



Bay Area Hospital District Joint Board and Finance Committee Meeting Agenda

October 20, 2026 @ Bay Area Hospital, Myrtle Conference Room

TIME

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|-------------|--|-----------------------------------|
| <hr/> | | |
| 5:00 | Call to Order | Simon Alonzo, Chairperson |
| | <ul style="list-style-type: none">Public Input—3 minutes per speaker | |
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| 5:02 | Patient Success Story | Simon Alonzo, Chairperson |
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| 5:20 | Consent Agenda | Simon Alonzo, Chairperson |
| | <ul style="list-style-type: none">Minutes of BOD/Finance meetingApproved Minutes of MEC meetingApproved Minutes of QPSC meetingApproval of and authorization for Board Chair to execute CEO employment contract | |
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| 5:25 | Organizational Updates from Chief Nursing Officer | Jennifer Culbertson, CNO |
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| 5:50 | Report of the Chief Executive Officer | Gretchen Nichols, CEO |
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| 6:05 | Quality and Patient Safety Committee Report (QPSC) | Patrice Parrott, Secretary |
| | <ul style="list-style-type: none">Executive SummaryScope of Service | |
| <hr/> | | |
| 6:25 | Finance Committee Meeting | Kyle Stevens, Treasurer |
| | <ul style="list-style-type: none">Financial Update | |
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| 7:00 | Executive Session ORS 192.660(2) | |
| | <ul style="list-style-type: none">Medical Executive Committee (MEC) ReportMedical Staff Report | |
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| 7:10 | Board Actions | Simon Alonzo, Chairperson |
| | <ul style="list-style-type: none">Chairperson and Board Member Comments | |
| <hr/> | | |
| 7:15 | Adjourn – next regular meeting - Tuesday, November 17, 2026 | |

**Bay Area Hospital District
Joint Board of Directors and Finance Committee Meeting
Regular Meeting Minutes
September 15, 2026**

Call to Order

Chairperson Simon Alonzo called the Joint Board of Directors and Finance Committee Meeting to order at 5:02 p.m. A quorum was present.

Public Input

No requests for public comment were received in person or online.

Patient Success Story

The Board heard a patient success story recognizing the outstanding care provided by Bay Area Hospital employees during a cardiac stress test. Staff members were praised for their professionalism, kindness, communication, and patient-centered care.

Introductions

The Board welcomed:

- Jared Carter, Senior Director of Ambulatory Clinics
- Chris Gay, MD, Radiation Oncologist

Both leaders introduced themselves and shared information about their roles at Bay Area Hospital.

Consent Agenda

Board Action

Motion: Approve the Consent Agenda.

Moved by: Kyle Stevens

Seconded by: Dr. McAndrew

Vote: Motion carried unanimously.

**Oncology Service Line Update
Radiopharmaceutical Program**

Jared Carter and Dr. Chris Gay presented plans for Bay Area Hospital's new radiopharmaceutical treatment program. The program will provide advanced cancer treatments locally for patients who would otherwise travel to Eugene, Medford, or Portland for care.

Highlights included:

- Advanced cancer therapies for prostate, thyroid, and other cancers.
- Expanded access to specialized cancer treatments close to home.
- Improved patient convenience and reduced travel burdens.
- Positive financial projections for the service line.
- The first patient treatment is expected later this year.

The Board thanked the Cancer Center team for expanding services to the community.

Chief Nursing Officer Report

Jennifer Culbertson provided an update on:

Emergency Department Staffing

- Continued challenges in recruiting experienced emergency department nurses.
- Recruitment efforts include nurse residency programs and experienced international nurses.
- Three international nurses are expected to support staffing needs.
- Leadership continues pursuing solutions to meet nurse staffing requirements and ensure safe patient care.

Patient Experience

- Likelihood-to-Recommend scores improved from the 22nd percentile to the 32nd percentile.
- Ambulatory Surgery achieved a 99th percentile patient satisfaction score.

Quality Initiatives

- Quality teams are focusing on infection prevention, patient safety, and improved documentation practices.
- Electronic patient surveys will be implemented in October.

The Board requested ongoing staffing updates at future meetings.

Chief Executive Officer Report

Gretchen Nichols reviewed the hospital's strategic goals, which include quality and patient safety, patient experience, employee engagement, financial performance, and growth.

Quality and Patient Safety

- The hospital's 30-day all-cause readmission rate remains close to its goal of less than 11%. July results were approximately 12%, though final data is not yet available. Leadership continues to monitor this measure closely.
- The Quality team is reviewing new ways to measure and improve hospital-acquired conditions, including infection prevention and patient experience indicators.
- Patient experience improved from the 22nd percentile to the 32nd percentile. Clinical leaders continue to focus on improving communication, teamwork, and patient involvement in care decisions.
- Employee engagement will be evaluated through a brief pulse survey later this year, followed by a comprehensive employee engagement survey in the spring.

Growth and Service Line Updates

- The Specialty Pharmacy program continues to grow. Contracts with payers are in place and prescription volume is increasing. Early results show approximately \$100,000 in gross revenue since implementation.
- Orthopedic services are growing with the addition of Dr. Karnacik, who will begin practicing full time on September 30.
- Dr. Wade Van Sise recently became a directly contracted Bay Area Hospital physician and is expanding sports medicine services.

- General surgery services are expected to grow with the arrival of Dr. Sipple, who recently joined the community and began orientation.
- Cardiology recruitment efforts continue. Leadership reported improvements in coverage through Dr. Mahboob and Total Cardiac Solutions, although additional cardiologists are still needed to address patient demand.

Hospital Performance

- Patient experience scores continue to improve.
- Specialty pharmacy services continue to grow.
- Recruitment efforts remain active for additional physicians and specialists.
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Financial Performance

- Leadership reported that Bay Area Hospital finished August with approximately \$115,000 in operating income, resulting in a positive year-to-date operating margin.
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Strategic Projects

- Bay Area Hospital has signed an agreement with Providence to implement the Epic electronic health record system. The project kickoff is scheduled for the coming week, with a planned nine-month implementation timeline.
- Leadership discussed the importance of project management, testing, staff training, and revenue cycle support throughout the transition to minimize disruption and ensure successful implementation.
- Expansion of cardiac services.
- Foundation development activities.
- Planning for a second CT scanner and second Cath Lab

Regulatory Updates

- Oregon OSHA completed its review of the Acute Psychiatric Unit.
- No citations or violations were issued.

Behavioral Health Services

- Additional telepsychiatry providers have been recruited.
- Psychiatric services continue to expand through telehealth support.

The Board received the report and discussed ongoing efforts to improve quality, patient experience, growth, technology, and physician recruitment.

Quality and Patient Safety Committee Report

Patrice Parrott provided The Board with a Quality and Patient Safety Committee update which included:

- CMS quality reporting changes.
- Heart failure quality measures.
- Readmission trends.
- Sepsis monitoring efforts.
- Review of surgical readiness processes.

- Decision to discontinue participation in Leapfrog reporting due to significant reporting burden and limited value to the organization.

No Board action was required.

Finance Committee Report

August Financial Results

Patrick Banks reported:

- Positive operating income of approximately \$116,000 for August.
- Positive operating performance for the ninth consecutive month.
- Strong cash reserves and stable financial performance.
- Continued monitoring of staffing costs and reimbursement changes.
- Comprehensive financials were included in the packet.

Other Financial Matters

Leadership reported a Medicare graduate medical education reimbursement issue that may require repayment of previously claimed funds. The matter remains under review and discussions continue with the appropriate organizations.

Capital Requests

Second Cardiac Catheterization Lab and Cath Lab Replacement

The Finance Committee and Board reviewed plans to:

- Construct a second Cardiac Catheterization Lab.
- Replace aging Cath Lab equipment.
- Expand cardiovascular and interventional radiology services.

Finance Committee Action

Second Cath Lab and Replacement of the existing Cath Lab

Motion: Recommend approval of the second Cath Lab project and replacement of existing Cath Lab equipment.

Vote: Approved unanimously.

Second CT Scanner

The Finance Committee and Board reviewed plans to purchase a second CT scanner to:

- Reduce imaging wait times.
- Increase diagnostic capacity.
- Improve support for emergency and interventional radiology services.

Finance Committee Action

Motion: Recommend approval of the CT Scanner project.

Vote: Approved unanimously.

Board Action

Motion: Approve construction of a second Cath Lab and replacement of the existing Cath Lab equipment.

Vote: Approved unanimously.

Board Action

Motion: Approve purchase of a second CT Scanner.

Vote: Approved unanimously.

Executive Session

The Board adjourned into Executive Session pursuant to applicable Oregon Revised Statutes to discuss medical staff matters, credentialing, and other authorized Executive Session topics.

Dr. Qadir presented the MEC Report and Medical Staff Report. CEO and legal counsel advised the Board regarding a new tort claim notice received by the hospital. CHRO Tom Fredette and HR Director Kayla Weatherston discussed the CEO's job performance with the Board. Kyle Stevens left at 7:55.

After returning to regular session, there was further discussion of the CEO position, comparable and local hospital systems, and current market conditions.

Adjournment

There being no further business to come before the board, the meeting was adjourned at 8:15 pm.

Bay Area Hospital

Scope of Service Executive Summary

2026 - 2027

The following Scope of Services required no revisions other than fiscal year.

- Acute Psychiatric Unit
- Cardiovascular Procedure Unit
- Emergency Department
- Environmental Services
- Health Information Management
- Intermediate Care Unit
- Laboratory & Anatomic Pathology
- Marketing & Communications
- Nutritional Services
- Orthopedic Clinic
- Post Surgical Unit
- Prefontaine Clinic
- Radiology & Medical Imaging
- Security Department
- Wound Care Restorix

The following Scope of Services required additional content revisions.

