MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

Board Meeting Agenda

November 30th at 6:30 pm

In Person	Boardman City Hall 200 City Center Circle, Boardman, OR 97818
Zoom	https://us06web.zoom.us/j/5835486997?omn=83914301604 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. October 26th, 2026

4. **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

5. **Reports**
   A. CEO Report – Shiloh Erven, CEO
      i. Provider Recruitment Update
      ii. Financial Operations Update
   B. Financial Report – Rick Worden, CFO
      i. Audit and Cost Report Update – Wipfli
      ii. Monthly Financial Report

6. **Old Business**
   A. Community Benefit Request: Families First Childcare Center – Karen Hughes, Executive Director

7. **New Business**
   A. December Meeting Attendance and 2027 Meeting Locations – Shiloh Erven, CEO

8. **Adjourn**

9. **Next meeting to be held on [Date, time and location to be confirmed]**

Promise of Excellence

Compassion: Being motivated with a desire to assist patients and staff with empathy and kindness and committed to going the extra mile to ensure patients and staff feel comfortable and welcomed.

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.

Integrity: Encompassing honesty and consistently adhering to the principles of professionalism and accountability with our patients, fellow employees, and community partners. Integrity is at the heart of everything we do.

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!

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Meeting	Board of Directors		
Date / Time	October 26, 6:30 pm	**Location**	Morrow County Grain Growers- Conference Room 350 Main Street, Lexington, OR 97839 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, Rick Worden, Natalia Wight, Julie Baker, Dr. Emily Jack, Chris McGee, Jodi Ferguson, Katelin Tellechea, Staci Hedman, Tonja Lemmon, Laura Lawson, Jamie Houck **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	Vice-chair McKenzie Bailey called the meeting to order at 6:35 pm.
2. Public Comment	• None
3. Approval of Meeting Minutes A. August 31, 2026 B. October 21, 2026- Special Board Meeting	**MOTION:** Lisa Pratt moved to approve the minutes for the August 31, 2026, meeting. Ann Spicer seconded the motion. **VOTE:** Janet Greenup- absent, McKenzie Bailey- yes, Jason Hanna- yes, Lisa Pratt- yes, Annetta Spicer- yes. The motion passed. **MOTION:** Lisa Pratt moved to approve the minutes for the October 21, 2026, Special Board meeting. Jason Hanna seconded the motion. **VOTE:** Janet Greenup- absent, McKenzie Bailey- yes, Jason Hanna- yes, Lisa Pratt- yes, Annetta Spicer- yes. The motion passed.
4. Introduction of New EMS Director- Christopher McGee	Shiloh Erven formally introduced Christopher McGee as the new EMS Director. McGee gave a brief overview of his professional background and shared that he is focused on improving services and the EMS department's operational efficiency.
5. Consent Agenda A. CEO Dashboard – Shiloh Erven, CEO B. Quality Report – Dr. Emily Jack, Medical Director (Clinics and Hospital Inpatient)	A. Erven discussed the CEO Dashboard (See Packet). Erven called out Pioneer Memorial Hospital visits, noting ED visits are up 9% to 96 since September 2025. Inpatient admit days are down, but outpatient visits are up 25% since last September. Discussed what is driving the improvement; more providers are likely the reason. Erven noted that Home Health and Hospice metrics are down; he will continue to look into this and report once more information is available. Discussion was held on the difference between Home Health

DRAFT

C. EMS Stats – Christopher McGee, EMS Director	visits and Hospice visits. Discussed individual clinic visits, showing improvement with PMC up 11%. Erven noted he plans to include swing bed visits in the dashboard at the next meeting. B. Dr. Jack reported that PMC has been approved to store and administer vaccines, despite some challenges. EOCCO statistics were discussed, with adolescent immunization status showing improvement. Noted that Morrow County has one of the highest vaccination rates. Dr. Jack continued the report, stating that the first tooth training was completed and we can now meet more of the dental-based measures. Erven mentioned we are incentivized by these measures and receive money from the state. Discussion on when the reporting deadline for the measures is, and Dr. Jack noted that the clinic directors would know that date. Dr. Jack mentioned that allergy shots and flu vaccines for children on Medicaid have low or zero reimbursement, but we offer these as a community benefit to our patients. Discussion on possibly contracting with a dental provider in the future. C. Christopher McGee reviewed the EMS Stats (see packet). Noted that we had great response times. He reported that he has repositioned vehicles to support more frequent use of ground transportation when appropriate, to help reduce expenses and benefit our community.
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	A. Shiloh Erven provided a CEO Update. i. Erven reported that we recently interviewed a couple of provider candidates. One candidate was a PA who found another opportunity closer to home. We currently have a verbal commitment from a Nurse Practitioner who would start at Irrigon Medical Clinic. Once Boardman Clinic reopens, they would transition there. Lisa Pratt asked how many current provider openings we have, and Erven noted we have an ongoing opening with our recruiters and could potentially add 2-3 providers for Boardman. ii. Erven explained that CMS requires hospitals to post prices in two ways. One is a large, machine-readable file that allows other organizations to download our pricing. The second is a patient-friendly tool that estimates charges. CMS audits hospitals to verify compliance, and we were identified as noncompliant and given a 90-day warning. Staci Hedman, Revenue Cycle Director, led a team in making corrections. We contracted with an organization, Cleverley, to help us complete the file. Once we received the completed machine-readable file, we published it to our website, and CMS has confirmed that we are now in compliance. iii. Erven provided an update to the CEO onboarding plan, which included a 90-day report presentation. He reviewed findings from the last three months, which included 35 different conversations/sessions with staff. He identified that

