

**BOARD OF DIRECTORS MEETING**  
Lower Umpqua Hospital District (LUHD)  
Wednesday, April 29, 2026, 7:30 a.m.  
Main Conference Room or  
Via Teams audio conference call  
Dial: 1-323-694-9833  
Audio conference ID: 124 229 680#



---

MINUTES

Board members in attendance include Ron Kreskey, Chair, Leon Bridge, Treasurer, Brenda Fraley, Secretary, and Sheri Aasen, Director. Excused: Cheryl Young, Vice Chair

Others in attendance include Stephanie Miller, John Chivers, Jennifer Green, Elise Dumo, Dr. Jason Sargent, Jen Anderson, Holly Tavernier, Kaley Sweet, Mary Chambers, Deanna Prater, Renae Mefferd, Julia Floyd.

Those employees and members of the public joining by phone include Melissa Cribbins, Hospital Attorney.

- I. CALL TO ORDER & INTRODUCTIONS  
Board Chair Kreskey called the meeting to order at 7:30 am
- II. VISITOR'S AGENDA  
No visitors.
- III. CONSENT AGENDA – Approve the following:
  - A. Board of Directors Meeting Agenda April 29, 2026
  - B. Board of Directors Meeting Minutes March 25, 2026
  - C. Committee Minutes

After discussion, board member Bridge moved to approve the Consent Agenda. Board member Aasen seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

- IV. REPORTS & PRESENTATIONS
  - A. Quality/Risk Report – Julia Floyd
    - 1. See report.
  - B. Compliance Report – Renae Mefferd
    - 1. See report.
  - C. Infection Control/ Employee Health / Safety – Deanna Prater
    - 1. See report.
  - D. Nursing Services Report – Jennifer Green
    - 1. See report.
    - 2. Cataract first surgery date moved to Monday June 1<sup>st</sup>.
    - 3. Patient questionnaires were added at clinic to provide further screening to identify presence of cataracts, and schedule proper screening.
    - 4. Pain Management - first clinic date is June 16<sup>th</sup>.
    - 5. Julia Floyd, Director of Quality & Risk, has accepted the position of Chief Nursing Officer, which will become effective July 1<sup>st</sup>.
  - E. Medical Staff – Dr. Jason Sargent
    - 1. See report.

- F. Public Relations/Foundation – Kaley Sweet
  - 1. See reports.
- G. Human Resources – Holly Tavernier
  - 1. See report.
  - 2. Employee Recognition Dinner May 14 – planning is underway
  - 3. Speaker series at RCCS high school – Holly will speak to students and also invite LUHD subject matter experts to share the variety healthcare facility career paths.
- H. Ancillary Services – Jen Anderson
  - 1. See report.
- I. Finance Report – Elise Dumo
  - 1. See Overview.
  - 2. See Financial Reports.
  - 3. See Dashboard.
  - 4. See Volumes.
  - 5. Question about our “expected collection rate” – it is dependent upon our *actual* payor mix.
- J. Administrator Report – John Chivers
  - 1. See overview.
  - 2. Rural Health Transformation Funds: Program meetings continue to gain understanding as parameters remain unclear; submission deadlines for each fund type are in May.

V. NEW BUSINESS

A. Capital Requests

- 1. April 1, 2026 - VRT Server – ratify board poll

Motion: After discussion, board member Aasen moved to approve to ratify the capital request for the VRT Server as approved on April 1, 2026, in the amount of \$45,220. Board member Bridge seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

- 2. April 3, 2026 – Surgery Scopes– ratify board poll

Motion: After discussion, board member Aasen moved to approve to ratify the capital request for Surgery Scopes as approved on April 3, 2026, in the amount of \$49,500. Board member Bridge seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

B. Policy:

- 1. P 3 Organizational Chart

Motion: After discussion, board member Bridge moved to approve updated policy P3 Organizational Chart as presented. Board member Aasen seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

- 2. P 10 Attendance and Punctuality

Motion: After discussion, board member Aasen moved to approve updated policy P 10 Attendance and Punctuality as presented. Board member Fraley seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

### 3. Delegation of Authority

Motion: After discussion, board member Aasen moved to approve the Delegation of Authority as presented. Board member Fraley seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

#### C. Upcoming:

1. Hospital Week – Board serves Breakfast: Monday May 11, 2026, 7:30 am
2. Budget Committee Meeting: Tuesday May 12, 2026, 12 noon
3. May Board Meeting: Wednesday May 27, 2026, 7:30am
4. Budget Hearing/June Board Meeting: Wednesday June 28, 2026, 7:30am
5. Reminder: Hinsdale Garden Tour - May 9<sup>th</sup> 10-2 pm, take shuttle to garden.

Board Chair Kreskey closed the regular session at 8:47 am and called the Executive Session to order.

#### VI. EXECUTIVE SESSION

192.660. (1) ORS 192.610 to 192.690 do not prevent the governing body of a public body from holding executive session during a regular, special, or emergency meeting, after the presiding officer has identified the authorization under ORS 192.610 to 192.690 for holding the executive session.

(2)The governing body of a public body may hold an executive session:

- (a) To consider the employment of a public officer, employee, staff member, or individual agent.
- (f) To consider information or records that are exempt by law from public inspection.
- (h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.

#### VII. RETURN TO REGULAR SESSION AND POSSIBLE ACTION BY THE BOARD

Board Chair Kreskey adjourned the Executive Session and called the regular session back into order at 9:31 am.

Further Board action was required.

Motion: Board member Aasen moved to approve as modified the bona fide job offer for CEO Designee Jennifer Green. Board member Bridge seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

#### VIII. ADJOURNMENT

Motion: Board member Bridge moved to adjourn the meeting. Board member Fraley seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

Board Chair Kreskey declared the meeting adjourned at 9:31am.



## **Director of Quality/Risk Management Update**

---

# **LUHD Board of Directors April 29, 2026**

### **Regulatory Update**

- Level IV Trauma recertification survey took place April 14, 2026
  - 1 deficiency
  - Granted a 3-year certification/designation

### **Risk Management**

#### **Incident / Unusual Occurrence Reports**

**March 2026** - 29 incidents 0 reported anonymous

Meditech Classifications:

- 16 Medication events
- 3 Equipment
- 2 Admission/Transfer/Discharge
- 2 Lab
- 1 Behavior
- 1 Safety/ Security
- 1 Fall
- 1 Radiology
- 1 Surgical Incident
- 1 Property

**Grievances** - Grievance Committee (quarterly) meeting held on January 20, 2026

**March 2026** - 2 grievances

- 1 Complaint about Provider
- 1 Care Concerns

Respectfully submitted,

Julia Floyd BSN, RN, CPHQ, RHCNOC  
Director of Quality/Risk Management



## Compliance Program Update

---

# LUHD Board Meeting

## April 29, 2026

### Compliance and Ethics *Currently in progress*

- Ongoing...
  - Participating in 340B Compliance Committee.
  - Issue: PACU titrates or administers medications in a short period of time in the recovery phase. Each time a drug is administered it drops a charge for a new vial, even though the medication administration is used from the original vial that was pulled.
    - Temporary stop gap in place (pharmacy will manually remove extra charges reconciling with the Omnicell)
    - Preferred resolution being considered is building a location of PACU which would allow charging on “pull” of medication from Omnicell (Meditech ticket was entered for further investigation of this)
- Updates...

### Reports of potential non-compliance received since last reporting period (03/25/2026)

- 0 reports received by third party vendor (anonymous hotline or website)
- 1 report received in-person reported directly to compliance officer
  - Investigated in collaboration with Deanna Prater and Julia Floyd. Issue resolved, just-in-time education given

Respectfully submitted,

Renae Mefferd, RN  
Compliance Officer



## **INFECTION CONTROL/EMPLOYEE HEALTH & SAFETY**

---

**April 29, 2026**

### **Employee Health-**

- 4<sup>th</sup> Annual Employee Health & Wellness Fair during Hospital Week May 13<sup>th</sup>

### **Infection Control-**

- Influenza is winding down for the season. Overall Healthcare worker influenza vaccination rate was 52%.
- Policy and procedure changes with COVID-19 and Influenza-Like Illnesses

### **Emergency Preparedness-**

- We have completed our two required emergency exercises for the year.
- MOU with city and water filtration system

### **Safety-**

- Health and Safety Committee completed annual Hazard ID training in March.

### **Community-**

- Collaboration with Thrive Umpqua for community wellness initiative. Efforts to form a steering committee with community partners.

Respectfully submitted,

Deanna Prater BSN, RN, CPHQ  
Director of Infection Control, Employee Health & Safety



## CNO UPDATE

---

# LUHD Board of Directors

## April 29, 2026

### Nursing:

#### New Hires

- Deanna Vest RN Part-time ACU/ED start 04/22/2026

#### Current Openings

- One Full-time RN NOC ACU - Offer Pending
- One Full-time CNA ED
- One Part-time CNA ED
- One Full-time CNA NOC ACU
- One Full-time Scrub Tech- Traveler starting in April

### Respiratory Therapy

- Department is fully staffed.

### Process Improvement/Updates:

#### 1. Preop Process Improvement

- Tracking Surgical Case Cancellation with **less than** 24-hours notification – see attached data. Data is being analyzed to determine pattern and trends for solution development.

#### 2. Cataracts:

- 04/06/2026 First clinic day
- 05/04/2026 First surgical day

#### 3. Pain Management:

- Currently in the implementation phase. Surgical cases to start (tentative) late May to early June.

#### 4. Level IV Trauma recertification survey held on April 14<sup>th</sup>

#### 5. Simulation Debrief:

- After Action Review by Emergency Operations Committee on 3/26/2026 & Community Partner Debrief on 04/01/2026
- 2027 EOP Exercises
  - Water Disruption with Community Partners Full Scale Exercise
  - SHIP Grant Simulation Full Scale Exercise
  - Tabletop with SWOPHO Region 3 & 5

#### 6. Police Department Collaboration - Nurse Leaders met with Chief Scoville to review processes for mutual support.

#### 7. Nurses Skills Day: Planning nursing skills day for Nurses Week May 4<sup>th</sup> through 8<sup>th</sup>

Respectfully submitted,

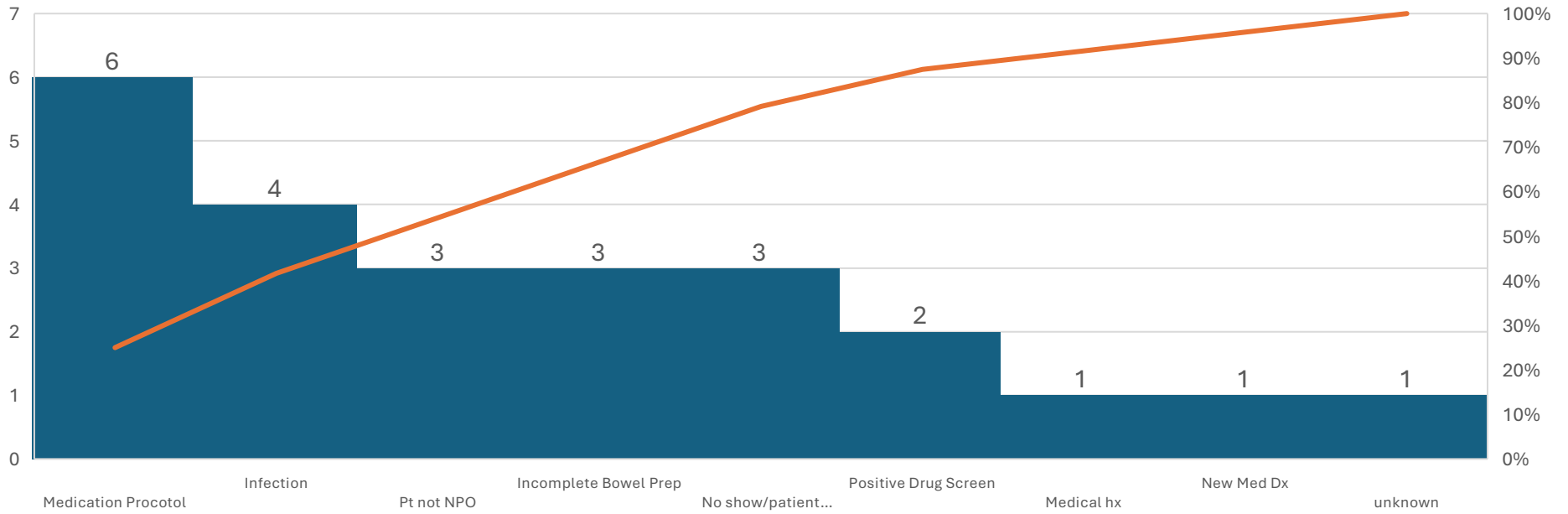
Jennifer Green, BSN RN RHCNOC, RHCEOC  
Chief Nursing Officer