Anesthesia Services	Added Cath Lab
Bay Area Cancer Center Medical Oncology	Updated Title & Days of Operation
Cardiac Rehab	Updated Hours of Operation
Clinical Development	Updated Description & Staffing
Clinical Informatics	Removed Services
Dietary Services	Updated Schedule Removed Verbiage in Staffing Section
Employee Health & Wellness	Removed "patient care" ADA program has moved to HRBP. CPI no longer exists, EPV education is managed by Facilities Director. No Medical Assistant. The Wellness clinic no longer exists.
Engineering/Maintenance	Updated Titles
Family Birth Center	Updated Description

Information Services (IS)	Updated Titles
Intensive Care Unit	Cleaned up verbiage
Kids' Hope Center	Updated Title & Hours of Operation
Medical Care Unit	Re-wrote Description
Medical Staff Services Office	Updated Title to MSSO
Outpatient Infusion Services	Updated Staffing
Nursing Administration	Updated Description, Titles and Cleaned up Verbiage.
Patient Access – Admission – Communications	Re-wrote entire Scope of Service
Peri Anesthesia of Surgical Services	Removed Pre Anesthesia
Pharmacy	Updated Hours of Operation & Staffing
Pre Anesthesia Clinic	Separated Peri Anesthesia & Pre Anesthesia
Quality Division	Updated Description & Staffing
Radiation Therapy Center	Updated Title
Rehabilitation Services	Updated Hours of Operation
Respiratory and Sleep Lab	Added Sleep Lab
Spiritual Care Services	Updated Description, Hours of Operations, Staffing & Qualifications of Staff
Surgical Services – Operating Room	Cleaned up Verbiage
Surgical Services – Sterile Processing	Cleaned up Verbiage
Surgical Support Services	Cleaned up Verbiage
Volunteer Services	Re-wrote Description, Updated Hours of Operation & Integration with the Organization, Removed Staffing & Qualifications of Staff
Women's Imaging Center	Updated Hours of Operation

**Bay Area Hospital
Scope of Service
Fiscal Year 2026-2027**

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
- Dialysis 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

Services 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

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**Acute Psychiatric Unit
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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's daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

**Anesthesia Services
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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)
- Cardiac Catheterization Laboratory (Cath Lab)

Staffing

Variations in Staffing Levels:

Variation in staff levels is contingent upon the caseload, on-call schedule, and needs of the patients.

Bay Area Cancer Center – Medical Oncology
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

The Cancer Center 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 for the pediatric population.

Hours of Operation

The Bay Area Cancer Center Medical Oncology is open from 0800 to 1700 Monday through Thursday, excluding holidays.

Staffing

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

Integration with the Organization

The Bay Area Cancer Center-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 multidisciplinary 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups
- Hosting a multidisciplinary tumor board every week
- Hosting the Commission on Cancer-Cancer Committee quarterly

Cardiac Rehab
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 0800-1730, 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 of 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 maintain core competencies, certifications, and licenses 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. We aim to provide safe, effective, patient-centered, timely, efficient, and equitable service.

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

**Cardiovascular Procedure Unit
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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 patients. 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 licenses 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 the 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups

**Case Management
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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, Discharge Planners, 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 licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary 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 2026-2027**

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. Medical Staff manage their own education and onboarding
- 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. Organizational Development staff has the appropriate expertise required by the functions performed. There are six employees (3.8 FTE) and .64 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 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 with respect to 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/CNA2 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 2026-2027

Description

The Clinical Informatics Department supports the use of enhancements to 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 of workflows with Epic implementation
- Data analysis and interpretation to support clinical and business functions
- Augment support business intelligence analysts
- User Experience and Epic System Functionality, 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)
- Support the training program, collaboration with trainers
- 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
- Provide customers with data
- Provide input and support for hardware at the point of care
- Electronic Prescribing of Controlled Substances (EPCS) user sign-up, 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 licenses as defined in the job description.

Integration with the Organization

The Clinical Informatics Department staff participate in Performance Improvement activities in accordance with 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups

Dialysis Services
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

Bay Area Hospital Dialysis Services provides hospital-based hemodialysis treatment to patients requiring renal replacement therapy for acute or chronic kidney dysfunction. Dialysis services are provided to patients with acute kidney injury, end-stage renal disease, and other medical conditions requiring hemodialysis as ordered by an authorized provider.

Hemodialysis treatments are performed by qualified and competent Bay Area Hospital Registered Nurses in accordance with provider orders, approved hospital policies and procedures.

Services include patient assessment, hemodialysis treatment initiation and monitoring, vascular access management, fluid and electrolyte management associated with prescribed treatment, recognition and management of dialysis-related complications, patient education, and coordination of care with the interdisciplinary healthcare team.

Dialysis Services provides care to patients within the age populations and clinical conditions authorized by hospital capabilities, approved clinical practice, and the applicable indications for use.

Hours of Operation

Dialysis Services is provided according to patient care needs, provider orders, and the availability of qualified personnel and equipment 24/7, utilizing an after-hours and on-call schedule as follows;

Established Service Hours: 0600-1600 Monday through Saturday.

After-Hours, Weekend, and Holiday Coverage: 1600- 0600, & Sunday

When dialysis services are not immediately available, the responsible provider, nursing leadership, and nurse navigator shall coordinate patient care needs, including appropriate stabilization, consultation, scheduling, or transfer to another facility when medically necessary.

Staffing

Dialysis Services is staffed by Bay Area Hospital Registered Nurses who have completed required education, training, and competency validation for hemodialysis treatment.

Staffing is determined by the number of patients requiring treatment, patient acuity, clinical complexity, prescribed treatment, equipment availability, and applicable hospital staffing requirements.

A qualified Registered Nurse shall be assigned to provide and monitor each dialysis treatment in accordance with the approved staffing plan and clinical care requirements.

Additional clinical support should be available based on patient condition and treatment needs.

Qualifications of Staff

Dialysis Services is provided by appropriately licensed, trained, and competent personnel.

Registered Nurses performing hemodialysis shall maintain an active Oregon RN license and demonstrate competency in dialysis patient assessment, vascular access, hemodialysis treatment, hemodialysis equipment operation, infection prevention, emergency response, and recognition and management of dialysis-related complications.

Initial training and competency validation shall be completed prior to independent provision of dialysis service. Ongoing competency requirements shall be maintained in accordance with BAH policies, applicable regulatory requirements, and manufacturer recommendations.

Specific qualifications, training, and competency requirements are outlined in applicable job descriptions, Nursing education records, competency documents, and hospital policies and procedures.

Integration with the Organization

Dialysis Services integrates its care and services with the overall organization through:

- Adherence to organization-wide and department-specific policies and procedures.
- Collaboration with the Medical Staff, Nursing Services, Pharmacy, Laboratory, Infection Prevention, Clinical Engineering/Biomed, Facilities, and other departments as appropriate.
- Coordination with nephrology and other authorized providers for dialysis treatment orders and clinical management.
- Participation in multidisciplinary and interdisciplinary patient care planning.
- Communication and coordination of patient care during admission, transfer, and discharge.
- Compliance with applicable infection prevention and patient safety practices.
- Coordination of hemodialysis equipment maintenance, water-quality monitoring, and equipment safety requirements with designated responsible departments.
- Participation in the hospital-wide Quality Assessment and Performance Improvement (QAPI) Program.
- Reporting of patient safety events, adverse events, and near misses in accordance with established BAH policies.
- Participation in regulatory and accreditation readiness activities.
- Collaboration with Case Management and other healthcare providers to support continuity of dialysis care following discharge.

Dialysis Services operates in accordance with applicable CMS Hospital Conditions of Participation, The Joint Commission accreditation requirements, Oregon regulations, approved BAH policies and procedures, and applicable manufacturer Instructions for Use.

**Dietary Services
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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 a 5-year period 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

**Emergency Department
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description/Scope of Service

The Emergency Department (ED) provides medical treatment for people 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 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 licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Employee Health & Wellness
SCOPE OF SERVICE
Fiscal Year 2026-2027

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. Assesses risk and manages 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, and the Early Return to Work program. Refers individuals to the Employee Assistance Program. Oversees regulatory needs for Occupational Safety and Health Administration (OSHA) compliance and reporting. Participates in the Infection Control program, vaccination compliance reporting, and manages restrictions 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, and Employee Health Specialist.

Qualifications of Staff

Employee Health staff are cross-trained in multiple functions to best serve employees, the auxiliary staff, students, providers, and chaplains. This staff ensures 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary committees and work groups (both clinical and non-clinical departments)

**Engineering/Maintenance
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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 can 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 generation 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 buildings.

Staffing

The Director of Support Services 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 Director of Support Services. The Manager of Facilities reports to the Chief Human Resources 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 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 arrives, 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 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 multidisciplinary 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 is 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 Director of Support Services 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 Human Resources 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 2026-2027

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 Human Resources Officer. The department is staffed at a level that assures proper cleanliness and responsiveness to requests for services. Staff is 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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 2026-2027**

Description

The Family Birth Center (FBC) unit has seven (7) beds for the total care of labor, delivery, recovery, and postpartum (LDRP) rooms, two (2) antepartum testing/triage beds, and eight (8) 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 there is an appropriate transfer to a higher level of care as needed. 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) if appropriate
- Cervical ripening
- Induction of labor
- Care/delivery of intrauterine fetal demise
- Fetal monitoring
- Intravenous (IV) infusion therapy
- Epidural infusion
- Postpartum care
- Procedures such as circumcision care, lumbar puncture, frenotomy, etc.
- Nursery support includes 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 surgery, 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 licenses 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 policies and procedures
- Participation in multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Health Information Management Department
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 to communicate 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Information Services (IS)
SCOPE OF SERVICE
Fiscal Year 2026-2027

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. Staff will be made up primarily of:

- Information Technology 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 multidisciplinary 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 helpdesk number (currently 8195).

**Intensive Care Unit
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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 non-invasive 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 (NSTEMI), 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 & Antepartum 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's daily staffing follows the current approved 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 Medical Staff to direct and manage a patient's care in the ICU.

Intensive Care providers are available via telemedicine 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 licenses 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 on 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

**Intermediate Care Unit
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The Intermediate Care Unit (IMCU) has 26 single-patient rooms. 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 clearly 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 comorbidities 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 daily staffing follows the IMCU nurse staffing plan.

Qualifications of Staff

The staff maintains core competencies, certifications, and licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

**Kids' Hope Center
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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) Operations Coordinator.

Hours of Operation

The Center is open Monday-Friday from 0800-1630, 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 & Anatomic Pathology
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

The Laboratory performs clinical and anatomical pathology laboratory services for inpatient, outpatient, non-patient, 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 ensure 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 Nursing Officer and is responsible for the 24-hour-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 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 in an accurate and efficient manner. This staff includes phlebotomists, Lab Assistants, a courier, a receptionist, and an Office Coordinator.

The operational needs for providing 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 for 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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 because 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 & Communications
SCOPE OF SERVICE
Fiscal Year 2026 - 2027

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 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 communications 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 Communications 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 Communications 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups

**Medical Care Unit
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The Medical Care Unit (MCU) is a 30-bed inpatient unit comprised of private, single-patient rooms. The MCU is a medical/surgical and remote telemetry unit that provides care to patients ranging in age from newborns to over 100 years.

The unit serves a broad and diverse patient population reflective of the hospital's community. It provides care for general medical and surgical patients, as well as patients requiring a higher level of monitoring and support, including step-down care from the critical care setting. Specialized patient populations cared for on the unit include, but are not limited to, dialysis, pediatric, and oncology patients.

