



Board Meeting Agenda

October 26th at 6:30 pm

In Person	Morrow County Grain Growers – Conference Room 350 Main Street, Lexington, OR 97839
Zoom	https://us06web.zoom.us/j/5835486997?omn=86244095353 Meeting ID: 583 548 6997

1. **Call to Order and Pledge of Allegiance**
2. **Public Comment (Maximum of 3 minutes per person. Maximum of 30 minutes for comments)**
3. **Approval of Meeting Minutes**
 - A. August 31st, 2026
 - B. October 21st, 2026 Special Board Meeting
4. **Introduction of New EMS Director – Christopher McGee**
5. **Consent agenda**
 - A. CEO Dashboard – Shiloh Erven, CEO
 - B. Quality Report – Dr. Emily Jack, Medical Director (Clinics and Hospital Inpatient)
 - C. EMS Stats – Christopher McGee, EMS Director
6. **Reports**
 - A. CEO Report – Shiloh Erven, CEO
 - i. Provider Recruitment Update
 - ii. Hospital Price Transparency Compliance
 - iii. CEO Onboarding Plan Update
 - B. Financial Report – Rick Worden, CFO
7. **Old Business**
 - A. Compliance Board Backups – Julie Baker, Director of Compliance and Risk Management
 - B. Funding Update – Shiloh Erven, CEO
8. **New Business**
 - A. Sale of Surplus Mobile Medical Unit: Request for Approval – Shiloh Erven, CEO
9. **Adjourn**
10. **Next meeting: November 30, 2026, 6:30 pm, Irrigon Library, 490 NE Mail St, Irrigon, OR 97844**

Promise of Excellence

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Respect: Recognizing and valuing the dignity and uniqueness of everyone. Respect creates a work environment based on teamwork, encouragement, trust, concern, honesty, and responsive communication among all employees and our patients.

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Excellence: Creating standards of performance that surpass ordinary expectations. We want to make this the place where patients want to come, our providers want to practice, and people want to work!

Meeting	Board of Directors		
Date / Time	August 31, 2026, 6:30 pm	Location	Pioneer Memorial Clinic 130 Thompson Street, Heppner, Oregon 97836 Zoom Video Conference
Chair	Janet Greenup	Recorder	Natalia Wight
Board Members	Present: Janet Greenup, Lisa Pratt, Jason Hanna, Annetta Spicer, McKenzie Bailey		
Attendees	Staff: Shiloh Erven, Julie Baker, Natalia Wight, Rick Worden, Dr. Emily Jack, Sheryl Angell, Staci Hedman, Tina Montgomery, Jodi Ferguson, Jamie Houck, Katelin Tellechea, Laura Lawson, Trista Seastone, Dr. Russ Nichols Press: Gazette Times Guests: N/A		

Mission

Bring essential health services to our rural communities that meet the unique needs of the people we serve.

Vision

Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.

Values

Integrity, Compassion, Quality, Respect, Financial Responsibility

Agenda Item	Minutes
1. Call to Order & Pledge of Allegiance	Chair Janet Greenup called the meeting to order at 6:30 pm.
2. Public Comment	<ul style="list-style-type: none"> None
3. Approval of Meeting Minutes A. July 27, 2026	MOTION: Jason Hanna moved to approve the minutes for the July 27, 2026 meeting. Lisa Pratt seconded the motion. VOTE: Janet Greenup- yes, McKenzie Bailey- yes, Jason Hanna- yes, Lisa Pratt- yes, Annetta Spicer- yes. The motion passed.
4. Consent Agenda A. CEO Dashboard – Shiloh Erven, CEO B. Quality Report – Dr. Emily Jack C. EMS Stats – Jodi Ferguson	<p>A. Shiloh Erven discussed the CEO Dashboard (see packet). Erven discussed Pioneer Memorial Hospital visits, noting outpatient, inpatient, and ED visits. Stated he will want to compare to last year's data to track growth. Discussed individual clinic visits and compared them to last July, showing improvement. Home Health and Hospice metrics were discussed, showing a decrease; currently looking into this and will report once more information is available.</p> <p>B. Dr. Jack stated staff is actively working on AWC metrics and scheduling those patients. We can now store and administer vaccines. Free sports physicals were offered in August at Heppner High School and were a success. This service was offered to all the schools in Morrow County and we will continue to try to add more school locations next time. Clinics have received positive feedback about having more providers staffed. McKenzie Bailey asked if there has been a conversation with Community Counseling Services regarding co-locating mental health. Dr. Jack stated that MCHD and CCS do work together and interface quite frequently.</p>

	<p>C. Jodi Ferguson reviewed the EMS Stats (see packet). Noted that we continue to meet the criteria for the contract with Morrow County. Our interim EMS director has been on board and working well; we hope to have a permanent EMS Director coming on board in the next few weeks.</p>
<p>5. Reports</p> <p>A. CEO Report – Shiloh Erven, CEO</p> <ul style="list-style-type: none"> i. Recruitment Update ii. RHTP Funding Update iii. CEO Onboarding Plan Update iv. Hospital Association of Oregon Report <p>B. Financial Report – Rick Worden, CFO</p>	<p>A. Shiloh Erven provided a CEO Update.</p> <ul style="list-style-type: none"> i. Erven shared an update that a new permanent EMS Director should start in the next couple of weeks, and an announcement will be made later this month. The PA who toured the area previously ultimately selected a location in Michigan for employment; however, they were very complimentary about our location and the touring. We have two new PA candidates for Irrigon Medical Clinic who will most likely visit in September. ii. Erven gave an update regarding RHTP funding. This is a 5-year program through Medicare meant to help local hospitals and clinics. MCHD was awarded \$100,000 per clinic and \$963,000 for Pioneer Memorial Hospital. We submitted our project proposals and are currently waiting for official approval before funds are released. The focus points include Technology and Data, Healthy Communities, and Workforce Training. Lisa Pratt asked when we anticipate receiving the grant funds. Katelin Tellechea noted that she received an update that she expects the grant office to sign off in the next few weeks. iii. Erven said he has interviewed core leadership and board members and is currently hosting employee group sessions. Has concluded the first group session with Pioneer Memorial Clinic staff and will give a full report at the October meeting. iv. Erven discussed the Hospital Association of Oregon Report (see packet). The OHA completed a statewide tour, and Shiloh met with them in La Grande. Noted that Oregon hospitals have been losing money, and both large and small hospitals are experiencing losses. Costs are increasing while reimbursement is down, creating challenges. Lawmakers are working to influence change to help support Oregon hospitals. The H.R.1 bill will create more challenges, and some Medicaid patients are projected to lose coverage, which will increase pressure. More to come. <p>B. Rick Worden presented the Financial Report (see packet). Worden discussed the Income Operating Sheet and compared the data to August 2025. Noted that wages and salaries have increased by about \$100,000, and FTE's have increased from 93 to 104. Discussion regarding how many of those FTE positions are income-producing. Noted we are similar financially to last year; however, visits are down from June across the board due to vacations and closures. We should expect an increase in August and improved revenue numbers. Days cash on hand is down to 11, and days in A/R is currently at 82. Worden noted this was</p>

	mainly due to a staffing issue at HHH and the credentialing process for two new providers, which typically takes 90-120 days. Discussion regarding the timing of tax payments and SIP payments.
6. Old Business <ul style="list-style-type: none"> A. Tax Anticipation Note B. Special Board Education Meeting C. Community Benefit Review 	<p>A. Worden discussed a tax anticipation note, noting that it is a common tool used by special districts that rely on tax funding. We have had this in place for the last three years, but have not needed to draw on it. Bank of Eastern Oregon is offering a tax anticipation note of \$1 million at 5.95% interest, with a \$2,500 loan fee, payable by December 31st. Pratt asked if this is a loan or line of credit. Worden noted this is similar to a line of credit where we would draw from it as needed. Bailey asked whether any other driving factors in operations could actively cause the need to draw. Worden stated he doesn't foresee any and has discussed with leadership the need to hold money and request approval for purchases over a certain amount. Pratt asked how much we receive in property taxes and levy. Worden stated we receive 3.8 million combined, and we should receive the bulk of that in November.</p> <p>MOTION: Janet Greenup moved to approve Resolution #153-0826, authorizing borrowing of funds through a tax anticipation note, not to exceed \$1 million, at an interest rate of 5.95%, with a maturity date of December 31, 2026. Ann Spicer seconded the motion. VOTE: Janet Greenup- yes, Lisa Pratt- yes, Jason Hanna- yes, Annetta Spicer- yes, McKenzie Bailey- yes. The motion passed.</p> <p>Discussion had before the motion that once in place, communication on draws should be shared with the board, and we will continually work toward fewer draws in the future.</p> <p>B. Erven confirmed that the Special Board Education meeting is scheduled for Wednesday, October 21st at 9 am and mentioned that Bob Houser will also be attending.</p> <p>C. Discussion regarding community benefit spending and how to handle AED requests. Spicer mentioned that she would like guidelines for reviewing incoming community benefit requests. Pratt said we could look into refurbished AED units to save money. Discussion regarding wanting a list of all AED units we have donated throughout the county so we can track them and ensure they are properly maintained.</p> <p>D. Chair Greenup discussed parking at Pioneer Memorial Clinic. Mentioned that the parking space located at the corner next to the handicap parking space should be removed. Noted that when that space is occupied, it makes accessibility to the handicap space challenging.</p>
2. New Business <ul style="list-style-type: none"> A. Compliance Committee Board Participation- Julie Baker 	<p>A. Julie Baker opened discussion on the Compliance Committee and Board participation. The discussion focused on how the Board would like to receive compliance committee updates. Options include providing updates during an Executive Session and/or having a Board member attend compliance committee meetings quarterly. Baker stated that the committee members are currently Shiloh Erven, CEO, Rick Worden, CFO, Julie Baker, Katelin Tellechea, Jamie Houck, and open to a Board member. Chair Greenup will continue to serve as the board representative, and backups will be designated if she is unable to attend.</p>

3. Executive Session	a. None
4. Return to Open Session	
5. Adjourn	With no further business to come before the Board, regular session adjourned at 7:52 pm Minutes taken and submitted by Natalia Wight. Approved _____.