## Less Than 24-hour Surgery Cancellation

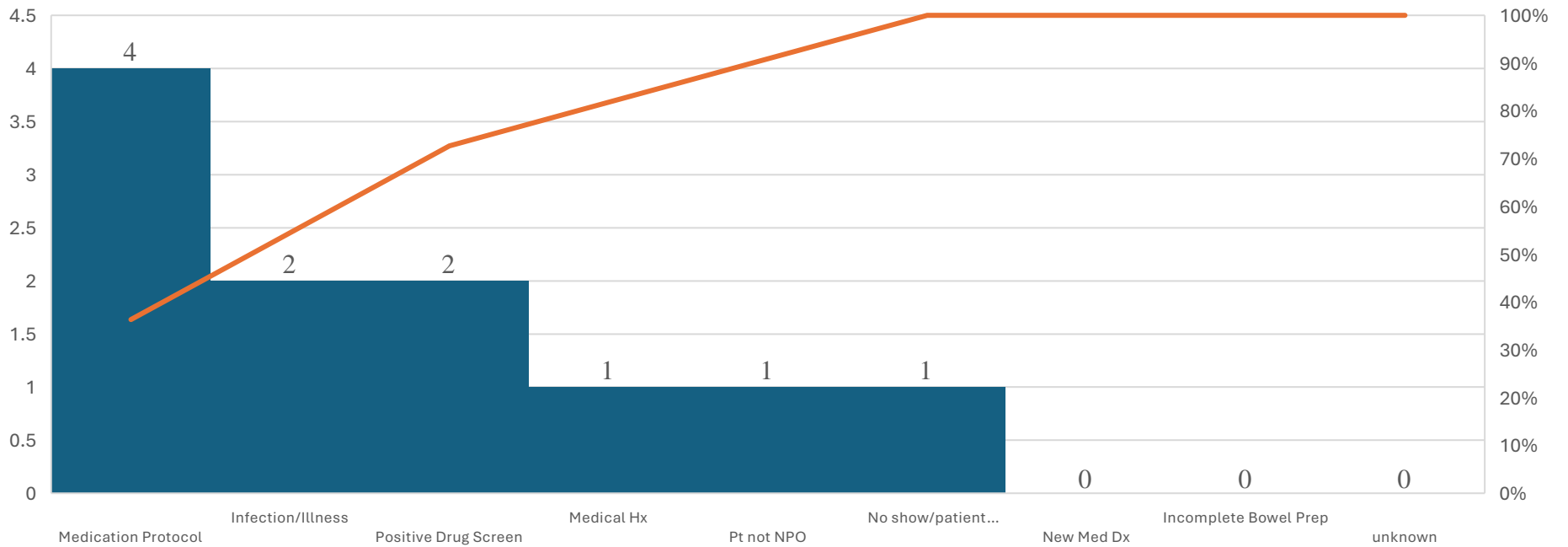
LUHD #	Title	Measure Definition/Description	Target	Numerator / Denominator	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
1	ALLCASES Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to ORscheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours	1	2	5	1	2	2	4	5	2
				Denominator: Total cases scheduled within 24-hour time frame	42	43	49	43	32	29	47	51	32
				Percent compliance	2%	5%	10%	2%	6%	7%	9%	10%	6%
Quarterly Rate							6%			5%			8%
2	General Surgery Cases Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to ORscheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours							4	4	1
				Denominator: Total cases scheduled within 24-hour time frame							37	43	26
				Percent compliance							11%	9%	4%
Quarterly Rate													8%
3	Orthopedic Cases Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to ORscheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours							0	1	0
				Denominator: Total cases scheduled within 24-hour time frame							7	8	4
				Percent compliance							0%	13%	0%
Quarterly Rate													5%

4	Uro/GYN Cases Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to OR scheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours							0	0	0
				Denominator: Total cases scheduled within 24-hour time frame							2	0	0
				Percent compliance							0%	0%	0%
Quarterly Rate												0%	
5	Podiatry Cases Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to OR scheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours							0	0	1
				Denominator: Total cases scheduled within 24-hour time frame							1	0	2
				Percent compliance							0%	0%	50%
Quarterly Rate												33%	
6	ENT Cases Canceled with less than 24 hours notification	# ORcases canceled with less than 24 hours prior to OR scheduled time/Total # Cases scheduled for the month within the 24-hour time frame.	5%	Numerator: Cases canceled less than 24 hours							0	0	0
				Denominator: Total cases scheduled within 24-hour time frame							0	0	0
				Percent compliance							0%	0%	0%
Quarterly Rate												0%	

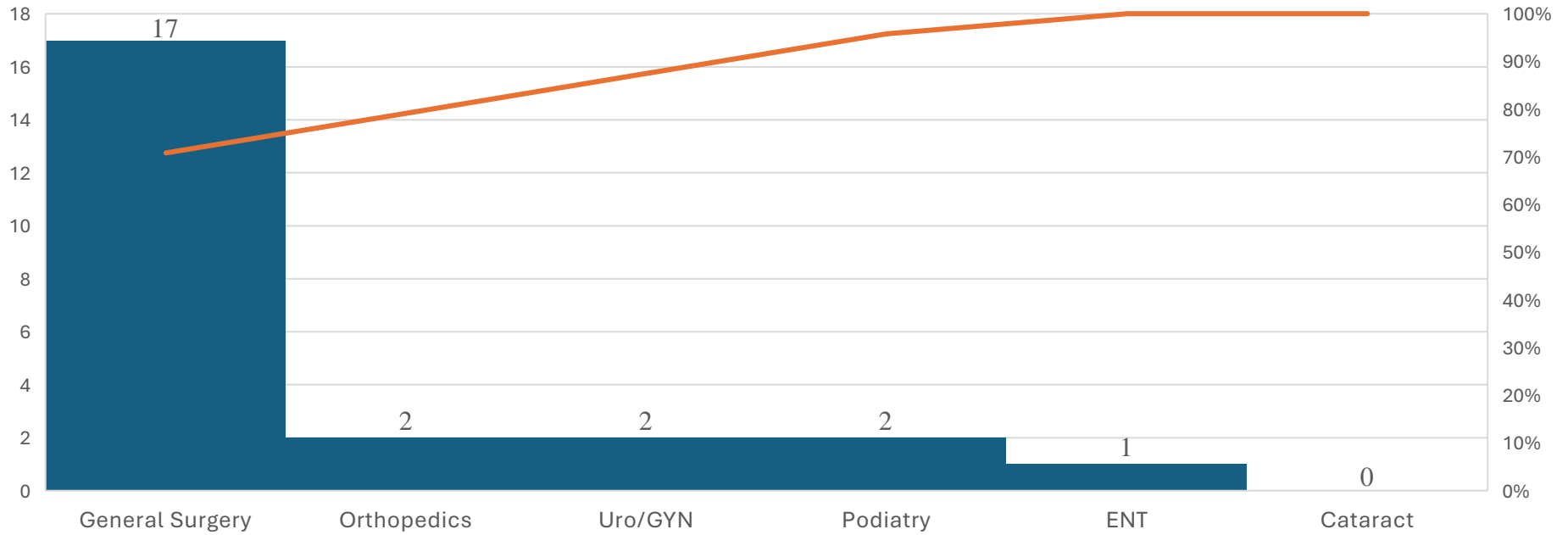
July 2025 to Current less than 24 hour Surgery Cancellation by Cause



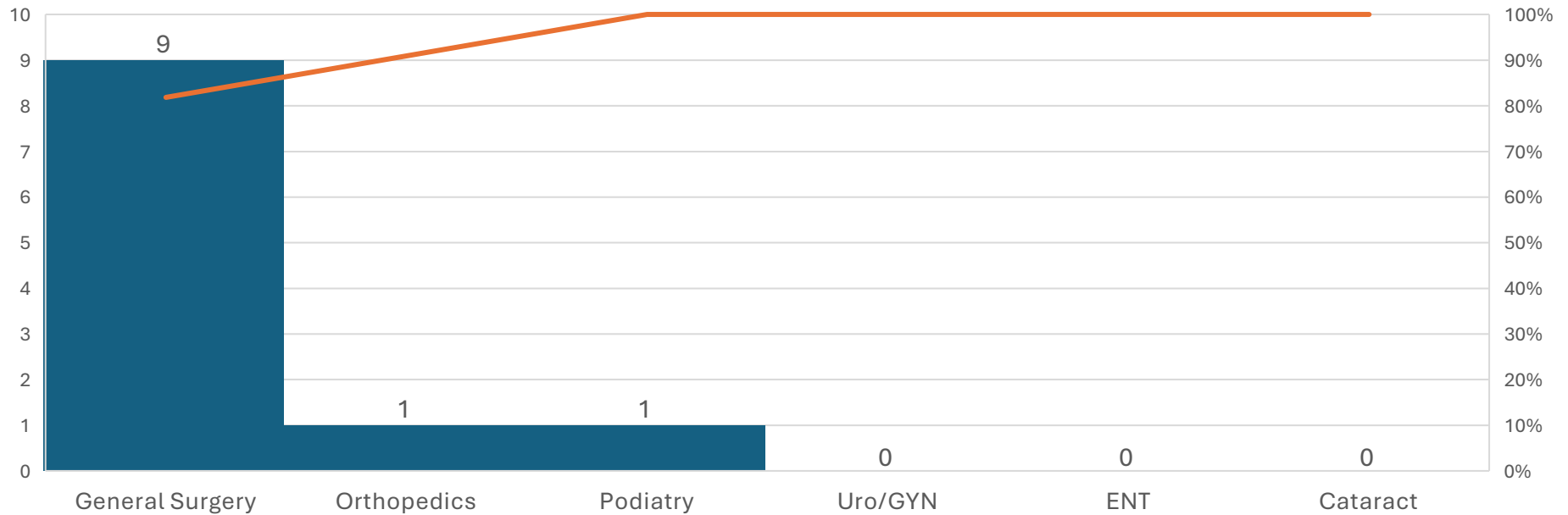
Q1 2026 less than 24 hour Surgery Cancellation by Cause



July 2025 to Current less than 24 hours Surgery Cancellation by Specialty



Q1 2026 less than 24 hours Surgery Cancellation by Specialty





Lower Umpqua  
Hospital District  
600 Ranch Road  
Reedsport, OR 97467  
541-271-2171

---

April 29, 2026

## **LUHD BOARD OF DIRECTORS: MEDICAL STAFF REPORT**

LUHD medical staff reviewed and approved a consent agenda consisting of formulary management, multiple pharmacy protocol modifications and reviews, cataract surgery pre- and post-op orders, and the new LUHD antibiogram.

Svetlana Melnik, Director of Pharmacy, presented the 340B audit to the medical staff.

Medical staff is looking forward to expanding services in the district with gynecologic care, cataract surgery, and pain management in the near future.

Measles cases are being monitored closely by the state. It was recommended that providers remain up to date with the latest information.

Regards,

Jason Sargent, DO

Chief of Staff: Lower Umpqua Hospital

Medical Director: Dunes Family Health Care



## CONTACT DETAILS

Public Relations  
Lower Umpqua Hospital District  
public\_relations@luhonline.com  
(541) 271 6336

## MARKETING & COMMUNICATIONS

---

### BOARD OF DIRECTORS

April 29, 2026

- **ANNUAL CALENDAR**

- April Awareness -
  - Occupational Therapy Month, Patient Access Week, Health Information/Medical Records Week, Medical Laboratory Professionals Week
- Preparing for upcoming Nurses Week including DAISY Award Celebration, National Hospital Week, EMS Week, Speech Pathologist Day 5/18.

- **DIGITAL ADVERTISING**

- Renewed CTV Advertising with Sinclair - Analytics Attached
- Continue Digital Campaign - Audio, Social Media, Display
- Contract with Fathom AI with SEO focus - In Progress

- **WEBSITE UPDATE**

- Added additional pages for Orthopedics and Ophthalmology
- Monitoring website traffic and specific page visits

- **PRINT ADVERTISING**

- Oregon Coast Mailer - Updated Advertisement
- Partners in Care - Spring Edition Mailed

- **COMMUNITY OUTREACH & EVENTS**

- Attended Douglas County Commissioner Candidate Forum
- RCCS Senior Interviews with Rotary

- **FAMILY RESOURCE CENTER**

- 134 Services provided for 68 individuals in March
- \$230 Sunrise Tokens distributed
- Majority of requests are related to utility assistance
- FRC Fundraiser tentative date - Saturday, May 30<sup>th</sup> details TBD
  - 'Reedsport FRC Flight & Bite Event' - raising funds to support the FRC in its mission to provide critical services to our local community.

600 RANCH ROAD, REEDSPORT OR 97467

WWW.LOWERUMPQUAHOSPITAL.ORG



## LOWER UMPQUA HOSPITAL FOUNDATION

---

### BOARD OF DIRECTORS

April 29, 2026

- **GENERAL INFORMATION**

- Meeting held Wednesday, April 8th

- **GRANTS**

- Proposals for Community Initiated Project (CIPs) to Senator Wyden & Senator Merkley, and Representative Val Hoyle (FY27)
  - 'Imaging for Impact: LUHD Radiology Initiative' - (Review in Progress)
  - 'Revitalizing Infrastructure: LUHD Sewer Line Restoration Project' - (Awarded FY27)
- Attended multiple RHTP Webinars, developing outline for LUHD application

- **PROJECT UPDATE**

- Reedsport 5K Salmon Run Planning - Fundraising Letter Attached

- **SCHOLARSHIP COMMITTEE**

- LUH Foundation Scholarship Update
  - 13 Applicants, currently scheduling interviews
  - Student Due Date March 2, Decisions Due by May 15, and Award Night is June 2nd.