	stability, leadership development, clear roles, presence in Boardman, data, and consistency were common themes in these sessions. Erven said he would like the Board's support to transform the current MCHD building in Boardman into a primary care clinic that could support three providers, two primary care and one Behavioral Health. This clinic would operate as a rural health clinic, which supports cost-based reimbursement, and we would seek grants to help fund the project. Erven noted that another top priority is to find a permanent location for Irrigon EMS. He discussed that strengthening community partnerships in both Boardman and Irrigon is important, and he is actively working on this. The discussion covered next steps, including finalizing plans for the Boardman Clinic and preparing a detailed budget to present. Erven continued his presentation, discussing that he currently has twenty direct reports, which has made it challenging to complete higher-level priorities. Erven listed current priorities: 1. Data we can trust. He started a data governance group, a small cross-organizational team working to map each system with consistent, accurate data. 2. Clarity in roles. He noted some confusion about reporting lines, handoffs, and who owns what. He plans to go into depth on this topic with the leadership team, with the end goal of role clarification. Ann Spicer mentioned that community outreach is important. Erven agreed, stating that he attends Chamber meetings across the county, including ICABO in Ione. He has attended and presented at the South County Seniors Matter Luncheon in Heppner and recently joined the WCVEDG Board. The group discussed Board members becoming more involved, possibly touring all facilities and meeting with staff/community members. B. Rick Worden presented the Financial Report (see packet). He noted that day's cash on hand is currently 7. Rick noted that in 2023 we broke even, had a 1.2 million loss in 2024, a 1.5 million loss in 2025, and are trending close to that amount for 2026. Worden noted that we drew 660k on our cash anticipation note in September. Discussion that as we add more services and providers see more patients, we should start to see improvement, but it will take time. Discussed that credentialing new providers takes around 120 days, and there is typically a high upfront expense when adding new providers. Discussed possibly creating a policy that new providers don't start until credentialing is complete. Discussed how the budget is calculated each year. Discussion that tax payments are expected mid-November and go to operations. Worden will bring real-time data and the current loan list to the November meeting. He will also discuss the audit and cost report.

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7. Old Business A. Compliance Board Backups- Julie Baker, CHC, Director of Compliance and Risk Management B. Funding Update, Shiloh Erven, CEO	A. Julie Baker reported that Chair Janet Greenup attended the last compliance meeting. The current plan is that McKenzie Bailey, vice-chair, will serve as Janet's backup. Meetings are held quarterly. B. Erven reported that all four award agreements for the RHTP 5-year program are fully signed. PMH will receive $963,000, and each clinic will receive $100,000. The checks are 3-4 weeks out. Funding will go towards equipment, upgrades, community health workers, and technology. Erven also said we applied for an infrastructure grant to modernize our elevator. We should hear by the end of October whether this was approved.
2. New Business A. Sale of Surplus Mobile Medical Unit: Request for Approval- Shiloh Erven, CEO B. Community Benefit Request	A. Erven reported that he has been approached by an entity that is interested in purchasing the mobile medical unit. Erven is seeking Board permission to place the unit into surplus and negotiate a fair market value for sale. Discussed that we have invested $ 350,000- $ 400,000 in it. B. Erven presented a Community Benefit Request on behalf of Families First Childcare in Boardman for $5000. **MOTION:** Lisa Pratt moved to approve the Community Benefit request from Families First Childcare for $5000 as presented. Ann Spicer seconded the motion. Discussion while the motion was on the table: Pratt stated that the daycare center is certified and a new director has joined. They have lost some major supporters from other local businesses due to budget cuts. Discussion on whether community benefits funds typically help to support operations, rather than specific projects/items. The board discussed delaying this request and inviting a representative from Families First Childcare to the next meeting to answer questions about the request. No vote was made. Lisa Pratt moved to remove the current motion, with the condition that this request will be added to next month's agenda and decided then.
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 8:39 pm Minutes taken and submitted by Natalia Wight. Approved _____.

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November 2026 Meeting

HUMAN RESOURCES	
Turnover Rate (Rolling 3 Months: August-September-October)	5.4%
Vacancy Rate	7.49%
Number of Open Positions	8.75
Newly Created Open Positions	0

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)	13	7	16	N/A
Total Visits (Previous Month)	354	121	275	N/A
Total (BH) Visits (Previous Month)	50	N/A	60	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)	239
Emergency Department Visits (Previous Month)	105
Hospital Outpatient Visits (Previous Month)	395

HOME HEALTH & HOSPICE	
Hospice Days (Previous Month)	144
Home Health Visits (Previous Month)	77

NRC Patient Experience Real-Time Survey

Stats show a cumulative report of all responses since implementation rolling 12 month 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		
	August	**September**	**October**
Ione Community Clinic	**93.5%**	**94.9%**	**94.9%**
	Responses =232	Responses = 234	Responses = 236
Irrigon Medical Clinic	**76.5%**	**76.9%**	**77.8%**
	Responses = 293	Responses = 290	Responses = 287
Pioneer Memorial Clinic	**94.6%**	**95.3%**	**95.2%**
	Responses = 410	Responses = 451	Responses = 477
All Clinics Combined	**88.0%**	**89.4%**	**89.5%**
	Responses = 993	Responses = 1020	Responses = 1035
NRC Benchmark	**86.7%**		

Would you recommend this service/department to your friends or family? (Net Promoter Score)

	Rolling 12 Month Period		
	August	**September**	**October**
Emergency Department	**68.7%**	**72.3%**	**74.2%**
	Responses = 131	Responses = 130	Responses = 128
NRC Benchmark		**80.5%**	
EMS HEPPNER/IRRIGON	**61.1%**	**58.8%**	**50.0%**
	Responses = 18	Responses = 17	Responses = 14
NRC Benchmark		**82.5%**	
Lab	**80.2%**	**83.8%**	**87.0%**
	Responses = 101	Responses = 99	Responses = 92
NRC Benchmark		**80.5%**	
Radiology	**73.6%**	**78.3%**	**83.3%**
	Responses = 53	Responses = 60	Responses = 66
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 (November 2025 - October 2026)	
Inpatient	**60.0%**
	Responses = 5
NRC Average	71.5%

Would you recommend this hospital to your friends and family?