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Meeting	Board of Directors – Special Session		
Date / Time	October 21, 2026, 9 am	Location	Pioneer Memorial Clinic 130 Thompson Street, Heppner, Oregon 97836 Zoom Video Conference
Chair	Janet Greenup	Recorder	Julie Baker
Board Members	Present: Janet Greenup, Lisa Pratt, Jason Hanna, Annetta Spicer, McKenzie Bailey		
Attendees	Staff: Shiloh Erven, Julie Baker, Natalia Wight, Rick Worden, Dr. Emily Jack, Staci Hedman, Jodi Ferguson, Jamie Houck, Katelin Tellechea, Lindsey McKnight Boyer, Sheryl Angell Press: N/A Guests: Bob Houser		

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Agenda Item	Minutes
1. Call to Order & Pledge of Allegiance	Vice Chair McKenzie Bailey called the meeting to order at 9:04 am.
2. Public Comment	<ul style="list-style-type: none"> None
3. Board Education Session A. Health Needs Assessment, Community Benefit and Strategic Planning – Natalia Wight, Shiloh Erven & Rick Worden B. Revenue Cycle and Healthcare Finance 101 – Staci Hedman & Rick Worden C. Special Districts and Public Meetings Law 101: SDAO Video Presentation – Julie Baker	<p>3. A. Health Needs Assessment, Community Benefit and Strategic Planning</p> <p>Natalia Wight, Communications Director, provided an educational presentation on community benefit reporting and the Community Health Needs Assessment (CHNA) process. She reviewed the purpose of community benefit programs, reporting requirements, and how the CHNA and Community Health Improvement Plan (CHIP) guide efforts to address identified community health needs. The presentation also highlighted Morrow County Health District’s ongoing community benefit activities, including free health education, CPR training, blood pressure checks, discounted care, donations, and community outreach throughout the county.</p> <p>Natalia also reviewed the District’s 2024–2027 Community Health Improvement Implementation Strategies, which outline planned efforts to address identified community health priorities.</p> <p>Lisa Pratt asked when the last CHNA was completed, and Natalia confirmed it was in 2021. Jason Hanna asked about the timeline for the next assessment. Natalia explained that planning is underway and she will be meeting with Public Health organizers soon to discuss next steps.</p>

Discussion was held regarding the Living Healthier quarterly community health education newsletter provided to the community by the District. Lisa asked about the cost of the newsletter, as she has seen it stack up at the post office. Rick Worden, CFO will look into the cost. Discussion continued about the option of collaborating with other community partners to distribute a joint newsletter, and about the cost and how we distribute healthcare education to all populations in the communities.

Discussion was held regarding community benefits. Shiloh explained that some community benefit funds are also used to support internal programs and services. Dr. Jack added that these funds help clinics provide needed services to patients.

3. B. Staci Hedman, Revenue Cycle Director, provided an educational presentation on Accounts Receivable (A/R) Days and their impact on the District's financial health and cash flow. She reviewed how A/R Days are calculated, industry benchmarks, and the medical claims process, including common causes of billing delays, denials, and outstanding balances. Staci provided examples illustrating how claims move through the billing process and how delays can affect reimbursement timelines. She also highlighted ongoing efforts to improve revenue cycle efficiency, including the Revenue Cycle Optimization Project, AAPC audit, and denial management training aimed at improving billing accuracy, reducing delays, and increasing timely reimbursement.

Discussion was held regarding revenue cycle operations, including staffing responsibilities, billing and coding processes, and workflows within the electronic health record system. Staci provided clarification regarding current departmental processes and procedures.

Rick Worden, Chief Financial Officer, provided an educational presentation on understanding the District's financial statements and the Board's role in financial oversight. He reviewed the monthly financial dashboard, Statement of Operations, Balance Sheet, and cash flow indicators, explaining how each report helps assess the District's financial health and sustainability. Using examples from the District's financial reports, Rick discussed key financial indicators, including operating margins, accounts receivable, cash on hand, and financial trends. He also highlighted the unique financial challenges of rural Critical Access Hospitals and emphasized the importance of monitoring financial performance, identifying risks, and using financial information to support informed Board decisions.

Following his presentation, Rick asked the Board if there was any additional financial information they would like to receive on a regular basis. Lisa requested information regarding the District's current loans, including loan terms and anticipated payoff dates. Makenzie Bailey requested additional information regarding the District's lines of credit and their usage.

3. C. Due to time constraints the Special Districts and Public Meeting Law video 101 was not viewed in the public meeting.

7. A. Lindsey McKnight Boyer, HR Director, presented the proposed 2027 Employee Benefits Renewal Package for Board review and approval. She reported that the District's brokers successfully negotiated Moda's original proposed 11.1% premium increase down to 0%, with no increases to medical, dental, life, disability, or Employee Assistance Program premiums. The renewal also includes the addition of fertility benefits at no additional cost. The District's maximum monthly contribution will remain at \$3,161.80, with no changes to employee contributions or existing benefit offerings. Lindsey requested Board approval of the 2027 Employee Benefits Renewal Package, effective January 1, 2027.

Discussion held regarding the proposed benefits. Shiloh added that the District had budgeted for a 15% increase in benefit costs, and with no increase in premiums, the District will realize budget savings. Discussion was held regarding employee out-of-pocket costs, clarifying that employees are only responsible for costs exceeding the District's maximum monthly contribution of \$3,161.80, which may occur when adding family members to their coverage. McKenzie Bailey asked whether the anticipated budget savings could potentially be applied toward employee benefit costs in the future. Janet Greenup asked whether benefit costs were influenced by the Union contract, and Lindsey confirmed that Union contract language was a contributing factor.

MOTION: Annetta Spicer moved to approve the proposed 2027 Employee Benefits Renewal Package. Jason Hanna seconded the motion. **Vote:** Janet Greenup - yes, Lisa Pratt - yes, Annetta Spicer - yes, McKenzie Bailey - yes, Jason Hanna - yes. The motion passed.

7 B. Shiloh presented a request for Board approval to purchase and install a new Aquilion Serve CT scanner for Pioneer Memorial Hospital, replacing the existing scanner. The \$568,548 purchase is fully funded through a Community Project Funding/Congressionally Directed Spending (CPF/CDS) award administered by HRSA. The total \$652,000 award also covers related project expenses, including room improvements, equipment accessories, training, and temporary mobile CT services. Grant funding and project approval have been secured, with Board authorization requested to proceed with the purchase and installation.

Shiloh presented a request for Board approval to purchase two new Beckman Coulter laboratory analyzers for Pioneer Memorial Hospital, replacing aging equipment. The \$125,175 purchase will be fully funded through the Rural Health Transformation Program (RHTP), with additional funding allocated for startup supplies and services. Project funding has been approved by the Oregon Health Authority, with final grant contracting underway. Board authorization was requested to proceed with the purchase and implementation.

	<p>Discussion held surrounding the funding timeline, Jason Hanna confirmed the funds were secured through the grant process. Bob Houser discussed the history of the funding and support received from Oregon State Senators Ron Wyden and Jeff Merkley in securing the funding.</p> <p>MOTION: Jason Hanna moved to approve the purchase and installation of the Aquilion Serve CT scanner and related project expenses using CPF/CDS funding, as well as the purchase and implementation of the Beckman Coulter laboratory analyzers using RHTP funding, as presented. Annetta Spicer seconded the motion. Vote: Janet Greenup - yes, Lisa Pratt - yes, Annetta Spicer - yes, McKenzie Bailey - yes, Jason Hanna - yes. The motion passed.</p>
<p>4. Break 5. Executive Session</p> <p>Members of the news media may attend executive sessions, with limited exceptions. News media are instructed not to report about what happened in executive sessions.</p> <p>A. Discussion of pending litigation or litigation likely to be filed, to be held under ORS 192.660(2)(h)</p>	<p>4. The Board took a brief scheduled break at 11:15 am.</p> <p>5. Chair Greenup called Executive Session to order at 11:36 am under:</p> <p>A. Discussion of pending litigation or litigation likely to be filed, to be held under ORS 192.660(2)(h)</p> <p>Members of the news media may attend Executive Sessions, with limited exceptions. News media are instructed not to report about what happened in Executive Sessions.</p> <p>Executive Session adjourned at 12:48 pm.</p>
<p>6. Return to Open Session 7. New Business</p> <p>A. District Employee Benefits Renewal: Request for Approval – Lindsey McKnight & Shiloh Erven B. CT and Lab Analyzer Approval Process – Shiloh Erven</p>	<p>The Board returned to Open Session at 12:48 pm.</p>
8. Adjourn	<p>With no further business to come before the Board, regular session adjourned at 12:49 pm</p> <p>Minutes taken and submitted by Julie Baker. Approved _____.</p>

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October 2026 Meeting

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months: May-June-July)	7.1%
Vacancy Rate	10.36%
Number of Open Positions	12.25
Newly Created Open Positions	1

The annual total separations rate for health care and social assistance for August 2025 was 3.1 (Bureau of Labor Statistics).

