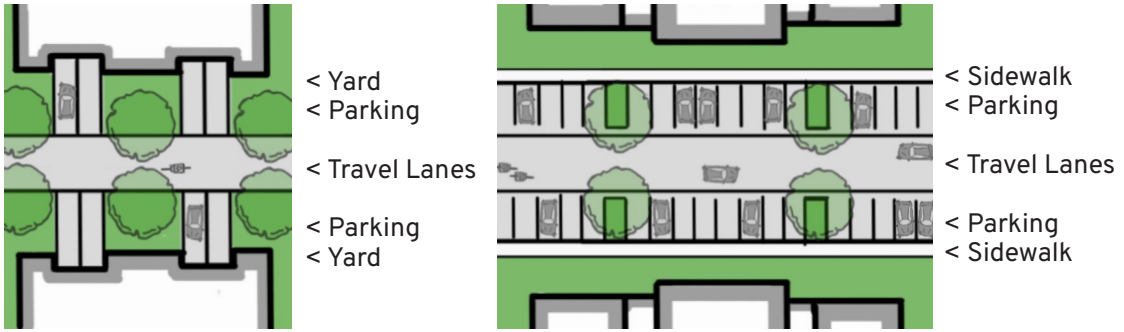


Figure 25. Example Secondary Street Section

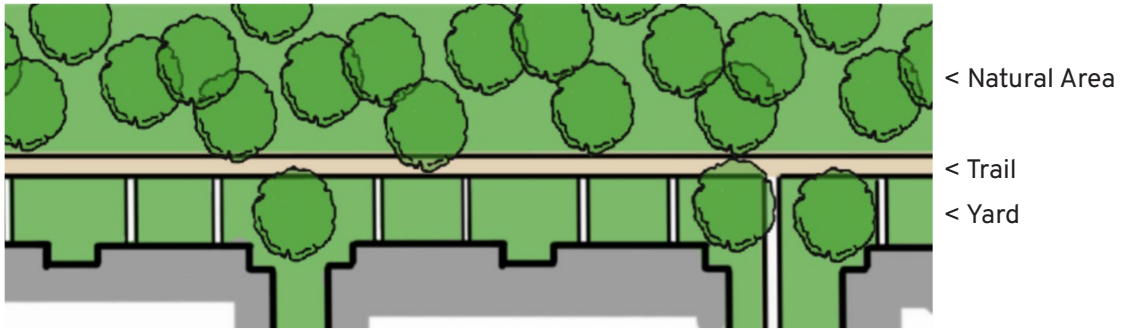


Figure 26. Example Trail Section

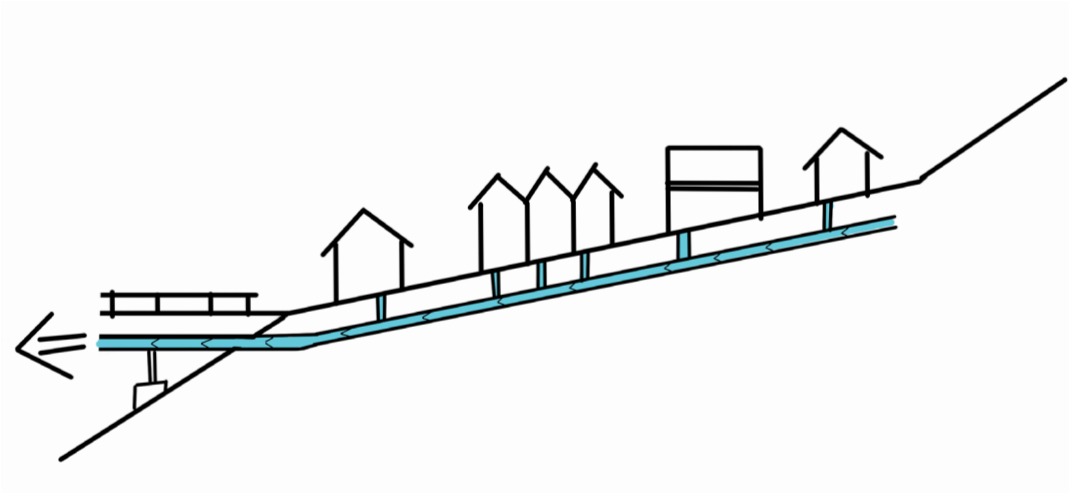


Figure 27. Example Gravity Sewer System

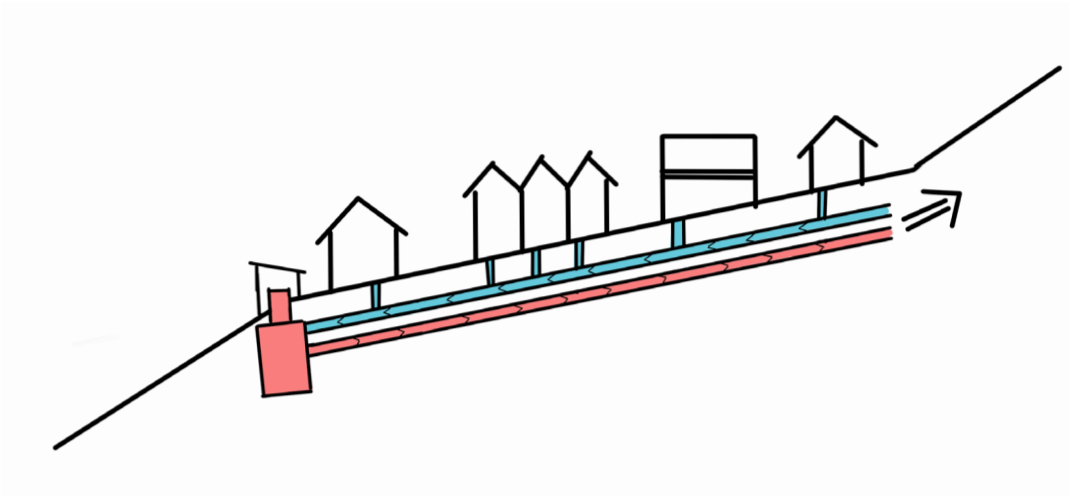


Figure 28. Example Sewer Lift System

Sewer Systems

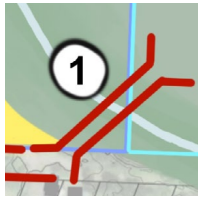
Gravity Sewer

Gravity sewer systems rely on development being located at a higher elevation than the sewer main they ultimately connect into. That way sewer lines can be installed at a slight downward slope so that waste flows naturally downhill through the system. Due to the topographic constraints on this site, the only way to utilize a gravity sewer system would be to cross private yards or the ravine at the site's low point to the West via a bridge, connecting to the main at the intersection of Myrtle Ave and Juniper Ave.

Sewer Lift Station

Lift station sewer systems similarly rely on gravity, but rather than sewer lines connecting to lower elevated mains, they connect to lift stations. These stations then use pressurized systems to pump the waste uphill to a point where it can then connect to a gravity main and flow downhill again on their own. Nearly all of the buildable area of the site is downhill of the most accessible sewer main, so a lift station would enable the provision of sewer service to the entire site. However, lift stations can be very expensive to build and maintain–estimated at $3.5M or higher in cost–so this sewer system would come with substantial financial downside.

Site Opportunities

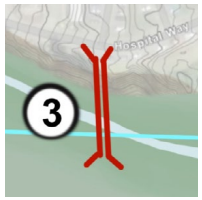


1. SW Ravine Bridge

A bridge crossing the ravine to the Southwest of the site could connect the site to the West toward Woodland Drive. This could add value through additional neighborhood connectivity, traffic dispersal, emergency access, enabling gravity sewer service, and providing a placemaking element.

2. N 16th Extension

Extending N 16th Street would provide another access point into the site. It would bolster local connectivity, especially from the site toward the hospital, but it would require a culvert with dirt fill, which could be costly and would likely require significant state or even federal approvals.



3. North Bridge to Hospital Way

A pedestrian bridge connecting the site to Hospital Way to the north isn't required and would likely have a substantial cost associated. However, it would return value by helping residents easily access the hospital and so should be considered, especially if it can be built cost effectively. Directly connecting the site to the hospital could be key to unlocking the site's full potential.

4. North Bend Medical Center Land

North Bend Medical Center has indicated an openness to selling a portion of their land east of their current building and parking lot (which are not for sale). Acquiring this land would be necessary to build a bridge (opportunity 1). It would also increase the buildable land of the project.

5. Hospital Lot Line Adjustment

The current site boundary contains one hospital-owned lot. However, the land to the Northwest of the site is also hospital-owned and could potentially be added to the site via a lot-line adjustment. This adjacent space is flat and developable, but would require a pressurized sewer system with a lift or pump station.

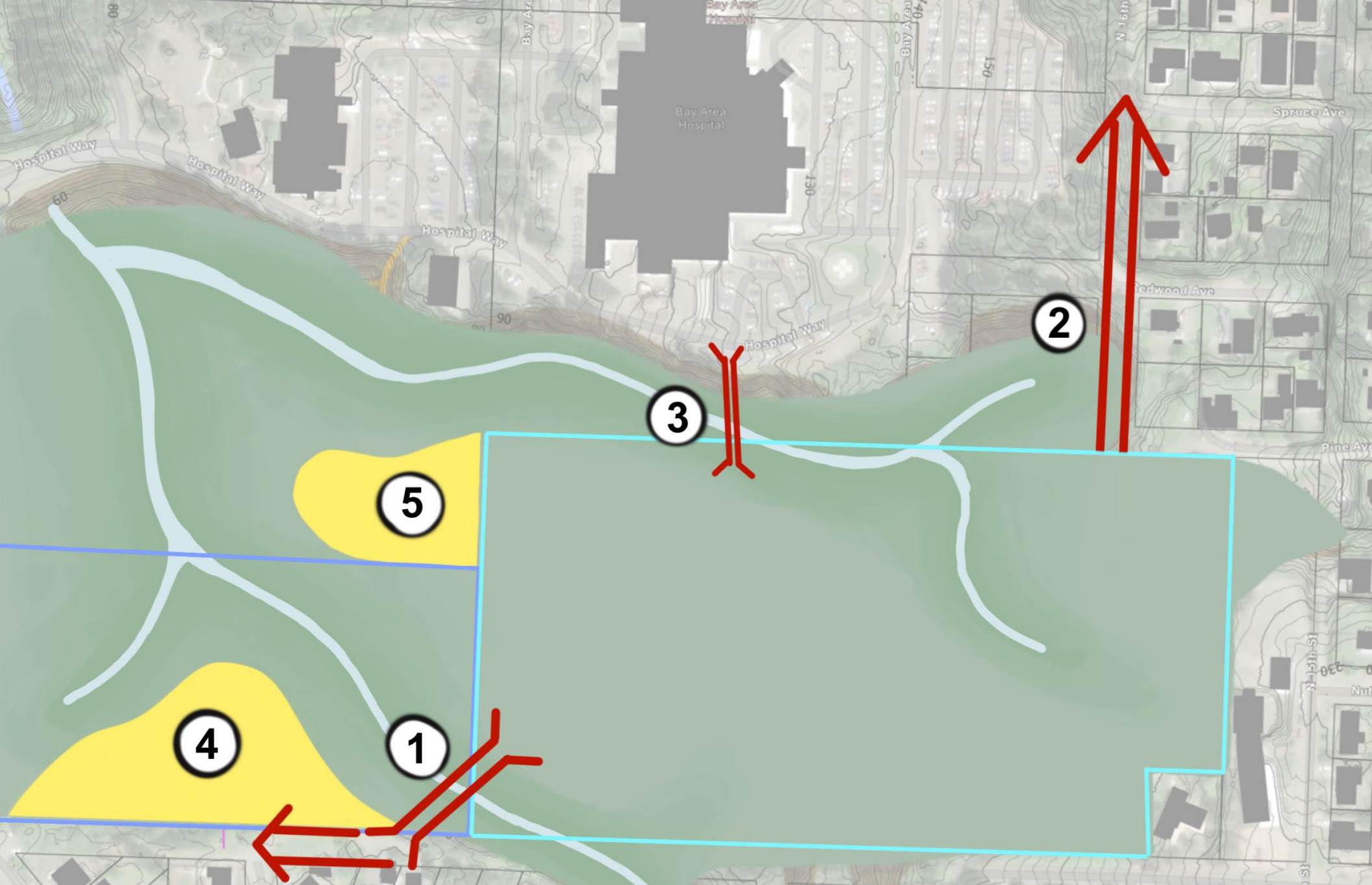


Figure 29. Site Opportunities Diagram

Site Development Concepts

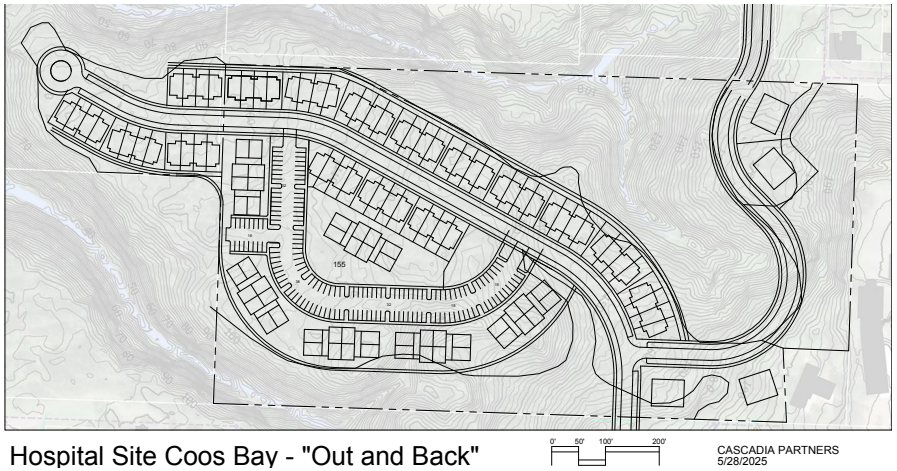
Two high-level concepts for how the site might be developed are described below. These concepts served as the basis for financial feasibility testing in Chapter 5. The strongest concept was refined and illustrated as a final preferred site concept in Chapter 6. Yellow and orange colored areas denote developable area, green denotes natural or open spaces, red denotes the right of way, dark green denotes trails, and pink demonstrates the direction of the sanitary sewer flow.

Out and Back Design Concept

The Out and Back design features a compact and personal neighborhood nestled within the woods where residents can find sanctuary from their urban surroundings. This pocket neighborhood forms a refuge among the trees for the local community.

This site design concept provides a primary site access point to the South at the intersection of N 17th Street and Myrtle Ave. A single access point allows for up to 130 units, but the additional secondary access point to the north via an extension of N 16th st unlocks the potential for a higher unit allowance. This site design concept handles sewer service through a lift station to be located at a low point of the site. This allows the flat portion of the site to be maximized for buildable area. Because the lift station can increase buildable area, there is also the potential to adjust the site boundary to include some of the hospital land to the Northwest, creating even more buildable area. This site design would likely require a portion of the existing trail network to be removed, however it also includes significant additions to the trail network, connecting potential residents and neighbors to the natural environment.

Figure 30. Early Draft Lot Layout of Mixed Unit Types



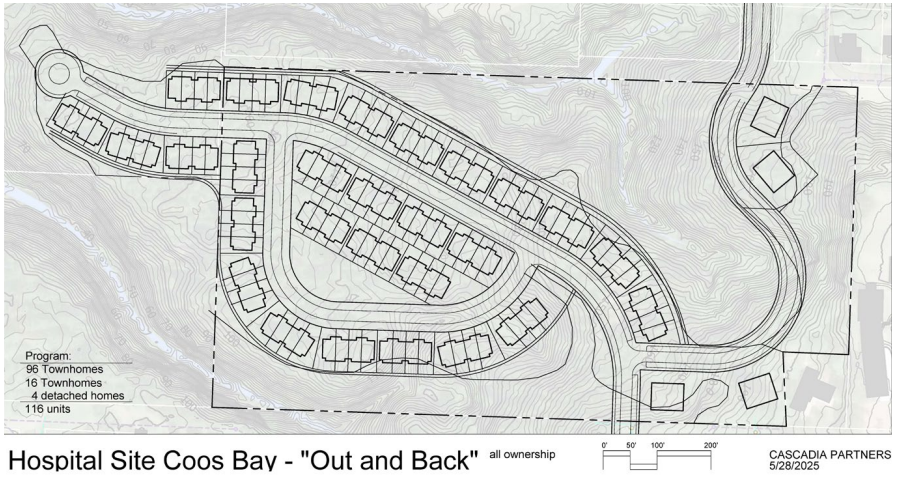


Figure 31. Early Draft Lot Layout of For Sale Unit Types

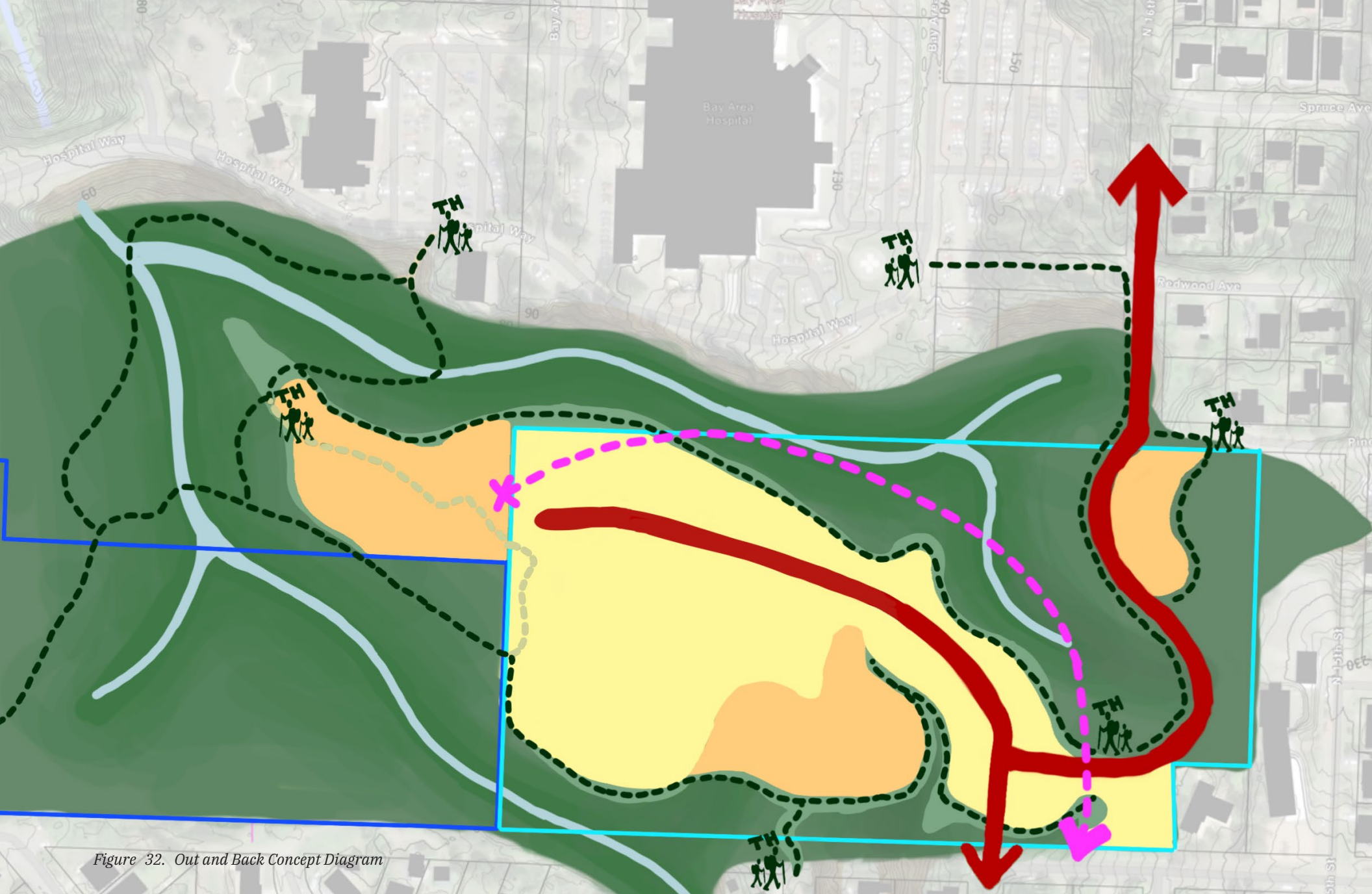


Figure 32. Out and Back Concept Diagram

Through Hike Design Concept

The Through Hike site design features a connected neighborhood that links residents into the broader area via a new bridge and street network. The new connectivity and flow through the site invites the community in, creating a destination that welcomes residents and neighbors alike.

This site design concept provides two primary access points to the South, connecting the western section of Myrtle Ave to the eastern section. This helps to disperse the vehicular traffic as well as providing easier access to an arterial street. A bridge will be needed in order to make the street connection to the West. While the bridge has a significant price associated, it would also create a way for a sewer line to cross the ravine, opening the door for a gravity sewer system. The gravity sewer could only serve portions of the site located at a higher elevation than the bridge, which is not the entire site but is a significant portion of the relatively flat area. This site design also features parks, trails, and an enhanced trailhead in the core of the site.

Figure 33. Early Draft Lot Layout

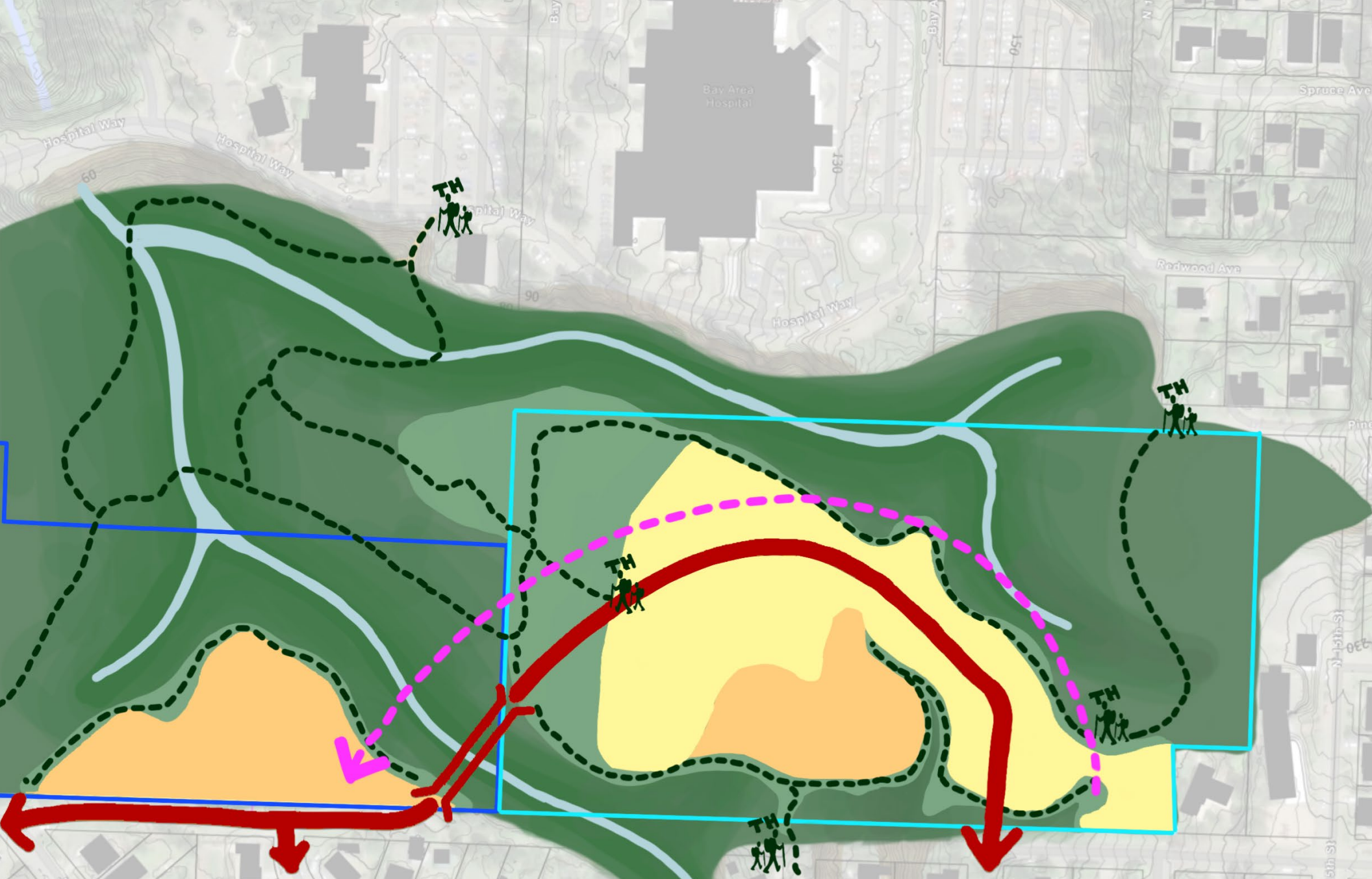


Figure 34. Through Hike Concept Diagram

05

Financial Feasibility Analysis

In This Chapter

This chapter describes the financial feasibility analysis undertaken in this study and its findings. The chapter contains the following components:

- Overview of the analysis conducted and the inputs and assumptions used
- Takeaways from the analysis
- Funding sources available to assist with achieving financial feasibility

Key Findings

- The most financially viable pro-forma approaches used the Through Hike concept and provided two points of vehicular and emergency access.
- Near-term development approaches should focus on for-sale housing and minimizing infrastructure costs. Selling land to an affordable housing developer instead of developing it as profitable ownership housing could be a financially worthwhile tradeoff if the affordable housing development unlocks access to sufficient (i.e. multiple millions of dollars) infrastructure funding.

- Community Development Block Grants (CDBG), the Middle Income Revolving Loan Program, and the Oregon Transportation Infrastructure Bank offer the most direct, currently established paths toward infrastructure funding–though often in exchange for providing income restricted housing. HB 3031, recently passed by the Oregon legislature, will supplement these programs by creating a multi-million dollar infrastructure financing program via the Oregon Infrastructure Finance Authority.

Overview of Financial Feasibility Analysis

A financial feasibility analysis helps assess whether a site development idea makes profit or loses money. When a project is in early conceptual stages, financial feasibility analyses often use a "back-of-envelope" approach–in other words, a simple approach a person could scrawl on the back of an envelope. Back-of-envelope analyses are quick to make and somewhat imprecise, but they still help gauge whether a project has a path to financial viability and what actions would help achieve viability.

For this study, the project team used a spreadsheet-based, back-of-envelope pro-forma (i.e. a financial statement for the development) to assess financial feasibility. The purpose of the analysis isn't to provide exact cost, revenue, or financial return numbers. Rather, the analysis helps determine whether the development is near or far from financial viability and what changes to the development program would improve financial performance.

Assumptions and Data Sources

Creating a simple development pro-forma requires a variety of inputs on development program, costs, revenues, and other factors, as described below.

- **Development Program**: The project team derived the expected total area for earthwork, linear feet of public right of way and utilities, as well as total unit counts and building square footage based on the design concepts introduced in Chapter 4.
- **Costs**: The project team created an "order of magnitude" cost estimate for each development program, which is fast to make, imprecise, and exploratory in nature. Cost figures should be understood as inexact and subject to change given more and better information. In this case, the project team estimated costs using a general approach: multiplying per-square-foot (PSF) hard-cost estimates by the building and site areas and per linear foot (LF) cost estimates by the length of the public right of way and utilities. These PSF and per LF estimates were derived from conversations with developers, contractors, and engineers as well as through a review of cost estimates for public works projects found online. The report used standard assumptions to estimate soft costs (20% of hard costs) and a contingency budget (10% of hard costs). All-in development costs for the site's for-sale townhome housing was estimated at roughly $325 PSF, not including land cost.
- **Revenues**: The project team estimated revenues from for-sale and rental products by reviewing listings for comparables on Zillow, Craigslist, and Rentometer. The project team assumed, based on available sales comparables, a 10-15% price premium for

properties adjacent to woods or other attractive natural features. Achievable sales prices for the site's for-sale housing–townhome-style homes including 1,500 SF and a one-car garage–were assumed to average $500,000.

- **Other inputs and assumptions**: The pro-forma is designed from the perspective of a land developer and homebuilder. This means sales proceeds of homes and lots are the primary revenues incorporated into financial return calculations. The team assumed a 5-year analysis period, a 3-year construction period for full site build out, delivery and absorption of roughly 30-40 for-sale units per year, and a 9% average annual interest rate. Lot sale prices for rental units were estimated via comparables and residual land values, assuming a 6% stabilized capitalization rate, a 30% operating expense ratio, a 5.5% vacancy and credit loss rate, and a 6-month lease-up and stabilization period. Given the difficulty of the location for retail but the necessity of including it in the development program to unlock higher residential density allowances, we assume the small lot "sold" for commercial space produces no financial return. Similarly, this analysis assumes the site itself is donated to the development project as a way of supporting the eventual desired development outcome. This is the simplest available assumption, given that no broker opinion of value or detailed land development cost estimate is available for the site. It is also relatively common for publicly owned lands to be donated to support a desired development outcome. Still, this is not a required path for the BAH and its board to take. However, removing this assumption lowers the project's profitability from a developer standpoint.

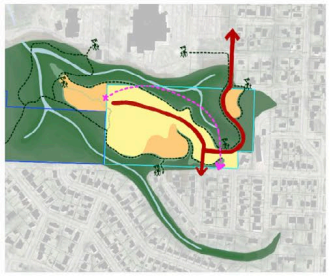
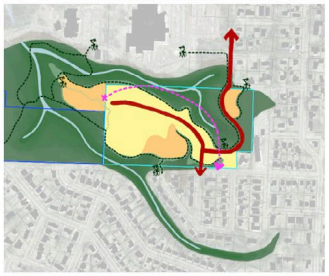
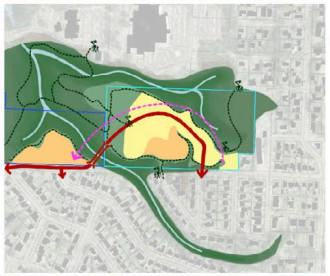
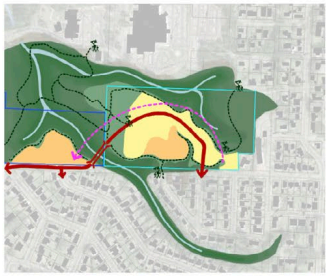
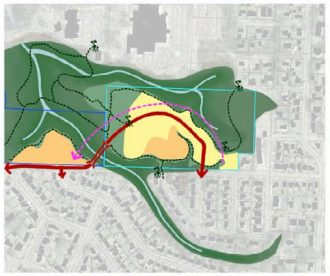
Feasibility Analysis Findings

The development is not financially feasible under current conditions, but has a narrow path to achieving financial feasibility

The analysis found that profitably developing the site will be challenging. Under current market and cost conditions, the analysis found the development–in its most financially-productive design and programming–would achieve roughly $1M to $6M in net profit or a 1.05 to 1.48 equity multiple. That means while the development could pay off its loans, it would fall millions short of achieving the profit and risk-adjusted return a development and investment group would likely seek for a challenging project in a tertiary market (e.g. equity multiple closer to 2.00) .

Detailed takeaways from the analysis

- **Using a design with a single point of vehicular access is not financially feasible**. State fire code limits the number of units built on a single point of vehicular access to 30 single-dwelling units and 100 multi-dwelling units. This unit count cannot financially support the earthwork and infrastructure costs (e.g. public lift station, up to 1,000 LF of road and utilities, 150 parking spaces) required to develop the site. A higher unit count is required, which means multiple points of vehicular egress and access are needed to fulfill fire code.
- **The most financially viable pro-forma approaches used the Through Hike concept**. The Through Hike concept offers a distinct financial advantage related to infrastructure. It uses a bridge to

Out & Back *Mix of own/rent*	Out & Back *Own focus*	Through Hike *Own focus*	Through Hike *Own, affordable focus*	Through Hike *Own, affordable focus*
				
144 du *for rent* 68 du *for sale*	112 du *for sale*	111 du *for sale*	86 du *for sale* 60+ du *affordable*	86 du *for sale* 60+ du *affordable*
2400 LF *public road/utilities*	3000 LF *public road/utilities*	2600 LF *public road/utilities*	2000 LF *public road/utilities*	2000 LF *public road/utilities*
Lift station $3.5M Culvert $1.5M	Lift station $3.5M Culvert $1.5M	Bridge $3.0M	Bridge $3.0M Grant +$2.0M	Bridge $3.0M Grant +$2.0M Costs -5%, Sales +5%
Net Profit: $-6.2M EMx: 0.49	Net Profit: $-2.0M EMx: 0.88	Net Profit: $0.8M EMx: 1.05	Net Profit: $1.7M EMx: 1.14	Net Profit: $5.9M EMx: 1.48

Abbreviations and Acronyms

du: Dwelling units

LF: Linear feet

M: Million

EMx: Equity multiple, where 1.0 = a break even project that returns the equity invested and 2.0 = a project that doubles the invested equity

Figure 35. Summary of Financial Analysis Outcomes by Development Scenario

provide both a secondary emergency access route and a structure to support gravity sewer pipes across the ravine and creek in the site's southwestern corner. While a bridge is expensive, in this case it provides dual benefits within a single piece of infrastructure: it unlocks higher unit counts under fire code and at the same time helps avoid the need for a $3M to $4M sanitary sewage lift station. That makes the concept more financially viable than the Out and Back concept.