- **EVENTS COMMITTEE**

- Putt for Pink 2026 - Saturday, August 8<sup>th</sup> Reedsport Golf Course
- Dunes Family Health Care Reception - (Date Change - TBD)
- Reedsport 5K Salmon Run & Walk - Saturday, September 12<sup>th</sup>

Next Meeting is July 8th at 11:30am @ LUH Business Office Conference Room



## LOWER UMPQUA HOSPITAL FOUNDATION



[ABOUT](#) [ISSUES](#) [HOW WE CAN HELP](#) [PRESS](#) [CONTACT](#) [TOWNHALLS](#) [Q](#) [f](#) [w](#) [@](#) [X](#)

[Home](#) [Press](#) [Press Releases](#)

APRIL 01, 2026

# REP. HOYLE REQUESTS OVER \$31 MILLION IN FUNDING FOR 20 LOCAL PROJECTS

**Washington, D.C.** – Today, U.S. Representative Val Hoyle announced her selected community projects that were submitted to the U.S. House Appropriations Committee as candidates to receive funding for Fiscal Year 2027.

“These 20 projects reflect what local communities actually need—they know best,” said Rep. Hoyle. “If funded, these projects will upgrade infrastructure, advance emergency and disaster response and promote workforce development.”

Each House Member was allowed to submit 20 community projects to be considered for federal funding on behalf of their congressional district to the U.S. House Appropriations Committee. The Committee will now work to consider what projects to include in future appropriations bills. The projects Rep. Hoyle selected have strong community support and were able to demonstrate to her office their value and benefit to Oregon’s Fourth Congressional District.

See below for the projects selected by Rep. Hoyle for OR-04 in Fiscal Year 2027:

### DOUGLAS COUNTY

**South 22nd Street Housing Readiness Project** – Reedsport, OR – \$732,900 – Funding would be used for engineering, environmental review and construction of approximately 250 linear feet of new public roadway and utility infrastructure on South 22nd Street in Reedsport to enable water, sewer, storm drainage and street access needed to support development of approximately 59 new housing units.

**Regional Evacuation Shelter and Emergency Operations Center** – Oakland, OR – \$2,000,000 – Funding would be used by North Douglas County Fire & EMS to construct a regional evacuation shelter and emergency operations center in case of wildfire, flooding, severe winter storms, prolonged power outages or any other disaster response.

**Rural Emergency Communications Reliability Project** – Roseburg, OR – \$1,800,000 – Funding would be used by the Douglas County Sheriff’s Office to acquire and install interoperable radio equipment, including repeaters, antennas and related system components, at existing rural communications sites to improve communications in areas where gaps can slow coordination and compromise safety.

**Childcare Access Initiative** – Roseburg, OR – \$1,000,000 – Funding would be used by Umpqua Community College to construct a new licensed child care facility for infants, toddlers and preschoolers

**Sewer Line Restoration** – Reedsport, OR – \$500,000 - Funding would be used by Lower Umpqua Hospital District to support an infrastructure upgrade of the 400-foot sewer line servicing the hospital.



600 RANCH ROAD, REEDSPORT OR 97467  
WWW.LOWERUMPQUAHOSPITAL.ORG

**Reedsport 5K Planning Committee**

LUH Foundation – 5K Committee  
600 Ranch Road  
Reedsport, OR  
97467



**April 2026**

Dear Reedsport Community Member,

On behalf of the Reedsport 5K Planning Committee, we are excited to announce that the 2<sup>nd</sup> Annual Reedsport Salmon Run & Walk will take place on **Saturday, September 12<sup>th</sup>, 2026**. This event promotes health and wellness while celebrating the community spirit of Reedsport.

In order to make this event a success, we are seeking financial support from community-minded businesses and organizations like yours. Your donation will help cover essential costs such as permits, race supplies, event promotion, and refreshments for participants. Our goal is to make this event both fun and meaningful for participants of all ages.

In 2025, the 5K Salmon Run & Walk had over 100 participants ranging in ages from 0 to 78. We anticipate an even greater turnout this year and would greatly appreciate any contribution you can provide, whether it be a monetary donation or in-kind support.

Thank you for considering our request and for your continued support of our community initiatives.

Sincerely,

Reedsport 5K Planning Committee

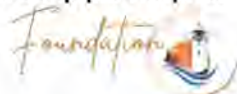


**Donation Link**

**or by Mail, Please make checks payable to  
LUH Foundation Attn: 5K Salmon Run**



**Lower Umpqua Hospital**



*The Lower Umpqua Hospital Foundation in partnership with the Reedsport Main Street Program organize the annual 5K event. For more information visit the website at:*

**[www.lowerumpquahospital.org/reedsport5K](http://www.lowerumpquahospital.org/reedsport5K)**

EVENT OVERVIEW



# Reedsport 5K Salmon Run



## 2025 Innagural Event



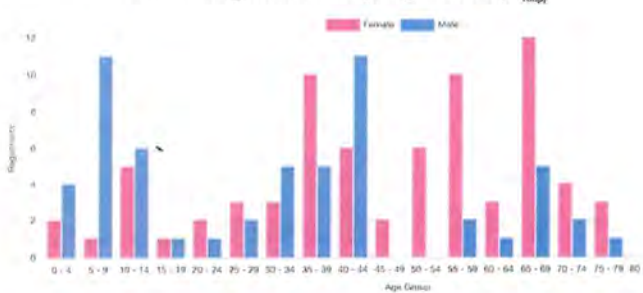
### 2025 REGISTRANT FUN FACTS

129 Total Participants!  
 5K Run/Walk: 104  
 1 Mile Walk: 25  
 20 + Volunteers

Youngest was 0 years  
 Oldest was 78 years  
 Average age was 40 years

28 Participants were 12 years and under  
 33 Participants were 60 years and over

2025 Registrants by Age Group



## 2026 5K & 1-Mile

This year's race date  
**Saturday, September 12th**

### 2026 EVENT GOALS

- 200+ participants
- Awards for category winners
- More sponsor opportunities
- Bib & T-shirt pickup on Friday
- Updated race route

### Expanded Rainbow Plaza Experiences

- Activity Tents
- Face Painting
- 360 Photobooth
- More Fun!





## **CHIEF HUMAN RESOURCES OFFICER REPORT**

---

### **Board of Directors April 29, 2026**

#### ***Employee Hiring & Recruitment:***

March/April: (As of 4/28/2026):

- RN, Per-Diem (Sharman)
- Tray Aide, Temporary (Page)
- RN, Per-Diem (Zeafla)
- MA, Full-Time (Wright)
- RN, Per-Diem (Pantorilla)
- Referrals Coordinator, Full-Time (Schick)
- Housekeeper, Part-Time (Salazar)
- RN, Part-Time (Vest)

We currently have these positions open on our job board, website and Indeed (no per-diem positions are listed below):

- FT Admitting Clerk (3)
- FT Stock Clerk Lead
- FT Licensed PT Assistant
- FT Occupational Therapist
- FT Physical Therapist
- FT CNA Nights
- FT CNA-Emergency Department
- FT RN Nights
- FT CT/MRI/X-Ray Tech (2)
- FT Scrub Tech
- FT Director of Quality and Risk Management

#### ***Provider Recruitment:***

- We are currently working on contract details with Jeffrey Penakis, MD, who will be joining us this summer to provide Gynecology services.
- We are currently still recruiting for General Surgery.

***Employee Turnover:***

- For the quarter 2.60%, YTD annualized 9.82%.

***High School Program, External Meetings, Trainings:***

- Our 3 RCCS students continue to excel through our Healthcare Careers program this semester.

***Other:***

- The HR department has been continuing to work on integrating new HR modules including Leaves of Absence and Performance Management. We are going live with Performance Management on May 1, 2026 and have just signed off on our Leave of Absence module.
- I continue to work on several confidential matters as well as policy updates, unemployment hearings, legal matters, employee disciplinary actions, union issues, employee/provider/temporary staffing recruitment and retention.
- I remain involved in VIRT, Workplace Environment Committee, Events Committee, Emergency Operations Committee, Comprehensive Quality Council, and New Hire Orientation. I am a Board Member for Special Districts Association of Oregon, a Reedsport Rotary Club Board Member and a member of the Douglas County SHRM Chapter.

Respectfully Submitted,

Holly Tavernier  
Chief Human Resources Officer



## ANCILLARY SERVICES REPORT

---

### Board of Directors April 29, 2026

- **Information Technology**

Following the successful rollout of the new phone system and completion of the fax system transition, the Information Technology team is preparing for the next phase of infrastructure improvements with the implementation of a new firewall.

This upgrade is a critical step in strengthening network security, improving performance, and ensuring long-term system reliability. To support this transition, there will be planned network downtime on Friday, May 1. Additionally, users may experience intermittent or sporadic connectivity disruptions on Saturday, May 2 as final configurations and optimizations are completed.

The IT team will take all necessary measures to minimize operational impact and will provide updates throughout the process.

- **Laboratory**

The laboratory team celebrated Lab Week during April 18-24. We extend our sincere appreciation for their continued dedication, attention to detail, and commitment to delivering accurate and timely results. Their work is vital to supporting clinical decisions and ensuring high-quality care for our patients.

- **Health Information Management (Medical Records)**

April 18–24, the HIM team celebrated their professional week, recognizing their important role in maintaining the integrity of our health information systems. We appreciate their strong attention to detail and their commitment to ensuring our records remain accurate, complete, and compliant. Their work is essential to supporting quality care and organizational excellence.

- **Therapy**

April we celebrated Occupational Therapy month. We extend our sincere appreciation to our OT staff for their dedication, compassion, and expertise in caring for our patients. Their work plays a crucial role in helping individuals regain independence, improve quality of life, and achieve meaningful outcomes every day.

Respectfully submitted,

Jennifer Anderson, RHIT, MBA, CPC, CFPC  
Chief Ancillary Services Officer

# LOWER UMPQUA HOSPITAL DISTRICT

## MONTHLY FINANCIAL REPORT

### MONTH ENDING MARCH 31, 2026

#### Operations:

Page 4

**(1)** Our Gross Charges coming in at \$6.46 million or (-0.3% less than budget.) Overall, we are at \$60.80 million for the year 4.2% better than budget. It should be noted that we did not implement a charge increase this fiscal year.

**(2)** Our expected collection rate was a little off budget at 49.98%. This included another \$50,000 allowance for our likely 2025-26 Medicare year-end payable bringing the total set-aside for the year to \$600,000. Medicare took back \$154,000 this March. Our year-to-date expected collection rate is 50.0% -- slightly better than the budgeted 49.6%.

**(3)** This led to net patient revenue of \$3.23 million (0.4% better than budget) with year-to-date actual of \$30.4 million is 5% better than budget.

**(4)** Other operating revenue (\$454,000) continues to run better than budget (18.3%), primarily due to the **(5)** Retail Pharmacy (\$393,000, which is 20.9% better than budget.)

**(6)** Total Operating Revenue of \$3.81 million was 2.7% better than budget with year-to-date actual of \$35.9 million is 7.8% better than budget.

Page - 5

**(7)** Total Operating Expenses of \$4.02 million exceeded budget by 3.9%. A review of each expense category showed no significant variances other than expected.

**(8)** We had an operating loss of \$209,000 compared to a budgeted loss of \$159,000 for a \$50,000 (31.2%) negative variance.

**(9)** Non-operating revenue of \$273,000 beat the budget of \$228,000 by \$45,000 (19.8%). Of note was \$36,000 in grant revenue received related to our Retail Pharmacy remodel (\$27K) and Roots & Wings Grant which allowed us to donate towards the we donated to City's Park and Rec for playground equipment (\$8k).

**(10)** Total Surplus for the month was \$65,000 (1.7% margin) compared to the budget of \$69,000 (1.9% margin). For the year, we have a total Surplus of \$2.31 million (6.4% margin) compared to the budget of \$622,000 (1.9% margin).

**(11)** Again, the total margin reflects another \$50,000 allowance (reduction) for Medicare bringing the total to \$600,000 for the year.

**Balance Sheet:**

**Assets:**

(1) Cash (\$5.91 million) is down by \$241,000 due to issues with Traditional Medicare. This has since been corrected; however, Medicare is still running about an extra month behind making payments to providers. They owe us approximately \$200,000 more than they would typically owe us at month end.

(2) Net Patient Accounts Receivable (\$6.54 million) increased by \$658,000 due to the same reason explained above, plus, ATRIO, which John will discuss.

(3) The expected collection rate declined slightly to 40.58% from 40.90%. Our model treats older outstanding items as less likely to be collected regardless of the real collection status. The Medicare issue explained above basically accounts for this difference.

(4) Total 'Other' Accounts Receivable of \$820,000 are up by \$101,000, **see the attached details (page 7).**

(5) This amount currently shows as a payable due to the timing of when we receive the bulk of our taxes.

(6) We have a total of \$18.39 million in Current Assets.

(7) Property Plant and Equipment increased by \$9,296 due to the acquisition of and payment Ring Central VoIP phone system.

(8) Third-party settlements decreased \$104,000 to \$1.11 million. This is the additional \$50,000 set aside for our 2025-26 Medicare cost report mentioned earlier, less the \$154,000 taken back by Medicare.

(9) We have assets totaling \$22.46 million.

**Liabilities and Fund Balance:**

(1) Accounts Payable and (2) Accrued Liabilities from prior month increased by a combined \$91,000 to \$1.07million.

(3) Accrued Payroll from prior month increased \$84,000.

(4) We booked an additional \$127,000 to cover our March Provider Tax that will be due in May.

(5) We have Current Liabilities of \$4.01 million which results in a very favorable Current Ratio of 4.6.

(6) Total Debt decreased by \$37,000 due to making normal principal payments bringing the new total to \$1.35 million.