RURAL HEALTH CLINICS				
MEASURE	PMC	ICC	IMC	BIC
Third Next Available (Current Month)	21	7	16	N/A
Total Visits (Previous Month)	415	152	210	N/A
Total (BH) Visits (Previous Month)	34	N/A	46	N/A

"Third Next Available" is an industry standard measurement of primary care access. It is defined as the average length of time in days between the day a patient makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, or return visit exam. Values shown are clinic averages.

PIONEER MEMORIAL HOSPITAL	
Hospital Admit Days (IP, SS, NSS, OBS, R) (Previous Month)	138
Emergency Department Visits (Previous Month)	96
Hospital Outpatient Visits (Previous Month)	372

HOME HEALTH & HOSPICE	
Hospice Days (Previous Month)	120
Home Health Visits (Previous Month)	87

NRC Patient Experience Real-Time Survey

The real-time survey platform was implemented on June 1st, 2025. Stats show a cumulative report of all responses since implementation. Starting on June 1, 2026 stats will show a 12 month rolling period. Patients are contacted via text, e-mail, or phone with a 24 hour delay between attempts to give them the opportunity to complete the survey. Patients contact information must be captured correctly in CERNER to receive the survey.

What is the NRC Net Promoter Score? It is a metric that reflects how likely a patient is to recommend a healthcare organization to others.

Would you recommend this provider's office to your family and friends? (Net Promoter Score)			
	Rolling 12 Month Period		
	July	August	September
Ione Community Clinic	93.3%	93.5%	94.9%
	Responses = 223	Responses = 232	Responses = 234
Irrigon Medical Clinic	76.7%	76.5%	76.9%
	Responses = 300	Responses = 293	Responses = 290
Pioneer Memorial Clinic	94.4%	94.6%	95.3%
	Responses = 357	Responses = 410	Responses = 451
All Clinics Combined	87.2%	88.0%	89.4%
	Responses = 946	Responses = 993	Responses = 1020
NRC Benchmark	86.7%		

Would you recommend this service/department to your friends or family? (Net Promoter Score)			
	Rolling 12 Month Period		
	July	August	September
Emergency Department	68.7%	68.7%	72.3%
	Responses = 134	Responses = 131	Responses = 130
NRC Benchmark	80.5%		
EMS	65.0%	61.1%	58.8%
	Responses = 20	Responses = 18	Responses = 17
HEPPNER/IRRIGON	82.5%		
NRC Benchmark	82.5%		
Lab	78.4%	80.2%	83.8%
	Responses = 101	Responses = 101	Responses = 99
NRC Benchmark	80.5%		
Radiology	71.4%	73.6%	78.3%
	Responses = 49	Responses = 53	Responses = 60
NRC Benchmark	81.8%		

NRC HCAHPS

All HCAHPS are captured via a paper survey that is mailed to all admitted inpatients at Pioneer Memorial Hospital. CMS requires paper surveys for HCAHPS at this time.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	
Rolling 12 Month Period (October 2025 - September 2026)	
Inpatient	57.1%
	Responses = 7
NRC Average	71.5%

Would you recommend this hospital to your friends and family?	
Rolling 12 Month Period (October 2025 - September 2026)	
Inpatient	57.1%
	Responses = 7
NRC Average	72.4%

MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2026-2027	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
ACUTE (INPATIENT)													
ADMISSIONS	2	4	1										7
DISCHARGES	2	4	0										6
Admits- MEDICARE	1	3	1										5
MEDICAID	0	1	0										1
OTHER	0	0	0										0
SELF PAY	1	0	0										1
TOTAL	2	4	1	0	0	0	0	0	0	0	0	0	7
Dschgs -MEDICARE	1	3	0										4
MEDICAID	0	0	0										0
OTHER	0	0	0										0
SELF PAY	1	0	0										1
TOTAL	2	4	0	0	0	0	0	0	0	0	0	0	6
PATIENT DISCHARGE DAYS													
MEDICARE	2	6	0										8
MEDICARE ADVANTAGE	0	3	0										3
MEDICAID	0	0	0										0
MEDICAID MANAGED CARE	0	4	0										4
OTHER	0	0	0										0
SELF PAY	1	0	0										1
TOTAL	3	13	0	0	0	0	0	0	0	0	0	0	16
PATIENT ADMISSION DAYS													
Adults	3	13	3										19
Pediatric	0	0	0										0
TOTAL	3	13	3	0	0	0	0	0	0	0	0	0	19
AVG LENGTH OF STAY	1.5	3.3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.2
AVG DAILY CENSUS	0.1	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
DEATHS	0	0	0										0
SWING BED (Skilled)													
ADMISSIONS	1	3	4										8
DISCHARGES	1	1	2										4
TOTAL	2	4	6	0	0	0	0	0	0	0	0	0	12
Dschgs -MEDICARE	1	1	2										4
MEDICAID	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
TOTAL	1	1	2	0	0	0	0	0	0	0	0	0	4
PATIENT DISCHARGE DAYS													
MEDICARE	7	0	7										14
MEDICARE ADVANTAGE	0	3	0										3
MEDICAID	0	0	0										0
MEDICAID MANAGED CARE	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
TOTAL	7	3	7	0	0	0	0	0	0	0	0	0	17
PATIENT ADMISSION DAYS													
MEDICARE	7	18	50										75
MEDICAID	0	0	0										0
OTHER	0	0	0										0
SELF PAY	0	0	0										0
TOTAL	7	18	50	0	0	0	0	0	0	0	0	0	75
AVG DAILY CENSUS	0.23	0.58	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21
SWING BED REVENUE	\$ 3,144	\$ 8,085	\$ 22,458										\$33,687
SWING \$ DAYS	7	18	50										75
DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0

MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2026-2027	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
OBSERVATION													
ADMISSIONS	2	2	3										7
DISCHARGES	2	2	3										7
HOURS	22	32	96										150
REVENUE	\$ 2,879	\$ 4,187	\$ 12,562										\$ 19,628
AVG LENGTH OF STAY (hours)	11.0	16.0	32.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	21.4
DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPITAL RESPITE													
ADMISSIONS	0	0	1										1
DISCHARGES	0	0	1										1
PATIENT ADMISSION DAYS	0	0	3										3
DEATHS	0	0	0										0
SWING (Non-Skilled)													
ADMISSIONS	0	1	1										2
DISCHARGES	1	2	0										3
Dschgs -MEDICAID	1	2	0										3
SELF PAY	0	0	0										0
TOTAL	1	2	0	0	0	0	0	0	0	0	0	0	3
PATIENT DISCHARGE DAYS													
MEDICAID	739	781	0										1520
SELF PAY	0	0	0										0
TOTAL	739	781	0	0	0	0	0	0	0	0	0	0	1520
PATIENT ADMISSION DAYS													
MEDICAID	70	50	30										
SELF PAY	31	31	52										
PATIENT ADMISSION DAYS	101	81	82										
AVG DAILY CENSUS	3.3	2.6	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SWING BED REVENUE	\$ 54,636	\$ 44,255	\$ 43,162										
SWING \$ DAYS	100	81	79										
DEATHS	1	1	0										
SUMMARY STATS													
TOTAL/AVERAGE % OCCUPANCY	17.1%	17.2%	21.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%
TOTAL OUTPATIENTS (Admits) w/ ER	397	479	468										1344
TOTAL ER (Encounters)	108	102	96										306
LAB TESTS													
INPATIENT	34	56	60										150
OUTPATIENT	896	1118	1035										3049
TOTAL	930	1174	1095	0	0	0	0	0	0	0	0	0	3199
XRAY/ULTRASOUND TESTS													
INPATIENT	3	4	8										15
OUTPATIENT	69	83	72										224
TOTAL	72	87	80	0	0	0	0	0	0	0	0	0	239
CT SCANS	59	57	49										165
MRI SCANS	5	6	5										16
EKG TESTS	26	23	29										78
TREADMILL PROCEDURES	0	0	0										0
RESPIRATORY THERAPY													0
INPATIENT	26	151	21										198
OUTPATIENT	34	57	21										112
TOTAL	60	208	42	0	0	0	0	0	0	0	0	0	310