- **In the near-term, focus on for-sale housing**. The financial prospects for market-rate rental housing currently appear weak in the Bay Area. According to the American Community Survey, only roughly 200 apartments have been built in Coos Bay since 2010. Anecdotally, developers and public officials interviewed for this study could not recall any non-subsidized apartment construction in recent years, even before interest rates rose. Moreover, comparables suggest the market has relatively low rents–a reflection of modest incomes. That dampers the yield-on-cost achievable through new rental housing, which stifles would-be apartment developers' returns and therefore the amount they would pay for a parcel on site. For-sale housing products, on the other hand, appear to offer a better cost-to-revenue ratio, as evidenced by the fact that they are currently being delivered and absorbed by the market. In the long-run, the financial prospects of market-rate rental housing may improve, meaning the focus on for-sale housing should be revisited in future iterations of this work.
- **Minimize the costs of horizontal development**. Horizontal development, which includes activities like excavation, grading, paving, utilities, and landscaping, is expensive. Horizontal development costs are also hard to determine up front and vary greatly depending on site conditions. Anecdotally, multiple Bay Area developers interviewed for this project asserted that horizontal development costs considerably exceeded their expectations–a warning for would-be developers of challenging sites in the region. At this early conceptual stage, the best way to reduce horizontal development costs is to minimize the amount of infrastructure itself, which the Through Hike scenario achieves through gravity sewer and reduced public right of way length. Denser development can also make costly infrastructure like streets and utilities more economical by lowering the per-unit cost.
- **Consider attempting to access subsidies, particularly for infrastructure**. Another way to reduce the cost of infrastructure on the overall development is to seek grants, below-market-rate loans, and other subsidies to pay for a portion of the costs. In Oregon, limited infrastructure funds are most readily accessed when a project includes income-restricted affordable or workforce housing. Such housing produces minimal positive cash flow and profit, meaning the tradeoff at play is whether losing acreage and revenue potential to income-restricted affordable housing is more than offset by receipt of sufficient grant dollars for project wide infrastructure. Housing subsidies such as Oregon's Moderate Income Revolving Loan Fund may also offer an avenue to lower the price of some homeownership opportunities on the site while still yielding a profit.
- **Clarify the financial picture.** It may also be that costs are lower than anticipated, or that sales prices and rents achievable in a unique, walking-trail-oriented, centrally located, forested

community are higher than assumed. Further efforts can be made to explore potential costs and revenues, particularly by talking to contractors and developers. The scenario shown on the right side of Figure 32, demonstrates how updated assumptions regarding cost and revenue conditions assists financial viability.

- **Monitor competitor projects.** Two developments are underway that would compete with the Through Hike concept for market absorption in the near-term: Timber Cove, a 400-unit for-sale project in Coos Bay, and North Bend Family Housing, a 176-unit affordable housing development in North Bend. The surplus hospital site will also face competition from other vacant land parcels that are similar or simpler to develop. The City and BAH should continue to monitor these projects to understand whether the housing product they're providing is being absorbed quickly and demand remains strong.

Housing and Infrastructure Funding Sources

There are several potential public funding sources that can be gap sources for housing and infrastructure development

Public funding sources for housing and infrastructure development are typically "gap" sources, meaning they can fill a financial shortfall (or "gap") between the total cost to develop housing or infrastructure and the amount of funding that can be raised through more conventional sources like bank loans (debt), equity (private investment or Low Income Housing Tax Credits), and project-generated revenue (rents or sales revenue). As shown in the results of the financial feasibility section above, that gap is assessed to be at least several million dollars. Gap sources are typically reserved for development that meets local needs or policy goals not met by the private market, such as affordable housing and associated infrastructure for low- or moderate-income households. The purpose of gap sources is to make affordable housing developments, which generate less revenue than market rate developments because rents are restricted, financially feasible. Gap sources are therefore typically restricted to projects that include deed-restricted units.

Each gap source for affordable housing has its own unique program rules and eligibility requirements

The funding sources outlined below support deed-restricted rental or ownership housing and could be potential gap sources for townhome and/or multi-unit development. These sources can fund on-site development costs, which can include construction, site development, and development services, but they cannot typically support off-site infrastructure improvements.

Which funding source/s is/are most appropriate for the site and development depends primarily on the tenure for the housing, planned affordability levels, and the amount of the gap in the project's capital stack.

Oregon Housing and Community Services (OHCS) administers all of the sources outlined below. The first two are acquired directly by housing developers (with local jurisdictional support), while the third requires City leadership to access the financing.

LIFT Homeownership Loans

LIFT Homeownership loans provide gap funding for the construction of for-sale homes that are deed-restricted for 20 years for households at or below 80% Area Median Income (AMI). To be eligible, LIFT-funded homes must use a shared equity model in which an eligible covenant holder maintains ownership of the land and qualified homeowners purchase the individual homes. Examples of shared equity models include community land trusts, leasehold condos, manufactured dwelling parks, and limited equity cooperatives. Mixed-income and mixed-use projects are eligible for LIFT Homeownership funds, but the LIFT funds can only be used for costs associated with the deed-restricted for-sale homes. The townhomes included in the site design concepts may be well suited for shared equity ownership housing with LIFT Homeownership funding.

The amount of the loan is determined on a per unit basis, with the total loan amount intended to offset the difference between the cost of construction and the below-market home sales price. The loans have flexible terms, including zero percent interest and the ability to defer repayment until the end of the 20-year affordability period.

LIFT Homeownership loans are secured by a housing developer and are often paired with local jurisdiction support as part of a larger housing development capital stack. LIFT funds are competitive and available on a first-come-first-serve basis as new Notices of Funding Availability (NOFAs) are released.

501c3 Conduit Revenue Bonds

501c3 Conduit Revenue Bonds provide tax-exempt bonds for low- or middle-income rental housing that is deed-restricted for 60 years for households up to 120% AMI. Eligible applicants are limited to qualified non-profit (501c3) organizations. Eligible projects include low-income, workforce, and mixed-income projects. The multifamily housing included in the site design concepts may be well suited for multifamily housing financed with 501c3 Bonds. As with other tax-exempt bonds, 501c3 bond borrowers benefit because they pay less interest on these bonds than they would for a taxable bond or bank loan. This lower cost of funds typically enables the borrower to leverage more project debt.

501c3 Bonds are secured by a housing developer and are often paired with both conventional funding sources and other OHCS sources. Unlike LIFT Homeownership loans, 501c3 bond requests are non-competitive and the application is open year-round.

Moderate-Income Revolving Loans

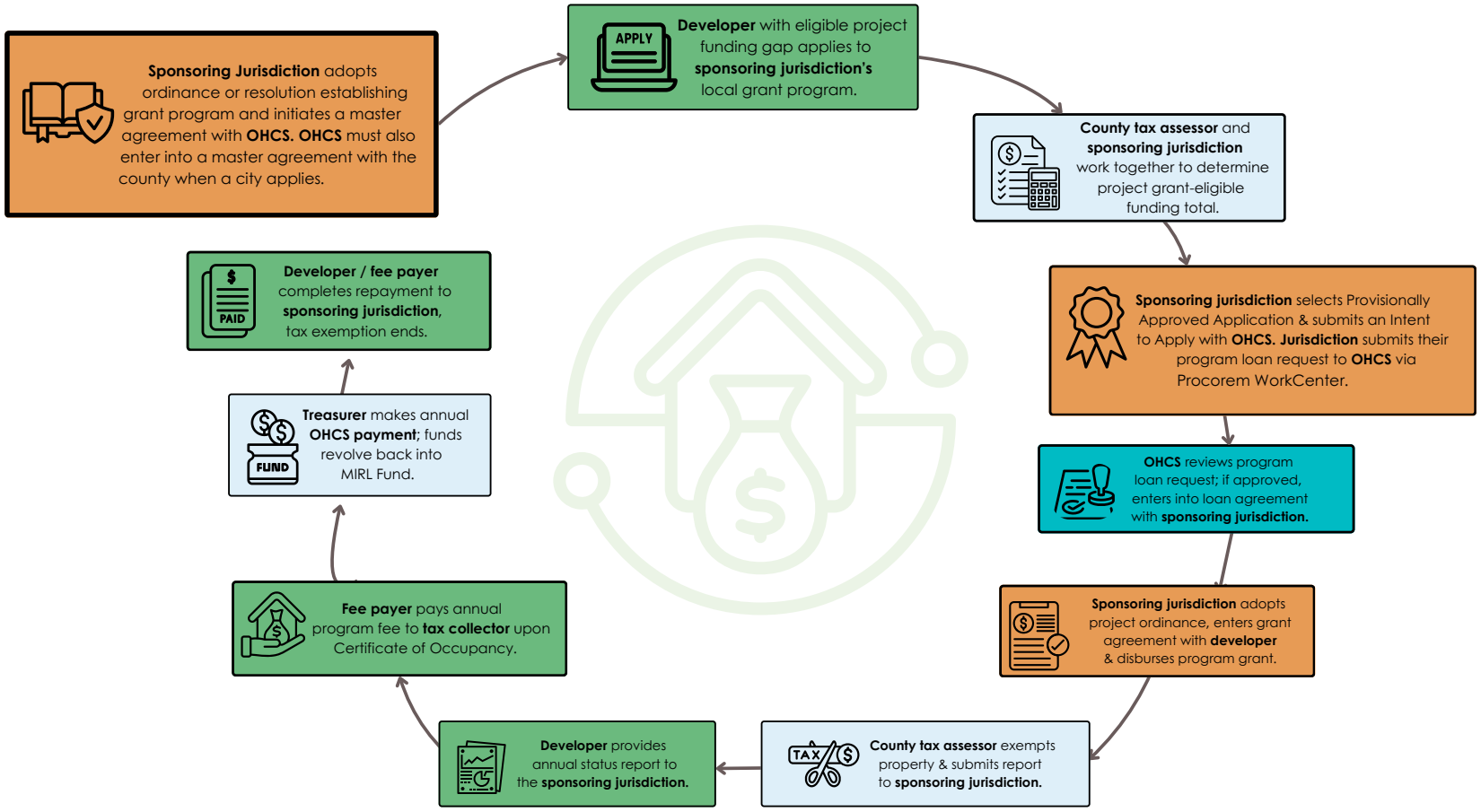
The Moderate-Income Revolving Loan Program provides funding for rental or ownership workforce housing that is deed-restricted between 80-120% AMI. The program supports a range of housing types, including single-family, middle housing, and multifamily. Mixed-income and mixed-use projects are also eligible, but the funding can only be used for homes that meet deed-restriction requirements. This funding source is very flexible and could likely support any of the site or housing development on the site.

To allocate the loan fund, OHCS makes no-interest loans to cities and counties (sponsoring jurisdictions). Sponsoring jurisdictions use the loan to award a grant to a developer with an eligible housing project in their community. Loans are to be repaid through the growth in property taxes derived from the new developments.

The maximum grant amount is equal to the estimated increase in property taxes expected to occur due to the project, multiplied by the number of years that the city or county is willing to forgo those increased property taxes (generally 10 years, at maximum 15 years).

Instead of regular property tax payments on the improvements, the developer pays a predetermined annual program fee for the duration of the property tax exemption period. The sponsoring jurisdiction uses this fee to repay the no-interest program loan. See Figure 33 for details.

Figure 36. Program Overview, Sourced from the Program Manual



As opposed to LIFT Homeownership Loans or 501c3 Bonds which require the housing developer to pursue the funding, this program is accessed by the sponsoring jurisdictions and requires coordination between the administering City and County. The responsibilities of the sponsoring jurisdictions include:

- Establishing a grant program, which may include other eligibility criteria beyond deed-restriction requirements
- Entering into a master agreement with OHCS
- Recruiting a developer to apply and and reviewing the development application
- Entering into a loan agreement with OHCS
- Entering into a grant agreement with the developer
- Distributing loan proceeds from OHCS to the developer as grant monies
- Annual reporting to OCHS on the status of construction, uses of the grant monies, loans distributed and obligated, and total fee revenue owed and received
- Program loan repayment and close-out

The loan fund was established through SB 1537 in 2024 with $75M in one-time funding.

At least $10M of the initial loan offerings will be set aside for rural areas, which includes Coos County. Availability of the loan funds, including the rural set-aside, depends on how quickly jurisdictions across the state set up grant programs and pursue the initial $75M in available funds.

Like the affordable housing gap sources, potential infrastructure funding sources vary in amount of support and program eligibility requirements

Like with the Moderate-Income Revolving Loan program, the City would need to take the lead on securing the infrastructure funding sources listed below. The sources vary widely in terms of amount of funding available and eligible costs for the funding.

Housing Infrastructure Support Fund Program
Business Oregon administers this program to support cities with infrastructure planning for any housing at densities of 6 units per acre or greater. Grants are limited to $100,000 per municipal applicant and are issued in application rounds. The first round ended in March 2025 but a second round is planned for later this year (the exact timing is still being determined).

Community Development Block Grants (CDBG)
The City can apply for and receive CDBG grants through Business Oregon to support final design or construction (but not planning or feasibility studies) for infrastructure for housing development for low-income residents. The housing must be deed-restricted at or below 80% AMI, meaning this grant is not suitable for any housing development on the site that is aimed at higher, workforce-level AMIs. Maximum grants are $2.5M for public works water and wastewater improvements and $1.5M for community or public facilities. Grants are available via application rounds that are typically open twice per year.

Oregon Transportation Infrastructure Bank
The Oregon Transportation Infrastructure Bank is a statewide revolving loan fund issued by the Oregon Department of

Transportation that finances public transportation needs, including sidewalks, bridges, and local roads/streets. This funding source may be well suited to finance needed on- or off-site transportation improvements The loans may be used to cover up to 100% of the cost of a transportation project, and eligible costs include everything from preliminary engineering, environmental studies, acquisition, equipment, construction, inspections, and financing costs. While loan rates and terms vary based largely on credit quality of the applicant and prevailing market rates, repayment may be deferred to begin five years after project completion. This repayment term provides a bit of reprieve for costly projects and is likely more flexible than repayment terms for private, conventional loans. Applications are accepted on a rolling basis.

House Bill 3031, or the Housing Infrastructure Financing Program

Recently passed House Bill 3031 directs the Oregon Infrastructure Finance Authority to create a program that provides grants, loans, or forgivable loans to jurisdictions undertaking infrastructure projects to support housing development. The housing must be for-rent, deed-restricted, and be at densities of at least 6 units per acre for cities of Coos Bay's size and population. While the details of the program–including affordability levels and the exact amount of funding available–are still being determined, this bill has the potential to provide tens of millions of dollars in funding for infrastructure. Any infrastructure serving affordable rental housing on the site would likely be eligible for this new program, and Coos Bay will be among the less populous jurisdictions eligible for a pool of 25% of the funds specifically for smaller cities and towns.

06

Final Site Concept and Recommendations

In This Chapter

This chapter describes the final concept recommended for the site and provides an illustration on the nexct page to demonstrate its key features and potential. The chapter then offers a series of recommendations for the BAH and governmental partners to maximize the potential for this site's development and contribution to the community fabric in the future.

In the illustration, brown blocks signifies residential buildings, purple signifies commercial buildings, yellow signifies walking paths and trails, and gray signifies streets and parking lots.

Key Findings

- Find a long-term champion to assess development opportunities and coordinate partners.
- Be open to selling the land at a discount to secure a favored development outcome.
- Conduct developer and contractor outreach.
- Monitor the legislature for infrastructure funding.
- Collaborate with the local Tribes.
- Collaborate with employers and promote economic development.

Figure 37. Illustration of Through Hike with a Mix of Unit Types

Final Site Concept

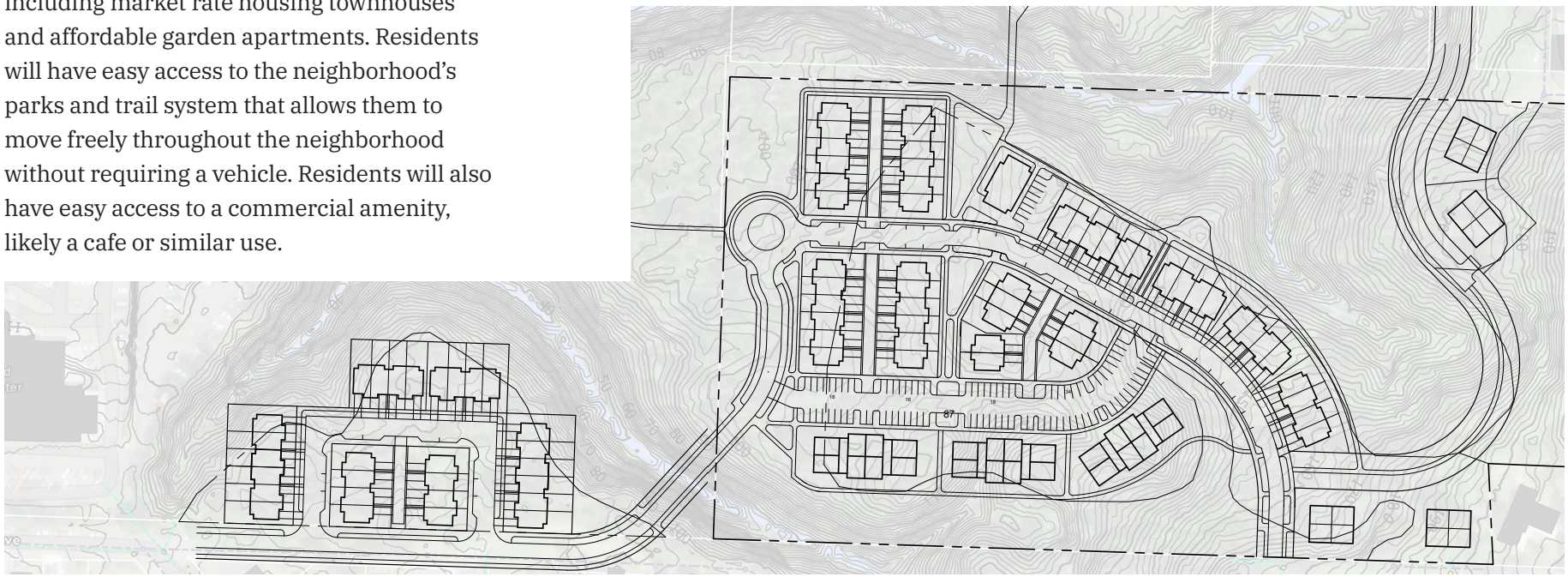
Through Hike with Mix of Unit Types and Affordability Levels

The Through Hike site design features a connected neighborhood that links residents into the broader area via a new bridge and street network. The new connectivity through the site invites the community in, creating a destination for residents and neighbors alike.

This design provides multiple housing options including market rate housing townhouses and affordable garden apartments. Residents will have easy access to the neighborhood's parks and trail system that allows them to move freely throughout the neighborhood without requiring a vehicle. Residents will also have easy access to a commercial amenity, likely a cafe or similar use.

The Through Hike concept provides two primary access points to the South, connecting the western section of Myrtle Ave to the eastern section. This will help to disperse the added vehicular impact on the surrounding areas as well as providing easier access to an arterial street. A bridge crossing over the ravine would create continuous access, connect the eastern and western portions of the neighborhood, and create a placemaking monument. While a bridge has a significant price associated, it would also create a way for a sewer line to cross the ravine, opening the door for a gravity sewer system. The gravity sewer could only serve portions of the site located at a higher elevation than the bridge, and while it is not the entire site, it is a significant portion of the relatively flat area.

Figure 38. Lot Layout Diagram for Through Hike with a Mix of Unit Types



Recommendations

Bay Area Hospital Health District

Focus on achieving financially sustainable operations, and remember the surplus property is an asset and may one day have a role in that.

The BAH Health District is at a crossroads. An affiliation process to lease hospital operations to a larger health care organization is under consideration. A slate of newly elected members of the Health District Board of Directors will review that opportunity as well as other potential opportunities for the future of the district. Regardless of affiliation, the Health District needs to set itself on a path toward financial stability, and we encourage the Board to retain that core focus. Unfortunately, this study has not found that BAH's surplus land is immediately feasible to develop into housing or has another way to dramatically change BAH's financial picture in the near-term. However, as the market context changes and BAH Health District redefines its way of operating and perhaps even its role within the community, hospital decision-makers and Board Members should remember the availability of the surplus land and be creative in considering what part it might play in the district's and community's future.

Find a long-term champion to assess development opportunities and coordinate partners.

If the opportunity site is going to be developed, BAH will need to find a champion inside or connected with its organization to continue the work of assessing development opportunities and coordinating with partners as market conditions change. The most important moment to have such a champion would be if the region's economic and growth trajectory seems likely to move to a swift and strong positive direction, such as if key funding and approvals are granted for the Pacific Coast Intermodal Port project.

Seek broker opinion of value for the site and NBMC's surplus land.

The most affordable way to serve the opportunity site with sanitary sewer is to build a bridge on the site's southwestern edge to support pipes that connect into the City's existing gravity-fed sanitary sewer system. Using a bridge and gravity-fed sewer approach offers a key advantage: it provides both a secondary emergency egress and access route and a way to avoid a costly sewage lift station within the same piece of infrastructure. However, adding a bridge requires crossing land owned by North Bend Medical Center. A key decision-maker at North Bend Medical Center signaled the organization's openness to selling an access easement or full title to the eastern portion of their parcel to facilitate development. The BAH should seek a broker opinion of value for the eastern portion of that parcel to better define the potential costs of the land acquisition. If the momentum for development appears to pick up steam, the BAH should meet with NBMC leadership once again to discuss acquiring the land. Likewise, BAH should seek a broker opinion of value for its own surplus site. As part of assessing the site's value, the broker should consider non-residential development options not explored by this study, such as assisted living or nursing care and medical office. Those could provide new, high value development paths for the site unique to the Medical

Park zone's use allowances.

Collaborate with Tribes.

As part of this study's visioning process, staff representatives of CTCLUSI and the Coquille Indian Tribe joined the project team on a site walk. A representative from DLCD also shared a map of the site with staff representatives of CTCLUSI or the Coquille Indian Tribe. Staff representatives of the tribes did not indicate the site was of known tribal significance. Still, in the future, the Tribes may be interested in any progress made toward developing the site. The BAH should–alongside DLCD and the City of Coos Bay–communicate any relevant updates to Tribe staff. Should development seem likely, the BAH should understand that Tribal staff or representatives may wish to conduct test digs on the site to better understand the land's history and significance to the Tribes. If the site was home to historic Tribal activity, earthwork and grading will almost certainly discover evidence of it. The best practice is to be collaborative in facilitating a test dig if requested before breaking ground to minimize conflict and balance needs for both cultural preservation and urban development.

Be open to selling the land at a discount to secure a favored development outcome.

A highly active land broker for the region indicated that a lot of raw land in and around Coos Bay has been for sale for years, often for under $100K or even $50K per acre depending on its conditions. Given that only a portion of the site's land is developable and the remaining portions face significant obstacles to development, the site's value is likely not large in comparison to the overall cost of development. Achieving financial feasibility for development on the site will be challenging and require creative layering of sources and revenues. The BAH should consider discounting the eventual land price, or even donating the land, if it helps secure a development outcome that realizes the health district's and community's ultimate vision for the land.

Public-Sector Actions

Monitor legislature for infrastructure funding.

Infrastructure is often a last-remaining obstacle to achieving financial feasibility for a housing development. As such, it is a perennial topic across levels of government focused on housing. The City of Coos Bay should seek to understand how to qualify, apply for, and win the funds mentioned in this report, including state funds newly passed through HB 3031. The City and BAH should communicate the prospect of infrastructure funds–and the requirements that come with it–when conducting outreach to developers.

Conduct developer and contractor outreach.

Developers and contractors are ultimately the team members that would implement a vision like the site concept. This study contains information useful to them on the site's existing conditions and constraints, the community's desires and vision, and a recommended engineering approach for providing two vehicular accesses and maximizing unit count, while minimizing infrastructure costs (i.e. using a bridge to the southwest to avoid a lift station and minimize public right of way and utility lengths). The City of Coos Bay, DLCD, and BAH should continue to have informal conversations with the development community to inform them of these findings and explore

questions key to ultimate development feasibility:

- What product types would maximize value on the site?
- What average sales prices and premium can be achieved on site? What all-in costs per square foot and costs for infrastructure would be expected? How strong is the potential for profitability?
- Would the developers ultimately be willing to team with an affordable housing developer, selling them a portion of the acreage in order to access infrastructure funding to support the broader project?

If, in those conversations, the financial picture appears more promising than assessed in this study, the City should consider conducting a Request for Expressions of Interest. In this public solicitation process, the City would look for high-level ideas and feasibility assessments from interested development partners. Ideally, respondents would have strong local and master planning experience.

Be prepared to adjust development standards if needed.

The concept plan illustrated above provides a mix of townhomes and apartments along with a small retail space. This generally aligns with The City of Coos Bay's use allowances and development standards for the Medical Park zone. Furthermore, the City has indicated that horizontal mixed-use of this manner would fulfill the intent of the Medical Park zone's provisions for no-density restrictions for mixed use developments, unlocking the potential for this density of housing development. It may still be, though, that a future developer finds that certain provisions of the development code challenge their ability to cost-effectively deliver the attractive, community-centric vision described in this report. The City of Coos Bay may be able to assist with development feasibility by adjusting requirements and code. Two examples could be reducing minimum parking requirements, which divert developable land from more economically valuable uses to parking, or reducing minimum road standards to lower up front infrastructure costs.

Continue key economic development initiatives.

The analysis found that the site's current profitable development prospects are limited under hypothesized cost and revenue conditions. This highlights the importance of supporting activities that propel income growth and demand for housing, which might ultimately change the fundamental dynamics underlying the site's development potential. The main set of activities to focus on are the region's economic development initiatives, such as the Pacific Coast Intermodal Port project. If job- and income-growth accelerate, demand for homes would also likely rise as would demand for centrally located real estate.

Appendices

Hospital Opportunity Site Draft Report Text

Appendix A

Permitting Drainage Crossings

The Scenario 1 - Fill and culvert the crossing

Assuming the crossing would be roughly 30’ above the bottom of channel with a road prism approximately 50’ wide and 2:1 side slopes.

Division of State Lands(DSL) – Project will require an individual permit. Mitigation for stream (and wetland) impacts will be required. There is no mitigation bank covering the area, so the permittee will be responsible for providing mitigation either on site or off site. There are a variety of ways to mitigate the impacts depending on the amount of impact. We assume a minimum of six months for DSL to issue the permit from the time the application is submitted.

Oregon Department of Fish & Wildlife(ODFW) – More than likely, ODFW will require a fish passage plan to be submitted and approved. The fish passage plan application will require input from both engineers and biologists and may require additional data collection in the field.

United States Army Corp of Engineers(USACE) – Project will likely be permitted under Nationwide 14 Linear Transportation Projects. Mitigation may or may not be required depending on the amount of impact. If impacts to the streambed exceed 0.03 acres, mitigation at a 1:1 ratio will be required. If impacts are less than 0.03 acres, the district engineer can require mitigation on a case-by-case basis. A permit from the USACE creates a federal nexus, so compliance with all federal laws will be required. The need to comply with the stormwater design criteria in the Standard Local Operating Procedures for Endangered Species(SLOPES) to ensure compliance with the Endangered Species Act is critical. We would assume a minimum of six months for the USACE to issue a permit. If the stormwater design criteria for SLOPES cannot be met, a biological assessment would be needed and the timeline for issuing the permit would likely be substantially longer.

Oregon Department of Environmental Quality(DEQ) – Because a permit from the USACE will be required, DEQ will be required to issue a Section 401 Water Quality Certification(WQC). DEQ will require a post-construction stormwater management plan, which is also required by SLOPES. DEQ typically issues the WQC well before the USACE issues a permit.

Mitigation – The cost of the mitigation can be significant for several reasons. First, a suitable location for the mitigation needs to be identified. This process can take time. Second, property or easement may need to be acquired. Third, data collection will be required (e.g., wetland and waters delineation, topographic survey, geotech investigation, stream survey). Fourth, the mitigation project needs to be designed. Fifth, a mitigation plan for submittal with the permit application needs to be prepared. Sixth, the mitigation project needs to be constructed. Seventh, the monitoring of the mitigation project may be required. Note that agencies may require legal instruments to protect sites in perpetuity, financial security instruments to ensure the mitigation project is constructed, and financial assurances for the long-term management of the site.

Scenario 2 - A bridge crossing that completely spans the drainage channel

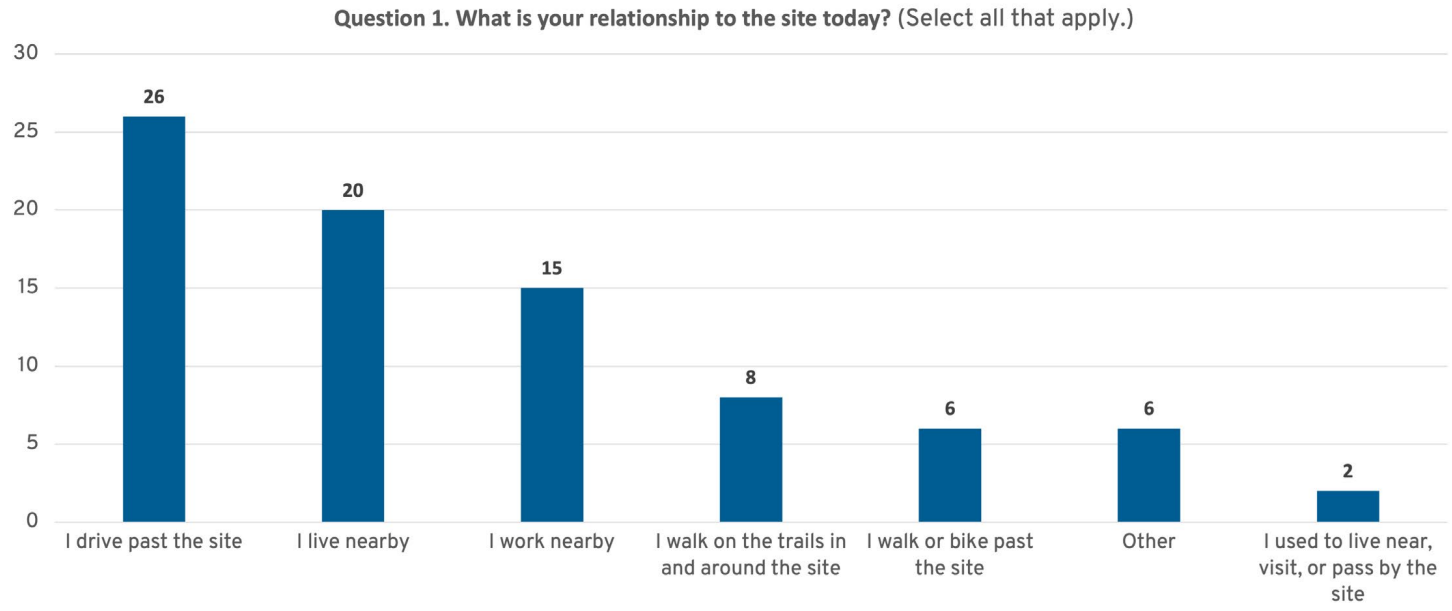
If the bridge crossing can completely avoid any in-water work, then no permits or approvals from DSL, ODFW, or USACE will be required. DEQ will still issue an NPDES 1200-C permit, which will be required for all scenarios given the likely disturbance of more than one acre of ground. The lack of a USACE permit eliminates one possible federal nexus and all the associated federal requirements.