Rolling 12 Month Period (November 2025 - October 2026)	
Inpatient	**60.0%**
	Responses = 5
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	3									10
DISCHARGES	2	4	0	4									10
Admits- MEDICARE	1	3	1	2									7
MEDICAID	0	1	0	0									1
OTHER	0	0	0	0									0
SELF PAY	1	0	0	1									2
TOTAL	**2**	**4**	**1**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**10**
Dschgs -MEDICARE	1	3	0	3									7
MEDICAID	0	1	0	0									1
OTHER	0	0	0	0									0
SELF PAY	1	0	0	1									2
TOTAL	**2**	**4**	**0**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**10**
PATIENT DISCHARGE DAYS													
MEDICARE	2	6	0	10									18
MEDICARE ADVANTAGE	0	3	0	0									3
MEDICAID	0	0	0	0									0
MEDICAID MANAGED CARE	0	4	0	0									4
OTHER	0	0	0	0									0
SELF PAY	1	0	0	4									5
TOTAL	**3**	**13**	**0**	**14**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**30**
PATIENT ADMISSION DAYS													
Adults	3	13	3	12									31
Pediatric	0	0	0	0									0
TOTAL	**3**	**13**	**3**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**31**
AVG LENGTH OF STAY	1.5	3.3	#DIV/0!	3.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.1
AVG DAILY CENSUS	0.1	0.4	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
DEATHS	0	0	0	0									0
SWING BED (Skilled)													
ADMISSIONS	1	3	4	7									15
DISCHARGES	1	1	2	10									14
	2	**4**	**6**	**17**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**29**
Dschgs -MEDICARE	1	1	2	10									14
MEDICAID	0	0	0	0									0
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	**1**	**1**	**2**	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**14**
PATIENT DISCHARGE DAYS													
MEDICARE	7	0	7	110									124
MEDICARE ADVANTAGE	0	3	0	18									21
MEDICAID	0	0	0	0									0
MEDICAID MANAGED CARE	0	0	0	0									0
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	**7**	**3**	**7**	**128**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**145**
PATIENT ADMISSION DAYS													
MEDICARE	7	18	50	68									143
MEDICAID	0	0	0	0									0
OTHER	0	0	0	0									0
SELF PAY	0	0	0	0									0
TOTAL	**7**	**18**	**50**	**68**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**143**
AVG DAILY CENSUS	0.23	0.58	1.67	2.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.39
SWING BED REVENUE	$ 3,144	$ 8,085	$ 24,255	$ 30,094									$65,577
SWING $ DAYS	**7**	**18**	**54**	**67**									**146**
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	2									9
DISCHARGES	2	2	3	0									7
HOURS	22	32	96	5									155
REVENUE	$ 2,879	$ 4,187	$ 12,562	$ 654									$ 20,282
AVG LENGTH OF STAY (hours)	**11.0**	**16.0**	**32.0**	**2.5**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**17.2**
DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPITAL RESPITE													
ADMISSIONS	0	0	1	2									3
DISCHARGES	0	0	1	1									2
PATIENT ADMISSION DAYS	0	0	3	14									17
DEATHS	0	0	0	1									1
SWING (Non-Skilled)													
ADMISSIONS	0	1	1	2									4
DISCHARGES	1	2	0	2									5
Dschgs -MEDICAID	1	2	0	0									3
SELF PAY	0		0	2									2
TOTAL	**1**	**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**
PATIENT DISCHARGE DAYS													
MEDICAID	739	781	0	0									1520
SELF PAY	0	0	0	875									875
TOTAL	**739**	**781**	**0**	**875**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2395**
PATIENT ADMISSION DAYS													
MEDICAID	70	50	30	61									
SELF PAY	31	31	52	84									
PATIENT ADMISSION DAYS	**101**	**81**	**82**	**145**									
AVG DAILY CENSUS	3.3	2.6	2.7	4.7	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	$ 80,120									
SWING $ DAYS	**100**	**81**	**79**	**141**									
DEATHS	1	1	0	1									
SUMMARY STATS													
TOTAL/AVERAGE % OCCUPANCY	**17.1%**	**17.2%**	**21.9%**	**36.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**2.5%**
TOTAL OUTPATIENTS (Admits) w/ ER	397	479	468	500									**1844**
TOTAL ER (Encounters)	108	102	96	105									**411**
LAB TESTS													
INPATIENT	34	56	51	75									**216**
OUTPATIENT	896	1118	1076	1094									**4184**
TOTAL	**930**	**1174**	**1127**	**1169**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4400**
XRAY/ULTRASOUND TESTS													
INPATIENT	3	4	7	7									**21**
OUTPATIENT	69	83	73	87									**312**
TOTAL	**72**	**87**	**80**	**94**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**333**
CT SCANS	59	57	49	49									214
MRI SCANS	5	6	5	7									23
EKG TESTS	26	23	29	34									112
TREADMILL PROCEDURES	0	0	0	0									0
RESPIRATORY THERAPY													0
INPATIENT	26	151	21	16									214
OUTPATIENT	34	57	21	41									153
TOTAL	**60**	**208**	**42**	**57**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**367**