(7) Liabilities total \$5.36 million.

(8) Our total Fund Balance is \$17.09 million, which includes the fiscal year opening balance of \$14.79 million and current operating results of \$2.31 million.

(9) We have Liabilities and Fund Balance combined of \$22.46 million.

**Dashboard:**

Shows the results of several Key Indicators. Probably the most important indicators of general financial health are [1] Operating Cash at \$5.9 million, and [2] Days Cash on Hand at 47 exceeding goal and [3] Current Ratio at 4.6. All are currently green. [4] Productivity: decreased slightly from last month's 97.7% to 97.3%. We are at 98.9% for the year.

**Volumes:**

Volumes came in higher than budget and beat their historical averages for March, the exceptions being Acute (79 vs 95), ICU (2 vs 4), Ambulance (110 vs 121), Lab Tests (5208 vs 5626), Radiology (672 vs 730) and Speech Therapy (41 vs 70).

LUHD  
UNAUDITED OPERATING STATEMENT  
Through 9 Periods Ended March 31, 2026

	CURR MO BUDGET	2026 MAR	CM VAR-\$	CM VAR-%	2025 MAR	YTD BUDGET	YTD ACTUAL	YTD VAR-\$	YTD VAR-%	YTD LY
<b>Revenue</b>										
[1] Patient Revenue										
Gross Charges	\$6,484,698	\$6,463,863	(\$20,835)	-0.3%	\$5,899,480	\$58,362,284	\$60,802,773	\$2,440,489	4.2%	52,657,788
Deductions	(\$3,266,117)	(\$3,233,049)	\$33,068	-1.0%	(\$2,832,277)	(\$29,395,053)	(\$30,401,536)	(\$1,006,483)	3.4%	(25,732,864)
[3] Net Patient Revenue	\$3,218,581	\$3,230,814	\$12,233	0.4%	\$3,067,203	\$28,967,231	\$30,401,237	\$1,434,006	5.0%	26,924,924
[2]	49.63%	49.98%			51.99%	49.63%	50.00%			51.13%
Provider Tax	\$108,890	\$126,843	\$17,953	16.5%	\$100,000	\$980,013	\$1,282,388	\$302,375	30.9%	901,778
Net After Provider Tax	\$3,327,472	\$3,357,657	\$30,185	0.9%	\$3,167,203	\$29,947,244	\$31,683,625	\$1,736,381	5.8%	27,826,702
	51.31%	51.95%			53.69%	51.31%	52.11%			52.84%
<b>Non-Patient Revenue</b>										
Misc Revenue	\$58,362	\$60,705	\$2,343	4.0%	\$69,669	\$525,262	\$1,004,312	\$479,050	91.2%	530,962
[5] Retail Pharmacy	\$325,000	\$392,877	\$67,877	20.9%	\$340,111	\$2,925,000	\$3,302,571	\$377,571	12.9%	2,974,033
Other Recoveries										
[4] Total Non-Patient Revenue	\$383,362	\$453,582	\$70,220	18.3%	\$409,780	\$3,450,262	\$4,306,883	\$856,621	24.8%	3,504,995
[6] Total Revenue	\$3,710,834	\$3,811,239	\$100,405	2.7%	\$3,576,983	\$33,397,506	\$35,990,508	\$2,593,002	7.8%	31,331,697
<b>Operating Expenses</b>										
Payroll	\$1,584,886	\$1,605,646	\$20,760	1.3%	\$1,482,001	\$14,263,978	\$14,351,913	\$87,935	0.6%	13,345,605
Supplies	\$575,766	\$561,673	(\$14,093)	-2.4%	\$441,389	\$5,181,898	\$5,339,566	\$157,668	3.0%	4,519,710
Benefits	\$553,231	\$593,773	\$40,542	7.3%	\$538,515	\$4,979,076	\$5,021,703	\$42,627	0.9%	4,666,788
Professional Fees	\$397,947	\$410,268	\$12,321	3.1%	\$394,577	\$3,581,522	\$3,714,041	\$132,520	3.7%	3,590,144
Purchased Services	\$233,066	\$272,551	\$39,485	16.9%	\$248,073	\$2,097,597	\$2,266,415	\$168,818	8.0%	2,003,460
Contract Labor	\$100,418	\$138,734	\$38,317	38.2%	\$168,877	\$903,758	\$1,345,985	\$442,228	48.9%	1,196,880
Provider Tax	\$108,890	\$126,843	\$17,953	16.5%	\$100,000	\$980,013	\$1,282,388	\$302,375	30.9%	901,778
Depreciation	\$76,711	\$51,797	(\$24,914)	-32.5%	\$71,244	\$690,395	\$481,050	(\$209,345)	-30.3%	611,076
Repairs & Maintenance	\$40,548	\$49,924	\$9,377	23.1%	\$65,267	\$364,928	\$378,645	\$13,718	3.8%	375,001
Rentals & Leases	\$38,757	\$42,340	\$3,583	9.2%	\$39,091	\$348,815	\$353,170	\$4,356	1.2%	302,175
GASB Depreciation	\$39,015	\$38,266	(\$749)	-1.9%	\$34,513	\$351,133	\$334,284	(\$16,849)	-4.8%	327,554
Insurance	\$30,988	\$34,449	\$3,461	11.2%	\$28,751	\$278,893	\$292,807	\$13,914	5.0%	264,850
Utilities	\$28,013	\$25,379	(\$2,634)	-9.4%	\$35,848	\$252,113	\$269,394	\$17,282	6.9%	248,314
Minor Equipment	\$23,161	\$40,998	\$17,837	77.0%	\$12,525	\$208,448	\$184,776	(\$23,672)	-11.4%	115,789

LUHD  
 UNAUDITED OPERATING STATEMENT  
 Through 9 Periods Ended March 31, 2026

	CURR MO	2026	CM	CM	2025	YTD	YTD	YTD	YTD	YTD
	<u>BUDGET</u>	<u>MAR</u>	<u>VAR-\$</u>	<u>VAR-%</u>	<u>MAR</u>	<u>BUDGET</u>	<u>ACTUAL</u>	<u>VAR-\$</u>	<u>VAR-%</u>	<u>LY</u>
Dues and Subscriptions	\$10,955	\$16,532	\$5,577	50.9%	\$15,017	\$98,595	\$123,932	\$25,337	25.7%	101,810
Education/Training	\$10,338	\$1,644	(\$8,694)	-84.1%	\$6,581	\$93,038	\$63,598	(\$29,440)	-31.6%	36,380
GASB Interest Expense	\$6,714	\$2,042	(\$4,672)	-69.6%	\$4,661	\$60,422	\$36,701	(\$23,721)	-39.3%	54,771
Advertising	\$4,917	\$4,437	(\$480)	-9.8%	\$6,051	\$44,250	\$29,805	(\$14,445)	-32.6%	44,488
Licenses & Fees	\$2,287	\$1,741	(\$546)	-23.9%	\$3,699	\$20,584	\$25,504	\$4,920	23.9%	23,893
Travel	\$3,292	\$844	(\$2,448)	-74.4%	\$4,768	\$29,625	\$22,278	(\$7,347)	-24.8%	25,569
<b>[7]</b> Total Operating Expenses	<b>\$3,869,897</b>	<b>\$4,019,881</b>	<b>\$149,984</b>	<b>3.9%</b>	<b>\$3,701,448</b>	<b>\$34,829,076</b>	<b>\$35,917,955</b>	<b>\$1,088,879</b>	<b>3.1%</b>	<b>32,756,035</b>
<b>[8]</b> Income / (Loss) from Operations	<b>(\$159,063)</b>	<b>(\$208,642)</b>	<b>(\$49,579)</b>	<b>31.2%</b>	<b>(\$124,465)</b>	<b>(\$1,431,570)</b>	<b>\$72,553</b>	<b>\$1,504,123</b>	<b>-105.1%</b>	<b>(1,424,338)</b>
Operating Margin:	-4.3%	-5.5%			-3.5%	-4.3%	0.2%			-4.5%
Non-Operating Revenue / (Expense)										
Interest	(\$1,917)	(\$1,129)	\$788	-41.1%	(\$1,629)	(\$17,250)	(\$12,536)	\$4,714	-27.3%	(17,934)
Sale of Assets	\$0	\$0	\$0	NA	\$0	\$0	(\$58,259)	(\$58,259)	NA	14,257
Donations	\$174	\$0	(\$174)	-100.0%	\$0	\$1,568	\$1,178	(\$390)	-24.9%	1,698
Grants	\$0	\$36,075	\$36,075	NA	\$289,954	\$0	\$161,832	\$161,832	NA	340,838
Interest Income	\$13,000	\$21,478	\$8,478	65.2%	\$14,331	\$117,000	\$188,374	\$71,374	61.0%	114,123
Taxes	\$216,936	\$216,937	\$1	0.0%	\$203,893	\$1,952,426	\$1,952,425	(\$1)	0.0%	1,835,610
<b>[9]</b> Total Non-Op Inc / (Exp)	<b>\$228,194</b>	<b>\$273,361</b>	<b>\$45,167</b>	<b>19.8%</b>	<b>\$506,549</b>	<b>\$2,053,744</b>	<b>\$2,233,014</b>	<b>\$179,270</b>	<b>8.7%</b>	<b>2,288,592</b>
<b>[10]</b> Net Surplus / Deficit	<b>\$69,130</b>	<b>\$64,719</b>	<b>(\$4,411)</b>	<b>-6.4%</b>	<b>\$382,084</b>	<b>\$622,174</b>	<b>\$2,305,567</b>	<b>\$1,683,393</b>	<b>270.6%</b>	<b>864,254</b>
Total Margin:	1.9%	1.7%			10.7%	1.9%	6.4%			2.8%
<b>[11]</b> 2025 MEDICARE PAYABLE ADJUSTMENTS		\$50,000					\$600,000			
2025 MEDICAID PAYABLE ADJUSTMENTS		\$0					\$0			
<b>SURPLUS/DEFICIT PRIOR TO ADJUSTMENTS</b>		<b>\$114,719</b>					<b>\$2,905,567</b>			

LUHD  
BALANCE SHEET - ASSETS  
Unaudited  
March 31, 2026

	2026	2026	2025	CHANGE FM	CHANGE FM	
	FEB	MAR	MAR	Prior Month	Prior Year	
<b>Assets</b>						
<b>Current Assets</b>						
	Cash, Unrestricted excl YTD Tax Receipts	\$3,711,538	<b>\$3,404,885</b>	\$1,515,831	(\$306,653)	\$1,889,054
	Cash, Unrestricted from Tax Receipts YTD	\$2,443,723	<b>\$2,509,322</b>	\$2,415,735	\$65,599	\$93,587
[1]	<b>Total Cash, Unrestricted</b>	\$6,155,261	<b>\$5,914,207</b>	\$3,931,566	(\$241,054)	\$1,982,641
	Patient Accounts Receivable	\$15,453,983	<b>\$16,111,882</b>	\$12,159,406	\$657,899	\$3,952,476
	Less Allowance	(\$9,132,544)	<b>(\$9,573,427)</b>	(\$6,747,327)	(\$440,883)	(\$2,826,100)
[2]	<b>Net Patient Accounts</b>	\$6,321,439	<b>\$6,538,455</b>	\$5,412,079	\$217,016	\$1,126,376
[3]		40.90%	<b>40.58%</b>	44.51%		
	<b>Other A/R</b>					
[4]	A/R Other	\$718,583	<b>\$819,727</b>	\$604,516	\$101,144	\$215,211
	Edward Hulton (Net)	\$93,645	<b>\$93,645</b>	\$93,645	\$0	\$0
[5]	A/R Taxes	(\$260,125)	<b>(\$108,788)</b>	(\$249,911)	\$151,337	\$141,123
	<b>Total Other A/R</b>	\$552,103	<b>\$804,584</b>	\$448,250	\$252,481	\$356,334
	Inventory	\$622,978	<b>\$626,994</b>	\$630,055	\$4,016	(\$3,061)
	Provider Tax	\$292,000	<b>\$418,843</b>	\$300,000	\$126,843	\$118,843
	Prepaid Expenses	\$362,057	<b>\$311,373</b>	\$289,793	(\$50,684)	\$21,580
	ERTC Receivable	\$3,770,975	<b>\$3,770,975</b>	\$3,304,089	\$0	\$466,886
[6]	<b>Total Current Assets</b>	\$18,076,813	<b>\$18,385,431</b>	\$14,315,832	\$308,618	\$4,069,599
	<b>Fixed and Non-Current Assets</b>					
[7]	Property, Plant & Equip	\$18,396,287	<b>\$18,405,583</b>	\$18,007,083	\$9,296	\$398,500
	Construction in Progress	\$30,627	<b>\$33,987</b>	\$0	\$3,360	\$33,987
	Less Accumulated Depr	(\$14,778,861)	<b>(\$14,830,657)</b>	(\$14,162,423)	(\$51,796)	(\$668,234)
	GASB assets	\$2,114,246	<b>\$2,114,246</b>	\$1,941,217	\$0	\$173,029
	Less GASB Accumulated Depr	(\$1,155,404)	<b>(\$1,193,669)</b>	(\$1,068,036)	(\$38,265)	(\$125,633)
	<b>Net P, P &amp; E</b>	\$4,606,895	<b>\$4,529,490</b>	\$4,717,841	(\$77,405)	(\$188,351)
	<b>Other Non-Current Assets</b>					
	Restricted Cash	\$638,308	<b>\$653,836</b>	\$411,485	\$15,528	\$242,351
[8]	Third-Party Settlements	(\$1,217,740)	<b>(\$1,113,740)</b>	(\$1,075,487)	\$104,000	(\$38,253)
	<b>Total Non-Current Assets</b>	(\$579,432)	<b>(\$459,904)</b>	(\$664,002)	\$119,528	\$204,098
	<b>Total Fixed and Non-Current Assets</b>	\$4,027,463	<b>\$4,069,586</b>	\$4,053,839	\$42,123	\$15,747
[9]	<b>Total Assets</b>	\$22,104,276	<b>\$22,455,017</b>	\$18,369,671	\$350,741	\$4,085,346