MORROW COUNTY HEALTH DISTRICT PIONEER MEMORIAL HOSPITAL & ANCILLARY STATS FISCAL YEAR 2026-2027	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
PROVIDER VISITS													
PIONEER MEMORIAL CLINIC-HEPPNER	319	416	449										1184
IRRIGON MEDICAL CLINIC	293	304	285										882
BOARDMAN IMMEDIATE CARE	0	0	0										0
IONE COMMUNITY CLINIC	38	132	152										322
ALL PROVIDER ENCOUNTERS AT HOSPITAL*	122	133	109										364
TOTAL	772	985	995	0	0	0	0	0	0	0	0	0	2752
REVENUE OF HOSPITAL ENCOUNTERS	\$55,927	\$ 60,984	\$ 47,525										\$164,436
AMBULANCE													
HEPPNER AMBULANCE TRANSPORTS	28	38	23										89
BOARDMAN AMBULANCE TRANSPORTS	0	0	0										0
IRRIGON AMBULANCE TRANSPORTS	30	24	18										72
IONE AMBULANCE TRANSPORTS	0	0	0										0
TOTAL	58	62	41	0	0	0	0	0	0	0	0	0	161
HEPPNER AMB REVENUE	\$ 50,359	\$ 68,345	\$ 41,367										\$160,071
BOARDMAN AMB REVENUE	\$ -	\$ -	\$ -										\$0
IRRIGON AMB REVENUE	\$ 53,199	\$ 43,165	\$ 32,374										\$128,738
IONE AMB REVENUE	\$ -	\$ -	\$ -										\$0
TOTAL	\$ 103,559	\$ 111,510	\$ 73,741	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$288,809
HOME HEALTH VISITS													
SKILLED NURSING VISITS	33	44	39										116
AIDE VISITS	3	7	11										21
MSW VISITS	5	3	2										10
OCCUPATIONAL THERAPY	0	0	0										0
PHYSICAL THERAPY	20	26	33										79
SPEECH THERAPY	0	3	2										5
IN HOME CARE VISITS-PRIVATE PAY	0	0	0										0
TOTAL	61	83	87	0	0	0	0	0	0	0	0	0	231
HOSPICE													
ADMITS	2	2	0										4
DISCHARGE	0	0	0										0
DEATHS	2	0	0										2
TOTAL HOSPICE DAYS	95	89	120										304
PHARMACY													
DRUG DOSES	385	1445	1490										3,320
DRUG REVENUE	\$ 21,300	\$ 41,288	\$ 49,172										\$111,760

2026	IRRIGON								HEPPNER								IONE				LEXINGTON			
	298 (First Out)				299				599 (First Out)				598				699				499			
	Dispat	ch to	Respon	Number	Dispat	ch to	Respon	Number	Dispat	ch to	Respon	Number	Dispat	ch to	Respon	Number	Dispat	ch to	Respon	Number	Dispat	ch to	Respon	Number
	En	se Time	of Runs	of Transpo	En	se Time	of Runs	of Transpo	En	se Time	of Runs	of Transpo	En	se Time	of Runs	of Transpo	En	se Time	of Runs	of Transpo	En	se Time	of Runs	of Transpo
	Route			rts	Route			rts	Route			rts	Route			rts	Route			rts	Route			rts
9-1-1 January	1.6	3.1	44	23	2	4.1	7	7	1	5.5	32	25	2.5	4.5	2	1	0	0	0	0	0	0	0	0
Transfers January	0	0	0	0	0	0	0	0	2	20	3	3	3	27.5	5	5	0	0	0	0	0	1	1	1
9-1-1 February	1	4	38	27	0.5	2.5	2	1	1	12	15	15	1	2	6	0	0	0	0	0	0	0	0	0
Transfers February	0	0	0	0	0	0	0	0	0	0	0	0	1	1	4	4	0	0	0	0	3	2.5	2	2
9-1-1 March	1	4	29	22	0.5	1.5	3	2	2	5.1	28	23	1	2	10	5	0	0	0	0	0.9	0.9	2	2
Transfers March	0	0	0	0	0	0	0	0	0	0	0	0	1	4.8	3	3	0	0	0	0	13	1	1	1
9-1-1 April	1	4	41	33	1.1	2	5	5	1	5	26	24	1.5	3.3	3	3	0	0	0	0	0	0	0	0
Transfers April	0	0	0	0	0	0	0	0	0	0	0	0	2.7	14.5	4	4	0	0	0	0	1.5	0.5	2	2
9-1-1 May	1.2	6.2	37	24	1	2	1	1	1.3	13.2	20	13	0	0	0	0	0	0	0	0	0	0	0	0
Transfers May	0	0	0	0	1	18	1	1	0	0	0	0	1.6	1.6	6	6	0	0	0	0	1	2	1	1
9-1-1 June	1.4	6.1	32	20	1.2	6.7	4	1	1.2	10.3	24	12	1.8	9.4	5	2	0	0	0	0	0	0	0	0
Transfers June	0	0	0	0	0	0	0	0	1	1	1	1	3.6	8.2	5	5	0	0	0	0	1	1	1	1
9-1-1 July	1.1	4.9	41	24	1.4	5.4	5	3	1.5	14	23	20	0	0	0	0	0	0	0	0	0	0	0	0
Transfers July	0	0	0	0	0	0	0	0	0	0	0	0	6.1	4.4	7	7	0	0	0	0	0	0	0	0
9-1-1 August	1.1	4.8	38	26	1.5	6.5	4	1	1.4	22	36	27	1.2	16.7	4	3	5	23	1	1	0	0	0	0
Transfers August	0	0	0	0	0	0	0	0	0	0	0	0	6.6	24.4	5	5	0	0	0	0	1	16.5	2	2
9-1-1 September	0:56	6:13	34	22	0:30	12:13	3	3	1:48	14:54	29	20	2:00	2:30	2	2	-	-	0	0	-	-	0	0
Transfers September	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9-1-1 October																								
Transfers October																								
9-1-1 November																								
Transfers November																								
9-1-1 December																								
Tranfers December																								
TOTAL			334	221			35	25			237	183			71	55			1	1			12	12

Dispatch to en route means the length of time between when the ambulance is dispatched to when the amb

Response time means the length of time between the notification to the ambulance and the arrival of the am