Patients may be admitted with diagnoses related to cardiovascular, respiratory, neurologic, metabolic, gastrointestinal, genitourinary, renal (dialysis), oncology, pediatric conditions, pain management, 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's daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Medical Staff Services Office
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 coordinates, 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 on most celebrated holidays.

Staffing

The designated Executive team member is responsible for the overall operations of the MSSO to ensure that organizational goals and compliance are maintained. The MSSO Manager reports directly to the designated Executive team member. The Medical Staff Credentialing Coordinator, 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
- Adheres to department and organization-wide goals, policies, and procedures
- Participates in multidisciplinary 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
- Assists in the development of continuing medical education programs for the medical staff
- Collaborates with other hospital departments such as physician recruitment and retention
- Collaborates with key stakeholders in researching and recommending criteria for clinical privileges for all specialties and subspecialties

**Nursing Administration
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

Nursing Administration has primary responsibility for the management of healthcare delivery services across the continuum of care and for those individuals who represent direct patient care, including all inpatient and outpatient nursing areas, Emergency Department, Family Birth Center, Float Pool, Perioperative Services, Inpatient Psychiatric Services, Hospital Supervisors, Nursing Support Services, Respiratory Therapy, Laboratory, Radiology, Pharmacy, 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 Chief Nursing Officer'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 Chief Nursing Officer directs the delivery of nursing care, treatment, and services.

The Chief Nursing Officer is responsible for the development and maintenance of a nursing service philosophy, objectives, and standards of practice.

The Chief Nursing Officer 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 Chief Nursing Officer 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 Chief Nursing Officer is accountable to ensure the competence of registered nurses and their ongoing professional growth and development. It is the Chief Nursing Officer'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 Chief Nursing Officer 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 Chief Nursing Officer 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 Chief Nursing Officer supports the Unit/Department Managers and Directors 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 Chief Nursing Officer. Hospital Supervisors facilitate organ donation, report patient deaths, act as a scribe or team member for codes, traumas, and rapid responses, respond to all hospital-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 regarding patient status and discharge plans, and is able to 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 Nursing Officer and/or the Administrator on call as needed.

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

Hours of Operation

The Chief Nursing Officer is responsible for the provision of nursing services 24 hours a day, 7 days a week. Whenever the Chief Nursing Officer is not available in person or by phone, the Chief Nursing Officer 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 Nursing Officer, 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 always available for the provision of bedside care for any patient.

Qualifications of Staff

The Chief Nursing Officer 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 (ADN) 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 policies and procedures
- Participation in multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Nutrition Services
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 (RD) are scheduled 5 days per week for inpatient services. 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 a 5-year period 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. Recommendations 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Bay Area Orthopedic Clinic Services
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 multidisciplinary and interdisciplinary patient care
- Participation in multidisciplinary committees and work groups

Outpatient Infusion Services
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 0800-1630. Weekend and holiday hours are 0800-1200, depending on patient need.

Staffing

Daily and ongoing staffing will be guided by operational needs and the applicable staffing plan with management discretion.

Qualifications of Staff

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

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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. We aim to be safe, effective, patient-centered, timely, efficient, and equitable service.

Patient Access-Admissions-Communications
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

The Patient Access Department is an integral component of Revenue Cycle and provides essential front-line services to patients, providers, employees, and the public. As the organization's primary point of entry, the department is responsible for delivering professional, efficient, and patient-centered administrative support services.

Core functions include greeting and directing patients and visitors; managing patient registration and admissions; verifying insurance eligibility and benefits; maintaining accurate demographic and billing information; obtaining required consents and authorizations; collecting patient payments; and facilitating financial assistance processes.

In addition, the department manages the hospital's computerized switchboard operations, overhead paging system, and monitoring/response activities associated with the security communication system. Patient Access staff ensure patients receive required documentation, including 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.
- Services are provided through the Emergency Department entrance located on the 3rd floor

Additional Patient Access Service Areas

Operational hours vary according to organizational needs, patient needs, and patient volumes in the following areas:

- Main Admitting
- Radiology Registration
- Women's Imaging Center
- Orthopedic Clinic
- Transfer Center

Customer Service Desk

- Monday through Friday
- 0730 - 1630 (excluding holidays)
- Main Hospital Lobby, 1st Floor, Booth #3

Staffing

Staffing levels within the Patient Access Department are determined through ongoing analysis of historical trends, projected volumes, operational demands, and patient flow. The department maintains a team of cross-trained personnel who are competent in multiple functional areas to ensure continuity of operations and high-quality service delivery.

Staffing schedules are adjusted as needed based on time of day, day of week, patient census, and departmental activity levels.

Key Staffing Standards

- All staff complete formal orientation and role-specific training programs
- Employees must demonstrate competency in assigned job functions before independent work performance
- Ongoing education and annual competency assessment are required
Emergency Department Registration and Switchboard operations remain continuously staffed to ensure uninterrupted service coverage

Staff Qualifications

All Patient Access personnel meet the qualifications established within their respective job descriptions and organizational standards. Staff is expected to maintain competencies in the following core areas:

- Patient confidentiality and privacy practices
- Regulatory and compliance requirements
- Workplace and environmental safety
- Customer service and communication standards
- Revenue Cycle and registration accuracy

Competency assessments are conducted annually, with documentation maintained through Human Resources and departmental records. Newly hired employees participate in a structured orientation and onboarding process, with supplemental training and refresher education provided as needed throughout the year.

Organizational Integration

The Patient Access Department supports the mission, vision, and strategic goals of the organization through active collaboration and operational alignment across the health system.

Departmental integration is demonstrated through:

- Adherence to organization-wide policies, procedures, and regulatory standards
- Participation in interdisciplinary and cross-functional initiatives
- Representation on committees focused on quality improvement, patient experience, safety, and operational excellence
- Ongoing evaluation and improvement of workflows to enhance efficiency, patient access, and provider support
- Collaboration with clinical and non-clinical departments to promote seamless patient care and communication

Peri-Anesthesia of Surgical Services
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

The Peri-Anesthesia Department provides comprehensive nursing care and clinical support to patients before and after surgical and procedural interventions requiring anesthesia or sedation. The department is responsible for preparing patients for surgery or procedures, monitoring patients during the immediate recovery phase, and ensuring safe transition through all phases of perioperative care.

Staffing and Qualifications

Registered Nurses (RN) who maintain core competencies, certificates, and/or licenses 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, 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 24 hours a day, 7 days a week, 365 days a year. Peak hours are Monday through Friday, 0600-1900. To support off-peak hours, regular and call hours are utilized.

The Preoperative/Short Stay Area consists of nurses and unlicensed professionals who facilitate presurgical/preprocedural preparation. This includes patient interviews, coordination of ordered documentation and tests, and communication with all stakeholders, including patients, providers, and collaborative caregivers. This department also provides pre- and/or post op care for endoscopy, Cath lab, and MRI patients who have undergone sedation, and serves as a secondary location for Phase II recovery and discharge.

The Recovery/Post Anesthesia Care Unit (PACU) consists of nurses 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.

Pharmacy
SCOPE OF SERVICE
Fiscal Year 2026 - 2027

Description

The Department of Pharmacy Services is in a secure area on the first floor of Bay Area Hospital. The department operates 24 hours per day, 7 days a week schedule. The department staff always provides the facility with pharmacy services. 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 support
- Bay Area Cancer Center support (Monday-Thursday 0700-1630)
- Outpatient Specialty/Retail Pharmacy (Monday-Friday 0830-1700)
- 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 ensure safe and effective drug therapy management with optimal patient outcomes. 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 Nursing Officer.

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. The department performs all medication dispensing duties for all areas in the hospital. At a minimum, the department has a pharmacist on staff 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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 2026-2027**

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
- Care for acute illness
- 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 Hours 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's daily staffing follows the current approved nurse staffing plan; other disciplines work varied hours.

Qualifications of Staff

The staff maintains core competencies, certifications, and licenses 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

**Prefontaine Clinic
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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.

**Pre-Anesthesia Clinic
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The Pre-Anesthesia Clinic provides comprehensive assessment, screening, education, and care coordination services for patients scheduled to undergo surgical or invasive procedures within the acute care hospital setting. The clinic's primary purpose is to ensure patients are medically optimized, appropriately prepared, and safe to proceed with anesthesia and surgery while supporting efficient surgical operations and reducing avoidable cancellations or delays.

The Pre-Anesthesia Clinic performs individualized patient evaluations prior to the date of surgery, which may include medical history review, medication reconciliation, risk assessment, anesthesia screening, diagnostic testing coordination, and review of laboratory and imaging results. The clinic identifies patient-specific risks and collaborates with surgeons, anesthesia providers, primary care providers, specialists, and ancillary departments to address medical concerns before the procedure.

Staffing and Qualifications

The Pre-Anesthesia Clinic is staffed by qualified clinical personnel responsible for conducting patient assessments, coordinating pre-surgical care, and supporting safe and efficient surgical preparation processes. Staffing levels are determined based on patient volume, clinic schedules, acuity, and operational needs to ensure timely completion of preoperative evaluations and care coordination activities.

Nurse Practitioner (NP)

A Nurse Practitioner serves as the primary licensed independent provider within the clinic and is responsible for conducting comprehensive preoperative evaluations and medical optimization assessments for patients scheduled for surgical or procedural interventions.

Registered Nurses (RN)

Registered Nurses perform patient education, care coordination, and perioperative support services for patients preparing to undergo surgical or invasive procedures. The RN plays a critical role in ensuring patients are medically prepared, informed, and safe to proceed with anesthesia and surgery while supporting efficient perioperative operations.

Medical Assistants (MA)

Medical Assistants provide clinical and administrative support services to facilitate efficient clinic operations and patient flow under the supervision of the Nurse Practitioner and organizational leadership.

Hours of Operation

Clinic hours are 0800 - 1700.

**Quality Division
SCOPE OF SERVICE
Calendar Year 2026-2027**

Description

The Quality Division comprises oversight of Quality and Performance Improvement, Infection Control, 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 measuring, monitoring, and analyzing 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, and 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
 - 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 weekdays during business hours, and as needed to meet organizational Quality and Performance Improvement needs.