Appendix B

Community Survey Results

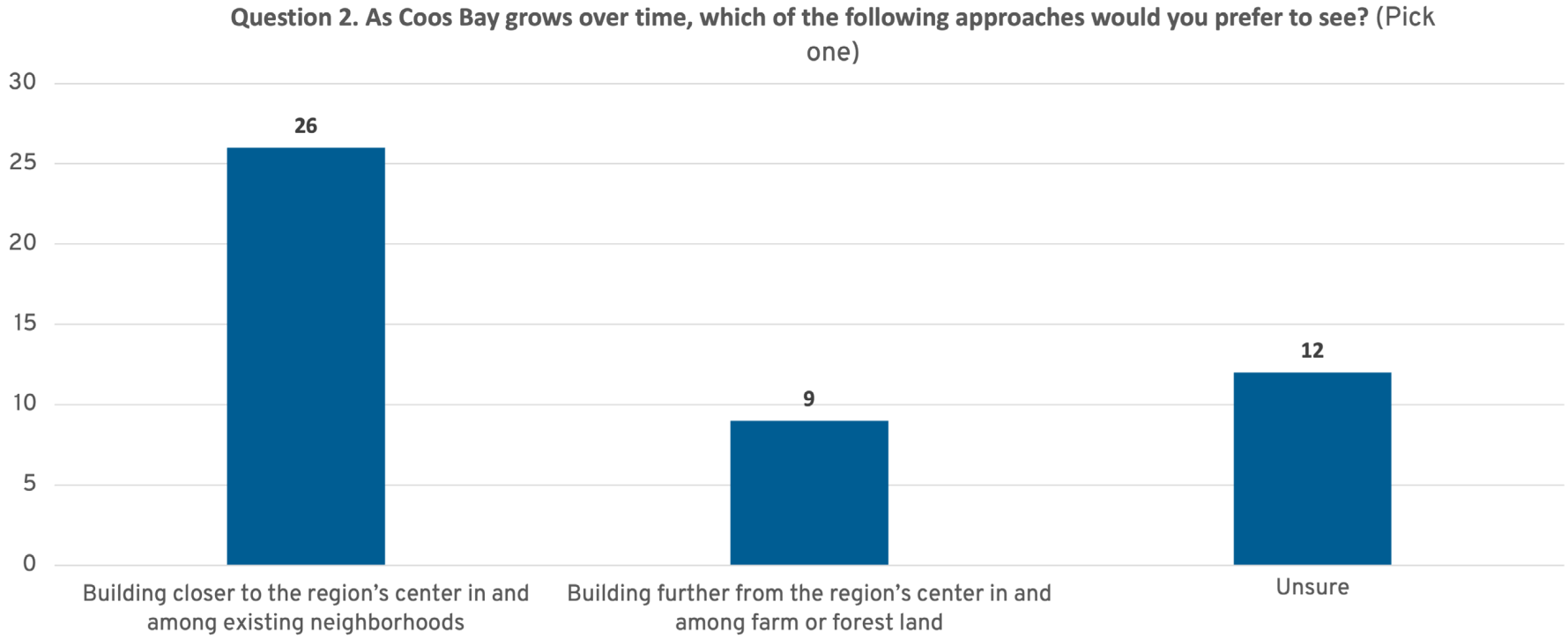
Question 1: What is your relationship to the site today? (Select all that apply.) n=47

More than half of survey respondents regularly drive past the site, and between a third and half of respondents live and/or work nearby.



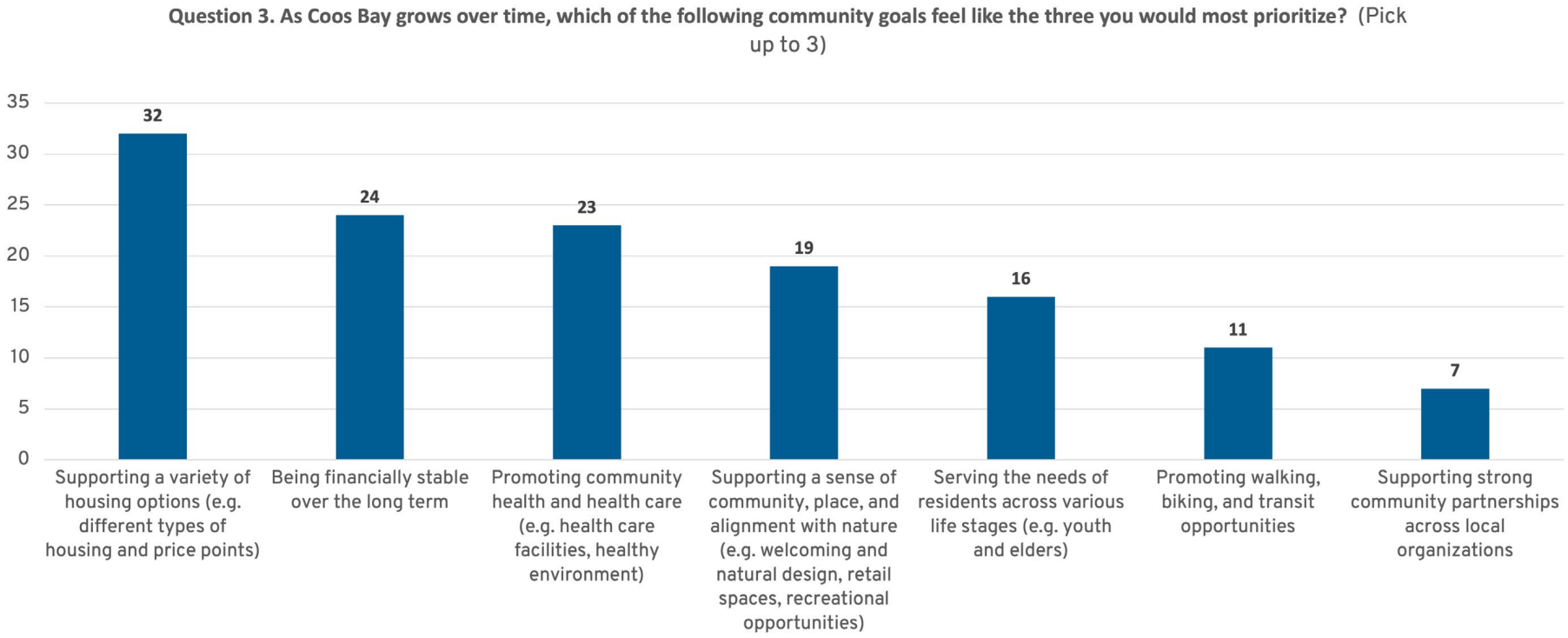
Question 2: As Coos Bay grows over time, which of the following approaches would you prefer to see? (Pick one) n=47

Over half of the survey respondents want to see development closer to the region's centers in and among existing neighborhoods, as opposed to further from the center.



Question 3. As Coos Bay grows over time, which of the following community goals feel like the three you would most prioritize? (Pick up to 3) n=47

Housing is the top community priority among respondents, as well as financial stability long term, and promoting community health and healthcare.



Question 3: Responses by Age Group n=46

All age groups show support for a variety of housing options by majority.

	25-34	35-44	45-54	55-64	65 or Above
Supporting a variety of housing options (e.g. different types of housing and price points)	67%	50%	80%	80%	63%
Serving the needs of residents across various life stages (e.g. youth and elders)	0%	33%	20%	30%	56%
Promoting community health and health care (e.g. health care facilities, healthy environment)	33%	33%	60%	50%	44%
Supporting a sense of community, place, and alignment with nature (e.g. welcoming and natural design, retail spaces, recreational opportunities)	67%	33%	20%	40%	50%
Promoting walking, biking, and transit opportunities	33%	17%	20%	20%	25%
Being financially stable over the long term	100%	33%	70%	50%	38%
Supporting strong community partnerships across local organizations	0%	33%	10%	20%	13%

Question 3: Responses by Income Level* n=39

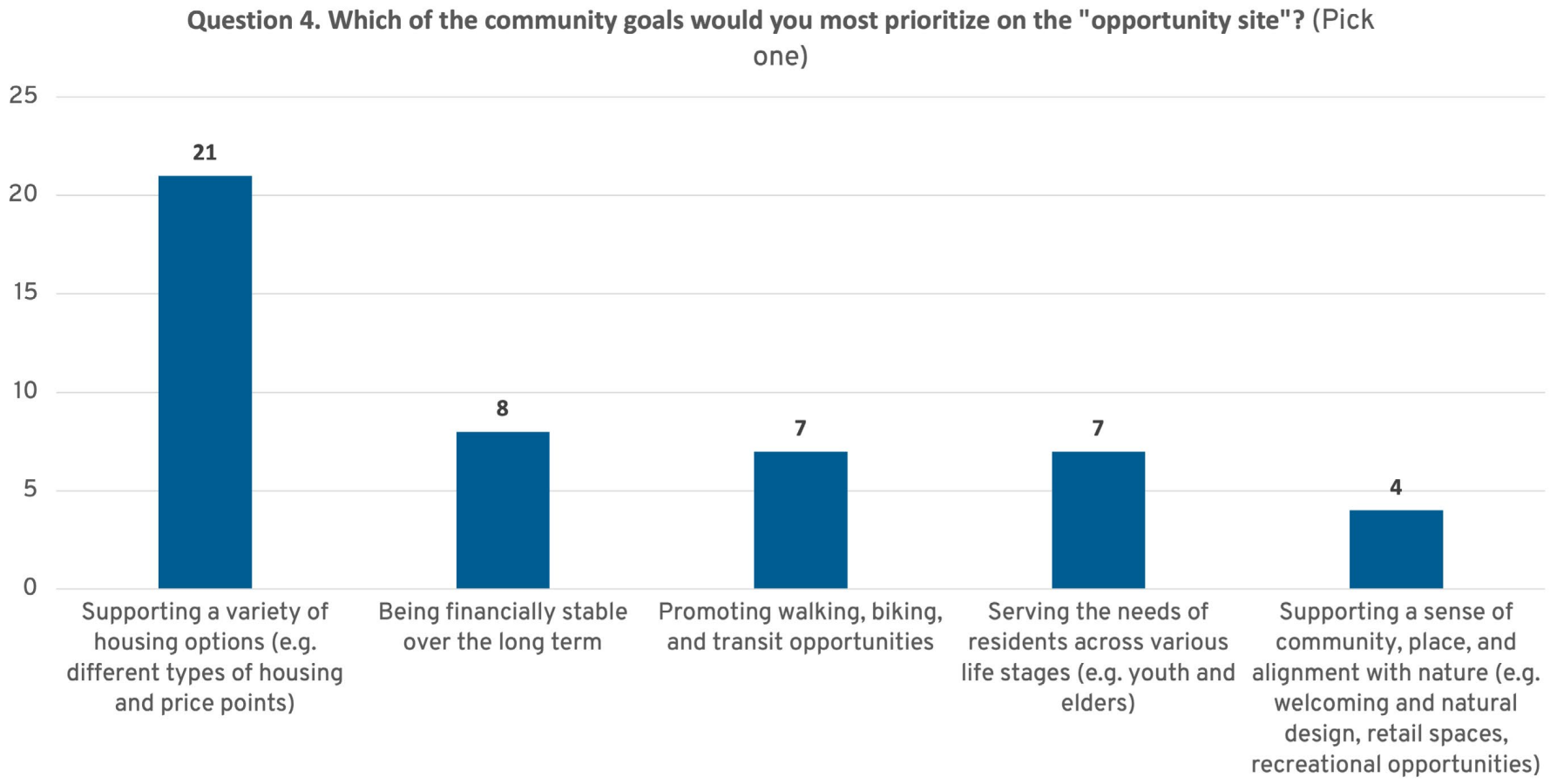
* Zero respondents selected the $30,000-$49,000 income bracket.

There were no notable patterns among responses when broken up by income bracket.

	$15,000 to $29,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $150,000	$150,000 or more
Supporting a variety of housing options (e.g. different types of housing and price points)	0%	70%	40%	82%	60%
Serving the needs of residents across various life stages (e.g. youth and elders)	0%	60%	40%	27%	30%
Promoting community health and health care (e.g. health care facilities, healthy environment)	0%	50%	40%	64%	30%
Supporting a sense of community, place, and alignment with nature (e.g. welcoming and natural design, retail spaces, recreational opportunities)	0%	30%	60%	45%	50%
Promoting walking, biking, and transit opportunities	0%	20%	40%	18%	20%
Being financially stable over the long term	0%	50%	20%	45%	70%
Supporting strong community partnerships across local organizations	100%	20%	40%	9%	10%

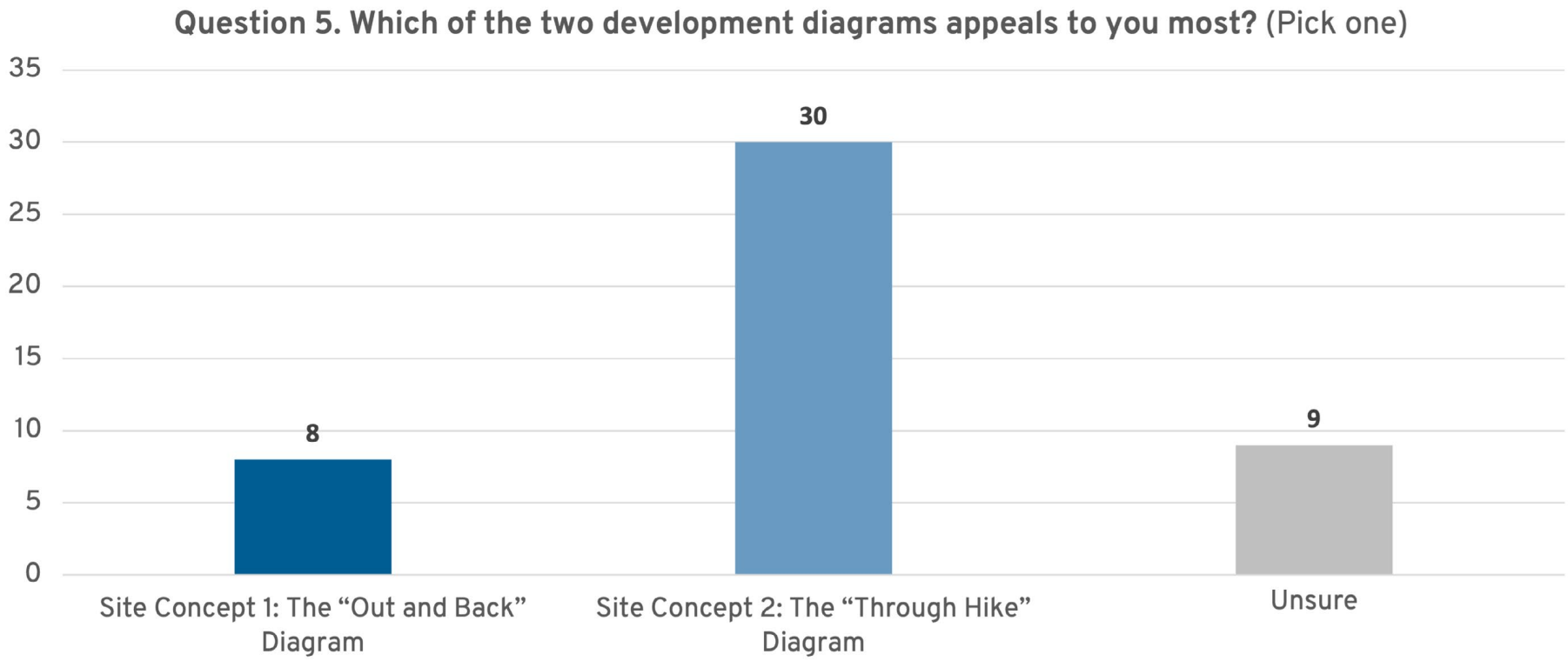
Question 4. Which of the community goals would you most prioritize on the “opportunity site”? (Pick one) n=47

When asked to pick only one community goal, housing was the most popular by nearly threefold to being financially stable long term.



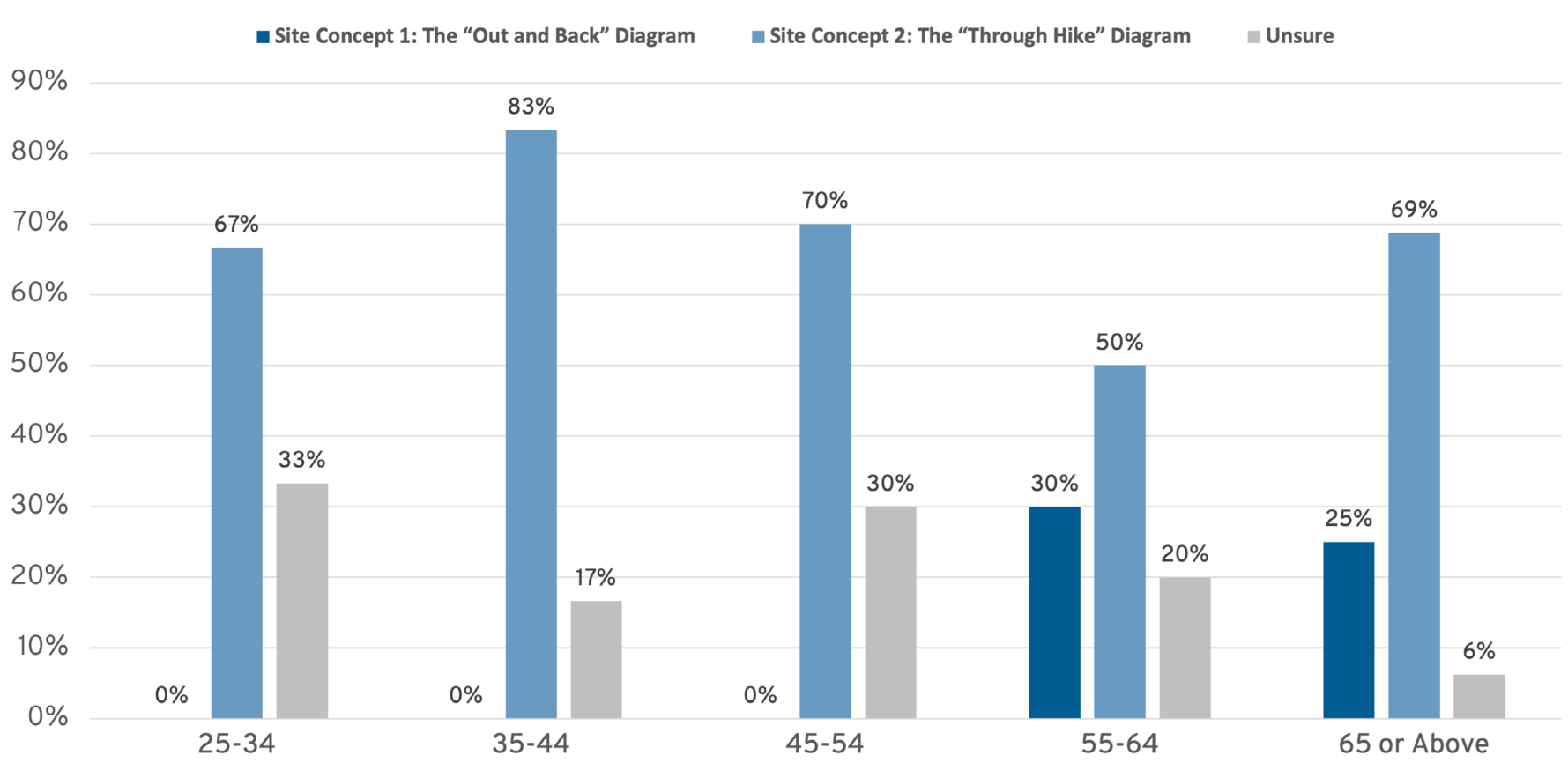
Question 5. Which of the two development diagrams appeals to you most? (Pick one) n=47

Respondents overwhelmingly supported the through hike concept over the out and back.



Question 5: Responses by Age Group n=46

All of the respondents who favored the out and back concept were 55 years or older.



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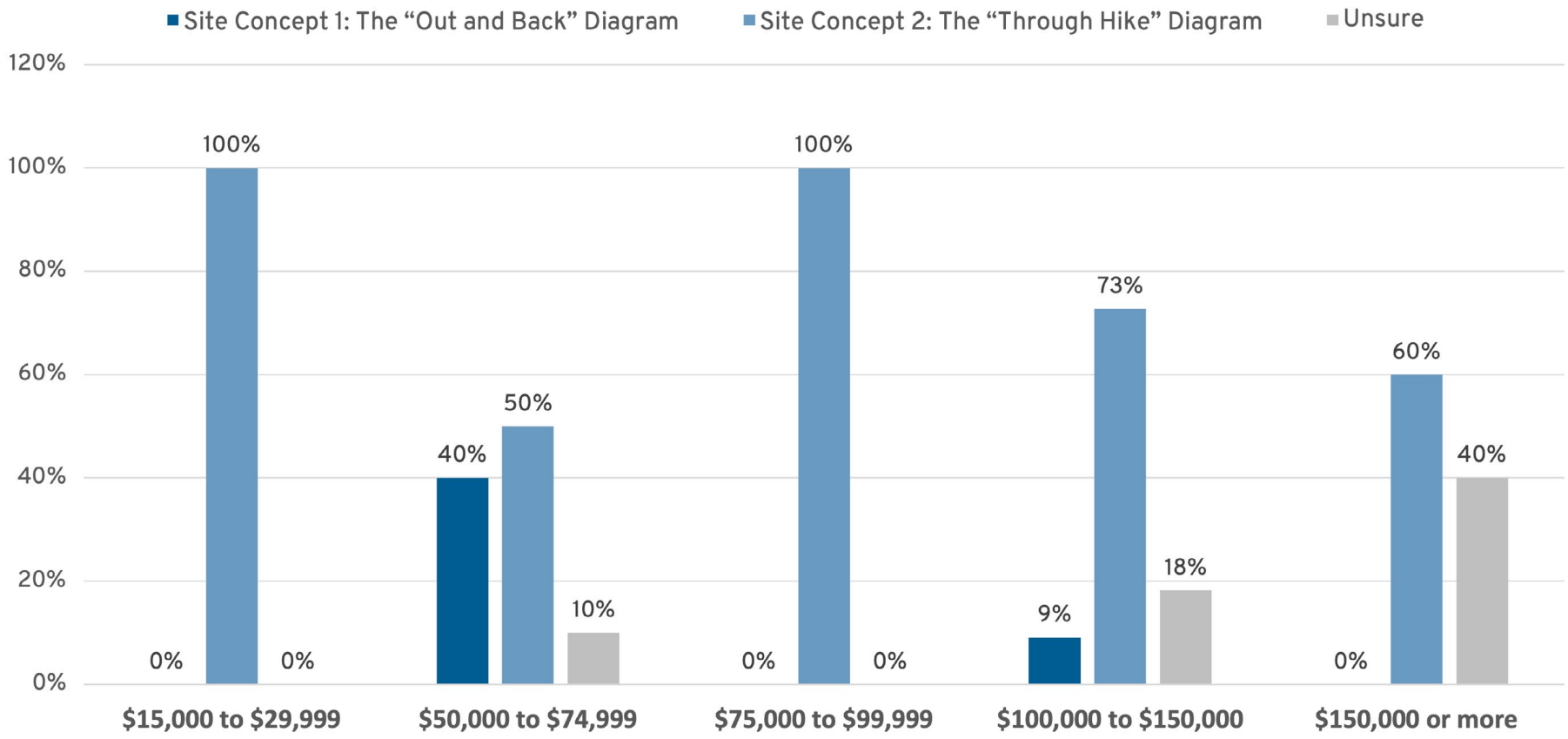
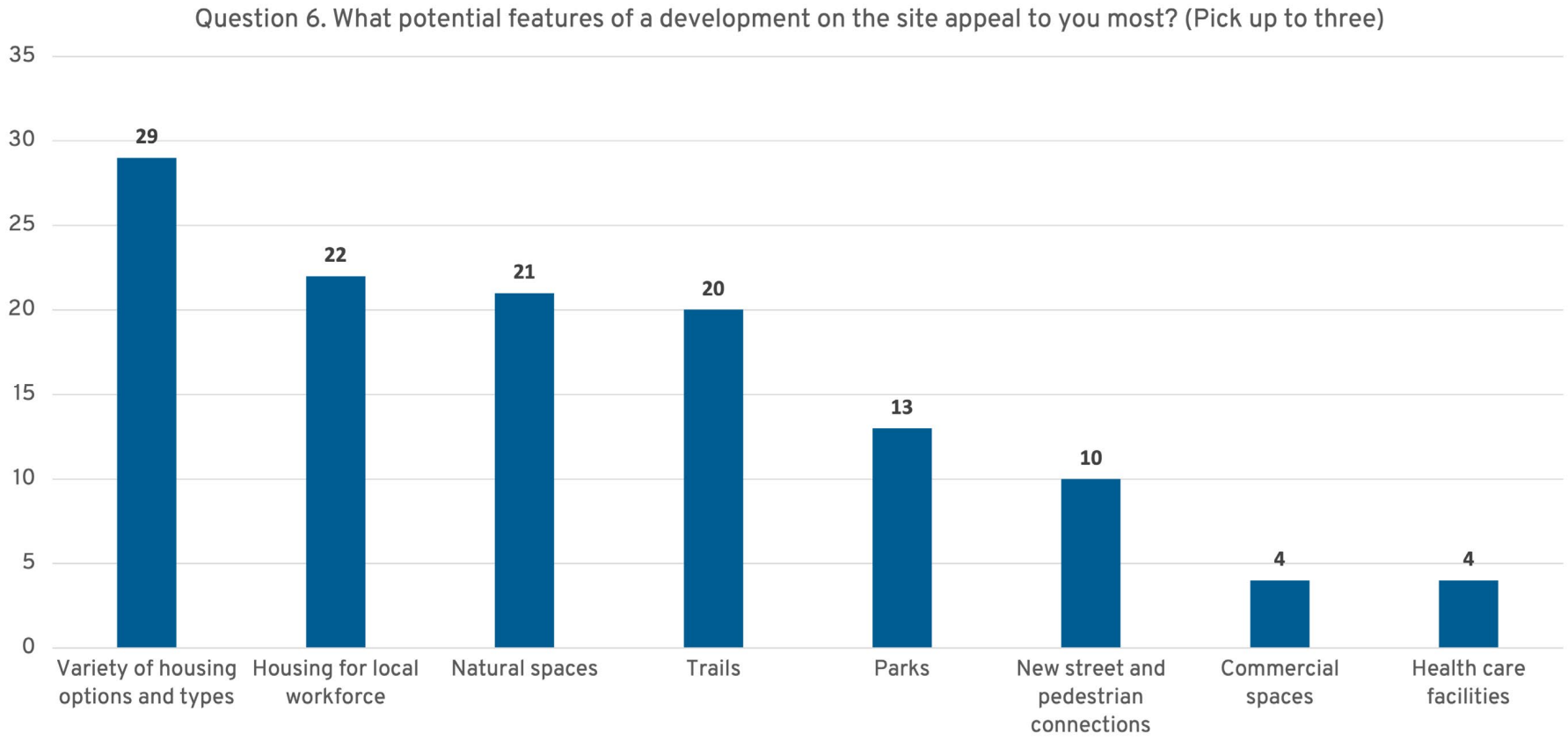


Question 6. What potential features of a development on the site appeal to you most? (Pick up to three) n=47

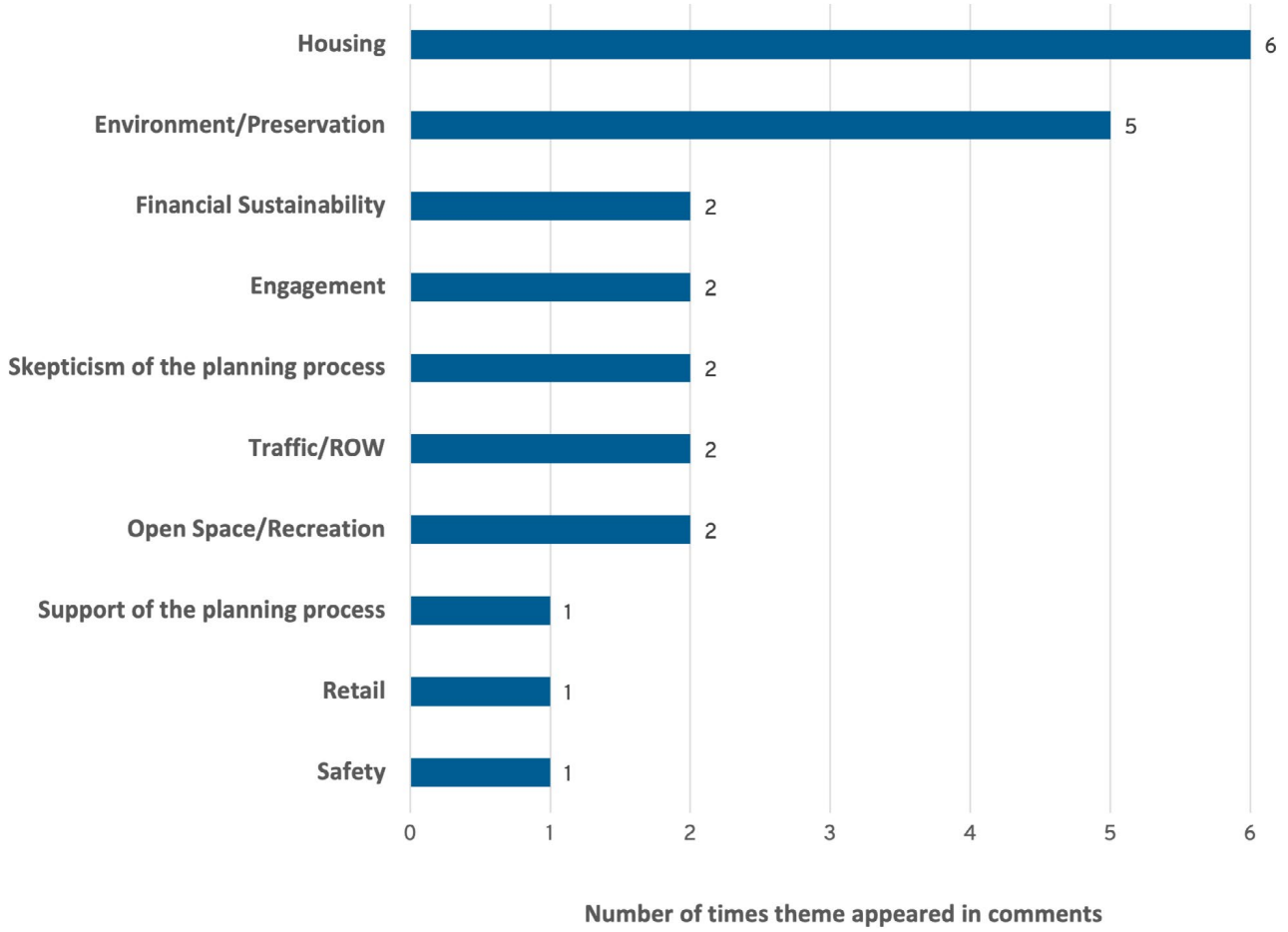
About 50% of respondents want to see a combination of housing options, workforce housing, natural spaces, and trails in the opportunity site.



Question 7. Are there any additional goals or ideas you would like to share related to the opportunity site? (Open response) n=19

The common theme of housing and environmental preservation and access continued in the open response comments.

Open response comments were assigned up to three themes. Comments are shown in subsequent pages. One comment was edited for clarity and tone.