*Note that response times are not adjusted for miles

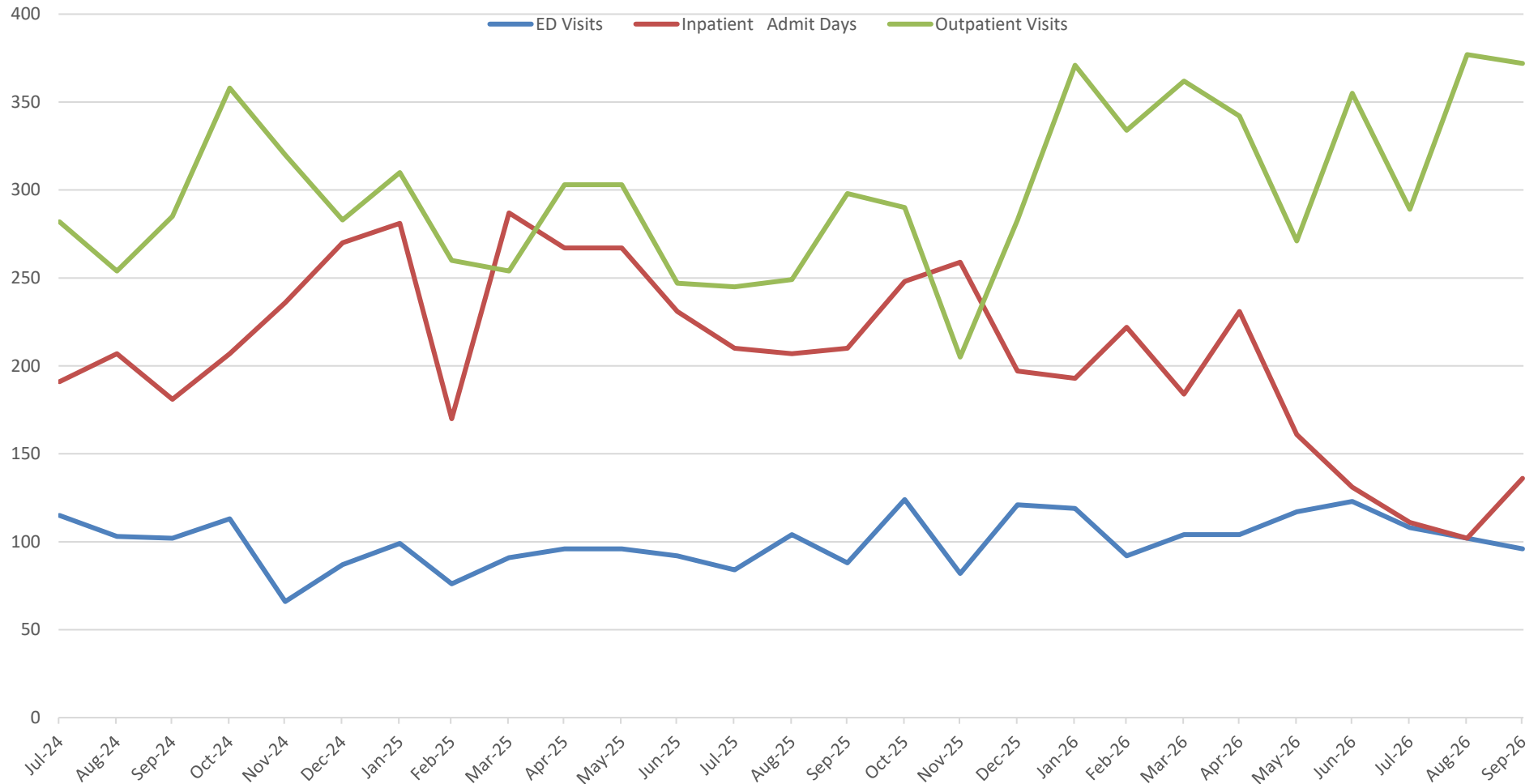


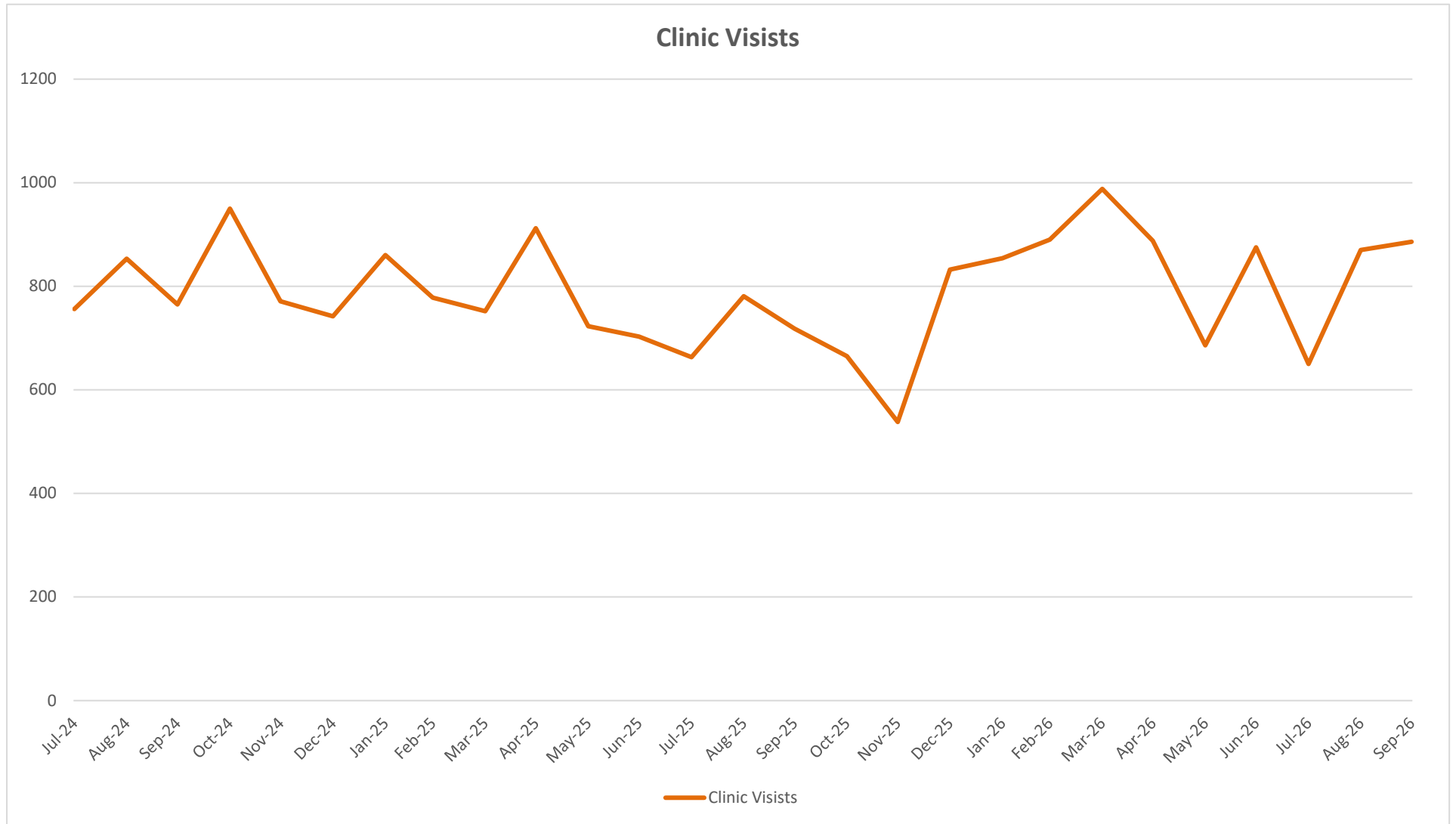
MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Pioneer Memorial Hospital - Visits