Staffing

The Quality Division staff includes:

- | | |
|--|---------|
| • Senior Director of Quality | 1.0 FTE |
| • Director of Risk | 1.0 FTE |
| • Quality Data Analyst | 1.0 FTE |
| • Quality Data Abstractor | 1.0 FTE |
| • Quality Accreditation Manager | 1.0 FTE |
| • Trauma Program Manager | 1.0 FTE |
| • Infection Prevention Program Manager | 1.0 FTE |
| • Documentation Coordinator | 1.0 FTE |
| • Quality Support Specialist | 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 multidisciplinary and interdisciplinary planning processes
- Facilitating and participating in multidisciplinary committees and work groups
- Proactive risk assessment and mitigation
- Organization-wide process improvement work

**Radiation Therapy Center
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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

Staff consists of Radiation Oncologists, Radiation Oncology Manager, 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 licenses 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups

Radiology & Medical Imaging Center
SCOPE OF SERVICE
Fiscal Year 2026-2027

Description

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 licenses 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 multidisciplinary and interdisciplinary planning processes
- Participation in multidisciplinary committees and work groups
- Evaluate the effectiveness of the department's policies 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 functions with related departments and services of the hospital

**Rehabilitation Services
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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 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

Physical Therapy provides inpatient care 7 days per week from 0700-1730.

Occupational Therapy provides inpatient care weekdays 0700-1530.

Speech Therapy provides services Monday – Saturday 0800-1700.

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 licenses based upon 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 multidisciplinary and interdisciplinary care planning processes
- Participation in multidisciplinary committees and work groups

Respiratory Care & Sleep Lab
SCOPE OF SERVICE
Fiscal Year 2026-2027

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 & Outpatient studies/testing provided and performed by the Respiratory Care department include overnight pulse oximetry for the qualification of sleep studies, Electrocardiograms (EKG), Electroencephalograms (EEG), Pulmonary Function Tests (PFT), 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 Sleep Lab Coordinator and Respiratory Care department secretaries.

Staffing

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

Qualifications of Staff

Polysomnographic Technologists, the Respiratory Care department, and Sleep Lab staff keep core competencies current, as well as all certifications and licenses 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 to have a safe, effective, patient-centric experience with prompt, efficient, and fair service.

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

**Security Department
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The Security Department provides Security services for Bay Area Hospital (BAH) 24 hours per day/7 days per week. 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 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 Violent Incident Response Team (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 Preventative 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, securing 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 Human Resources Manager, the Security Manager serves as the day-to-day direct supervisor. Staffing is maintained 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 licensed as an Executive Manager. 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 completion of these competencies 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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 2026-2027**

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. Human Resources recruits, onboards, and manages the Volunteer Chaplains of Bay Area Hospital. The support of the patients and families is provided by the Spiritual Care Coordinator and the Volunteer Chaplains through the on-call schedule. 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.

Hours of Operation

The Spiritual Care office is open Monday through Friday, 0800 – 1000. The Spiritual Care Coordinator is on-call 24/7 through our hospital and arranges chaplain coverage.

Staffing

Spiritual Care Services is a department within the division of Human Resources. The Human Resources Manager manages and supervises the team. The position reports to the Chief Human Resources Officer (CHRO).

Qualifications of Staff

The Spiritual Care Coordinator has a Master of Religious Studies and 400 hours of CPE (1.0 unit of 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 2026-2027

Description

We are a full-service Operating Room (OR) and accommodate level three trauma. We specialize in General, Orthopedics, Gynecology, Obstetrics, Ear, Nose & 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 Technologists (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 Association of Perioperative Registered Nurses (AORN) Guidelines.

Qualifications of Staff

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

Integration with the Organization

- Adherence to organization-wide policy and procedure
- Participation in multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary 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, first case on time starts, block utilization, and surgical cancellations, to name a few. OR Leadership participates in 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 2026-2027

Description

The Sterile Processing Department (SPD) is responsible for the decontamination, inspection, assembly, sterilization, high-level disinfection (HLD), storage, and distribution of surgical instrumentation and endoscopic equipment utilized throughout the organization.

SPD supports perioperative services, endoscopy services, procedural areas, and ancillary departments by ensuring instruments and equipment are available, functional, safe, and processed in accordance with manufacturer Instructions for Use (IFU), regulatory standards, and evidence-based practices

Trained SPD technicians provide patient care under the direct supervision of physicians within the endoscopy suite.

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 caseload also determines staffing needs. When 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 manager 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 is hired without certification, they must obtain within 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 multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary committees and work groups (both clinical and non-clinical departments)

**Surgical Support Services
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The Surgical Support Services Department provides operational, logistical, environmental, transportation, and administrative support functions essential to the safe, efficient, and effective delivery of perioperative and procedural services. The department serves as an integrated support structure for Surgical Services, Endoscopy, Procedural Areas, Sterile Processing, and ancillary procedural departments.

Surgical Support Services is responsible for coordinating non-clinical functions that directly impact patient flow, operating room efficiency, infection prevention, equipment and supply availability, and overall procedural operations. The department works collaboratively with nursing, surgical staff, anesthesia providers, physicians, Sterile Processing, Environmental Services, Materials Management, and ancillary departments to support timely patient care and operational excellence.

Hours of Operation

The Surgical Support Services Department provides operational support coverage during routine daytime and evening procedural operations. Department staffing is scheduled to align with surgical and procedural activity.

Integration with the Organization

Employees of the Surgical Support Services are included in BAH initiatives, communication, committees, and incentives.

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 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.

Administrative support roles such as surgery scheduling, unit secretary, and materials management participate in operational committees to support daily workflows.

**Volunteer Services
SCOPE OF SERVICE
Fiscal Year 2026-2027**

Description

The purpose of the Volunteer Services department comprises various types of oversight by hospital departments. There is no centralized Volunteer Services Coordinator that oversees the entire program. Categories of volunteers include the Bay Area Hospital Auxiliary, Volunteer Musicians, Furry Friends, and Chaplains.

The BAH Auxiliary and Volunteer Musicians have an executive liaison assigned by the CEO, currently the Director of Marketing and Communications.

The BAH Chaplain reports to the Human Resources division.

Furry Friends coordinates with the Senior Director of Quality, who also oversees the hospital's Therapy Dog Program.

In the case of the other volunteer organization, recruitment, onboarding, and management are done outside of our organization. The BAH Auxiliary recruits, onboard, and trains its members.

Hours of Operation

General hours of support are available Monday through Friday, 0800 to 1600.

Integration with the Organization

Requests for certain clinical and non-clinical department volunteer support are managed directly with the BAH Auxiliary.

**Women's Imaging Center
SCOPE OF SERVICE
Fiscal Year 2026-2027**

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, carotid, 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 an 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 hours of operation are Monday through Friday, 0700 to 1800 hours.

Staffing

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

- Patient Access Specialists 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 licenses 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 improvement measures are tightly integrated with patient and physician satisfaction metrics.

- Adherence to organization-wide policy and procedure
- Participation in multidisciplinary and interdisciplinary processes
- Participation in multidisciplinary committees and work groups (both clinical and non-clinical departments)
- Evaluates the effectiveness of Department 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 in a safe manner 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 2026-2027**

SCOPE OF CARE

Department: Bay Area Hospital Wound and Hyperbaric Center

Hours of Operation: Services will be provided Monday – Friday, 0800 to 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 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:

1. 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
2. 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

1. The basic requirements for all RN's, LPN's, 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 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, the Laboratory Licensure Act, and the various institutional policies and practice standards set by affiliated professional organizations. The Center will recognize standards set by the WOCN, UHMS, TJC, HRS, CAP, NFPA, and OSHA.

Financial Results Overview
For Month Ending September 30, 2026

BOTTOM LINE - September: The Hospital posted \$187k in Net Operating Income for September 2026, which is above budget and compares favorably to September 2025 by \$1,025K reflecting stabilized operations following the changes implemented throughout FY26. The following chart shows a historical comparison of BAH's Operating Margins.

	September	YTD
Fiscal Year	Operating Margin (% of goal)	Operating Margin (% of goal)
2027	\$187K (187%)	\$389k (130%)
2026	-\$837K (-336%)	-\$4,426K (-1,152%)

Net Income of \$103K is favorable to the budgeted Net Loss of (\$36K), and favorable to prior year September Net Loss of \$(931K). In September 2026, investment income partially offset Interest Expense below the line. Management is focused on operating margin and expects net margins to show budget differences through the year based on the timing of non-operating income.

REVENUE: Gross charges increased in September over prior year reflecting the price increases to bring the chargemaster current with comparable hospitals in the region and state. However, these changes do not reflect similar expected increases in net revenue because the hospital has not changed contracts with payers. Generally, outpatient volumes including emergency room visits were higher than budget, cath lab and surgery volumes were on or near budget, and inpatient stays were below budget for the month.

Management monitors gross charges versus budget primarily to track volume and charge capture. The total difference in patient charges in September vs September 2025 is \$22.3M (related to the price increase and volume changes); the difference in patient charges in September 2026 versus budget is \$2.3M as shown below:

Department Revenue September 2026 versus budget			
	Unfavorable	Favorable	Net Difference
Nursing Departments		\$397,518	\$397,518
Surgery/Peri-operative Services		\$1,948,083	\$1,948,083
Cardiac Cath Lab		\$801,059	\$801,059
Imaging		\$276,605	\$276,605
Laboratory		\$124,800	\$124,800
Respiratory Therapy and Sleep		\$128,282	\$128,282
Emergency Department		\$809,344	\$809,344
Oncology Services		\$1,042,448	\$1,042,448
Pharmacy		\$1,209,412	\$1,209,412
All Unlisted Departments		\$1,269,748	\$1,269,748
Totals		\$8,007,300	\$8,007,300

Financial Results Overview
For Month Ending September 30, 2026

Department Revenue FYTD versus budget			
	Unfavorable	Favorable	Net Difference
Nursing Departments		\$668,823	\$668,823
Surgery/Peri-operative Services		\$525,586	\$525,586
Cardiac Cath Lab		\$1,344,280	\$1,344,280
Imaging		\$722,873	\$722,873
Laboratory	(\$99,512)		(\$99,512)
Respiratory Therapy and Sleep		\$464,049	\$464,049
Emergency Department		\$1,896,669	\$1,896,669
Oncology Services		\$2,753,271	\$2,753,271
Pharmacy	(\$1,036,735)		(\$1,036,735)
All Unlisted Departments		\$2,148,232	\$2,148,232
Totals	(\$1,136,247)	\$10,523,765	\$9,387,518

EXPENSES: Total Operating expense for the month reflected an unfavorable variance of \$2,225K to budget. The following is detailed analysis of select expense categories:

- Salaries, Benefits, & Labor – In total, an unfavorable variance to budget of \$1,042K. A drill down into the various components of the unfavorable \$1,042K expense variance shows the following:
 - \$320K unfavorable variance in Salaries expense driven by:
 - \$293K unfavorable variance in hours worked, and
 - \$37K unfavorable variance in average rate per hour worked.
 - \$393K unfavorable variance in Contract Labor expense driven by:
 - \$780K unfavorable variance in hours worked, and
 - \$387K favorable variance in average rate per hour worked.
 - \$328K unfavorable variance in Benefits expense was largely driven by:
 - \$296K in higher insurance benefit usage than budget, and
 - \$29K in higher retirement benefit expense.