Comment	Theme 1	Theme 2	Theme 3
We do not need commercial areas in the neighborhood except that a vintage-type neighborhood grocery or deli could be useful, depending upon the number of houses or housing types.	Retail		
Try to avoid making opportunistic spaces for [people to] hang out... We need to take... our community and develop it for [a] tax... productive... society instead of... handouts.	Safety	Financial Sustainability	
This survey helps but more dialog and interactions are needed in public meetings and with stakeholders. Stakeholders include residents of the city not just developers.	Engagement	Skepticism of the planning process	
This site seems best suited to medical staff housing and hiking trails. The site should be accessed via the road behind the hospital and incorporated into the existing medical campus.	Traffic/ROW	Housing	
This is beautiful natural space, maybe you just leave it alone. Not every space needs to be tainted by human expansion. Humans aren't the only species	Environment/ Preservation		
Thank you for supporting ideas to increase housing access in our community!!!	Housing		
Temporary housing for traveling healthcare workers	Housing		
Skeptical of planned outcomes mentioned - it seems too ambitious and optimistic both naturally and financially	Skepticism of the planning process		
Please keep Myrtle closed to Woodland.	Traffic/ROW		

Comment	Theme 1	Theme 2	Theme 3
Maintain and improve natural habitat with a minimum of disruption to streams	Environment/ Preservation		
Low income housing with a local playground and park like feel for opportunities across the entire lifespan	Housing	Open Space/ Recreation	
Look at smaller options. Our traveling health care workers need places. Add some RV spots in the mix with 9month occupancy max. Also fields for games soccer baseball etc.	Housing	Open Space/ Recreation	
It would be nice to see affordable housing & some retail spaces while keeping some natural areas (forest, stream,etc)	Housing	Retail	Environment/ Preservation
If not being used to grow hospital & services to increase potential revenue could selling it create revenue for hospital to reduce deficit	Financial sustainability		
I would prefer to see it remain natural space with continued trail and recreation access. That would maintain green space, protect water quality, and provide opportunities to create programming around healthy physical and mental health engagement in town with the natural spaces. My preference is for the community to develop housing in surrounding areas with blighted, underutilized properties that could be redeveloped more easily. Once natural areas are destroyed, it decreases livability and they will never be recovered.	Environment/ Preservation		

Comment	Theme 1	Theme 2	Theme 3
Growth is so important which requires housing, health, jobs but takes too long to build in our area. For example, the Taco Bell by Topits was built in a 4-8 weeks - How did that happen? Homes take over a year to build, builders say permits is the issue to my understanding that needs to be fixed. Then growth will happen safely, timely with profit and cost controlled.			
Consult with the Coos Watershed Association	Environment/ Preservation	Engagement	
Conduct a Highest-and-Best Use Analysis for the site relative to other locations in Coos Bay/North Bend			
Anything that would enhance the growth of our community	Support of planning process		

Bay Area Health District Board
Agenda Item Summary

Meeting Date:	August 12, 2025
Agenda Item:	Scope of Services
Topic:	Annual update of the Scope of Services
Action requested:	Approval of the plan as written
Who is making the recommendation:	Kelli Dion, CQO

Action/Recommendation:

I am recommending approval of the Scope of Services.

Background Summary:

The hospital's Scope of Services document represents the services provided by the organization. Best practice is an annual review and approval of the document to represent the organization appropriately. The document describes the services provided at the hospital and its ancillary services organized by department. It contains the types and ages of patients served, the typical hours of operation for individual departments, and staffing. This document is used by surveyors and accrediting organizations. The substantive changes are called out in the table below.

All Scopes	Removed references to CNA2 and made CNA to match Oregon standards.
Page 2 of the Scope of Service	Removed – As the situation surrounding the Novel Coronavirus (COVID-19) and its impact continues to evolve.
Cardiac Rehab	Updated Hours of Operation
Cardiovascular Procedure Unit	Corrected typo in Description Section
Clinical Informatics	Updated Office Location. Removed “Perform quality and validation testing on new versions of software. Updated hours of operation. Updated staffing removed Registered Nurse Manager.
Engineering	Updated staffing title to Facilities Manager and Maintenance Supervisor. Removed 1 Journeyman Plumber and 2 Journeyman Electricians. Updated Integration with the Organization, removed Outpatient Behavioral Health, Home Health, Bright Beginnings Learning Center, and Newmark Clinical Office Buildings. Updated titles and removed electricians and plumbers.

Environmental Services	Removed Home Health, Community Education Building, Bright Beginnings Learning Center & New Mark Center. Staffing updated title from Facilities Management to Environmental Services.
Family Birth Center	Removed all references to the MOMs Program. Staffing, added Lactation Consultants. Added Oregon State Legislative Mandates. Qualifications removed the nurse staffing plan if applicable.
Information Services (IS)	Added the Information Services Scope of Service back into the Scope of Services.
Medical Staff Services Office	Description Changed MSO to MSSO Medical Staff Services Office. Title to MSSO Manager. Updated hours of operation, email address. Added closed most celebrated holidays. Staffing – changed CMO to designated executive team member. Integration with the organization, added the last 4 bullet points.
Nursing Administration	Staffing verbiage updated.
Orthopedic Clinic	Updated hours of operation.
Outpatient Infusion Services	Updated hours of operation.
Patient Access-Admissions-Communication	Rewrote the entire Scope of Service
Prefontaine	Updated hours of operation
Quality Division	Description – Removed Joint Center of Excellence. Staffing Added Risk Manager, Removed Process Engineering Coordinator
Radiation Therapy	Updated hours of operation
Security	Updated - HR now prints badges. Added providing escorts for patients, visitors, and staff. Posting signage, Security entrances, and maintaining a security presence when threats have been called into BAH. Staffing - Updated reporting structure. Now have 3 -4 security officers on duty, 3 is a safe staffing level. Qualifications - updated Security Manager is an unarmed private security professional and licensed as an executive manager. Removed reference to Kronos, added HealthStream.

Strategy/Values supported:

This scope of services is in line with our mission to improve the health of the community every day.

Alternatives Considered: None

Risks/Mitigation:

No risks have been associated with this action.

Bay Area Hospital
Scope of Service
Fiscal Year 2025-2026

The Bay Area Health District is a public entity encompassing most of Coos County. Bay Area Hospital is a 172-bed, publicly owned acute care facility. It is the largest on the Oregon Coast and serves as the South Coast's regional referral center.

Financed by a voter-approved bond issue, Bay Area Hospital opened in 1974. Despite our region's chronic economic hardships, the hospital has remained a stable facility because of sound financial management, dedicated board members, professional employees, a highly qualified medical staff, and caring volunteers.

Purpose

The purpose of this document is to:

- Identify the scope of patient care services provided by the organization
- Direct and integrate these services throughout the organization

Scope of Services Provided

Services Provided Directly or Contractually by the Organization include:

- Cardiovascular Services
- Case Management Services
- Community Education and Support Services
- Diagnostic Radiology and Imaging Services
- Dietary & Nutrition Services
- Emergency Services
- Employee Wellness Clinic
- Health Information Management Services
- Hemodialysis and Peritoneal Services
- Infusion Services
- Intensive Care Services
- Medical / Surgical Services
- Nuclear Medicine Services
- Nursing Care Services
- Oncology Services
- Pathology and Clinical Laboratory Services
- Pharmaceutical Services
- Psychiatric Services
- Rehabilitation Services
- Respiratory Services
- Surgical Services
- Telemedicine Services
- Wound Care/Hyperbaric Services

Integration and Coordination of Services

Service provided shall be integrated and coordinated throughout the organization. Processes to assure integration and coordination include, but are not limited to:

- Establishing multidisciplinary care teams and committees to address patient care issues.
- Developing organization-wide policies that address important patient care issues to assure a “single standard of care”.
- Establishing forums for the communication of issues and information between and among departments.
- Developing and monitoring performance measures that address the coordination and integration of care.

Bay Area Hospital will continue to align with the World Health Organization, Centers for Disease Control and Prevention, and local Oregon Health Authority policies. These policies are implemented as needed in the interests of the health and safety of our patients, community, staff, and visitors. Hours of operation may be subject to change; we will continue to update the hospital staff and community regarding any changes to service hours.

Approval

The governing body shall approve the scope of services rendered by the organization. Approval of this document shall constitute evidence that the governing body has exercised its responsibility.

*Includes Table of Contents with Individualized Department Scope of Services

Table of Contents

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Acute Psychiatric Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Acute Psychiatric Unit (APU) is an acute, psychiatric/behavioral health unit capable of treating patients aged 18 and above. APU cares for a broad psychiatric population and includes, but is not limited to, the following diagnostic types:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Major depression
- Unspecified psychosis
- Suicidal/homicidal
- Post-traumatic Stress Disorder (PTSD)/trauma/abuse
- Acute bereavement

Services provided are varied and include, but are not limited to:

- Psychopharmacology
- Suicide Assessment and Prevention
- Psychoeducation
- Individual Therapy
- Recreation Therapy
- Nutrition Support
- Psychotherapy

Hours of Operation

The APU is a 13-bed unit. The unit is open and staffed 24 hours a day, 7 days per week.

Staffing

This unit is staffed 24 hours a day, seven days per week, and daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and nurse staffing plan, if applicable.

Integration with the Organization

The APU Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Anesthesia Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Anesthesia services by Anesthesia providers (MD, DO, CRNA):

Anesthesia services throughout the hospital (including all departments) are organized into one anesthesia service, which is under the direction of an individual who is a qualified doctor of medicine (MD) or doctor of osteopathy (DO). This individual reports to the Chief Medical Officer (CMO).

Anesthesia services include, but are not limited to: General anesthesia, regional anesthesia, local anesthesia, deep sedation, monitored anesthesia care (MAC), and acute pain management. These services are to be administered only by a qualified anesthesiologist or a certified registered nurse anesthetist (CRNA), except local anesthesia with light sedation, which may be provided by appropriately trained and qualified practitioners in appropriate settings.

Acute Pain Management may include regional nerve blocks, including but not limited to: brachial plexus blocks, lower extremity blocks, upper extremity blocks, epidural, spinal, and caudal blocks, which may be administered for postoperative or intractable pain.

Administration of Anesthesia by Non-Anesthesia Providers

Anesthesia services are separate and distinct from the administration of *mild to moderate sedation*, which may be administered or supervised by a non-anesthesia-credentialed provider, as long as the supervising provider is credentialed to provide moderate sedation services at the site of the practice location. The administration of analgesia may be administered by appropriately trained medical professionals within their scope of practice.

Areas where anesthesia services are performed include, but are not limited to:

- Operating room suites
- Obstetrical suites
- Radiology department
- Emergency department
- Outpatient surgery areas (e.g., endoscopy suite)

Staffing

Variations in Staffing Levels:
Variation in staff level is contingent upon the case load, on-call schedule, and needs of the patients.

Chain of Command

Members of the anesthesia department report to the Anesthesia Physician Director. The Anesthesia Physician Director reports to the CMO. Clinical practice issues are discussed and resolved through the Medical Executive Committee.

Bay Area Cancer Center – Medical Oncology
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The outpatient Medical Oncology department has two (2) primary components, including patient-centered provider appointments and individualized treatment regimens in the infusion area. The infusion area is a 21-chair infusion area specializing in chemotherapy and immunotherapy infusions for patients under the care of an oncologist or hematologist. This department historically treats patients of all age ranges except the pediatric population.

Hours of Operation

The Bay Area Cancer Center is open 0800 to 1700 Monday through Friday, excluding holidays.

Staffing

The Bay Area Cancer Center is staffed with physicians, advanced practice clinicians, registered nurses, a billing/ authorizations specialist, a new patient referral coordinator, office staff, and medical assistants. The center incorporates an acuity-based scheduling template and assesses the patient volumes daily to make equitable assignments to provide safe, high-quality care.

Qualifications of Staff

The Bay Area Cancer Center staff maintains core competencies, certifications, and licensure based upon job descriptions.

Integration with the Organization

The Medical Oncology department interacts with all departments necessary for the provision of safe, competent patient care, including, but not limited to: Radiation Oncology, inpatient hospital departments, outpatient clinics, lab draw stations, surgery, diagnostic imaging, pharmacy, and case management. The department utilizes a multi-disciplinary approach to patient care that incorporates clinic staff, patient navigation, social work, case management, financial counseling, and other ancillary departments to provide comprehensive treatment to the population of the southern coast.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups
- Hosting a multi-disciplinary tumor board every week
- Hosting the Commission on Cancer-Cancer Committee quarterly

Cardiac Rehab
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description
The Cardiac Rehabilitation Department provides services to the adult cardiac patient population requiring rehab services in an outpatient setting.

Hours of Operation
The Cardiac Rehab Department is open Monday through Friday with hours to accommodate the needs of the patient population, currently from 0800-1700, closed for lunch from 1200-1300, excluding holidays.

Staffing
Cardiac Rehabilitation services are staffed with a minimum of two employees and based on patient-to-staff ratios, with consideration to the size of each exercise class. Staffing may include Registered Nurses or Exercise Physiologists.

Non-licensed personnel, Cardiac Technicians, and Certified Medical Assistants may perform patient vital signs and other duties under the direction of an RN or Exercise Physiologist.

Staffing may be above the minimum based on projected services and acuity.

Qualifications of Staff
Cardiac Rehabilitation staff maintains core competencies, certifications, and licensure based upon the job descriptions.

Integration with the Organization
Cardiac Rehab is in professional collaboration with departments within the organization to provide safe and quality care to patients. Ongoing performance improvement and quality assurance projects are completed to ensure excellence in patient care. Quality improvement issues are identified by any member of the patient care team who is encouraged to be a part of the solution. Our aim is safe, effective, patient-centered, timely, efficient, and equitable service.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups
- Examines the adequacy and competency of Cardiac Rehab staff
- Evaluates the effectiveness of the Department's policy and procedures
- Ongoing safety and communications monitoring
- Integrates department function with related departments and services of the hospital

Cardiovascular Procedure Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Bay Area Hospital's Cardiovascular Procedure Unit is located on the second floor. The Cardiovascular Procedure Unit provides interventional cardiology, Cardiac Device Implants, and interventional radiology care for the inpatient, outpatient, procedural, and emergent critical adult and geriatric patient. Services provided are varied and include, but are not limited to:

- Pre-operative care-inpatient and outpatient admissions
- Pre-procedural care for outpatients
- Post-procedural care for outpatients
- Close observation and frequent monitoring for patients cared for in the unit
- Pre, post-, and intraoperative care for moderate sedation patients
- Cardiovascular Monitoring
- Airway assessment, intervention, and continuous monitoring
- Intravenous (IV) therapy/medication administration/mixing
- Patient /Family Education
- Psychosocial care and support
- Coordination of patient care with support services
- Initial Postoperative Care
- Ventilator Care and Support
- Initiation and titration of vasoactive/antiarrhythmic IV drugs
- Invasive Hemodynamic Monitoring
- Promotion of normothermia and comfort
- Access site evaluation

Hours of Operation

The Cardiovascular Procedure Unit hours of operation are Monday through Friday, flexing around 0600 to 1630 with 24-hour emergency procedure coverage 365 days per year, and may extend hours to accommodate the needs of the patient, and increase services from stakeholders utilizing the imaging equipment in the care of Bay Area Hospital patients.

Staffing

Staffing includes Registered Nurses (RN's), Cardiovascular Technicians, Cardiovascular Radiologic Technologists, and other allied health professionals and is based upon the Cardiovascular Procedure Unit Nurse Staffing Plan, which is based upon American Society of Peri-Anesthesia Nurses (ASPAN) Standards.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and nurse staffing plan, if applicable.

Integration with the Organization

The Cardiovascular Procedure Unit is in professional collaboration with all departments within the organization to provide safe and quality care. Ongoing performance improvement and quality assurance projects are pursued to ensure excellence in patient care. Performance and quality assurance include, but are not limited to: evaluation of effectiveness of policies and procedures, test result promptness and accuracy, examination of adequacy and competency of staff, ongoing safety monitoring, communications monitoring, and monitoring of hospital intradepartmental relations and functions.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

Case Management
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Case Management in hospitals and other health care systems is a collaborative practice that includes patients, caregivers, care partners, nurses, social workers, physicians, other practitioners, payers, support staff, and the community. The Case Management process encompasses communication and facilitates the coordination of care along a continuum through effective transitional care management. The goals of Case Management include the achievement of optimal health, access to care, and appropriate utilization of resources while recognizing the significance of the social determinants of health, the complexities of care coordination, and the patient's right to self-determination (ACMA).

Hours of Operation

Case Management is available:
Monday-Saturday 0730-1600
Sunday 0900-1730

Staffing

The Case Management department is staffed with Case Manager RNs, Palliative Care RN, DC Call RNs, Discharge Planners, Social Workers, Utilization Review RNs, and Support Staff. Case Management staff may work varying days and hours.

Qualifications of Staff

The Case Management Department staff maintains core competencies, certifications, and licensure based upon job descriptions.

Integration with the Organization

Scope of Services (ACMA)	Standards of Practice (ACMA)
Education	Accountability
Care Coordination	Professionalism
Screening	Collaboration
Assessment	Advocacy
Plan of Care	Resource Management
Sequencing	Technology
Transition Management	Certification
Longitudinal Care Management	
Identification	
Implementation	
Community Partnership	
Follow-Up	
Compliance	
Utilization Management	
Payer Interface	
Managing Utilization & Delays	
Concurrent Denials/Appeals	

The Case Management Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

American Case Management Association ACMA. (2024). Scope of Services. Retrieved from

http://www.acmaweb.org/forms/Standards%20of%20Care_Brochure_Case%20Management_2024.pdf

Clinical Development
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Clinical and Professional Development is within the Nursing Service Division. The Clinical and Professional Development staff provide services that facilitate the educational process, including assessment of learning needs, prioritization of identified needs, planning activities to meet identified needs, implementing the activities, and evaluating the activities and outcomes. Services provided include, but may not be limited to:

- Nursing orientation for new hires, contract staff, and students
- Staff education and training, which includes training mandated by regulatory/legal agencies, training that improves staff performance and patient outcomes, continuing professional education, and professional development opportunities
- Administration of the current electronic learning management system
- Coordination/sponsorship of professional courses
- Administration of tuition reimbursement and professional development funds for Nursing
- Outpatient diabetic education program
- Clinical work experience programs, in partnership with local and state community colleges and universities, local high schools, and the Oregon State Board of Nursing (re-entry nurses)

Hours of Operation

Regular hours are 0800-1630. When classes or programs are scheduled before or after regular office hours, staff are also available to facilitate such educational opportunities.

Staffing

The Director of Organizational Development is responsible for the overall activities of the department. The Director reports to the Chief Nursing Officer, who reports to the Chief Executive Officer. Organizational Development staff have the appropriate expertise as required by the functions performed. There are six employees (5.2 FTE) and one FTE for Diabetes Education. All staff maintain core competencies as defined by the department/job description. Verification of these competencies is maintained in Workday. Organizational Development staff are cross-trained in various functions in order to best serve their customers and to ensure that all personnel services continue. Occasionally, subject matter experts, outside of the department, are engaged to teach a class or manage specific events.

Qualifications of Staff

- Assists Director of Clinical & Professional Development (Director), Patient Care Services (PCS) managers, and Chief Nursing Officer in assessing learning needs of nursing staff and plans, implements, and evaluates education to meet assessed needs
- Competency development for complex performance, which requires evaluation of the literature for application
- Adept at determining appropriate learning methodology for current knowledge deficit by applying working knowledge of the theories of nursing, education, and learning in curricula development
- Coordinates the development of HealthStream courses and ensures evidence-based practice

- Coordinates the American Heart Association Basic Life Support (BLS) program, Advanced Cardiac Life Support (ACLS), Trauma certification, and various other certifications within the specialty practice across the organization
- Supports orientation to nursing positions
- Assures orientation materials are current concerning patient care standards, national patient safety goals, BAH policy/procedure, and regulatory requirements
- Designs and adapts new graduate orientation for both general and specialty niches
- Designs and adapts preceptor development
- Designs and adapts charge nurse development
- Stays up-to-date on the latest in nursing practice and hospital management operations
- Coordinates professional development of acute care staff and allied health
- Provides continuing education opportunities for staff CNAs and acts as a liaison with the Oregon State Board of Nursing on CNA/CNA Acute scope of practice issues
- Serves as liaison between the hospital, Southwestern Oregon Community College, and other programs within the state
- Serves as a liaison between allied health programs and the hospital
- Performs gap analysis to fully understand educational needs and collaborates with Informatics, leadership, and other departments to deliver necessary education
- Creates, coordinates, and supports simulation experiences, including the creation of learning scenarios, maintenance of technical expertise, and the facilitation of learner debriefing sessions

Integration with the Organization

Clinical Development integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Assessment of learning needs is performed in the context of:
    - The vision, mission, and performance standards of Bay Area Hospital
    - Regulatory/legal requirements
    - Quality/performance improvement initiatives
    - Improving patient safety
    - New service lines, equipment, processes, and procedures
    - Assessments of needs by leadership and/or staff
    - Input from the community, including the Board of Directors, physicians, community groups, and individual community members
    - Financial considerations

Clinical Informatics Department
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Clinical Informatics Department supports the use of enhancements of clinical information systems used to support the process of health care delivery to our customers.

The Clinical Informatics Department provides a wide variety of services to its customers. These include, but are not limited to:

- Gap analysis with workflow with Epic implementation
- Data analysis and interpretation to support clinical and business functions
- Augment support business intelligence analysts
- People vs. Epic problem, help with super users, vetting change requests
- Supporting governance
- Alignment performance improvement, standardization, best practice
- Rounding, connectivity with caregivers + trainers, involvement with IT analysts at St. Charles Health System (SCHS)
- Supportive of the training program, collaboration with trainers
- Participation in the affiliate builder program, if available
- Identify system integration issues
- Monitor and evaluate system performance and efficiency
- Integrate systems into the clinical workflow, incorporating process improvement techniques
- Identify the impact of systems on existing policies and procedures
- Maintains security features, user maintenance
- Provide customers with data
- Provides input and support for hardware at the point of care
- Electronic Prescribing of Controlled Substances (EPCS) user signup, support, and troubleshooting

Hours of Operation

Operating hours vary with our projects, but typically, there is at least one staff person at the hospital Monday through Friday from 0500-1530.

The Information System (IS) Help Desk can be called for support and help. They will contact a Clinical Informatics staff member as appropriate.

Staffing

Clinical Informatics budgeted staff consists of Registered Nurses, Programmers/System Analysts, and a Business Intelligence Developer.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description.

Integration with the Organization

The Clinical Informatics Department staff participates in Performance Improvement activities according to the organization's guidelines. Staff members also monitor and do follow-up on various patient safety/quality issues daily. A primary focus of the department is to provide data for other departments to assist them with their performance improvement process. A major focus has been on meeting Meaningful Use standards for the organization.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

Dietary Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Registered Dietitian's scope of care service for ordering privileges includes:

- Determining cultural preferences
- Initiating physician–driven protocols and order sets upon physician order.
- Initiating or changing nutritional supplements
- Conducting nutrition education and counseling
- Initiating calorie counts
- Initiating referral to outpatient services- Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)- requires physician co-signature
- Entering DSMT and MNT charges

Hours of Operation

Nutrition Services is available daily ~ 0830–1700.

Staffing

The Manager of the food and nutrition department is responsible for the overall operation of the department. The clinical dietitian supervisor is responsible for clinical activities and communicating patient and clinical needs throughout the department/Patient Care Services. The manager of Food and Nutrition Services reports to the Chief Financial Officer.

Registered Dietitians are scheduled 6 days per week for inpatient services. Registered Dietitians are scheduled for outpatient services based on Medical Nutrition Therapy referrals and outpatient program requests. A Registered Dietitian is required to participate in the Certified Diabetes Self-Management Training Program.

Qualifications of Staff

Dietitians are required to maintain an Oregon State License, national Registration, and complete continuing education units (CEUs) yearly. 75 CEUs are required within 5 years to maintain national registration. The dietitian teaching the Certified Diabetes Self-Management Training Class is required to obtain 15 CEUs yearly.

Integration with the Organization

The department continually focuses on improving product/service quality and increasing customer satisfaction. Measured activities are ongoing regarding diet compliance, referral rate, and documentation of malnutrition. If an opportunity is identified for improvement, the IMPROVE model will be used.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Emergency Department
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description/Scope of Service

The Emergency Department (ED) provides medical treatment for persons of all ages presenting to the hospital in need of immediate medical care. Bay Area Hospital (BAH) ED is a 22-bed unit. The department is divided into two patient care areas. Pod A has 16 rooms. Pod B is a group of 6 patient rooms and an internal waiting room that can accommodate up to 10 patients. All patients presenting are seen regardless of ability to pay. BAH has a Level III trauma designation.

Hours of Operation

Pod A and B are open 24 hours a day, 7 days a week, and 365 days a year.

Staffing

This unit is staffed 24 hours a day, seven days per week, and daily staffing follows the current approved nurse staffing plan, with guidance from the Emergency Nurses Association, and other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and per Human Resources' policy.

Integration with the Organization

For the treatment of ED patients, ED providers will consult with hospitalists, community-based providers, and accepting physicians from facilities that provide a higher level of care. Ancillary services, including lab, radiology, pharmacy, and others, provide needed clinical information and services to effectively treat the patient. The ED documents all care received in the electronic health record (EHR), which is used throughout the facility. When the patient is admitted to the hospital, the ED record of care is readily available for continuing care.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Employee Health & Wellness
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Employee Health promotes a safe and healthy work environment by providing services to employees, auxiliary staff, physicians, and students.

The scope includes the following: Promotes preventative health medicine and wellness programs for employees; provides primary care functions and on-the-job injury services to employees, auxiliary staff, and physicians as needed. Assesses risk and management of occupational exposures. Provides immunization programs, post-offer health screenings, fit testing/health screening for respirators, exposure follow-up, and worker rehabilitation. Employee Health addresses safety and health concerns, and safety training needs regarding Workplace Violence and accident/injury/exposure reports. Aids with health issues affecting job performance and referrals. Provides medically necessary ergonomic assessments and facilitates purchases of related ergonomic equipment. Leads the Employee Wellness committee and serves on committees related to employee health & wellness, including the Workplace Violence Committee, Safety and Environment of Care Committee, the Accident and Injury Review Committee, and the Violent Incident Response Team. Administers the Workers' Compensation program, the Preferred Worker program, the Employee at Injury program, the Americans with Disabilities Act program, the Early Return to Work program, and the Crisis Prevention Institute (CPI) training program. Refers individuals to the Employee Assistance Program. Oversees regulatory needs of the Occupational Safety and Health Administration (OSHA) compliance and reporting. Participates in the Infection Control program, vaccination compliance reporting, and manages restriction from duty for ill staff within applicable policy and protocol.

Hours of Operation

Hours of operation are Monday through Friday from 0800-1630. PCS Hospital Supervisors and the Emergency Department address vital functions when Employee Health is closed.

Staffing

Employee Health staff members possess the appropriate expertise required by their job function. Required credentials and experience levels are noted in the specific job description. All staff members maintain competencies as defined by the job description. Verification of these competencies is maintained in the Human Resources Information System.

Responsibilities for the scope and services of the department are shared by the Employee Health and Wellness Manager, Employee Health Coordinator, Employee Health Specialist, and the Wellness Clinic Medical Assistant.

Qualifications of Staff

Employee Health and Wellness Clinic staff are cross-trained in multiple functions in order to best serve employees, the auxiliary staff, students, providers, and chaplains. These staff ensure that appropriate services continue should one of the department's positions become temporarily vacant due to vacation, illness, leave of absence, or termination from employment.

Integration with the Organization

Employee Health integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

Engineering/Maintenance
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Engineering/Maintenance is a service department that provides a safe, comfortable environment for patients, visitors, and staff, while at the same time exceeding the expectations of those we serve. This includes providing prompt, friendly, and well-trained personnel who are able to respond appropriately to all requests for service.

Engineering/Maintenance has primary responsibility for all life safety features and utilities management functions associated with Bay Area Hospital. Included in these categories are Heating, Ventilation, and Air Conditioning (HVAC) systems, electrical generating and distribution systems, medical gas and vacuum systems, plumbing systems, fire control and detection systems, security system devices, vertical transport systems, and specific communication systems. This includes strict adherence to all applicable life safety and building codes. In addition, Engineering/Maintenance provides an array of building/facilities-related support services.

Hours of Operation

Engineering is located on the south end of the first floor. We provide service 24 hours a day, seven days a week to all departments and units within Bay Area Hospital and its owned/leased out buildings.

Staffing

The Facilities Manager is responsible for the operation of the Engineering/Maintenance Department. The Maintenance Supervisor is responsible for supervising day-to-day department activities. The Maintenance Supervisor reports to the Facilities Manager. The Manager of Facilities reports to the Chief Operations Officer. The Manager is responsible for leadership, staff development, financial planning, and overall supervision of Engineering. The Manager has overall responsibility for all utility systems and life safety components. Engineering is staffed by Maintenance Engineer I, II, III, and IV positions. The staffing levels are based on hospital equipment, square footage, required maintenance management, and repair requirements. Projects and emergency repairs may dictate additional staffing needs on any particular day or shift. When engineering staff is not adequate for certain emergencies or specific system expertise is needed, the appropriate resources will be called in for assistance.

Qualifications of Staff

All engineering staff will maintain core competencies as set by the department. Some competencies will be annual, and some will be initial competencies when new staff arrive, or when a new piece of equipment is introduced into the department. Competencies are knowledge and skill-based. Orientation will be job code-related. Competencies are located in the Engineering office.

- License (Electricians and Plumbers)
- Cardiopulmonary Resuscitation (CPR) (Electricians)
- Performance Review
- Infection Control

- Material Safety Data Sheets (MSDS) & Hazardous Chemicals
- Lockout - Tagout
- Confined Space
- Eyewash Stations/Showers
- Respirators
- Safety Fair
- Radiation Safety
- Electrical Safety
- Patient Safety Team
- Ladder Safety
- Fire Response
- Machine Guarding
- Stryker Bed Training

Integration with the Organization

Maintenance/Engineering integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments).
- Engineering continually assesses the condition of all structures and equipment for all of the hospital's facilities. These facilities include the main building, Bay Area Cancer Center, Family Housing, Women's Imaging Center, and Kids' HOPE Center.
- All departments have access to Engineering 24/7. Service requests can be placed through Maintenance Connection for all work order needs. The icon for Maintenance Connection can be found on the intranet page. Engineering can also be accessed by calling the Engineer On Duty. This method should only be used for any urgent work orders. Staff may also call the Engineering office Monday through Friday during the day shift to report any problems or repair needs.
- Engineering determines areas of need and continually strives to maintain and repair equipment in a timely and efficient manner to meet the goals of the hospital. Engineering continually strives to improve the quality of service it provides. Engineering staff are evaluated each year based on how well they exemplify and demonstrate the goals set forth by the department. Goals are set for the staff to improve on, and areas where improvement has been seen are noted during this process.
- The Facilities Manager directs the activities of the department and is the main resource for resolving issues that are beyond the scope of the Maintenance Supervisor and the Engineer on duty. Major issues involving critical systems and large financial impact are brought to the attention of the Chief Operations Officer. The Maintenance Supervisor oversees the activities of the Engineers and manages the work orders and preventive maintenance work that are issued. The Maintenance Supervisor is in charge in the Manager's absence. The Maintenance Engineers report to the Maintenance Supervisor.

Environmental Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Environmental Services department provides cleaning and general support services for Bay Area Hospital, the Radiation Therapy building, Family Housing, Women's Imaging Center, and Kids' HOPE Center. The Environmental Services department is responsible for cleaning all patient care areas (excluding the surgical rooms), public areas, and offices. The Environmental Services department is also responsible for setting up conference rooms, moving tables and chairs as needed, and assisting with outside events sponsored by the Health District.

Hours of Operation

The department is staffed 24 hours a day.

Staffing

The Director of Environmental Services (EVS) is responsible for the overall operation of the department. There is one Manager position on the day shift and one Supervisor position on the evening shift. They are responsible for the daily operations and work assignments for both AM and PM shifts. There is a lead environmental services tech on day shift to assist the manager, and one on nights and weekends to assist in the absence of the Supervisor or Manager. The Director of Environmental Services reports to the Chief Operations Officer. The department is staffed at a level that assures proper cleanliness and responsiveness to requests for services. Staff are trained on an ongoing basis using standard accepted practices and techniques. All staff undergo department orientation training and competencies, as well as annual training. Staffing volume is predicated on the overall patient census. Staffing levels may also change to accommodate special projects.

Qualifications of Staff

Competencies are based on accepted healthcare cleaning practices and manufacturers' guidelines. Specific competencies related to overall organizational safety are provided on an as-needed basis. Competencies will include patient care area cleaning, public area cleaning, and equipment operation, and focused training on specified monthly topics.

Integration with the Organization

Environmental Services integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments).
- The Environmental Services department supports each unit in the overall delivery of patient care. Assessment of needs is done on a collaborative basis that involves all stakeholders.
- Services of the Environmental Services department can be accessed in several ways:
    - Call the assigned cell phone for the supervisor or lead

    - Calling the supervisor's or manager's office phone
    - Sending a Maintenance Connection service request
    - Paging the supervisor or manager overhead
    - Emailing your request to the supervisor or manager
- The department continually focuses on improving product quality, service delivery, and increasing customer satisfaction. Measured activities are ongoing to demonstrate improved customer satisfaction and cleanliness. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) action is taken to improve opportunities identified.

Family Birth Center
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Family Birth Center (FBC) unit has eight (8) beds for the total care of labor, delivery, recovery, and postpartum (LDRP) rooms, (2) antepartum testing/triage beds, and (7) single patient rooms that can be used for mother/baby couplets, antepartum patients requiring hospitalization, surgical patients and other non-infectious adult patients and newborns without infections can be readmitted up to 28 days of age or as determined by the provider and manager/patient care supervisor.