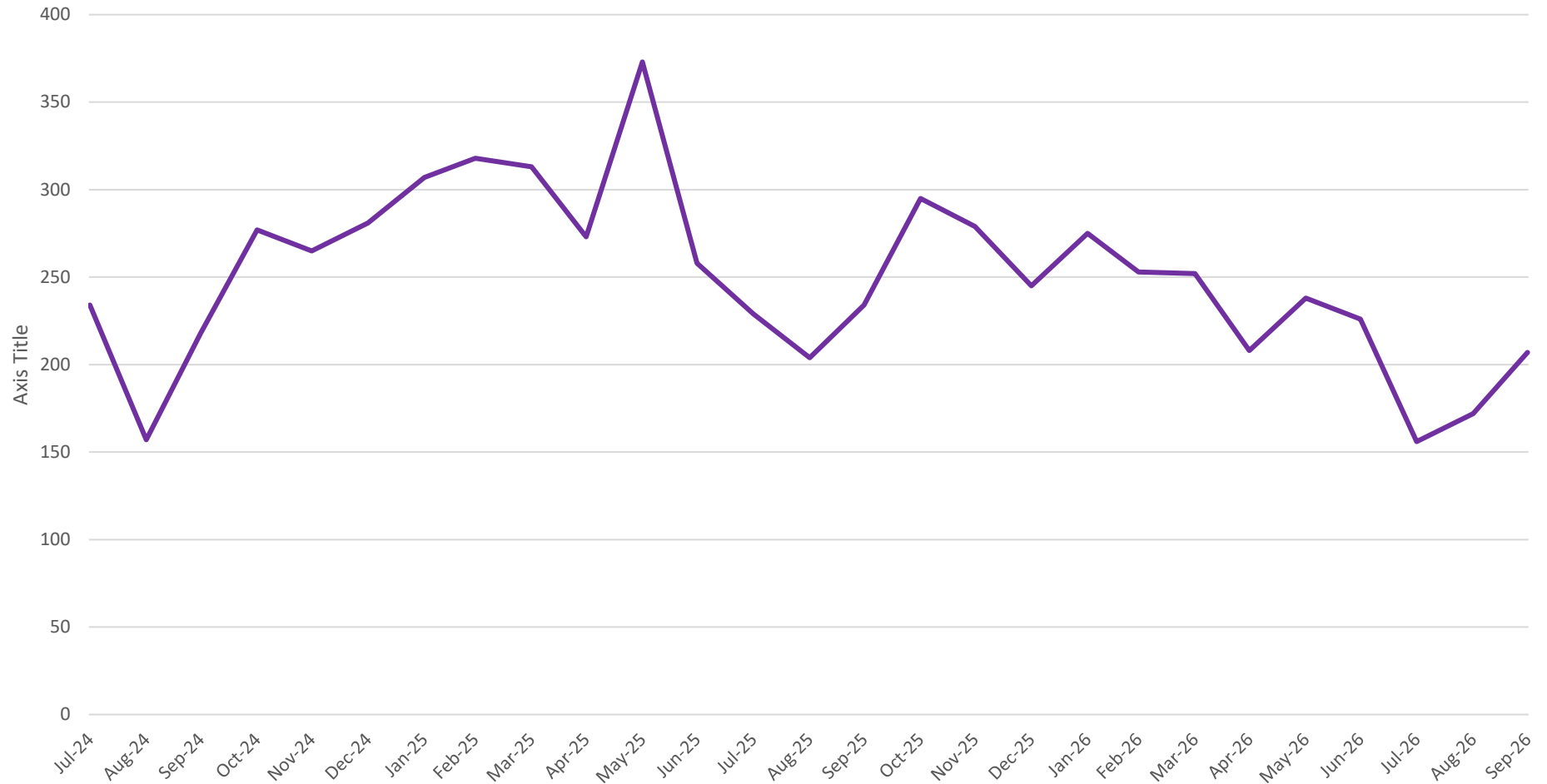


MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Home Health & Hospice



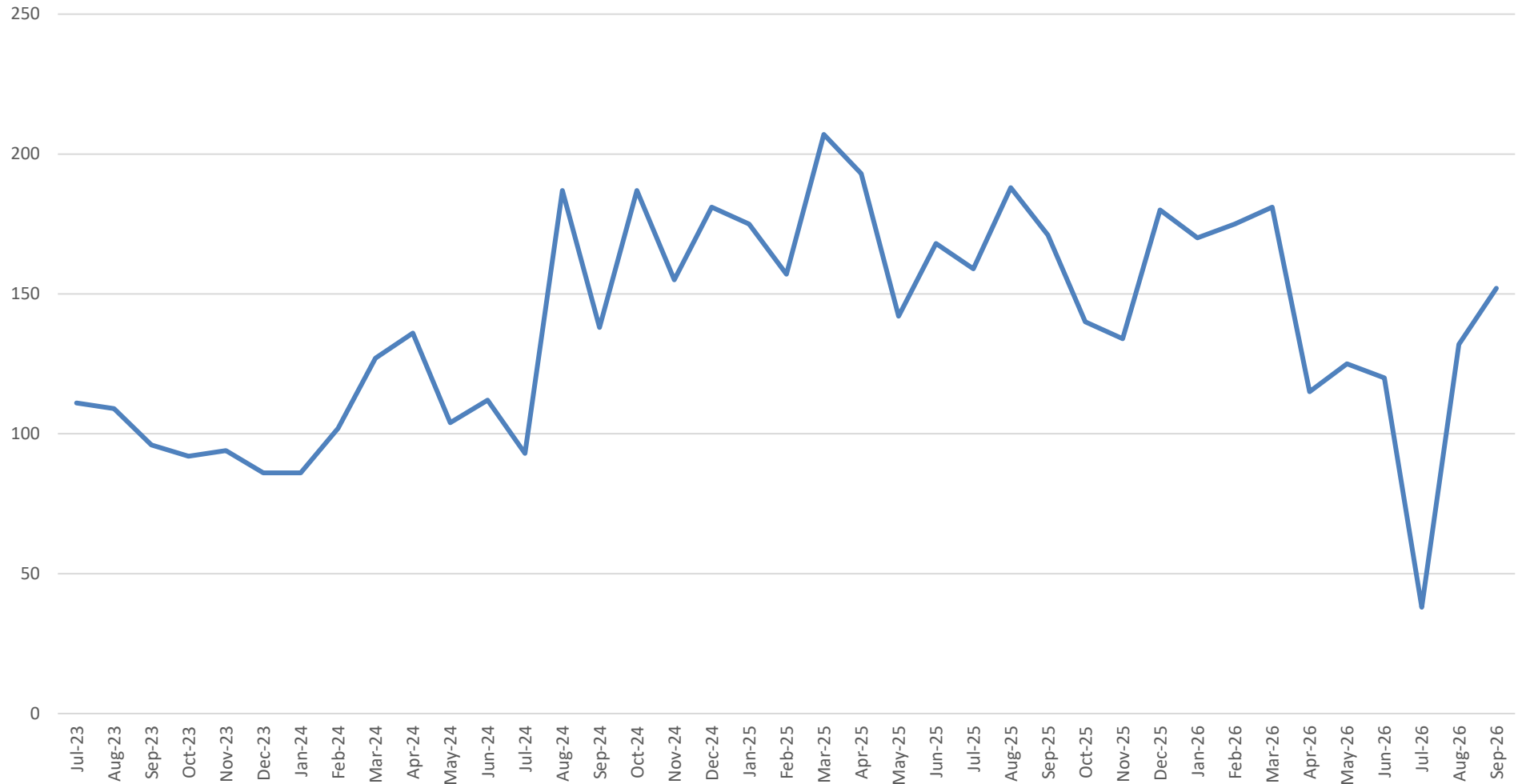


MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Ione Community Clinic





MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Irrigon Medical Clinic





MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Pioneer Memorial Clinic



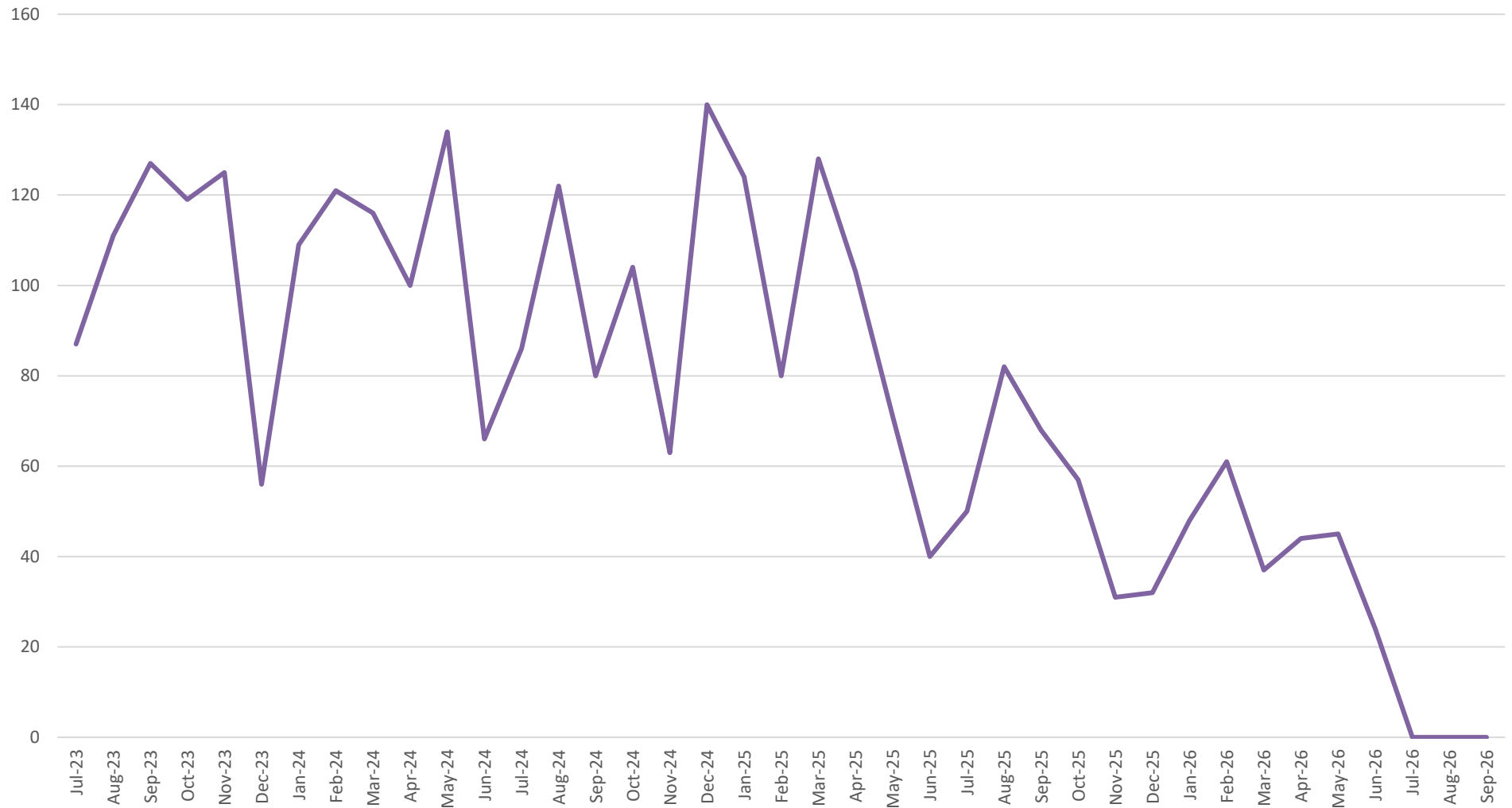


MORROW COUNTY HEALTH DISTRICT

Excellence in Healthcare

Volume Context - Visits Trend

Boardman Intermediate Care



Monthly Financial Dashboard – Key Risk Indicators

Critical Access Hospital | Rolling Trend Perspective

As of 7/31/2026

Status indicators: ● Outside board-approved tolerance; ● Monitor / emerging risk; ● Within expected range.

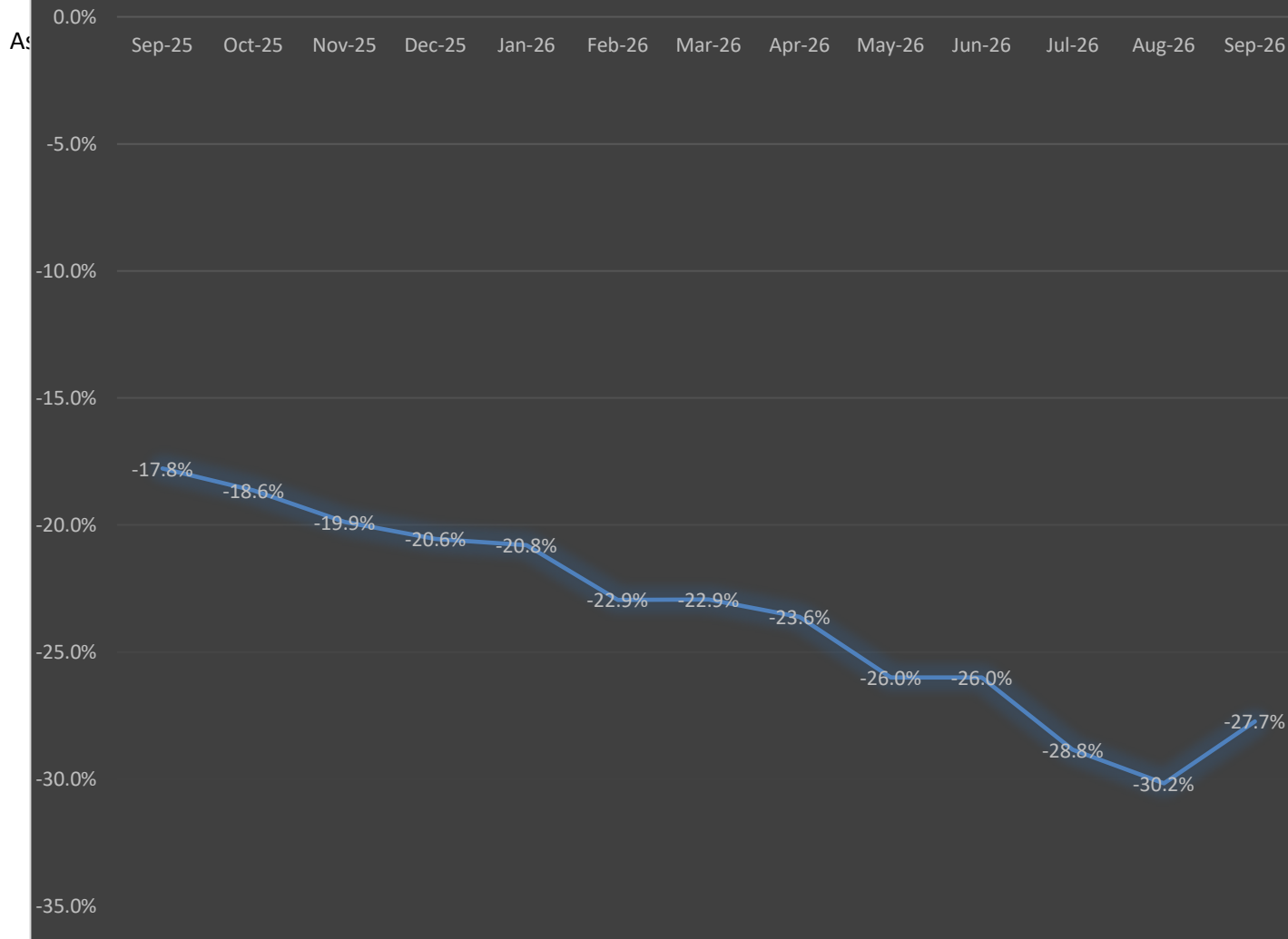
KPI	Current	Trend	Target	Status
Liquidity & Cash				
Days Cash on Hand	7	▼	≥ 90	●
Net Operating Cash Flow	\$ (513,398)	▼	≥ \$0	●
Average Daily Expense	\$ 57,291	▲	—	
Revenue Cycle Health				
DSO	49	▲	≤ 65	●
Days in A/R	69	▲	≤ 60	●
% of Net A/R > 90 Days	34%	▲	≤ 25%	●
Cost & Sustainability				
Rolling 12 Month Operating Margin	(31%)	▼	≥ 0%	●
Non-Operating Revenue Impact	20%	▲	≤ 8%	●
Salary & Benefits %	71%	▼	≤ tolerance	●
Volume Context (Trend Only)				
ED Visits	96	▼	—	
Hospital Admit Days	136	▲	—	
Hospital Outpatient Visits	372	▼	—	
Clinic Visits - Incl. Behavioral Health	886	▲	—	
Home Health & Hospice Days/Visits	207	▲	—	