The total unfavorable variance in Salaries and Contract Labor due to worked hours versus budget is \$1,073K, or 12% of the salaries and wages budget for the month and is partially explained by a 7.1 % increase in actual adjusted patient days versus budgeted adjusted patient days.

- Physician & Pro Fees – \$155K favorable variance to budget due to lower-than-budgeted locum physician expense.
- Purchased Services – \$164K favorable variance to budget due primarily to lower than budgeted use of revenue cycle and other business services.

Financial Results Overview
For Month Ending September 30, 2026

- Supplies – \$735K unfavorable variance to expense budget, primarily attributable to:
 - Pharmaceuticals – \$486K unfavorable medical supplies variance driven by higher census and volumes in September.
 - Robotic Supplies – \$74K unfavorable due to higher surgical volumes than budgeted

Supply expense per adjusted patient day was \$825 compared to budget of \$743, after having been favorable to budget the previous 2 months.

- Provider Tax Expense was \$469K unfavorable to budget as the rates as quarter end adjustments were made. While increasing expenses these adjustments also increased Supplement Payments revenue so it did not subtract from the bottom line.
- All other operating expenses – the balance of the expense lines combine for a favorable variance to budget of \$290K, \$250K of which is attributable to specialty pharmacy losses.

STATISTICS: Total adult acute hospital discharges of 460 in August are unfavorable to budget of 502; total adult patient days were 1983 this month, which is 1.2% unfavorable to the budget of 2008. The adult patient Average Length of Stay (ALOS) of 4.3 days was on budget over budget of 4.0 days. Adjusted patient days, which is the overall metric for total hospital activity (inpatient and outpatient combined) of 5,611 is 7.1% favorable to the budget of 5,240.

BALANCE SHEET: Total cash, cash equivalents, and investments readily convertible to cash at 9/30/2026 of \$37.9M compares unfavorably to prior month's \$41.7M and June 2026's 39.2M. Days Cash On Hand (All Sources) for the month of 58 days is lower than August's 64 days and prior year end of 60 days. Moda has held payments due to issues on the payer side and we are working to resolve the matter without involving the State. As a result, September patient cash collections of \$20.0M is 92.1% of the month's net patient revenues and FYTD cash collections to net patient revenues are 97.5%. Net Days in AR of 47 days is up from 42 days at June 30, 2026.

OUTLOOK: [provided closer to Board Meeting Date].

The logo graphic for Bay Area Hospital features a series of overlapping, wavy bands in various shades of blue and teal, creating a sense of movement and depth. The bands are layered, with some appearing more prominent than others, and they curve across the top of the page.

BAY AREA HOSPITAL

Unaudited Financial Statements
for
Month of and Period ended September 30, 2026

Prepared
Thursday, October 15, 2026

Finance Committee Chair
Kyle Stevens

Chief Financial Officer
Patrick Banks

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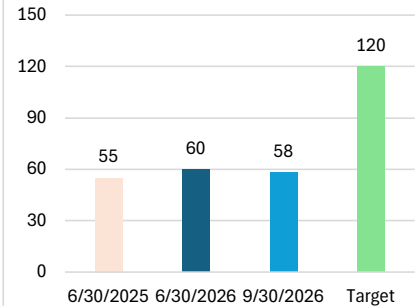
BAY AREA HOSPITAL

MONTH END: 9/30/2026

BALANCE SHEET

	YTD 9/30/2026	Prior FYE 6/30/2025
ASSETS		
Current Assets	\$ 62,671,504	\$ 56,747,947
Investments	28,763,407	28,485,325
Capital Assets (Net)	57,017,119	57,971,456
Other Assets	8,171,434	8,540,259
Total Unrestricted Assets	\$ 156,623,464	\$ 151,744,987
Defined Benefit Pension Asset	3,207,625	3,207,625
Total Assets	\$ 159,831,089	\$ 154,952,612
LIABILITIES & NET POSITION		
Current Liabilities	\$ 43,453,328	\$ 38,099,888
Long-Term Debt	43,737,807	44,382,704
Other Long-Term Liabilities	13,595,843	13,482,446
Total Liabilities	\$ 100,786,978	\$ 95,965,037
Net Position	59,044,111	58,987,576
Total Liabilities & Net Position	\$ 159,831,089	\$ 154,952,613

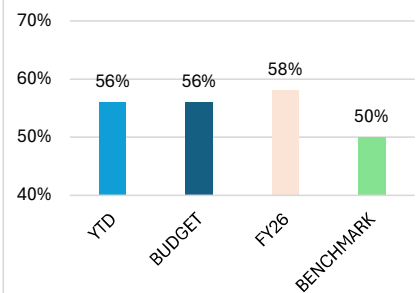
Days Cash On Hand



STATEMENT OF REVENUE AND EXPENSES - YTD

	MONTH OF 9/30/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$ 90,249,416	\$ 82,242,116	\$ 261,530,086	\$ 252,142,569
Deductions From Revenue	(67,795,033)	(61,263,920)	(196,475,107)	(188,314,373)
Bad Debt & Charity Write-Offs	(823,815)	(1,361,827)	(2,881,411)	(4,085,481)
Net Patient Revenues	\$ 21,630,567	\$ 19,616,368	\$ 62,173,568	\$ 59,742,714
Other Operating Revenues	2,474,308	2,175,575	4,716,350	6,525,081
Total Operating Revenues	\$ 24,104,876	\$ 21,791,944	\$ 66,889,918	\$ 66,267,795
Salaries, Benefits & Contr. Lbr	\$ 11,980,593	\$ 10,939,055	\$ 34,830,823	\$ 33,477,157
Purchased Serv & Phys Fees	3,643,353	3,962,936	11,295,109	11,881,396
Supplies	4,629,072	3,894,063	12,105,703	11,914,192
Other Operating Expenses	2,947,345	2,194,284	6,122,682	6,586,056
Depreciation	717,067	701,809	2,146,033	2,106,313
Total Expenses	\$ 23,917,430	\$ 21,692,147	\$ 66,500,350	\$ 65,965,114
Net Operating Surplus (Loss)	\$ 187,446	\$ 99,797	\$ 389,568	\$ 302,682
Non-Operating Income (Expense)	(84,011)	(135,642)	(333,032)	(406,927)
TOTAL NET SURPLUS (LOSS)	\$ 103,435	\$ (35,846)	\$ 56,536	\$ (104,245)

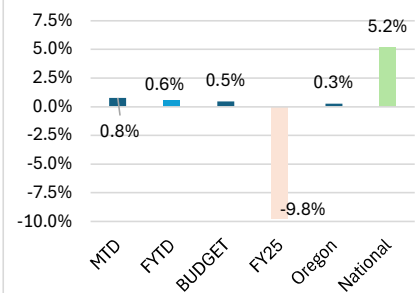
Compensation Costs %



KEY STATISTICS AND RATIOS

	9/30/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Discharges	499	547	1,537	1,677
Acute ALOS (Non-Psych)	3.97	3.75	3.86	3.74
Emergency Room Visits	2,624	2,483	7,810	7,617
Total Outpatient Visits	11,524	11,124	34,331	33,372
Operating Room Cases	317	301	834	923
Cath Lab Cases	117	126	362	386
Total Worked FTEs	783	764	762	764
Total Paid FTEs	885	863	861	863
EBIDA	4.5%	4.2%	4.5%	4.2%
Adjusted EBIDA	5.0%	4.6%	4.9%	4.6%
Current Ratio	1.4	n/a	1.4	n/a
Total Adult ADC	66.1	66.9	63.6	66.9

Operating Margins



BAY AREA HOSPITAL

MONTH END: 9/30/2026

	Year to Date 9/30/2026	Prior FYE 6/30/2026
Profitability:		
Operating Margin	0.6%	-1.6%
Total Net Surplus (Loss) Margin	0.1%	-2.1%
EBIDA Margin	4.5%	2.6%
Deductions from Revenue Percentage	76.2%	71.2%
Outpatient Factor	2.80	2.68
Liquidity:		
Days Cash On Hand, All Sources	58	60
Net Days in Accounts Receivable	47	42
Average Payment Period	27	25
Current Ratio	1.44	1.50
Capital Structure:		
Age of Plant (Annualized, in Years)	18.39	15.94
Debt to Assets Ratio	0.83	0.82
Debt Service Coverage Ratio	2.31	2.08
Productivity and Efficiency:		
Worked FTE/AOB	4.24	4.31
Paid FTE/AOB	4.79	4.87
SWB & Contr. Labor as a % of Net Patient Revenue	56%	58%
Salary Expense per Paid FTE (annualized)	\$131,271	\$169,007
Supply Expense Per Adj Discharge	\$3,078	\$2,939
Bad Debt Write-off %	0.86%	0.78%
Charity Care Write-off %	0.24%	0.40%
Other Ratios:		
Gross Days in Accounts Receivable	49.27	48.92
Net Revenue per Adjusted Discharge	\$15,567	\$14,960
Operating Expense per Adjusted Discharge	\$15,476	\$15,203