FBC serves the perinatal patient and family throughout pregnancy with our primary focus on following the family through labor, birth, and recovery, as well as stabilization of mother and newborn when required, and assisting families in the incorporation of self and infant care.

The nursery is a Level 1 Well newborn nursery capable of evaluating and providing care to stable, term newborn infants, as well as stabilization and care for infants born 35-37 weeks' gestation who remain physiologically stable. The nursery is also capable of stabilizing newborns who are ill and/or less than 35 weeks' gestation until transfer to a higher level of care. All newborns are logged into the newborn protection system for security purposes.

Services provided include: Obstetrical Triage over 20 weeks of gestation.

- Antenatal care and observation for complications of pregnancy, such as but not limited to:
  - Preterm labor tocolysis
  - Gestational hypertension and pre-eclampsia
  - External cephalic version
  - Amniocentesis
  - Non-stress testing
  - Post op recovery of pregnant women
  - Fetal monitoring
- Intrapartum labor care, including Trial of Labor After Cesarean (TOLAC)
- Cervical ripening
- Induction of labor
- Care/delivery of intrauterine fetal demise
- Fetal monitoring
- Intravenous (IV) infusion therapy
- Epidural infusion
- Post-partum care
- Procedures such as circumcision care
- Nursery support including umbilical lines, chest tube, oxygen therapy, Continuous Positive Airway Pressure (CPAP), surfactant instillation, IV infusions, Cardio-respiratory monitoring, and gavage feedings. Stabilization of high-risk mothers and Newborn Intensive Care Unit (NICU) babies for transport
- Patient/family education
- Phototherapy for hyperbilirubinemia
- Breastfeeding support

- Nutritional support, including lactation specialists
- Neonatal-normal newborn care
- Post-op Gynecology, general surgical, and medical non-infectious cases
- Case management of maternity patients, including patient education, surgical (cesarean section) pre-op consultation, discharge follow-up phone calls, and lactation support/consults.
- Car seat technician screen/education on car seat safety

Hours of Operation
The FBC is open 24 hours a day and 7 days a week.

Staffing
The FBC is staffed with Registered Nurses (RN), Certified Nurse Midwives (CNMs), Certified Nursing Assistants, Lactation Consultants, Certified Car Seat Technicians, and Unit Support Specialists. Other service staffing includes 24/7 pediatric hospital coverage.
The daily and ongoing staffing will be determined by the current nurse staffing plan, which follows Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) standards as well as Oregon State legislative mandates.

Qualifications of Staff
The staff maintains core competencies, certifications, and licensure as defined in the job description.

Integration with the Organization
The FBC integrates its care and services with the overall organization in the following ways:
- Adherence to organization-wide policy and procedures
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Health Information Management Department
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Hours of Operation

Operating hours for the Health Information Management (HIM) Department are Monday through Friday, 0700-1530. However, hours are subject to change depending on staffing. The department is closed on these major holidays. Signage is utilized as communication of holiday closures to the public.

Staffing

The Director of Revenue Cycle is responsible for the operation of the Revenue Cycle Process, which includes Admitting/Communications, Business Office, and HIM, with the assistance of management and staff personnel. Department goals are established and periodically assessed with statistical backup and staff. The Director of Revenue Cycle reports directly to the Chief Financial Officer (CFO) for Business Office, Admitting, and HIM functions.

The HIM Department employs these primary types of positions: HIM/Analyst/Technician/ROI (Release of Information) staff.

Qualifications of Staff

The department is staffed with appropriate, qualified personnel. Competencies are assessed on an annual basis for all staff, and results are available in Human Resources files. A new hire orientation checklist and pairing with another HIM Analyst is used to train new hires coming into the department. Budgeting for staff education is taken into consideration to ensure staff are trained in the latest trends related to their respective areas of responsibility. Clinical Document Improvement requires having a current nursing (RN preferred) or Registered Health Information Administrator (RHIA) credential. The Coding staff is required to have a recognized coding certification; both of these areas are currently outsourced.

Integration with the Organization

The Health Information Management Department integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policies and procedures
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Information Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Information Services (IS) Department is responsible for operating, maintaining, and/or facilitating the use of the hospital's computer and communications systems. The mission of IS is to provide quality professional communication and computer technology services to the varied clinical and financial areas within our hospital and the surrounding medical community, including vendor partners as the need may arise.

Hours of Operation

IS operates 24 hours / 7 days a week to offer continuous support to all Bay Area Hospital departments. Managerial, technical, and support staff for all urgent issues are available on an on-call basis 24/7/365.

Staffing

IS and Communications maintains a staff consistent with the overall average of services to be performed throughout the hospital. Staffing will be made up primarily of:

- Information Services Director
- Operations Staff
- Technical Services Staff (which also supports the Communications Area)
- Analytics Staff

Staffing levels for IS and Communications are not subject to change based upon census; however, they may fluctuate based upon project workload and urgent situations. Staffing levels are reviewed annually, and changes to these levels are reviewed and recommended by the department director and are forwarded to the appropriate executive for discussion and approval.

Qualifications of Staff

The department is staffed with appropriately qualified personnel. The specific qualifications and competency requirements are outlined in staff job descriptions. The reader is referred to these documents for further information. All staff maintain core competencies as defined by the department and hospital. Core competencies may be found in each employee's files and are reviewed, at a minimum, with each member annually.

Integration with the Organization

The IS Department integrates its services with the overall organization in the following ways:

- Adheres to organization-wide policy and procedure
- Participates in multi-disciplinary teams, committees, and work groups
- Provides the organization with quality professional communication and computer technology services.
- Is readily available to assist with requests from the varied clinical and financial areas within our hospital. The IS Operations is staffed 24/7 and can be contacted by phone through the published help desk number (currently 8195).

Intensive Care Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Intensive Care Unit (ICU) provides an environment where patients can be closely monitored and assessed while receiving continuous and/or special therapy requiring a higher level of care. In the ICU, every room is equipped for invasive and noninvasive monitoring of vital signs, cardiac rhythm, ST segment variations, and allows interfacing with other equipment throughout the hospital. Patients requiring mechanical ventilation and/or additional complex equipment will be cared for in the ICU. The highest level of nursing care and medical management is provided in a collaborative approach to minimize the negative effects of disease, limit organ dysfunction, and restore the patient to their optimal level of wellness. The Intensive Care experience is served by an in-house hospitalist team, supported by telemedicine intensivists from OHSU. The unit consists of 12 beds and serves patients through the continuum of life. Pediatric patients require support from pediatric-trained acute care nurses and pediatricians. Services provided include, but are not limited to:

- Acute Respiratory Failure (ARF), Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, mild to moderate Acute Respiratory Distress Syndrome (ARDS)
- Sepsis Syndromes/Life-Threatening Infections
- Serious Fluid, Electrolyte, and Metabolic Disorders
- Multiple Organ Dysfunction Syndrome
- Non-invasive and Invasive Mechanical Ventilation
- Post Cardiac Arrest (Induced Hypothermia)
- Invasive Hemodynamic Monitoring (Arterial, Central Venous Pressure (CVP), Pulmonary Artery (PA) Lines)
- Pre/Post Percutaneous Coronary Intervention (PCI), ST-segment elevation myocardial infarction (STEMI)
- Non-ST-segment elevation myocardial infarction, Acute Coronary Syndromes (ACS) management
- Trans venous/Transcutaneous Pacemakers
- Intra-Aortic Balloon Pump (IABP) and Impella Devices
- Ultrasound-enhanced thrombolysis (EKOS)
- Thrombolytic administration
- Intermittent Dialysis (Hemodialysis and Peritoneal) for non-emergent acute/chronic renal failure per current contract
- Diabetic Ketoacidosis (DKA), glycemic control requiring insulin drips
- Severe gastrointestinal bleeding (non-cirrhotic)/Mass Transfusion
- Severe Delirium, Alcohol withdrawal
- Drug Overdose
- Unstable Post-Surgical Patients
- Trans esophageal Electrocardiogram (TEE)
- Emergent and non-emergent cardioversion
- Cerebral Vascular Accident (CVA), Central Nervous System (CNS) Infections, Seizures
- Palliative/End of Life Care
- Complex High-Risk Postpartum Patients

- Critical/Vasoactive/Antiarrhythmic Drips
- Heart Failure Management

Hours of Operation
The unit is open and staffed 24 hours a day, 7 days per week.

Staffing
This unit is staffed with registered nurses 24 hours a day, seven days per week, and daily staffing follows the current approved nurse staffing plan.

Staffing for the ICU is based upon patient ratios determined in the current nurse staffing plan.

The Chair of the Critical Care Committee provides medical direction to the ICU. The functions of the Chair include, but are not limited to:
- Establish, review, and implement unit policies, procedures, standards of care, and standards of practice
- Evaluate the quality, safety, and appropriateness of patient care provided in the unit and recommend necessary changes, educational needs, etc.
- Act as a liaison between nursing staff and physicians

Providers must be granted ICU privileges by the Hospital's Medical Staff to direct and manage a patient's care in the ICU.

Intensive Care providers are available via Tele-medicine for consultation and co-management through the Oregon Health and Science University Intensive Care team.

Qualifications of Staff
The staff maintains core competencies, certifications, and licensure as defined in the job description.

Integration with the Organization
The staff of the ICU participates in quality improvement activities that impact the whole organization and their specific patient populations. These are developed based upon participation in national database criteria, compared with similar organizations, and identified through feedback from staff, physicians, and patients.
- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Intermediate Care Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Intermediate Care Unit (IMCU) has 26 single patient rooms. The unit is located on the second floor. IMCU provides adult-centered care with a focus on Intermediate level of care cardiac telemetry patients. Medical overflow patients may be admitted to this unit. Remote telemetry service with available equipment and trained staff per competency.

Services provided are varied and include, but are not limited to:

Observation

- Does not meet criteria for inpatient status
- Criteria met for observation status, Outpatient Infusion, Extended stay patients
- Clinical decision regarding inpatient admission or discharge expected within 24 hours
- Stabilization and discharge are expected within 24 hours
- Hemodynamically stable

Inpatient

- Intermittent Dialysis (Hemodialysis and Peritoneal for non-emergent acute/chronic renal failure per current contract
- Patients with multiple co-morbidities who require intermediate care
- Chest pain or positive troponin
- Patients with acute Electrocardiogram (EKG) changes
- Gastrointestinal (GI) bleed
- Cardiac patients who require intermediate care
- Respiratory support and care of non-intubated patients
- Cardiac intermediate care patients
- Medicated IV drips requiring cardiac monitoring.

Hours of Operation

IMCU is open and staffed 24 hours per day, 7 days per week.

Staffing

IMCU is staffed 24 hours per day, 7 days per week, and daily staffing follows the IMCU nurse staffing plan.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and nurse staffing plan, if applicable.

Integration within the Organization

The IMCU Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Kids' HOPE Center
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Kids' HOPE Center, the Child Abuse Intervention Center for Coos County, provides a neutral setting where victims of child abuse feel safe and comforted. Services can be brought to the child, reducing the trauma of the investigative and court processes. Services include a recorded forensic interview, family support with a family advocate, and a medical examination with a pediatrician. In addition, victim assistance and referrals to other specialties may occur. The Kids' HOPE Center also provides Prevention and Education services. These services are offered to the greater Coos County and are led by the Kids' HOPE Center (KHC) Prevention Coordinator.

Hours of Operation

The Center is open Monday-Friday from 0800-1730, and after regular business hours if needed.

Staffing

The Center is staffed with a program director, family advocates, and forensic interviewers. Medical exams are available as needed.

Qualifications of Staff

Staffing qualifications are based upon the job description and provided through the hospital's Human Resources Department, with additional training opportunities.

Integration with the Organization

The Kids' HOPE Center is located at an off-site, stand-alone location due to the sensitivity of the services provided. The Executive Sponsor of the Center resides in the hospital and meets with staff regularly, and sits on their Advisory Committee along with staff and community members.

Laboratory and Anatomic Pathology
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Laboratory performs clinical and anatomical pathology laboratory services for inpatients, outpatients, non-patients, and industrial clients. The repertoire of tests and service levels is adequate for physicians to diagnose, treat, and monitor their patients. Laboratory results are accompanied by appropriate age/sex specific reference ranges and interpretive comments necessary to interpret the results. The service level is monitored to ensure prompt and accurate testing. Laboratory testing is either performed in the Bay Area Hospital (BAH) Laboratory or referred to Clinical Laboratory Improvement Amendments (CLIA) accredited and Medical Staff approved reference facilities.

Waived testing is done under the direction of the Laboratory Medical Director and performed by Hospital staff after they have shown their competence to complete that work. The Medical Staff approves the extent to which this testing can be used. Appropriate quality control, proficiency, and competency are performed and monitored to assure accurate patient testing.

All services are performed based on an order from a physician or practitioner authorized by Oregon law to interpret the results of the ordered tests. We do not perform direct-to-consumer testing.

Commercial clients prearrange for pre-employment/DOT collections annually.

The Clinical Laboratory includes the following areas of service:

- Hematology/Coagulation/Urinalysis
- Transfusion Services
- Chemistry/Therapeutic Drug Monitoring
- Blood Gas Analysis
- Immunology/Serology
- Microbiology
- Point of care testing
- Reference Lab Testing

The Anatomic Laboratory includes the areas of:

- Histology
- Autopsy Service

Hours of Operation

The Laboratory is open and staffed 24 hours/ 7 days a week.

Staffing

The Laboratory Director, in collaboration with the Medical Directors, directs the Laboratory. The Director reports to the Chief Operations Officer and is responsible for the 24 hours a day operational quality of the Laboratory. The Director is responsible for the leadership, staff development, staffing, and overall supervision of lab personnel. The Director collaborates with other directors/managers and physicians to ensure the Laboratory services

are consistent with the needs of patients in the hospital and the community. The Medical Director fulfills all of the obligations outlined in CLIA '88 in the oversight of the quality of results, proficiency testing, report integrity, personnel assessment, procedure manuals, and providing adequate clinical consultation. The Medical Director provides overall clinical oversight to the Laboratory and provides clinical consultation regarding the appropriateness of the testing ordered and the interpretation of test results.

Staffing in the laboratory is determined based on the needs of the facility and the community. Most staffing needs are fixed, based on the type of procedures and methods used. Rare occasions require additional staffing in order to provide stated turnaround times, specifically in trauma or disaster-like situations.

Technical personnel: Only personnel who qualify with an adequate combination of education and experience and who exhibit continued competency are eligible to perform testing procedures. This includes Pathologists, Medical Laboratory Scientists and Lead Med Techs, Medical Laboratory Technicians, Technical Lab Assistants, Microbiologists, and non-certified and certified Histotechnologists.

Support personnel: Personnel undergo adequate training to perform their duties accurately and efficiently. This staff includes phlebotomists, Lab Assistants, a courier, a receptionist, and an Office Coordinator.

The operational needs for covering essential services have required several staff to cross-train in related areas of the Laboratory. Extensive training and competency requirements are met by staff selected for cross-training.

Qualifications of Staff

All laboratory employees undergo formal BAH and Laboratory orientation when newly hired and as new technology is introduced. Competency is based on job code requirements. Competency is assessed on new technical employees at 6 months and 12 months after completion of initial training. Annually, all laboratory testing personnel are evaluated for competency in appropriate fields of expertise. Competency is evaluated by direct observation, knowledge, and skill-based testing.

Integration with the Organization

Laboratory and Anatomic Pathology integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups
- Evaluates the effectiveness of departmental policies and procedures.
- Identifies and corrects problems
- Assesses the accuracy, reliability, and promptness of test results
- Examines the adequacy and competency of the staff
- Monitors the pre-analytic processes, including:
    - The criteria established for patient preparation, specimen collection, labeling, preservation, and transportation

    - The information solicited and obtained on the Laboratory's test requisition for its completeness, relevance, and necessity for the testing of patient specimens
    - The use and appropriateness of the criteria established for specimen rejection.
- Monitors the analytic testing processes, including:
    - Quality Control policies and procedures, including the completeness of corrective action taken. The mechanism used for this evaluation includes:
        - Problems identified during the evaluation of calibration and control data for each test method
        - Problems identified during the evaluation of patient test values to verify the reference range of a test method
        - Errors detected in reported results
    - Proficiency testing and any corrective actions taken for unacceptable, unsatisfactory, or unsuccessful proficiency testing results for effectiveness
    - Completeness of correlation testing for backup methodologies as mandated by CLIA 88
    - Problems uncovered as a result of the ongoing review of patient results. (i.e., patient test results that appear inconsistent with relevant criteria such as patient age, sex, diagnosis, and correlation with other patient test results)
- Monitors the post-analytical processes by assessing the completeness, usefulness, and accuracy of the reported information necessary for the interpretation and utilization of test results, and:
    - The timely reporting of test results based on testing priorities
    - The accuracy and reliability of test reporting systems

Marketing and Communications
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

To support the Bay Area Hospital (BAH) mission, vision, and strategic plan by creating awareness, confidence, and informed advocacy for its medical services and their value to key customers.

The Director of Marketing and Communications is easily accessible by staff, physicians, and the public. The office works to increase administrative visibility and communication; uses appropriate formal and informal communication methods to ensure employees, medical staff and volunteers are informed ambassadors of BAH; produces patient and community publications, manages BAH public-facing website; intranet content, manages BAH social media channels, and other materials that define value and support organizational strategic goals; responds and coordinates all media requests; creates and distributes all press releases; supports the development of marketing and communication plans, advertising and media strategies, and manages assigned projects to support the successful execution of those plans; ensures effective tracking and reporting of assigned marketing and communication plans; stays abreast of key marketing, communication, and consumer/audience trends, manages the external creative ad agency relationship, works with research, consultants, and media teams as necessary to implement best practices in effective marketing campaigns that deliver change in audience behavior and perception; may serve as public information officer when needed during an emergency as well as drills; ensures accuracy and comprehensiveness of information disseminated to the public, patients and other audiences; coordinates certain special events and oversees sponsorships that meet strategic and communication goals; develops and implements graphic standards to insure uniform and consistent image of BAH is communicated to internal and external audiences; advocates community wellness and improved health status through the office's activities.

Hours of Operation

This office is located in Administration and is staffed Monday through Friday, 0800-1630.

Staffing

Staff includes the Director of Marketing and Communications, and assistance from Administrative Secretaries and a communication coordinator. Special projects are completed with the assistance of outside vendors such as graphic designers, printers, agencies, media outlets, and professional photographers. The Director of Marketing and Communication is responsible for the overall office operations to ensure that organizational goals are defined, met, and evaluated. The Director of Marketing and Communications reports to the Chief Executive Officer.

Qualifications of Staff

The Director of Marketing and Communications maintains appropriate core competencies. Current competencies are found in the Operations Manual in Administration.

Integration with the Organization

The Director of Marketing and Communication resolves concerns at the time presented. If an issue or concern is not resolved adequately, it is presented to the CEO, and if necessary, to the Executive Team for further resolution. The Executive Team is kept up-to-date with significant issues or concerns of either group.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

Medical Care Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Medical Care Unit (MCU) has 30 private, single-patient rooms. The unit is located on the fourth floor. The Medical Care Unit is a medical/surgical/Telemetry unit capable of treating patients from newborn to over 100 years in age. The unit cares for the broad population served by the hospital, and includes general medical/surgical patients, a step-down environment from the intensive care setting when a higher level of care is needed. Patients can be admitted with diagnoses related to cardiovascular, respiratory, neurologic, metabolic, gastrointestinal, genitourinary, dialysis, oncology, pediatrics, pain, and trauma.

Services provided are varied and include, but are not limited to:

- IV Therapy/Antibiotic and Medication Therapies
- Wound Care
- Pain Management
- Nutrition support
- Respiratory support and care of non-intubated patients
- Dialysis (Hemodialysis and Peritoneal)
- Remote telemetry care
- Pediatric Services for patients not requiring critical care services, monitoring, and intervention
- Care of patients receiving Radiation Therapy
- Oncology – administration of Chemotherapy and Biotherapy
- End of Life Planning and Care

Hours of Operation

MCU is open and staffed 24 hours per day, 7 days per week.

Staffing

This unit is staffed 24 hours a day, 7 days per week, and daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and nurse staffing plan, if applicable.

Integration within the Organization

The MCU Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Medical Staff Services Office
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Medical Staff Services Office (MSSO) is a liaison between the medical staff and hospital administration. The office consists of the following areas of service/expertise:

- MSSO Manager coordinates with the assistance of the Medical Staff Office staff members, the elements related to medical staff activities including but not limited to: credentialing, appointments/reappointments, privileging, structured internal and external reporting, medical department meetings, organizes Medical Staff events (i.e. Doctor's Day, Annual meeting), emergency and after hours call rosters, maintenance of physician information, support/back up for posting, focused and ongoing professional practice evaluation and competencies (FPPE/OPPE), quality support, physician orientation, facility tours, working knowledge of Bylaws, Rules, Regulations, State, local, federal, Joint Commission, National Committee for Quality Assurance (NCQA) (when applicable) and Centers for Medicare and Medicaid Services (CMS) standards as it pertains to Medical Staff business.
- Act as liaison between internal and external entities, medical staff, nursing, administration, and the Governing body.
- Maintain communication with medical staff officers, department chairs, and committee chairs to ensure follow-through on action items, changes in policies, and medical staff issues in their specific areas.

Hours of Operation

The MSSO has an open-door policy between the hours of 0800-1630, Monday through Friday, allowing access to anyone. Closed most celebrated holidays.

Staffing

The designated Executive team member is responsible for the overall operations of the office to ensure that organizational goals and compliance are maintained. The MSO Manager reports directly to the designated Executive team member. The Medical Staff Credentialing Coordinator and Medical Staff Specialist, and CME/Payor Credentialing Coordinator report directly to the Medical Staff Manager.

Qualifications of Staff

Staffing qualifications are based upon job description and through the hospital's Human Resources Department, with additional training opportunities through HealthStream and approved organizations (e.g., certification, degree, and/or accreditation bodies).

Integration with the Organization

The MSSO integrates its services and performance improvement with the overall organization in the following ways:

- Follows guidelines for CMS, Joint Commission, and Medical Staff Bylaws and Rules and Regulations, State, Local, and Federal statutes, guidelines, and regulations.
- Adherence to department and organization-wide goals, policies, and procedures
- Participates in multi-disciplinary activities as assigned, not limited to (e.g., committees, meetings, research, and/or work groups)
- Participates and assists with organized medical staff matters, Credentials Committee,

Medical Executive Committee, Medical Staff Departments, and ad hoc committees. Onboarding, introductions, and orientation of new providers

- Maintains Medical Staff data system security and integrity.
- Maintains Medical Staff Services Credentialing Manual
- Coordinates educational rotations for students and residents
- Coordinates Continuing Education functions
- Coordinates payor enrollment with approved vendors
- Assists with call schedules for Bay Area Hospital
- Facilitates payments and reimbursement support
- Supports meeting and maintaining the medical staff services office budget
- Oversees vendor and staffing contracts for Medical Staff Services' daily business

Nursing Administration
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Nursing Administration has primary responsibility for the management of healthcare delivery services across the continuum of care and for those individuals that represent direct patient care including all inpatient and outpatient nursing areas, Emergency Department, Family Birth Center and MOM's, Float Pool, Perioperative Services, Inpatient Psychiatric Services, , Hospital Supervisors, Nursing Support Services, Spiritual Care and Volunteer Services, Respiratory Therapy and Patient Safety Assistants. Included in this scope of responsibility are advanced practice nurses and nurses fulfilling jobs that report through other hospital executives and who are still working under the scope of a registered nurse (RN).

Nursing Administration utilizes advanced skills and knowledge in organizational analysis, strategic planning, financial responsibility, human resource management, and professional development. It is the nurse executive's responsibility to create a work environment that facilitates and encourages nursing staff to demonstrate accountability for their practice and an environment that empowers registered nurses at all levels of the organization to utilize critical thinking and participate in decision making that affects nursing practice.

The nurse executive directs the delivery of nursing care, treatment, and services.

The nurse executive is responsible for the development and maintenance of a nursing service philosophy, objectives, and standards of practice.

The nurse executive is responsible and accountable for the overall management of nursing practice, nursing education and professional development, nursing research, nursing administration, and nursing services. This individual holds and exercises authority to fulfill responsibilities to the profession, the healthcare team, consumers of nursing services, and the organization.

The nurse executive directs the development, implementation, and evaluation of nursing policies and procedures, nursing standards, nurse staffing plans, programs, and services that are evidence-based and consistent with national standards and values.

The nurse executive is accountable to ensure the competence of registered nurses and their ongoing professional growth and development. It is the nurse executive's responsibility to serve as a professional role model and mentor, to serve as an agent for change and support staff through the change process.

The nurse executive assumes an active leadership role with the hospital's governing body, executive leadership, medical staff, management, and other clinical leaders in the hospital's decision-making structure and process.

The nurse executive develops, supports, and maintains a quality assessment and performance improvement program for nursing services and ensures participation with the

hospital administrator and other department directors in the development and maintenance of practices and procedures that promote infection control, fire safety, and hazard reduction.

The Nurse Executive supports the Unit/Department Managers to maintain adequate staffing levels, oversee patient placement of admits and surgeries, act as a clinical resource for staff, support the overall coordination of patient care, and manage patient/family/staff complaints, concerns, and issues. Hospital Supervisors act on behalf of leadership and support the Department Managers, Directors, and Nurse Executive. Hospital Supervisors facilitate organ donation, report patient deaths, act as a scribe or team member for codes-traumas-rapid responses, respond to all house wide code activations, function as supportive backup for the Occupational Health and Infection Prevention, provide direction and support for all internal and external disasters and ensure an RN is immediately available for the provision of bedside care of any patient.

The Hospital Supervisor, Directors, and the individual unit/department managers work closely with the charge nurses across the campus to evaluate the ongoing scheduling levels and staffing needs in order to maintain appropriate levels of qualified staff for the nursing units for the provision of safe patient care. The Hospital Supervisor is also responsible for arranging patient placement in coordination with the nursing units and the department's staffing plans, and ensures an RN is immediately available for the provision of bedside care. The Hospital Supervisor also maintains a continuous understanding of each patient in the hospital, focusing on potential issues and adverse situations in regards to patient status and discharge plans, and can help in communicating with physicians/providers when warranted. Hospital Supervisors aid in interdisciplinary collaboration and direct/manage resource, float, and agency staff. The Hospital Supervisor provides oversight of the facility and maintains the flow of nursing and non-nursing areas on nights, weekends, and holidays, or when the Director/Unit/Department Managers/Supervisor is unavailable and consults with the Chief Nurse Executive and/or the Administrator on call as needed.

Administrative hierarchy is as such: Chief Nursing Officer, Directors, Managers, Hospital Supervisors, and clinical/non-clinical staff consisting of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Emergency Department Technicians, Patient Safety Assistants, Unit Secretaries, and other clinical technical staff.

Hours of Operation

The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. Whenever the nurse executive is not available in person or by phone, the nurse executive designates in writing a specific registered nurse or nurses, licensed to practice in Oregon, to be available in person or by phone to direct the functions and activities of the nursing services department.

Supervision of patient care functions is provided by the Directors, Unit/department Managers, and Hospital Supervisors 24 hours a day, 7 days a week.

Staffing

Employees in nursing are licensed RNs, LPNs, CNAs, and unlicensed support personnel.

The Chief Nurse Executive, Directors, Unit/Department Managers, Hospital Supervisors, Charge Nurses, and the Staffing Specialists collaborate to most appropriately utilize available resources. Staffing levels are determined using individual unit acuity and intensity staffing tools and the unit's staffing plan. The hospital helps maintain and support the staffing committee per state law/regulatory agencies to ensure collaboration. All collaborate to ensure that safe patient care is provided and that an RN is available for the provision of bedside care of any patient at all times.

Qualifications of Staff

The nurse executive possesses a postgraduate degree in nursing or a related field and is qualified through advanced education, management experience, and ongoing leadership education.

Directors possess a Master of Science in Nursing (MSN) or Bachelor of Science in Nursing (BSN) degree and the knowledge and skills associated with leadership.

Unit Managers possess a BSN or Associate Degree in Nursing (AND) and the knowledge and skills associated with leadership and unit competency.

Hospital Supervisors possess at least an Associate Degree in Nursing, additional certifications as required by the job description, and individual job-related competencies.

RN, LPN, CNA, Unit Secretary, and unlicensed support personnel competencies are determined on an individual unit basis. (See individual units' Scope of Services and Staffing Plans.)

Integration within the Organization

The Nursing Administration Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedures
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Nutrition Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description
To provide guidelines for the Registered Dietitian's Scope of Practice at Bay Area Hospital.

Hours of Operation
Nutrition Services is available Monday through Saturday, 0830-1700.

Staffing
The Manager of the food and nutrition department is responsible for the overall operation of the department. The clinical dietitian supervisor is responsible for clinical activities and communicating patient and clinical needs throughout the department/Patient Care Services. The manager of Food and Nutrition Services reports to the Chief Financial Officer.

Registered Dietitians (RDs) are scheduled 6 days per week for inpatient services. Registered Dietitians are scheduled for outpatient services based on Medical Nutrition Therapy referrals and outpatient program requests. A Registered Dietitian is required to participate in the Certified Diabetes Self-Management Training Program.

Qualifications of Staff
Registered Dietitian/Registered Dietitian Nutritionist: Dietitians must maintain their registration and complete continuing education units yearly. 75 CEUs are required within 5 years to maintain national registration. A dietitian must maintain their Oregon state license.

Therapeutic Diet Orders:

- Any diet order changes that an RD writes require a physician's co-signature
- RD may not initiate or advance the diet order
- RDs may not advance or downgrade diet texture or liquid consistency.
- RDs may modify or liberalize diet restriction if the patient's oral intake is < 50% of caloric need for 4 days (in-house) or greater (i.e., low sodium to Regular)

Enteral Nutrition: A Registered Dietitian may write/modify the enteral order after receiving “Diet Consult for tube feeding”. RD will determine needs based on ASPEN guidelines/ AND manual guidelines/ Enteral policy FN_0059, PCS_0514. Physician co-signature is required.

Total Parenteral Nutrition (TPN): RDs will write the TPN order in collaboration with the clinical pharmacist. The RD will be responsible for determining Dextrose, Amino Acid, and Lipid amounts. The RD will collaborate with the pharmacist to determine the TPN fluid volume (goal rate) and additional vitamin and mineral supplementation. Recommendation will be made using ASPEN guidelines/AND manual/ TPN policy FN_0059, Pharm _0308

Nutritional Supplements
Oral nutritional supplements are medical foods that are used to complement or meet patients’ dietary needs.

Calorie Counts
The Registered Dietitian may order a calorie count: Calorie counts are documented for a total of 3 days.

Integration with the Organization
The Nutrition Services Department integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Bay Area Orthopedic Clinic Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Bay Area Orthopedic Clinic is an outpatient department that provides services to patients under the care of a Bay Area Orthopedic Surgeon. It includes, but is not limited to, pre-operative appointments, post-operative appointments, and care managed entirely as an outpatient.

Hours of Operation

The Bay Area Orthopedic Clinic is open Monday through Thursday from 0800-1630.

Staffing

The clinic staff includes medical assistants, a nurse navigator, Physician Assistants (PAs), an Orthopedic Surgeon, and an Orthopedic Service Line Manager. Minimum staffing is one provider, a Surgeon or PA, and one other employee.

Qualifications of Staff

The department is staffed with appropriately qualified personnel. The specific qualifications and competency requirements are outlined in staff job descriptions. The reader is referred to these documents for further information.

Integration with the Organization

The Bay Area Orthopedic Clinic integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary patient care
- Participation in multi-disciplinary committees and work groups

Outpatient Infusion Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Infusion Services is designed to meet the needs of the ambulatory outpatient requiring administration of intravenous antibiotics, administration of chemotherapeutic drugs and biotherapies, blood and blood products, hematopoietic stimulation and therapeutic phlebotomy, and supportive therapies. Infusion nurses manage all types of central lines and provide bladder irrigation for the treatment of bladder cancer.

Hours of Operation

Infusion Services is open 7 days per week. Monday-Friday 0800-1730. Weekend and holiday hours are 0800-1200, depending on patient need.

Staffing

The daily and ongoing staffing will be determined by the current approved nurse staffing plan.

Qualifications of Staff

The Outpatient Infusion staff maintains core competencies, certifications, and licensure based upon job descriptions.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

We believe in service excellence. Quality improvement issues are identified by any member of the patient care team, who is also encouraged to be a part of the solution. Our aim is safe, effective, patient-centered, timely, efficient, and equitable service.