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	404									1588
IRRIGON MEDICAL CLINIC	293	304	285	335									1217
BOARDMAN IMMEDIATE CARE	0	0	0	0									0
IONE COMMUNITY CLINIC	38	132	152	121									443
ALL PROVIDER ENCOUNTERS AT HOSPITAL**	122	135	123	151									531
TOTAL	**772**	**987**	**1009**	**1011**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3779**
REVENUE OF HOSPITAL ENCOUNTERS	$55,927	$ 61,659	$ 53,387	$ 67,654									**$238,627**
AMBULANCE													
HEPPNER AMBULANCE TRANSPORTS	28	38	23	9									98
BOARDMAN AMBULANCE TRANSPORTS	0	0	0	0									0
IRRIGON AMBULANCE TRANSPORTS	30	24	18	26									98
IONE AMBULANCE TRANSPORTS	0	0	0	0									0
TOTAL	**58**	**62**	**41**	**35**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**196**
HEPPNER AMB REVENUE	$ 50,359	$ 68,345	$ 41,367	$ 15,051									$175,122
BOARDMAN AMB REVENUE	$ -	$ -	$ -	$ -									$0
IRRIGON AMB REVENUE	$ 53,199	$ 43,165	$ 32,374	$ 42,976									$171,714
IONE AMB REVENUE	$ -	$ -	$ -	$ -									$0
TOTAL	**$ 103,559**	**$ 111,510**	**$ 73,741**	**$ 58,027**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$346,836**
HOME HEALTH VISITS													
SKILLED NURSING VISITS	33	44	39	37									153
AIDE VISITS	3	7	11	10									31
MSW VISITS	5	3	2	1									11
OCCUPATIONAL THERAPY	0	0	0	0									0
PHYSICAL THERAPY	20	26	33	29									108
SPEECH THERAPY	0	3	2	0									5
IN HOME CARE VISITS-PRIVATE PAY	0	0	0	0									0
TOTAL	**61**	**83**	**87**	**77**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**308**
HOSPICE													
ADMITS	2	2	0	2									6
DISCHARGE	0	0	0	0									0
DEATHS	2	0	0	1									3
TOTAL HOSPICE DAYS	**95**	**89**	**120**	**144**									**448**
PHARMACY													
DRUG DOSES	385	1445	1544	1228									4,602
DRUG REVENUE	$ 21,300	$ 41,288	$ 42,206	$ 39,854									**$144,647**

MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

2026	IRRIGON								HEPPNER								IONE				LEXINGTON			
	298 (First Out)				299				599 (First Out)				598				699				499			
	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports	Dispatch to En Route	Response Time	Number of Runs	Number of Transports
9-1-1 January	1.6	3.1	44	23	2.0	4.1	7	7	1.0	5.5	32	25	2.5	4.5	2	1	0.0	0.0	0	0	0.0	0.0	0	0
Transfers January	0.0	0.0	0	0	0.0	0.0	0	0	2.0	20.0	3	3	3.0	27.5	5	5	0.0	0.0	0	0	0.0	1.0	1	1
9-1-1 February	1.0	4.0	38	27	0.5	2.5	2	1	1.0	12.0	15	15	1.0	2.0	6	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers February	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	1.0	1.0	4	4	0.0	0.0	0	0	3.0	2.5	2	2
9-1-1 March	1.0	4.0	29	22	0.5	1.5	3	2	2.0	5.1	28	23	1.0	2.0	10	5	0.0	0.0	0	0	0.9	0.9	2	2
Transfers March	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	1.0	4.8	3	3	0.0	0.0	0	0	13.0	1.0	1	1
9-1-1 April	1.0	4.0	41	33	1.1	2.0	5	5	1.0	5.0	26	24	1.5	3.3	3	3	0.0	0.0	0	0	0.0	0.0	0	0
Transfers April	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	2.7	14.5	4	4	0.0	0.0	0	0	1.5	0.5	2	2
9-1-1 May	1.2	6.2	37	24	1.0	2.0	1	1	1.3	13.2	20	13	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Transfers May	0.0	0.0	0	0	1.0	18.0	1	1	0.0	0.0	0	0	1.6	1.6	6	6	0.0	0.0	0	0	1.0	2.0	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	0.0	0	0
Transfers June	0.0	0.0	0	0	0.0	0.0	0	0	1.0	1.0	1	1	3.6	8.2	5	5	0.0	0.0	0	0	1.0	1.0	1	1
9-1-1 July	1.1	4.9	41	24	1.4	5.4	5	3	1.5	14.0	23	20	0.0	0.0	0	0	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	0.0	0.0	0	0	6.1	4.4	7	7	0.0	0.0	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	22.0	36	27	1.2	16.7	4	3	5.0	23.0	1	1	0.0	0.0	0	0
Transfers August	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	6.6	24.4	5	5	0.0	0.0	0	0	1.0	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	N/A	N/A	0	0	N/A	N/A	0	0
Transfers September	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9-1-1 October	1:06	4:03	39	20	1:28	4:17	6	3	1:32	10:18	25	15	1:00	17:00	1	0	N/A	N/A	0	0	N/A	N/A	0	0
Transfers October	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9-1-1 November																								
Transfers November																								
9-1-1 December																								
Tranfers December																								
TOTAL			373	241			41	28		262	198			72	55			1	1		12	12	

Dispatch to en route means the length of time between when the ambulance is dispatched to when the ambulance leaves the garage.
Response time means the length of time between the notification to the ambulance and the arrival of the ambulance at the incident scene.*
*Note that response times are not adjusted for miles traveled.