BAY AREA HOSPITAL

MONTH END: 9/30/2026

Current Month				Year-To-Date				
Actual	Budget	Variance	Prior Year	STATISTICS	Actual	Budget	Variance	Prior Year
9/30/2026	9/30/2026		9/30/2025	Discharge	9/30/2026	9/30/2026		9/30/2025
447	474	(27)	454	Medical, Surgical, ICU, and IMCU	1,350	1,456	(106)	1,469
13	28	(15)	32	Psychiatric	57	84	(27)	79
460	502	(42)	486	Total Adult Discharges	1,407	1,540	(133)	1,548
39	45	(6)	43	Newborn	130	137	(7)	150
499	547	(48)	529	Total Discharges	1,537	1,677	(140)	1,698
				Patient Days				
1,774	1,778	(4)	1,632	Medical, Surgical, ICU, and IMCU	5,212	5,452	(240)	5,171
209	230	(21)	280	Psychiatric	635	706	(71)	706
1,983	2,008	(25)	1,912	Total Adult Patient Days	5,847	6,158	(311)	5,877
83	90	(7)	74	Newborn	240	274	(34)	263
2,066	2,098	(32)	1,986	Total Patient Days	6,087	6,432	(345)	6,140
				Average Length of Stay (ALOS)				
3.97	3.75	0.22	3.59	Medical, Surgical, ICU, and IMCU	3.86	3.74	0.12	3.52
16.08	8.21	7.86	8.75	Psychiatric	11.14	8.40	2.74	8.94
4.31	4.00	0.31	3.93	Total Adult ALOS	4.16	4.00	0.16	3.80
2.13	2.00	0.13	1.72	Newborn ALOS	1.85	2.00	(0.15)	1.75
				Average Daily Census (ADC)				
59	59	(0)	54	Medical, Surgical, ICU, and IMCU	57	59	(3)	56
7	8	(1)	9	Psychiatric	7	8	(1)	8
66	67	(1)	64	Total Adult ADC	64	67	(3)	64
3	3	(0)	2	Newborn	3	3	(0)	3
				Emergency Room Statistics				
389	409	(20)	408	ER Visits - Admitted	1,221	1,256	(35)	1,200
2,235	2,074	161	2,088	ER Visits - Discharged	6,589	6,361	228	6,500
2,624	2,483	141	2,496	Total ER Visits	7,810	7,617	193	7,700
14.82%	16.47%	(1.65%)	16.35%	% of ER Visits Admitted	15.63%	16.49%	(0.86%)	15.58%
84.57%	81.47%	3.09%	83.95%	ER Admissions as a % of Total Admissions	86.78%	81.56%	5.22%	77.52%
				Other Statistics				
11,524	11,124	400	10,991	Total Outpatients Visits	34,331	33,372	959	33,698
141	101	40	144	Observation Bed Days	486	310	176	338
2,437	2,276	161	2,146	Clinic Visits - Specialty Clinics	7,052	6,956	96	6,626
104	90	14	118	IP Surgical Cases	268	277	(9)	314
213	211	2	212	OP Surgical Cases	566	646	(80)	641
117	126	(9)	98	Cath Lab Cases	362	386	(24)	377
				Productivity Statistics				
754	731	(23)	757	FTE Worked (Excluding Providers)	735	731	(4)	765
852	826	(26)	855	FTE Paid (Excluding Providers)	830	826	(4)	864
29	33	4	32	FTE Worked (Providers)	27	33	5	32
33	37	4	36	FTE Paid (Providers)	31	37	6	36
1.3191	1.5953	(0.2762)	1.4969	Case Mix Index - Medicare	1.3352	1.5953	(0.2601)	1.5971
1.2477	1.5832	(0.3355)	1.5432	Case Mix Index - All Payers	1.3997	1.5832	(0.1835)	1.5692

BAY AREA HOSPITAL

MONTH END: 9/30/2026

Month to Date

	9/30/2026	Budget	Variance	Var %	9/30/2025	Variance	Var %
Gross Patient Revenue							
Inpatient Revenue	\$ 31,897,917	\$ 31,522,205	\$ 375,712	1.2%	\$ 26,728,010	\$ 5,169,907	19.3%
Outpatient Revenue	58,351,499	50,719,910	7,631,588	15.0%	41,227,365	17,124,134	41.5%
Total Gross Patient Revenue	\$ 90,249,416	\$ 82,242,116	\$ 8,007,300	9.7%	\$ 67,955,375	\$ 22,294,041	32.8%
Deductions							
Bad Debt	\$ 67,795,033	\$ 61,263,920	\$ (6,531,113)	-10.7%	\$ 47,460,525	\$ (20,334,508)	-42.8%
Charity	596,262	789,828	193,566	24.5%	209,021	(387,241)	-185.3%
	227,553	571,999	344,446	60.2%	376,122	148,568	39.5%
Total Deductions	\$ 68,618,848	\$ 62,625,747	\$ (5,993,101)	-9.6%	\$ 48,045,667	\$ (20,573,181)	-42.8%
Net Patient Revenue	\$ 21,630,567	\$ 19,616,368	\$ 2,014,199	10.3%	\$ 19,909,708	\$ 1,720,860	8.6%
Supplemental Payments	2,202,593	1,755,923	446,670	25.4%	1,679,725	522,868	31.1%
Other Oper Revenue	271,715	419,652	(147,937)	-35.3%	56,187	215,528	383.6%
Total Net Revenue	\$ 24,104,876	\$ 21,791,944	\$ 2,312,932	10.6%	\$ 21,645,620	\$ 2,459,256	11.4%
<i>Net to Gross Patient Rev Ratio</i>	24.0%	23.9%			29.3%		
Operating Expenses							
Salaries	\$ 8,329,284	\$ 8,009,077	\$ (320,207)	-4.0%	\$ 8,363,855	\$ 34,571	0.4%
Contract Labor	1,251,092	857,607	(393,485)	-45.9%	1,503,921	252,830	16.8%
Benefits	2,400,218	2,072,371	(327,847)	-15.8%	1,972,668	(427,549)	-21.7%
Physician & Prof Fee	1,501,673	1,657,073	155,400	9.4%	1,613,154	111,482	6.9%
Supplies	4,629,072	3,894,063	(735,009)	-18.9%	3,232,610	(1,396,462)	-43.2%
Purchased Services	2,141,680	2,305,863	164,183	7.1%	2,415,248	273,568	11.3%
Leases/Rentals	19,598	25,354	5,756	22.7%	33,513	13,915	41.5%
Depreciation	717,067	701,809	(15,258)	-2.2%	719,449	2,383	0.3%
Provider Tax Expense	2,227,741	1,759,066	(468,675)	-26.6%	1,679,725	(548,016)	-32.6%
Other Oper Expense	700,007	409,864	(290,143)	-70.8%	948,860	248,853	26.2%
Total Operating Expenses	\$ 23,917,430	\$ 21,692,147	\$ (2,225,283)	-10.3%	\$ 22,483,004	\$ (1,434,426)	-6.4%
Net Operating Income	\$ 187,446	\$ 99,797	\$ 87,649	87.8%	\$ (837,384)	\$ 1,024,830	-122.4%
Investment Income	159,648	70,000	89,648	128.1%	126,043	33,604	26.7%
Other Nonop Inc(Exp)	15,771	51,024	(35,253)	-69.1%	62,855	(47,084)	-74.9%
Interest Expense	(259,429)	(256,667)	(2,763)	1.1%	(282,150)	22,721	-8.1%
Net Surplus (Loss)	\$ 103,435	\$ (35,846)	\$ 139,281	-388.6%	\$ (930,635)	\$ 1,034,070	-111.1%

BAY AREA HOSPITAL

MONTH END: 9/30/2026

Year to Date

	9/30/2026	Budget	Variance	Var %	9/30/2025	Variance	Var %
Gross Patient Revenue							
Inpatient Revenue	\$ 93,549,348	\$ 96,600,903	\$ (3,051,555)	-3.2%	\$ 77,508,523	\$ 16,040,825	20.7%
Outpatient Revenue	167,980,738	155,541,666	12,439,072	8.0%	123,678,461	44,302,277	35.8%
Total Gross Patient Revenue	\$ 261,530,086	\$ 252,142,569	\$ 9,387,517	3.7%	\$ 201,186,984	\$ 60,343,102	30.0%
Deductions							
Deductions	\$ 196,475,107	\$ 188,314,373	\$ (8,160,734)	-4.3%	\$ 141,919,840	\$ (54,555,267)	-38.4%
Bad Debt	2,247,300	2,369,484	122,184	5.2%	754,625	(1,492,676)	-197.8%
Charity	634,111	1,715,997	1,081,887	63.0%	863,527	229,416	26.6%
Total Deductions	\$ 199,356,518	\$ 192,399,854	\$ (6,956,663)	-3.6%	\$ 143,537,992	\$ (55,818,526)	-38.9%
Net Patient Revenue	\$ 62,173,568	\$ 59,742,714	\$ 2,430,854	4.1%	\$ 57,648,992	\$ 4,524,576	7.8%
Supplemental Payments	4,563,739	5,266,124	(702,385)	-13.3%	5,049,326	(485,587)	-9.6%
Other Oper Revenue	152,611	1,258,957	(1,106,346)	-87.9%	875,140	(722,529)	-82.6%
Total Net Revenue	\$ 66,889,918	\$ 66,267,795	\$ 622,123	0.9%	\$ 63,573,458	\$ 3,316,460	5.2%
<i>Net to Gross Ratio</i>	23.8%	23.7%			28.7%		
Operating Expenses							
Salaries	\$ 25,006,643	\$ 24,508,191	\$ (498,452)	-2.0%	\$ 25,554,758	\$ 548,115	2.1%
Contract Labor	3,136,904	2,711,043	(425,861)	-15.7%	4,916,756	1,779,852	36.2%
Benefits	6,687,277	6,257,924	(429,353)	-6.9%	7,075,150	387,873	5.5%
Physician & Prof Fee	4,642,957	4,961,636	318,679	6.4%	4,755,550	112,593	2.4%
Supplies	12,105,703	11,914,192	(191,511)	-1.6%	10,445,861	(1,659,842)	-15.9%
Purchased Services	6,652,151	6,919,760	267,609	3.9%	6,703,621	51,470	0.8%
Leases/Rentals	56,269	76,662	20,393	26.6%	71,082	14,813	20.8%
Depreciation	2,146,033	2,106,313	(39,721)	-1.9%	2,223,355	77,322	3.5%
Provider Tax Expense	4,612,499	5,277,197	664,698	12.6%	5,032,583	420,085	8.3%
Other Oper Expense	1,453,914	1,232,196	(221,717)	-18.0%	1,220,270	(233,643)	-19.1%
Total Operating Expenses	\$ 66,500,350	\$ 65,965,114	\$ (535,237)	-0.8%	\$ 67,998,988	\$ 1,498,638	2.2%
Net Operating Income	\$ 389,568	\$ 302,682	\$ 86,886	28.7%	\$ (4,425,530)	\$ 4,815,097	-108.8%
Investment Income	309,862	210,000	99,862	47.6%	381,989	(72,128)	-18.9%
Other Nonop Inc(Exp)	180,515	153,073	27,442	17.9%	103,302	77,213	74.7%
Interest Expense	(823,409)	(770,000)	(53,409)	6.9%	(831,212)	7,803	-0.9%
Net Surplus (Loss)	\$ 56,539	\$ (104,245)	\$ 160,784	-154.2%	\$ (4,771,451)	\$ 4,827,989	-101.2%