Patient Access-Admissions-Communications
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Patient Access Department is a vital component of the Revenue Cycle, delivering essential front-line services to patients, providers, employees, and the public. Serving as the initial point of contact, the department is responsible for a broad range of administrative and patient-facing activities. These include welcoming and directing visitors, managing patient registration and admissions, verifying insurance, updating demographic and billing information, securing necessary consents, collecting payments, and supporting financial assistance processes.

Additionally, the department is responsible for managing the hospital's computerized switchboard console, conducting overhead paging, and monitoring/responding to the security computer system. Patient Access ensures patients receive important documentation such as the Conditions of Services Rendered, Notice of Privacy Practices, and Patient Rights and Responsibilities.

Hours of Operation

- Emergency Department Registration and Switchboard Operations:
  Operate 24 hours a day, 7 days a week, located across from the Emergency Department lobby on the 3rd floor
- Other Patient Access Areas *(Main Admitting, Radiology Registration, Women's Imaging Center)* have operational hours that vary based on organizational needs and patient volume
- Customer Service Desk is open Monday–Friday, from 0730-1630 (excluding holidays)

Staffing

Staffing levels within the Patient Access Department are determined through analysis of historical and projected volumes. The department maintains a team of cross-trained professionals competent in various departmental functions. Staffing is flexibly adjusted based on time of day, day of the week, and anticipated patient volumes.

Key points:

- All staff complete formal training and must demonstrate role-specific competencies.
- Continuous education and annual competency evaluations are required
- Switchboard and Emergency Registration areas are always staffed to ensure uninterrupted service

Staff Qualifications

All personnel meet the qualifications outlined in their official job descriptions. Core competency areas include:

- Confidentiality
- Regulatory Compliance
- Workplace Safety

Staff competency is assessed annually, with documentation maintained in Human Resources. New employees follow a structured orientation and training process, and refresher education is provided as needed throughout the year.

Organizational Integration

The Patient Access Department integrates its operations and goals with the broader hospital system through:

- Alignment with organization-wide policies and procedures
- Active participation in interdisciplinary and cross-functional teams
- Representation on committees focused on both clinical and non-clinical improvement.
- Ongoing efforts to streamline processes and enhance the patient and provider experience

Peri Anesthesia Surgical Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Peri Anesthesia Department is made up of multiple areas that service patient needs preoperatively and postoperatively: Pre-Operative Clinic (POC), Pre-Operative Area, Post Anesthesia Care Unit (PACU). All staff are required to comply with the applicable scope of practice per the Oregon State Board of Nursing, Bay Area Hospital policy and procedure, and Bay Area Hospital Behavioral Standards.

Staffing and Qualifications

Registered Nurses (RN) and unlicensed professionals (ULPs) who maintain core competencies, certificates, and/or licensures comprise the Peri-Anesthesia staffing model. The Peri Anesthesia RN will function as a caregiver in all phases of peri-anesthesia care, including pre-operative clinic, pre-operative, PACU Phase 1, and PACU Phase II. This department supports all age ranges.

All staff will support the organization's mission, vision, and values by adhering to the behavioral standards of Bay Area Hospital. In addition, they will comply with all laws and regulations affecting Bay Area Hospital. This includes being familiar with and adhering to the Code of Conduct and supporting the Bay Area Hospital Compliance Program. Effective communication skills, along with the ability to collaborate effectively with people from various backgrounds, are critical skills required for this department.

Hours of Operation

Surgical Services operates 24hours a day, 7 days a week, 365 days a year. Peak hours are Monday through Friday, 0530-1900. To support off-peak hours, regular and call hours are utilized.

The Pre-Anesthesia Clinic (PAC) consists of nurses and unlicensed professionals who facilitate presurgical/preprocedural preparation and optimization. This includes patient interview, coordination of ordered documentation and tests, and communication with all stakeholders, including patients, providers, and collaborative caregivers.

The Preoperative/Short Stay Area consists of nurses and unlicensed professionals who facilitate presurgical/preprocedural preparation. This includes patient interview, coordination of ordered documentation and tests, and communication with all stakeholders, including patients, providers, and collaborative caregivers. This department also supports complete care of the endoscopy patient and serves as a secondary location for Phase II recovery and discharge.

The Recovery/Post Anesthesia Care Unit (PACU) consists of nurses and unlicensed professionals who facilitate all phases of post-anesthesia/post-procedural care and support anesthesia providers in the placement of presurgical/preprocedural blocks as defined by the American Society of Peri-Anesthesia Nurses (ASPAN) guidelines. This department serves as a secondary location to support presurgical patient care.

Pharmacy
SCOPE OF SERVICE
Fiscal Year 2025 - 2026

Description

The department of pharmacy services is located in a secure area on the first floor of Bay Area Hospital. The department operates on a 24-hour per day, 7 days a week schedule. The department staffing provides the facility with pharmacy services at all times. The Pharmacy Department provides for all inpatient, bedded outpatient, and infusion centers through a scope of clinical pharmaceutical services to achieve optimal medication use and patient outcomes in a collaborative, patient-focused environment while assuring safe, accurate, convenient, and economical pharmaceutical services.

The mission of the Pharmacy Department parallels the ultimate mission of Bay Area Hospital: to improve the health of the community every day. As a support and clinical service of the hospital, our primary existence and function are based on our dedication and concern for patient care. Pharmacy staff will perform with the highest regard for our patients by providing and ensuring the most effective and safest drug therapy possible.

Hours of Operation

The department is operational on a 24-hour basis and is divided into the following areas:

- Centralized drug distribution and storage with support for automated drug dispensing equipment in decentralized locations
- Compounding of sterile and non-sterile products, including hazardous drug products
- Clinical Support Services, including a decentralized pharmacist presence and response to medical emergencies
- Emergency after-hours dispensing for patients discharging from the hospital
- Outpatient Infusion Center
- Bay Area Cancer Center
- Administrative and support personnel services

Staffing

The Director of Pharmacy is responsible for the overall operations of the department to ensure that organizational and strategic goals are met. The Clinical Supervisor is responsible for supervising and coordinating the provision of clinical services to assure safe and effective drug therapy management with optimal patient outcomes. The Operations Supervisor is responsible for the oversight of operations and is the direct report for pharmacists and technicians. The Director and pharmacy team will determine goals on an annual basis and evaluate the effectiveness of strategies to meet those goals. The Director reports to the Chief Operating Officer, who reports to the Chief Executive Officer and the District Board of Directors.

The Pharmacy Department maintains a staff with the appropriate expertise, dependent on the functions required. All staff will maintain core competencies as defined by the department on an annual basis. The current set of competencies can be found on the department's shared drive. An employee file is located in Human Resources detailing verification of these expectations. The department performs all medication dispensing duties for all areas in the hospital. At a minimum, the department has on staff a pharmacist 24 hours a day.

Qualifications of Staff

The pharmacy team is comprised of pharmacists, pharmacy technicians, and interns registered by the Oregon Board of Pharmacy.

Through various assignments within the department, pharmacists provide support for centralized and decentralized services to deliver optimal medication therapy to patients with a broad range of disease states. Clinical pharmacists work in collaboration within multidisciplinary care teams to monitor, assess, and provide clinical interventions to ensure medication use is aligned with patient care needs, evidence-based practices, established policies and protocols, and regulatory standards.

Integration with the Organization

The Director of Pharmacy is responsible for the development of the monthly quality assurance analysis and for the review of data to determine the existence of unfavorable trends. If unfavorable trends are revealed, an action plan will outline specific corrective action, and a reassessment will be developed for the trend. To identify important aspects of care, the pharmacy will use measurable indicators to take action to improve care or solve problems, and evaluate the effectiveness of those actions.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)
- Antimicrobial Stewardship Program
- Drug information and clinical pharmacist consultation services
- Pharmacy Collaborative Drug Therapy Management Agreements and Clinical Protocols (i.e., anticoagulation, pharmacokinetics, renal dosing, IV to PO interchange, medication dose rounding, therapeutic interchange, total parenteral nutrition)
- Monitoring of adverse drug events
- Outpatient Infusion and Oncology services
- Department and medication storage area inspections
- Sterile and non-sterile compounding admixture assurance
- Automated dispensing management
- Controlled substance accountability

Post-Surgical Unit
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Post-Surgical Unit is a 30-bed unit that may also include overflow medical patients. It is located on the third floor of Bay Area Hospital.

Services provided are varied and include, but are not limited to:

- Pre and postoperative care
- Wound care, including wound vacuum-assisted closure devices
- Ostomy care
- Acute illness care
- Remote telemetry care
- IV infusion therapy
- Parenteral nutrition
- Palliative/end-of-life care
- Medication administration
- Patient/family education
- Psychosocial care and support
- Coordination of patient care and collaboration with support services
- Assistance with activities of daily living (ADLs) - this includes bathing and hygiene, dressing, linen changes, ambulation, toileting, and Hour of Sleep (HS) care.
- Bariatric patient care
- Respiratory care
- Pain Management
- Nutritional Support
- Discharge Planning

Hours of Operation

The Post-Surgical Unit is open and staffed 24 hours/7 days a week.

Staffing

This unit is staffed 24 hours a day, 7 days per week, and daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description and nurse staffing plan, if applicable.

Integration with the Organization

The Post-Surgical Unit integrates its care and services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Prefontaine Clinic
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Bay Area Hospital's (BAH) Prefontaine Cardiology Clinic is located on the first floor. The ambulatory clinic provides outpatient clinical services, EKG, Holter Monitor placements, Pacemaker, and other Implantable Device clinic services to the adult population with cardiac needs.

Hours of Operation

The Prefontaine ambulatory care clinic is staffed Monday through Friday with current hours of operation from 0800–1630, closed for lunch 1200–1300. The clinic is closed on BAH's observed holidays.

Staffing

The clinic is staffed with Practitioners (physicians and advanced practice professionals), a clinic manager, a charge RN, unit support, registered nurses, medical assistants, and office support staff.

Qualifications of Staff

Staff qualifications are defined by job descriptions. Provider qualifications are defined by the medical staff credentialing process.

Integration with the Organization

The Prefontaine Clinic is in professional collaboration with departments within the organization to provide safe and quality care to patients and in collaboration with referring providers outside of the organization. Ongoing performance improvement and quality assurance projects are done to ensure excellence in patient care. Performance and quality assurance include, but are not limited to:

- Evaluation of the effectiveness of policies and procedures
- Test result promptness and accuracy
- Examination of the adequacy and competency of staff
- Ongoing safety monitoring
- Communications monitoring
- Hospital intradepartmental relations and functions, and clinic relations external to Bay Area Hospital and Prefontaine Clinic

There is also a unit-based practice council that works towards additional improvement to the work environment.

Quality Division
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Quality Division comprises the oversight of Quality and Performance Improvement, Infection Control, Emergency Management, and accreditation.

The Quality Division supports the staff and Medical Staff in the delivery of high-quality, reliable, and safe patient care. The department is responsible for the measuring, monitoring, and analysis of data surrounding services offered as well as continual quality improvement.

The Scope of the Quality Division's oversight is organized around the following key areas:

- Health Data abstraction, reporting, submission
  - Public reporting (CMS, The Joint Commission)
  - Data Governance
  - Specialty Registries
  - Benchmarking
- Performance and Process Improvement
  - Robust Process Improvement capability
- Hospital and Program Regulatory and Accreditation
  - Joint Commission
  - Trauma Program
  - Chest Pain Center
  - Cancer Services Accreditation
  - Bariatric Center
  - Other Specialty Accreditations
- Quality Review and Accountability
  - Quality Strategy and Oversight
  - Infection Control Program
- Patient Safety
  - Improvement and reliability in the prevention of Hospital-Acquired Conditions

Hours of Operation

The Quality Division is staffed 5 days a week during business hours, and as needed to meet organizational Quality and Performance Improvement needs.

Staffing

The Quality Division staff includes:

- Chief Quality Officer 1.0 FTE
- Risk Manager 1.0 FTE
- Quality Data Analyst 1.0 FTE
- Clinical PI Coordinator 1.0 FTE
- Accreditation Manager 1.0 FTE
- Trauma Coordinator 1.0 FTE
- Chest Pain Center Coordinator 1.0 FTE
- Emergency Preparedness Coordinator 1.0 FTE

- Infection Preventionist 1.0 FTE
- Policy Management Specialist 1.0 FTE
- Administrative Support 1.0 FTE

Qualifications of Staff

The department is staffed with appropriately qualified personnel. The specific qualifications and competency requirements are outlined in staff job descriptions. The reader is referred to these documents for further information.

Integration with the Organization

The Quality Division integrates its services with the overall organization in the following ways:

- Overall Quality/PI strategy and work plan
- Staff the Board Quality Committee
- Support Medical Staff committees in monitoring, analysis, and improvement strategies
- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Facilitating and participating in multi-disciplinary committees and work groups
- Proactive risk assessment and mitigation
- Organization-wide processes improvement work

Radiation Therapy Center
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description
The Bay Area Cancer Center Radiation Therapy Department provides quality, state-of-the-art Radiation Therapy Services to our local and extended community.

Hours of Operation
The Radiation Therapy Center at Bay Area Cancer Center is open Monday through Friday, 0800-1630, excluding holidays. The center is closed on weekends.

Staffing
Staffing consists of Radiation Oncologists, Radiation Oncology Supervisor, Radiation Therapists, Dosimetrists, Physicists, Registered Nurses, Medical Assistants, and Secretary/Receptionists. An RN may or may not be required in the department. Depending on procedures performed, an RN would be present with a Provider, if clinically indicated.

Qualifications of Staff
The Radiation Therapy Department staff maintains core competencies, certifications, and licensure based on the job descriptions.

Integration with the Organization
We work closely with the Bay Area Cancer Center Medical Oncology department to give our patients the most comprehensive cancer treatment available. We work closely with the Imaging department for diagnostic radiographs, Positron Emission Tomography (PET) scans, Magnetic Resonance Imaging (MRIs), and Computed Tomography (CT) scans.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups

Radiology and Medical Imaging Center
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Radiology and Medical Imaging is located on the third floor of Bay Area Hospital. The Radiology & Medical Imaging Department provides services to inpatients and outpatients and is licensed by various organizations, including the state of Oregon.

The Medical Imaging Department provides a wide range of diagnostic and therapeutic radiologic services. The various modalities include:

- Radiology
- Stereotactic Breast Biopsy
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Mammography
- Nuclear Medicine / Positron Emission Tomography (PET)

Radiology and Medical Imaging procedures and service levels are adequate for physicians to diagnose, treat, and monitor their patients. Physician/Provider orders will have appropriate history information. Images are read by board-certified Radiologists. Quality control is performed to ensure correct ionizing radiation exposure to the patient. Patient and family education is provided and is customized to age-specific criteria. All services are performed based on the order from the physician or practitioner authorized by law to order the procedure. All inpatient exams are received through the computer. Outpatient exams are phoned in by the physician/physician's office, and the physician/provider order is received by fax, courier, or presented by the patient on their scheduled exam day.

Hours of Operation

The Radiology and Medical Imaging Department is staffed 24 hours per day, 7 days a week.

Staffing

The Radiology and Medical Imaging Center is staffed with Radiology Technologists, Ultra Sonographers, Nuclear Medicine Technologists, Radiologists, Registered Nurses, and support staff. Staffing in Radiology and Medical Imaging is determined based on the needs of the Department and community. Medical Imaging maintains staff with appropriate expertise as required by the modality they are assigned. Staffing in Medical Imaging is based on the number of projected procedures, with adequate support staff available in the event of unexpected emergencies. An RN may or may not be required in the department. Depending on procedures performed, an RN would be present with a Provider, if clinically indicated.

Qualifications of Staff

The Radiology and Medical Imaging Center staff maintains core competencies, certifications, and licensure based on the job descriptions.

Integration with the Organization

Imaging Services integrates its service line, offering both inpatient and outpatient services. Imaging Services' performance improvement measures are tightly integrated with patient and physician satisfaction metrics.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary planning processes
- Participation in multi-disciplinary committees and work groups
- Evaluates the effectiveness of the department's policy and procedures.
- Assures accuracy and promptness of test results.
- Examines the adequacy and competency of Medical Imaging staff.
- Safety monitoring to ensure necessary precautions are taken so Radiology and Medical Imaging Services are provided safely and that they are consistent with Occupational Safety and Health Administration (OSHA) and accrediting body standards.
- Monitors communication problems and complaints.
- Integrates department function with related departments and services of the hospital.

Rehabilitation Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Rehabilitation Services provides inpatient services to patients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from surgery, injury, disease, or other causes. Physical and Occupational Therapy focus on the improvement of strength, endurance, flexibility, motor control, and stability to support the return to normal functional activities. Speech and Language Therapy focuses on communication skills and swallowing dysfunction. Outpatient Speech therapy for cancer patients needing lymphedema therapy is available and scheduled on Tuesdays.

Hours of Operation

Rehabilitation Services provides inpatient care 7 days per week from 0700-1730.

Staffing

Rehabilitation services are provided to Bay Area Hospital by persons licensed by the State of Oregon as Licensed Physical Therapists, Physical Therapy Assistants, Occupational Therapists, or Speech Language Pathologists.

Non-licensed personnel/ Physical Therapy (PT) aides and secretary will provide ancillary department duties under the direction of the manager or licensed therapist, or licensed assistant.

Qualifications of Staff

The Rehabilitation Service staff maintains core competencies, certifications, and licensure based on job descriptions.

Integration with the Organization

We believe in service excellence. Quality improvement issues are identified by any member of the patient care team who is encouraged to be a part of the solution. Our aim is safe, effective, patient-centered, timely, efficient, and equitable service.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary care planning processes
- Participation in multi-disciplinary committees and work groups

Respiratory Care and Sleep Lab
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Respiratory Care department supplies both inpatient and outpatient pulmonary services, as well as serving the entire Southern Oregon Coast with the only American Academy of Sleep Medicine (AASM) accredited sleep lab.

Respiratory Care is a life-enhancing and oftentimes lifesaving health care profession, practiced in coordination with other medical professionals, under qualified medical direction. Services related to the maintenance and/or restoration of proper pulmonary functions are provided to patients with a wide variety of illnesses and conditions.

Respiratory Therapists work throughout the hospital with everyone from infants to adults, and the services supplied are varied. Respiratory therapists provide services that include, but are not limited to, both inpatient and outpatient procedures, studies, and tests. Procedures can range from the aerosolized delivery of medications, Oxygen therapy, or therapeutic humidity, education about breathing retraining and exercises, to providing CPAP/BIPAP support and chest percussive therapy. Respiratory Therapists also initiate and provide life-supporting measures with the management of mechanical ventilation, regulated by the drawing and interpretation of arterial blood gases. Inpatient studies/testing provided and performed by the Respiratory Care department include overnight pulse oximetry for the qualification of sleep studies, Electrocardiograms (EKG), Electroencephalograms (EEG), and Micro Loop bedside spirometry.

Hours of Operation

The Respiratory Care department is open and staffed 365 days of the year/24 hours a day for inpatient services. Outpatient services such as Pulmonary Function Tests (PFTs) and EEGs are available by appointment, and our Sleep Lab provides both in-house and take-home sleep studies, which are available for scheduling by the Respiratory Care department secretaries.

Staffing

The Respiratory Care department and Sleep Lab are staffed by Registered and Certified Respiratory Therapists, Registered Polysomnographic Technologists, and secretary/EKG/EEG Technicians.

Qualifications of Staff

The Respiratory Care department and Sleep Lab staff keep core competencies current, as well as all certifications and licensures up to date based on job descriptions.

Integration with the Organization

We believe, as a department, in service excellence. Quality improvement issues may be identified by any member of the patient care team, who are then encouraged to be a part of the solution. Our goal is a safe, effective, patient-centric experience with prompt, efficient, and fair service.

- Adherence to organization-wide policy and procedures
- Participation in multi- and interdisciplinary care planning processes and procedures
- Participation in multi-disciplinary committees and work groups

Security Department
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Security Department provides Security services for Bay Area Hospital (BAH) 24 hours per day/7 days per week. The Security Office is located on the third floor of the hospital, across from the Emergency Department (ED) Registration Desk in the ED Lobby. Needs are assessed using a variety of data sources, including the daily log, electronic incident report system, emails, and quarterly reports to the Safety/Environment of Care (EOC) Committee and to Security Leadership. Also considered are the approved departmental budget, expense, and productivity data; employee and patient satisfaction surveys and other safety statistics; information from the Department of Homeland Security and FBI, Coos County Emergency Response Team, local police agencies, and other relevant information.

Services include, but are not limited to:

- Patrolling parking lots and access roads, and conducting door checks of the buildings located on the BAH Main Campus
- Patrolling parking lots/access roads and conducting door checks of the off-campus BAH-owned facilities
- Conducting internal rounds/door checks of BAH while ensuring proper doors are locked at appropriate times, and ensuring restricted areas are unoccupied
- Ensuring burglar alarm systems are armed and responding to burglar alarms at off-site facilities, and other calls for assistance at off-site locations
- Responding to emergency codes – i.e., Code Gray, Code Amber, Code Blue, Code Silver/Active Shooter/Armed Intruder, etc.
- Responding to and assisting with calls for assistance
- Monitoring the Security Access System (aka. Pinnacle System)
- Assigning badge access levels and issuing staff ID badges that HR has printed
- Monitoring visitors during all hours via security camera surveillance
- Weapons screening via hand-held metal detector for patients coming into the ED who meet criteria for potential for violence, self-harm, etc.
- Orienting and assisting “Forensic Staff” who are safeguarding in-custody/inmate patients in the hospital
- Screening for and enforcing the Pet Visitation Policy and Service Animals
- Enforcing parking and smoking policies
- Monitoring Security Cameras and conducting camera reviews upon request
- Performing high-risk patient standby duties when requested by the Emergency Department and when VIRT clients enter our facility
- Performing standby duties in Family Birth Center and Pediatrics Unit upon request or when DHS is onsite to ensure Infant Security measures are maintained
- Responding to calls for Security assistance and standing by when necessary in all areas of the hospital
- Providing traffic control during helicopter landings and departures
- Issuing work orders for all system components that are damaged or failing
- Conducting monthly Preventive Maintenance (PM) for identifying defective parking lot lighting

- Responding to Panic Alarms, both inside BAH and at off-site facilities
- Providing escorts for patients, visitors, and staff
- Posting signage, Security entrances, and maintaining Security presence when threats have been called into BAH
- Responding to requests to open locked offices for authorized individuals, and managing high-security keys
- Maintaining documents, records, logs, and incident reports (Quantros), recording all Security-related activities

Hours of Operation

The Security Department provides Security services for Bay Area Hospital 24 hours per day/7 days per week.

Staffing

Under the direction of the Chief Executive Officer (CEO), the Chief Operating Officer (COO) serves as the administrative oversight of the Security Department. The Security Manager serves as the day-to-day direct supervisor. Chain of command - Security Officer, Security Lead Officer, Security Manager, COO, CEO. Problems and concerns are referred to the Security Manager, and when necessary, to the COO. Staffing is maintained on a 24/7 basis with three or four Security Officers on duty at all times. 3 Officer staffing is preferred to maintain safe staffing levels and is the minimum safe staffing level submitted to the state. Additional officers may be called into work during times when on-duty officers are unable to perform all requests for services due to excessive call load and/or other incidents as they arise – i.e., multiple VIRT clients. Officers are trained in all aspects of the Security function so that any officer can work on their own and cover the essential functions of the job. In the event of an unexpected absence, the on-duty officer(s) or manager will call in another staff member. If no staff members are available, the Security Manager will fill in.

Qualifications of Staff

The Security Department maintains staff with the appropriate expertise as required by the job description. Competencies, knowledge, and experience requirements are included in the job description for each position. All security officers are required to be certified as Unarmed Private Security Professionals by the Oregon Department of Public Safety Standards and Training (DPSST). In addition, the Security Manager is licensed by DPSST as an Unarmed Private Security Professional and is licensed as an Executive Manager. And, Bay Area Hospital is certified through DPSST as a Private Security Entity (PSE). The Security Manager has the responsibility for ensuring that BAH is compliant as a PSE.

At least one officer is certified as an Unarmed Private Security Professional Instructor, and ensures all officers are recertified every 2 years as required by Oregon Revised Statutes (ORS), as well as providing the essentials course to all newly hired officers who aren't already certified upon hire. All new officers must complete a new employee competency orientation checklist. Additional competencies, as defined by the department, are listed in the HealthStream Education Tracking Program, and documentation of their completion is also maintained in HealthStream.

Integration with the Organization

Security Department integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

Security services are provided both within BAH facilities and on the campus grounds, at Bay Area Cancer Center (BACC), as well as at three satellite facilities, Women's Imaging Center, Pre-Anesthesia Clinic, and the Kids' HOPE Center.

Spiritual Care Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The purpose of the Spiritual Care Services is to care for the Spiritual care needs of our patients, their families, and our health care team. This department recruits, onboards, and manages the Volunteer Chaplains of Bay Area Hospital. The support of the patients and families is conducted by the Spiritual Care Coordinator and the Volunteer Chaplains through the on-call schedule. An up-to-date schedule is available on the WAVE main page under resources. Spiritual care consults can be made in Epic by the care team. The support of staff is fulfilled through four layers of support: the Peer Support Team, Spiritual Care, the Code Lavender Cart, and our Pet Therapy program. These teams are recruited, onboarded, and managed by Spiritual Care.

Hours of Operation

The Spiritual Care office is open Monday through Thursday, 0800 to 1600. The on-call schedule covers our hospital 24/7.

Staffing

Spiritual Care Services is a department within the division of Patient Care Services. The Chaplain Coordinator manages and oversees the teams. The position reports to the Chief Nursing Officer (CNO).

Qualifications of Staff

The Spiritual Care Coordinator has a Master of Divinity and 1600 hours of CPE (4.0 Units Clinical Pastoral Education) training.

Integration with the Organization

The department coordinates Spiritual Care services to any clinical department that requests support, as well as non-clinical departments that need staff support.

Surgical Services – Operating Room
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

We are a full-service Operating Room (OR) and accommodate level three trauma. We specialize in General, Orthopedics, Gynecology, Obstetrics, Ear, Nose, and Throat (ENT), Urology, Dental, and Ophthalmology surgery. We also have a Robotics Program that serves our General, Urology, and Gynecology surgical patients. We serve all age groups. Children under 24 months are consulted by anesthesia before being placed on the schedule.

Hours of Operation

The Operating Room (OR) is open Monday-Friday from 0700-2300. We provide 24/7 coverage for emergency care with call crews. The on-call team responds within 20 minutes for emergency cases outside of regular business hours.

Staffing

The Operating Room is staffed with registered nurses (RN) and Certified Surgical Technologist (CSTs). All surgical cases must have one circulating RN and one Scrub Person (a trained RN or CST may function in this role). The daily and ongoing staffing will be determined by the current nurse staffing plan per the Association of Perioperative Registered Nurses (AORN) Guidelines.

Qualifications of Staff

The staff maintains core competencies, certifications, and licensure as defined in the job description.

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)
- The OR monitors surgical site infections that are reportable and OR efficiencies, such as turnover times, the first case on time starts, block utilization, and surgical cancellations, to name a few. The OR sits on committees such as the Infection Control Committee, Surgery Committee, Peri-Op Committee, Trauma Committee, Bariatric Committee, and has a Unit-Based Practice Council. Being part of these committees allows the OR staff and leadership to integrate with hospital initiatives

Surgical Services – Sterile Processing
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description
We are a full-service sterile processing department and accommodate level three traumas. We specialize in General, Orthopedics, Gynecology, Obstetrics, Ear, Nose, and Throat (ENT), Urology, Dental, and Ophthalmology surgery. We also have a Robotics Program that serves our General, Urology, and Gynecology surgical patients. We serve all age groups.

Hours of Operation
To support the needs of the hospital, the Sterile Processing Department is staffed 24/7 on normal business days. On holidays, there are staff members on call for the entire holiday.

Staffing
While this is a fixed staffing unit surgical case load also determines staffing needs. Most days, we utilize 7-8 certified central services technicians to staff the department. They specialize in decontamination and sterile processing. When the surgical census is low we may staff with fewer.

Staff report to the department manager for daily work assignments and daily workflow needs. When the scope of the issue needs to be elevated, staff and/or managers will seek support from the surgical services director. If further assistance is needed, the Chief Nursing Officer (CNO) would be consulted.

Qualifications of Staff
All staff are certified. If staff are hired without certification, they must obtain with 18 months of hire.

Integration with the Organization
Decontamination and sterile processing follow the manufacturer's instructions for processing instruments. Daily logs are kept on sterilization parameters. The Sterile Processing Department (SPD) leadership sits on committees such as infection control, all surgery committees, peri-op committee, robotics committees, Patient Care Services (PCS) council, survey readiness council, and has a unit-based practice council. Being part of these committees allows the Operating Room (OR) staff and leadership to integrate with hospital initiatives.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)

Surgical Support Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The Surgical Service Line is made up of multiple areas that provide multidisciplinary surgical management of medical conditions and disease processes. The Support Services specialty includes team members who have met requirements to process surgical instrumentation, manage supplies, support providers with endoscopic procedures, clean surgical environments, and assist caregivers with direct patient care.

Hours of Operation

Surgical Services operates 24 hours a day, 7 days a week, 365 days per year. Peak hours occur Monday through Friday between 0530 and 1900. All Surgical Service Departments provide limited staffing for nights and weekends to allow for seamless hospital operations and optimal patient access.

Integration with the Organization

Employees in the **Sterile Processing Department (SPD)** are active participants in BAH initiatives, communications, committees, and incentive programs. **Sterile Processing and Endoscopy Technicians** are unlicensed caregivers responsible for supporting both the Sterile Processing and Endoscopy departments. Their core responsibilities include:

- Performing decontamination, cleaning, high-level disinfection, and sterilization of surgical instruments and endoscopes, by manufacturer guidelines and established sterilization parameters.
- Assembling, preparing, and managing instrument trays and medical equipment for Surgery, Endoscopy, Labor and Delivery, Cath Lab, Emergency Room, Sleep Lab, and other clinical areas.
- Assisting with endoscopic procedures and providing procedural support to providers as needed.
- Participating in supply management and inventory control to ensure the readiness and availability of instruments and equipment.

Technicians in this role are required to obtain and maintain a nationally recognized sterile processing and/or endoscopy-related certification within 18 months of hire.

The **Operating Room Support Technician** job code includes unlicensed caregivers who assist in patient care flow and environmental management. Employees in the support technician role assist with basic patient care, including but not limited to patient positioning under the supervision of a registered nurse or medical doctor, patient transport, transport of blood products and specimens, decontamination and reset of surgical suites and other department areas, and supply management.

Volunteer Services
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

The purpose of the Volunteer Services department is to manage volunteers at Bay Area Hospital. Categories of volunteers include the Bay Area Hospital Auxiliary, Student Volunteers, Volunteer Musicians, Adult Volunteers, Furry Friends, and Chaplains. The Volunteer coordinator serves as liaison to the recruitment, onboarding, and management of the Auxiliary members by the Auxiliary officers. In the case of the other volunteer organization, the recruitment, onboarding, and management are done outside of our organization, and an agreement is put in place for our organization to partner with that sister organization. Volunteers who are not serving under another organization are recruited, onboarded, and trained by Volunteer Services in partnership with various other hospital departments.

Hours of Operation

The Volunteer Services office is open Monday through Thursday, 0800-1600. Volunteers may be scheduled for times outside the official office hours.

Staffing

Volunteer Services is a department within the division of Patient Care Services. The Volunteer Services Coordinator manages and oversees the volunteers. The position reports to the Chief Nursing Officer (CNO).

Qualifications of Staff

Bachelor's degree required. Three years' work experience in recruiting, supervising volunteer or paid workforce, preferably in a healthcare setting.

Integration with the Organization

The department coordinates volunteer services for clinical and non-clinical departments that reasonably request ongoing volunteer support.

Women's Imaging Center
SCOPE OF SERVICE
Fiscal Year 2025-2026

Description

Bay Area Hospital has a "satellite location" to complement its Imaging Services located at 2650 N. 17th St., Coos Bay, OR 97420. The facility is called Bay Area Hospital Women's Imaging Center.

Bay Area Hospital Women's Imaging Center will complement (not replace) existing services offered at Bay Area Hospital. Services offered at Bay Area Hospital Women's Imaging Center include the following:

- **Full Field Digital Mammography** screening - Biopsy services are not provided at the Imaging Center.

- **Ultrasound Services** include abdominal, pelvic, venous/arterial, carotids, and obstetrical exams. Echocardiography and biopsy procedures are not provided at the Women's Imaging Center.