Fiscal Calendar JULJUN  
 MAR 2026  
 TRIAL

Round Money: 0.01

FROM ACCOUNT	THRU ACCOUNT
10.11000.10000	10.11000.10000
10.15000.00000	10.15000.25000
10.15000.45000	10.15000.45000

ACCOUNT	DESCRIPTION	OPEN	DEBITS	CREDITS	NET	CLOSE
10.11000.10000	LUH SUSPENSE OTHER					
		-52,081.67	15,006.23	6,444.11	8,562.12	-43,519.55
10.15000.00000	LUH MISC RECEIVABLES					
		188,245.74	70,587.05	472.90	70,114.15	258,359.89
10.15000.00100	LUH RETAIL RX RECEIVABLE					
		315,185.19	336,508.52	371,807.49	-35,298.97	279,886.22
10.15000.10000	LUH EVOLVE PAYMENT PLANS					
		381,608.64	19,008.89	14,776.55	4,232.34	385,840.98
10.15000.15000	LUH OCB PAYMENT PLANS					
		55,888.04	315.00		315.00	56,203.04
10.15000.20000	LUH EVOLVE ALLOWANCE					
		-216,787.36			0.00	-216,787.36
10.15000.25000	LUH OCB ALLOWANCE					
		-48,631.32			0.00	-48,631.32
10.15000.45000	LUH MEDICAID WRAP RECEIVABLE					
		95,155.24	53,220.00		53,220.00	148,375.24
<b>GRAND TOTALS</b>		718,582.50	494,645.69	393,501.05	101,144.64	819,727.14

LUHD  
BALANCE SHEET - LIABILITIES AND FUND BALANCE  
Unaudited  
March 31, 2026

	2026	2026	2025	CHANGE FM Prior	CHANGE FM
	EEB	MAR	MAR	Month	Prior Year
<b>Liabilities &amp; Fund Balance</b>					
<b>Current Liabilities</b>					
[1] Accounts Payable	\$927,235	\$1,033,959	\$759,692	\$106,724	\$274,267
[2] Accrued Liabilities	\$51,183	\$35,869	\$158,298	(\$15,314)	(\$122,429)
Douglas County	\$93,645	\$93,645	\$93,645	\$0	\$0
Line of Credit	\$0	\$0	\$0	\$0	\$0
Accrued Interest (GASB)	\$0	\$0	\$0	\$0	\$0
Refunds Payable	\$227,196	\$256,850	\$276,897	\$29,654	(\$20,047)
[3] Accrued Payroll	\$1,920,205	\$2,003,796	\$1,688,985	\$83,591	\$314,811
Medicare Advance Pmt	\$0	\$0	\$0	\$0	\$0
SBA PPP Loan	\$0	\$0	\$0	\$0	\$0
Deferred Revenue: Misc Small Grants	\$179,701	\$171,518	\$47,527	(\$8,183)	\$123,991
[4] Provider Tax	\$292,000	\$418,843	\$300,000	\$126,843	\$118,843
[5] Total Current Liabilities	\$3,691,165	\$4,014,480	\$3,325,044	\$323,315	\$689,436
<b>Long-Term Liabilities</b>					
Total Commercial Debt	\$553,353	\$533,214	770,805	(\$20,139)	(\$237,591)
Total GASB Debt	\$830,218	\$813,062	748,789	(\$17,156)	\$64,273
[6] Total Debt	\$1,383,571	\$1,346,276	\$1,519,594	(\$37,295)	(\$173,318)
<b>Other Liabilities</b>					
Tail	\$0	\$0	\$0	\$0	\$0
[7] Total Liabilities	\$5,074,736	\$5,360,756	\$4,844,638	\$286,020	\$516,118
<b>Fund Balance</b>					
Fund Balance	\$14,788,692	\$14,788,692	\$12,660,777	\$0	\$2,127,915
Current Operations	\$2,240,848	\$2,305,569	\$864,256	\$64,721	\$1,441,313
[8] Total Fund Balance	\$17,029,540	\$17,094,261	\$13,525,033	\$64,721	\$3,569,228
[9] Total Liabilities & Fund Balance	\$22,104,276	\$22,455,017	\$18,369,671	\$350,741	\$4,085,346

DASHBOARD LEGEND

STABLE	At or above	98% of Target
CAUTIOUS	At or above	92% of Target
NEEDS ATTENTION	Below	92% of Target

FINANCIAL HEALTH INDICATORS	2025-26 BUDGET/TARGET	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25
Patient Days	247	251	242	241	239	224	264	252	215	189
Average Daily Census	8.0	8.1	8.6	7.8	7.7	7.5	8.5	8.4	6.9	6.1
Operating Room Cases	55	40	48	43	34	24	39	39	39	49
ER Services	427	417	374	406	428	393	436	429	503	526
Clinic Visits (Dunes/RMC)	1,482	1,397	1,266	1,607	1,307	1,269	1,598	1,510	1,484	1,656
OP Visits (Excl ED & Clinics)	1,750	1,753	1,701	1,741	1,743	1,583	1,528	1,910	1,773	1,558
[1] Operating Cash	\$5,461,629	\$5,914,207	\$6,155,261	\$6,675,324	\$6,337,421	\$4,956,909	\$5,260,486	\$4,542,955	\$4,703,737	\$4,715,006
[2] Operating Cash Days	45	47	49	55	51	40	43	37	38	39
Days in AR	55	70	66	65	62	59	59	58	58	55
[3] Current Ratio	3.9	4.6	4.9	4.5	4.6	4.3	4.7	4.4	4.7	4.8
Net Patient Revenue	\$3,218,581	\$3,230,814	\$3,187,993	\$3,590,542	\$3,571,515	\$3,015,071	\$3,846,280	\$2,967,263	\$3,430,194	\$3,561,577
Operating Expense	\$3,869,897	\$4,019,881	\$3,903,234	\$3,982,740	\$4,165,810	\$3,755,499	\$4,058,101	\$3,964,785	\$3,983,499	\$3,948,406
Hospital Gain/Loss	\$69,130	\$64,721	\$101,273	\$430,905	\$214,009	\$85,564	\$872,439	(\$32,473)	\$180,041	\$389,092
[4] Productivity	100.0%	97.3%	97.7%	97.3%	100.3%	98.1%	96.6%	97.8%	101.5%	100.6%

**LOWER UMPQUA HOSPITAL**

**VOLUME STATISTICS**

March-26	BUDGET	MAR 2026 ACTUAL	LAST MONTH	HISTORICAL AVE	MAR 2021	MAR 2022	MAR 2023	MAR 2024	MAR 2025	YTD BUDGET	YTD ACTUAL		
<b>IP SERVICES</b>													
<b>PATIENT DAYS:</b>													
MED/SURG:													
ACUTE:	79	95	20.3%	66	78	62	100	53	94	79	698	728	4.3%
ICU:	2	4	135.5%	0	3	0	5	3	4	4	15	8	-46.7%
SWING:	149	126	-15.3%	149	64	13	28	82	84	115	1,315	1,156	-12.1%
O/P HOLD:	18	26	47.9%	27	16	27	16	15	10	12	155	225	44.8%
<b>TOTAL PATIENT DAYS:</b>	<b>247</b>	<b>251</b>	<b>1.6%</b>	<b>242</b>	<b>161</b>	<b>102</b>	<b>149</b>	<b>153</b>	<b>192</b>	<b>210</b>	<b>2,184</b>	<b>2,117</b>	<b>-3.1%</b>
<b>SURGICAL SERVICES:</b>													
CASES:	55	40	-27.0%	48	48	50	54	54	39	41	484	355	-26.7%
<b>EMERGENCY SERVICES:</b>													
ER VISITS:	427	417	-2.3%	374	353	278	314	368	408	399	3,774	3,912	3.7%
AMBULANCE PATIENTS:	110	121	9.8%	104	102	94	96	102	110	106	974	1,069	9.7%
<b>ANCILLARY SERVICES:</b>													
<b>LABORATORY TESTS:</b>													
BILLED TESTS:	5,208	5,626	8.0%	5,444	4,739	4,463	4,782	5,046	4,660	4,743	46,028	51,076	11.0%
<b>RADIOLOGY STUDIES:</b>													
RADIOLOGY:	422	392	-7.0%	390	395	429	410	345	366	427	3,727	3,591	-3.7%
CT:	163	204	25.3%	223	149	142	137	149	129	187	1,439	1,986	38.0%
MRI:	28	41	44.1%	41	32	30	35	29	25	40	251	356	41.6%
NUCLEAR MED :	1	0	-100.0%	0	3	2	1	6	4	2	12	0	-100.0%
ULTRASOUND:	58	93	61.3%	78	57	88	68	18	56	56	510	694	36.2%
ECHO	0	0	0.0%	0	2	11	0	0	0	0	0	0	0.0%
	672	730	8.6%	732	638	702	651	547	580	712	5,939	6,627	11.6%
<b>REHAB VISITS:</b>													
PHYSICAL THERAPY:	675	496	-26.6%	532	487	526	497	408	529	476	5,969	4,480	-24.9%
OCCUPATIONAL THERAPY:	187	154	-17.7%	146	173	146	167	182	189	183	1,655	1,453	-12.2%
SPEECH THERAPY:	41	70	69.9%	71	49	48	57	36	33	71	364	623	71.1%
	904	720	-20.3%	749	710	720	721	626	751	730	7,987	6,556	-17.9%
<b>PAYROLL DATA:</b>													
WORKED HOURS (PAYROLL):	30,726	30,556	-0.6%	29,498	28,912	29,293	30,068	27,814	28,282	29,100	271,581	269,482	-0.8%
WORKED HOURS (REGISTRY):	961	1,137	18.3%	1,052	898	60	383	1,209	1,168	1,669	8,495	11,932	40.5%
	31,687	31,693	0.0%	30,550	29,809	29,353	30,451	29,023	29,450	30,769	280,076	281,413	0.5%
<b>DUNES VISITS:</b>													
Sargent - Phy - Employee	193	183	-5.0%	182	74	0	0	122	134	113	1,702	1,551	-8.9%
Irvine - Phy - Employee	139	187	34.7%	235	73	0	0	67	97	202	1,227	1,329	8.3%
Coe - Phy - Employee	227	237	4.2%	255	123	0	0	185	218	212	2,010	2,106	4.8%
Vanasche - ML - Employee	29	0	-100.0%	0	24	0	0	119	0	0	257	404	57.4%
Dotson - ML - Employee	184	193	4.8%	182	105	0	0	162	174	189	1,627	1,749	7.5%
Berry - ML - Employee	179	91	-49.1%	83	66	0	0	0	158	172	1,580	1,367	-13.5%
Bailey - LCSW - Employee	60	47	-21.8%	76	0	0	0	0	0	0	531	610	14.8%
Danforth - PA-C - Employee	166	258	55.3%	0	22	0	0	108	0	0	1,468	1,994	35.8%
Jones - PA-C - Employee	153	0	-100.0%	0	0	0	0	0	0	0	1,351	128	-90.5%
Serrano - Phy - Employee	68	0	-100.0%	0	0	0	0	0	0	0	601	325	-45.9%
Mello - LCSW - Employee	0	25	0.0%	0	0	0	0	0	0	0	0	84	0.0%
Johnson - PA-C - Employee	0	0	0.0%	0	0	0	0	0	0	0	0	0	0.0%
VACANT - -	0	0	0.0%	0	0	0	0	5	0	0	0	0	0.0%
	1,330	1,245	-6.4%	1,266	672	0	0	1,112	1,039	1,210	11,755	11,671	-0.7%

**LOWER UMPQUA HOSPITAL**

**VOLUME STATISTICS**

**March-26**

	BUDGET	MAR 2026 ACTUAL		LAST MONTH	HISTORICAL AVE	MAR 2021	MAR 2022	MAR 2023	MAR 2024	MAR 2025	YTD BUDGET	YTD ACTUAL	
<b>DUNES CHARGES:</b>	\$473,809	<b>\$379,353</b>	-19.9%	\$470,358		\$271,183	\$301,110	\$352,627	\$380,634	\$369,776	\$4,187,861	<b>\$3,932,847</b>	-6.1%
<b>RMC VISITS:</b>													
Shank G - Phy - Employee	57	<b>36</b>	-36.5%	70	38	0	0	82	21	86	501	<b>488</b>	-2.5%
Saunders - Phy - Employee	47	<b>44</b>	-7.0%	19	18	0	0	0	67	21	418	<b>299</b>	-28.5%
Ivanitsky - Phy - Employee	126	<b>72</b>	-42.7%	94	29	0	0	0	63	83	1,111	<b>853</b>	-23.2%
Abanulo - Phy - Contract	3	<b>0</b>	-100.0%	0	0						23	<b>121</b>	437.3%
Decker-Flint - CRNA - Contract	31	<b>0</b>	-100.0%						0	0	270		-100.0%
VACANT - -	0		0.0%						0	0	0		0.0%
VACANT - -	0		0.0%						0	0	0		0.0%
VACANT - -	0		0.0%						0	0	0		0.0%
	232	<b>152</b>	-34.5%	183	130	0	0	298	156	195	2,052	<b>1,761</b>	-14.2%
<b>RMC CHARGES:</b>	\$250,927	<b>\$178,000</b>	-29.1%	\$218,172	\$202,448	\$249,671	\$224,140	\$235,125	\$115,172	\$188,130	\$2,217,873	<b>\$1,733,828</b>	-21.8%
<b>HOSPITAL CHARGES:</b>	\$5,884,326	<b>\$5,906,510</b>	0.4%	\$6,028,758	\$4,227,183	\$3,644,272	\$3,969,935	\$3,856,140	\$4,323,993	\$5,341,574	\$52,009,849	<b>\$55,136,099</b>	6.0%
<b>TOTAL FACILITY CHARGES:</b>	\$6,609,062	<b>\$6,463,863</b>	-2.2%	\$6,717,288	\$4,764,696	\$4,165,126	\$4,495,185	\$4,443,892	\$4,819,799	\$5,899,480	\$58,415,583	<b>\$60,802,774</b>	4.1%



## **ADMINISTRATOR REPORT**

---

### **Board of Directors April 29, 2026**

**Dr. Penakis:** I am pleased to announce that Dr. Jeffrey Penikas has accepted our offer of engagement and will soon be providing gynecologist services to our patients one week per month. Dr. Penikas comes to us from Florence and has a great reputation in our region. He will serve us as an independent contractor. I have drafted a formal contract which is under review by an attorney and I expect that services will begin within 90 days.