	CURRENT YTD
ASSETS	
CURRENT ASSETS	
TOTAL CASH & INVESTMENTS	**451,719**
ORACLE HEALTH A/R	2,634,099
THRIVE A/R	39,236
GROSS PATIENT RECEIVABLES	**2,673,335**
LESS CLEARING ACCOUNTS	41
LESS ALLOWANCE FOR UNCOLLECTABLE	(689,590)
LESS ALLOWANCE FOR CONTRACTUALS	(29,179)
NET PATIENT ACCOUNTS RECEIVABLE	**1,954,607**
EMPLOYEE ADVANCES	9,547
RECEIVABLE-340B FR/SUN RX	39,758
TAXES RECEIVABLE-PRIOR YR	51,851
TAXES RECEIVABLE-CURRENT YEAR	1,391,211
OTHER RECEIVABLES	676,919
GRANTS RECEIVABLE	488,452
MC/MD RECEIVABLE	323,023
ASSISTED LIVING RECEIVABLE	5,248
TOTAL OTHER RECEIVABLES	**2,986,009**
INVENTORY-GENERAL	171,102
INVENTORY LAB & RX	259,775
PREPAID EXPENSES	1,481
PREPAID INSURANCE	19,792
PREPAID-OTHER	143,051
TOTAL INVENTORY & PREPAID	**595,201**
TOTAL CURRENT ASSETS	**5,987,536**
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	(12,576,061)
TOTAL LONG TERM ASSETS	**5,639,705**
TOTAL ASSETS	**11,627,241**
LIABILITIES	
CURRENT LIABILITIES	
TOTAL ACCOUNTS PAYABLE	**543,437**
TOTAL ACCRUED WAGES & LIABILITIES	**1,470,372**

ACCRUED INTEREST	2,949
SUSPENSE ACCOUNT	121,820
TCAA SUSPENSE	5,819
DEFERRED INCOME	1,506
MC/MD SETTLEMENT PAYABLE	(4,775)
CONTINGENCY SETTLEMENT PAYABLE	100,000
TOTAL OTHER LIABILITIES	**227,319**
TOTAL CURRENT LIABILITIES	**2,241,128**
SUBSCRIPTION BASED LIABILITIES	2,801,005
BEO 2018 BOARDMAN BLDG LOAN	25,795
MORROW CO 2018 BRDMAN BLDG LN	14,220
BEO LOAN 2026	944,000
BEO IMC EXPANSION 2018	121,809
BEO REFINANCE OF USDA LOAN	675,431
BEO 2024 CAPITAL LOAN	825,369
TOTAL LONG TERM LIABILITIES	**5,407,629**

EQUITY/FUND BALANCE

GENERAL FUND UNRESTRICTED BAL	4,512,078
NET INCOME/LOSS	(525,813)
EQUITY/FUND BALANCE	**3,986,265**
TOTAL LIABILITIES & EQUITY/FUND BALANCE	**11,627,241**

MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

0a MORROW COUNTY HEALTH DISTRICT
OPERATING INCOME STATEMENT
FOR THE MONTH ENDING 10/31/2026

0a 18/Nov/2026 1:25:39 PM
RWORDEN

CURRENT MONTH	LAST MONTH	DOLLAR VARIANCE		CURRENT YEAR TO DATE	BUDGET YEAR TO DATE	DOLLAR VARIANCE
			PATIENT SERVICES REVENUE			
56,744	27,956	28,789	INPATIENT SELF PAY	120,781	171,686	(50,905)
-	-	-	INPATIENT COMMERICAL	-	12,864	(12,864)
114,517	85,686	28,830	INPATIENT MEDICARE	286,614	308,488	(21,873)
36,660	11,824	24,836	INPATIENT MEDICAID	137,725	173,035	(35,310)
7,021	2,146	4,876	RESPITE CARE	9,167	5,457	3,710
214,943	**127,612**	**87,331**	**INPATIENT REVENUE**	**554,288**	**671,530**	**(117,242)**
37,138	18,856	18,282	OUTPATIENT SELF PAY	68,475	82,097	(13,621)
179,548	181,357	(1,809)	OUTPATIENT COMMERICAL	744,681	687,603	57,078
10,969	456	10,512	OUTPATIENT WORK COMP	42,959	25,491	17,467
344,694	346,655	(1,961)	OUTPATIENT MEDICARE	1,359,780	1,195,900	163,880
113,979	92,479	21,500	OUTPATIENT MEDICAID	478,790	536,641	(57,851)
686,328	**639,804**	**46,524**	**OUTPATIENT REVENUE**	**2,694,686**	**2,527,732**	**166,954**
4,400	5,821	(1,421)	CLINIC SELF PAY	17,726	44,849	(27,123)
82,774	77,711	5,063	CLINIC MEDICAID	290,677	488,408	(197,731)
136,678	115,728	20,950	CLINIC MEDICARE	472,345	601,777	(129,432)
-	1,534	(1,534)	CLINIC WORK COMP	3,534	16,606	(13,072)
92,595	117,078	(24,483)	CLINIC COMMERICAL	392,148	590,110	(197,962)
316,448	**317,872**	**(1,425)**	**CLINIC REVENUE**	**1,176,431**	**1,741,750**	**(565,319)**
2,108		2,108	HOME HEALTH/ HOSPICE SELF PAY	2,108	2,482	(373)
-	(13,924)	13,924	HOME HEALTH/ HOSPICE COMMERICAL	(11,547)	36,510	(48,057)
74,461	71,782	2,679	HOME HEALTH/ HOSPICE MEDICARE	216,008	379,005	(162,997)
1,904		1,904	HOME HEALTH/ HOSPICE MEDICAID	1,521	1,354	167
78,473	**57,858**	**20,615**	**HOME HEALTH & HOSPICE REVENUE**	**208,090**	**419,352**	**(211,261)**
633	(24)	657	ORACLE HEALTH UNALIASED	438	-	438
1,296,824	**1,143,122**	**153,702**	**TOTAL GROSS PATIENT REVENUE**	**4,633,932**	**5,360,363**	**(726,431)**
(25,274)	(33,028)	7,755	PROVISION FOR BAD DEBTS	(107,452)	(106,278)	(1,174)
(129,334)	(252,281)	122,947	CONTRACTUALS & ADJUSTMENTS	(484,904)	995,887	(1,480,790)
(154,608)	**(285,309)**	**130,701**	**TOTAL REVENUE DEDUCTIONS**	**(592,355)**	**889,609**	**(1,481,964)**
1,142,216	**857,813**	**284,403**	**TOTAL NET PATIENT REVENUE**	**4,041,577**	**6,249,972**	**(2,314,673)**
345,006	**345,006**	**-**	**TAX REVENUE**	**1,359,328**	**1,276,809**	**82,519**
768,171	**107,758**	**660,413**	**OTHER OPERATING REVENUE**	**1,094,839**	**823,504**	**271,336**
2,255,393	**1,310,576**	**944,816**	**TOTAL OPERATING REVENUE**	**6,495,744**	**8,350,285**	**(1,960,819)**
			OPERATING EXPENSES			
898,924	902,733	(3,809)	SALARIES & WAGES	4,122,725	4,324,669	(201,944)
305,833	314,396	(8,563)	EMPLOYEE BENEFITS & TAXES	1,315,208	1,725,640	(410,432)
57,245	100,873	(43,628)	PROFESSIONAL FEES	342,037	521,585	(179,548)
67,283	84,698	(17,415)	SUPPLIES & MINOR EQUIPMENT	304,099	497,116	(193,017)
6,556	2,459	4,097	EDUCATION	17,250	32,372	(15,122)
1,857	3,528	(1,671)	RECRUITING & ADVERTISING	10,998	20,183	(9,186)
27,248	20,819	6,428	REPAIRS & MAINTENANCE	97,279	111,753	(14,474)
234,937	191,231	43,705	PURCHASED SERVICES	754,179	798,099	(43,920)
67,428	65,286	2,142	DEPRECIATION	270,872	397,874	(127,002)
13,180	12,577	603	TRAVEL	73,056	87,155	(14,099)
16,261	12,950	3,312	UTILITIES, PHONE & PROPANE	59,645	72,843	(13,197)
29,059	22,727	6,332	INSURANCE	97,231	86,090	11,141
818	1,506	(688)	TAXES & LICENSES	6,981	20,548	(13,567)
20,988	21,410	(422)	INTEREST	85,528	126,012	(40,484)
3,608	6,502	(2,894)	DUES & SUBSCRIPTIONS	19,207	19,673	(466)
16,244	20,315	(4,071)	OTHER EXPENSES	78,021	78,331	(310)
1,767,469	**1,784,010**	**(16,541)**	**TOTAL OPERATING EXPENSES**	**7,654,315**	**8,919,943**	**(1,265,628)**
487,924	**(473,434)**	**961,358**	**GAIN/LOSS FROM OPERATIONS**	**(1,158,572)**	**(569,659)**	**(695,191)**
117,471	**238,980**	**(121,509)**	**NON-OPERATING NET GAIN/LOSS**	**632,758**	**862,908**	**(230,150)**
605,395	**(234,454)**	**839,849**	**NET INCOME/LOSS**	**(525,813)**	**293,250**	**(925,341)**

MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

Monthly Financial Dashboard – Key Risk Indicators

Critical Access Hospital | Rolling Trend Perspective

As of 10/31/2026

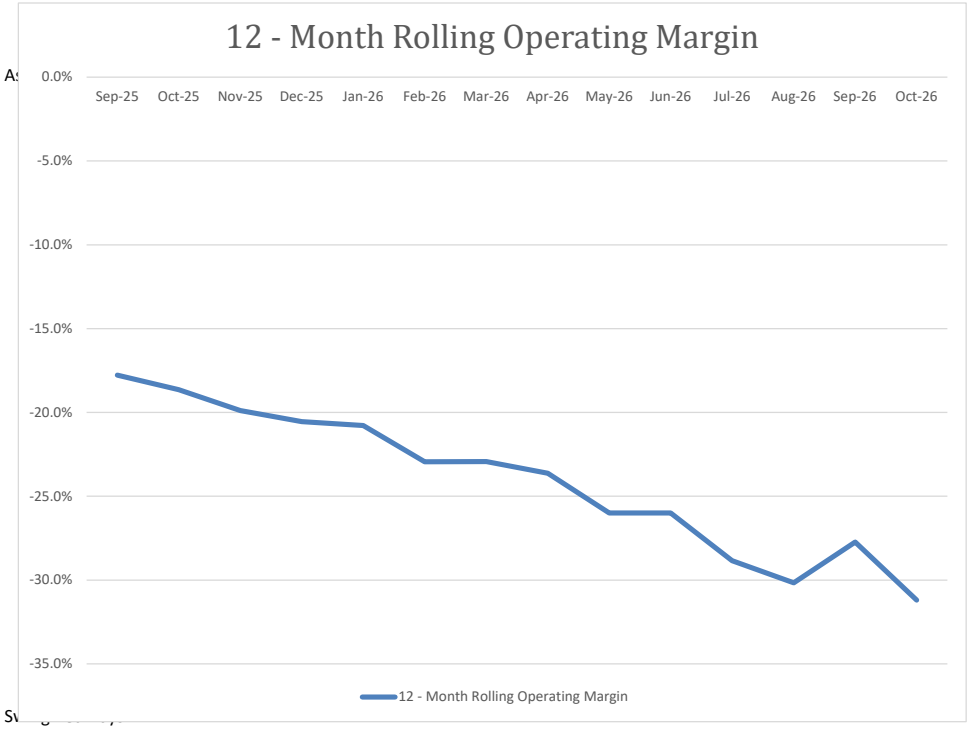
Status indicators: 🔴 Outside board-approved tolerance; 🟡 Monitor / emerging risk; 🟢 Within expected range.