Mammography and Ultrasound procedures and service levels are adequate for physicians to diagnose, treat, and monitor their patients. Physician/Provider orders will have appropriate history information. Images are read by board-certified Radiologists. Quality control is performed to ensure correct ionizing radiation exposure to the patient. Patient and family education is provided and is customized to age-specific criteria. All services are performed based on the order from the physician or practitioner authorized by law to order the procedure. Outpatient exams are phoned in by the physician/physician's office, and the physician/provider order is received by fax, courier, or presented by the patient on their scheduled exam day.

Hours of Operation

Bay Area Hospital Women's Imaging Center's hours of operation are Monday through Friday, 0700-1730.

Staffing

Staffing is based on the number of projected procedures with adequate support staff available.

- Patient Access Specialists are responsible for, but not limited to, pre-authorizations, pre-admissions, scheduling, film digitizing, and patient registration
- Mammography Technologists
- Ultrasonographers

Qualifications of Staff

The Women's Imaging Center staff maintains core competencies, certifications, and licensure based upon the staffing plan and job descriptions.

Integration with the Organization

Bay Area Hospital Women's Imaging Center integrates its service line, offering outpatient services. Bay Area Hospital Women's Imaging Center's performance improvement measures are tightly integrated with patient and physician satisfaction metrics.

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups (both clinical and non-clinical departments)
- Evaluates the effectiveness of the department's policy and procedures
- Assures accuracy and promptness of test results
- Examines the adequacy and competency of Women’s Imaging Center staff
- Safety monitoring to ensure necessary precautions are taken so services are provided safely and that they are consistent with Occupational Safety and Health Administration (OSHA) and accrediting body standards
- Monitors communication problems and complaints
- Integrates department function with related departments and services of the hospital

Wound Care Restorix
SCOPE OF SERVICE
Fiscal Year 2025-2026

SCOPE OF CARE

Department: Bay Area Hospital Wound and Hyperbaric Center
Hours of Operation: Services will be provided Monday–Friday, 0800-1630

SCOPE OF SERVICE

RestorixHealth will work collaboratively with Hospital Administration, the medical center staff, nursing, and hospital ancillary departments to uphold the mission of the Hospital. The Center will respect human dignity and strive to enhance the quality of life by providing comprehensive wound and skin care for all patients within the following scope of services:

- The Center will be responsible for providing safe, effective, and medically necessary wound care and hyperbaric oxygen therapy to outpatients in the facility.
- The Center will primarily serve the community's adult and geriatric population.
- Patients with the following wound types will be clinically evaluated for receiving service in the Center:
    - Pressure
    - Neuropathic
    - Ischemic
    - Venous Stasis
    - Traumatic
    - Surgical
    - Infection; Wound
    - Diabetic
    - Osteomyelitis
    - Peristomal Skin Disorders
    - Vascular disorders
    - Radiation Tissue Damage
    - Chronic; Non-healing

ASPECTS OF SERVICE IMPACTING PATIENT CARE

The Center will provide services to patients with wound and skin disorders on a non-emergency, outpatient basis. The services provided will include:

- Therapeutic Procedures, including, but not limited to:
    - Wound Debridement
    - Compression Therapy
    - Living Skin Equivalent and Dermal Skin Grafting
    - Treatment of Wound, Skin, and Bone Infection
    - Contact Casting and Various Pressure Off-Loading Devices and Techniques
    - Hyperbaric Oxygen Therapy
    - Patient and Family Education
- Diagnostic Testing, including, but not limited to:

- Transcutaneous Oxygen Testing
- Non-Vascular Studies
- Laboratory Testing
- Glucose Monitoring
- Wound Culture and Biopsy
- Ultrasound Studies

PERSONNEL, POLICIES

- The basic requirements for all RNs, LPNs, and Technicians will include:
  - Current State Licensure
  - Current AHA (American Heart Association) BLS certificate
  - Completion of RestorixHealth orientation and competencies
  - Successful completion of hospital orientation
    - Determination of professional clinical competencies will require successful completion of orientation and annual competency assessment programs specific to nursing and ancillary staff as per job description.
    - The process for evaluating clinical/personnel competence will include yearly reviews based on departmental competencies within specific job descriptions.

OUR EMERGENCY RESPONSE

- In the event of an emergent patient situation, we will utilize the rapid Response system to access immediate care for the patient. If necessary, the patient will be transported directly to the hospital ER.
- In the event of an emergent patient situation, we will call a XX code to access immediate assistance through the hospital system. If necessary, the patient will be transported directly to the hospital ER.

RECOGNIZED STANDARDS AND GUIDELINES FOR PRACTICE

The Center staff will assess individual patient care needs on a continuous basis. Written documentation of patient status will be recorded in the medical record. Multidisciplinary panels will meet to discuss and adjust the patient's plan of treatment to meet the patient's current needs.

Standards of Care and Practice will be established with the belief that each patient is entitled to receive quality, individualized care consistent with appropriate legal statutes, Laboratory Licensure Act, and the various institutional polices and practice standards set by affiliated professional organizations. The Center will recognize standards set by the WOCN, UHMS, TJC, HRS, CAP, NFPA, and OSHA.

Executive Summary

Finance Committee Meeting
Held July 22, 2025

Capital Purchase Requests reviewed:

- Threshold:
  - None
- Non-Threshold:
  - None

Discussion Items

- Kelly Morgan, Interim CEO introduced.
- Doug Dickson, Interim CFO identified.
- Ms. Miller noted the presented financials were preliminary results for FY25. The final results will be towards October when the audit is complete.
- Ms. Miller & Ms. Nichols discussed changes to the presumptive charity process (HB3320), aiming to reduce the number of people qualifying for charity care. Significant savings are expected from this change.
- Ms. Miller & Ms. Nichols discussed the recent meeting with the bank and the importance of obtaining a waiver to avoid a qualified audit opinion.
- Ms. Nichols & Ms. Collins provided updates on volume trends, noting an increase in inpatient volumes and challenges in the cancer program due to recruitment issues.

Financial Results:

- See attached Narrative and Financials
  - June 2025 Operating loss was $2.4 Million vs a budgeted gain of $115 Thousand
    - Year to date loss of $ 23.4 Million vs budget profit of $1.5 Million
  - June 2025 Overall Loss at $2.6 Million vs a budget gain of $25 Thousand
    - Year to date loss of $24 Million vs a budget gain of $440 Thousand
  - June 2025 Operating EBIDA – $1.7 Million Loss
    - Year to date EBIDA is $13.2 Million Loss
  - June 2025 Cash/Cash equivalents and Board Designated Fund is $41.9 Million (required level for the bank is $45 Million)
  - Days cash on hand is 62 Days (required level for the bank is 70 Days)
  - Did not meet Income available for Debt Service level.

Executive Summary:

- None

Next meeting: August 26, 2025, at 5:15 p.m.

Bay Area Hospital

Month End Financial Narrative
For month ending June 30, 2025

Overall, Bay Area Hospital reported a loss of $2.6M in June, against budgeted gain of $25K. June Gross Revenue was $59.1M and Net Revenue ended the month at $18.2M, with a Net to Gross Revenue Margin of 30.8%.

Bay Area Hospital
Consolidated Income Statement - June 2025

in '000	Month To Date					Year To Date				
	Actual	*Budget*	*Variance*	*Prior Year*	*Variance*	*Actual*	*Budget*	*Variance*	*Prior Year*	*Variance*
Gross Patient Revenue	**59,124**	**62,449**	**(3,324)**	**57,662**	**1,462**	**739,722**	**761,981**	**(22,260)**	**714,209**	**25,512**
Total Deductions	41,297	40,894	(403)	37,080	(4,216)	504,185	498,920	(5,265)	473,825	(30,360)
Net Healthcare Revenue	**17,827**	**21,555**	**(3,727)**	**20,582**	**(2,755)**	**235,536**	**263,061**	**(27,525)**	**240,384**	**(4,848)**
Other Oper Revenue	358	273	85	596	(238)	4,640	3,273	1,367	3,616	1,023
Total Net Revenue	**18,186**	**21,827**	**(3,642)**	**21,178**	**(2,992)**	**240,176**	**266,334**	**(26,158)**	**244,000**	**(3,824)**
Salaries/ Wages & Benefits	9,733	10,102	369	10,901	1,169	124,566	122,655	(1,912)	113,878	(10,689)
Contract Labor	1,817	1,362	(455)	1,883	66	20,866	18,269	(2,597)	23,795	2,928
Depreciation	744	950	206	1,204	460	101,998	114,383	12,385	11,683	1,484
Other Expense	8,341	9,299	958	8,868	527	16,168	9,481	(6,687)	101,389	(6,577)
Total Operating Expenses	**20,634**	**21,712**	**1,079**	**22,856**	**2,222**	**263,598**	**264,788**	**1,190**	**250,745**	**(12,853)**
Net Operating Income	**(2,448)**	**115**	**(2,563)**	**(1,678)**	**(770)**	**(23,422)**	**1,545**	**(24,968)**	**(6,745)**	**(16,677)**
Non Operating Income/(Loss)	(120)	(89)	(30)	1,324	(1,444)	(612)	(1,106)	494	1,767	(2,379)
Net Income	**(2,568)**	**25**	**(2,594)**	**(354)**	**(2,214)**	**(24,034)**	**440**	**(24,474)**	**(4,978)**	**(19,056)**
Net To Gross	30.8%	35.0%	-4.2%	36.7%	-6.0%	32.5%	35.0%	-2.5%	34.2%	-1.7%
Operating EBIDTA	(1,705)	1,065	(2,769)	(474)	(1,230)	(13,222)	12,984	(26,206)	4,939	(18,161)
Operating EBIDTA %	-9.4%	4.9%	-14.3%	-2.2%	-7.1%	-5.5%	4.9%	-10.4%	2.0%	-7.5%
EBIDTA	(1,530)	1,166	(2,696)	970	(2,500)	(11,480)	14,200	(25,679)	9,118	(20,598)
EBIDTA %	-8.4%	5.3%	-13.8%	4.6%	-13.0%	-4.8%	5.3%	-10.1%	3.7%	-8.5%

VOLUMES

Inpatient Discharges & Days

- June inpatient discharges decreased 150 to budget and 166 to prior year. (443 vs 593 vs 609). Patient days are down 520 to budget and 467 to prior year (1,958 vs 2,478 vs 2,425). The average length of stay (ALOS) is 4.42 which is higher than budget of 4.18 and last year's 3.98.
- Year to date (YTD) discharges came in under budget by 673 and below last year by 126 (6,540 vs 7,213 vs 6,666). YTD Patient Days are down to budget 2,774 and prior year 570 (27,378 vs 30,152 vs 27,948). ALOS YTD is 4.19 vs 4.18 budget vs 4.19 in prior year.

ED Visits

- ED visits are up 264 to budget and up 161 to prior year (2,468 vs 2,204 vs 2,307). 15.4% of all ED Visits were admitted in June, compared to 17.4% in prior year.
- Patients leaving without being seen (LWBS) was .53% in June (0.68% in June, 0.56% in April, 0.42 % in March, 0.39% in February).
- YTD visits are 30,406 vs. 26,820 budgeted vs 27,127 prior year.

Operating Room Cases

- MTD were 48 cases below budget and 36 below prior year (282 vs 330 vs 318). Versus prior year, down 16 cases in ENT. Budget included physicians that are no longer in the area.
- YTD surgeries are 504 below budget and 326 below prior year (3,513 vs 4,017 vs 3,839). Primary YTD decrease primarily in Urology down 160 cases.

Bay Area Hospital

Month End Financial Narrative
For month ending June 30, 2025

Cardiac Cath Cases

- In June there were 92 Cath Lab cases vs. budget of 100 vs. prior year of 92.
- 1,266 YTD cases bringing us 15 below our YTD budget of 1,281 vs 25 below our prior year YTD 1,291 cases.

Outpatient Visits

- OP Visits are down 1,054 from budget and up 156 to prior year. (10,479 vs 11,533 vs 10,323). A 3-month run rate reflects a decrease in Cardiology Clinic and Outpatient Infusion.
- YTD is below budget by 5,812 and prior YTD 3,647 (134,507 vs 140,319 vs 138,154).

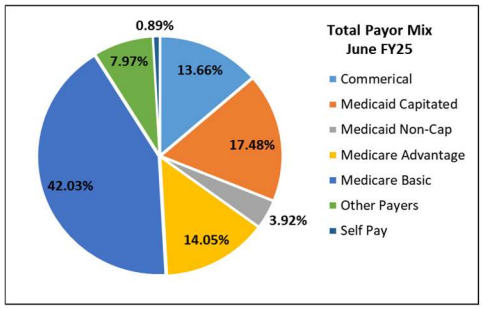
REVENUES

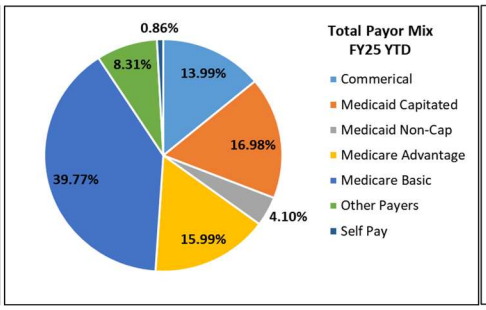
Gross Revenues

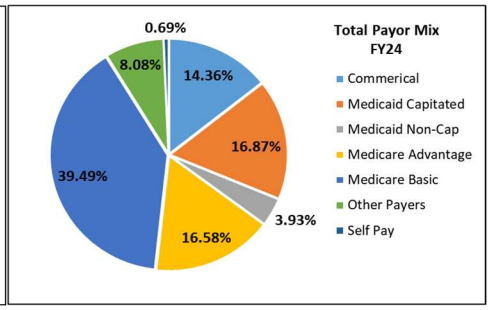
- June Gross Revenue totaled $59.1M, $3.3M decrease to budget and $1.5M higher than prior year.
- Gross Revenue Variance of $3.3M vs budget is driven by unfavorable volume decrease of $6.0M and favorable rate increase of $2.7M.

Deductions from Revenue

- As a %, Deductions from Revenue, increase to budget 69.2% vs. 65.0% (30.8% vs 35.0% revenue realization rates).
- Year over year, Commercial payors incurred the largest decline in Net Healthcare Revenue ($4.2M FY25 vs. FY24) followed by Medicaid ($1.2M) and Medicare Advantage ($1.1M). These declines in healthcare revenue were only minimally offset by increases in all other payors.
- Commercial payor mix continues to trend downward YOY; FY22: 16.40%, FY23: 15.91%, FY24: 14.36%, FY25 YTD: 13.94%.







Other Revenues

- Current month actuals are $358K vs $273K budget vs $596K last year.
- YTD $4.6M actual vs $3.3M budget vs $3.6M last year. Primary increase is due to 340B Pharmacy rebates.

Net Revenues

- Total Net Revenue June is below budget $4M and down to prior year by $3.0M ($18M vs. $22M vs. $21M).
- YTD is below budget by $26M and down from prior year by $3.8M ($240M vs. $266M vs. $244M).

Bay Area Hospital

Month End Financial Narrative
For month ending June 30, 2025

EXPENSES

Salaries

- Salaries are $151K below budget and $200K over prior year ($7.7M vs. $7.9M vs. $7.5M). The overall average hourly rate of $63.01 is over the budgeted rate of $57.24 and is an increase of $7.69 above last years $55.32. PTO usage and pay rate increases are the drivers of the increase.
- Year to date salaries is $4M over budget and $11M over last year ($98M vs $94M vs $87M).

Contract labor

- June is over budget $455K and down to prior year $66K. ($1.8M vs $1.4M vs $1.9M).
- Year to date contract labor is over budget by $2.6M and under prior year by $2.9M, ($21M vs $18M vs $24M).

Benefits

- Overall Benefits expense for the month of June are under budget by $218K, and under prior year by $1.4M ($2.0M actual vs $2.2M budget vs $3.4M last year). As a % of wages benefits were 26.09% this month vs 28.36% budget and 44.99% last year.
- Year to date benefits is under budget by $1.6M and over the prior year by $103K ($26.9M vs $28.5M vs $26.8M). As a % of wages benefits were 27.59% this year vs 30.27% budget and 30.83% prior year.

Physician and Pro-fees

- June physician and professional fees were favorable to budget $147K and prior year $470K.
- YTD is below budget by $1M and below the prior year by $669K.

Supplies

- June supply costs are favorable to budget by $690K, and unfavorable $74K to prior year ($3.3M vs $4.0M vs $3.2M). Reduction in expense primarily driven by decline in volumes.
- Supply Expense as a % of Net Revenues are 18.3% actual, 18.3% budget and 15.5% prior year.
- Year to date, supply costs are $3.5M below budget and $366K below prior year ($44M vs $48M vs $45M). YTD Supply Expense as a % of Net Revenues are 18.8% actual, 18.2% budget and 18.6% prior year.

Purchased Services

- June purchased service costs are $138K below budget and $133K lower than prior year ($2.0M vs $2.1M vs $2.1M).
- Year to date, Purchased Services costs are $1.0M over budget and $7.5M higher than the prior year ($26M vs $25M vs $19M). The largest variance driver for YTD is increase in legal expense and the outsourcing of Revenue Cycle.

Lease/Rentals

- June Leases/Rentals costs are $4K favorable to budget and favorable $4K to prior year ($10.8K vs $14.5K vs $15.1K).
- Year to date, Leases/Rentals costs are over budget $36K and prior year $31K ($217K vs $181K vs $186K).

Bay Area Hospital

Month End Financial Narrative
For month ending June 30, 2025

Depreciation

- Depreciation costs are favorable $206K to budget and $460K favorable to prior year ($744K vs $950K vs $1.2M) due to lower subscription amortization since the Workday contract was only renewed for one year.
- Year to date, Depreciation costs are $1M below budget and prior year ($10.2M vs $11.4M vs $11.7M).

Other Operating expense

- June Other Operating Expenses are unfavorable $21K to budget and $8K over prior year ($1.6M vs $1.6M vs $1.6M).
- Year to date, Other Operating Expenses are $1M below budget and up $82K to prior year ($18M vs $19M vs $18M).

Non-Operating Income and Expense

- June Other Non-Operating Income and Expenses are unfavorable $30K to budget and $1.4M to prior year (-$120K vs -$89K vs $1.3M).
- Year to date, Other Non-Operating Income and Expenses are $494M favorable to budget and $2.4M unfavorable to prior year primarily driven by the accelerated disposal/write off the Workday subscription lease asset of $1.9M in current year (-$612K vs -$1.1M vs $1.8M).

Balance Sheet

- Cash and Cash Equivalents are $9.5M at the end of June and Assets limited to use are $32.4M for an overall cash balance of $41.9M. Overall cash and investments decreased about $1.9M to prior month.
- Days Cash on Hand is 62 days.
- Account Receivable (net) decreased $4.2M from prior month to close at $22.6M for June.
- Current liabilities decreased $4.1M compared to prior month.
- The Current Ratio is 2.62 and Debt to Capitalization is 42.6%.

Bay Area Hospital

Consolidated Income Statement - June 2025

	Month to Date							Year to Date						
	Actual	Budget	Variance	Var %	Prior Year	Variance	Var %	Actual	Budget	Variance	Var %	Prior Year	Variance	Var %
Gross Patient Revenue														
Inpatient Revenue	21,889,108	26,462,585	(4,573,477)	-17.3%	26,403,707	(4,514,600)	-17.1%	302,071,314	323,082,963	(21,011,649)	-6.5%	306,255,773	(4,184,459)	-1.4%
Outpatient Revenue	37,235,073	35,986,027	1,249,046	3.5%	31,258,666	5,976,408	19.1%	437,650,348	438,898,274	(1,247,925)	-0.3%	407,953,482	29,696,866	7.3%
Total Gross Patient Revenue	**59,124,181**	**62,448,612**	**(3,324,431)**	**-5.3%**	**57,662,373**	**1,461,808**	**2.5%**	**739,721,662**	**761,981,236**	**(22,259,575)**	**-2.9%**	**714,209,255**	**25,512,407**	**3.6%**
Deductions	40,344,193	40,144,679	(199,514)	-0.5%	36,387,124	(3,957,068)	-10.9%	494,169,539	489,776,491	(4,393,048)	-0.9%	466,129,937	(28,039,602)	-6.0%
Bad Debt	753,585	249,794	(503,791)	-201.7%	1,134,346	380,761	33.6%	2,549,383	3,047,925	498,542	16.4%	5,484,941	2,935,557	53.5%
Charity	199,108	499,589	300,481	60.1%	(441,071)	(640,179)	145.1%	7,466,368	6,095,850	(1,370,518)	-22.5%	2,210,447	(5,255,921)	-237.8%
Total Deductions	41,296,885	40,894,062	(402,823)	-1.0%	37,080,400	(4,216,486)	-11.4%	504,185,291	498,920,266	(5,265,025)	-1.1%	473,825,325	(30,359,966)	-6.4%
Net Healthcare Revenue	**17,827,296**	**21,554,549**	**(3,727,254)**	**-17.3%**	**20,581,973**	**(2,754,678)**	**-13.4%**	**235,536,371**	**263,060,971**	**(27,524,600)**	**-10.5%**	**240,383,930**	**(4,847,559)**	**-2.0%**
Other Oper Revenue	358,227	272,730	85,497	31.3%	595,942	(237,715)	-39.9%	4,639,633	3,272,761	1,366,872	41.8%	3,616,189	1,023,444	28.3%
Total Net Revenue	**18,185,523**	**21,827,280**	**(3,641,757)**	**-16.7%**	**21,177,916**	**(2,992,393)**	**-14.1%**	**240,176,004**	**266,333,732**	**(26,157,728)**	**-9.8%**	**244,000,119**	**(3,824,114)**	**-1.6%**
Net to Gross Ratio	30.8%	35.0%			36.7%			32.5%	35.0%			34.2%		
Salaries	7,718,741	7,869,769	151,028	1.9%	7,518,598	(200,143)	-2.7%	97,628,547	94,156,779	(3,471,768)	-3.7%	87,043,162	(10,585,385)	-12.2%
Contract Labor	1,816,954	1,361,705	(455,250)	-33.4%	1,883,188	66,234	3.5%	20,866,206	18,269,141	(2,597,064)	-14.2%	23,794,604	2,928,399	12.3%
Benefits	2,013,796	2,232,171	218,375	9.8%	3,382,748	1,368,952	40.5%	26,937,846	28,497,937	1,560,091	5.5%	26,834,637	(103,208)	-0.4%
Physician & Prof Fee	1,454,501	1,601,735	147,234	9.2%	1,924,953	470,451	24.4%	18,695,343	19,729,317	1,033,974	5.2%	19,364,100	668,757	3.5%
Supplies	3,261,502	3,951,070	689,569	17.5%	3,187,838	(73,663)	-2.3%	44,315,287	47,823,992	3,508,705	7.3%	44,680,866	365,579	0.8%
Purchased Services	2,010,074	2,148,234	138,161	6.4%	2,143,506	133,432	6.2%	26,555,842	25,511,974	(1,043,867)	-4.1%	19,039,903	(7,515,938)	-39.5%
Leases/Rentals	10,788	14,487	3,698	25.5%	15,055	4,267	28.3%	217,187	181,080	(36,107)	-19.9%	186,175	(31,013)	-16.7%
Depreciation	743,521	949,795	206,273	21.7%	1,203,660	460,139	38.2%	10,199,789	11,438,338	1,238,549	10.8%	11,683,412	1,483,623	12.7%
Other Oper Expense	1,604,075	1,583,527	(20,548)	-1.3%	1,596,490	(7,585)	-0.5%	18,182,203	19,179,776	997,574	5.2%	18,100,673	(81,530)	-0.5%
Total Operating Expenses	**20,633,952**	**21,712,492**	**1,078,540**	**5.0%**	**22,856,037**	**2,222,085**	**9.7%**	**263,598,249**	**264,788,336**	**1,190,086**	**0.4%**	**250,727,532**	**(12,870,717)**	**-5.1%**
Net Operating Income	**(2,448,430)**	**114,787**	**(2,563,217)**	**-2233.0%**	**(1,678,121)**	**(770,308)**	**45.9%**	**(23,422,245)**	**1,545,396**	**(24,967,642)**	**-1615.6%**	**(6,727,414)**	**(16,694,831)**	**248.2%**
Investment Income	172,596	-	172,596	0.0%	323,120	(150,524)	-46.6%	2,224,152	-	2,224,152	0.0%	1,702,241	521,911	30.7%
Other Nonop Inc(Exp)	2,089	101,319	(99,230)	-97.9%	1,121,502	(1,119,413)	-99.8%	(481,483)	1,215,832	(1,697,314)	-139.6%	2,477,328	(2,958,811)	-119.4%
Interest Expense	(294,464)	(190,810)	(103,654)	54.3%	(120,350)	(174,114)	144.7%	(2,354,563)	(2,321,519)	(33,045)	1.4%	(2,412,568)	58,005	-2.4%
Net Income	**(2,568,209)**	**25,297**	**(2,593,506)**	**-10252.2%**	**(353,849)**	**(2,214,360)**	**625.8%**	**(24,034,139)**	**439,709**	**(24,473,848)**	**-5565.9%**	**(4,960,412)**	**(19,073,727)**	**384.5%**
Contractual %	-69.8%	-65.5%	-4.4%		-64.3%			-68.2%	-65.5%	-2.7%		-66.3%		
Operating Margin	-13.5%	0.5%	-14.0%	-2660.2%	-7.9%	-5.5%		-9.8%	0.6%	-10.3%	-1780.7%	-2.8%	-6.99%	253.7%
Operating EBIDTA	(1,704,908)	1,064,582	(2,769,490)	-260.1%	(474,461)	(1,230,447)	259.3%	(13,222,456)	12,983,735	(26,206,191)	-201.8%	4,955,998	(18,178,454)	-366.8%
Operating EBIDTA %	-9.4%	4.9%	-14.3%	-292.2%	-2.2%	-7.1%		-5.5%	4.9%	-10.4%	-212.9%	2.0%	-7.54%	-371.0%
EBIDTA	(1,530,224)	1,165,901	(2,696,125)	-231.2%	970,161	(2,500,385)	-257.7%	(11,479,787)	14,199,566	(25,679,353)	-180.8%	9,135,568	(20,615,354)	-225.7%
EBIDTA %	-8.4%	5.3%	-13.8%	-257.5%	4.6%	-13.0%		-4.8%	5.3%	-10.1%	-189.7%	3.7%	-8.52%	-227.7%
Key Stats														
Discharges	443	593	(150)	-25.3%	609	(166)	-27.3%	6,540	7,213	(673)	-9.3%	6,666	(126)	-1.9%
Patient Days	1,958	2,478	(520)	-21.0%	2,425	(467)	-19.3%	27,378	30,152	(2,774)	-9.2%	27,948	(570)	-2.0%
LOS	4.42	4.18	0.24	5.7%	3.98	0.44	11.0%	4.19	4.18	0.01	0.1%	4.19	(0.01)	-0.2%
Adjusted Days	5,289	5,848	(560)	-9.6%	5,296	(7)	-0.1%	67,044	71,112	(4,068)	-5.7%	65,177	1,867	2.9%
Adjusted Discharges	1,197	1,399	(202)	-14.5%	1,330	(133)	-10.0%	16,015	17,012	(996)	-5.9%	15,546	470	3.0%
Per Adjusted Day														
Net Revenue/APD	3,371	3,686	(315)	-8.5%	3,886	(516)	-13.3%	3,513	3,699	(186)	-5.0%	3,688	(175)	-4.7%
SWB+CL/APD	2,184	1,960	(224)	-11.4%	2,414	(230)	-9.5%	2,169	1,982	(187)	-9.5%	2,112	57	2.7%
Salary+CL/APD	1,803	1,578	(225)	-14.2%	1,775	28	1.6%	1,767	1,581	(186)	-11.8%	1,701	67	3.9%
Supply Cost/APD	617	676	59	8.7%	602	15	2.4%	661	673	12	1.7%	686	(25)	-3.6%
Other Expense/APD	578	545	(34)	-6.2%	665	(87)	-13.0%	550	547	(3)	-0.5%	575	(25)	-4.3%
Per Adjusted Discharge														
Net Revenue/Adj DC	14,899	15,407	(508)	-3.3%	15,475	(577)	-3.7%	14,707	15,464	(757)	-4.9%	15,463	(756)	-4.9%
SWB+CL/Adj DC	9,652	8,194	(1,458)	-17.8%	9,613	40	0.4%	9,081	8,284	(797)	-9.6%	8,856	225	2.5%
Salary+CL/Adj DC	7,969	6,598	(1,371)	-20.8%	7,069	900	12.7%	7,399	6,609	(790)	-12.0%	7,130	269	3.8%
Supply Cost/Adj DC	2,726	2,824	98	3.5%	2,397	329	13.7%	2,767	2,811	44	1.6%	2,874	(107)	-3.7%
Other Expense/Adj DC	2,556	2,277	(279)	-12.3%	2,648	(92)	-3.5%	2,303	2,287	(15)	-0.7%	2,410	(107)	-4.5%
Pct of Net Revenue														
SWB+CL	64.8%	53.2%	-11.6%		62.1%	-2.7%		61.7%	53.6%	-8.2%		57.3%	-4.5%	
Supplies	18.3%	18.3%	0.0%		15.5%	-2.8%		18.8%	18.2%	-0.6%		18.6%	-0.2%	
Other Expense	17.2%	14.8%	-2.4%		17.1%	0.0%		15.7%	14.8%	-0.9%		15.6%	-0.1%	
Bad Debt & Charity	5.3%	3.5%	1.9%		3.4%	-2.0%		4.3%	3.5%	0.8%		3.2%	-1.1%	
FTE's														
Total Salary FTE's	857.97	876.11	18.13	2.1%	908.20	50.23	5.5%	901.53	876.11	(25.43)	-2.9%	864.76	(36.78)	-4.3%
Total Contract FTE's	27.23	67.31	40.08	59.6%	83.11	55.88	67.2%	67.27	67.31	0.04	0.1%	99.42	32.15	32.3%
Total Facility Paid FTEs	**885.20**	**943.42**	**58.22**	**6.2%**	**991.31**	**106.11**	**10.7%**	**968.81**	**943.42**	**(25.39)**	**-2.7%**	**964.18**	**(4.63)**	**-0.5%**
Paid FTE per Adj Day	5.02	4.84	(0.18)	-3.8%	5.62	0.59	10.6%	5.27	4.84	(0.43)	-8.9%	5.41	0.14	2.6%
Average Hourly Rate	$ 63.01	$ 57.24	(5.77)	-10.1%	$ 55.32	(7.69)	-13.9%	$ 58.80	$ 57.29	(1.51)	-2.6%	$ 54.97	(3.84)	-7.0%
Employed Avg Hourly Rate	$ 52.62	$ 52.54	(0.08)	-0.2%	$ 48.29	(4.33)	-9.0%	$ 52.06	$ 51.67	(0.39)	-0.8%	$ 48.13	(3.94)	-8.2%