**Direct Grants:** We have been notified that our Rural Health Clinic (Dunes) will be receiving a \$100,000 direct grant from the Rural Healthcare Transformation Program (RHTP). At the same time, we were notified that the hospital would also be receiving a direct grant from the same program, however the exact amount has not been revealed to us (that should come this afternoon). What we do know is that 35 hospitals will be receiving a total of \$35 million in awards. The purpose of these funds is to focus on four main areas: Healthy Communities & Prevention, Workforce Capacity & Resilience, Technology & Data Modernization, and Regional Partnerships. The goal is to improve rural healthcare access, modernize operations, and support workforce development, including technology upgrades, telehealth, and right-sizing care in rural areas. These funds cannot be used to offset reductions that came from HB-1 (The One Big Beautiful Bill Act).

**Catalyst Grants:** Another source of funding from the RHTP) are 'Catalyst' grants. We are allowed to apply for up to three projects. The minimum grant amount is \$200,000 and the aggregate maximum is \$5 million. The state says they will award up to 80 grants. We had a meeting yesterday to decide what we want to apply for so I may have more information this morning.

**Clinically Integrated Network:** Speaking of Regional Partnerships, work continues on the formation of a clinically integrated network that will be comprised of 12 rural Oregon hospitals including Bay Area Hospital, Blue Mountain Hospital in John Day, Coquille Valley Hospital, Curry General in Gold Beach, Good Shepherd in Hermiston, Grande Rhonde Hospital, Harney District Hospital in Burns, Lake District Hospital in Lakeview, Pioneer Memorial in Heppner, Southern Coos in Bandon, Wallowa Memorial Hospital in Enterprise, and of course our hospital. Initially, the main advantage of having this network will come from improved negotiating power with commercial payers when it comes to rates and quality incentives. Most of the operating

costs of the network for the first five years is expected to be borne through direct grants from the RHTP.

**2026-27 Budget:** I have completed my work on the 2026-27 budget and copies are going out to Budget Committee members today, ahead of our May 12 Budget Committee meeting which will be held here in the conference room at twelve noon. The budget contemplates a \$1.98 million total margin (4.00%), \$913,000 in new and replacement capital expenditures and should add \$1.47 million to our cash reserves. We are asking for property taxes to be assessed at our full rate limit of \$3.9727 per \$1,000 valuation, which should generate approximately \$2.63 million in tax revenue.

Respectfully submitted,

John Chivers  
Chief Executive Officer

**NEW BUSINESS**

# LOWER UMPQUA HOSPITAL DISTRICT

---

## BOARD ACTION REQUEST

### **BOARD MEETING DATE:**

April 29, 2026

### **AGENDA ITEM SUBJECT:**

Ratify capital request approved on April 1, 2026 – VRT Server

### **BACKGROUND:**

- 1.) Ratify this capital request approved by phone poll on April 1, 2026, for the Information Technology department 'Virtual Server Host,' in the amount of \$45,220. This item is already included in this current year's capital budget; it replaces a server that is at end of life. This capital request is deemed urgent/emergent to secure available inventory and lowest possible price (as they continue to increase) and could not wait until this board meeting for approval.

### **FISCAL IMPACT:**

None.

### **BOARD OPTIONS:**

1. Approve this action request as presented.
2. Approve this action request with modifications.
3. Oppose this action request.

### **STAFF RECOMMENDATION:**

- Approve this action request as presented.

### **MOTION:**

Move to approve to ratify the capital request approved on April 1, 2026, for the VRT Server in the amount of \$45,220.

**LOWER UMPQUA HOSPITAL DISTRICT  
A52 - CAPITAL REQUEST FORM**

**GENERAL INFORMATION**

Requesting Department:

Requested By:

Description of Item:

Explanation of Need:  
*(If Urgent or Emergent, explain why here as well):*

Check if Urgent / Emergent:

Budgeted Item?  Yes  No Budgeted Amount:

If not budgeted, suggest budgeted item(s) you are willing to substitute (including cost):

**ACQUISITION PRICING**

Source of Price:  
Check One of these three boxes:

Group Purchasing Contract. Total Price:

Sole Source Pricing: Check if the items is only available from one or two vendors. Total Price:

Three or more bids obtained. This is required if neither of the two boxes above are selected. Complete the information requested below.

List all bids obtained here and attach all to this form:

Bids must show all costs to get the equipment here, get it installed and get it up and running. If training is required, enter the estimated cost on Page 2.

Vendor Name	Bid Amount	Choice*
DataPro Solutions	\$45,220	1

**\*Note: Low bid is NOT required, however, justification for not choosing low bid must be entered here:**

**ADDED OPERATING COSTS**

Training Costs: Total Cost:

**ADDED OPERATING COSTS (Continued)**

New Staff Required:                      Cost and FTE per Year:                      FTE:                       Cost per Year:

Incremental increase in Supply Costs:                      Cost per Year:   
*\*If this item is replacing an existing item, enter the approximate annual supplies cost here:                      \$ \_\_\_\_\_*

\*New Service Agreements:                      Cost per Year:   
*\*If this item is replacing an existing item with a service agreement, show the annual cost of the old service agreement here:                      \$ \_\_\_\_\_*

**REVIEWS AND APPROVALS**

**PLANT DEPARTMENT REVIEW:**                      **Comments:**

Estimated Additional ONE TIME Costs (if any):

Estimated Additional ANNUAL Costs (if any):

*Shawn Spitzer*  
 Director's Signature

*3-30-2026*  
 Date

**IT DEPARTMENT REVIEW:**                      **Comments:**  
 No additional costs. Due to a shortage in computing/technology resources prices are quickly increasing (15-20% projected increase in hardware costs after 4/6/2026)

Estimated Additional ONE TIME Costs (if any):

Estimated Additional ANNUAL Costs (if any):

*[Signature]*  
 Director's Signature

*3/30/2026*  
 Date

**ADMIN TEAM REVIEW:**                      **Comments:**

**Capital Cost:**                      \$45,220  
**Training:**                      \$0  
**Net Annual Costs:**                      \$0

*[Signature]*  
 CEO's Signature

*3/30/2026*  
 Date

TOTAL ESTIMATED COST (Approved by Admin Team):  \$45,220

**BOARD APPROVAL (If Required - Current threshold is \$25,000):**

Live Meeting:                     

or

Telephone Poll:                     

AMOUNT APPROVED (Approved by Board):  \$45,220.00

*4/01/2026*

Date

DataPro Solutions, Inc.  
 112 N. University Rd., Suite 301  
 Spokane Valley, WA 99206  
 Phone: (509) 252-5589  
 Fax: (509) 532-4609  
 James Haile  
[jamesh@datapronw.com](mailto:jamesh@datapronw.com)



Lower Umpqua Hospital  
 600 Ranch Road  
 Reedsport, Oregon 97467

Kristi Kauffman  
[kkuffman@luhonline.com](mailto:kkuffman@luhonline.com)

QTY	Description	Unit Price	TOTAL PRICE
1	Dell PowerEdge R570 - 2.5" Chassis with up to 16 SAS4/SATA Drives, Smart Flow, PERC 12 (H965i) - Intel® Xeon® 6 Performance 6511P 2.3G, 16C/32T, 72M Cache, Turbo, (150W) DDR5-6400 - Heatsink for 1 CPU Configuration (CPU less than or equal to 185W) - (8)16GB RDIMM 6400Mt/s, Single Rank - C7, Unconfigured RAID for HDDs or SSDs (Mixed Drive Types Allowed) - PERC H965i Controller, Front, DC-MHS - (2) 960GB SSD SATA Mixed Use 6Gbps 512e 2.5in Hot-plug AG Drive, 3 DWPD - (10) 2.4TB Hard Drive SAS ISE 12Gbps 10K 512e 2.5in Hot-Plug - Performance BIOS Setting - PowerEdge Sirocco Fan - Non-DW GPU, Non-3.5" Config, Non-32xE3 Config - Riser Config 5, Rear Full Height 2x16 FH (Gen5), 1x16 FLOP OCP, 1x16 Onboard OCP - Broadcom 57504 Quad Port 10/25GbE, SFP28, OCP 3.0 NIC - Intel Ethernet E610-XAT4 Quad Port 10GbE BASE-T Adapter, OCP 3.0 NIC - PowerEdge 2U Standard Bezel - ReadyRails Sliding Rails with Cable Management Arm - DRAC10, Enterprise 17G - (2) Dell Networking, Cable, SFP28 to SFP28, 25GbE, Passive Copper Twinax Direct Attach Cable, 3M - DELL ProSupport & NBD Onsite Service + Keep your Harddrive, 5 Years	\$ 32,950.00	\$ 32,950.00
2	Microsoft Windows Server 2025 Datacenter - 16 Core License	\$ 5,985.00	\$ 11,970.00

**\*Sub-Total (1)**

**\$ 44,920.00**

**\* (DOES NOT INCLUDE TAXES, SHIPPING OR HANDLING FEES UNLESS SPECIFIED ABOVE)**

This proposal does not include any technical services time. DataPro services are available on a block of time, project or T&M basis.

Travel time for Customers located in excess of 30 miles of our office will be billed at the then current plan in effect (currently 1/3 the specified hourly rate plus \$.75 per mile). Authorized lodging expenses will be billed at current DPS per-diem rates.

Without approved credit, payment for hardware sales is **REQUIRED** prior to order. Upon approved credit, hardware purchases of \$5000 or higher require a 60% deposit at time of signing.  
 Block of Time contracts are **due immediately** upon contract signing.

PURCHASES ARE SUBJECT TO DATAPRO TERMS OF SALE POSTED AT:

[DataPro Terms of Sale](#)

**PROPOSAL DATE**  
**PROPOSAL EXPIRATION DATE**

**03/27/2026**  
**04/06/2026**

**(1) Please note: Should you use Visa, MasterCard or American Express to pay the invoice, a convenience fee of 3.5%**  
 Customer Approval: \_\_\_\_\_

Please initial your Method of payment: Check, Cash or ACH (1) <input type="checkbox"/>	<b>Amount Due*(1)</b>
Credit Card (1) <input type="checkbox"/>	<b>\$ 44,920.00</b>
	<b>\$ 46,492.20</b>

# LOWER UMPQUA HOSPITAL DISTRICT

---

## BOARD ACTION REQUEST

**BOARD MEETING DATE:**

April 29, 2026

**AGENDA ITEM SUBJECT:**

Ratify capital request approved on April 3, 2026 – Surgery Scopes

**BACKGROUND:**

Ratify this capital request approved by phone poll on April 3, 2026, for Surgery department refurbished scopes: one gastroscope and one colonoscope, in the amount of \$49,500. This capital request is deemed urgent/emergent to secure available inventory and lowest possible price (as they continue to increase) and has also been approved by the Admin Team for inclusion in the 2026-2027 capital budget.

**FISCAL IMPACT:**

None.

**BOARD OPTIONS:**

1. Approve this action request as presented.
2. Approve this action request with modifications.
3. Oppose this action request.

**STAFF RECOMMENDATION:**

- Approve this action request as presented.

**MOTION:**

Move to approve to ratify the capital request approved on April 3, 2026, for two Surgery Scopes in the amount of \$49,500.

**LOWER UMPQUA HOSPITAL DISTRICT  
A52 - CAPITAL REQUEST FORM**

**GENERAL INFORMATION**

Requesting Department:

Requested By:

Description of Item:

Explanation of Need:  
(If Urgent or Emergent, explain why here as well):

Check if Urgent / Emergent:

Budgeted Item?  Yes  No Budgeted Amount:

If not budgeted, suggest budgeted item(s) you are willing to substitute (including cost):

**ACQUISITION PRICING**

Source of Price:  
Check One of these three boxes:

Group Purchasing Contract. Total Price:

Sole Source Pricing: Check if the items is only available from one or two vendors. Total Price:

Three or more bids obtained. This is required if neither of the two boxes above are selected. Complete the information requested below.