Metrics are monitored for trend and alignment rather than single month variance. Certain fluctuations reflect Medicare cost report timing typical of Critical Access Hospitals.



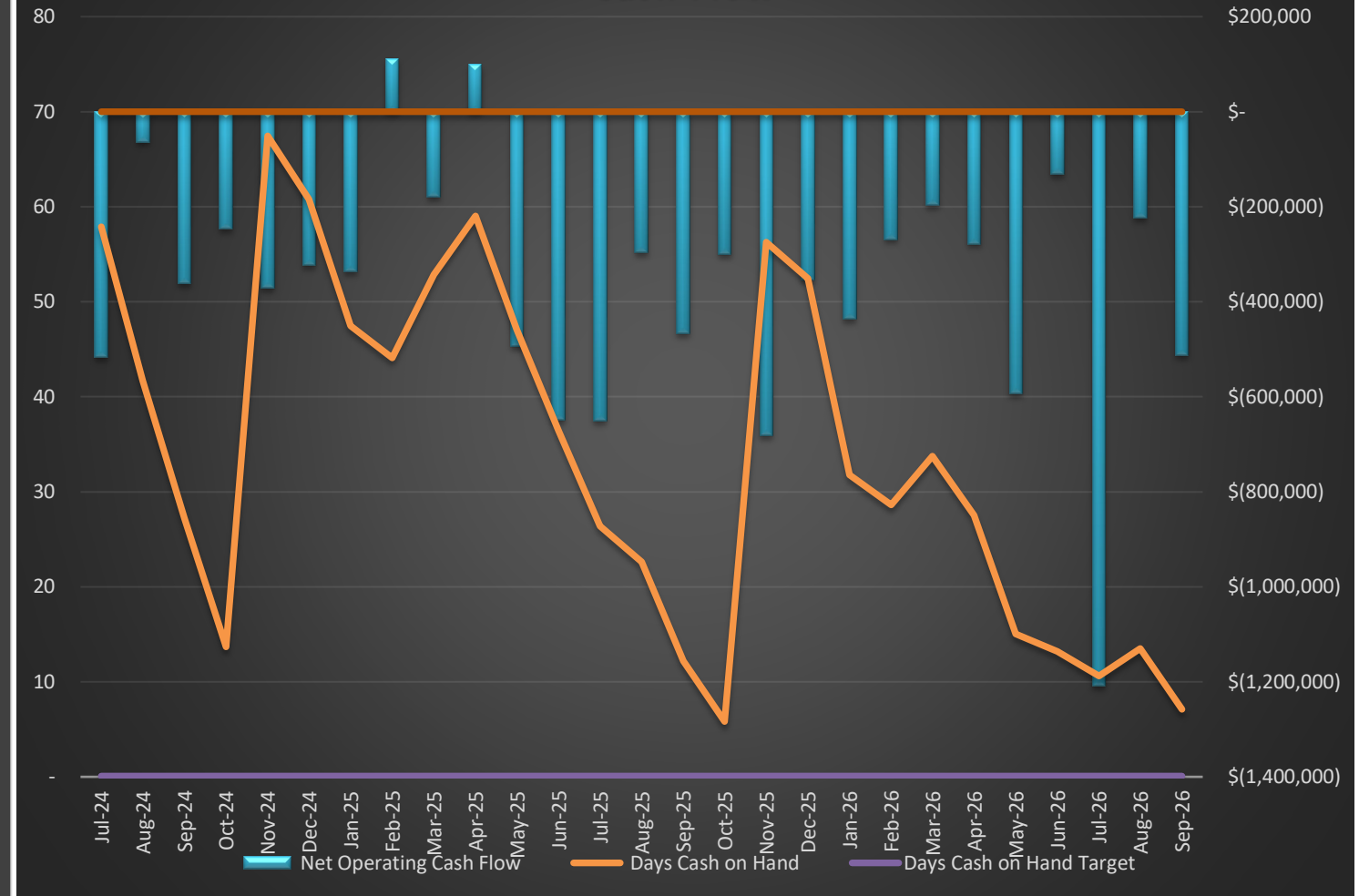
Combined KPI Trends - Financial Performance

Rolling 12 - Month Operating Margin



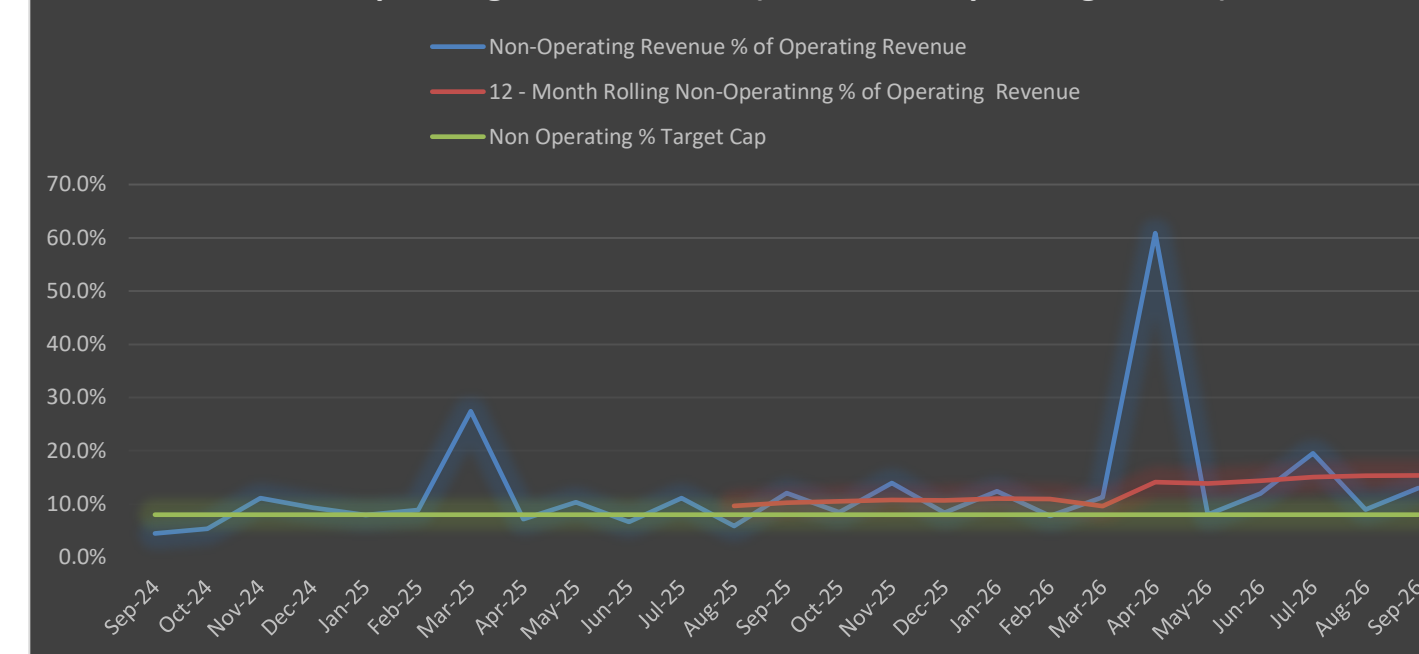
Rolling results exclude non-operating revenue volatility