Bay Area Hospital

Consolidated Income Statement Trend - June 2025

	2024 JunMTD	2024 JulMTD	2024 AugMTD	2024 SepMTD	2024 OctMTD	2024 NovMTD	2024 DecMTD	2025 JanMTD	2025 FebMTD	2025 MarMTD	2025 AprMTD	2025 MayMTD	2025 JunMTD
Gross Patient Revenue													
Inpatient Revenue	26,403,707	25,353,388	27,276,721	25,382,904	24,051,678	23,614,135	25,694,463	29,469,328	24,746,364	25,768,844	25,314,375	23,510,008	21,889,108
Outpatient Revenue	31,258,666	35,769,424	37,523,031	35,779,035	37,718,112	33,375,687	36,795,512	37,779,051	34,088,451	36,979,463	37,584,034	37,023,474	37,235,073
Total Gross Patient Revenue	57,662,373	61,122,812	64,799,752	61,161,939	61,769,790	56,989,822	62,489,975	67,248,378	58,834,815	62,748,306	62,898,409	60,533,482	59,124,181
Deductions	36,387,124	40,233,661	42,283,339	41,207,637	41,050,061	37,639,433	41,112,167	45,425,365	38,901,551	42,813,281	42,338,031	40,820,822	40,344,193
Bad Debt	1,134,346	863,279	(10,576)	731,038	300,119	476,057	310,298	406,037	(1,038,403)	11,883	(87,907)	(166,025)	753,585
Charity	(441,071)	259,518	622,331	388,681	398,581	834,586	667,530	427,527	1,082,894	999,956	1,023,039	562,617	199,108
Total Deductions	37,080,400	41,356,458	42,895,094	42,327,355	41,748,761	38,950,076	42,089,995	46,258,929	38,946,042	43,825,120	43,273,162	41,217,414	41,296,885
Net Healthcare Revenue	20,581,973	19,766,355	21,904,658	18,834,583	20,021,029	18,039,746	20,399,980	20,989,450	19,888,773	18,923,187	19,625,247	19,316,068	17,827,296
Other Oper Revenue	595,942	244,379	219,268	468,640	273,998	305,755	521,874	651,119	405,859	120,242	576,185	494,088	358,227
Total Net Revenue	**21,177,916**	**20,010,734**	**22,123,926**	**19,303,223**	**20,295,027**	**18,345,501**	**20,921,854**	**21,640,569**	**20,294,632**	**19,043,429**	**20,201,432**	**19,810,155**	**18,185,523**
Expenses	*36.7%*	*32.7%*	*34.1%*	*31.6%*	*32.9%*	*32.2%*	*33.5%*	*32.2%*	*34.5%*	*30.3%*	*32.1%*	*32.7%*	*30.8%*
Salaries	7,518,598	7,997,083	8,228,925	7,990,088	8,110,716	8,504,800	8,703,884	8,290,688	7,531,899	8,184,820	7,944,501	8,422,402	7,718,741
Contract Labor	1,883,188	1,890,222	2,086,578	2,084,154	1,826,306	1,303,577	1,489,725	1,679,801	1,657,777	1,386,190	1,917,651	1,727,271	1,816,954
Benefits	3,382,748	2,094,132	2,158,386	1,495,905	2,540,363	1,530,651	2,116,212	3,250,180	2,326,422	2,624,358	2,406,065	2,381,375	2,013,796
Physician & Prof Fee	1,924,953	1,656,984	1,735,681	1,374,740	1,577,395	1,429,296	1,575,795	1,584,947	1,533,512	1,584,515	1,441,414	1,746,562	1,454,501
Supplies	3,187,838	3,386,576	3,831,892	3,926,175	4,263,386	3,146,847	4,033,969	3,457,835	3,742,160	3,292,867	3,634,029	4,338,049	3,261,502
Purchased Services	2,143,506	1,800,189	1,913,244	2,250,529	2,282,321	1,995,417	2,296,703	2,363,672	2,333,839	2,338,573	2,223,000	2,748,281	2,010,074
Leases/Rentals	15,055	15,842	14,262	17,292	14,710	15,475	14,455	26,319	19,892	24,782	26,427	16,944	10,788
Depreciation	1,203,660	942,788	938,047	939,915	923,445	923,747	918,484	773,830	766,642	764,352	766,089	798,927	743,521
Other Oper Expense	1,596,490	1,318,979	1,791,651	1,749,701	1,246,141	1,638,267	1,471,925	1,582,981	1,520,649	1,423,841	1,254,969	1,579,023	1,604,075
Total Operating Expenses	**22,856,037**	**21,102,796**	**22,698,666**	**21,828,500**	**22,784,783**	**20,488,079**	**22,621,152**	**23,010,252**	**21,432,792**	**21,624,297**	**21,614,146**	**23,758,834**	**20,633,952**
Net Operating Income	**(1,678,121)**	**(1,092,062)**	**(574,740)**	**(2,525,277)**	**(2,489,756)**	**(2,142,578)**	**(1,699,298)**	**(1,369,684)**	**(1,138,160)**	**(2,580,868)**	**(1,412,713)**	**(3,948,679)**	**(2,448,430)**
Investment Income	323,120	771,990	427,800	488,055	(726,631)	320,385	(152,390)	211,196	446,682	71,188	154,156	39,127	172,596
Other Nonop Inc(Exp)	1,121,502	86,566	44,413	294,853	643,244	35,468	108,818	39,529	17,321	(1,850,477)	69,440	27,254	2,089
Interest Expense	(120,350)	(178,156)	(182,692)	(166,666)	(176,301)	(176,160)	(170,428)	(20,250)	(156,710)	(376,996)	(278,947)	(176,794)	(294,464)
Net Income	**(353,849)**	**(411,661)**	**(285,220)**	**(1,909,035)**	**(2,749,444)**	**(1,962,885)**	**(1,913,298)**	**(1,139,208)**	**(830,867)**	**(4,737,154)**	**(1,468,065)**	**(4,059,093)**	**(2,568,209)**
Operating Margin %	-7.9%	-5.5%	-2.6%	-13.1%	-12.3%	-11.7%	-8.1%	-6.3%	-5.6%	-13.6%	-7.0%	-19.9%	-13.5%
Operating EBIDA	(474,461)	(149,274)	363,307	(1,585,362)	(1,566,311)	(1,218,831)	(780,814)	(595,854)	(371,518)	(1,816,516)	(646,624)	(3,149,752)	(1,704,908)
Operating EBIDA %	-2.2%	-0.7%	1.6%	-8.2%	-7.7%	-6.6%	-3.7%	-2.8%	-1.8%	-9.5%	-3.2%	-15.9%	-9.4%
EBIDTA	970,161	709,283	835,520	(802,454)	(1,649,698)	(862,978)	(824,386)	(345,129)	92,485	(3,595,806)	(423,029)	(3,083,372)	(1,530,224)
EBDITA Margin	4.6%	3.5%	3.8%	-4.2%	-8.1%	-4.7%	-3.9%	-1.6%	0.5%	-18.9%	-2.1%	-15.6%	-8.4%
Key Stats													
Days in Month	30	31	31	30	31	30	31	31	28	31	30	31	30
Adj Factor	2.18	2.41	2.38	2.41	2.57	2.41	2.43	2.28	2.38	2.44	2.48	2.57	2.70
Discharges	609	520	589	525	581	526	587	585	553	536	552	543	443
Patient Days	2,425	2,482	2,522	2,379	2,291	2,335	2,487	2,372	2,292	2,150	2,109	2,001	1,958
LOS	3.98	4.77	4.28	4.53	3.94	4.44	4.24	4.05	4.14	4.01	3.82	3.69	4.42
Adjusted Days	5,296	5,984	5,991	5,732	5,884	5,635	6,048	5,413	5,449	5,235	5,240	5,152	5,289
Adjusted Discharges	1,330	1,254	1,399	1,265	1,492	1,269	1,428	1,335	1,315	1,305	1,372	1,398	1,197
Per Adjusted Day													
Net Revenue/APD	3,886	3,303	3,656	3,286	3,403	3,201	3,373	3,878	3,650	3,615	3,745	3,749	3,371
SWB+CL/APD	2,414	2,002	2,082	2,018	2,121	2,012	2,035	2,442	2,113	2,329	2,341	2,432	2,184
Salary+CL/APD	1,775	1,652	1,722	1,757	1,689	1,741	1,685	1,842	1,686	1,828	1,882	1,970	1,803
Supply Cost/APD	602	566	640	685	725	558	667	639	687	629	693	842	617
Other Expense/APD	665	497	589	545	480	544	504	585	560	575	515	645	578
Per Adjusted Discharge													
Net Revenue/Adj DC	15,475	15,767	15,655	14,889	13,418	14,211	14,290	15,723	15,127	14,498	14,309	13,816	14,899
SWB+CL/Adj DC	9,613	9,557	8,915	9,146	8,362	8,932	8,623	9,903	8,759	9,344	8,945	8,963	9,652
Salary+CL/Adj DC	7,069	7,887	7,372	7,964	6,660	7,727	7,140	7,469	6,990	7,333	7,191	7,260	7,969
Supply Cost/Adj DC	2,397	2,701	2,739	3,104	2,857	2,479	2,826	2,590	2,846	2,523	2,650	3,103	2,726
Other Expense/Adj DC	2,648	2,374	2,521	2,470	1,892	2,416	2,135	2,373	2,323	2,305	1,966	2,379	2,556
Pct of Net Revenue													
SWB	62.1%	60.6%	56.9%	61.4%	62.3%	62.9%	60.3%	63.0%	57.9%	64.4%	62.5%	64.9%	64.8%
Supplies	15.5%	17.1%	17.5%	20.8%	21.3%	17.4%	19.8%	16.5%	18.8%	17.4%	18.5%	22.5%	18.3%
Other Expense	17.1%	15.1%	16.1%	16.6%	14.1%	17.0%	14.9%	15.1%	15.4%	15.9%	13.7%	17.2%	17.2%
Bad Debt & Charity	3.4%	5.7%	2.8%	5.9%	3.5%	7.3%	4.8%	4.0%	0.2%	5.3%	4.8%	2.1%	5.3%
FTE's													
Total Salary FTE's	908.20	921.89	901.11	905.73	900.32	907.34	917.92	916.71	910.57	888.41	918.78	852.42	857.97
Total Contract FTE's	83.11	96.03	108.38	77.59	74.82	51.12	61.26	51.80	69.53	52.47	76.44	58.04	27.23
Total Facility Paid FTE's	991.31	1,017.92	1,009.49	983.32	975.14	958.46	979.18	968.50	980.10	940.88	995.21	910.47	885.20
Paid FTE per AOB	5.62	5.27	5.22	5.15	5.14	5.10	5.02	5.55	5.04	5.57	5.70	5.48	5.02
Average Hourly Rate	$ 55.32	$ 54.83	$ 57.69	$ 59.76	$ 57.53	$ 59.70	$ 58.77	$ 58.12	$ 58.60	$ 57.58	$ 57.96	$ 63.10	$ 63.01
Employed Avg Hourly R	$ 48.29	$ 48.97	$ 51.55	$ 51.46	$ 50.86	$ 54.68	$ 53.53	$ 51.05	$ 51.70	$ 52.15	$ 50.58	$ 55.93	$ 52.62

Bay Area Hospital
Balance Sheet (Including Foundation)
6/30/2025

	Jun-25	May-25	Audited Jun-24
Assets And Defered Outflows Of Resources			
Current Assets			
Cash & Cash Equivalents	9,489,893	7,030,885	10,815,033
Accounts Receivable (Net)	22,620,131	26,831,988	28,459,041
Inventory	5,335,823	5,468,619	5,131,308
Other Current Assets	11,468,531	11,092,001	7,400,592
Total Current Assets	48,914,378	50,423,494	51,805,974
Assets Limited As to Use	32,402,288	36,727,031	47,940,908
Capital Assets			
Depreciable Capital Assets (Net)	62,170,275	62,774,832	69,238,682
Nondepreciable Capital Assets	2,362,408	2,343,948	1,410,340
Total Capital Assets (Net)	64,532,682	65,118,779	70,649,022
Leases and Subscriptions (Net)	2,986,273	3,234,912	9,455,681
Other Non Current Assets	820,446	790,841	684,051
Total Assets	**149,656,068**	**156,295,058**	**180,535,634**
Deferred Outflows Of Resources	9,489,130	9,489,130	9,489,130
Total Assets And Deferred Outflows	**159,145,198**	**165,784,188**	**190,024,764**
Liabilities, Deferred Inflows of Resources, And Net Position			
Current Liabilities			
Accounts Payable	(6,776,217)	(8,271,837)	(9,869,356)
Accrued Liabilities			
Payroll, payroll taxes, witholdings	(4,443,038)	(3,755,135)	(4,234,648)
Paid Time Off	(5,407,083)	(5,645,097)	(5,770,522)
Other	(6,228,011)	(9,097,724)	(6,483,501)
3rd Party Settlments Payable (net)	(5,706,639)	(5,631,639)	(3,750,353)
Long-Term Obligations - Current Portion	(2,508,447)	(2,765,477)	(3,551,281)
Deferred Revenue	0	0	0
Total Current Liabilities	(31,069,434)	(35,166,909)	(33,659,662)
Long Term Obligations (Net of Current Portion)	(45,473,041)	(45,503,201)	(49,503,478)
Other Noncurrent Liabilities	(3,138,612)	(3,109,007)	(3,010,944)
Net Pension Liability	(3,304,177)	(3,276,517)	(3,652,580)
Total Liabilities	**(82,985,264)**	**(87,055,635)**	**(89,826,663)**
Deferred Inflows Of Resources	(11,397,373)	(11,397,373)	(11,397,373)
Inter Fund Payables/Receivables	4,027	3,617	
Total Liabilities & Deferred Cash Inlows	**(94,378,610)**	**(98,449,391)**	**(101,224,036)**
Net Position	(88,800,728)	(88,800,728)	(93,761,140)
Net Income/Loss	24,034,139	21,465,930	4,960,412
Total Liabilities, Deferred Inflows, Net Position	**(159,145,198)**	**(165,784,188)**	**(190,024,764)**

Bay Area Hospital
Compliance Certification
as of June 2025

A&D. Income Available for Debt Service (Quarterly)	Audited TTM Jun-24	TTM Sep-24	TTM Dec-24	TTM Mar-25	TTM Jun-25
Excess Revenue over Expenses	$ (4,960,412)	$ (5,495,412)	$ (12,852,178)	$ (19,099,626)	$ (24,034,139)
Add:					
Interest Expense	$ 2,412,568	$ 2,339,585	$ 2,225,235	$ 2,139,060	$ 2,354,563
Depreciation	$ 11,683,412	$ 11,556,031	$ 11,416,116	$ 10,919,991	$ 10,199,790
Amortization	$ -	$ -	$ -	$ -	$ -
(Gain) or Loss on extinguishment of debt	$ -	$ -	$ -	$ -	$ -
(Gain) or Loss on disposition of assets	$ -	$ -	$ -	$ -	$ -
(Gain) or Loss on discontinued operations	$ -	$ -	$ -	$ -	$ -
Adj. to value of assets or liabilities (accounting adjustments)	$ -	$ -	$ -	$ -	$ -
Unrealized (Gains) or Loss on marketable securities	$ (2,447,475)	$ (5,442,645)	$ (2,260,096)	$ (3,192,340)	$ (3,175,478)
(Gains) or Losses - M2M derivatives	$ -	$ -	$ -	$ -	$ -
Non-recurring - Consultant, Severance, and Legal Fees	$ 3,933,734	$ 2,516,888	$ 1,916,405	$ -	$ -
(D.1) Income Available for Debt Service	**$ 10,621,827**	**$ 5,474,448**	**$ 445,482**	**$ (9,232,915)**	**$ (14,655,264)**
(A.2) Debt Service Requirements (MADS)	**$ 3,904,267**	**$ 3,904,267**	**$ 3,904,267**	**$ 3,904,267**	**$ 3,904,267**
(A.3) Ratio of Line D.1 to Line A.2	**2.72**	**1.40**	**0.11**	**(2.36)**	**(3.75)**
(D.2) Line D.1 must not be less than	**$ 5,000,000**	**$ 5,000,000**	**$ 5,000,000**	**$ 5,000,000**	**$ 5,000,000**
(D.3) Borrower is in Compliance (Yes/No)	**Yes**	**Yes**	**No**	**No**	**No**
B.1 Days Cash on Hand (Monthly)					
Cash & Equivalents	$ 10,815,033	$ 9,603,221	$ 10,298,563	$ 9,093,507	$ 9,489,893
Add: Marketable Securities/Board designated Funds	$ 47,940,908	$ 43,596,706	$ 42,849,887	$ 36,542,696	$ 32,402,288
Less: Trustee Held funds	$ -	$ -	$ -	$ -	$ -
Less: Outstanding Principal on short term debt	$ -	$ -	$ -	$ -	$ -
Less: Proceeds from A/R factoring	$ -	$ -	$ -	$ -	$ -
Less: Collateral Posting for Interest Rate Agreements	$ -	$ -	$ -	$ -	$ -
Less: Outstanding Principal on Put Indebtedness	$ -	$ -	$ -	$ -	$ -
Cash & Equivalents	**$ 58,755,941**	**$ 53,199,926**	**$ 53,148,450**	**$ 45,636,202**	**$ 41,892,181**
B.2 Cash Operating Expenses					
Total Operating Expenses	$ 250,727,532	$ 256,974,342	$ 261,584,751	$ 264,882,179	$ 263,598,249
Add: Interest Expenses	$ 2,412,568	$ 2,339,585	$ 2,225,235	$ 2,139,060	$ 2,354,563
Less: Depreciation & Amortization	$ 11,683,412	$ 11,556,031	$ 11,416,116	$ 10,919,991	$ 10,199,790
Less: Non-cash expenses	$ -	$ -	$ -	$ -	$ -
Less: Losses on refinancing debt	$ -	$ -	$ -	$ -	$ -
Less: Provision for uncollectable accounts	$ -	$ -	$ -	$ -	$ -
Total Cash Operating Expenses	**$ 241,456,689**	**$ 247,757,896**	**$ 252,393,870**	**$ 256,101,248**	**$ 255,753,023**
B.3 Line B2 divided by 365	$ 661,525	$ 678,789	$ 691,490	$ 701,647	$ 700,693
B.4 Ratio of Line B.1 to Line B3	89	78	77	65	60
B.5 Line B.4 must not be less than	**70**	**70**	**70**	**70**	**70**
B.6 Borrower is in Compliance (Yes/No)	**Yes**	**Yes**	**Yes**	**No**	**No**
C.1 Unrestricted Liquid Funds (Monthly)					
Cash & Equivalents	$ 10,815,033	$ 9,603,221	$ 10,298,563	$ 9,093,507	$ 9,489,893
Add: Marketable Securities/Board designated Funds	$ 47,940,908	$ 43,596,706	$ 42,849,887	$ 36,542,696	$ 32,402,288
Unrestricted Liquid Funds	**$ 58,755,941**	**$ 53,199,926**	**$ 53,148,450**	**$ 45,636,202**	**$ 41,892,181**
C.2 Line C.1 must not be less than	**$ 45,000,000**	**$ 45,000,000**	**$ 45,000,000**	**$ 45,000,000**	**$ 45,000,000**
C.3 Borrower is in Compliance (Yes/No)	**Yes**	**Yes**	**Yes**	**Yes**	**No**

Signature of Bay Area Hospital

Name: _____

Title: Interim CFO

Date: 7/23/25

Bay Area Hospital
Revenue Cycle Scorecard

	FY23 Goal	FY24 Goal	Industry Bench-marks	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	FY22 Year End Actual	FY23 Year End Actual	FY24 YTD Actual
Charges	50,305,257	54,685,046		61,743,858	55,009,948	54,836,698	66,044,235	61,917,714	63,895,481	59,133,918	61,786,391	67,788,622	59,771,605	57,721,008	64,488,206	58,793,523	59,124,181	562,897,702	577,661,143	702,923,452
Net Pt Revenue	17,229,551	19,258,860		20,598,500	19,680,032	19,766,355	21,904,658	18,763,688	20,295,027	18,039,746	20,399,980	20,989,450	19,888,773	18,923,187	19,625,247	19,316,068	17,827,296	181,949,190	205,462,867	239,746,746
Provider Tax		940,832		1,033,816	1,016,438	973,155	1,290,758	1,279,014	947,664	971,049	1,057,276	1,132,520	1,068,188	1,015,076	1,050,610	1,023,998	909,741	10,267,119	10,898,689	13,038,230
Net Pt Rev less Provider Tax		18,318,028		19,564,685	18,663,594	18,793,199	20,613,901	17,484,674	19,347,363	17,068,697	19,342,704	19,856,930	18,820,584	17,908,111	18,574,637	18,292,070	16,917,555	171,682,072	194,564,178	226,708,516
Cash Collected	16,712,664	17,768,487		18,787,525	17,042,266	19,045,868	12,133,965	21,725,026	22,136,352	17,173,989	18,196,526	19,558,139	20,317,077	18,923,889	19,207,028	18,391,833	16,396,706	170,845,981	196,654,713	215,172,426
Ave Age of Cash Collected																				
Net to Gross	34.25%	35.22%		33.4%	35.8%	36.0%	33.2%	30.3%	31.8%	30.5%	33.0%	31.0%	33.3%	32.8%	30.4%	32.9%	30.2%	32.32%	35.57%	34.1%
Net to Gross w/o provider tax				31.69%	33.93%	34.27%	31.21%	28.24%	30.28%	28.86%	31.31%	29.29%	31.49%	31.03%	28.80%	31.11%	28.61%	30.50%	33.68%	32.25%
Net Collections	97.00%	97.00%	86-100%	96.0%	91.3%	101.3%	58.9%	124.3%	114.4%	100.6%	94.1%	98.5%	108.0%	105.7%	103.4%	100.5%	96.9%	99.51%	101.07%	94.9%
Net Collections-90day	97.00%	97.00%	95-98%	97.6%	89.1%	99.7%	62.5%	115.0%	116.1%	92.2%	99.4%	103.5%	431.8%	206.1%	138.9%	100.0%	91.5%	99.51%	101.07%	94.9%
AR Balance				65,698,070	64,535,044	67,916,303	76,537,629	71,204,669	63,798,702	65,758,125	56,722,188	58,825,934	54,988,057	51,143,332	50,562,733	47,517,632	50,927,142	66,564,775	58,337,069	64,535,044
Epic AR 90days+				13,747,589	15,191,837	17,031,533	18,083,460	17,734,192	17,726,614	18,911,134	16,139,457	16,609,827	14,693,461	14,643,773	14,448,870	13,289,320	12,750,993	20,891,011	12,226,248	15,191,837
% AR 90+Days	28.0%	21.0%	15-30%	20.9%	23.5%	25.1%	23.6%	24.9%	27.8%	28.8%	28.5%	28.2%	26.7%	28.6%	28.6%	28.0%	25.0%	31.4%	21.0%	23.5%
HB DNFB Days	8.0	6.0	3.00	8.50	7.90	17.30	12.10	9.50	7.90	8.60	9.30	7.70	7.20	5.80	4.90	6.00	6.90	9.3	7.2	7.90
EB AR Days	43.0	34.0	30-60	33.60	33.10	36.60	39.80	36.00	30.60	32.40	28.30	28.60	26.30	24.80	24.40	24.00	25.40	43.6	34.9	33.10
Pre-Service Cash Collection	15%	15%	5-35%	7.2%	12.5%	5.7%	3.0%	3.0%	4.2%	4.8%	4.1%	12.0%	8.2%	9.8%	6.4%	6.9%	7.5%	3.5%	6.3%	13.7%
Registration Collection		100,000		88,190	92,844	50,746	24,464	35,794	28,792	50,452	31,910	73,361	63,015	84,168	54,119	47,184	93,894		63,655	1,209,828
HB Clean Claims	85.0%	85.0%	90-95%	80.0%	81.0%	83.0%	82.0%	79.0%	78.0%	79.0%	78.0%	78.0%	77.0%	76.0%	76.0%	74.0%	75.0%	70.0%	75.8%	79.3%
PB Clean Claim	85.0%	85.0%	90-95%	21.0%	26.0%	30.0%	34.0%	25.0%	19.0%	22.0%	16.0%	21.0%	23.0%	22.0%	22.0%	23.0%	25.0%	42.0%	37.7%	22.7%
HB Overall Denial	10.0%	10.0%	5-10%	7.1%	7.6%	9.4%	8.0%	8.3%	8.0%	9.1%	9.1%	10.3%	12.5%	12.7%	10.0%	10.1%	9.7%	12.0%	12.0%	10.3%
PB Overall Denial	10.0%	10.0%	5-10%	6.6%	7.4%	5.5%	9.4%	8.1%	7.2%	10.1%	9.4%	8.3%	12.3%	11.2%	11.9%	11.2%	21.8%	13.8%	11.4%	8.3%
Case Mix Index				1.4844	1.4677	1.4683	1.5640	1.5375	1.4333	1.4369	1.5418	1.4300	1.4575	1.9437	1.5058	1.4831	1.4124			
HB Charges on time	96%	96%	98%	97.0%	97.0%	97.0%	93.0%	92.0%	96.0%	95.0%	94.0%	93.0%	95.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.6%	96.5%
Discharges				643	664	567	631	555	622	579	636	623	599	595	602	585	488	5,350	5,348	7,051
Patient Days				2,570	2,529	2,589	2,591	2,436	2,375	2,435	2,487	2,372	2,292	2,150	2,109	2,001	1,958	25,566	22,217	28,651
Emergency Room Visits				2,452	2,307	2,605	2,553	2,513	2,410	2,412	2,594	2,661	2,552	2,636	2,486	2,516	2,568	27,180	25,241	27,111
Operating Room Cases				315	315	318	307	297	299	248	276	295	274	305	312	300	282	4,074	3,753	3,834
Outpatient Registrations				11,630	10,450	11,105	11,304	11,161	12,358	10,963	11,118	11,769	10,855	11,206	11,195	10,862	10,479	108,184	139,275	138,018
Adj. Factor				2.31	2.18	2.41	2.37	2.42	2.57	2.41	2.43	2.28	2.38	2.40	2.48	2.57	2.70	2.38	2.36	2.34
Adj. Patient Days				5,936.70	5,513.22	6,239.49	6,140.67	5,895.12	6,103.75	5,868.35	6,048.38	5,413.00	5,449.00	5,235.00	5,240.00	5,152.00	5,289.00	60,908.33	52,402.98	67,057.70
Gross Rev/Adj Pt Day				10,400.37	9,977.83	8,788.65	10,755.22	10,503.22	10,468.23	10,076.75	10,215.36	12,523.30	10,969.28	11,025.98	12,306.91	11,411.79	11,178.71	9,241.72	11,023.44	10,482.37
Net Rev/Adj Pt Day				3,470	3,570	3,168	3,567	3,183	3,325	3,074	3,373	3,878	3,650	3,615	3,745	3,749	3,371	2,987	3,921	3,575
Adj Patient Discharge				1,485	1,448	1,366	1,495	1,343	1,599	1,395	1,547	1,420	1,426	1,428	1,493	1,503	1,318	12,746	12,614	16,503
Gross Rev/Adj Pt Discharge				41,569	38,003	40,130	44,163	46,101	39,971	42,378	39,946	47,724	41,927	40,421	43,195	39,106	44,873	44,163	45,794	42,594
Net Rev/Adj Pt Discharge				13,868	13,596	14,465	14,647	13,970	12,696	12,928	13,189	14,777	13,951	13,252	13,145	12,848	13,530	14,275	16,288	14,528
Cash Aging Buckets (age of account when cash was collected)-Does not include CCO capitated payments																				
<90				17,253,926	15,587,352	16,328,660	10,615,900	20,739,977	20,196,650	15,901,525	15,822,607	17,838,505	17,586,251	17,136,418	16,883,335	17,777,715	15,699,168	132,998,929	151,866,499	194,849,733
90-119				479,568	479,919	687,397	556,433	512,846	682,921	569,463	674,098	376,731	993,332	428,539	709,484	417,323	337,569	10,594,094	5,921,231	5,832,541
120-179				503,388	580,898	484,789	639,348	748,177	896,315	388,404	608,446	705,681	810,631	693,691	463,481	342,908	427,146	11,007,673	6,324,303	5,534,260
180-269				391,823	257,335	111,701	13,351	444,651	696,867	125,408	325,095	277,696	1,018,518	165,721	159,875	192,842	98,469	11,669,505	5,545,254	3,176,123
270-364				215,975	50,218	138,940	31,028	59,619	205,286	132,114	198,282	131,769	261,688	288,983	78,963	176,027	52,376	2,511,570	2,648,997	1,478,021
365+				163,576	97,034	(10,563)	104,126	120,340	93,521	57,596	155,620	93,849	215,402	(99,033)	7,315	361,727	300,234	1,419,771	3,487,385	1,802,563
% of Cash Collected by Account Age Bucket																				
<90				90.77%	91.41%	92.04%	88.76%	91.67%	88.69%	92.59%	88.97%	91.84%	84.20%	92.06%	92.25%	92.26%	92.81%	78.14%	86.39%	91.62%
90-119				2.52%	2.81%	3.87%	4.65%	2.27%	3.00%	3.32%	3.79%	1.94%	4.76%	2.30%	3.88%	2.17%	2.00%	6.22%	3.37%	2.74%
120-179				2.65%	3.41%	2.73%	5.35%	3.31%	3.94%	2.26%	3.42%	3.63%	3.88%	3.73%	2.53%	1.78%	2.53%	6.47%	3.60%	2.60%
180-269				2.06%	1.51%	0.63%	0.11%	1.97%	3.06%	0.73%	1.83%	1.43%	4.88%	0.89%	0.87%	1.00%	0.58%	6.86%	3.15%	1.49%
270-364				1.14%	0.29%	0.78%	0.26%	0.26%	0.90%	0.77%	1.11%	0.68%	1.25%	1.55%	0.43%	0.91%	0.31%	1.48%	1.51%	0.69%
365+				0.86%	0.57%	-0.06%	0.87%	0.53%	0.41%	0.34%	0.88%	0.48%	1.03%	-0.53%	0.04%	1.88%	1.77%	0.83%	1.98%	0.85%
Days in Month				31	30	31	31	30	31	30	31	31	28	31	30	31	30	365	365	366
Ave Daily Charges				1,991,737	1,833,665	1,768,926	2,130,459	2,063,924	2,061,145	1,971,131	1,993,109	2,186,730	2,134,700	1,861,968	2,149,607	1,896,565	1,970,806	1,542,185	1,582,633	1,920,556

Bay Area Hospital
Revenue Cycle Scorecard

	FY25 YTD Actual
Charges	735,301,582
Net Pt Revenue	235,739,474
Provider Tax	12,719,048
Net Pt Rev less Provider Tax	223,020,425
Cash Collected	223,206,398
Ave Age of Cash Collected	
Net to Gross	32.1%
Net to Gross w/o provider t	30.33%
Net Collections	100.1%
Net Collections-90day	100.1%
AR Balance	50,927,142
Epic AR 90days+	12,750,993
% AR 90+Days	25.0%
HB DNFB Days	6.90
EB AR Days	25.40
Pre-Service Cash Collection	7.5%
Registration Collection	637,899
HB Clean Claims	75.00%
PB Clean Claim	25.00%
HB Overall Denial	9.70%
PB Overall Denial	21.80%
Case Mix Index	
HB Charges on time	94.7%

Discharges	7,082
Patient Days	27,795
Emergency Room Visits	30,506
Operating Room Cases	3,513
Outpatient Registrations	134,375
Adj. Factor	2.45
Adj. Patient Days	68,148.71
Gross Rev/Adj Pt Day	10,789.66
Net Rev/Adj Pt Day	3,459
Adj Patient Discharge	17,364
Gross Rev/Adj Pt Discharge	42,347
Net Rev/Adj Pt Discharge	13,576

Cash Aging Buckets (age of a

<90	202,526,711
90-119	6,946,137
120-179	7,209,016
180-269	3,630,192
270-364	1,755,075
365+	1,400,134

% of Cash Collected by Accou

<90	90.63%
90-119	3.11%
120-179	3.23%
180-269	1.62%
270-364	0.79%
365+	0.63%

Days in Month	365
Ave Daily Charges	2,014,525

Finance Committee

REVENUE CYCLE JULY, 2025

Current Work

Cash Collections

- **June Collections:** $16,396,706
- **May Collections:** $19,391,833
- **April Cash Goal:** $18,942,429
- **YTD Cash Collections:** $223 million
- **Total-to-Date (TDT) Cash Goal:** $232 million

Note: June saw a dip in cash collections, primarily due to lower payments from key payers:

- **Medicare:** $600K below average
- **Advanced Health:** $569K below average
- **Health Net Med Advantage:** $622K below average
    - Both Advanced Health and Health Net Med Advantage report no known issues on their end.

Claim Volume Trends

A dip in average weekly claim volumes was noted in late May and mid-June, which also impacted cash performance.

Week Ending	Weekly Cash	Note
04/11	$18,766,206	
04/18	$22,134,346	
04/25	$20,608,263	
05/02	$19,102,280	
05/09	$18,614,450	
05/16	$17,162,044	
05/23	**$15,970,872**	↓ Below Average
05/30	$19,519,424	
06/06	$21,650,848	
06/13	**$16,602,582**	↓ Below Average
06/20	$18,516,252	
06/27	$20,691,352	

July Cash Status

- Tracking **$946K above goal** for the month to date.

Patient Accounting, Coding & Clinical Denials

- **Denials Management:**
  Ongoing monthly meetings between Savista and Bay Area continue to focus on denial trends and prevention strategies.
- **Write-Off Review:**
  Joint analysis with Bay Area is underway to evaluate higher-dollar adjustments, focusing on potentially avoidable categories such as:
  - Medical necessity
  - Timely filing
  - Prior authorization
- **Coding Performance:**
  - Coding turnaround consistently within 2–3 days post-discharge by week's end.
  - Operating at best practice levels, supporting timely claim submission.
- **Accounts Receivable:**
  - **Aged Insurance A/R** reduced from **$10.4M (May)** to **$9.9M (June)**.

Prior Authorization

- **Authorization Rate:**
  - Current rate: **91%**
  - Goal: **95%**
  - Underperforming departments are being reviewed for root cause analysis.
- **Patient Access Collaboration:**
  - Emphasis on generating estimates at least 5 days prior to service to support point-of-service collections.