BAY AREA HOSPITAL

MONTH END:9/30/2026

Assets And Deferred Outflows Of Resources	9/30/2026	8/31/2026	6/30/2026
Current Assets			
Cash & Cash Equivalents	\$ 9,142,076	\$ 13,110,575	\$ 10,815,007
Accounts Receivable, net	31,587,374	27,652,013	27,874,641
Inventory	4,830,000	4,776,357	4,709,190
Other Current Assets	17,112,054	15,161,412	13,349,110
Total Current Assets	\$ 62,671,504	\$ 60,700,357	\$ 56,747,947
Investments	\$ 28,763,407	\$ 28,605,193	\$ 28,485,325
Capital Assets			
Depreciable Capital Assets, net	\$ 54,521,427	\$ 54,940,143	\$ 56,046,266
Nondepreciable Capital Assets	2,495,692	2,510,980	1,925,190
Total Capital Assets, net	\$ 57,017,119	\$ 57,451,123	\$ 57,971,456
Leases and Subscriptions, net	\$ 4,266,601	\$ 4,430,348	\$ 4,757,842
Other Non Current Assets	3,904,833	3,861,096	3,782,417
Total Assets	\$ 156,623,464	\$ 155,048,117	\$ 151,744,987
Deferred Outflows Of Resources	3,207,625	3,207,625	3,207,625
Total Assets And Deferred Outflows	\$ 159,831,089	\$ 158,255,742	\$ 154,952,612
Liabilities, Deferred Inflows of Resources, And Net Position	9/30/2026	8/31/2026	6/30/2026
Current Liabilities			
Accounts Payable	\$ 8,346,276	\$ 9,443,355	\$ 7,484,533
Accrued Payroll and Payroll Taxes	3,521,266	2,926,281	4,761,098
Accrued Paid Time Off	5,246,313	5,210,445	5,225,436
Other Accrued Liabilities	17,656,372	15,193,153	11,849,189
3rd Party Settlements Payable, net	5,301,418	5,665,526	5,436,110
Current Portion of Long Term Obligations	3,381,682	3,343,522	3,343,522
Total Current Liabilities	\$ 43,453,328	\$ 41,782,281	\$ 38,099,888
Long Term Obligations, net of current portion	\$ 43,737,807	\$ 43,980,671	\$ 44,382,704
Other Noncurrent Liabilities	3,473,590	3,429,853	3,360,013
Net Pension Liability	0	0	0
Total Liabilities	\$ 90,664,725	\$ 89,192,805	\$ 85,842,605
Deferred Inflows Of Resources	\$ 10,138,074	\$ 10,138,074	\$ 10,138,074
Inter Fund Receivables (Payables)	(15,820)	(15,813)	(15,642)
Total Liabilities & Deferred Cash Inflows	\$ 100,786,978	\$ 99,315,066	\$ 95,965,037
Net Position	\$ 59,044,111	\$ 58,940,676	\$ 58,987,575
Total Liabilities, Deferred Inflows, Net Position	\$ 159,831,089	\$ 158,255,742	\$ 154,952,612

BAY AREA HOSPITAL

MONTH END: 9/30/2026

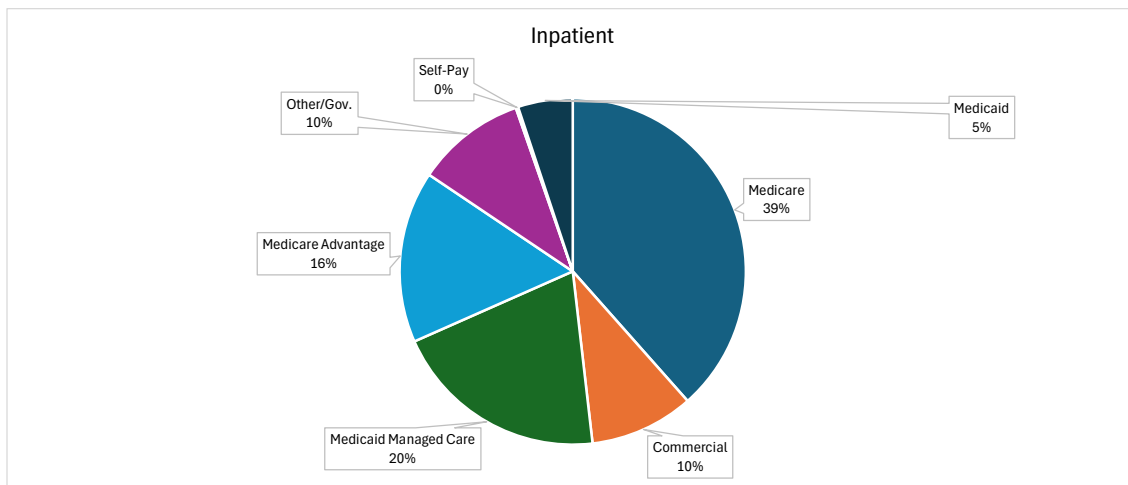
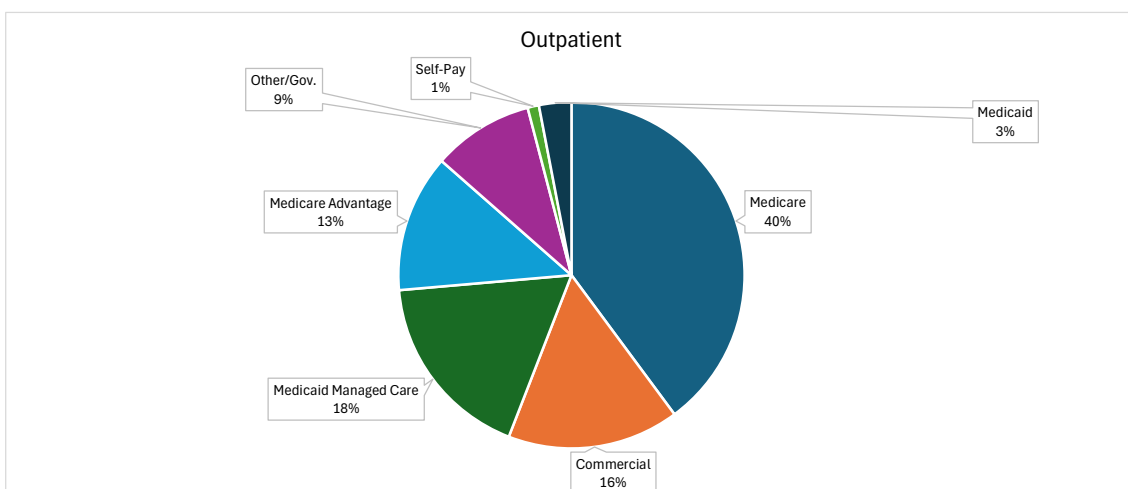
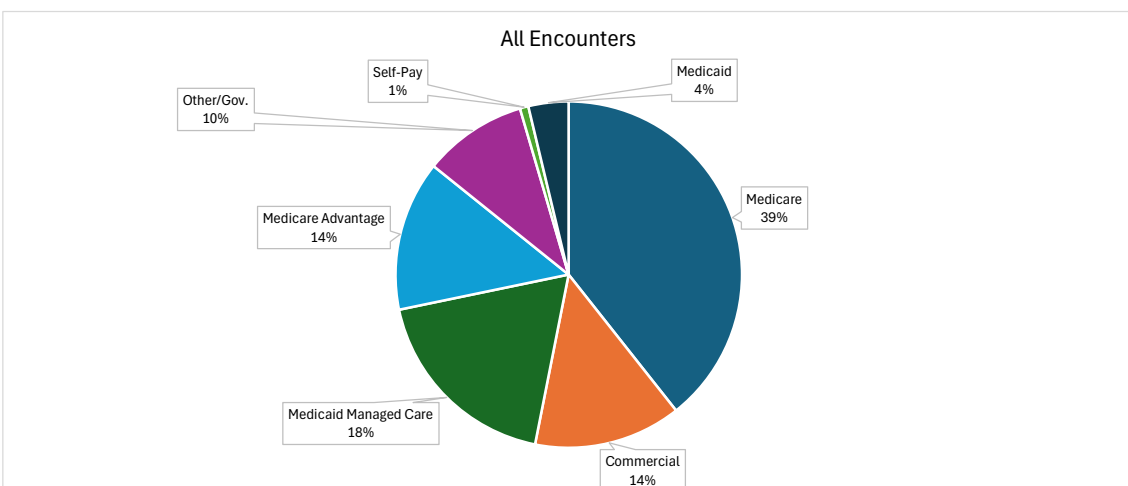
	Month	Year to Date
Cash Flows from Operating Activities:		
Net Income / (loss)	\$ 103,435	\$ 56,539
Adjustments to reconcile net loss to net cash provided by operating activities:		
Change in Value of Investments	\$ (158,214)	\$ (278,082)
Depreciation & Amortization	717,067	2,146,033
Decreases (Increases) In:		
Receivables	(3,935,362)	(3,712,733)
Inventories of Supplies	(53,643)	(120,810)
Other Current Assets	(1,950,642)	(3,762,944)
Net Pension Asset and Liability	-	-
Other Noncurrent Assets	(43,736)	(122,415)
Increases (Decreases) In:		
Accounts Payable	(1,097,078)	861,743
Accrued Payroll and Payroll Taxes	594,986	(1,239,832)
Accrued Paid Time Off	35,868	20,878
Other Current Liabilities	2,463,219	5,807,183
Estimated 3rd Party Settlements	(364,108)	(134,692)
Other Noncurrent Liabilities	43,736	113,576
Net cash provided by operating activities	\$ (3,644,472)	\$ (365,556)
Cash flows from investing activities:		
Purchase of PP&E & Subscriptions	\$ -	\$ (7,284)
Leases and Other Subscription Arrangements in Capital	(119,316)	(693,175)
Transfers of Investments to Cash	-	-
Net cash provided by investing activities	\$ (119,316)	\$ (700,459)
Cash flows from financing activities:		
Changes in Interfund Payables/Receivables	\$ (8)	\$ (179)
Principle Payments on Debt and Leases	(204,703)	(606,737)
Net cash provided by financing activities	\$ (204,711)	\$ (606,916)
Net increase (decrease) in cash	\$ (3,968,499)	\$ (1,672,930)
Beginning Cash Balance	\$ 13,110,575	\$ 10,815,007
Ending Cash Balance	\$ 9,142,076	\$ 9,142,077