KPI		Current	Trend	Target	Status
Liquidity & Cash					
Days Cash on Hand		8	▲	≥ 90	🔴
Net Operating Cash Flow	$	538,811	▲	≥ $0	🟢
Average Daily Expense	$	55,374	▼	—	
Revenue Cycle Health					
DSO		48	▼	≤ 65	🟢
Days in A/R		66	▼	≤ 60	🟡
% of Net A/R > 90 Days		29%	▼	≤ 25%	🟡
Cost & Sustainability					
Rolling 12 Month Operating Margin		(25%)	▲	≥ 0%	🔴
Non-Operating Revenue Impact		11%	▼	≤ 8%	🔴
Salary & Benefits %		70%	▼	≤ tolerance	🟡
Volume Context (Trend Only)					
ED Visits		105	▲	—	
Hospital Admit Days		213	▲	—	
Hospital Outpatient Visits		395	▲	—	
Total Clinic Visits - Incl. Behavioral Health		860	▼	—	
Home Health & Hospice Days/Visits		144	▲	—	
Swing Bed Days					
- Skilled		67	▲		
- Non-Skilled		141	▲		

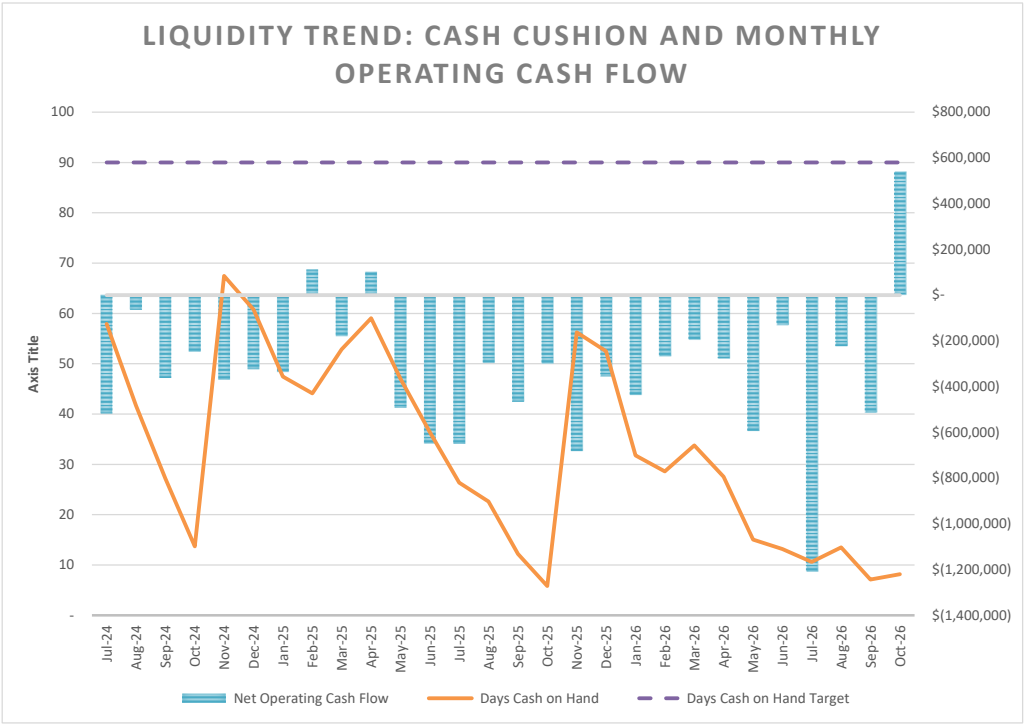
Metrics are monitored for trend and alignment rather than single month variance. Certain fluctuations reflect Medicare cost report timing typical of Critical Access Hospitals.

MORROW COUNTY HEALTH DISTRICT
Excellence in Healthcare

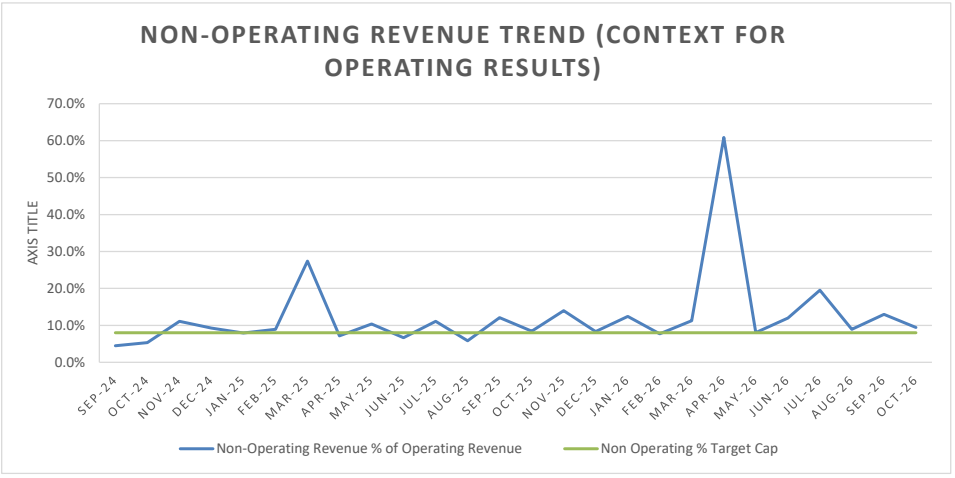
Combined KPI Trends - Financial Performance