Liquidity Trend: Cash Cushion and Monthly Operating Cash Flow



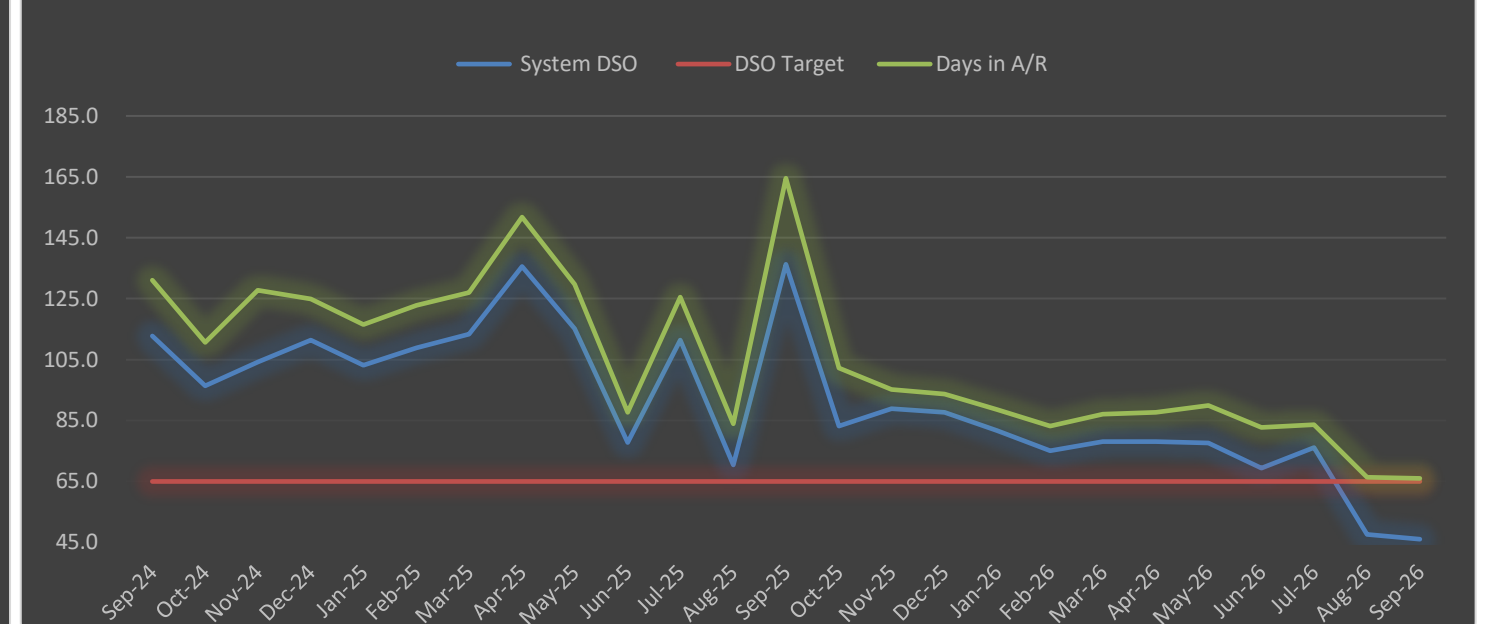
Cash Declines reflect sustained operating cash outflow

Non-Operating Revenue Trend (Context for Operating Results)



Displayed for context; not indicative of operating performance

DSO and Days in A/R - Aligned Trends Indicate Stable Collection Performance



Stable collections with episodic payer timing variation

CURRENT MONTH	LAST MONTH	DOLLAR VARIANCE		CURRENT YEAR TO DATE	BUDGET YEAR TO DATE	DOLLAR VARIANCE
PATIENT SERVICES REVENUE						
127,612	126,331	1,280	INPATIENT REVENUE	339,345	502,282	(162,938)
639,804	702,428	(62,624)	OUTPATIENT REVENUE	2,008,358	1,890,661	117,697
317,872	313,641	4,231	CLINIC REVENUE	859,983	1,302,772	(442,789)
57,858	47,859	9,999	HOME HEALTH & HOSPICE REVENUE	129,617	313,661	(184,044)
(24)	5	(28)	ORACLE HEALTH UNALIASED	(196)		(196)
1,143,122	1,190,265	(47,143)	TOTAL GROSS PATIENT REVENUE	3,337,108	4,009,377	(672,270)
(33,028)	(11,642)	(21,386)	PROVISION FOR BAD DEBTS	(82,178)		(82,178)
(252,281)	10,031	(262,312)	CONTRACTUALS & ADJUSTMENTS	(416,096)	744,891	(1,160,987)
(285,309)	(1,611)	(283,698)	TOTAL REVENUE DEDUCTIONS	(498,274)	744,891	(1,243,165)
857,813	1,188,654	(330,841)	TOTAL NET PATIENT REVENUE	2,838,834	4,754,268	(1,915,434)
345,006	334,658	10,347	TAX REVENUE	1,014,322	955,012	59,311
2,508	4,251	(1,744)	OTHER OPERATING REVENUE	10,918	615,954	(605,036)
1,205,326	1,527,563	(322,237)	TOTAL OPERATING REVENUE	3,864,075	6,325,234	(2,461,159)
OPERATING EXPENSES						
902,733	938,368	(35,635)	SALARIES & WAGES	3,223,801	3,234,712	(10,911)
314,396	321,289	(6,894)	EMPLOYEE BENEFITS & TAXES	1,009,375	1,290,723	(281,348)
100,873	77,985	22,888	PROFESSIONAL FEES	284,792	390,129	(105,337)
84,698	87,110	(2,412)	SUPPLIES & MINOR EQUIPMENT	236,815	371,826	(135,011)
2,459	3,547	(1,088)	EDUCATION	10,694	24,213	(13,520)
3,528	2,527	1,001	RECRUITING & ADVERTISING	9,141	15,096	(5,956)
20,819	27,898	(7,078)	REPAIRS & MAINTENANCE	70,031	83,588	(13,557)
191,231	179,019	12,212	PURCHASED SERVICES	519,243	596,952	(77,710)
65,286	67,417	(2,131)	DEPRECIATION	203,444	297,597	(94,153)
12,577	30,341	(17,764)	TRAVEL	59,876	65,189	(5,313)
12,950	13,736	(786)	UTILITIES, PHONE & PROPANE	43,384	54,484	(11,100)
22,727	22,723	4	INSURANCE	68,172	64,393	3,779
1,506	876	630	TAXES & LICENSES	6,163	15,369	(9,206)
21,410	21,594	(184)	INTEREST	64,540	94,253	(29,713)
6,502	5,577	925	DUES & SUBSCRIPTIONS	15,599	14,715	884
20,315	18,457	1,858	OTHER EXPENSES	61,777	58,589	3,188
1,784,010	1,818,463	(34,453)	TOTAL OPERATING EXPENSES	5,886,847	6,671,828	(784,981)
(578,684)	(290,900)	(287,784)	GAIN/LOSS FROM OPERATIONS	(2,022,772)	(346,594)	(1,676,178)
238,980	144,415	94,564	NON-OPERATING NET GAIN/LOSS	515,288	645,427	(130,140)
(339,704)	(146,484)	(193,220)	NET INCOME/LOSS	(1,507,485)	298,833	(1,806,318)

ASSETS

CURRENT YTD

CURRENT ASSETS

TOTAL CASH & INVESTMENTS **408,227**

ORACLE HEALTH A/R 2,507,701

THRIVE A/R 41,021

GROSS PATIENT RECEIVABLES **2,548,722**

LESS CLEARING ACCOUNTS 41

LESS ALLOWANCE FOR UNCOLLECTABLE (689,590)

LESS ALLOWANCE FOR CONTRACTUALS (29,179)

NET PATIENT ACCOUNTS RECEIVABLE **1,829,994**

EMPLOYEE ADVANCES 9,547

RECEIVABLE-340B FR/SUN RX 73,235

TAXES RECEIVABLE-PRIOR YR 52,848

TAXES RECEIVABLE-CURRENT YEAR 1,046,205

OTHER RECEIVABLES 435,155

MC/MD RECEIVABLE 323,023

ASSISTED LIVING RECEIVABLE 5,371

TOTAL OTHER RECEIVABLES **1,945,384**

INVENTORY-GENERAL 171,369

INVENTORY LAB & RX 259,775

PREPAID EXPENSES 1,791

PREPAID INSURANCE 42,623

PREPAID-OTHER 151,280

TOTAL INVENTORY & PREPAID **626,838**

TOTAL CURRENT ASSETS **4,810,443**

LONG TERM ASSETS

LAND 71,231

LAND IMPROVEMENTS 321,575

BUILDING & IMPROVEMENTS 5,873,826

EQUIPMENT 7,927,566

SUBSCRIPTION BASED ASSETS 3,668,860

CONSTRUCTION IN PROGRESS 352,709

LESS ACCUMULATED DEPRECIATION (12,509,805)

TOTAL LONG TERM ASSETS **5,705,961**

TOTAL ASSETS **10,516,404**

LIABILITIES

CURRENT LIABILITIES

TOTAL ACCOUNTS PAYABLE **730,797**

TOTAL ACCRUED WAGES & LIABILITIES **1,535,321**

ACCRUED INTEREST 2,949

SUSPENSE ACCOUNT 56,975

TCAA SUSPENSE 4,773

DEFERRED INCOME 1,506

MC/MD SETTLEMENT PAYABLE (4,775)

CONTINGENCY SETTLEMENT PAYABLE 100,000

TOTAL OTHER LIABILITIES **161,427**

TOTAL CURRENT LIABILITIES **2,427,546**

SUBSCRIPTION BASED LIABILITIES 2,822,812

BEO 2018 BOARDMAN BLDG LOAN 27,474

MORROW CO 2018 BRDMAN BLDG LN 15,099

BEO LOAN 2026 660,000

BEO IMC EXPANSION 2018 126,267

BEO REFINANCE OF USDA LOAN 678,030

BEO 2024 CAPITAL LOAN 832,339

TOTAL LONG TERM LIABILITIES **5,162,022**

EQUITY/FUND BALANCE

GENERAL FUND UNRESTRICTED BAL 4,512,078

NET INCOME/LOSS (1,505,663)

EQUITY/FUND BALANCE **3,006,415**

TOTAL LIABILITIES & EQUITY/FUND BALANCE **10,516,404**