REVENUE CYCLE REPORT
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BAY AREA HOSPITAL
MONTH END: 9/30/2026

		Actual	Target
Net Days in Accounts Receivable		46.74	< 50
Gross Days in Unbilled Revenue - Discharges Not Final Billed		5.10	< 3.5
Gross Days in Credit Balances		0.77	< 1.0
Charity Care as a % of Gross Patient Revenue	Current Month	0.25%	~ 0%
	Year- To-Date	0.24%	~ 0%
Bad Debts as a % of Gross Patient Revenue	Current Month	0.66%	~ 1%
	Year- To-Date	0.86%	~ 1%
Collections as a Percentage of Net Patient Revenue	Current Month	97.10%	>= 100%
	Year- To-Date	99.20%	>= 100%
Percentage of Accounts Receivable > 90 Days	Medicare	7%	< 6%
	Commercial	25%	< 15%
	Medicare Advantage	14%	< 15%
	Advanced Health	8%	< 15%
	State Medicaid	17%	< 20%
	Other Payors	20%	< 25%
% of Claims Initially Denied - Partial or Zero Pay	Current Month	10.50%	< 3%
	Year- To-Date	11.03%	< 3%
% Denials Resolved	Current Month	49.05%	100%
% of Patient Responsibility Collected at Point of Service	Current Month	11.10%	20% or >
	Year- To-Date	10.03%	20% or >
Cost to Collect as a % of Cash Collections	Current Month	5.53%	< 5%
	Year- To-Date	6.33%	< 5%
Late Charges as a % of Total Charges	Current Month	5.25%	0%
	Year- To-Date	4.31%	0%
% of Insurance Registrations Verified	Current Month	97.90%	100%
	Year- To-Date	97.17%	100%
% of Accounts Pre-Authorized for Service	Current Month	97.88%	100%
	Year- To-Date	96.72%	100%

BAY AREA HOSPITAL

MONTH END: 9/30/2026



BAY AREA HOSPITAL

MONTH END: 9/30/2026

Current Month Purchases	Cost	Budgeted
27-002 Hemodialysis System	\$ 206,055	√
27-003 Borescope	\$ 10,287	√
27-004 Network Adapter	\$ 1,515	√
27-005 Patio Doors-3rd FL Patio	\$ 12,817	√
Capital Expenditure, Current Month	\$ 230,674	
Previously Purchased in Current Fiscal Year:		
26-007 Pevco Passport & Barcode (Inactive)	\$ 19,040	√
26-015 Prizm Cart System (Inactive)	\$ 32,467	√
26-021 PFT PC System	\$ 46,988	√
27-001 Urethrotome Set	\$ 8,823	√
27-003 Borescope	\$ 10,269	√
24-121 UKG WorkForce Dimensions Impl.	\$ 61,518	√
26-022 GYNO Cart	\$ 10,269	√
26-024 Laproscopic Instrument	\$ 54,798	√
26-023 TeleDoc Cart	\$ 7,284	√
26-018 Teledoc Capital Lease	\$ 1,145	√
Capital Expenditure, Previously Purchased	\$ 252,600	
Total Capital Expenditure, Fiscal YTD	\$ 483,274	

BAY AREA HOSPITAL

MONTH END: 9/30/2026

CovenantStatus

1) TTM Income Available for Debt Service > \$5,000,000

\$ 11,430,393

2) Days Cash On Hand > 75

58.3

3) Unrestricted Liquid Funds > \$50,000,000

\$ 37,904,483

BAY AREA HOSPITAL

MONTH END: 9/30/2026

	Month to Date						
	9/30/2026	8/31/2026	7/31/2026	6/30/2026	5/31/2026	4/30/2026	3/31/2026
Gross Patient Revenue							
Inpatient Revenue	\$ 31,897,917	\$ 31,149,482	\$ 30,501,949	\$ 24,402,714	\$ 22,665,808	\$ 24,253,268	\$ 27,718,013
Outpatient Revenue	58,351,499	53,094,999	56,534,240	45,261,265	41,183,016	45,882,317	48,055,032
Total Gross Patient Revenue	\$ 90,249,416	\$ 84,244,481	\$ 87,036,189	\$ 69,663,979	\$ 63,848,824	\$ 70,135,585	\$ 75,773,045
Deductions							
Deductions	\$ 67,795,033	\$ 63,189,432	\$ 65,490,642	\$ 47,644,944	\$ 44,194,096	\$ 49,201,875	\$ 53,160,373
Bad Debt	596,262	885,697	765,341	891,567	548,926	(518,513)	969,179
Charity	227,553	180,503	226,054	161,406	300,477	531,244	203,881
Total Deductions	\$ 68,618,848	\$ 64,255,632	\$ 66,482,037	\$ 48,697,916	\$ 45,043,499	\$ 49,214,606	\$ 54,333,433
Net Patient Revenue	\$ 21,630,567	\$ 19,988,849	\$ 20,554,151	\$ 20,966,063	\$ 18,805,325	\$ 20,920,979	\$ 21,439,613
Supplemental Payments	2,202,593	1,200,000	1,161,146	1,860,396	1,654,526	1,578,204	1,914,746
Other Oper Revenue	271,715	107,980	(227,085)	139,822	249,054	99,065	349,576
Total Net Revenue	\$ 24,104,876	\$ 21,296,830	\$ 21,488,213	\$ 22,966,281	\$ 20,708,905	\$ 22,598,248	\$ 23,703,934
<i>Net to Gross Patient Rev Ratio</i>	24.0%	23.7%	23.6%	30.1%	29.5%	29.8%	28.3%
Operating Expenses							
Salaries	\$ 8,329,284	\$ 8,425,650	\$ 8,251,709	\$ 7,778,160	\$ 8,241,018	\$ 7,734,115	\$ 8,107,901
Contract Labor	1,251,092	1,065,102	820,710	1,300,126	1,014,745	892,120	865,999
Benefits	2,400,218	1,957,117	2,329,942	2,738,721	1,633,313	3,063,878	2,125,341
Physician & Prof Fee	1,501,673	1,564,085	1,577,199	1,483,253	1,584,349	1,723,043	1,977,458
Supplies	4,629,072	3,832,330	3,644,301	4,238,817	3,002,740	4,774,497	4,488,361
Purchased Services	2,141,680	2,010,607	2,499,864	2,283,195	2,215,907	1,587,683	2,811,916
Leases/Rentals	19,598	21,492	15,180	22,206	22,370	22,944	35,056
Depreciation	717,067	713,655	715,312	718,521	761,446	759,992	769,694
Provider Tax Expense	2,227,741	1,212,000	1,172,758	1,879,000	1,671,071	1,593,986	1,933,893
Other Oper Expense	700,007	379,095	374,812	454,196	443,042	369,252	401,240
Total Operating Expenses	\$ 23,917,430	\$ 21,181,133	\$ 21,401,787	\$ 22,896,195	\$ 20,590,001	\$ 22,521,510	\$ 23,516,862
Net Operating Income	\$ 187,446	\$ 115,696	\$ 86,426	\$ 70,086	\$ 118,904	\$ 76,738	\$ 187,073
Investment Income	159,648	92,238	57,979	92,713	78,765	69,847	9,619
Other Nonop Inc(Exp)	15,771	162,865	1,879	97,607	62,103	25,633	155,989
Interest Expense	(259,429)	(294,123)	(269,856)	(272,931)	(271,827)	(272,484)	(256,406)
Net Surplus (Loss)	\$ 103,435	\$ 76,676	\$ (123,572)	\$ (12,525)	\$ (12,054)	\$ (100,266)	\$ 96,275

BAY AREA HOSPITAL

MONTH END: 9/30/2026

	Month to Date					
	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025
Gross Patient Revenue						
Inpatient Revenue	\$ 24,785,270	\$ 25,285,811	\$ 27,533,675	\$ 24,794,900	\$ 26,626,663	\$ 26,728,010
Outpatient Revenue	40,043,628	42,203,815	42,929,314	39,172,236	45,309,041	41,227,365
Total Gross Patient Revenue	\$ 64,828,898	\$ 67,489,626	\$ 70,462,989	\$ 63,967,137	\$ 71,935,704	\$ 67,955,375
Deductions						
Bad Debt	\$ 45,076,087	\$ 47,381,190	\$ 48,583,922	\$ 45,505,698	\$ 51,088,823	\$ 47,460,525
Charity	498,518	705,872	1,565,159	731,546	257,324	209,021
Total Deductions	\$ 45,847,788	\$ 48,348,214	\$ 50,210,344	\$ 46,428,542	\$ 51,776,066	\$ 48,045,667
Net Patient Revenue	\$ 18,981,110	\$ 19,141,412	\$ 20,252,644	\$ 17,538,595	\$ 20,159,638	\$ 19,909,708
Supplemental Payments	1,686,583	1,676,398	1,802,141	1,534,499	1,767,538	1,679,725
Other Oper Revenue	513,838	899,461	(63,067)	802,893	343,466	56,187
Total Net Revenue	\$ 21,181,531	\$ 21,717,271	\$ 21,991,719	\$ 19,875,987	\$ 22,270,643	\$ 21,645,620
<i>Net to Gross Patient Rev Ratio</i>	29.3%	28.4%	28.7%	27.4%	28.0%	29.3%
Operating Expenses						
Salaries	\$ 7,350,047	\$ 7,933,015	\$ 7,896,929	\$ 8,161,024	\$ 7,915,210	\$ 8,363,855
Contract Labor	1,057,989	1,126,720	901,445	726,015	1,607,600	1,503,921
Benefits	1,758,927	1,512,921	1,917,631	1,837,150	2,296,902	1,972,668
Physician & Prof Fee	1,531,129	2,008,633	1,521,919	1,347,277	1,461,946	1,613,154
Supplies	4,635,729	3,924,063	3,994,123	3,450,109	3,865,979	3,232,610
Purchased Services	1,784,481	2,375,422	2,003,334	1,812,019	2,300,742	2,415,248
Leases/Rentals	15,262	38,036	28,830	16,790	26,442	33,513
Depreciation	770,547	863,605	705,876	708,467	708,889	719,449
Provider Tax Expense	1,703,449	1,693,162	1,820,163	1,549,844	1,785,213	1,679,725
Other Oper Expense	465,466	167,886	1,037,336	587,523	597,781	948,860
Total Operating Expenses	\$ 21,073,027	\$ 21,643,463	\$ 21,827,587	\$ 20,196,218	\$ 22,566,704	\$ 22,483,004
Net Operating Income	\$ 108,504	\$ 73,808	\$ 164,132	\$ (320,231)	\$ (296,061)	\$ (837,384)
Investment Income	137,692	64,439	75,553	136,471	125,137	126,043
Other Nonop Inc(Exp)	179,432	30,652	24,726	88,187	13,195	62,855
Interest Expense	(283,115)	(292,764)	(252,906)	(297,114)	(272,313)	(282,150)
Net Surplus (Loss)	\$ 142,513	\$ (123,865)	\$ 11,505	\$ (392,686)	\$ (430,042)	\$ (930,635)