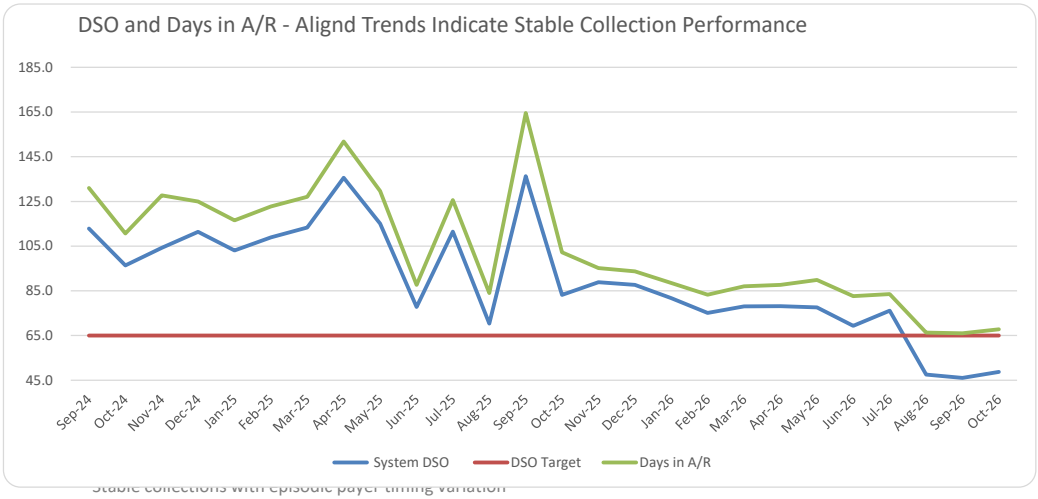
Rolling results exclude non-operating revenue volatility



Cash Declines reflect sustained operating cash outflow



Displayed for context; not indicative of operating pergormance



Stable collections with episodic payer timing variation

Julie Baker

Subject: FW: Donation Request to Support Families First Childcare Center

From: Families First Childcare <familiesfirstdirector@gmail.com>
Sent: Monday, September 21, 2026 8:18 AM
To: community <community@mocohd.org>
Subject: Donation Request to Support Families First Childcare Center

*** CAUTION! This email came from outside the Morrow County Health District network. Do not open attachments or click links if you do not recognize the sender. ***

Dear Morrow County Health District Board and Leadership Team,

On behalf of Families First Childcare Center, I respectfully request a donation of $5,000 to support our continued efforts to provide safe, dependable, and high-quality childcare for families in our community.

As a nonprofit organization, Families First relies on community partnerships and charitable support to maintain our classrooms, provide essential supplies and equipment, and ensure that local children have a safe and nurturing environment in which to learn and grow. Reliable childcare also supports the health and stability of our community by allowing parents—including healthcare professionals and other essential workers—to remain in the workforce.

A $5,000 contribution from Morrow County Health District would directly strengthen our programs and help us continue serving children and families throughout the area. We would be honored to recognize the District's generosity and its commitment to the well-being of our community.

Thank you for considering this request. We sincerely appreciate the important work Morrow County Health District does for our region and would be grateful for the opportunity to partner in support of local families.

Sincerely,

Karen Hughes
Executive Director
Families First Childcare Center
541-771-1554
Familiesfirstdirector@gmail.com



Karen Hughes
Families First Childcare Center
familiesfirstdirector@gmail.com
541-771-1554

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Meeting Locations for 2027 and the December Meeting

Information item for the Board of Directors

Shiloh Erven, CEO, November 30, 2026

Why I am raising this

Our board meetings are how we share information with you and with the community, and I want each one to work well. Our presentations depend on being able to share slides and data on a screen. We have had repeated technology challenges at our Ione, Lexington and Irrigon locations. Those challenges limit how clearly I can present and how well anyone joining by Zoom can follow along.

What I am suggesting

Beginning in January 2027, we would hold our regular meetings in Heppner and Boardman, alternating between the two. Both locations have reliable technology for presentations and for Zoom. The public would continue to be welcome to attend in person or by Zoom, and public comment would remain on every agenda. The public notice for each meeting would list its location, as it does now.

Attendance from the public at our meetings in the other locations has been light, so I would like us to focus on the quality of the meeting and on making it easy for anyone who wants to take part to do so, whether in person or online.

December meeting

Our December meeting is scheduled for December 28th at the Ione Fire Station, where we have had technology challenges. It also falls between Christmas and New Year's, when many of us may be traveling or spending time with family. I am not sure we will have a quorum, so I would like to hear your preference on whether to hold the meeting as scheduled or cancel it. If we cancel, the board can still call a special meeting if something time sensitive comes up.

What I am asking of the board

No motion is needed. I would like to hear your thoughts and make sure we are all on the same page before I plan the 2027 schedule and public notices.