List all bids obtained here and attach all to this form:

Bids must show all costs to get the equipment here, get it installed and get it up and running. If training is required, enter the estimated cost on Page 2.

Vendor Name	Bid Amount	Choice*
Olympus	\$49,500.00	1

\*Note: Low bid is NOT required, however, justification for not choosing low bid must be entered here:

**ADDED OPERATING COSTS**

Training Costs: Total Cost:

**ADDED OPERATING COSTS (Continued)**

<b>New Staff Required:</b>	<b>Cost and FTE per Year:</b>	<b>FTE:</b> <input type="text"/>	<b>Cost per Year:</b> <input type="text" value="N/A"/>
<b>Incremental increase in Supply Costs:</b>	<i>*If this item is replacing an existing item, enter the approximate annual supplies cost here: \$ _____</i>		<b>Cost per Year:</b> <input type="text" value="N/A"/>
<b>*New Service Agreements:</b>	<i>*If this item is replacing an existing item with a service agreement, show the annual cost of the old service agreement here: \$ _____</i>		<b>Cost per Year:</b> <input type="text" value="same as existing"/>

**REVIEWS AND APPROVALS**

**PLANT DEPARTMENT REVIEW:**

**Comments:**

Estimated Additional ONE TIME Costs (if any):

Estimated Additional ANNUAL Costs (if any):

*Shawn Spahr*  
Director's Signature 3-30-2026 Date

**IT DEPARTMENT REVIEW:**

**Comments:**

Estimated Additional ONE TIME Costs (if any):

Estimated Additional ANNUAL Costs (if any):

*[Signature]*  
Director's Signature 3/30/2026 Date

**ADMIN TEAM REVIEW:**

**Comments:**

**Capital Cost:** \$0  
**Training:** \$0  
**Net Annual Costs:** \$0

*[Signature]*  
CEO's Signature 3/30/2026 Date

**TOTAL ESTIMATED COST (Approved by Admin Team):**

**BOARD APPROVAL (If Required - Current threshold is \$25,000):**

Live Meeting:

or

Telephone Poll:

**AMOUNT APPROVED (Approved by Board):**

4/03/2026 Date



Olympus America Inc.  
3500 Corporate Parkway  
P.O. BOX 610  
Center Valley, PA 18034-0610

TEL: (800) 848-9024  
FAX: (800) 228-4963

whitney.bixler@olympus.com  
www.olympusamerica.com

**Quote Number: Q-02035372**

Please refer to this number on all correspondence

**Effective Date:** April 2, 2026

**Expiration Date:** July 1, 2026

**CONFIDENTIAL AND PROPRIETARY - All information contained on this quotation is confidential and proprietary to Olympus**

### Customer Information

**Contact Name:** SHANNON GUTIERREZ

**Contact Email:** sgutierrez@luhonline.com

**Account Name:** LOWER UMPQUA HOSPITAL

### Olympus Information

**Representative:** Whitney Bixler

**Phone:** 5414505932

**Email:** whitney.bixler@olympus.com

**Cage code:** 32212

**DUNS#:** 017018859

**Tax ID:** 11-2416961

**Customer Address:** 600 RANCH RD  
REEDSPORT, Oregon  
97467-1795

**Customer Number:** 20009153  
(Sold To)

**Payment Terms:** Net 30 subject to Olympus credit approval

**F.O.B.:** Shipping point, unless otherwise mutually  
agreed upon in writing

**Tax:** Applicable taxes are not included in this quote  
and are the responsibility of the customer

**Freight Term:** Third Party Shipper

### Comments

CPO/DEMO SHIPMENTS ARE SUBJECT TO INVENTORY AVAILABILITY.



Olympus America Inc.  
 3500 Corporate Parkway  
 P.O. BOX 610  
 Center Valley, PA 18034-0610

TEL: (800) 848-9024  
 FAX: (800) 228-4963

whitney.bixler@olympus.com  
 www.olympusamerica.com

**Quote Number: Q-02035372**

Please refer to this number on all correspondence

**Effective Date:** April 2, 2026

**Expiration Date:** July 1, 2026

**CONFIDENTIAL AND PROPRIETARY - All information contained on this quotation is confidential and proprietary to Olympus**

Services & Products									
#	Item Type	Model And Description	Kit Component(s)	Qty	UoM	List Price	Contract Price	Unit Price	Total Price
1 *	CPO	CF-HQ190L : CF-HQ190L EVIS EXERA III HD COLONOSCOPE		1	1	\$56,600.00	Not Available	\$26,500.00	\$26,500.00
2 *	CPO	GIF-H190 : GIF-H190 EVIS EXERA III HDTV GASTROSCOPE		1	1	\$51,700.00	Not Available	\$23,000.00	\$23,000.00

\* DENOTES OPEN MARKET ITEM

Pricing may be based on a local agreement or the following contract(s):

**LOWER UMPQUA HOSPITAL**

Total List Price Services & Products: \$108,300.00  
 (Before Trade-Ins)

Signature: \_\_\_\_\_

Total Net Price Services & Products: \$49,500.00  
 (Before Trade-Ins)

Name: \_\_\_\_\_

Total Trade-In Value: \$0.00

Title: \_\_\_\_\_

Sub Total: \$49,500.00

Effective Date: \_\_\_\_\_

Freight: \$0.00

Purchase Order #: \_\_\_\_\_

(Third Party Shipper)

**Grand Total: \$49,500.00**

- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
- III. Changes and additions to, or deletions from this quote may cause pricing adjustments.
- IV. Service manuals and additional operator manuals are not included and may be ordered by contacting the Customer Care Center at (800) 848 9024.
- V. If freight charge is included, the freight charge may not necessarily reflect the exact charge paid by Olympus to the carrier due to the volume incentive discount agreements entered into between Olympus and carrier, unless otherwise mutually agreed upon in writing.

Based on the products purchased, the following terms may apply:

ScopeLocker storage product: Please take note of the ScopeLocker's specifications and dimensions and carefully measured the space where the ScopeLocker will be installed to ensure a good and proper fit. By submitting payment and/or a purchase order for any ScopeLocker, customer acknowledges and agrees that Olympus' standard return goods policy



Olympus America Inc.  
3500 Corporate Parkway  
P.O. BOX 610  
Center Valley, PA 18034-0610

TEL: (800) 848-9024  
FAX: (800) 228-4963

whitney.bixler@olympus.com  
www.olympusamerica.com

**Quote Number: Q-02035372**

Please refer to this number on all correspondence

**Effective Date:** April 2, 2026

**Expiration Date:** July 1, 2026

**CONFIDENTIAL AND PROPRIETARY - All information contained on this quotation is confidential and proprietary to Olympus**

does not apply. ScopeLockers may only be returned if they have been delivered to the customer damaged. Customer is responsible for noting and reporting any external shipping damage prior to signing the carrier's receipt form for the ScopeLocker. Once customer signs the carrier's receipt form for the ScopeLocker, it is understood that the customer has inspected the shipment and has found no evidence of external shipping damage. Customer has seven (7) days after customer's receipt of the ScopeLocker to notify Olympus of any internal shipping damage which was undetectable at time of product receipt. Only returns with a valid Return Merchandise Authorization ("RMA") number issued by Olympus will be accepted and eligible for return. All authorized returns must be sent prepaid to Olympus or its designee and the RMA number must be prominently displayed on the shipping carton and all paperwork. Merchandise returned with proper RMA identification, with all accompanying items and manuals (as shipped to customer), shall be credited at the original customer's purchase price. No returns will be accepted more than 14 days from date of invoice. Credits will be given against customer's account; no cash refunds will be issued.

# LOWER UMPQUA HOSPITAL DISTRICT

---

## BOARD ACTION REQUEST

**BOARD MEETING DATE:**

April 29, 2026

**AGENDA ITEM SUBJECT:**

Policy update P3 Organizational Chart

**BACKGROUND:**

The organizational chart has been updated to reflect Payroll Manager reporting directly to CFO, and Payroll Coordinator reporting directly to Payroll Manager. Accounts Payable continues reporting directly to Controller.

**FISCAL IMPACT:**

None.

**BOARD OPTIONS:**

1. Approve this action request as presented.
2. Approve this action request with modifications.
3. Oppose this action request.

**STAFF RECOMMENDATION:**

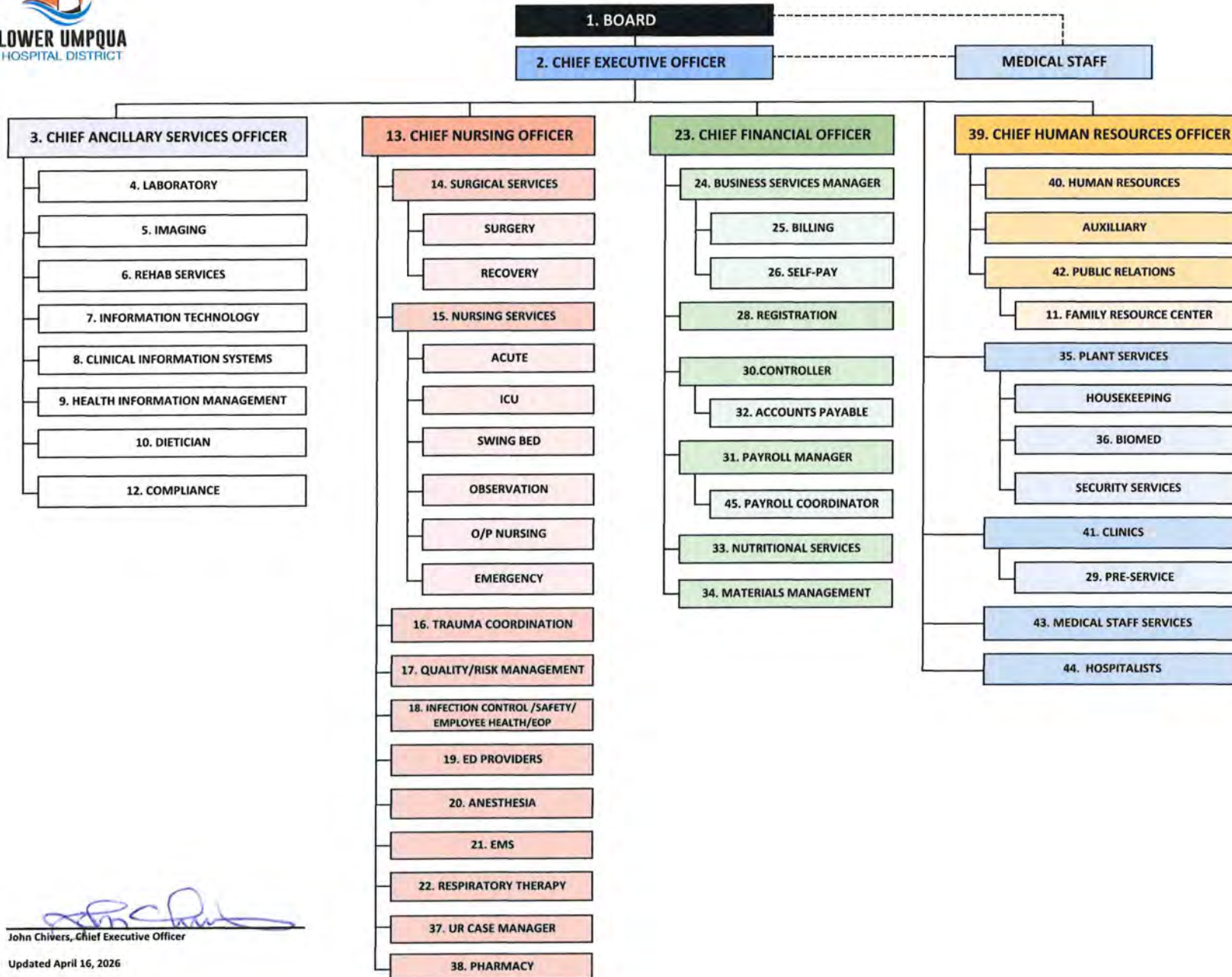
- Approve this action request as presented.

**MOTION:**

Move to approve policy P3 Organizational Chart updates as presented.



# Lower Umpqua Hospital District - Organizational Chart



  
 John Chivers, Chief Executive Officer

Updated April 16, 2026

# LOWER UMPQUA HOSPITAL DISTRICT

---

## BOARD ACTION REQUEST

### **BOARD MEETING DATE:**

April 29, 2026

### **AGENDA ITEM SUBJECT:**

Policy update – P 10 Attendance and Punctuality

### **BACKGROUND:**

- This update clarifies that an occurrence is not one day, but three consecutive days at a time, which seems more reasonable.
- The addition of Paid Leave Oregon benefit where appropriate.
- Clarification of additional unpaid time off and if it counts and excused or unexcused.
- Updating that if an employee is out for three days or longer they will be required to be cleared by Employee Health or a provider before returning to work.
- Other minor grammatical corrections

### **FISCAL IMPACT:**

None.

### **BOARD OPTIONS:**

1. Approve this action request as presented.
2. Approve this action request with modifications.
3. Oppose this action request.

### **STAFF RECOMMENDATION:**

- Approve this action request as presented.

### **MOTION:**

Move to approve Policy P 10 Attendance and Punctuality updates as presented.

SUBJECT: Attendance & Punctuality	REFERENCE # P 10
DEPARTMENT: District Wide	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE DATE: 4/27/2022
REVISED: 3/27/2024	
REVIEW DATE (No Revisions):	

Lower Umpqua Hospital District (LUHD) employees are expected to report to work as scheduled unless on pre-approved time off/leave or due to low census/work volume.

**OBJECTIVE:**

To define LUHD’s attendance expectations and establish consistent standards for attendance, tardiness, no-call/no-show and proper use of the Paid Time Off (PTO) benefit.

**DEFINITIONS:**

**Tardiness** – Failure to badge in within five minutes of the scheduled start time.

**Tardiness Occurrence** – Each tardy is considered a separate occurrence.

**Unexcused Absence** – Unexcused absences are defined as:

- 1) When an employee has an unscheduled absence or unapproved time off for sick time or personal reasons, whether or not they have exhausted his/her accrued PTO benefit.
- OR**
- 2) When an employee has exhausted PTO bank, any further approved time off must be approved in writing by Human Resources. If approved for unpaid time off in advance, this will not be counted as an unexcused absence occurrence. If the request is not made in advance, the time off, even if approved after the fact, will be counted as an unexcused absence occurrence.

**Absence Occurrence** – One-Three consecutive scheduled workdays missed as a result of sickness or personal absences counts as an occurrence. If an employee works **less than** 50% of the scheduled shift, the absence will count as an occurrence, unless there was prior authorization.

**GENERAL PRACTICES:**

- 1. All employees are expected to clock in/out at scheduled work shift and not before or after unless a prior approval has been given by their Manager/Supervisor.
- 2. All employees are expected to report to their assigned work stationworkstation and be ready to work at their designated starting time.
- 3. Employees are to remain at their assigned duties for the duration of the work shift, excluding authorized lunch and rest periods.

SUBJECT: Attendance & Punctuality	REFERENCE # P 10
DEPARTMENT: District Wide	PAGE: 2 OF: 5
APPROVED BY:	EFFECTIVE DATE: 4/27/2022
REVISED: 3/27/2024	
REVIEW DATE (No Revisions):	

**NOTE:** In applying attendance standards to an **exempt** employee, varied work hours, locations and project requirements will be taken into consideration.

4. **Compliance** with the Attendance & Punctuality policy will be continuously monitored and will be part of each employee's overall performance evaluation.
  - A. Manager and/or Supervisor are responsible to assure their staff are consistently in adherence of the Attendance & Punctuality policy.
  - B. Any employee clocking in early/late without prior approval from their Manager/Supervisor is subject to disciplinary action.
  
5. **Exclusions** from the absentee record for purposes of determining disciplinary action include:
  - A. Absences covered by the federal and state Family and Medical Leave Act and/or Paid Leave Oregon (FMLA/OFLA/PLO),
  - B. Military leave,
  - C. Bereavement leave,
  - D. Jury duty,
  - E. Any federal and state legislatively mandated leave,
  - F. Scheduled paid time off (PTO), and
  - G. Industrial-related injury or illness.
  
6. Manager and/or Supervisor have the responsibility and authority to request for an obviously sick employee to seek medical care or go home to treat their illness/injury when their condition is affecting work performance and/or exposing other personnel or patients to illness.
  - A. Manager and/or Supervisor will refer the employee to Employee Health for further instructions.
  
7. An employee with recurring medical problems, including an approved treatment for substance abuse, should consult with Human Resources about filing for State or Federal Medical Leave of Absence- and/or Paid Leave Oregon

SUBJECT: Attendance & Punctuality	REFERENCE # P 10
DEPARTMENT: District Wide	PAGE: 3 OF: 5
APPROVED BY:	EFFECTIVE DATE: 4/27/2022
REVISED: 3/27/2024	
REVIEW DATE (No Revisions):	

8. **Newly-hired/probationary employee** who is absent for three (3) or more occurrences **or** exhibit frequent tardiness may be terminated without progressive discipline.

**PROCEDURE:**

**I. MONITORING ATTENDANCE - Manager and/or Supervisor Responsibilities**

- A The attendance record of each employee is evaluated at the conclusion of each pay period to determine if counseling or disciplinary action is appropriate.
- B. Payroll will provide monthly reports of employee PTO balances to all Managers/Supervisors.
  - 1) Any employee who has a PTO balance of 20 hours or less, ~~requires coaching~~ coaching is recommended.
- C. **Certification of Illness:** Manager/Supervisor may request for an employee to provide reasonable proof of personal illness or injury, or the illness or injury of a dependent minor child, justifying absence from work.

**II. REPORTING ABSENCES - Employee Responsibilities**

- A. An employee unable to report for a scheduled shift must give as much notice of their absence as possible.
  - 1) A one (1) hour minimum notice to the direct Manager/Supervisor prior to the beginning of an employee's shift is required, unless otherwise stated in a Collective Bargaining Agreement (CBA).
  - 2) Lack of adequate notice may result in additional disciplinary action.
- B. An employee is required to give a date and/or time they expect to return and ~~may be asked by their Manager/Supervisor for an explanation for their absence.~~ must communicate whether the absence is due to a protected leave claim.
- C. An employee is required to contact their Manager/Supervisor each day to report their absence unless unable to comply due to extreme emergency or unless previously excused by their Manager/Supervisor.

SUBJECT: Attendance & Punctuality	REFERENCE # P 10
DEPARTMENT: District Wide	PAGE: 4 OF: 5
APPROVED BY:	EFFECTIVE DATE: 4/27/2022
REVISED: 3/27/2024	
REVIEW DATE (No Revisions):	

D. Upon return to work from an illness that has been three days or longer, an employee ~~may will~~ be required to obtain clearance from Employee Health ~~and may be required to submit satisfactory proof from a medical provider for the reason of absence or provide a note from a medical provider releasing them back to work.~~

E. An employee must accurately reflect their absence(s) on their time record(s).

### III. TARDINESS

A. An employee is expected to report to work on time and be ready to begin work in their area as scheduled.

B. Frequent or patterned tardiness shall result in progressive discipline.

C. If an urgent situation is likely to cause tardiness, the employee must personally contact his/her Manager/Supervisor and give the expected time of arrival, unless due to extreme emergency.

D. When the employee reports to work late and has been replaced, he/she may be sent home without pay and documented as an unexcused absence.

E. An employee who is late for work may be allowed to work and make up time at the Manager/Supervisor's discretion. The tardiness will still be tracked.

### IV. DISCIPLINARY ACTION FOR UNEXCUSED ABSENCES, MISUSE OF PTO, TARDINESS, FAILURE TO BADGE

A. Any employee who repeatedly misses scheduled ~~work days~~workdays on weekends, before or after weekends, holidays, vacations or scheduled days off, or any other identifiable pattern, will be subject to progressive discipline.

B. Any employee who works for another department, works at another location, or engages in activities inconsistent with the stated reason to be absent, shall be subject to disciplinary action, including termination of employment.

C. Failure to badge will count as a tardy occurrence if an employee is at or above the documented verbal (Level 1) level of discipline.

SUBJECT: Attendance & Punctuality	REFERENCE # P 10
DEPARTMENT: District Wide	PAGE: 5 OF: 5
APPROVED BY:	EFFECTIVE DATE: 4/27/2022
REVISED: 3/27/2024	
REVIEW DATE (No Revisions):	

D. For disciplinary and tracking occurrences, unexcused absence and tardiness occurrences are to be tracked separately. (Refer to table, tardies and absences are to be tracked separately)

E. The organization's standards for progressive disciplinary action for an employee who has failed to adhere to the provisions of this policy, after initial coaching, are:

- 1) **Level 1:** Documented verbal warning
- 2) **Level 2:** Written warning
- 3) **Level 3:** Final written warning
- 4) **Level 4:** ~~Intention to Terminate~~Discipline up to Termination process begins

The following chart is to be used as a guide for tracking absences and tardiness. They are to be tracked separately using this table:

Progressive Discipline Occurrence Table (rolling 12-month period)				
Verbal Coaching	Documented Verbal Warning	Written Warning	Final Written Warning	Intention to Discipline to Termination
3	4	6	7	8

## V. DISCIPLINARY ACTION FOR NO CALL/NO SHOW

A. Failure to report for work as scheduled without notifying Manager/Supervisor is a serious offense and subject to accelerated disciplinary action.

- 1) For the first occurrence of No Call/No Show, the employee may receive a final written warning.
- 2) For the second occurrence of No Call/No Show, the Intent to Discipline up to Termination process may begin.
- 3) If the first No Call/No Show occurrence is of three (3) consecutive days or more, it will be assumed the employee has abandoned his/her position and voluntarily resigned.

# LOWER UMPQUA HOSPITAL DISTRICT

---

## BOARD ACTION REQUEST

**BOARD MEETING DATE:**

April 29, 2026

**AGENDA ITEM SUBJECT:**

Delegation of Authority of CEO Personnel Records

**BACKGROUND:**

Since the CEO is the employee of the Board of Directors, the Board Chair has the responsibility of retaining the CEO personnel records. With this directive the Board delegates that responsibility to the LUHD CHRO to ensure the safe keeping and management of these important organizational documents.

**FISCAL IMPACT:**

None.

**BOARD OPTIONS:**

1. Approve this action request as presented.
2. Approve this action request with modifications.
3. Oppose this action request.

**STAFF RECOMMENDATION:**

- Approve this action request as presented.

**MOTION:**

Move to approve this *Delegation of Authority of CEO Personnel Records* as presented.

# Delegation of Authority

## Chief Executive Officer Personnel Records

Adopted by the Board of Directors of Lower Umpqua Hospital District

---

### 1. Purpose

The Board of Directors of Lower Umpqua Hospital District (LUHD) issues this Delegation of Authority to formally assign responsibility for maintaining, securing, and administering the Chief Executive Officer's (CEO) personnel records to the Human Resources (HR) Department.

This delegation supports:

- A. Oregon personnel file requirements (including ORS 652.750);
- B. Centers for Medicare & Medicaid Services (CMS) Critical Access Hospital (CAH) Conditions of Participation (CoPs) related to governance, credentialing, and administrative oversight;
- C. Clear separation of Board authority from operational HR functions; and
- D. Consistent, compliant handling of executive personnel documentation.

### 2. Authority Delegated to Human Resources

The Board delegates to the Chief Human Resources Officer (CHRO) the authority to:

- A. Maintain the CEO's personnel file and all associated HR documentation in accordance with Oregon law and CAH policy.
- B. Secure and control access to the CEO's personnel records using the same standards applied to other protected executive files.
- C. Process routine HR functions related to the CEO, including:
  - i. Payroll and benefits documentation;
  - ii. Mandatory training and compliance records;
  - iii. Background checks, credentialing support, and onboarding documentation; and
  - iv. Leave administration and regulatory reporting.
- D. Release CEO personnel records only as authorized under this Delegation or applicable law.

### 3. Authority Retained Exclusively by the Board

Because CAHs operate under CMS CoPs requiring direct Board oversight of the CEO, the Board retains sole authority over:

- A. CEO hiring, evaluation, contract negotiation, and termination;
- B. CEO compensation and contract amendments;
- C. Performance evaluations and disciplinary actions;
- D. Access to any portion of the CEO's personnel file for Board-directed purposes;  
and
- E. Determining which Board officers may request or review CEO personnel records.

HR may not release CEO personnel records to internal or external parties without Board authorization unless legally required to do so.

#### **4. Access, Security, and Confidentiality Requirements**

The CHRO shall:

- A. Maintain the CEO's personnel file in a secure, access-restricted location (physical or digital).
- B. Use the CAH's chain-of-custody or access-tracking process for every instance of access, review, or transfer.
- C. Limit access to designated HR personnel with a legitimate operational need.
- D. Ensure confidentiality consistent with Oregon law, CMS CoPs, HIPAA (if applicable), and CAH policy.
- E. Notify the Board Chair immediately of:
  - i. Any legal request, subpoena, or regulatory inquiry involving the CEO's personnel records; and
  - ii. Any suspected breach or unauthorized access.

#### **5. Reporting Requirements to the Board**

HR shall provide the Board Chair with:

- A. Access to the CEO's personnel file upon request.
- B. Notice of any material changes to the CEO's employment documentation.
- C. Annual confirmation that the CEO's personnel file is complete, current, and maintained in compliance with CAH policy and CMS expectations.

#### **6. Limitations on Delegated Authority**

This Delegation does not authorize HR to:


- A. Modify or negotiate the CEO's employment agreement;
- B. Conduct or contribute to CEO performance evaluations;
- C. Issue discipline to the CEO;
- D. Release CEO personnel records without Board approval unless legally required;  
or
- E. Alter or remove documents related to Board actions or CEO evaluations.

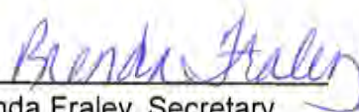
**7. Effective Date and Duration**

This Delegation of Authority takes effect upon adoption by the Board of Directors. It remains in effect until amended or revoked by the Board, and supersedes any prior delegations related to CEO personnel record management.

**8. Adoption and Acknowledgment**

Adopted by the Board of Directors of Lower Umpqua Hospital District on this 29th day of April 2026.

  
\_\_\_\_\_  
Ronald Kreskey, Chair

  
\_\_\_\_\_  
Brenda Fraley, Secretary